Scottish Parliament Region: North East Scotland

Case 200602507: Grampian NHS Board

Summary of Investigation

Category

Health: Hospital; Oncology; Nursing care and Complaints handling

Overview

The complainant (Mr C) raised a number of concerns about the nursing care which he received during his admission to Dr Gray's Hospital (the Hospital), the advice given to him about MRSA and the way his complaint was handled by Grampian NHS Board (the Board).

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) Mr C did not receive adequate emotional support during his admission to the Hospital (*upheld*);

(b) nursing staff advised Mr C's wife to leave the ward due to things being too busy (*upheld*);

(c) Mr C was not given clear information in relation to the Board's visitor policy and the risks of MRSA (*not upheld*);

(d) Mr C's chemotherapy was carried out in a ward setting and he was required to answer personal questions within earshot of other patients (*not upheld*);

(e) Mr C's concerns were ignored when he raised them with the specialist nurses (*partially upheld to the extent that Mr C was not given feedback about the way in which his complaints were dealt with*); and

(f) the Board failed to adhere to the NHS complaints handling procedure when investigating Mr C's complaint (*not upheld*).

Redress and recommendations

The Ombudsman recommends that the Board:

(i) ensure that staff assess the emotional needs of patients, especially those with the diagnosis of a life threatening or limiting illness, and plan care appropriate to this assessment;

(ii) apologise to Mr C for their failure to formally assess his need for emotional support;

(iii) review their visiting policy and consider whether to include guidance on the application of discretion according to the circumstances;
(iv) remind relevant staff to ensure that they respond fully to all elements of complaints;
(v) remind staff: of their role in the complaints process; to take steps to identify complaints; and to feedback to patients any steps taken as a result of their complaint and any response to the complaint; and
(vi) consider whether, in these sorts of circumstances, it may be appropriate to use conciliation or mediation as part of the complaints process.

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

Main Investigation Report

Introduction

1. The complainant (Mr C) was admitted to Dr Gray's Hospital (the Hospital) on 8 March 2006 for investigation and surgery. He was diagnosed with cancer and subsequently continued to attend the Hospital on a regular basis for chemotherapy. On 18 July 2006, he raised several complaints with Grampian NHS Board (the Board) about the care which he received during his initial admission and his subsequent admissions for chemotherapy.

2. The Board responded to Mr C's complaint on 13 September 2006. Mr C then met with a member of staff from the Board to discuss his concerns. Following this meeting, the Board wrote to Mr C on 30 October 2006. Mr C wrote to the Board again on 10 November 2006 and received a response on 22 December 2006.

3. The Ombudsman received Mr C's complaint on 13 November 2006.

4. The complaints from Mr C which I have investigated are that:

(a) Mr C did not receive adequate emotional support during his admission to the Hospital;
(b) nursing staff advised Mr C's wife (Mrs C) to leave the ward due to things being too busy;
(c) Mr C was not given clear information in relation to the Board's visitor policy and the risks of MRSA;
(d) Mr C's chemotherapy was carried out in a ward setting and he was required to answer personal questions within earshot of other patients;
(e) Mr C's concerns were ignored when he raised them with the specialist nurses; and
(f) the Board failed to adhere to the NHS complaints handling procedure when investigating Mr C's complaint.

Investigation

5. During this investigation, I considered background documentation provided by Mr C and the Board. I also obtained copies of Mr C's relevant clinical records and obtained advice on this complaint from the Ombudsman's clinical adviser (the Adviser). Furthermore, I considered the NHS complaints handling procedure.

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

(a) Mr C did not receive adequate emotional support during his admission to the Hospital and (b) nursing staff advised Mrs C to leave the ward due to things being too busy

7. Mr C was admitted to the Hospital on 8 March 2006. Following investigations, Mr C was diagnosed as suffering from bowel cancer. He underwent surgery on 14 March 2006.

8. Mr C described that he did not feel that staff took into account in their dealings with him, the fact that he was in emotional distress. He stated that staff would ask how he was feeling in a fairly upbeat way and he would tell them that he was not feeling great. In response to this, staff would respond in an upbeat way such as 'never mind, you'll soon be better'. Mr C has concerns that staff failed to respond appropriately to his expressions of unease or to refer him for any form of emotional support.

9. The Board explained that the team leader and nurse in charge of the ward on each shift assess all patients individually and that, in the early days after surgery, many patients require motivation and reassurance that they will gradually begin to feel better. The Board stated that, from Mr C's first meeting with a hospital specialist nurse (the Hospital Specialist Nurse), he was assessed as being very anxious and acknowledged that he had had anxiety and depression in the past. They went on to explain that, on this basis, Mr C was referred to a community specialist nurse (the Community Specialist Nurse). They also stated that, on the basis of Mr C's anxiety and also at Mr C's request, a community psychiatric nurse (the CPN) who Mr C had seen in the past was informed of Mr C's admission and diagnosis and was asked to visit him.

10. Mr C explained that the CPN had not visited him to offer clinical support. Mr C was acquainted with the CPN from a previous illness and, on this basis, requested to see him. Mr C described that, when the CPN visited him in the Hospital, it was on a social basis and they had not discussed his current illness. Mr C, therefore, argued that the CPN's visit did not constitute emotional support in relation to his admission and diagnosis.

11. The Board told me that the CPN visited Mr C as a concerned professional and colleague but that no records were kept of the visit as Mr C's case was closed to mental health in 2004. The Community Specialist Nurse contacted the CPN at Mr C's request but this was not a formal referral.

12. Mr C described a particular incident on 17 March 2006 which occurred when he was medicated with Morphine and was drifting in and out of sleep. Mrs C was visiting him that afternoon and asked nursing staff whether she could remain with Mr C after visiting hours to hold his hand until he fell asleep. Mr C described that the nurse in question flatly refused, stating that 'things [were] too busy'. Mr C expressed the view that he found this comment unacceptable and that nursing staff should have had a more sympathetic regard for the emotional needs of those whom they care for and an awareness of the wider duty to concern themselves with family.

13. The nursing records for 17 March 2006 record that Mrs C enquired whether she could stay outwith visiting hours to sit with Mr C. The member of staff recorded that she had explained to Mrs C that the Hospital ask that visiting hours are respected; that the ward was very busy; and that it would not be possible for Mrs C to stay as Mr C needed to rest and recover, as did other patients in the ward. The Adviser stated that, while it is right that Mr C needed to rest and recover, allowing Mrs C to stay with him could have meant that he would have rested more easily.

14. Responding to the incident involving Mrs C, the Board stated that Mr C was in an extremely busy acute surgical ward with a high level of activity. They explained that the team endeavour to deliver as much individualised care as possible within the resources available and that relatives are asked to leave the ward at the end of visiting in order for the team to carry on with their workload and allow patients to get some rest. They indicated that Mrs C had visited the ward on other occasions outwith visiting times but the circumstances of these visits are not documented. The Board stated that they would review their practice as part of their continuous improvement approach.

Advice received from the Adviser

15. The Adviser explained that an oncology patient should expect whatever level of support, including emotional, he needs and that there should be an assessment of how to meet individual needs in this important area of care. She also stated that the points made in response to the complaint about Mrs C being

asked to leave were fair. However, she explained that each patient with a recent diagnosis of cancer responds differently and she would expect staff to assess this and, if appropriate, bend the rule in favour of the patient's and relative's wellbeing. She suggested that Mr C could have been screened off and had Mrs C remain with him on that particular occasion. Taking the 17 March 2006 incident in isolation, she commented that the Board's response sticks with a rigid position and gives no impression that a different action could be negotiated in particular circumstances. However, from subsequent evidence provided in response to a draft of this report, it would appear that this happened on other occasions.

16. The Adviser reviewed Mr C's medical records. She noted that a mini mental state assessment was carried out on admission but that this was to exclude confusion and assess orientation rather than his coping skills. The 'patient profile' indicates that Mr C had a history of depression and anxiety between 2000 and 2004 but this is not mentioned at all in the medical notes and there is no mention of his attitude towards his diagnosis.

17. The Adviser was critical of the Board for not formally assessing Mr C's mental state initially and following news of his diagnosis with cancer. There is no feeling, from the records, that this was a serious area of assessment as there is no mention of it in the notes despite the fact that the Board stated that patients are assessed by staff at the beginning of each shift. The Adviser stated that staff should have probed further when Mr C told them he was feeling low.

(a) Conclusion

18. Mr C felt that he did not receive appropriate emotional support from hospital staff following his diagnosis and surgery, when he was feeling a high degree of anxiety. The Board stated that Mr C had been regularly assessed and had been seen by the CPN.

19. Mr C's clinical records do not record any form of assessment of his emotional state although they do record that Mr C had a history of anxiety and depression. The evidence in relation to the CPN indicates that his visit was of an informal nature and the Board acknowledged that this was not a formal referral. It was, however, arranged by the Community Specialist Nurse. In these circumstances, it was not appropriate for the Board to use the CPN's visit as an example of the emotional support provided to Mr C by them.

20. The Adviser stated that there is no feeling from the records that this was a serious area of assessment.

21. I recognise that different patients will require different forms of support and that some patients may respond well to being given motivation in the period following surgery. However, given Mr C's medical history, the fact that he had just been diagnosed with a serious illness, and the fact that he told staff on more than one occasion that he was feeling anxious, I consider that a more formal assessment of Mr C's emotional state should have been carried out with the possibility of referring him for further support. This did not happen and I, therefore, uphold this complaint.

(a) Recommendation

22. The Ombudsman recommends that the Board ensure that staff assess the emotional needs of patients, especially those with the diagnosis of a life threatening or limiting illness, and plan care appropriate to this assessment. The Ombudsman also recommends that the Board apologise to Mr C for their failure to formally assess his need for emotional support.

(b) Conclusion

23. The Board's explanation of the reasons why visitors are not permitted to stay outwith visiting hours is acceptable and it is accepted that such a policy is important and necessary. However, the Adviser stated that she would expect the policy to be applied flexibly to take into account any particular circumstances. Mr C was very anxious following his diagnosis and surgery and the Adviser stated that it may well have been feasible for Mrs C to remain with him for a little longer. The Board subsequently informed me that Mrs C visited the ward on several occasions outwith visiting hours. However, neither the medical notes nor the complaints correspondence give this as the reason why it was not felt appropriate for Mrs C to stay on this occasion. Had this evidence been recorded and used by the Board, I may have concluded differently. The Board's response to Mr C's complaint and their reasoning in the medical records showed no evidence of any flexibility in the way this policy was applied. I, therefore, uphold this complaint.

(b) Recommendation

24. The Ombudsman recommends that the Board review their visiting policy and consider whether to include guidance on the application of discretion according to the circumstances.

(c) Mr C was not given clear information in relation to the Board's visitor policy and the risks of MRSA

25. Mr C explained that, on 19 March 2006, he had three visitors at his bedside. He stated that a nurse informed him that he could only have two visitors at any time and that when he questioned this, the nurse merely said 'MRSA'. Mr C told me that he had received nine visitors that day and so had met them in the café at the Hospital (the Café). He commented that, whilst he was not suggesting that he should have an unlimited number of visitors, there appeared to be a lack of flexibility with regard to who visits. Mr C also questioned whether the risks of MRSA were any less in the Café than in the ward.

26. The Board responded that the Hospital had a clear policy that only two visitors should be at a bedside at any one time. They explained that if unlimited numbers of visitors were allowed in ward areas, all patients would expect similar privileges which would result in excessive visitors to the ward. They stated that, the more visitors there were in a ward at any one time, the higher the risk of MRSA being spread to other patients in the ward, hence the policy across the Board to limit two visitors to a bed. They explained that this also cut down noise and disruption to the ward. They stated that the risk in visiting the Café was no greater to the public than visiting any other public place but that it reduced the risk of MRSA being spread through a ward.

27. Mr C explained to me that he wished to complain about the contradictory nature of practice at the Hospital: he was told he could not have more visitors because of the risks of MRSA yet could meet these visitors in the Café where the risk of MRSA was the same or greater. Mr C also explained that he was aggrieved about the attitude of the staff member who had informed him about MRSA.

28. The Adviser stated that nine visitors are too many and that all of the points made by the Board were acceptable. However, she commented that the Board had used the policy very rigidly and had expressed themselves in a way that

suggested there could be no exceptions. She advised that the Board's explanation on MRSA was appropriate.

(c) Conclusion

29. I consider that the Board's explanation of the risks of MRSA in the ward and in the Café is reasonable. Mr C was able to meet his visitors in the Café; this presented a lower risk to other patients on the ward than if he had received his visitors in the ward. The Board must consider the risk of MRSA to all patients. Although Mr C may have increased his MRSA risk by visiting the Café and coming into contact with a larger number of people, I do not consider that the fact that he is able to do this is contradictory to their visiting policy. The Ombudsman recognises the importance of infection control policies and of clear information about these policies. It is not possible to reach a conclusion about the attitude of the member of staff in question. I do not consider that the Board acted inappropriately in this case and I do not uphold this complaint.

(c) Recommendation

30. My recommendation at (b) is also relevant to this element of the complaint.

(d) Mr C's chemotherapy was carried out in a ward setting and he was required to answer personal questions within earshot of other patients

31. Mr C had concerns about the fact that his chemotherapy was carried out in a ward setting rather than in a chemotherapy suite such as exists in some other hospitals. He explained that having chemotherapy in the ward required him to answer intimate questions in front of other general medical patients which was detrimental to his confidentiality.

32. The Board explained that, within their hospitals, chemotherapy is usually administered within a ward setting or designated out-patient areas. They explained that it is administered in an acute hospital setting due to required availability of radiology, phlebotomy, laboratory and pharmacy services on-site. There also require to be appropriately qualified medical and nursing staff available at all times should there be any complications. They stated that chemotherapy is administered on specific days at the Hospital when a consultant oncologist is present.

33. Mr C fully accepts the explanation provided by Board for the chemotherapy venue but the Board did not address his concerns about confidentiality.

34. The Adviser stated that the Board's reason for using the ward as a venue for the administration of chemotherapy is reasonable and that the issue of ensuring confidentiality in any shared space is a professional challenge and would be an issue even if there was a dedicated area for chemotherapy patients.

(d) Conclusion

35. The need to maintain patients' confidentiality in a ward setting is always a challenge; this has been confirmed by the Adviser. However, this difficulty would remain if chemotherapy were carried out in a dedicated area. I do not consider that the Board acted inappropriately in this case and I do not uphold this complaint.

(d) Recommendation

36. The Board did not comment on Mr C's concerns about confidentiality in their response to his complaint. The Ombudsman recommends that the Board remind relevant staff to ensure that they respond fully to all elements of complaints.

(e) Mr C's concerns were ignored when he raised them with the specialist nurses

37. Mr C raised concerns about the fact that, although he had discussed his concerns with the Community Specialist Nurse and Hospital Specialist Nurse, about the care which he had received in the Hospital after his surgery, he had no evidence that his concerns were ever raised with ward staff and had not received any feedback to indicate whether his concerns were being considered. Mr C stated that he was concerned that the specialist nurses had not taken steps to look into his concerns and did not seem to take his concerns seriously.

38. The Board responded that it was recorded that Mr C had made the Hospital Specialist Nurse and a doctor aware that he did not have a satisfactory experience during his time recovering post-operatively. They stated that the Community Specialist Nurse had explained to him that the chemotherapy was likely to be administered as a day case and that his wife would be able to stay with him. They stated that the Community Specialist Nurse had discussed this with staff on the ward prior to Mr C's admission for chemotherapy.

39. The Board's response to Mr C explained that all staff feed back concerns from individual patients in a variety of ways. They went on to state that, in Mr C's case, while on ward, concerns were fed back to other staff at the handover. They explained that out-patient concerns were fed back within teams at frequent team meetings. The Board stated that, on a one-to-one basis, they would expect staff to make patients aware that they would feed back to their colleagues. They stated that, in Mr C's case, the team involved did feed back to each other but that, in general, they do not advise patients that this has been done.

40. The Community Specialist Nurse's notes record that on 10 March 2004, Mr C stated that 'he [was] unhappy with his treatment in hospital' and that she 'advised him to discuss his issues with the ward sister so she could address them'. The Hospital Specialist Nurse's notes record that Mr C was 'unhappy about being on ward for chemotherapy and arrangement for bloods etc. Explained reasons for safety etc.'

41. I could find no other reference to this in the Hospital Specialist Nurse or Community Specialist Nurse's notes or the Hospital records.

(e) Conclusion

42. The NHS complaints handling procedure states that a complaint should first be raised with a member of staff involved in the patient's care so that they can try and sort out the complaint. The specialist nurses have recorded that Mr C raised concerns with them about the care which he received in the Hospital. The Board have stated that these concerns were discussed with staff on the ward but Mr C was not given any feedback about the way his concerns were dealt with. To the extent that this did not happen, I partially uphold this complaint.

(e) Recommendations

43. The Ombudsman recognises that it can sometimes be difficult for a member of staff to identify whether a verbal expression of concern is, in fact, a complaint or not. The Ombudsman recommends that the Board remind staff: of their role in the complaints process; to take steps to identify complaints; and to feedback to patients any steps taken as a result of their complaint and any response to the complaint.

(f) The Board failed to adhere to the NHS complaints handling procedure when investigating Mr C's complaint

44. Mr C complained that his response from the Board did not follow NHS Complaints Guidelines, which state that a complainant will be offered an opportunity to discuss their complaint with a member of staff. Mr C stated that this was only offered after the complaint had been investigated. Mr C went on to complain that he was not offered information about independent advice and support or about conciliation. Mr C stated that, in his view, a formal interview would have assisted the investigation.

45. The Board explained to Mr C that the NHS complaints handling procedure was produced by the Scottish Executive[1] and was for guidance only. They explained that it gives the NHS the discretion to follow a separate process if required. They went on to state that everyone who has a complaint is given the opportunity to discuss their complaint with the Board's clinical governance coordinator (the Clinical Governance Coordinator) and that this was noted on a letter of 13 September 2006 to Mr C. Mr C then met with the Clinical Governance Coordinator on 5 October 2006 to clarify issues.

46. The Board explained that, as Mr C's initial complaint raised many issues, the investigating officer chose to speak to all of the staff involved, provide Mr C with a response, and then give Mr C the opportunity to discuss it after he had had time to consider the response.

(f) Conclusion

47. The NHS complaints handling procedure is largely guidance for Health Boards on how to respond to complaints and each Board has some flexibility as to how they should respond to and investigate each complaint which they receive. In this case, the Board considered that they should carry out an investigation into Mr C's complaints before offering him a meeting. Mr C did meet with the Clinical Governance Officer after receiving the Board's first response to his complaint. The NHS has now entered a partnership with an advocacy organisation to establish to Independent Advisory and Support Service (IASS). This service will provide information, advice and support for

[1] On 3 September 2007 Scottish Ministers formally adopted the title Scottish Government to replace the term Scottish Executive. The latter term is used in this report as it applied at the time of the events to which the report relates.

patients who wish to make a complaint. The IASS was officially launched on 10 September 2007 and is available to patients of the Board.

48. It is appropriate for the Board to decide how best to investigate a complaint and I do not uphold this complaint.

(f) Recommendation

49. Because Mr C was undergoing chemotherapy treatment, he had an ongoing relationship with the Board. In these circumstances, conciliation may have been useful as an alternative to investigation. The Ombudsman recommends that the Board consider whether, in these sorts of circumstances, it may be appropriate to use conciliation or mediation as part of the complaints process.

50. The Board have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board notify her when the recommendations have been implemented.

Annex 1

Explanation of abbreviations used

Mr C	The complainant
The Hospital	Dr Gray's Hospital
The Board	Grampian NHS Board
Mrs C	Mr C's wife
The Adviser	The Ombudsman's clinical adviser
The Hospital Specialist Nurse	A specialist cancer nurse in the Hospital
The Community Specialist Nurse	A specialist cancer nurse in the community
The CPN	A community psychiatric nurse
The Café	A café in the Hospital
The Clinical Governance Coordinator	The clinical governance coordinator within the Board
IASS	The Independent Advisory and Support Service

Annex 2

List of legislation and policies considered

Making a Complaint to the NHS
June 2005