SPSO decision report

Case: **201201463, Forth Valley NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: some upheld, recommendations

Summary

Mrs C's late father (Mr A) was admitted to hospital in late 2011 with recurrent abscesses. In October 2011, he was transferred to another hospital for audiology (hearing) tests. He was transferred without an escort and wearing only pyjamas and a cardigan. Mr A was doubly incontinent during the journey and also suffered a fall.

In November 2011, Mr A was referred to a specialist colorectal (bowel) surgeon and a loop colostomy (a procedure whereby the loop of the bowel is pulled through the thickness of the abdomen wall) was planned. Mr A had bowel surgery several days later. During the operation, Mr A's bowel suffered a trauma, which the board said the surgical team did not know about at the time. He returned to the ward with a temperature which was treated by antibiotics (drugs to treat bacterial infection). His condition deteriorated and he started to show signs of sepsis (blood infection). Further investigations (chest x-ray, ECG, blood tests and blood cultures) were carried out and he was prescribed a strong antibiotic intravenously. Just over an hour later, staff noted that Mr A might be showing signs of sepsis, and an abdominal examination showed tenderness. An anaesthetic review noted that surgical emphysema (formation of bubbles of air in the soft tissues) was present. He was taken back to the operating theatre, where the surgeon discovered that Mr A's bowel had been perforated and this had caused peritonitis (inflammation of the tissue lining the abdomen). Mr A needed further operations, and was transferred to intensive care, but his condition deteriorated and he passed away several weeks later. The cause of his death was recorded as acute peritonitis and perforation of colon (bowel) during colostomy operation.

Mrs C complained about Mr A's care and treatment at the hospital including aspects of his transfer to the other hospital. In particular, she complained about the surgeon's failure to detect that Mr A's bowel had perforated during the original operation and that the post-operative complications were not recognised and treated within a reasonable time. Mrs C also complained that the board failed to handle her complaint within a reasonable time and failed to respond to her questions reasonably. After taking independent advice from two of our advisers - a surgeon and a nurse, we upheld two of Mrs C's complaints. Our investigation found that the board failed to provide adequate nursing care for Mr A during his transfer and that he should have had an escort and a blanket or outdoor clothes on. We also found that there was a significant delay of five months by the board in responding fully to Mrs C's complaints. As, however, the board had taken steps to address most of the shortcomings identified in these complaints we made only one recommendation. We did not uphold Mrs C's complaint about the operation and after-care, as we found no evidence that the surgical team failed to perform the operation in a reasonable way and we were satisfied that the post-operative complications were identified and dealt with appropriately within a reasonable time.

Recommendations

We recommended that the board:

- bring the shortcomings in record-keeping to the attention of staff concerned.