Essex Partnership University
NHS Foundation Trust

Learning from Complaints Quarter 2 (July 2018 – September 2018)

EPUT is a learning Trust and we take all complaints seriously; we therefore aim to make continuous improvements to our service delivery wherever possible. As a means of sharing our learning with staff, patients, relatives and carers, the learning and actions we take from complaints will be displayed on our website and refreshed quarterly providing current information.

1. Learning from Complaints Community Health Care

1.1 Care Co-ordination Team

You said:

Although the patient was receiving regular input from a range of services within the community, no one service was identified to take on the role of 'key worker' and act as a single point of contact, in liaison with other services to manage the complex needs and issues the patient was experiencing.

We did:

Improved communication between services for patients with complex needs to improve support for patients and their family. The concern and learning has been shared with the wider team to enhance their understanding of the challenges that patients and family have when they have multiple services involved with their care but no one identified person to coordinate resolution to current issues.

A number of recommendations are being taken forward by the team to improve the standard of care our Community Services deliver. The team will now initiate the role of a key worker for patients with complex needs and identify the person most appropriate to undertake this role. The key worker will be expected to undertake liaising with all areas of Multi-Disciplinary Team (MDT) and implement MDT meetings where appropriate. This is a new way of working so further investigation with the support of the Assistant Director of services will need to be undertaken to successfully implement this.

1.2 Collaborative Care Essex

You said:

The District Nurses attending to the patient used a different method with the slide sheet to what I would have expected.

We did:

Each member of staff would be assessed in terms of their understanding and compliance with the use of slide sheets, to ensure their practise is both appropriate and consistent when providing direct care.

1.3 Intermediate Care Unit

You said:

The family was not warned about discharge until a few days before and the unit failed to provide a full explanation about how needs could be met upon discharge.

We did:

There are several changes to the way the unit works with patients on a daily basis and the need for earlier discharge planning has been implemented. This will ensure that there is greater clarity on individual patient progress and allow for the earlier identification of any potential issues. This will enable suitable planning and support to be in place for all patients within the unit and that it is carried out in a timely manner.

The introduction of case conferences for more complex situations being experienced by patients will result in the earlier involvement of social care for effective discharge planning, along with good communication with the patient and family at an earlier stage in the process. This improvement, along with a greater availability of therapists during visiting times to speak with the family, a named therapist to ensure continuity for the patient through the pathway and message boards in patient's rooms setting out daily activities and therapy sessions, should all contribute to a much higher standard of ongoing care and communication.

1.4 Community Integrated Care Team

You said:

Continuing Health Care (CHC) Framework was not correctly followed by a practitioner.

We did:

We will ensure clinicians are supported to deliver against the NHS Continuing Health Care (CHC) framework with standard operating protocols to reduce variation in practice in delivery of CHC. The Trust and West Essex Clinical Commissioning Group (WECCG) have developed a standard operating protocol to support clinicians to adhere to the CHC framework with implementation from 1st September 2018. This will continue to be monitored via the Quality and Safety meeting.

2. Learning from Complaints Mental Health Services

2.1 Acute Treatment Ward

You said:

A Nurse Assistant asked 'How old is your child during a visit and my child was not allowed on the ward'.

We did:

It is important to clarify that there are age restrictions for patients and visitors on adult inpatient mental health wards, which are in place to protect the safety of all. In order to accommodate such visits, there is a family room just off the main reception area of the unit that may be booked in advance to enable family visits to take place.

It would have been expected that as part of the admission procedure on the ward, that they would be informed of this if it became known they had young children. The learning has been discussed with the ward team, to ensure that arrangements for family visits are clearly shared with patients and visitors and included in the ward welcome information, to ensure that there is no further distress caused as a result of poor communication of procedures on the unit.

2.2 Psychiatric Intensive Care Unit (PICU)

You said:

There were times when none of the staff on the ward had bedroom cards so staff could not get into patients' bedrooms**.**

We did:

There was evidence there was a shortage of bedroom cards for bank and agency staff use. This has now been rectified and there is now a system in place to ensure that all bank and agency staff members are issued with a bedroom card at the beginning of their shift each day and the security nurse ensures that these are returned at the end of each shift.

2.3 - Older Adult Inpatient Service

You said:

The concerns I raised were not communicated to all staff involved and the GP.

We did:

Staff members have been reminded that relatives concerns must be both communicated to all involved as well as being clearly documented in the clinical records. Staff huddles will be used to discuss residents, carers and relatives concerns.

2.4 Older Adult Inpatient Service

You said:

I phoned the ward and the staff member could not answer all my questions. I was also not told the observation level my relative was on.

We did:

The Ward Manager has reiterated that if there are clinical questions from relatives then staff members are to ask the nurse in charge to take the call or request that the family ring back at a convenient time.

Staff members have been asked to ensure that next of kin are informed about the observation level their loved ones are on and what this entails.

2.5 Specialist Mental Health Team

You said:

There was a delay in the Liaison Team seeing the patient for an assessment at Colchester General Hospital due to them seeing other patients in the A&E Department.

We did:

The Liaison Service in the A&E Department is commissioned to respond and assess within a four hour period. In the majority of cases this is achieved, however, at times when there are a number of assessments pending this may take longer. The service has just been extended with an additional member of staff, who is based in the A&E Department. Although the assessment may still take place within a four hour window, the extra member of staff is located in the department to offer additional support to the patient and their carer while they are waiting for an assessment.

2.6 Specialist Mental Health Team

You said:

The answerphone recorded message on the Colchester Crisis Line was unhelpful.

We did:

The Colchester Crisis Line has now been transferred so that it is answered by the Trust's Out of Hours Call Centre. Thus ensuring a quicker response.

2.7 Outpatients

You said:

A doctor indicated that they would like to see me for a review in a specified period but the appointment service was unable to accommodate an appointment with the same doctor within the time advised.

We did:

The Executive Medical Director has set up a group to look at increasing the productivity of the outpatient clinics and we believe that the work will help to identify capacity issues, as well as improve the management of patients who fail to attend appointments, developing a system where these appointments can be offered to others at short notice.

2.8 E-zec Transport

You said:

Hospital transport was booked to collect the patient any time after 8am to take them to a session. However, this failed to arrive and alternative transport had to be arranged. The family were also told by the transport company the return transport had been 'aborted' so a return journey would not occur.

We did:

New reporting procedures are in place to escalate concerns or issues regarding patient transport. A monthly audit of transport journeys is now directly sent to the Trust's Contracts Team.

2.9 Learning Disability – Low Secure

You said:

There was disturbance on the ward at night with patients and staff moving around.

We did:

The Senior Team has discussed many strategies both with patients and staff group of how noise is minimised on the ward. All staff members were emailed so that they were aware that this was an issue for patients. Patients are not able to access the laundry between 20.00 and 07.30 (night shift). Patients are not able to access the kitchen before 07.00 and staff must make hot drinks available in the day area for when they wake. All staff checks to be completed with minimal noise/ light and disturbance. This is audited through monthly night visits.

2.10 Essex Specialist Treatment and Recovery Service STaRS (Open Road)

You said:

I phoned for an assessment with Open Road but was told because I work full time, I couldn't be seen for over a month as they only have one late night available.

We did:

Although late night appointments are often not immediately available the member of staff should have given out information of the Peer Support groups that are run at the centre, details of Mutual Aid and Recovery groups that are in the locality and finally how to access substance misuse support online via ‘‘Breaking Free’’ and ‘‘Don't Bottle it Up’’. As a result of the feedback the service has reviewed our current system and formalised it so that staff will now complete a form with first contact information documented and then the appropriate information can be either posted out, emailed or given verbally