

SPSO decision report

Case: 201402807, Borders NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Ms C, an advocate, complained to the board on behalf of her client (Mrs A) about the care she received at A&E at Borders General Hospital after she had fallen at home. Mrs A had fractured a bone in her arm and was discharged home the same day. The following day, she returned to the hospital in significant pain and further tests showed that she had fractured her kneecap and had bone cancer. Ms C also complained about a delay in Mrs A being reviewed by an orthopaedic specialist and physiotherapy.

We took independent medical advice from a consultant in emergency medicine who considered that Mrs A did not receive a reasonable standard of treatment when she initially attended A&E. There was insufficient evidence to show that the emergency doctor had carried out a thorough examination of Mrs A's joints below the fracture or her lower limbs despite ambulance staff having documented bruising to the right knee. We also took independent medical advice from an orthopaedic consultant who considered that the one day delay in identifying the fractured kneecap was unlikely to have impacted on Mrs A's overall outcome. However, we also found that Mrs A's significant pain level was not reassessed prior to being sent home and had it remained high, then she may have required intravenous morphine and admission to hospital. There was also no evidence to show that any assessment had been carried out of how she might manage at home and who was able to care for her if required.

In considering Ms C's complaint about the delay in Mrs A being reviewed by an orthopaedic specialist and physiotherapy, our orthopaedic adviser told us the eight week delay in Mrs A being reviewed was unlikely to have had a detrimental effect on the healing of her arm fracture. However, given she was to be reviewed within three weeks we found the delay in this case to be unreasonable.

We upheld all of Ms C's complaints, although we noted that the board had apologised to Mrs A that the pain relief they gave her was inadequate and acknowledged that a mistake had been made in her not being referred to the orthopaedic clinic and physiotherapy for further review. They also arranged for the hospital's discharge procedure to be reviewed with a view to making improvements in order to prevent the matter recurring. However, we made recommendations which related to the treatment of Mrs A when she initially attended the A&E department.

Recommendations

We recommended that the board:

- apologise to Mrs A for the failings identified; and
- ensure that the emergency doctor reflects on the failings and confirm when this has been done.