## **SPSO** decision report



Case: 202208861, Highland NHS Board

Sector: Health

Subject: Clinical treatment / diagnosis

Decision: upheld, recommendations

## **Summary**

C complained on behalf of their relative (A) in relation to the nursing care and treatment that the board provided to A in hospital following orthopaedic surgery. A received nursing care in hospital before being transferred to another hospital for rehabilitation, where they died. In the second hospital, A was found to have a large wound on their foot and C complained that they had been unreasonably transferred with this.

We took independent advice from an experienced nursing adviser. We found that the wound care management that A received was unreasonable. We also found that it was unreasonable for the board to transfer A to another hospital without documenting this on the transfer document and without an adequate wound care management plan in place. We therefore upheld these complaints, although we found that the board had subsequently taken action to support improvement with regards to care rounding and pressure ulcer prevention.

## Recommendations

What we asked the organisation to do in this case:

 Apologise to C for the failings identified. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/information-leaflets.

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

 Adequate wound healing management plans should be in place for staff to follow prior to transferring patients to community hospitals.

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.