SPSO decision report

Case: **201301771, Highland NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mrs C complained about the care and treatment that her late father (Mr A) received at Raigmore Hospital. Mr A was admitted there after having been unwell for around three weeks and having been treated by his GP for a chest infection. His condition had deteriorated and he was found to have pneumonia and kidney damage. Mr A had a past medical history of lung cancer and an abdominal aortic aneurysm (a bulge in a blood vessel caused by a weakness in the vessel wall). At first, he responded well to treatment in the high dependency unit. He was moved to a ward, but his condition deteriorated. Mr A got much worse six days after moving to the ward and did not recover. No post-mortem was carried out, but his deterioration was consistent with the aneurysm having burst. Mrs C said that although the treatment in the high dependency unit was exemplary, she felt that staff took too long to establish that Mr A's aneurysm had ruptured. She felt that the treatment provided in the ward was poor and that staff did not communicate adequately with Mr A's family. She was also unhappy with the board's handling of her complaint.

We found that Mr A's aneurysm had been scanned early in his admission and was found to be enlarged, but intact. However, doctors agreed that, in the event of a rupture, no surgery could be performed. We took independent advice from one of our medical advisers, who said that the clinical records showed that staff treating Mr A on the ward were aware of this and that their decision-making would be affected by the fact that no treatment could be provided for the aneurysm. On the day of Mr A's deterioration, staff clearly considered a ruptured aneurysm as a possible cause. However, they also considered his symptoms to be consistent with constipation. As Mr A could be treated for constipation, we found it appropriate that this was done in the first instance. Once he deteriorated further, staff concluded that a ruptured aneurysm was the most likely diagnosis and Mr A was made comfortable and treatment was withdrawn. We found this to be reasonable and did not uphold Mrs C's complaint about his care and treatment.

We were, however, critical of the board's communication with the family. A number of conversations between staff and relatives were not documented and there was little evidence to suggest that the family were made aware of the treatment being carried out, or involved in conversations about Mr A's care. With regard to the board's complaints handling, we were generally satisfied with the thoroughness of their responses. However, some incorrect information was included in their first letter to Mrs C and they failed to contact her when their investigation carried on longer than expected.

Recommendations

We recommended that the board:

- apologise to Mr A's family for failing to communicate adequately with them;
- remind their nursing and clinical staff of the importance of informing and involving relatives in the patient's care and of properly recording all discussions held with relatives; and
- apologise to Mr A's family for their poor handling of the family's formal complaint.