Scottish Parliament Region: Lothian

Case 200501495: Lothian NHS Board

Introduction

1. On 5 September 2005 the Ombudsman received a complaint against the Lothian NHS Board (the Board) from Mr C, an advocacy worker, on behalf of a client, Ms A. The complaint concerned her allegation that, on attending Accident and Emergency (A and E) of the Royal Infirmary of Edinburgh (RIE) on 5 July 2005, she was refused treatment because her name was on a Frequent Attenders' File (FAF – see paragraph 5). Mr C complained that his client was unaware that she was categorised in such a way and she denied that she was uncommunicative as the Board alleged. His client considered she was owed an apology.

2. The complaints from Mr C which I have investigated concerned:

(a) refusal of treatment on the grounds that Ms A's name was on a FAF; and

(b) an allegation that Ms A was uncommunicative.

3. Following the investigation of all aspects of this complaint I came to the following conclusions:

(a) not upheld, see paragraphs 7 to 12;

(b) not upheld, see paragraph 13.

4. Specific recommendations the Ombudsman is making resulting from this investigation are that the Board should:

i. consider reminding staff about the relevance of information given in correspondence; and

ii. consider offering Mr C and Ms A an apology for giving them information which was not relevant to their enquiry, see paragraph 12.

Investigation and findings of fact

5. The investigation of this complaint involved obtaining and reading all the relevant documentation, including all the correspondence between Mr C and the Board. I have had sight of clinical records from A and E for the day in question and the appropriate complaint file, together with information about the Board's Frequent Attenders' policy. (While there is no formal definition of a Frequent Attender, the term implies patients who present with deliberate self harm repeatedly within a short duration). I also sought opinion from advisers who were specialists in A and E and Psychiatry and I made a written enquiry of the Board Chief Executive on 21 November 2005. His reply was sent to me on 15 December 2005.

6. My findings of fact and conclusions for the complaint are set out below and, while I have not included every detail investigated in this report, I am satisfied that no matter of significance has been overlooked. Mr C and the Board have been given an opportunity to comment on a draft of this report.

(a) Refusal of treatment on the grounds that Ms A's name was on a FAF

7. Mr C said that, on the evening of 5 July 2005, a counselling worker called an ambulance for Ms A because she was concerned about the suicidal thoughts she expressed. He said Ms A was then taken to the A and E department of the RIE where she was breathalysed. He alleged that a little while later she was told that if she did not leave the building the police would be called. Mr C said that Ms A was sober and distressed and that the hospital refused to treat her in a time of crisis. On 8 July 2005, he made a complaint to the Board on her behalf.

8. On 27 July 2005 a reply was sent to Ms A which said that she was well known to both the A and E and the Acute Psychiatric Service of the RIE and that in the past she had had an order placed on her (that is, she had been placed on the FAF), of which she was aware. The order stated that, should she attend with an act of deliberate self harm, she would not receive further psychiatric assessment. As she had attended as an emergency admission on 5 July 2005, after expressing suicidal tendencies, and had refused to communicate with the ambulance crew and A and E staff, the assessing doctor discharged her; there being no medical reason to detain her. It was denied that she had been refused treatment at a time of crisis. Ms A denied being uncommunicative or aware of any such policy referred to, so Mr C continued to pursue her complaint. He remained unhappy with the replies he subsequently received and ultimately complained to this office in September 2005.

9. The notes of the ambulance crew who initially attended (and transported) Ms A to hospital said that she was 'unresponsive verbally'. It was recorded that she was both withdrawn and refused to speak. This was reaffirmed in her A and E clinical notes, where the attending doctor recorded that he had been unable to assist her because of her refusal to communicate. He said that she also refused to give information about her next of kin to allow him to make enquiries. In the circumstances, he suggested that she either provide some information or she would be asked to leave the hospital. Alternatively, the police would be asked to escort her from the premises. While he was aware of her previous admissions, he noted that she had not taken any alcohol, nor was she suffering from an overdose.

10. In the Chief Executive's response to me he stated that, although the doctor concerned was aware of her previous multiple admissions, he was not aware that she had been on the FAF and that this had not been given as a reason for not treating her. I can confirm this from my inspection of the contemporaneous record. However, during his enquiries on behalf of his client, Mr C was told in a letter from the Directorate Manager, dated 27 July 2005, that she had recently been subject to an order (that is, she had been on the FAF) which stated that should she attend with an act of deliberate self harm she would not be given a further psychiatric assessment. The letter said that, because she was well known to psychiatric services and because of her unwillingness to cooperate, she was discharged. Mr C's subsequent enquiries followed the line of the FAF, as he said that Ms A had not been informed about it.

11. While at some times in the past Ms A had been placed on the FAF, this was not given as a reason why she was not treated or why she should leave the hospital. I have seen the records and she was not on the FAF when she was admitted to the hospital. Nor was she refused treatment. She was, however, asked to give information (or a contact whereby that information could be obtained) in order to allow her to be treated. It seems from the clinical records that, for whatever reason, Ms A did not wish to co-operate and, therefore, she could not be treated. She was asked to leave. There was nothing in the records to suggest that Ms A required immediate treatment and I do not criticise hospital staff for their approach in this matter. In the circumstances, I do not uphold Mr C's complaint.

12. Nevertheless, I feel I should comment on the fact that, when Mr C made representations on his client's behalf, he was told that Ms A had a recently expired FAF about which she was aware. The mention of the FAF implies to me that it

could have had relevance to the circumstances that applied when Ms A presented to A and E on 5 July 2005. In fact it did not, as my investigation shows. Although the FAF was not relevant to the matters about which Mr C had complained, given that it was mentioned he was justified in pursuing the matter, particularly as his client said she was unaware of it or its implications. This being so, I take the view that the Board should consider reminding its staff that in correspondence it is best not to include information which is not relevant to the issue being considered; and that where the relevance of information may be unclear, to give an explanation. In the circumstances, the Board should consider offering an apology to Mr C and his client.

(b) An allegation that Ms A was uncommunicative

13. Ms A denied that she was uncommunicative and said that she spoke with the ambulance crew members who transported her to hospital. She made no comment about what happened in the hospital. Both the ambulance records and the medical notes from A and E said that Ms A was uncommunicative. I see no reason why such records would be made if that was not how the staff concerned perceived Ms A's behaviour. Accordingly, there are insufficient grounds for me to uphold this aspect of the complaint.

28 March 2006

Annex 1

Explanation of abbreviations used

Mr C	The complainant
Ms A	The aggrieved person