SPSO decision report

SPSO Scottish Public Services Ombudsman

Case: **201605233, Greater Glasgow and Clyde NHS Board - Acute Services Division**
Sector: health
Subject: clinical treatment / diagnosis
Decision: not upheld, no recommendations

Summary

Mr C, who works for an advocacy and support agency, complained on behalf of his client (Mrs A). Mrs A complained about the care her late son (Mr A) received at Queen Elizabeth University Hospital after he was taken there by emergency ambulance. It was identified that Mr A was suffering from limb and life threatening ischemia (a lack of blood supply that could be life threatening or cause the loss of a limb) requiring urgent surgery. Mrs A complained that the board's consultant vascular surgeon did not share this information with the family in a more private area of the hospital, that there was a lack of action by staff in response to Mr A having complained of severe stomach pain following surgery, and that Mr A had been placed in a single room containing equipment prior to his death a few days later.

We took independent advice from a consultant vascular surgeon. We found that, although the cubicle environment in the emergency department was not ideal, the communication that took place with Mr A and the family was reasonable and we did not uphold this complaint. We also considered that there was no undue delay in carrying out a scan following the surgery after Mr A's concerns about his stomach pain were identified. We did not uphold this complaint. We further identified that the board had reflected on the family's concerns about there being equipment stored in the single room due to essential maintenance work. They acknowledged that this should have been explained to the family at the time and they apologised for this. We concluded that it was not unreasonable to transfer Mr A to the single room to allow the family more privacy, and on balance we did not uphold this complaint.