

## SPSO decision report

**Case:** 201608787, Lanarkshire NHS Board  
**Sector:** health  
**Subject:** clinical treatment / diagnosis  
**Decision:** some upheld, recommendations

### Summary

Mrs C, an advocacy worker, complained on behalf of her client (Mr B) regarding the care and treatment of his late father (Mr A). During an admission to Hairmyres Hospital, Mr A was assessed and deemed not to meet the criteria for hospital-based complex clinical care (HBCCC), as it was considered that his needs could be met in a nursing home. He was transferred to Stonehouse Hospital for interim care while awaiting completion of a community care assessment. Before a transfer to a nursing home could be arranged, Mr A died. Mrs C complained that the decision to transfer Mr A to another hospital was unreasonable as he was not well enough and that the hospital was not equipped to meet his needs. Mrs C also complained that the decision that Mr A was fit to be discharged to a care home was unreasonable. Finally, Mrs C felt that communication with Mr B surrounding the transfer and fitness for discharge decisions was poor.

We took independent advice from a consultant geriatrician (a doctor who specialises in medicine of the elderly). We found that the hospital was equipped to meet Mr A's need and that the need for acute hospital care was not indicated. In particular, we noted that the medical input into Mr A's care following the transfer was reasonable. Therefore, we did not uphold this aspect of Mrs C's complaint.

In regards to the decision to discharge Mr A to a care home, we found that a second opinion was arranged by the board. This was followed by a formal appeal of the decision, both of which maintained that the criteria for HBCCC was not met. We found that this decision was reasonable. We did not consider that Mr A's subsequent deterioration and death suggested that there had been a requirement for HBCCC. Therefore, we did not uphold this aspect of Mrs C's complaint.

Finally, we found that there was appropriate communication with Mr B in advance of Mr A's transfer between hospitals. We noted that the initial communication following the transfer was good, with medical staff having met with Mr B to explain the HBCCC criteria and their views on why Mr A did not meet this. However, while the outcome of Mr B's subsequent appeal was verbally communicated to him within a reasonable timescale, he had to request formal written confirmation of this and there was an unreasonable delay in this being provided. We considered that the board need to clarify their process for formally communicating the outcome of HBCCC appeals. Therefore, we upheld this aspect of Mrs C's complaint.

### Recommendations

What we said should change to put things right in future:

- The board's HBCCC appeals process should make clear how decisions will be formally communicated to appellants, including the timescale for doing so.

We have asked the organisation to provide us with evidence that they have implemented the recommendations we have made on this case by the deadline we set.