

SPSO decision report

Case: 201300156, Grampian NHS Board
Sector: health
Subject: communication / staff attitude / dignity / confidentiality
Outcome: some upheld, recommendations

Summary

Mr C complained on behalf of his uncle (Mr A) for whom he holds power of attorney (a legal document appointing someone to act or make decisions for another person, with their permission) as Mr A suffers from dementia. Mr A also suffers from a condition that affects his spine and neck and can cause loss of function in the upper limbs. Because of where he lives, Mr A had to travel, accompanied by Mr C, to another health board area for orthopaedic assessment (assessment of conditions of the musculoskeletal system) and treatment. Mr C complained that an operation was cancelled without any alternative treatment being offered or discussed; that a six-month follow-up appointment did not take place until twelve months after Mr A's cancelled operation; that some expenses incurred were not refunded; and the board failed to respond to complaints within a reasonable timescale.

Mr A was assessed by a locum (temporary) consultant orthopaedic surgeon in June 2012 and was told that he needed life-saving surgery for his condition. His operation was scheduled for August 2012, by which time a permanent consultant orthopaedic surgeon had been appointed. When Mr A went to hospital for the operation he was reviewed by that surgeon, who took a different view from the locum and said that more conservative, non-surgical management of Mr A's condition was appropriate. Mr A was told this without his nephew being present, despite Mr C's specific request that no clinical discussions take place without him there. Mr A was discharged the same day and sent home with a promise of a follow-up appointment in six months' time.

Our investigation included taking independent advice from an orthopaedic surgical adviser, who was of the view that the decision not to operate and to review Mr A again in six months was reasonable. The adviser said that the threshold for surgical intervention can vary between consultants, and when a patient is managed by more than one consultant this kind of experience is always a possibility. The adviser was of the view that neither the locum's nor the surgeon's approach was wrong, and we did not uphold the complaint about the cancellation.

We did, however, uphold Mr C's other complaints. When no follow-up appointment date was given, Mr C chased this up but it was not until after he contacted us in April 2013 that an appointment was arranged. This eventually took place in August 2013 - almost a year after the operation was cancelled. Although our adviser was able to reassure Mr C, Mr A and us that Mr A's condition had not progressed in that time, and so the delay had not had a detrimental effect on his condition, we found this delay unacceptable.

On the matter of the expenses, the board acknowledged that as the operation was cancelled at such a late stage Mr C and Mr A had incurred unnecessary expenses, and told us that they were prepared, as a gesture of goodwill, to refund these. However, this did not happen until we chased this up some eight months later.

On the final complaint, our investigation found that the board had not responded to Mr C's complaints within the national or local guidance for complaints handling in place at the time. The board acknowledged this and apologised to Mr C about the handling of his complaints.

Recommendations

We recommended that the board:

- ensure, and provide the Ombudsman with confirmation, that all staff involved in this complaint are made aware of the importance of adhering to the national and local guidance on dealing with patients suffering from dementia;
- consider putting in place a monitoring system for orthopaedic appointments to prevent a recurrence of such a delay in future;
- urgently take action to ensure that Mr C and Mr A's applicable expenses are now refunded;
- ensure that all relevant staff are reminded of the need to keep complainants informed where there are unavoidable delays in the complaints process in accordance with the NHS Complaints Handling Guidance; and
- issue a written apology for the failings identified during this investigation.