

## SPSO decision report

**Case:** 201606386, Grampian NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** some upheld, recommendations

### Summary

Mrs C complained about the care and treatment of her late mother (Mrs A), initially by an out-of-hours doctor and then following an admission to Aberdeen Royal Infirmary. The out-of-hours doctor visited when Mrs A became unwell and diagnosed infection, prescribing antibiotics. Two days later Mrs A was admitted by her GP to a GP unit in a local care home. From there she was admitted to hospital in the early hours of the following morning with sepsis (a blood infection) secondary to pneumonia. After an initial improvement, she deteriorated and died five days later.

Mrs C complained that the out-of-hours doctor should have admitted her mother to hospital. We took independent advice from a GP adviser, who considered that the doctor appropriately assessed Mrs A and treated her in line with relevant guidelines. We were advised that there were no clear signs at the time that might reasonably have led the doctor to suspect a diagnosis of pneumonia and necessity for hospital admission. We accepted this advice and did not uphold the complaint.

Mrs C also complained that the family were told by hospital staff to administer Mrs A's regular medication from her own supply, and also that there was a 12 hour delay in commencing treatment for her presenting condition. We took independent advice from a hospital adviser, who confirmed that it was not good practice to expect relatives to administer medication. However, the board had already acknowledged this and appropriately highlighted the issue to staff. The adviser noted that the medication was appropriately recorded so no safety issues were apparent. In terms of treating Mrs A's presenting condition, the adviser noted that she had a NEWS score (an aggregate of a patient's 'vital signs' such as temperature, oxygen level, blood pressure, respiratory rate and heart rate which helps alert clinicians to acute illness and deterioration. A NEWS score of five or more is linked to increased likelihood of death or admission to an intensive care unit ) of seven on admission. This elevated score should have prompted early recognition of the severity of the illness and more timely treatment. The adviser considered that a 12 hour delay in commencing antibiotics was unreasonable. We upheld the complaint.

### Recommendations

What we asked the organisation to do in this case:

- Apologise for the unreasonable delay in commencing antibiotic treatment following Mrs A's admission. The apology should meet the standards set out in the SPSO guidelines on apology available at: <https://www.spsso.org.uk/leaflets-and-guidance>.

What we said should change to put things right in future:

- Patients with an elevated NEWS score should be promptly investigated and treated.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.