

## SPSO decision report

**Case:** 201702567, Tayside NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** upheld, recommendations

### Summary

Mrs C complained that the board unreasonably discharged her from a community mental health team. She believed that she was discharged due to the absence of her usual community psychiatric nurse (CPN), who had been off work for a number of months at the time of discharge. Mrs C said that she had not been regularly seen or supported during this absence, only receiving two appointments, the focus of which were her discharge from services. While complaining to the board, she also became aware that her previous diagnosis of bipolar disorder (a mental health condition marked by alternating periods of elation and depression) had been changed to a possible diagnosis of borderline personality disorder (BPD, a disorder of mood and how a person interacts with others). Mrs C complained that she had never been informed of this change and that the board failed to communicate with her appropriately.

We took independent advice from a CPN. We found no evidence to suggest that Mrs C's discharge was related to staffing issues. Prior to the CPN's absence, she had a clear care plan in place and was being seen around every two weeks. One of the aims of the plan was to explore a possible alternative diagnosis of BPD. There was also recorded agreement that any future discharge would be clearly planned in advance and communicated, to ensure that this happened in a supportive manner. We considered that the overall decision to discharge Mrs C was reasonable. However, the adviser explained that, under Scottish Government guidance, the board should have implemented an Integrated Care Pathway (ICP) which would define the care and support offered to people with personality disorders. We noted that it did not appear that the board had an ICP in place for BPD.

We also found that there was a lack of continuity in the support provided to Mrs C once her CPN was absent. Prior to discharge, Mrs C had been without support for around four months, despite her care plan stipulating that she would be seen every two weeks. The adviser noted that the care plan should have been updated to reflect the CPN's absence but this did not happen. They also confirmed that, while Mrs C was aware that a diagnosis of BPD was being considered, no formal diagnosis had been given. However, they noted that Mrs C had now been referred back to the board for the specific purpose of reaching a clear diagnosis.

Overall we found that the decision to discharge Mrs C was reasonable. However, the manner that this was handled and communicated to Mrs C was not in line with the agreed care plan or relevant guidance. Therefore, we upheld both of Mrs C's complaints.

### Recommendations

What we asked the organisation to do in this case:

- Apologise to Mrs C for failing to appropriately handle her discharge and failing to clearly communicate her change of diagnosis. The apology should meet the standards set out in the SPSO guidelines on apology available at [www.spsso.org.uk/leaflets-and-guidance](http://www.spsso.org.uk/leaflets-and-guidance).

What we said should change to put things right in future:

- The board should have an ICP to guide care provision for patients with BPD.
- Care plans should be reviewed and appropriately amended when a member of staff is absent from work long-term to ensure consistency of care.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.