

## SPSO decision report



**Case:** 202303631, Grampian NHS Board  
**Sector:** Health  
**Subject:** Clinical treatment / diagnosis  
**Decision:** upheld, recommendations

### Summary

C complained about the care and treatment provided to their parent (A) during two admissions to hospital. Both admissions were due to concerns about A's lungs. A was admitted to hospital for a third time and was diagnosed with empyema (pockets of pus) in their left lung. C complained that this was missed during A's first two admissions and that A was unreasonably discharged from hospital on both occasions.

We took independent advice from a consultant who specialises in both respiratory and general medicine. We found that there was no evidence that empyema was present during the two admissions. However, there were missed signs that indicated the potential for empyema to develop. In particular, the presence of high C-reactive protein (CRP, an indicator of inflammation in the body) during the first admission and the recent history of pulmonary and pleural infection at the time of the second admission. We considered that it would have been reasonable for the board to carry out further investigation during A's admissions to hospital. We concluded that the board did not take reasonable steps to establish whether there was an evolving infection or potential for empyema to develop. Therefore, we upheld this part of C's complaint.

In respect of A's first admission, we found that A was clinically well enough to be discharged. However, there was a failure to recognise the significance of the raised CRP in the context of A's presentation, and to consider further assessment on this basis. Therefore, we upheld this part of C's complaint.

In respect of A's second admission, we found that A was clinically well enough to be discharged. In contrast to the first discharge, A's CRP was not as significantly high and was shown to be declining. As such, there was less indication that A would benefit from remaining in hospital. Therefore, we did not uphold this part of C's complaint.

### Recommendations

What we asked the organisation to do in this case:

- Apologise to A and C for the failure to recognise the signs of potentially developing empyema and the unreasonable discharge. C has highlighted the importance to them that the apology acknowledges the impact on A and on A's spouse, who has had to provide care. 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:

- Rising CRP blood test in the context of pleural infection should prompt further assessment and consideration of the potential for empyema to develop.

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.