

Scottish Parliament Region: South of Scotland

Case 200503586: Borders NHS Board

Summary of Investigation

Category

Health: Outpatient Physiotherapy

Overview

The complainant (Ms C) raised a number of concerns about the treatment plan she received from a physiotherapist and the handling of her complaint about this treatment.

Specific complaints and conclusions

The complaints which have been investigated are that:

- (a) Physiotherapist 1 failed to provide suitable clinical treatment (*upheld*); and
- (b) the Board failed to deal with Ms C's complaint properly (*partially upheld*).

Redress and recommendations

The Ombudsman recommends that the Board incorporate the events of this complaint into future training / development sessions for physiotherapists to illustrate the importance of appropriate levels of record keeping.

The Board have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. On 28 March 2006 the Ombudsman received a complaint from the complainant (referred to in this report as Ms C) about the clinical suitability of the treatment plan given to her by her physiotherapist (Physiotherapist 1) at an appointment on 9 January 2006. Ms C also complained that the Borders NHS Board (the Board) had not dealt with her complaint properly.

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

- (a) Physiotherapist 1 failed to provide suitable clinical treatment; and
- (b) the Board failed to deal with her complaint properly.

Investigation

3. Investigation of this complaint involved obtaining and reviewing the clinical records and correspondence relevant to the complaint. I have also sought the specialist advice of an external clinical adviser to the Ombudsman who is a practising physiotherapist.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Ms C and the Board were given an opportunity to comment on a draft of this report.

(a) Physiotherapist 1 failed to provide suitable clinical treatment

Ms C's evidence

5. Ms C damaged the nerve roots in her neck in July 2005 and had a known history of back injury. The injury caused her to be off work for a number of weeks and since her return to work as a Charge Nurse she had been restricted to light duties. Ms C received physiotherapy treatment from Physiotherapist 1 from July 2005 and undertook a Home Exercise Programme.

6. Ms C said that Physiotherapist 1 stated at her appointment on 9 January 2006 that it was now time to start strengthening her muscles. Ms C told me that she was shown two different exercises by Physiotherapist 1 both of which involved lifting a green (5kg) exercise ball above her head and was instructed to increase the number of repetitions over time. Physiotherapist 1 told Ms C that she

didn't have an orange (lighter) exercise ball in stock and gave her a green one to take home. Ms C told me that she explained to Physiotherapist 1 that she had to walk home and was concerned with the weight and was offered a plastic bag to carry the ball in which she declined as she felt this would further twist her spine as she carried the ball to one side. Instead she opted to carry the ball in front of her. Ms C told me that she found carrying the ball very tiring and was already sore by the time she reached home. Ms C told me that she tried the first exercise that evening and immediately found it painful. After two days, on 12 January 2006, Ms C attempted the second exercise and found it too painful to continue after only one repetition and needed to stay at home and take analgesia.

7. Ms C said that she continued in pain and called Physiotherapist 1 on 16 January 2006 and was told by her that there had been a miscommunication as Ms C was only supposed to carry out one of the exercises initially. Ms C was unhappy that this had not been mentioned at her appointment and no guidance had been given about how to build up the repetitions. Ms C asked Physiotherapist 1 to fill out an Incident Form and transfer her care to another physiotherapist. Ms C wrote to the Head of Clinical Service for Physiotherapy on 16 January 2006 detailing what had happened and asking for her to respond.

8. The details of the complaint handling are set out in (b). In the first written response to Ms C from the Director of Integrated Health, he apologised on behalf of Physiotherapist 1 for the distress and anxiety caused by the miscommunication. The letter also stated that the Head of Service had reviewed the treatment and considered it appropriate but that there appeared to have been a misunderstanding. Ms C remained dissatisfied as she did not consider it to be a misunderstanding or miscommunication but that the 5kg ball was the wrong weight with the associated exercise programme being accordingly totally unsuitable. Ms C also considered that the unsuitable weight of the ball meant she should not have been asked to carry it home. A further response was provided by the Board on 27 February 2006. This response did not comment on the suitability of the 5kg ball but stated that the physiotherapist who had taken over Ms C's care (Physiotherapist 2) was not able to say whether lifting the ball had exacerbated Ms C's symptoms. The response also stated that the Board did not feel any action could usefully be taken to avoid a repeat of the problem as it was down to a

misunderstanding and this was difficult to eradicate. Ms C remained dissatisfied with this response and complained to this office.

The Adviser's comments

9. The Adviser reviewed all the relevant clinical records and commented that the records overall indicate an appropriate assessment and record of treatment carried out in each session. With respect to the appointment on 9 January 2006 the Adviser noted that Physiotherapist 1 stated she had loaned a medicine ball to the patient (no weight for this ball was noted), that the patient was to carry out short lever exercises before moving on to long lever exercises and that the patient was to gradually increase the amount of repetitions. The Adviser commented that there is no indication in the notes as to what exercises the patient should be doing or what the exercises given were intended to achieve. There is no copy of an exercise programme given to the patient explaining the exercises and what to do if clarification was necessary. No clinical reasoning is written in the notes.

10. The Adviser has told me that she considers that the lack of a full explanation of the exercises given to the patient and the clinical reasoning in the records was a failure by Physiotherapist 1 to meet the service standards of the Chartered Society of Physiotherapy, standard 9.2 and 13 (see below). The Adviser also felt that the patient should have been given written advice regarding the exercise programme and a copy of this should have been attached to the notes.

11. *'Core Standards of Physiotherapy Practice'* Chartered Society of Physiotherapy 2005

Standard 9.2

All advice/information given to the patient is recorded signed and dated.

Standard 13

Sufficient Information is provided to patients to allow them to participate fully in their care.'

12. The Adviser told me that 5kg is a heavy weight for upper limb exercises following a neck complaint. Because of the lack of proper records, it is not possible to judge from the clinical notes whether a 5kg weight was appropriate although the

Adviser felt that it may have been too heavy for Ms C and could have exacerbated her symptoms.

13. At Ms C's appointment with Physiotherapist 2 in February 2006 she was provided with a detailed written copy of the exercise programme and a copy of this is attached to her clinical records.

(a) Conclusion

14. The clinical advice I have received is that the lack of appropriate records means it is not possible to conclude whether or not a 5kg weight was appropriate. Because of this advice I cannot conclude whether the treatment provided was appropriate although I note the Adviser's view that 5kg is a heavy weight in these circumstances. However, I am satisfied that there was a failure by Physiotherapist 1 to maintain the appropriate records and as it is this failure which prevents my reaching a conclusion on Ms C's specific complaint I uphold the general complaint of a failure to provide appropriate clinical treatment.

15. I note that Ms C was provided with the appropriate documentation at a subsequent appointment and attribute the failure in record keeping to an individual rather than a system error.

(a) Recommendation

16. The Ombudsman recommends that the Board incorporate the events of this complaint into future training / development sessions for physiotherapists to illustrate the importance of appropriate levels of record keeping.

(b) The Board failed to deal with Ms C's complaint properly

17. Ms C first sent her written concerns to the Head of Service, Physiotherapy on 16 January 2006. This letter was not acknowledged and on 30 January 2006 Ms C wrote to the Complaints Officer for the Board asking why no response had been received. On the same day the Head of Service forwarded the letter she had received from Ms C to the Complaints Officer indicating that she had spoken with Physiotherapist 1 and that she (Physiotherapist 1) felt there had been a misunderstanding.

18. On 6 February 2006 Ms C was sent a response from the Director of Integrated Health which included an apology for the previous failure to acknowledge her complaint letter – this was not received until 9 February 2006 and crossed with a further letter from Ms C inquiring about her complaint. Understandably by this point Ms C was very frustrated and upset that some 18 business days had passed and she had had no written acknowledgement.

19. A final response from the Board was sent on 27 February 2006 in which the Board apologised again that the original letter had not been acknowledged within three working days and explained that once it was received it was felt to be more appropriate to send a full written response and that this had taken four working days from the date the Complaints Officer received the complaint.

(b) Conclusion

20. The NHS Complaints Process expects that all complaints should be acknowledged within three working days and a full written response provided within 20 working days. I note that a written response was provided within the 20 working days although I consider it would have been beneficial to provide a written acknowledgement as soon as the omission was identified rather than wait for the full written response. I conclude that there was a failure to acknowledge the complaint within three working days on two occasions but that the substantive response was provided in a timely manner. I, therefore, partially uphold this complaint. I note that the Board have apologised for this failure and advised Ms C that the physiotherapy team have been reminded of the need to acknowledge complaints within three working days.

(b) Recommendation

21. In light of the apology already given by the Board and the reminder given to the physiotherapy team the Ombudsman has no recommendation to make.

22. The Board have accepted the recommendations and will act on them accordingly.

19 December 2006

Explanation of abbreviations used

Ms C	The complainant
The Board	Borders NHS Board
Physiotherapist 1	The physiotherapist who met with Ms C on 9 January 2006
The Adviser	Clinical adviser to the Ombudsman who is a practising physiotherapist
Physiotherapist 2	The physiotherapist who took over Ms C's care after 16 January 2006