

## SPSO decision report



**Case:** 202306373, Fife NHS Board  
**Sector:** Health  
**Subject:** Clinical treatment / diagnosis  
**Decision:** upheld, recommendations

### Summary

C complained about the care and communication provided to their step-parent (A) before their discharge. A was diagnosed with lung cancer and then admitted to hospital with left leg weakness after falls at home. A was discharged home two weeks later, and re-admitted after three weeks with severe chest pain. A died two days later.

C complained that the prognosis of 'weeks to months' was not shared with A or their spouse when the treatment plan was discussed. C also complained that A was discharged home without an Occupational Therapy (OT) assessment having been completed, and with no other offers of support for A who required end of life care at home. Finally, C complained to SPSO about complaint handling.

We took independent advice from a medical director with specialism in palliative care and a qualified physiotherapist. The board acknowledged that A was not provided with an adequate supply of medication on discharge. We found that this could have had serious consequences, and would have caused anxiety and distress.

The board apologised for not arranging an OT assessment before A was discharged, but said that no concerns were raised during A's admission suggesting this was required. We found that the board should have considered a full assessment for A who was subject to falls and whose health would deteriorate. We also found that no consideration was given to home set up before discharge, and that A's anticipatory needs were not considered when they should have been. Therefore we upheld this complaint.

We found that the board failed to discuss with A and their family whether an OT assessment or OT screening assessment might be appropriate when planning A's discharge home. Additionally, we found that the board should have shared that A was reaching end of life stage sooner, and provided appropriate support with adapting to this fact. The discharge letter should have been clear in alerting A's GP to the seriousness of the situation. The board have acknowledged that there was no early referral to palliative care and no joined up review of A. We found that the approach and investigation into the complaint and associated communications did not manage C's expectations and failed to deliver on what had been agreed. Therefore we upheld this complaint.

### 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.spsso.org.uk/information-leaflets](http://www.spsso.org.uk/information-leaflets).

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

- Patients should be discharged with appropriate supplies of medication. Consideration should be given to

a patient's anticipatory needs as well as their needs during admission. Patients and carers / family should be involved with, and know what the plan is post discharge. Consideration before discharge should be given to how patients will cope once home and in the community. Communications should be clearly documented, including with regard to prognosis and recognising end of life. Healthcare services should plan for the deterioration of people with palliative care needs, enabling them to remain in their preferred place of care for as long as possible.

- The board should ensure that immediate discharge and clinic information reaches the GP as soon as is practicable in every case, ideally on the same day, in order that GPs receive essential information that enables continuity of care.
- When a relevant adverse event occurs, the Board should carry out a formal review to investigate the cause and identify any potential learning.

In relation to complaints handling, we recommended:

- Relevant staff should be aware of the requirements of the complaints handling procedures, particularly with respect to dealing with complaints which span more than one NHS organisation. We offer SPSO accredited Complaints Handling training. Details and registration forms for our online self-guided Good Complaints Handling course (Stage 1) and our online trainer-led Complaints Investigation Skills course (Stage 2) are available at <https://www.spsa.org.uk/training-courses>.

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.