Maidstone and Tunbridge Wells NHS
NHS Trust

Complaint case study for publication on Trust website September 2014:

Mr R contacted the Trust following the death of his wife to question why she had not been referred for a liver transplant as he believes that this would have improved her chance of survival.

Mrs R had liver disease. She had had a lengthy hospital admission after being admitted with fluid on her lungs. It was Mr R's opinion that his wife should have been referred to King's College Hospital for a liver transplant before she went into organ failure.

Mr R felt that his wife was treated with a lack of dignity and respect. It was documented in her records that Mrs R had a known history of alcohol related liver disease and Mr R described staff making repeated references to this. Mr R stated in his complaint that his wife had abstained from alcohol for over a year before she died.

Mr R also raised concerns about the nursing care on John Day Ward, where he described occasions when his wife was calling out in pain with or inappropriate responses from the staff. Following her transfer to Ward 21, Mr R noted an occasion where out of date milk had been left at Mrs R's bedside and a pair of scissors were also left within her reach. On both wards, he raised concerns about the frequency of bed linen changes.

Our findings

The complaint was investigated by the Clinical Director, and the complaint was not upheld.

When Mrs R was first seen by the consultant in December 2013, she had severe chronic liver disease. Steps were taken to treat her associated symptoms medically (i.e. without surgery) and this is often the preferred approach, as liver transplant is a very high risk procedure. Mrs R responded to the medical treatment and the internal bleeding she was expereincing was stopped. At that stage, there was no indication to refer her to King's College Hospital for a specialist procedure to conttol the bleeding.

It was documented at that time that Mrs R was still consuming alcohol. Patients have to have abstained from alcohol for a minimum of 6 months before they will be considered for assessment for a liver transplant.

Mrs R was admitted 8 times between December 2013 and June 2014 with problems associated with her liver disease. It is therefore unlikley that she would have been fit enough to pass an assessment for a liver transplant. Furthermore, a CT scan in May 2014 showed that an important vein was damaged and this would have meant that it could not support any liver transplant. Sadly, Mrs R was never well enough to be considered for assessment for a transplant.

The Ward Manager for John Day Ward recalled meeting reguarly with Mr R during Mrs R's admission, to keep him informed about his wife's progress. Apologies were offered that Mr R found the standard of nursing care to be lacking. Documentation completed during the

admission reflected that Mrs R was assisted with her personal hygiene on a daily basis and was regularly offered pain relief. The staff were aware that Mrs R found it difficult to verbally express pain towards the end of the day and used visual indicators to assess her pain needs.

Ward staff tried to maintain her dignity at all times, keeping the curtains drawn around her bed space as much as possible and Mrs R was given priority for a side room when one became available. Open visiting was encouraged and staff also ensured a supply of ice creams were available for Mrs R.

Apologies were offered for any lack of professionalism shown by staff during Mrs R's admission, however, the Ward Manager could find no evidence to support Mr R's comments.

The Ward Manager for Ward 12 offered assurance that measures were in place to ensure the freshness of milk served on the ward and apologised that these had failed on this occasion. This was highlighted with the catering manager in response to the complaint.

The scissors referred to are safety scissors so did not pose a risk to Mrs R. The Ward Manager has taken this opportunity to emphasise to staff that scissors should not be left at the bedside.

Drinks are regularly provided to patients on the ward and the documentation shows that Mrs R declined the drinks offered on many occasions. Her nutrional status was approppriately assessed by the nursing staff and a referral made to the dietician for regular support. It was noted that Mrs R regulalry declined food offered by the staff, preferring to eat meals brought in by Mr R.

Staff assisted Mrs R with her personal hygiene on a daily basis and attempted to keep her regularly repositioned. Unfortunately, Mrs R often declined to be repositioned, despite staff explaining the risks to her.