Scottish Parliament Region: Glasgow

Case 200500930: Greater Glasgow and Clyde NHS Board

Summary of Investigation

Category

Health: Hospitals; Staff attitude; Dignity; Confidentiality

Overview

Dr C complained of delay in providing medicines when his wife was discharged from hospital and of the attitude of ward staff and staff at Accident & Emergency.

Specific complaints and conclusions

The complaints from Dr C concerned:

(a) delays in providing medicines when his wife was discharged from Ward A on 10 August 2004 *(upheld)*, and about the attitude of staff who dealt with him when he collected his wife's medicines that day *(not upheld);* and

(b) when Mrs C attended Accident & Emergency on 2 July 2004, the attitude of medical staff was reprimanding and aggressive, and they failed to provide a dermatological referral *(not upheld).*

Redress and recommendations

The Ombudsman recommends that the Victoria Infirmary:

i) review the practical operation of the Discharge Policy to ensure its proper implementation and introduce any improvements or clarification which may be necessary relating to the provision of discharge medication; and

ii) offer a more fulsome apology to Dr C for the circumstances relating to delay and collection by him of Mrs C's discharge medication.

The Greater Glasgow and Clyde NHS Board has accepted these recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. On 4 July 2005 the Ombudsman received two complaints from a man (referred to in this report as Dr C) concerning events which occurred when his wife attended the Victoria Infirmary, Glasgow (the hospital), in 2004.

2. The complaints from Dr C which I have investigated are:

(a) delays in providing medicines when his wife was discharged from Ward A on 10 August 2004, and about the attitude of staff who dealt with him when he collected his wife's medicines that day; and

(b) when Mrs C attended Accident & Emergency on 2 July 2004, the attitude of medical staff was reprimanding and aggressive, and they failed to provide a dermatological referral.

Investigation

3. The investigation involved obtaining and reading relevant documentation, clinical records and files. I obtained clinical advice from medical advisers and examined the South Glasgow University Hospitals' patient Discharge Policy. I have not included in this report every detail investigated, but I am satisfied that no matter of significance has been overlooked. Dr C and the Board have been given an opportunity to comment on the draft of this report.

4. On 12 August and 10 September 2004, Dr C made two formal complaints to the hospital concerning the matters referred to in this report. On 23 September 2004, the Chief Executive of South Glasgow University Hospitals responded to complaint (a), and on 9 November 2004 he responded to complaint (b). Dr C continued in correspondence with the hospital and wrote to the Scottish Executive before making a complaint to the Ombudsman on 4 July 2005.

(a) Delays in providing medicines when his wife was discharged from Ward A on 10 August 2004, and about the attitude of staff who dealt with him when he collected his wife's medicines that day

5. Having been diagnosed with Hodgkin's lymphoma, Mrs C was admitted to Ward A at the hospital on 9 August 2004 to undergo chemotherapy. She was discharged the following day, 10 August 2004. Dr C said he was requested to

telephone the hospital that day in regard to the arrangements for his wife's discharge. He telephoned at 12:00 noon and said he was informed Mrs C would be discharged at 14:00 and that the medicines for her continued treatment would be available then.

6. Mrs C was collected at 14:00 by her son, who was told the medicines were unavailable, but that they would require to be uplifted before 17:00 to allow administration to Mrs C by 18:00. Dr C himself arrived at the hospital at 16:30 to collect the medicines. He explained the reason for his attendance to an unidentified member of staff who was unable to locate the medicines but said he would ascertain their whereabouts.

7. Dr C stated that he is 80 years old; he is receiving treatment for cardiac and peripheral vascular disease and he said his frailty is evident. Despite this, he was left standing in a corridor. A female member of staff appeared and said she would telephone the pharmacy. Dr C suggested to her that she should tell the pharmacy 'to get the finger out and expedite delivery'. All the while, he was conscious of the time schedule for administering the medicines to his wife, and he was becoming exhausted. He asked for a seat and was shown to an empty room. After some time, a staff nurse (Staff Nurse 1) brought the medicines and made some vague excuses for the three hour delay. No apology was offered.

8. Dr C considered the excuses were meaningless and insincere. In his view, they were a cover for inefficiency, and he replied by saying 'bullshit'. Staff Nurse 1 took offence and announced that a witness would need to be present to monitor the remaining conversation. He returned with another staff nurse (Staff Nurse 2). Staff Nurse 1 then read the printed instructions on the medicines to Dr C and informed him that the incident would be entered in the nursing notes.

9. Dr C wrote to the Chief Executive on 12 August 2004 complaining about these matters and saying that he refused to be intimidated in such a manner. He requested written confirmation that any note made by Staff Nurse 1 would not be entered in his wife's nursing notes and that Staff Nurse 1 would not be involved in his wife's continuing treatment in Ward A.

10. The hospital's Complaints Liaison Officer investigated the matter and

obtained information from staff involved. The Chief Executive then replied saying he was sorry for the delay that Dr C had experienced. He indicated that the prescription for Mrs C for six items of medicine was received in the Pharmacy Department at 14:30, unfortunately with no indication that it was required urgently. However, the ward contacted the Pharmacy Department later in the day to upgrade the prescription to urgent and the ward was telephoned when it was ready for collection.

11. The Chief Executive said the average turn around time for prescriptions was an hour and a half, however the dispensary was short staffed on that particular day. He said that when Dr C arrived at the ward, staff had acted quickly to secure the prescription, although he agreed that Dr C should have been escorted to an appropriate waiting area sooner.

12. The Chief Executive appreciated that Dr C found the delay irritating, but was alarmed that Dr C admitted to being verbally abusive to staff. In view of this, he understood why Staff Nurse 1 decided to seek a witness to the communications, and he commented that having a witness present on such occasions helps to protect the interests of both parties. The incident had been documented, but the Chief Executive reassured Dr C that no entry had been made in Mrs C's medical or nursing notes. Clearly, there was an issue regarding the length of time it took for the prescription to arrive at the Pharmacy Department and the complaint had presented an opportunity to investigate the issue and raise awareness with the staff within Ward A.

13. In regard to this complaint, I examined:

- a statement by a Senior Nurse Manager (the Senior Nurse Manager) concerning events relating to Mrs C's prescription;
- a statement by a Chief Pharmacist (the Chief Pharmacist) in relation to Mrs C's prescription;
- incident forms which were completed by Staff Nurses 1 and 2 following their involvement with Dr C; and
- nursing notes, a discharge checklist, the hospital's Discharge Policy and a document entitled 'Part 1 Discharge Letter and Medicine Prescription Form' dated 10 August 2004.

14. The Senior Nurse Manager said in his statement dated 15 September 2004 that he had investigated the complaint and there appeared to have been a misunderstanding with regard to the time that Mrs C's discharge medication would be available for collection. He said nursing staff did not provide Mrs C's family with a specific time when the prescription would be ready for collection. It is nursing staff's experience that the nearer to 17:00 they suggest medication be picked up, the lesser the likelihood of any excessive delay for the individual collecting the medicines. He was sorry that it was not relayed to Dr C that there might be a short delay when he arrived on the ward.

15. The Senior Nurse Manager agreed that, ideally, Dr C should have been escorted sooner to an appropriate area to wait. Staff are expected to be courteous and helpful at all times and he was confident that staff treated Dr C with dignity and respect, in a professional manner. The Senior Nurse Manager said his impression was that staff acted quickly to secure the prescription. He appreciated that Dr C may have found the delay irritating, but the Senior Nurse Manager was concerned that Dr C, by his own admission, was verbally abusive while discussing the issue with Staff Nurse 1.

16. The Senior Nurse Manager understood Staff Nurse 1's decision to seek a witness when further communicating with Dr C, and he commented that having a witness present helps protect the interests of both parties. He was sorry that Dr C did not accept the reasons given by Staff Nurse 1 for the delay in receiving the prescription. The Senior Nurse Manager had received incident forms from Staff Nurse 1 and Staff Nurse 2, but he said that no entry had been made in Mrs C's medical or nursing notes. He considered it inappropriate that Staff Nurse 1 should not be involved in Mrs C's care.

17. The Chief Pharmacist said in her statement dated 10 September 2004 that the prescription for Mrs C's medicines was received in pharmacy at 14:30 and was uplifted by a member of Ward A staff at 16:50. The prescription had not been marked urgent, but pharmacy staff had written on the form that a telephone call had been made by the ward during the afternoon (time not logged) requesting Pharmacy to phone the ward when the prescription was ready to be collected.

18. The Chief Pharmacist said that the workload volume on 10 August 2004 was

average for the time of year and the turnaround time for a prescription of this size was expected to be one and a half hours. However, the dispensary was short-staffed and had a newly qualified member of staff, which might explain the slower than average turnaround time for what, until the ward phoned to increase the urgency, would be regarded as a non-urgent prescription.

19. I have been informed that there is no record of what time the prescription was sent by the ward to Pharmacy. Prescriptions are uplifted four times per day at 10:00, 12:00, 14:00 and 16:00; it is a circular route round the hospital and it is not possible to state exactly what time any particular ward might have been reached on the day of Mrs C's discharge. If prescriptions are required urgently, a member of nursing staff usually takes the request directly to the Pharmacy Department.

20. In the incident form which Staff Nurse 1 completed on 10 August 2004, he said that Dr C was sitting in the relatives' room for ten minutes waiting for his wife's discharge drugs. When Staff Nurse 1 approached him, Dr C became verbally aggressive. Staff Nurse 1 said he explained why the drugs took so long to reach the ward. Dr C then called him a 'bullshitter' and a liar. Staff Nurse 1 asked Dr C not to swear at him but he continued. Staff Nurse 1 then asked Staff Nurse 2 to come into the room to witness the handing over of the discharge drugs. Dr C continued to be aggressive verbally. He demanded to know Staff Nurse 1's name, saying he would complain about the treatment he had received.

21. Staff Nurse 2 also completed an incident report form confirming that he was asked to witness the discharge medication being dispensed. He said Dr C was complaining about the medication not being on the ward when he arrived. Staff Nurse 1 was trying to say that it had been explained to Dr C's son when he collected his mother earlier in the day that the discharge drugs would be down on the ward before 17:00 pm, but it could not be guaranteed exactly what time they would be on the ward. Dr C was speaking over Staff Nurse 1 in a raised and aggressive tone. Staff Nurse 1 explained all the medications to Dr C who then took the names of Staff Nurse 1 and Staff Nurse 2, and left the ward.

22. Mrs C's nursing notes dated 'am' on 10 May 2004 include the comments: ward round 'For home today' and 'Discharge drugs required'. There is no indication what time the entry was made. The hospital's Discharge Policy indicates

that no patient shall be discharged from any ward before all the arrangements pertaining to the discharge are complete. It provides that a discharge checklist must be completed by nursing staff for every patient before being discharged.

23. The Policy Discharge document states that medication will be ordered by medical staff, checked on receipt at ward level by nursing or pharmacy staff and explained to the patient prior to discharge. The section dealing specifically with discharge drugs states that discharge medication should be ordered as early as possible.

24. The Part 1 Discharge Letter and Medicine Prescription Form dated 10 August 2004 contained a prescription for Mrs C's medicines. The form does not indicate at what time the prescription was made out, or sent by the ward to the Pharmacy. The discharge checklist contains sections covering different aspects of a patient's discharge. A section headed 'discharge medication' contains a number of boxes which should be ticked to indicate that a discharge prescription has been completed, that the medication has been received and explained to the patient. The relevant section in Mrs C's discharge checklist relating to discharge medication was left blank with no entry being made in the boxes in respect of medication. All other sections of the checklist were ticked as completed**.**

(a) Conclusion

25. I have come to the conclusion that there was a delay by Ward A in arranging discharge medication for Mrs C, with the consequence that it was not available in time for her discharge at 14:00. This is contrary to the hospital's Discharge Policy, although I accept that there will always be occasions when, for unavoidable reasons, delay will occur. In this case, it is not possible to say from the patient's notes or discharge documents what time the prescription was dealt with, or why the delay occurred. Indeed, the section on the discharge checklist containing tick boxes relating to Mrs C's medication was left blank, again contrary to the Discharge Policy. Whatever the reasons, the prescription was only received in Pharmacy at 14:30, half an hour after the patient's discharge. Given there was a lack of adherence to policy and a lack of clarity surrounding the arrangements for Mrs C's discharge medication, I uphold the complaint and recommend that a review of how the hospital's Discharge Policy is being operated in practice be undertaken.

26. Dr C was asked to call before 17:00 for his wife's medication, which she was due to have administered by 18:00. I consider Dr C's arrival at 16:30 was a well timed response to such an instruction. The fact that the medication was still not available was unfortunate, and his sense of grievance at this, and being left standing in a corridor, was understandable. I uphold the complaint and, in my view, a somewhat more fulsome apology than was given in response to his initial complaint on this matter should now be made.

27. Staff Nurse 1 did what he could to expedite the supply of the medication and Dr C's own language and demeanour towards Staff Nurse 1 was unacceptable. It is possible to express a grievance and frustration without resorting to language which is inappropriate. Staff Nurse 1's decision to call a witness for the remainder of the discussion with Dr C was correct, and I do not criticise the nursing staff in this matter. I do not uphold Dr C's complaint about the attitude of nursing staff who sought to obtain the medication for him that day.

(b) When Mrs C attended Accident & Emergency on 2 July 2004, the attitude of medical staff was reprimanding and aggressive, and they failed to provide a dermatological referral

28. The events in this aspect of the complaint occurred before those already described in (a) above, and relate to a period before Mrs C was diagnosed with Hodgkin's lymphoma. However, Dr C only raised this aspect of the complaint at a later date. For some time, Mrs C had been suffering from a distressing skin itch. She also had a swelling to the neck and had attended her GP over a six to eight week period. Her GP had arranged for skin allergy tests to be carried out and on 24 June 2004 had arranged for her to be seen at an Ear, Nose and Throat (ENT) clinic on 8 July 2004. Dr C said that, despite this, his wife's condition became more distressing for her. He decided on 2 July 2004 that it was necessary to attend the Victoria Infirmary's Accident & Emergency Department.

29. On arrival, and describing his wife's condition as involving an itch, Dr C said the look on the receptionist's face was one of disapproval and disdain. On being taken to the examination area, he said that a nurse enquired why Mrs C had not gone to her GP. When his wife tried to explain, she was bombarded with questions and given no opportunity to reply. Dr C asked if a doctor was available. The

doctor then replicated the questions asked by the nurse. Dr C said that the tenor of the consultation with the nurse and doctor could only be described as reprimanding and aggressive. Dr C asked if a dermatological opinion was available, but was told 'no' and that he would need to go to the Southern General Hospital.

30. Soon afterwards, Mrs C had a consultation with an ENT consultant in the Victoria Infirmary which was arranged by her GP. The ENT consultant arranged for her to be seen by a consultant dermatologist. In a letter of 10 September 2004 to the hospital's Complaint's Liaison Officer, Dr C complained that, contrary to what he had been told by the nurse and doctor in Accident & Emergency, a dermatological opinion was readily available on the Victoria Infirmary site. Dr C suggested that the casualty nurse and doctor would benefit from a refresher course in patient care and that the doctor concerned would further benefit from a refresher course in medicine, given that the itch complained of was symptomatic of Hodgkin's lymphoma, for which his wife was by then receiving chemotherapy.

31. The Chief Executive replied to Dr C on 9 November 2004 saying he had obtained comments from medical and nursing staff. He referred to the timescales within which Mrs C was seen at Accident & Emergency on Friday 2 July 2004 and the details of the examination by a Senior House Officer (the Senior House Officer) who took a history of the treatment Mrs C had been receiving from her family doctor. Mrs C had been advised to continue with that treatment and to consult her family doctor regarding a referral to the dermatology out-patient clinic. It was stated that the Senior House Officer was a competent clinician who had made an appropriate assessment and referred Mrs C to her family doctor.

32. The Chief Executive assured Dr C that it was not the intention of nursing or medical staff to cause additional distress or offence and wished to apologise if that was his perception. The Chief Executive said that the function of an Accident & Emergency Department, as part of secondary care, is the initial assessment and management of serious illness and injury, and they had neither the expertise nor the facilities to take the place of primary care. Having reviewed Mrs C's treatment at Accident & Emergency, the Chief Executive did not agree that any of the staff should be taken to task for failing to diagnose Hodgkin's lymphoma.

33. In regard to this complaint I examined:

- case notes taken in A & E on 2 July 2004
- a statement by the hospital's consultant (the Consultant) in Accident & Emergency
- a response by a Senior Nurse Manager

34. The Accident & Emergency case notes confirm that Mrs C arrived at 09.04 on 2 July 2004 and was triaged by a nurse at 09:08. The nurse recorded that Mrs C had had skin irritation over her body for the past five to six weeks and had been seen by her GP on three occasions. She had been tested for skin allergies, but nothing had been found. Her temperature was normal. The doctor saw her at 09:15 and observed there was no obvious irritant; there was an intermittent rash and abrasions secondary to scratching. The doctor also noted that Mrs C had been allergy tested by her GP, but nothing was found. Mrs C felt well. There were several old scratches on her left lower back and left lateral chest, with no infection or discharge around the scratches. It was noted that Mrs C's husband was requesting a dermatology referral for opinion. The doctor advised Mrs C to continue with an anti-histamine as prescribed and see her GP regarding a dermatology referral.

35. In his statement, the Consultant said he had investigated the complaint. He confirmed the details of the examination carried out by the doctor in Accident & Emergency department. Replying to Dr C's comments that the casualty doctor would benefit from a refresher course in patient care, the Consultant said he found this a deeply offensive and distressing statement. He said the Senior House Officer who examined Mrs C was a competent clinician who clearly made an appropriate assessment of the patient and referred her to her family doctor. He said that Accident & Emergency was different from a walk-in clinic; their prime function as part of secondary care was the initial assessment and management of serious illness and injury, and they had neither the expertise nor the facilities to take the place of primary care. The Consultant offered apologies for any upset caused and indicated that staff were expected to be kindly and courteous at all times. However, given some of the workload and other pressures of verbal and physical abuse sometimes directed at staff, it may at times be difficult to conceal their frustration when an individual does present with a six week history of what initially appeared to be a skin irritation. He would be unable to take any staff to

task for failing to make a diagnosis of Hodgkin's lymphoma given such presenting signs and symptoms.

36. The Senior Nurse Manager who replied to the complaint said that the nurse who dealt with Mrs C in Accident & Emergency had by then left the Trust's employment.

37. After receiving the Chief Executive's reply to his complaint, Dr C wrote again on 20 November 2004 expressing dissatisfaction with the reply and saying, among other things, that the Accident & Emergency doctor had not observed or commented on obvious glandular swellings on his wife's neck and had given erroneous advice that a dermatology opinion was not available at the Victoria Infirmary. He agreed with the information provided in regard to the limitations on the Accident & Emergency service and commented that these were some of the reasons for its poor rating in the NHS.

38. A reply was sent to Dr C on 23 November 2004 informing him that his letter appeared to be an expression of dissatisfaction and only asked for his comments to be passed to Accident & Emergency, which had been done. As he continued to be unhappy with the responses provided, he was reminded that he could request an Independent Review of his complaint. The Independent Review process was explained to Dr C, but Dr C did not pursue this[1]. Correspondence passed between the hospital and Dr C until February 2005 when he wrote to the Scottish Executive and subsequently made his complaints to the Ombudsman.

39. I have taken clinical advice on this aspect of the complaint from an independent professional adviser. The advice which I received is to the effect that the documented assessment of the nurse's examination of Mrs C in Accident & Emergency was prompt and good. Relevant items of history were recorded and the patient's temperature was normal. The doctor's assessment was prompt and the history and examination acceptable; the advice given was reasonable and a GP discharge letter was written. The patient had presented to the emergency services with a long-standing problem which was already under investigation by her GP.

[1] The Independent Review process has since been discontinued and replaced by complaints to the Scottish Public Services Ombudsman

40. The adviser's view is that it was appropriate that Accident & Emergency staff ascertained what advice and treatment Mrs C had already received to ensure that the important issues were in hand and no acute emergency had occurred. This done, they made a reasonable assessment and referred the patient back to her GP. She subsequently attended the Ear Nose and Throat clinic. This was an urgent referral which had been made by her GP and the appointment was for 8 July 2004 in regard to the swelling in her neck. A dermatology referral to a consultant was made as part of the co-ordinated investigation into possible Hodgkin's lymphoma as the likely cause of both the itching and swelling in the neck. This was the proper route for referral. Any intervention by Accident & Emergency would have been counter-productive, inappropriate and wasteful of resources.

(b) Conclusion

41. When Mrs C attended the Accident & Emergency Department on 2 July 2004, I am of the view that she was dealt with reasonably and professionally. Further, medical staff assessed Mrs C to determine whether any medical emergency had occurred. Proper background history was taken, appropriate examinations were carried out and advice given to continue investigations and referral through her GP. I do not consider that it is material whether the Accident & Emergency doctor thought such a referral would be at Victoria Infirmary or the Southern General Hospital. In all the circumstances, I do not uphold Dr C's complaint about the attitude of medical staff and failure to provide a dermatological referral.

26 September 2006

Annex 1

Explanations of abbreviations used

Dr C	The complainant
Mrs C	The complainant's wife
The hospital	The Victoria Infirmary, Glasgow
Staff Nurse 1	The staff nurse who brought Dr C the medicines
Staff Nurse 2	The staff nurse who attended with Staff Nurse 1 to witness the conversation with Dr C
The Senior Nurse Manager	A Senior Nurse Manager who provided a statement concerning events relating to Mrs C's prescription
The Chief Pharmacist	A Chief Pharmacist who provided a statement relating to Mrs C's prescription
The Senior House Officer	A Senior House Officer who took a history of the treatment Mrs C had been receiving from her family doctor
The Consultant	A Consultant in Accident & Emergency who provided a statement
ENT	Ear, Nose and Throat