Parliament Region: North East Scotland

Case 201000168: Grampian NHS Board

Summary of Investigation

Category

Health: Hospitals; Clinical treatment; diagnosis; communication, staff attitude, dignity, confidentiality; complaints handling

Overview

The complainant (Mr C) made a complaint about Grampian NHS Board (the Board). Mr C complained about the care and treatment he received for wounds and pressure sores; and the attitude of a Consultant Plastic Surgeon (Consultant 1). Mr C also complained about the Board's handling of his complaint.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) Consultant 1 did not care for and treat Mr C's wounds and pressure sores appropriately (*upheld)*;

(b) Consultant 1 did not understand and direct the vacuum assisted closure (VAC) treatment of Mr C's wounds appropriately (*upheld*);

(c) Consultant 1's attitude towards Mr C was inappropriate and he discriminated against Mr C because of his age and disability (*not upheld*); and

(d) the Board's handing of Mr C's complaint, including the investigation, was inadequate (*upheld*).

Redress and recommendations

The Ombudsman recommends that the Board:	*Completion date*
(i) review their approach to team care for wounds and pressure sores such as Mr C's, to ensure a cohesive plan of management;	16 March 2011
(ii) review their protocols for the use of VAC treatment to ensure that it is used appropriately in conjunction with other treatments for relief of pressure sores pre-operatively;	16 March 2011

(iii)	remind staff of the importance of good record-keeping;	16 February 2010
(iv)	review their processes to ensure they obtain responses from relevant staff when investigating complaints; and review their processes for recording the investigation of complaints; and	16 March 2010
(v)	apologise to Mr C for the failings identified in this report.	2 February 2010

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

Main Investigation Report

Introduction

1. The complainant (Mr C) made a complaint about Grampian NHS Board (the Board). Mr C complained about the care and treatment he received for wounds and pressure sores; and the attitude of a consultant plastic surgeon (Consultant 1). Mr C also complained about the Board's handling of his complaint.

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

(a) Consultant 1 did not care for and treat Mr C's wounds and pressure sores appropriately;

(b) Consultant 1 did not understand and direct the vacuum assisted closure (VAC) treatment of Mr C's wounds appropriately;

(c) Consultant 1's attitude towards Mr C was inappropriate and he discriminated against Mr C because of his age and disability; and

(d) the Board's handing of Mr C's complaint, including the investigation, was inadequate.

Investigation

3. Investigation of Mr C's complaint involved reviewing the clinical records and correspondence relating to the events. My complaints reviewer also sought the views of a specialist medical adviser (the Adviser), a consultant plastic reconstructive and aesthetic surgeon.

4. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. An explanation of the abbreviations used in this report is contained in Annex 1. A glossary of terms used in this report can be found at Annex 2. Mr C and the Board were given an opportunity to comment on a draft of this report.

Background

5. In 1967, Mr C had a spinal angioma and, thereafter, he was partially paraplegic. In his complaint to this office, Mr C said that until recently he was able to walk with the aid of callipers and crutches and he hoped to get back to that position instead of having to use a wheelchair. Following the retirement of his previous consultant plastic surgeon in the summer of 2007, Mr C began to receive care and treatment from Consultant 1. In June 2007, Mr C had surgery on his left shoulder from a different care team which left him immobile for

several weeks. During this period, Mr C received a superficial wound to his left buttock. In late April/early May 2008, a newly refurbished calliper cut Mr C's right leg near the buttock. Both wounds became pressure sores.

(a) Consultant 1 did not care for and treat Mr C's wounds and pressure sores appropriately

6. In making his complaint to this office, Mr C's view was that Consultant 1 failed in his duty of care. Mr C specified Consultant 1's lack of interest in the left buttock wound and the repeated infections, which increased the size and depth of the wound and made surgery more difficult.

7. By early 2008 surgery was being considered, following a sinogram in January 2008, and it was agreed that Mr C would be reviewed by occupational therapists before surgery took place. Once this had been done, a date would be scheduled for surgery. A Senior House Officer (the Doctor) wrote to Mr C's General Practitioner (the GP) on 31 March 2008, having seen Mr C in the clinic that day. The Doctor said that the left buttock wound was better, with no evidence of infection. He also said that Mr C was waiting for a date for his operation and, in the meantime, he should continue dressing the wound.

8. As Mr C had not heard from the Board about his operation date, he telephoned them on 24 April 2008 and was told that he would be admitted on 13 May 2008. Between this time and the date of his admission, Mr C injured his right leg near the buttock and had infections which required antibiotics. In a complaint letter of 20 November 2009 to the Board, Mr C said that, in the weeks preceding his operation date, 'exudate from the wound increased and was foul-smelling'. Mr C's wife (Mrs C) contacted the Board for advice and his wounds were dressed by nurses. Mr C said that he contacted Consultant 1's clinic to be seen outside of his normal clinic appointment times, but Consultant 1 did not see him. In Mr C's view, he believed that he was treated inappropriately at that stage, as Consultant 1 did not 'acknowledge the potential seriousness of these infections and the subsequent damage which was done to the wound'. Mr C was admitted to Aberdeen Royal Infirmary (the Hospital) on 13 May 2008, for surgery on 16 May 2008. However, the surgery did not take place because of the size of the wound and, instead, Mr C started VAC treatment of his wounds. Mr C told my complaints reviewer that, in the Hospital after 16 May 2008 when the VAC was fitted, he was informed he would be able to walk around on callipers and conduct life normally with the VAC fitted.

9. Consultant 1 wrote to the GP on 10 June 2008, having seen Mr C that day. In the letter, Consultant 1 said that Mr C had two ischial pressure sores and that his callipers 'had a bearing on initiating these'. Consultant 1 also said that Mr C should stop wearing the callipers until his wounds healed.[1] Consultant 1 also said that there was 'certainly no indication for operation on these two sores' and that VAC treatment would continue. On 30 June 2008, the Doctor wrote to the GP having seen Mr C that day, saying that the VAC dressing had worked very well and the cavities in both buttocks had reduced in size. This view was based on the Doctor's examination of Mr C, as recorded in the medical notes. Consultant 1 saw Mr C on 22 July 2008 and advised the GP of this in writing. He said that the VAC treatment was keeping the pressure sores under control 'but not much more' and that, although Mr C had recent infections 'the wounds looked nice and quiet'. Consultant 1 said that, contrary to Mr C's view, surgery was not the answer to the problems with pressure sores, and that a change of lifestyle was more appropriate. He said that a colleague, another Consultant Plastic Surgeon (Consultant 2) would see Mr C for a second opinion and, in the meantime, the VAC treatment should continue.

10. Consultant 2 wrote to Consultant 1 after seeing Mr C on 14 August 2008. He said that Mr C had persistent problems with pressure sores and that Mr C had surgery several times over a number of years to treat them. He also referred to other health conditions Mr C had. Consultant 2 noted that the pressure sores had been resistant to antibiotics and that the VAC treatment, while initially successful, 'had reached a stage where minimal progress was noted'. He said this was a complex case, further investigations should be carried out and that surgery could potentially be considered. He also noted that Mr C was aware that surgery had potential hazards and might not be a permanent solution. He suggested that, once further investigations had been carried out, there should be 'a case discussion involving as many of [Mr C]'s carers as possible'. Mr C had surgery at the Hospital on 26 November 2008, carried out by Consultant 2, which Mr C described in his complaint to the Board as 'a complete success'.

11. My complaints reviewer asked the Adviser whether the care and treatment Mr C received was reasonable, taking account of all the relevant circumstances. The Adviser's view was that the initial care appeared to have been adequate, however, as the wound progressed and deteriorated, the care pathways were

[1] In commenting on a draft of this report, Mr C said this suggestion had not been made to him.

not clearly outlined or adequately addressed. He also commented that the notes regarding out-patient attendance and what actually occurred in the out-patients' clinic were poor and, therefore, the main information available was from letters from plastic surgery clinical staff to the GP. He said that there was a lack of detail in the decision making process and about any events which may have occurred; and any differences of opinion between Mr C and clinical staff were not recorded in the notes. The Adviser also said that:

> 'There does not appear to have been any such view that could have helped co-ordinate the surgical, medical, nursing, nutritional, community and other allied carers in providing [Mr C] with a cohesive plan of management.'

12. However, the Adviser said that having Mr C reviewed by occupational therapists to assess his home aids before surgery was appropriate and that, having decided not to proceed with surgery on 16 May 2008, the appropriate steps were taken to reconsider the operative options and review the cause of the pressure sore.

(a) Conclusion

13. The care initially provided by Consultant 1, in terms of managing the left buttock wound and pressure sore until March 2008, were appropriate. However, as supported by the Adviser's view, there is no evidence of a co-ordinated plan to manage Mr C's situation leading to the operation which did not take place in May 2008, and the subsequent care of both wounds until Consultant 2's involvement in August 2008. On this basis, I uphold the complaint.

(a) Recommendation

14. I recommend that the Board:	*Completion date*
(i) review their approach to team care for wounds and pressure sores such as Mr C's, to ensure a cohesive plan of management.	16 March 2010

(b) Consultant 1 did not understand and direct the vacuum assisted closure (VAC) treatment of Mr C's wounds appropriately

15. In making his complaint to this office, Mr C stated that Consultant 1's understanding of the VAC treatment was inappropriate for the wounds at that time, according to a representative of the company that produced the VAC equipment (the VAC Representative).

16. Mr C commenced VAC treatment in May 2008, on the advice of Consultant 1, after the cancelled surgery. As indicated above, the letters from plastic surgery clinical staff to the GP in June 2008 indicated that VAC treatment would continue and was appearing to be successful. However, Consultant 1's letter of 22 July 2008 noted that the VAC treatment was keeping the pressure sores under control 'but not much more'. In the same letter, Consultant 1 said that Mr C should continue with the VAC treatment but his insistence on trying to use callipers would not help his pressure sores.[2] Later, Consultant 2 noted that, after a successful start, there was 'minimal progress' with the VAC treatment by the time of Mr C's appointment with him on 14 August 2008.

17. Mr C complained to the Board about Consultant 1's direction of the VAC treatment and said that the district nurses treating him asked the VAC Representative to look at the situation, as they were concerned by the 'continuing severe exudate' from the pressure sores. Mr C went on to say that, on seeing his wounds, the VAC Representative stated that the VAC should be removed immediately as it should only be used in wounds where a recent sinogram had been done. In Mr C's case, only one sinogram had been carried out, six months previously, and the other wound did not have a sinogram exploration.

18. In their response, the Board said that VAC treatment had been found to be effective in some patients with pressure sores, and that it was initially helpful in Mr C's case. They also dismissed the advice of the VAC Representative when compared with the training and experience of Consultant 1.

19. My complaints reviewer asked the Adviser if Consultant 1's understanding, and direction, of the VAC treatment had been reasonable. The Adviser explained that the rationale of VAC treatment was to encourage non-infected wounds to close and heal and, if there was limited exudate, it could be a useful technique to reduce fluid output. Given the result of the initial sinogram on the left side, the Adviser said it was unlikely that the VAC treatment itself would have allowed the wound to heal. Instead, it would have helped the situation if it

[2] Mr C told my complaints reviewer that he was not told to stop using callipers by Consultant 1. Mr C said that, at the time of the VAC fitting in May 2008, he asked if he should stay off his callipers and was told there was no need to.

had been used with pressure relief prior to a surgical procedure. In respect of the right pressure sore, the Adviser said that, given it was a new wound and the extent of it was not known, it was unlikely that VAC treatment would have helped in this case. The Adviser also noted a history of dressings being lost within the wound cavities and that it was possible there was deep seated infection which would have been masked by long-term antibiotics Mr C was taking. He also said there was no specific reference in the medical notes from Consultant 1 regarding how the VAC treatment should be used and he would have expected to see that.

(b) Conclusion

20. Given the medical records did not include evidence of the direction of Mr C's VAC treatment, and taking into account the Adviser's view on the likelihood of success of this treatment in Mr C's specific situation, I uphold this complaint.

(b) Recommendations

21. I recommend that the Board:	*Completion date*
(i) review their protocols for the use of VAC treatment to ensure that it is used appropriately in conjunction with other treatments for relief of pressure sores pre-operatively; and	16 March 2010
(ii) remind staff of the importance of good record-keeping.	16 February 2010

(c) Consultant 1's attitude towards Mr C was inappropriate and he discriminated against Mr C because of his age and disability

22. In making his complaint to this office, Mr C's view was that Consultant 1 acted in violation of the rights of an older disabled person. When he complained to the Board on 25 June 2009, Mr C said he met Consultant 1 on several occasions:

> '… always with the impression that my disability and age were a factor in the rather off-hand way in which I feel I have been treated by him.'

23. Mr C felt this attitude was typified by Consultant 1 not talking to him or meeting with him about the deteriorating wounds in advance of the 16 May 2008 operation; and also by Consultant 1's view that Mr C needed to change his lifestyle, although Mr C said that at no time did Consultant 1 explain what he meant by a change of lifestyle. Mr C referred to an encounter with

Consultant 1 during his ward round in the Hospital on 14 May 2008 and a clinic appointment with him on 22 July 2008. On both occasions, Mr C said that Consultant 1 was brusque and rude to both him and Mrs C, which was noticed by nurses who were present.

24. In response to Mr C's complaint, the Board refuted his claims, saying that Consultant 1 treated all patients as appropriately as possible. They went on to say they believed the relationship between Mr C and Consultant 1 broke down over time and that they:

> '… appreciate that this series of events has been very distressing for both [Mr and Mrs C] and had also troubled [Consultant 1].'

25. In a further letter of complaint to the Board of 20 November 2009, Mr C reiterated and clarified his complaints about Consultant 1's attitude. In their response on 3 February 2010, the Board made no specific comment, but offered an apology 'for any distress caused to [Mr and Mrs C] during this episode'.

(c) Conclusion

26. I have carefully considered the evidence that Mr C provided and the Board's responses to his complaint. Having done this, I have not seen any direct objective evidence to support Mr C's allegations. I note Consultant 1 was not directly questioned about Mr C's complaint and did not provide a response, and I comment on this under complaint head (d). However, in the absence of any objective evidence, I do not uphold this complaint.

(d) The Board's handing of Mr C's complaint, including the investigation, was inadequate

27. In making his complaint to this office, Mr C's view was that the responses he received to his complaints from the Board did little to answer his complaints or comfort him. Mr C wrote his first letter of complaint to the Board on 25 June 2009. He wrote again on 25 July 2009 saying that his first letter had not been acknowledged or replied to. The Board's Chief Executive (the Officer) wrote to Mr C on 28 July 2009 to say that the first letter had been responded to. My complaints reviewer has seen a copy of a letter from the Board's Medical Director to Mr C dated 29 June 2009, which said that they would address each of the concerns Mr C had raised. On 31 July 2009, the Board's Feedback Adviser wrote to Mr C to say that the issues he raised in the first letter were being investigated but it was taking longer than expected. The Board sent Mr C

a response, from the Officer, on 27 August 2009. Mr C was not satisfied with this response and emailed the Board on 24 September 2009, saying that he had just recently received it after returning from holiday and that he would reflect on it and contact them. Mr C wrote a second letter of complaint to the Board on 20 November 2009, which was acknowledged on 26 November 2009, and he was sent an update letter on 21 December 2009. Mr C wrote to the Board on 2 February 2010 asking when he would receive a reply, which was sent to him on 3 February 2010.

28. Having considered the responses from the Board it did not appear to my complaints reviewer that they dealt adequately with the points raised by Mr C regarding assessment and treatment. My complaints reviewer asked the Board for a copy of their complete file on Mr C's complaint, but it only contained copies of complaints correspondence and no evidence of the investigation into the complaint.

(d) Conclusion

29. In relation to Mr C's complaint about care and treatment, the Board's response was general, giving Consultant 1's view and a general statement about the efficacy of VAC treatment. The response also related Consultant 1's view that Mr C was unwilling to change his lifestyle, although Mr C has told my complaints reviewer the meaning of this was never explained to him. Despite this, the letter acknowledged that it had been a distressing time for Mr and Mrs C. The response to Mr C's second complaint letter said that it had been shared with a Unit Operational Manager and the Clinical Lead for Surgical 2 at the Hospital. However, the response was short and, again, general, including statements that the notes from the time did not reflect Mr C's perceptions of events, and that different clinicians have different views about how particular conditions are treated. Despite this, the Board apologised to Mr C for distress caused. With regard to the Board's response to Mr C's complaint regarding Consultant 1's attitude, this was a straight refutation of Mr C's allegations and a general statement regarding Consultant 1's normal practice. There is no evidence that Consultant 1 was directly questioned about this or that he provided a response. Given the lack of evidence that a thorough investigation was carried out, and given the poor quality of the Board's responses to Mr C, I uphold this complaint.

(d) Recommendation

30. I recommend that the Board:	*Completion date*
(i) review their processes to ensure they obtain responses from relevant staff when investigating complaints; and review their processes for recording the investigation of complaints.	16 March 2010

General recommendation

31. I recommend that the Board:	*Completion date*
(i) apologise to Mr C for the failings identified in this report.	2 February 2010

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

Annex 1

Explanation of abbreviations used

Mr C	The complainant
The Board	Grampian NHS Board
Consultant 1	A Consultant Plastic Surgeon
VAC	Vacuum assisted closure
The Adviser	A specialist medical adviser to the Ombudsman
The Doctor	A Senior House Officer
The GP	Mr C's General Practitioner
Mrs C	The complainant's wife
The Hospital	Aberdeen Royal Infirmary
Consultant 2	A Consultant Plastic Surgeon
The VAC Representative	A representative of the company that produced the VAC equipment
The Officer	The Board's Chief Executive

Annex 2

Glossary of terms

Angioma	A benign tumor
Exudate	Fluid that filters from the circulatory system into lesions or areas of inflammation
Ischium	The lower and back part of the hip bone
Paraplegia	An impairment in motor or sensory function of the lower extremities
Sinogram	A visual representation of the data obtained in a computed axial tomography (CAT) scan. A CAT scan is the use of x-rays and a computer to create detailed images of the inside of the body
Vacuum assisted closure (VAC)	A therapeutic technique used to promote healing in acute or chronic wounds, fight infection and enhance healing