

## SPSO decision report



**Case:** 202207283, Forth Valley NHS Board  
**Sector:** Health  
**Subject:** Clinical treatment / diagnosis  
**Decision:** not upheld, no recommendations

### Summary

C complained that there had been a lack of neurological (of the nervous system) support for their family member (A). A sustained a traumatic brain injury (TBI) that required emergency surgery, and was transferred to the board under the care of neurology. C said that staff dismissed their concerns about A's worsening condition and that A was being managed for their epilepsy as opposed to someone with a TBI. They also complained that there had been an unreasonable delay in identifying the disconnected shunt (a thin tube implanted in the brain to direct excess cerebrospinal fluid (CSF) to another part of the body), despite A's symptoms.

The board said that the neurology team had been managing A's epilepsy but in the absence of a consultant in neurological rehabilitation they had been seeking to provide general support and make appropriate referrals. It was acknowledged that there was a lack of NHS services for TBI rehabilitation generally throughout Scotland. The board also said that the disconnected shunt was not necessarily the cause of A's symptoms.

We took independent advice from consultant neurologist. We found that the management provided to A was appropriate with relevant referrals made. However, given the significant head injury suffered by A, we found that the consultant neurologist could have met with them at an earlier date. The information available indicates that the first meeting did not take place until some 14 months after A's head injury. An earlier meeting would have assisted A in terms of general support and also in managing their expectations whilst providing confidence and reassurance that their condition was being managed in the best way possible. In relation to the time taken to identify the disconnected shunt, we considered that the evidence available indicated appropriate and timely steps were taken by clinical staff.

We did not uphold C's complaints. However, we did provide feedback to the board in relation to the timing of the first meeting between A and the consultant neurologist.