

SPSO decision report

Case: 201200667, Borders NHS Board
Sector: health
Subject: communication; staff attitude; dignity; confidentiality
Outcome: some upheld, recommendations

Summary

Ms C complained that the care and treatment provided to her mother (Mrs A) was inadequate. Mrs A suffers from multiple sclerosis (MS) which is a degenerative disease affecting the nervous system. Sufferers can have various difficulties including mobility, digestive system and urinary problems.

In November 2010, Mrs A was hospitalised with a severe urinary infection which later developed into septicaemia (a serious bacterial infection). She was in several hospitals until early 2011. Ms C complained that, during her mother's time in hospital, the board failed to provide an adequate level of physiotherapy; failed to provide a reasonable level of specialist MS nursing care; failed to adequately communicate with the family, and failed to respond appropriately to Ms C's complaint.

Our investigation included taking independent advice from two medical advisers - a physician and nephrologist (kidney specialist) and a senior nurse with experience in neurological and neurosurgical nursing (treating illness or injury affecting the nervous system). We found that an appropriate level of physiotherapy and MS nursing input had been provided to Mrs A during her hospital stay.

Mrs A was, at times, very unwell and our medical advisers considered that the important thing was to address her acute symptoms of infection. When Mrs A was able to engage with the physiotherapy team, therapy was provided. Although the MS nurse only visited Mrs A once during her stay, the nursing adviser considered that there would have been no added value from further input at the time.

We found that Mrs A's MS was regularly and appropriately reviewed during her hospitalisation. However, the physician adviser felt that there was no evidence of communication between the doctors and Mrs A and her family. There were some records of communication from nursing staff but Ms C still felt that communication in general had been poor. The board had responded that next of kin are not automatically entitled to information about a patient and the patient's confidentiality had to be protected. However, our investigation found that guidance from the General Medical Council states that while patient confidentiality should be considered at all times, common sense should also prevail when a patient is very ill and unable to either give or withhold consent to share information with their family. In this case, Mrs A was at times very ill indeed and the advisers thought that staff should have used common sense in their communication with the family.

Ms C was also dissatisfied with the time taken to respond fully to her complaint and said that there were inaccuracies in the final letter from the chief executive. Our investigation confirmed that the timescales for responding to Ms C's complaint had been breached without her being kept up to date and that there were inaccuracies in the letter.

Recommendations

We recommended that the board:

- apologise for the failings in communication and complaint handling identified;
- make staff aware of and adhere to relevant guidance on communication with family/carers/loved ones; and
- make staff aware of and adhere to the guidance on complaints handling.