

Scottish Parliament Region: Mid Scotland and Fife

Case 200601583: Forth Valley NHS Board

Summary of Investigation

Category

Health: Hospital; communication

Overview

The complainant (Mrs C) raised a number of concerns about the care and treatment that her husband had received before his death in Bo'ness Hospital on 30 March 2006.

Specific complaint and conclusion

The complaint which has been investigated is that Mrs C was not allowed to visit her husband, because of an outbreak of the winter vomiting virus in his ward in the days leading up to his death in Bo'ness Hospital in March 2006 (*not upheld*).

Redress and recommendations

The Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 30 August 2006, the Ombudsman received a complaint from the complainant (Mrs C) about the care and treatment her husband (Mr C) had received in Bo'ness Hospital (the Hospital) before his death. Mrs C had complained to Forth Valley NHS Board (the Board), but was not satisfied with the response that she received.

2. The complaint from Mrs C which I have investigated is that Mrs C was not allowed to visit Mr C, because of an outbreak of the winter vomiting virus in his ward (the Ward) in the days leading up to his death in the Hospital in March 2006.

3. Mrs C made a number of complaints to the Ombudsman about the Board. I carefully reviewed the complaints and the Board's report on the matter. The views of the nursing adviser to the Ombudsman (the Adviser) were also requested on the matter. She said that the care given to Mr C was acceptable and that expert advice had been sought as necessary. However, she considered that the complaint that Mrs C was not allowed to visit Mr C, because of an outbreak of the winter vomiting virus in the Ward in the days leading up to his death, should be investigated further.

4. Mrs C considers that the visiting restrictions played a part in Mr C's deterioration. She considers that, as he did not have the virus, she should have been permitted access to the Ward to offer some comfort to Mr C during the final weeks of his life.

Investigation

5. Investigation of the complaint involved reviewing Mr C's medical records, the complaints file and the Board's records relating to the matter. The views of the Adviser were also sought.

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

7. The broad facts of the case are not in doubt. Mr C had been diagnosed with cerebral vasculitis. He was transferred from Falkirk Royal Infirmary to the

Hospital on 28 December 2005. On 4 March 2006, it was reported that one patient and three members of staff in the Ward had symptoms of vomiting and diarrhoea. On 7 March 2006, more patients and members of staff reported symptoms of vomiting and diarrhoea. The Ward was closed to visitors and control measures were put in place. On 20 March 2006, Novovirus was isolated and confirmed in four patient specimens. The Ward was reopened on 21 March 2006. Mr C died in the Hospital on 30 March 2006.

8. Mrs C complained to the Board on 28 April 2006. The Board issued a report on the matter to Mrs C on 31 July 2006. Mrs C then met with the Board on 11 August 2006 to discuss her concerns. She telephoned them after the meeting to advise that she would be referring the matter to the Ombudsman.

Complaint: Mrs C was not allowed to visit Mr C, because of an outbreak of the winter vomiting virus in the Ward in the days leading up to his death in the Hospital in March 2006

9. Mrs C complained to the Board that she had visited Mr C at the Hospital on 7 March 2006, but was advised by staff that several of the patients had become unwell with sickness and diarrhoea. She said that she was asked not to visit Mr C. She telephoned later that day and was told that the Hospital was closed to visitors, as there had been an outbreak of the 'winter vomiting bug'. She said that she telephoned each day for information on Mr C's condition and was told that this had not changed. However, she spoke to his consultant (the Consultant) on 17 March 2006 and he advised her that Mr C's condition had deteriorated considerably. He agreed that she should be allowed to visit Mr C on the following day. She said that she was shocked at how much Mr C had deteriorated and that the Consultant advised her that he had about a week to live.

10. The Board issued a response to Mrs C on 31 July 2006 and attached a report on her complaints. In the report, they said that the Hospital's Nurse Manager, the Ward Charge Nurse, an Infection Control Specialist and the NHS Forth Valley Medical Consultant in Public Health decided collaboratively that it was necessary to close the Ward to visitors and non-essential personnel, as there had been an outbreak of rapid onset diarrhoea and vomiting among patients and staff. Indications at that time suggested that this was caused by an airborne virus and this was confirmed by laboratory results.

11. The Board said that 16 patients and 20 staff were infected and that the outbreak would have been very difficult to contain if appropriate measures had not been taken. They said that the decision to close the Ward was not taken lightly and was necessary to prevent the spread of the infection. They said that the decision was continually reviewed and the restriction was lifted at the earliest opportunity. They said that the Hospital's Nurse Manager had advised that relatives were allowed to visit if there was a marked deterioration in a patient's condition.

12. The Board also said that the Hospital's Nurse Manager had advised that Mr C's general condition had deteriorated following his admission. She said that she was confident from her discussion with multi-disciplinary team members and from the nursing documentation that Mr C continued to receive a high standard of care and attention during the period that the Ward was closed to visitors. The Nurse Manager said that staff would have contacted Mrs C and removed visiting restrictions if Mr C's condition had deteriorated significantly.

13. The Board's guidance on Gastrointestinal Illness refers to General Control Measures and states that 'visitors should be kept to a minimum'. It also states that relatives should be informed of any restrictions in place as soon as possible. The Board have also provided us with an Aide Memoire from Health Protection Scotland for managing Novovirus outbreaks in healthcare settings. This suggests the closure of the ward during an outbreak.

14. The Ombudsman's office wrote to the Board on 5 June 2007 and asked them how staff had communicated with Mrs C about Mr C's condition during the period that the Ward was closed. In response, they advised that the Ward administrator had telephoned every patient's relative to advise them of the situation and to ask that they contact the Board on a daily basis for an update report. They said that relatives were kept fully informed and, if necessary, visiting arrangements were reviewed if a patient gave cause for concern.

15. The Board said that they advised Mrs C on 13 March 2006 that Mr C had developed a chest infection and had been given antibiotics. They said that Mr C's condition had remained poor, but unchanged. They said that he was still eating and drinking and, at that point, did not give nursing staff cause for concern. There is no indication in the notes that either the nurse or Mrs C raised the possibility of visiting during the telephone call. The Board advised that Mrs C had telephoned the Ward on 17 March 2006 and that the Consultant

had documented that Mrs C recognised Mr C's increased frailty with no prospect of improvement. He said that Mrs C agreed that no treatment should be given, should Mr C be diagnosed with pneumonia. The Board said that Mrs C had not expressed any concern at this point about not being able to visit Mr C. On 18 March 2006, nursing staff telephoned Mrs C and advised that Mr C's condition was deteriorating and that she could visit the Ward.

16. Mrs C has told us that after the closure of the Hospital, her daughter continued to visit each day to bring Mr C a newspaper, but was not allowed to see him. Mrs C said that she gained entry to the Hospital on 17 March 2006, as she was concerned about Mr C's condition. She said that she was asked to leave by a nurse. Mrs C said that she expressed concern about her husband and asked if he had been seen by the Consultant. This is not recorded in the nursing or medical notes, although Mrs C has questioned the credibility and reliability of the notes.

17. Mrs C also said that she had been asked to accept that Mr C's condition deteriorated on 17 March 2006 and that this was, coincidentally, the day that she had visited the hospital. She stated that no compassion was shown for Mr C, despite the severe discomfort that he would have been suffering. She also complained that during the closure, the only information that she was given was that the hospital was closed to all visitors.

18. The Board also advised the Ombudsman that alternative visiting arrangements would have been put in place if Mr C was causing nursing staff concern or if Mrs C had expressed concern at not being able to visit. They said that there had not been any communication from her in respect of this. They said that 'a few relatives' were allowed to visit a patient who was in the final stages of a terminal illness. They advised that another patient had been allowed a visit from her husband on their 60th wedding anniversary. They said that these visitors were advised on precautionary measures such as hand hygiene on entering and leaving the Ward area.

19. The Ombudsman's office wrote to the Board again on 6 November 2007 and asked them about the criteria used to determine which patients were in the final stages of their terminal illness and thus allowed visitors. In their response, the Board said that expected death is defined as:

'Death following on from a period of illness which has been identified by a medical practitioner as terminal, where no active intervention to prolong life is ongoing.'

20. The Adviser reviewed the medical and nursing records and commented that Mr C's condition remained the same during the period 7 March 2006 to 13 March 2006. She said that this was poor, but stable with periods of vomiting and problems with his bowels. She stated that although he was brighter on 13 March 2006, he appeared to have problems with his chest. He was seen by a doctor and commenced on an antibiotic. Mr C's condition remained the same until 17 March 2006 when the Consultant telephoned Mrs C. He has recorded that '[S]he recognises his increased frailty with no prospect of improvement'. He has also recorded that '[F]undamentally, there should not be any major acute intervention, unless benefit clearly outweighs potential burden'.

21. The Adviser also stated that a nurse telephoned Mrs C on the following day to say that she could visit Mr C. She commented that it seems that it was agreed on 17 March 2006 that Mr C had entered the terminal stage of life. She said that this was when the decision about visiting should have been reviewed and this was in line with the Board's policy. She also said that the response from the Board about the two patients that had been allowed visitors was reasonable.

22. In response to a draft copy of this report, Mrs C said that she was aware that social isolation and a chest infection would have had a severe detrimental impact on Mr C's health. She said that the use of steroid therapy had been withdrawn in January or February 2006, as a consultant had stated that there was no point in continuing with the treatment. Mrs C had been Power of Attorney for her husband from December 2005. She said he was denied the right to advocacy during the hospital closure. She also said that it was discriminatory that other patients received visitors.

Conclusion

23. Mrs C was well informed about Mr C's condition and was concerned the closure of the ward would have a severe detrimental impact on his health. However, there was clearly a serious outbreak of gastrointestinal illness in the Ward. Although Mrs C has advised that Mr C did not have the virus, I consider that in this case, the Board's decision to close the Ward to visitors was reasonable. The Board have advised that the Ward administrator telephoned

every patient's relative to advise them of the situation and to ask that they contact the Board on a daily basis for an update report. The Board also said that relatives were kept fully informed and, if a patient gave cause for concern, visiting arrangements were reviewed. They advised that alternative visiting arrangements would have been put in place if Mrs C had expressed concern at not being able to visit.

24. The Board's records show that nursing staff telephoned Mrs C on 18 March 2006 and advised her that Mr C's condition was deteriorating and that she could visit the Ward. This was in line with their policy on the matter. There is nothing in the Board's records to indicate that Mrs C expressed any concern about not being able to visit prior to this, although I appreciate that she does not consider that the records are accurate or complete. I am satisfied that the Board acted reasonably in a difficult situation and there is no evidence that the visiting restrictions contributed to the deterioration in Mr C's condition. Consequently, I do not uphold the complaint.

Recommendation

25. The Ombudsman has no recommendations to make.

Explanation of abbreviations used

Mrs C	The complainant
Mr C	The aggrieved – Mrs C's husband
The Hospital	Bo'ness Hospital
The Board	Forth Valley NHS Board
The Ward	Mr C's ward in the Hospital
The Adviser	Nursing adviser to the Ombudsman
The Consultant	Mr C's consultant in the Hospital

Glossary of terms

Cerebral Vasculitis	Inflammation of the small arteries of the brain
Gastrointestinal Illness	An illness related to the stomach and/or intestine
Novovirus	The winter vomiting virus