Ashford and St. Peter's Hospitals
NHS Foundation Trust

TRUST BOARD
31 January 2019

AGENDA ITEM	10.0	
TITLE OF PAPER	Patient Story	
Confidential	**YES**	
Suitable for public access	**NO**	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN SUBMITTED		
None.		
STRATEGIC OBJECTIVE(S):		
Quality Of Care		To achieve the highest possible quality of care through learning from the experiences of patient families.
People		Listening to friends and relatives, valuing their contribution to our learning culture.
Modern Healthcare		To use these experiences to allow us to continue to deliver efficient and effective care.
Digital		Understanding how new technology can enhance care pathways.
Collaborate		Understanding how working with families can improve a patient journey.
EXECUTIVE SUMMARY		
	This story was selected as it allows the Trust Board to hear how mis-communication can affect the understanding and perception of care from a patient's perspective. The story will be told by Eleanor, who will share her views about communication with patients.	
RECOMMENDATION:		
SPECIFIC ISSUES CHECKLIST:		
Quality and safety	The story supports delivery of quality care.	
Patient impact	Hearing the story from a patient's perspective first hand raises awareness of the importance of listening and involving patients in their care.	
Employee	This story demonstrates a patient's perception of a patient's journey and the effect on them in the way care is delivered and interpreted.	
Other stakeholder	None identified	
Equality & diversity	None identified	
Finance	No implications	

Legal	No implications
Link to Board Assurance Framework Principle Risk	N/a
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PRESENTED BY	Sue Tranka, Chief Nurse
DATE	24 January 2019
BOARD ACTION	Receive

1. Patient Story Background

Eleanor was on an overseas holiday in June, when she felt chest tightness walking up a small hill. She down to rest for about 10 minutes then the sensation passed. This caused to her to recall an episode back in January when she felt rather constricted in her throat after using a treadmill for exercise. She saw her GP when she got home from her trip. Her blood pressure, blood results and an echocardiogram (ECG) were all normal. Eleanor was notified on 2 July that an urgent appointment with a Cardiologist at St Peter's was booked for 31 July.

Eleanor saw the Cardiologist who diagnosed angina and prescribed medication for this. Eleanor did not feel comfortable taking a statin because her cholesterol level was normal. When reading the clinic summary letter on 2 August Eleanor became concerned as the letter had some quite major errors which she sensed might alter the assessment of her cardiac risk. Eleanor had not reported chest tightness for 6 months and nor had her father died from a heart attack. Concerned that she might have been mixed up with another patient, Eleanor called the Cardiology Department and arranged to email in her correct clinical history. Whilst those errors were corrected in the revised clinic letter, unfortunately 3 further errors were then made. Eleanor felt that whilst the subsequent errors were not unsafe, they were certainly rather annoying.

Soon after, Eleanor received an appointment for what was described as a 'cardiac procedure' set for 23 August, with an imminent pre-operative assessment clinic appointment on 10 August. She was rather shocked that the booklet enclosed with her letter was for coronary angioplasty and after speaking with some friends with healthcare backgrounds she considered their suggestion of obtaining a second opinion. Meantime, she attended the pre-assessment appointment but made quite clear to the Cardiology Department that she was not committing to having an angiogram yet. Staff in POAC listened to Eleanor's concerns and they called the Cardiologist she had seen in clinic to come to POAC. This also provided the opportunity for the Cardiologist to modify her initial medications from clinic, as she had experienced side effects from the beta blocker bisoprolol after a few days, and stopped the medication. Isosorbide mononitrate (ISMN) was prescribed instead of the discontinued beta blocker.

Eleanor asked the Cardiologist why she had received an angioplasty booklet. The Doctor replied that previously all patients were sent 2 booklets covering both the procedures of angiogram and angioplasty, irrespective of what procedure a particular patient was going to have. When the Cardiology Department received feedback from prior patients that receiving 2 booklets confused them, the decision was made just to issue one booklet. Eleanor recalls telling the team in POAC that she was not willing to have the angiogram as she had a holiday booked for 10 days afterwards and to do so would have invalidated her travel insurance. In response to Eleanor's

suggestion her treatment plan was changed so that 2 non-invasive tests were scheduled instead - an exercise ECG and an echocardiogram.

Two days after starting the ISMN Eleanor saw her GP as she had developed persistent severe headaches, which is a very common situation when a patient starts taking that medication. Her headaches were difficult to resolve owing to a combination of medication interactions and adverse effects. Eleanor decided to seek a second opinion privately which was booked for 18 August. That Cardiologist agreed that a non-invasive test would still give a conclusive result, so an exercise echocardiogram was recommended. Eleanor decided to go on her holiday and consider her options. Her holiday went really well despite the trials of hauling her luggage on long train journeys.

After returning, her echocardiogram on 17 September was normal and she had a stress ECG on the 2 October. The Cardiac Technician had not received the amended clinic letter and she felt it was wasting the time of both the Technician and her going through her clinical history all over again from the beginning. This miscommunication led Eleanor to complain to the Chief Executive, and she received an acknowledgement from the Patient Experience Team. When Eleanor phoned the Cardiology Department around the 11 October to obtain the result of her stress ECG she was told that the result was still not yet available.

Later that day Eleanor was called by the Cardiology Department who asked her to make a decision on whether she was going to have the angiogram, otherwise her name would be taken off the waiting list. Eleanor was rather cross to hear that, because as she explained, she was still awaiting test results and would then want to discuss the results with a Doctor. Eleanor had to phone back the Cardiology Department, explain her concerns, and then she was given an outpatient Cardiology appointment for 15 October. The Cardiology Registrar agreed that an angiogram could be avoided and that a stress echocardiogram would be a better option. The Registrar said he would seek an appointment for 2 to 4 weeks' time in light of the difficulties Eleanor was experiencing.

Upon receiving that clinic letter on 26 October, once again Eleanor identified what she sensed could be an error with potentially very serious ramifications. The section on medical history stated she had "a hysterectomy in 1995 undergoing investigation for possible angina". That description was quite wrong. Her hysterectomy was in fact in 1990. The mis-typed 5 was probably the wrongly transcribed 5th bullet point – intended to refer to the quite separate matter that she was being investigated for possible angina. Eleanor realised then that the letter could not have been checked properly following dictation. Again she telephoned the Cardiology Department and followed this up with an email containing her actual medical history. Later that same day, the Registrar phoned Eleanor and apologised for the errors with the clinic letter.

During that same conversation with the Registrar, Eleanor recalls feeling let down when she heard that the waiting list for the exercise echocardiogram was actually 9 weeks and not the shorter time that the Cardiology Registrar had quoted her earlier. The Registrar did say he would seek to get her an earlier appointment if a cancellation came up, but she still felt quite cross. Eleanor said she would remain on the waiting list, but that she was considering the need to obtain a private scan which might be using her health insurance. Eleanor tried contacting the Patient Experience Team (PET) but this was not successful via either telephone or email. Eleanor decided to contact the private Secretary of the Consultant she had seen previously, to enquire about having the investigation at another organisation.

On or around the 29 October Eleanor left an angry voicemail on the PET telephone. Then, coincidentally the same day, she received a phone call telling her that there was a cancellation and that she could have the test on 14 November. Eleanor proceeded to cancel her private procedure. The stress echocardiogram was done and Eleanor was told that day that her test

was normal. However, it was only after again contacting the Cardiology Department that she received the written report on 31 December. It was ever so important to Eleanor to have the report, as she expected it to be needed in order to renew her travel insurance policy on 1 January.

2. What we are doing to improve our services

The Patient Experience Service is currently working on an ongoing improvement programme to ensure patients who complain have clear communication pathways set at the outset when they first make contact. In December we involved complainants in our experience based co-design (EBCD) workshop to collaboratively improve our progresses with service users. The new Complaints and PALS Manager is focussing on ensuring the team cross covers to ensure incoming telephones and emails are promptly responded to. At the end of 2018 the PALS Service has implemented monitoring of PALS enquiries to ensure callers get their concerns responded to within our 5 day timescale. PALS cases responded to within 5 working days improved in December 2018 to 83% which is an improvement of 18.5% since October and 4% better than November.

Clinic letters are available electronically for access by all clinical colleagues. The Cardiology clinical office has improved staffing levels in order to reduce clinic letter processing time. The Cardiology Service Manager is reiterating with staff the importance of closely checking the accuracy of transcribed letters before they are issued.

The Trust is grateful to Eleanor taking the time to come to Board and share her story.