SPSO decision report



Case: 201704364, Greater Glasgow and Clyde NHS Board - Acute Services Division

Sector: health

Subject: communication / staff attitude / dignity / confidentiality

Decision: upheld, recommendations

Summary

Mr C, who works for an advice and support agency, complained on behalf of his client (Mrs A) about aspects of her admission at Royal Alexandra Hospital. Mrs A was admitted to the hospital after she experienced flu-like symptoms. She was initially treated in the acute medical unit before being transferred to the acute stroke unit. Following a CT scan, a diagnosis of dural venous sinus thrombosis (a type of blood clot that affects part of the brain) was confirmed. Mrs A continued to receive care on the ward, and after she was able to move independently, she was discharged home with a follow-up consultation arranged in the neurology department.

Mrs A was unhappy about the lack of information provided to her about her condition, during her admission. She said that she was not informed that she had two clots in her brain until she attended a consultation with the neurologist three months after discharge. In response to the complaint, the board said that the stroke physician recalled discussing the diagnosis and the need for anticoagulation treatment (treatment with drugs that reduce the body's ability to form clots in the blood) with Mrs A, and also recalled Mrs A's agreement to this treatment. Mrs A was unhappy with this response and brought her complaint to us.

We took independent advice from a medical adviser with experience in stroke care. We found that the care and treatment provided to Mrs A was of a good standard. However, there was no documentation indicating that Mrs A was given an explanation of what was being done, and why, at the time of her treatment. The adviser said that it would have been good practice to record the important parts of the communication with the patient. We could not find evidence of this in the board's record-keeping and we, therefore, were not satisfied that Mrs A was provided with appropriate information about her condition during her admission. We upheld Mr C's complaint.

Recommendations

What we asked the organisation to do in this case:

Apologise to Mrs A for failing to provide her with appropriate information about her condition and any
anxiety this might have caused her. The apology should meet the standards set out in the SPSO
guidelines on apology available at https://www.spso.org.uk/leaflets-and-guidance.

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

• Medical staff should provide patients with the information they want or need to know in a way they can understand, and ensure this is documented.

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.