

SPSO decision report

Case: 201705112, Lanarkshire NHS Board
Sector: health
Subject: clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

Mr C, who is an MSP, complained on behalf of his constituent (Mr A). He said that the board had failed to provide Mr A with reasonable care and treatment in relation to blisters, fluid, diabetes, constipation and ventilation whilst he was in Hairmyres Hospital. Mr C also complained that that the day after Mr A was discharged, he was admitted to another hospital with renal failure.

We took independent advice from a consultant in acute medicine and from a nursing adviser. We found that Mr A did not develop renal failure as a result of the treatment he had received in hospital. He had chronic kidney disease and this was a longstanding problem that was worsening. Based on his blood tests on admission and discharge as well as what was documented in the notes, we found that it had been likely that he would end up on dialysis (a form of treatment that replicates many of the kidney's functions). That said, Mr A did not seem to be fully aware of this and we brought this to the board's attention.

We also found that the care and treatment Mr A received in relation to blisters and fluid management was reasonable and that there was no evidence in the records to indicate that he was ignored by staff when he informed them of developments regarding his health. In their response to Mr A's complaint, the board had apologised that he was given sugar with his drinks and had stated that they had asked the hostess to review her protocol in relation to this. They had also apologised that one of Mr A's laxatives was not prescribed, although we found that Mr A had received other laxatives and that his constipation had been alleviated. In addition, the board had apologised that he found the temperature in the ward uncomfortable.

On balance, we did not consider that the overall care and treatment provided to Mr A in the hospital had been unreasonable, particularly in relation to the most severe areas such as renal failure. We accepted there were some areas of care that the board acknowledged fell short of expectation, particularly in how some aspects of his care were communicated, but we considered that the board's response to these was reasonable and the steps they took to address the issues were what we would have asked them to do to prevent recurrence. On balance, we did not uphold Mr C's complaints.