

ANALYSIS OF COMPLAINTS - GWMH - WORKSHOP HELD  
ON THE 27TH FEBRUARY 2001

**1. Present**

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**2. Purpose of Workshop**

To discuss the themes emerging in 5 complaints and agree a way forward making specific reference to

- a) issues perceived to be associated with the complaints
- b) steps taken to improve services subsequent to the complaints
- c) development of an action plan to tackle one or more of the emergent themes.

**3. General Discussion**

The initial paper produced by FC from 5 complaints received between 1998 and 2000 identified 3 themes - Communications with Relatives/Attitudes of Staff/Eating and drinking.

- Those present agreed that Communications with relatives was probably the most significant as it could be seen to impact on the other 2 themes in terms of relatives understanding of what was happening.
- It was recognised that a number of these complaints were quite old although still current and therefore many changes had taken place subsequent to the complaint which impacts on the current quality of patient care(see 4).
- It was highlighted that during a period at the end of 1998 and early 1999, the wards were working under some pressure, (see 5).
- There was general agreement that there was a need to deal with the perceptions held by the complainants whether we agreed with them or not.

#### **4. Things we have done since 1998**

- Increased continuity of medical cover with the introduction of a staff grade Doctor M-F.
- Organisation of nursing work has been reviewed on Sultan.
- Staffing levels have increased on Daedalus in recognition of change to intermediate care.
- Training provided related to intermediate care which has gone wider than Daedalus ward.
- There has also been some policy work in particular around management of pain undertaken on a trust wide basis.

#### **5. What are the issues for us/barriers to good communication with relatives?**

- Building a rapport with relatives is difficult in circumstances where patients die in the first days after transfer.
- Client group has changed dramatically in the last few years affecting the assessed nursing need and impacting on length of stay for continuing care patients.
- Increased bed occupancy.
- Increased number of patients suffering from dementia.
- The need to produce written referrals to physio and OT.
- Lack of preparation for nurses in terms of the changing needs of patients.
- Rising expectations of relatives
- Lack of control over information provided to patients and relatives prior to transfer to GWMH.
- Large number of GP's involved on Sultan Ward and the different levels of engagement from them.

#### **6. What Would Good Communication With Relatives look like?**

- The \*key contact would be identified immediately. (\*the relative chosen by the patient/NOK).
- A meeting would take place between nursing staff the patient and relative/carer within two days of admission.
- The discussions would focus on the near future and attempt to describe likely process/events.
- Subsequent meeting would be planned every 5-7 days.
- Information from the receiving ward would be available to patients and relatives prior to transfer.
- Nursing staff would understand how the family communicates with itself.
- A named member of the qualified nursing staff would lead the process.

## 7. Ideas for Achievement.

- Clarify the communication process for each ward.
- Ward/department leaflets explaining the communication process.
- Consider appointment system.
- Consider the use of 'surgeries'.
- Ask relatives what would/could work for them.

## 8. Actions

Proposed Action	By Whom	When
Write up discussions	FC	16th March 2001
Workshops to be arranged for staff. Question - 'what would/does good communication with relatives look like?	JP/TS/AH/PB/JH	End May 01
Review Bleep holder problems/issues.	JP/TS	End March 2001
Ask Patients/relatives their views. Survey	PB/TS	End June 01
Establish working group	JP/TS/AH/PB/JH	End March 2001