

Scottish Parliament Region: North East Scotland

Case 200800529: Tayside NHS Board

Summary of Investigation

Category

Health: Hospital; record-keeping

Overview

The complainant (Mr C) raised concerns about Tayside NHS Board (the Board) on behalf of his wife (Mrs C) about the fact that her contact details were not updated in her medical records and that this resulted in mail being sent to the wrong address. He also raised concerns that the Board failed to respond to his complaint until he contacted them to follow this up.

Specific complaints and conclusions

The complaints which have been investigated are that the Board failed to:

- (a) update their records of Mrs C's address and GP practice despite being notified of these on several occasions (*upheld*); and
- (b) efficiently respond to Mr C's complaint (*not upheld*).

Redress and recommendations

The Board have already taken steps to remedy the failings identified and the Ombudsman has no recommendations to make.

Main Investigation Report

Introduction

1. On 10 January 2008 the aggrieved (Mrs C) was admitted to Ninewells Hospital (Hospital 1). Upon her discharge on 12 January 2008 she was informed that she would be notified of an out-patient appointment for a gastroscopy. She was given a letter for her General Practitioner (the GP) and noticed that this letter gave her previous address rather than her current one. Mrs C, therefore, telephoned the records department to provide them with her current address details.

2. As Mrs C had heard nothing by 18 February 2008 she asked the GP to contact Tayside NHS Board (the Board) to find out when she could expect to receive an appointment. Mrs C was informed that she would shortly be notified regarding an appointment at Stracathro Hospital (Hospital 2).

3. As Mrs C had heard nothing she called Hospital 2 on 6 March 2008 and was told that they had no record of her appointment. She called Hospital 1 and was told that she had been given an appointment on 4 March 2008 but that her file had been marked 'patient cancellation'. After explaining that she had not been notified of the appointment, Mrs C was able to arrange a further appointment for 10 March 2008.

4. Mrs C contacted Hospital 2 to find out why her appointment there had been cancelled. She discovered that the letter notifying her of her appointment had been sent to her previous address. She, therefore, contacted the records department again and they confirmed that Mrs C's records held her current address details and GP surgery. However, when Mrs C attended her appointment on 10 March 2008, the receptionist stated that the GP Surgery recorded on her records was her previous GP Surgery.

5. Mrs C's husband (Mr C) complained to the Board's Clinical Records Manager (the Records Manager) on 17 March 2008. He received a response on 2 April 2008 from the Board's Acting Clinical Records Manager (the Acting Records Manager). This explained that Mrs C's new details were logged onto the computer system when she was admitted on 10 January 2008 but that old address labels from her medical records must have been used for her discharge letter. The Acting Records Manager apologised for this. She confirmed that Mrs C's records had been accessed on the computer system on

15 January 2008 when Mrs C called. The Acting Records Manager explained that the computer system was updated on each visit and that old address and GP labels should be destroyed at the same time. However, that if the case notes were unavailable at the time, then this task could not be carried out. She apologised for the oversight in Mrs C's case.

6. Mr C complained to the Chief Executive of the Board on 8 April 2008. On 16 April 2008 the Board advised him that his complaint was being re-investigated. The Board wrote again on 29 April 2008 to advise Mr C that the investigation was ongoing. On 20 May 2008, the Board's Director of Nursing responded to Mr C's complaint. She apologised that Mr C felt the Board's initial response was dismissive and explained that the Records Manager had reminded all staff of the importance of removing outdated address labels from patient records.

7. Mr C complained to the Ombudsman on 6 June 2008.

8. The complaints from Mr C which I have investigated are that the Board failed to:

- (a) update their records of Mrs C's address and GP practice despite being notified of these on several occasions; and
- (b) efficiently respond to Mr C's complaint.

Investigation

9. During my investigation of this complaint, I examined the correspondence between the Board and Mr and Mrs C. I also made specific enquiries of the Board about this case and reviewed the Board's procedure on changes to patients' demographics.

10. 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) The Board failed to update their records of Mrs C's address and GP practice despite being notified of these on several occasions

11. Mr C was not convinced by the explanations provided by the Board in response to his complaint. I made enquiries of the Board in relation to the accuracy of the information held about patients. The Board explained that, in response to this complaint, they have devised and put in place a new procedure

enabling the capture and accurate recording of patient demographics when changes are made to any patient data. The Board provided me with a copy of the new procedure.

12. The procedure instructs that when a patient provides new address details the computer system must be updated, old labels must be removed from the file and destroyed and new labels must be created. If the physical file is unavailable when the new information is provided, a 'Change to Patient Data Form' must be completed and returned to the Health Records Manager who will ensure that the health records are updated.

13. The Board have also undertaken to carry out an audit on the accuracy of patient demographics and to advise the Ombudsman's office of the results.

(a) Conclusion

14. It appears that the reason for correspondence being sent to Mrs C's previous address was that the pre-printed labels in her medical records for her previous address were not removed and destroyed when Mrs C informed the Board of her change of address. This resulted in the letter notifying her of her appointment at Hospital 2 being sent to the wrong address and the appointment being cancelled. This would not have happened if Mrs C's medical records had been properly updated to reflect her new address. I, therefore, uphold this complaint. Fortunately, the Board were able to offer Mrs C another appointment within a week of the cancelled one and this error did not have any significant impact on the medical care which she received.

(a) Recommendations

15. The Board have now implemented a policy which will help to ensure that medical records contain up-to-date contact information on patients. They have also reminded relevant staff of the importance of removing old labels from medical records. Furthermore, the Board apologised to Mr and Mrs C for their oversight in this case. The Ombudsman considers that the Board have taken adequate steps to remedy the failings identified by this complaint and has no further recommendations to make. She thanks the Board for offering to provide her with the results of their audit and would be grateful if these could be provided to her once the audit has been completed.

(b) The Board failed to efficiently respond to Mr C's complaint

16. Mr C was concerned that his letter of 17 March 2008 to the Records Manager was not answered until he called the Board's complaints team. The Acting Records Manager responded to Mr C on 2 April 2008.

17. The NHS guidance on complaints handling advises that complaints should be acknowledged within three working days of receipt and responded to within 20 working days of receipt. A response was sent to Mr C within ten working days but his complaint was not acknowledged.

(b) Conclusion

18. Mr C considers that the Board Complaints Team only responded to his complaint because he chased it up by telephone'. I do not consider that ten working days is an excessive period of time to respond to a complaint. Furthermore, a response was provided within the timescale suggested by the NHS guidance on complaints handling. For these reasons, I do not uphold this complaint.

(b) Other

19. The NHS guidance on complaints handling suggests that complaints should be acknowledged within three working days. This did not happen in this case. An acknowledgement would have provided Mr C with assurance that his complaint was being dealt with and given him an idea of the timescale within which he could expect a response. The Ombudsman, therefore, suggests that the Board remind relevant staff outwith the complaints handling team that complaints should be acknowledged within three working days.

Explanation of abbreviations used

Mrs C	The aggrieved, Mr C's wife
Hospital 1	Ninewells Hospital
The GP	Mrs C's General Practitioner
The Board	Tayside NHS Board
Hospital 2	Stracathro Hospital
Mr C	The complainant
The Records Manager	The Board's Clinical Records Manager
The Acting Records Manager	The Board's Acting Clinical Records Manager

Glossary of terms

Gastroscopy

Examination of the inside of the stomach using a small tube passed through the mouth