Scottish Parliament Region: Highlands and Islands

Case 200500400: Orkney NHS Board

Introduction

1. On 10 May 2005 the Ombudsman received a complaint from a woman (referred to in this report as Mrs C) about the procedures followed by staff at Balfour Hospital, Kirkwall, (the hospital), following an admission on 31 July 2004. My investigation found that there were failures in the treatment which Mrs C received. In light of these findings, the Ombudsman recommends that Orkney NHS Board (the Board) reviews its Clinical Governance and Risk Management arrangements and reviews its policies concerning the use of wheelchair equipment by patients.

2. The complaints from Mrs C which I have investigated were that:

(a) an x-ray taken on 31 July 2004 had been incorrectly assessed;

(b) the arrangements for the reporting of x-rays at the weekend were inadequate; and

(c) there was a lack of appropriate equipment available for patients who required wheelchairs.

3. Following the investigation of all aspects of this complaint, I came to the following conclusions:

(a) upheld, see paragraph 15;

(b) not upheld, see paragraph 16;

(c) upheld, see paragraph 26.

4. Specific recommendations the Ombudsman is making resulting from this investigation are that the Board should:

i review its Risk Management and Clinical Governance Policies to reduce the likelihood of a situation similar to that which gave rise to this complaint occurring in the future;

ii take note of the comments made by the advisers to ensure that appropriate strategies are in place to monitor and audit medical and nursing records and disseminate the results to staff;

iii conduct a review of its policies and procedures on the use and maintenance of orthopaedic equipment, the provision of equipment on discharge, including out of hours and the preparation of staff on the use of equipment and the teaching/support of patients being given equipment.

5. The Board have accepted the recommendations in full.

Investigation and Findings of Fact

6. The investigation of this complaint has involved reading all the documentation supplied by Mrs C; Mrs C's medical records and the complaint file. Advice has been obtained from both medical and nursing advisers to the Ombudsman. Written enquiries have been made of the Board and they have provided additional information regarding staffing levels and audit of equipment. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Mrs C and the Board have had the opportunity to comment on the draft of this report.

7. Mrs C fell on her driveway at home on 31 July 2004 and sustained a fracture to her right ankle. She was taken to the hospital's Accident and Emergency Department by ambulance where x-rays were taken, which confirmed that she had a fracture to the distal tibia and fibia (ankle joint). She was subsequently admitted to the female surgical ward. Her ankle was placed in a plaster of paris back slab (a modified and temporary form of plaster, which allows for swelling of the limb) and pain relief was prescribed. Mrs C discharged herself later that day but the staff were unable to supply her with crutches prior to discharge as none were available on the ward. Mrs C attended review appointments at the Outpatients Department and an x-ray taken on 10 August 2004 showed that she had a dislocated distal tibia.

(a) That Mrs C's x-ray taken on 31 July 2004 had been incorrectly assessed and (b) that the arrangements for the reporting of x-rays at the weekend were inadequate

8. Mrs C complained to the Board that, at an outpatient appointment on 10 March 2005, a visiting orthopaedic consultant from Aberdeen told her that, if he had seen the x-ray taken immediately after her accident on 31 July 2004, he would have seen at a glance that her foot was about to dislocate and he would have recommended a different procedure. He said that her ankle should not have been manipulated and put in a back slab as this gave insufficient support and allowed it to become dislocated. It should have been manipulated under total anaesthetic and completely encased in a cast. Mrs C felt that it should be hospital policy, where there is no local orthopaedic expert available, to immediately show x-rays of multiple breaks in joints to an orthopaedic consultant at a major teaching hospital.

9. In responding to Mrs C's complaint during the local resolution stage of the complaint, the Board commented that, following the initial hospital admission, Mrs C was reviewed at the fracture clinic on 4 August 2004, where it was confirmed that she had an undisplaced fracture of the right fibula. The back slab was already on by this stage. As there was still some swelling, Mrs C was asked to return to be reviewed and, had the swelling gone down, a full cast would then have been applied. Mrs C was further reviewed on 6, 8 and 10 August 2004 when her ankle was x-rayed again and she was admitted to hospital for transfer to Aberdeen on 11 August 2004 for internal fixation. The radiographer who carried out the x-ray on 31 July 2004 stated that the x-ray revealed a fracture of the distal tibia and fibia. This was confirmed by an Aberdeen radiographer on 6 August 2004. The radiographer saw Mrs C again on 10 August 2004, when she arrived for an x-ray (through the plaster) and the film revealed an anterior dislocation of the distal tibia. The Board advised Mrs C that there had been significant improvements in the radiography process and all x-rays were now sent electronically to Aberdeen, which resulted in the Board receiving confirmation of diagnosis much quicker.

10. In response to my enquiry, the Board explained that the usual arrangement for fractures or suspected fractures which do not need specialist treatment in Aberdeen is that the patient is made comfortable; the fracture is stabilised by application of a cast or back slab, sling or dressing; and analgesics and other medication are started. The patient would be given an appointment for the next available fracture clinic. If the wait appeared too long, exceptional

appointments could be made at the consultant surgeon's routine Monday clinic or the patient would be seen on the Saturday morning. In Mrs C's case the x-ray taken on 31 July 2004 was reviewed by a consultant surgeon, a radiographer and an experienced staff grade doctor. Mrs C was urged by doctors and nurses to stay in hospital but she declined and went home. When Mrs C returned to hospital, she said to one of the nurses that she 'had to crawl around the house all weekend'.

11. The Ombudsman's medical adviser explained that, normally, care of a serious ankle fracture involves:

(a) particular care of the skin and soft tissues;
(b) the need for a patient to stay in and have the leg elevated if the leg is very swollen, to control this problem;
(c) operating only when the soft tissues are in good condition, unless there is substantial displacement of the ankle or indeed the talus. For this emergency management may require open surgery occasionally.

This means that an operation may sometimes have to be postponed for ten or so days until swelling allows less chance of infection when operating to openly reduce and internally fixate an ankle fracture.

12. He further explained that complaints about the fact that the right ankle fracture should not have been manipulated or a back slab used are more contentious. Certainly, as regards the back slab, this is a recognised form of management if one is going to rest a patient's lower limb and hold a fracture in position. This needs regular supervision but if one cannot use this modality of treatment then traction is an alternative.

13. The medical adviser has commented on the complaint that there should be an immediate review by an expert Trauma and Orthopaedic Surgeon; in Orkney this may be impossible to achieve, on the basis of the number of people on the island and the frequency with which such a person would be required. However, the ability to transfer x-ray images between Orkney and Aberdeen should get round some of the problems but not the problem of adequate clinical assessment of injuries. There did not appear to be a senior orthopaedic surgeon to take responsibility for the management of this very unpleasant and complex fractured ankle.

14. He also commented that, had Mrs C's x-ray of 31 July 2004 been correctly read on the day of injury, she would have been transferred to Aberdeen for internal fixation of her fractures before the ankle dislocated. However, the swelling may have been such that they might also have had to wait ten days for the swelling to go down before being able to carry out an operation. Unfortunately because Mrs C went home, the whole joint deteriorated in terms of fracture position and, although the final treatment had helped, it was not by any means complete. He continued that, if the hospital staff felt that sufficient medical cover was available on 31 July 2004, then they did not appreciate how seriously damaged the ankle was.

(a) That Mrs C's x-ray taken on 31 July 2004 had been incorrectly assessed: Conclusion

15. Based on the clinical advice which I have received, I uphold this aspect of the complaint. On this occasion, I have found that the staff who reviewed the x-ray on 31 July 2004 failed to appreciate the seriousness of the fracture and should have sought advice from more experienced colleagues in Aberdeen. I have also taken into account that, had this been the case, then it was possible that any operation may have been delayed to allow the swelling to subside. The Ombudsman recommends, however, that the Board reviews its Risk Management and Clinical Governance Policies to reduce the likelihood of a similar situation occurring in the future.

(b) That the arrangements for the reporting of x-rays at the weekend were inadequate: Conclusion

16. Mrs C felt that, where there is no local orthopaedic expert available to immediately review x-rays of multiple breaks in joints, they should be shown to an orthopaedic consultant at a major teaching hospital. The medical adviser has commented that an immediate review by an expert trauma and orthopaedic surgeon in Orkney may be impossible to achieve. On the basis of the number of people on the island and the frequency with which such a person would be required. However with the transmission of x-rays electronically to Aberdeen, there may be a distinct possibility of arranging for orthopaedic specialist help when a radiologist sees a complex x-ray. Mrs C's x-rays would fall into that category and if an orthopaedic surgeon on the mainland had been alerted to this injury, maybe further problems could have been avoided. In view of the advice which I have received, I do not uphold this aspect of this complaint. I am, however, pleased that procedures have been amended so that x-rays are now sent electronically to Aberdeen for review by senior orthopaedic staff.

Medical records

17. The medical adviser has also commented that Mrs C's records are difficult to read in part and were not fully completed on occasions. There was no indication that Mrs C had had advice in terms of elevating her leg and keeping relatively still. There is an uncompleted discharge patient record data report which does not describe the equipment Mrs C would need or the treatment that was required. The nursing adviser has also commented about the poor standard of documentation, in that the Accident and Emergency data front sheet was illegible and the ward notes lacked information. There was no evidence that a care plan was commenced to support Mrs C's care during her time on the ward. The admission and discharge form (demographic details for admission and discharge planning) was partially filled out but not signed or dated by either the patient or discharging nurse.

18. In light of this, the Ombudsman recommends that the Board take note of the comments made by the advisers and ensure that appropriate strategies are in place to monitor and audit medical and nursing records, the results of which should be disseminated to all levels of staff.

(c) That there was a lack of appropriate equipment available for patients who required wheelchairs

19. Mrs C complained that nursing staff failed to support her leg after she was delivered to the hospital by paramedics. The ward did not have a wheelchair with footplates or side attachments and the only splint available was taken away by the paramedics. Mrs C continued that a couple of nurses had said she could remain in the ward over the weekend but they also said that she would be as well off at home because nothing would be done until the Wednesday. She did not feel that the nurses were recommending that she should remain in hospital. Mrs C noted that the hospital had promised to undertake a review of wheelchair facilities and she wanted an independent view of whether the hospital had suitable equipment to deal with orthopaedic emergencies.

20. As part of the local resolution stage of the complaint, the Board commented that an urgent review had been ordered to ensure that some wheelchairs have the facility to be adapted for special needs, including leg extension supports. It also said that, due to the small number of patients requiring physiotherapy at weekends, there are no physiotherapists on call for

fracture care. Access is available in the Physiotherapy Department for emergency equipment at all times. Although nursing staff are not experts in measuring and issuing the equipment, most would recommend that a patient remain in the ward until Monday.

21. I made enquiries of these issues with the Board and they provided documentation, including draft guidelines, on wheelchair use; a risk assessment sheet detailing the numbers of wheelchairs available throughout the hospital; and information on wheelchair footplates and leg extensions which are available. They advised that a review of wheelchairs and leg extensions was carried out on 17 September 2004. Work was ongoing on a rolling programme on risk assessment of wheelchairs and all equipment held in the wards. The Board also commented that the consultant in charge of the patient's care was responsible for ensuring that the patient is discharged home with the appropriate equipment. In this case, Mrs C was advised to remain in hospital over the weekend so that she could be assessed on the Monday by Physiotherapy Department staff for whatever equipment and aids that she required. She disregarded this advice and chose to return home. Informal training has been given to nursing staff regarding the use of aids and wheelchairs and additional sessions are being organised for different staff groups. This was also covered in the Board's manual handling training, which was statutory and provided on an annual basis to all staff.

22. The nursing adviser commented that the Board's response gave no reassurance that the condition and availability of the wheelchairs complete with foot plates and leg extensions had changed. A risk assessment had been carried out but was incomplete; giving only the quantity of wheelchairs in use across the hospital. The remaining information on the risk assessment form needs to be documented as this is fundamental to the issues raised by Mrs C. These being:

a. number with foot rests;
b. number with elevating leg rests Rt/Lt;
c. condition of chair good or to be replaced.

23. The nursing adviser said that, when responding to Mrs C on her complaint, the Board attempted to explain the rationale for the lack of physiotherapy equipment at weekends by stating that, due to the small numbers of patients requiring the service at these times, there is no physiotherapist on call for

fracture care. However, the response goes on to state that the Physiotherapy Department is accessible for emergency equipment at all times but that nursing staff are not experts in measuring and issuing equipment. The adviser commented that, if there is access to physiotherapy equipment out of hours, then there is an assumption that nursing staff will be suitably trained to teach patients how to use any equipment prior to discharge.

24. She also commented that another key issue, which had not been adequately dealt with by the Board, was the apparent lack of effective training and support to the nursing staff in enabling them to give appropriate holistic discharge information and equipment to their patients at weekends. For Mrs C to be given the option of staying in hospital over the weekend because of the lack of expertise was inappropriate. Had she been discharged with a pair of crutches and instruction on how to use them, she would have been less vulnerable and more comfortable. Further, if some patients could be discharged home at weekends, and are prevented for this reason alone, then the length of time patients stay in hospital may be longer than necessary.

25. The nursing adviser has stated that she would like to see a more robust investigation carried out by the Board and evidence that amendments have been made to the condition and suitability of the wheelchairs in use on the female ward. She continued that it remained unclear, from the Board's response to Mrs C's complaint and my enquiries, who was responsible for ensuring staff were trained in the use of the necessary equipment used on the orthopaedic ward. The Board alluded to informal training given to staff in the use of aides and wheelchairs but gave no further information on how the process was managed or the content of the course and how it was evaluated. The nursing adviser would like to see evidence of what this training involved and the Board policy on continuing education, in line with clinical governance which was based on continuing professional development, risk management and clinical effectiveness. Further, she commented that assurance was needed that, if a patient goes home at a weekend, nurses have access to appropriate equipment for the patient's discharge and have the relevant skills to teach the patient to use it (in this instance, crutches).

(c) That there was a lack of appropriate equipment available for patients who required wheelchairs: Conclusion

26. While the Board have taken some action following on from Mrs C's complaint, I agree with the comments from the nursing adviser that they have

not demonstrated that a full risk assessment on the availability of wheelchairs with foot plates or leg extensions has been carried out. The Board have also not provided details of the training given to staff in the use of aides and wheelchair or how it is evaluated. I, therefore, uphold this aspect of the complaint. The Ombudsman recommends that the Board conducts a review of its policies and procedures on the use and maintenance of orthopaedic equipment; the provision of equipment on discharge, including out of hours; and the preparation of staff on the use of equipment and the teaching/support of patients being given equipment.

30 May 2006

Annex 1

Explanation of abbreviations used

The Board	Orkney NHS Board
Mrs C	The complainant
The hospital	Balfour Hospital, Kirkwall