

Trust Board Meeting: Wednesday 14 January 2015

TB2015.04

Title	Patient story
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Status	For information
History	Patient stories are regularly presented to Trust Board and Quality Committee.

Board Lead(s)	Ms Catherine Stoddart, Chief Nurse			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

<p>1. Mr B was diagnosed with a malignant tumour in his throat in December 2013. The tumour was removed and he then underwent chemotherapy and radiotherapy treatment.</p>
<p>2. This patient story was selected based on the criteria previously approved at Quality Committee for the selection of stories; as the story provides an opportunity for the Trust to learn from this patient's positive experiences of care, particularly in relation to:</p> <ul style="list-style-type: none">• Co-ordinated, patient-centred care.• The importance of communication in improving the patient experience.
<p>3. Learning</p> <ul style="list-style-type: none">• Co-ordinated, compassionate, proactive and patient-centred care results in a positive experience for patients.• Patient's value good communication from staff at all levels which is intuitive, compassionate and informative.• Patients find it difficult to wait for long periods, and are reassured when updates are provided.• The impact of planning nutrition and hydration with a patient and enabling them to feel in control.• The head and neck specialist physiotherapist works over five days a week and is able to attend multi-disciplinary team (MDT) meetings. This change was implemented after Mr B's treatment and prior to Mr B telling us his story.
<p>4. Staff experience:</p> <ul style="list-style-type: none">• It was constructive to hear a balanced story showing both positive practice and areas for improvement.• Pleasure in hearing Mr B's positive comments and disappointment that some areas of Mr B's care needed to be improved.• Staff would have welcomed being involved in the development of the story from the outset.
<p>5. Recommendation</p> <p>The Trust Board is asked to note the key issues highlighted in this story.</p>

Patient Story

1. Purpose

1.1. The purpose of this paper is to;

- Provide the context and background to Mr B's cancer diagnosis and his experience as an inpatient on Blenheim Ward, an outpatient on Blenheim Department and receiving treatment from the Oncology Clinic, the Radiotherapy and Physiotherapy Departments.
- Enable Trust wide learning from this story.

1.2. This story highlights the importance of;

- Co-ordinated, patient-centred care.
- Effective communication in improving the patient experience.

2. Background and context to the patient story

2.1. All wards and departments involved (Blenheim Inpatients Ward, Blenheim Outpatients, the Oncology Clinic and the Radiotherapy and Physiotherapy Departments) have a positive approach to actively seeking feedback and learning from patient stories.

2.2. The patient experience team have developed the story in conjunction with Mr B and the teams involved with his care. However, the story has not been co-produced. The co-production of a story has been established by patients, carers and clinical teams to be the most empowering approach to developing a patient's story for presentation at the Quality Committee or Trust Board. The Patient Experience Team has used this methodology over the last year and it has been found to be both positive and productive in engaging with staff and patients. Staff would have welcomed being involved in the development of the story from the outset.

2.3. The concerns related to: Blenheim Inpatients Ward, Blenheim Outpatients, the Oncology Clinic and the Radiotherapy and Physiotherapy Departments.

2.4. Blenheim Inpatients Ward cares for patients recovering from surgical procedures focussed on removing cancerous tumours from the head and neck area. This often requires an incision to be made to the jawbone. Due to the nature of the surgery, many patients may be unable to talk, and may be unable to eat and drink conventionally and so are fed by a gastrostomy, or nasogastric tube. This requires a deep level of communicative skills between staff and patients.

2.5. The Blenheim Outpatient Department cares for patients with suspected or diagnosed head and neck cancer, before and after any surgical procedures. Consultants may suggest a variety of treatments, including radiotherapy, chemotherapy and surgery.

2.6. The Oncology Outpatients Clinic provides consultations to those suffering from different types of cancer, and will oversee radiotherapy treatments conducted by the therapy radiographer.

2.7. Radiotherapy is used to treat cancer. As treatment of head and neck cancer progresses, patients may find talking more difficult; suffer from soreness in the

mouth and neck, and a decrease in appetite. These side effects often mean that patients require gastronomy feeding, via a tube inserted into the stomach.

3. Positive practice

- 3.1. Generally, Mr B's experience was extremely positive: "Overall, I had a very good experience of multi-disciplinary care. I felt that teams were patient-centred and the different disciplines worked together well."
- 3.2. "I had nothing but admiration for all the staff, from the operation, to recovery, to the ward."
- 3.3. From the outset, Mr B felt he was "being helped by a very highly skilled team of professionals."
- 3.4. Mr B described the compassion of staff in all disciplines; he particularly felt their skills in caring for a vulnerable patient.
- 3.5. He experienced staff with high levels of intuitive and responsive communication.

4. Concerns

4.1. Blenheim Inpatients ward concerns related to:

- Communication in relation to nutrition and hydration.
- Overheard tensions in relation to tasks (i.e. cleaning and tidying).
- One element of his physiotherapy rehabilitation and his view that the physiotherapy team needed to be more "tied to" the multi-disciplinary team.

4.2. Blenheim Outpatients Department concerns related to:

- Waiting times.

4.3. Radiotherapy concerns related to:

- Waiting times – but the management of the waiting times varied between clinics and patients were updated regularly.

4.4. Oncology Clinic concerns related to:

- Waiting times.
- Frustration that the clinic did not use texting as a method of communication for appointments

5. Patient Feedback

- 5.1. The majority of Blenheim Ward patients (99%) said they would be likely to recommend the treatment they received to friends and family, between January-March 2014. This is presented in Chart 1, below. The ward received 75 positive comments about staff, 71 comments about high quality general care and 17 positive comments about nursing staff. There were 104 comments in total but some comments were coded under more than one theme. These are presented in Chart 2, below. The ward also received 10 negative comments for the same time period. These comments included five comments in relation to parking, catering, facilities and television and five comments in relation to staff, being involved in care, medication and privacy.

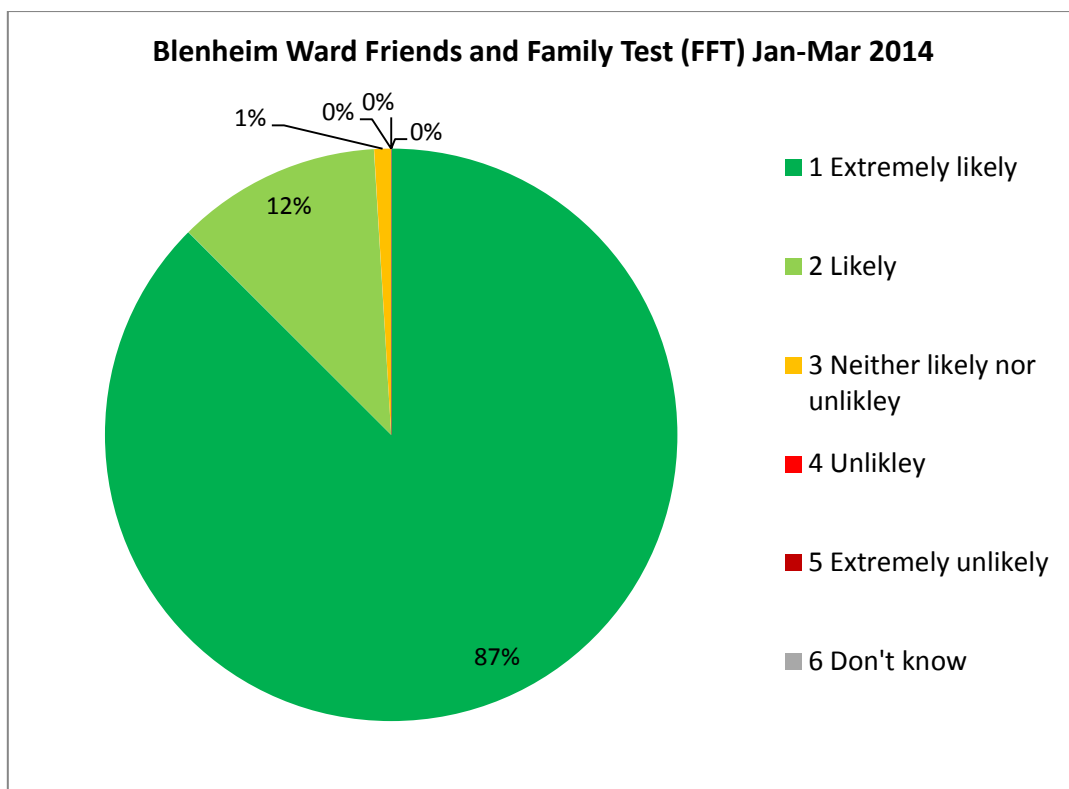


Chart 1: Blenheim Ward FFT results January to March 2014: Source OUH Trust FFT Unify submission

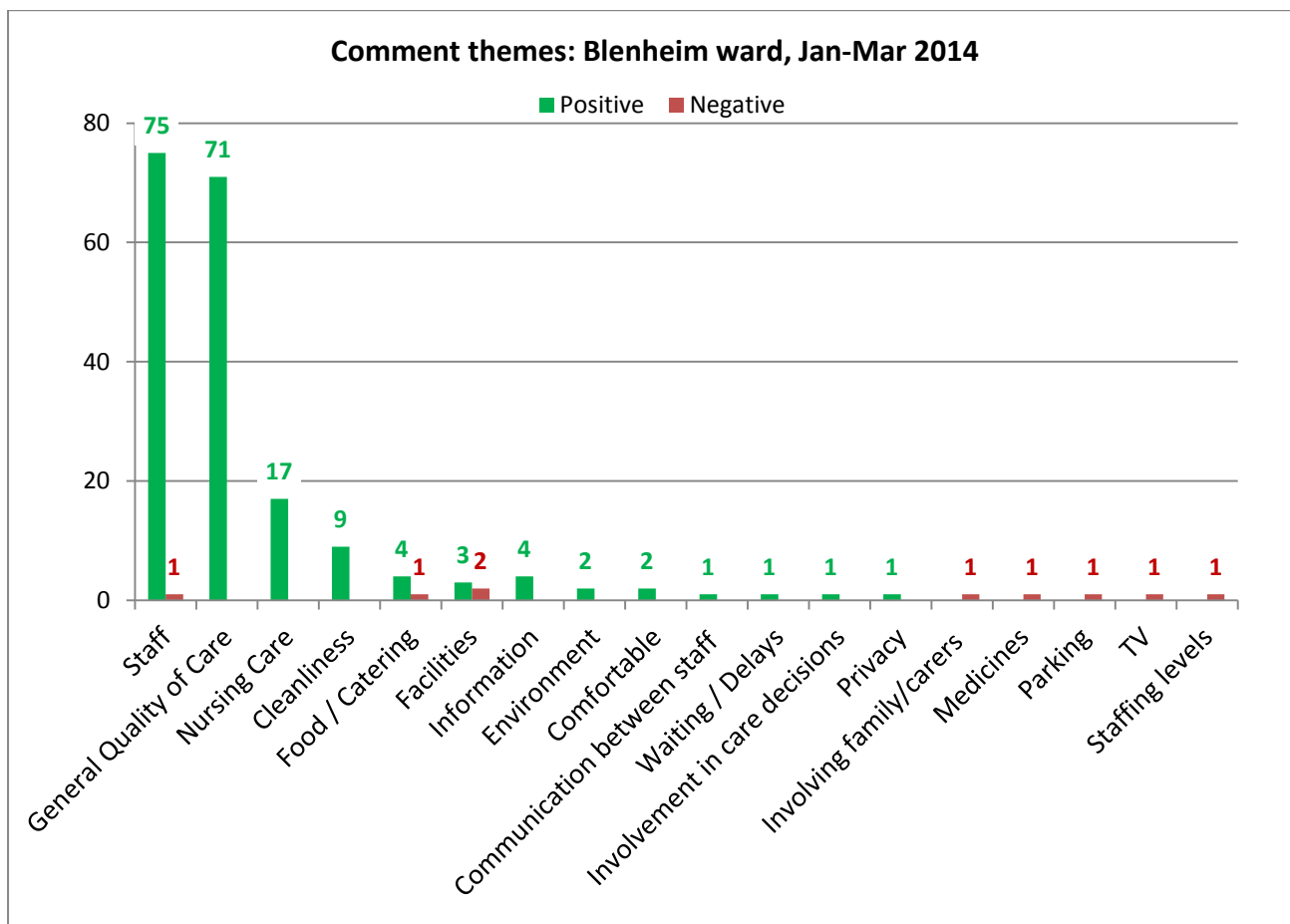


Chart 2: Comments from Blenheim Ward patients January to March 2014: Source OUH Trust FFT

5.2. There were 10 complaints for Specialist Surgery directorate between January and March 2014. No complaints were received for Blenheim Ward during this time period. One complaint was received in relation to access to radiology services. There were 22 PALS contacts during this time period; 11 for the Cancer Centre outpatients, six for Radiology Services and five for Specialist Surgery. Four PALS contacts for Specialist Surgery were in relation to the outpatients department and the one PALS contact for Blenheim Ward was in relation to translation services. The comments about the outpatients and radiology related to;

- Lack of referral to radiotherapy.
- Care co-ordination between different clinicians.
- Administrative processes not working effectively, such as waiting times for appointments or treatment.
- Inadequate information about treatment, inadequate or insensitive communication from clinicians.
- Delays in diagnosis.
- Lack of co-ordination for Radiotherapy Department during the weekends. For example no water and late opening times.

5.3. The Trust started collecting feedback from the Trust’s outpatient services in October 2014. Although Chart 3, below, does not present data for the same time period as the story, it shows the overall satisfaction with the Trust’s outpatient departments in October 2014.

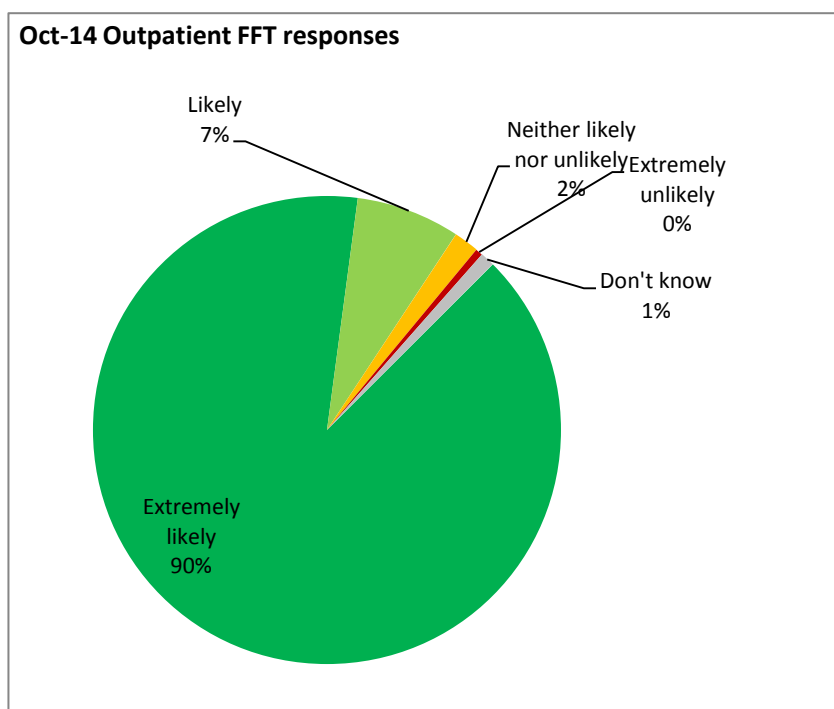


Chart 3: Response rates for the Trust’s outpatient services during October 2014. N=405 comments.

6. Conclusion

6.1. This story highlights the importance of:

- Co-ordinated, compassionate, proactive and patient-centred care results in a positive experience for patients.
- Patient's value good communication from staff at all levels which is intuitive, compassionate and informative.
- Patients find it difficult to wait for long periods, and are reassured when updates are provided.
- The impact of planning nutrition and hydration with a patient and enabling them to feel in control.
- The head and neck specialist physiotherapist works over five days a week and is able to attend multi-disciplinary team (MDT) meetings. This change was implemented after Mr B's treatment and prior to Mr B telling us his story.

6.2. Learning and improvements are outlined in the last section Appendix 1. Many of these were implemented prior to hearing Mr B's story.

6.3. This story will be circulated and presented at the Senior Nurses meeting to enable Trust wide reflection and learning.

7. Recommendation

7.1. The Trust Board is asked to note the key issues highlighted in this story.

Catherine Stoddart

Chief Nurse

January 2015

Report prepared by:

Ella Reeves, Patient Experience Manager

Rachel Taylor, Public Engagement Manager

Appendix 1: Patient Story Poster**Mr B's Story**

- I had a very good experience of multi-disciplinary care. I felt that teams were patient-centred and the different disciplines worked together well. I was an inpatient on Blenheim Head and Neck ward for two weeks, and I had appointments before and after with the Blenheim Outpatients, Oncology Outpatients, and Radiotherapy. I felt the teams worked together well so that I did not have to repeat my story continually or be referred elsewhere. There was a sense that they knew who I was.

Diagnosis: Blenheim Outpatients

- I had a biopsy on my throat at the Churchill Cancer Centre in December 2013. Following this, my wife and I attended a consultation, with a consultant and a MacMillan nurse. By the nature of having an appointment in the Cancer Centre, we knew it was not likely to be good news.
- What could have been a terrifying and confusing experience was managed seamlessly, like a stage-managed performance. Different clinicians came into the consultation room without interrupting or intruding, and offered their information or advice at the appropriate time. From the outset I was reassured that I was being helped by a very highly skilled team of professionals.
- We were left feeling that Oxford was a good place to be, if you had to be faced with the next steps. This was a team of people who could fix it for us. On the whole, we felt positive, and I believe a good experience and an optimistic positive outlook can lead to better outcomes.

Surgery and recovery: Blenheim Ward Inpatients

- I had surgery to remove the tumour; and reconstructive surgery on my throat, using tissue from my right forearm.
- I had nothing but admiration for all the staff, from the operation, to recovery, to the ward. The consultants and anaesthetist visited me after the operation. I was unable to talk for five days as I had a tracheostomy tube to help me breathe; and I couldn't write well as my right arm was incapacitated from the tissue transplant. Despite this, communication was excellent. I have no memory of being frustrated at being unable to communicate. They must have asked the right questions so I got what I needed in terms of information and comfort. It helped a great deal to have my wife (as advocate) there, as she knew what I would want to ask. My care went very smoothly. The teams must have carried out the processes thousands of times but they treated me as an individual with a personal care plan.
- Whenever we saw senior consultants, they were very reassuring. They are important and busy practitioners, but I felt they really cared about me as an individual. They had a good bedside manner and I did not witness any arrogance. I never felt I was being rushed and that they stayed as long as I needed them to. They visited regularly as well.
- There was a focus on nutrition on the ward, as it is common for patients to be unable or not wanting to eat, and losing too much weight can make recovery more difficult. However, there was one nurse who scolded me like a child for losing weight. I know she had the right intentions, but I felt it could have been handled better – if you get to know someone you can work out what works best for them.
- Even when I'm well, I can get dehydrated quite easily, which can lead to migraines. I asked another nurse if I could possibly be kept topped up with iced water (I knew there was some on the ward). I ended up having to get out of bed for it (no easy feat given the surgery) and there didn't seem to be much else happening on the ward.
- Most of the nurses were brilliant. They would come round to see me often and proactively engaged with me. They wanted to know how I was and if there was anything they could do for me. I didn't even need to use the call button much. However, I did note some tensions from younger nurses who didn't feel that they should be 'tidying and cleaning'.
- All the teams seemed very well coordinated, but I did have some difficulty with my physiotherapy care. I needed advice on getting my jaw moving again, but the advice came too late. I talked to around 6 people, but I never got anywhere, so I went elsewhere. They needed to be more 'tied' to the multi-disciplinary team.
- The Macmillan nurses were wonderful. They were a big part of the success of my care. They made phone calls for me if it was needed and they ensured that continuity remained. They acted like the 'sweeper' (as in footballer position) for the multi-disciplinary team, fielding multiple and varied enquiries and pushing them out to team members, and vice versa.

Outpatients: Blenheim, Oncology and Radiotherapy

- After I was discharged home, I needed to continue to be monitored by the Blenheim team, and have 30 chemotherapy and radiotherapy sessions, daily over 6 weeks. There was usually a long waiting time at all of the

clinics but the management of this varied between the clinics.

- I felt the team in radiotherapy did their best to make it work and for everything to go as smoothly as possible. We were updated on waiting times regularly. As a patient who is feeling very vulnerable, you want live communication, rather than not knowing what is going on. Also, the staff was brilliant. The work must have been so monotonous, but they had so much energy and enthusiasm. They had a good way with people and were good at keeping you calm, in what can be a very claustrophobic and stressful environment.
- Administration within Oncology and Blenheim Outpatients didn't always run smoothly (for example, waiting times were longer). However, I had nothing but praise for the team as a whole. The wait was worth it, because of the quality of the consultancy, but the experience left you wanting someone to get a grip on the administration of the department.
- Overall the quality of the care I received in the Trust's outpatient departments was excellent. The use of text messaging by the Trust regarding appointments is very good; the most reliable method of communicating with patients like me. The frustration was that Oncology didn't adopt this method of communicating.
- Lastly, I wanted to add how well I have been treated by the Trust's dentists. It's a vital piece in the jigsaw in Head & Neck Cancer patient care. It feels undervalued, but I know that the staff played a huge part in my recovery. High levels of emotional intelligence on display from the staff, which set a standard by which I judged other elements of my care. I am happy to report that the counselling skills of many of the staff I encountered were wonderful. I had no reason to visit the Maggie Centre, but using staff there to pick up on some of the more difficult mental health issues appears a sensible development. This does not detract from the need for all staff in contact with patients, to be well-versed in people skills.

Staff Experience

- It was constructive to hear a balanced story showing both positive practice and areas for improvement.
- Pleasure in hearing Mr B's positive comments and disappointment that some areas of Mr B's care needed to be improved.

What we have learned and what we have changed or implemented:

- Mr B's positive feedback received will be shared with the Trust's clinicians and outpatients departments. It is very important to learn from patients' positive experience and good practice as well as areas for improvement.
- The effect of staff members' verbal communication styles on this patient have been discussed as an opportunity for learning.
- Outpatient waiting times; Reviewed clinic templates and made changes to the flow of the clinics, which should have improved waiting times. Pagers have been introduced to enable patients to leave the waiting area and be called to their appointment remotely.
- Oncology outpatients: Waiting times will be audited between January-March 2015. In addition, changes have been made to the waiting area: the layout of has been changed so the receptionist is better able to monitor who is waiting; and vending machines have been introduced to enable patients to have a drink.
- Texting to remind patients about appointments: This is implemented for outpatient appointments throughout the Trust.
- The head and neck specialist physiotherapist works over five days a week and is able to attend multi-disciplinary team (MDT) meetings. This change was implemented after Mr B's treatment and prior to Mr B telling us his story.
- The team are reviewing the need for a head and neck physiotherapy provision with the outpatients' service.
- The Trust has published the safe nursing safe staffing levels since August 2014.
- Cleaning and tidying duties are allocated using a rota system.
- There will be further exploration into the issues around the importance of good care coordination and the effect staff communication tone.
- All patient stories must be co-produced with both patients and staff to maximize learning and partnership working.