Case Learning Lisa

7 Minute Briefing

Who was Lisa?

Lisa was a 37-year-old female who had complex mental and physical health needs associated with her insulin-dependent Type 1 Diabetes, end stage renal failure and a tracheostomy in situ She was eligible for Continuing Heath Care (CHC) funding and had 24-hour care delivered by a care agency whilst she lived at her mother's home with her two sisters. Lisa would attend the local hospital for kidney dialysis three times a week. On the 6th January 2023, Lisa was preparing to go for her dialysis, removed her tracheostomy cannula and could not put it back. A 999 call was made and Lisa was conveyed to hospital. Lisa sadly died on 20 January 2023.

What were Lisa's challenges & experiences

Lisa suffered complex physical health included end stage renal failure, a tracheostomy in situ and depression. This would often lead to a lack of engagement with treatment plans and behavioural problems. She was known to make unwise choices regarding diet and medication regimes associated with insulin administration.

Areas of Concern

- Lack of robust risk assessment - the living environment was too cramped and according to deemed to be unsuitable by the Occupational Therapy. As a result, there was failure to place an IV catheter because they were unable to gain 360° access in the space.
- Lisa was not seen face-to-face by the Trust's Mental Health Team. This was down to workload pressures, which led to high levels of telephone assessments and a missed opportunity for the team to be professionally curious.
- Gaps in the hospital discharge process and in coordination between the Integrated Care Board Urgent Care Transformation Team and CHC Team.
- There was no regime in place to manage Lisa's diabetes as the care plan did not include information from the endocrine report.

Key Findings

- Nationally recommended pathways for discharge were not fully implemented. The Discharge to Assess Home pathway in line with National recommendations (2020) would've been more comprehensive, providing greater guidance.
- Lisa's was discharged home on 9th August 2022 with a Tier 1 package of care, which could be considered inappropriate to manage Lisa's complex needs.
- The care package was not uplifted until September 2022.
- The carers made the 999 calls but hung up when they mistakenly thought that the Patient Transport ambulance was an emergency ambulance. The 999-call operator had not been able to complete the triage questions, so the call was categorised as a C3, which would not trigger an emergency ambulance.
- Missed opportunity to provide earlier support to Lisa, due to carers not understanding how the London Ambulance Service 999 call system operates.
- There was no tracheostomy equipment tray or emergency oxygen supplies at Lisa's home.

Recommendations

- Ensure pathways are appropriate where roles and responsibilities are clearly defined and a timeline for patient handover is confirmed and monitored.
- Hospital discharge team to work closely with other partners to coordinate information.
- Review discharge policies and procedures to ensure they align with needs of complex patients.
- The ICB CHC Brokerage Team should review their operational model with a view to including clinical oversight.
- The ICB to ensure all domiciliary care agencies to undertake LAS 999 call operational training.

Recommendations

- Trust wide approach to reduce number of non-face to face contacts and increase face to face contacts to improve meaningful engagement.
- Better partnership working to support patients with complex needs spanning mental and physical health.

Safeguarding Adults Board
Barking & Dagenham