

## SPSO decision report

**Case:** 202100728, Lanarkshire NHS Board  
**Sector:** Health  
**Subject:** Clinical treatment / diagnosis  
**Decision:** not upheld, no recommendations

### Summary

C complained to the board about several aspects of the care and treatment provided to their parent (A) during their time in hospital and also about the discharge planning on each occasion.

A was diagnosed with terminal cancer and was in hospital for treatment before being discharged home. A was later readmitted to hospital with illness. A was discharged home again and later died.

The board's position was that the discharge planning for A on each occasion was appropriate. There was discussions about what supports could be offered, and it was frequently documented that A's wish was to be at home. Discharge plans were discussed on a daily basis.

With respect to the care and treatment provided to A during the second admission, the board commented that A was being treated for a chest infection and apologised if C was not aware of A's chest infection. The board said that there was no indication to replace the nasogastric tube (tube used to deliver food or medicine to the stomach for people who have difficulty eating or swallowing).

We took independent advice from a consultant geriatrician (doctor who specialises in treating older patients) and from a registered nurse. We found that the care and treatment provided to A during their admission was reasonable. We also found that given A's condition and prognosis, the decision that A was suitable to be discharged was also reasonable. We did not uphold the complaint about care and treatment.

With respect to the planning made for A's discharge home, we found that the planning on each occasion was reasonable. On A's first discharge from hospital, appropriate assessments were carried out and discussions documented about supports which could be put in place for A's return home. It was documented that these were declined by A.

With respect to the second discharge, whilst there was no formal discharge plan, given A's prognosis and assessment that they were independent and requesting to go home, it was reasonable to discharge A.

Whilst we determined that the arrangements for A's discharge were reasonable, and did not uphold these complaints, we provided feedback to the board with respect to the absence of some records which we would have expected to see and/or be updated more regularly.