

## SPSO decision report



**Case:** 201903457, Greater Glasgow and Clyde NHS Board - Acute Services Division  
**Sector:** Health  
**Subject:** Clinical treatment / diagnosis  
**Decision:** upheld, recommendations

### Summary

C complained about the treatment provided to their parent (A) while a patient at Glasgow Royal Infirmary. A was admitted with a large bowel obstruction. C complained about the delay in a stent procedure being carried out (a procedure where a small tube is inserted to keep a passageway open).

We took independent advice from a consultant colorectal (a surgeon who specialises in conditions in the colon, rectum or anus) and general surgeon. We found that there was an unreasonable delay in the stenting procedure being carried out and a combination of the delays and A's deteriorating health, with rising C-reactive protein (CRP - an inflammatory marker) and National Early Warning Scores (NEWS a system that records key observations about the health of a patient with the higher the score the greater the clinical risk), was not reasonably responded to. When the stent procedure was delayed there was a lack of alertness to A's deterioration and the management plan was not reviewed. We found that the board could have been better in assessing A's fluid balance, noting their continued deterioration over a several day period, and attention to the worsening CRP. We upheld C's complaint.

### Recommendations

What we asked the organisation to do in this case:

- Apologise to C and their sibling for failing to provide reasonable treatment to A during their admission and for the inaccuracies in the complaint response. The apology should meet the standards set out in the SPSO guidelines on apology available at [HYPERLINK "http://www.spsso.org.uk/information-leaflets"](http://www.spsso.org.uk/information-leaflets) [www.spsso.org.uk/information-leaflets](http://www.spsso.org.uk/information-leaflets) .

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

- Fluid balance recording and management in critically ill patients should be reasonably managed.
- The board staff should actively review trends in NEWS scores in critically ill patients.
- When management plans are in place and patients are awaiting treatment, there needs to be ongoing review of the management plan.
- Treatment for bowel obstruction should be appropriately prioritised in the board's hospital.
- Stenting in bowel obstructions should be appropriately prioritised, based on the clinical picture and have a limit of no longer than 48 hours from admission, when there is evidence of obstruction in an emergency setting.

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.