SPSO decision report

Case: **201508112, Tayside NHS Board**
Sector: health
Subject: clinical treatment / diagnosis
Outcome: upheld, recommendations

Summary

Ms C works for an advice and support agency. She brought the complaint on behalf of her client (Mr B). Mr B had concerns about the treatment his daughter (Miss A) received at Ninewells Hospital after she was referred by her GP with suspected appendicitis. Miss A was reviewed and appendicitis was considered to be unlikely. She was prescribed antibiotics for a urinary tract infection and was discharged home. Miss A did not improve and had to be taken back to the hospital two days later. Although initial assessment found appendicitis to be a possible cause of her symptoms, she was discharged after two days with a diagnosis of gastroenteritis (inflammation in the intestines caused by infection). Her condition did not improve and she had to be readmitted four days later. Miss A underwent surgery to investigate further. During this procedure her appendix was removed as it was found to be gangrenous. An abscess was also discovered. Miss A did not recover well and had to undergo more surgery as she had developed a deep pelvic abscess. In addition to his concerns about the treatment provided to his daughter, Mr B was dissatisfied with the time the board had taken to deal with his complaint.

After taking independent advice on this case from a consultant surgeon, we upheld the complaint about the treatment provided to Miss A. The adviser considered that Miss A's appendicitis could have been diagnosed and acted on at her second attendance at the hospital. We were advised that this would have lessened the risk of a pelvic abscess developing and the further problems that she experienced. The adviser also commented that the information about risks of the initial surgery had not been recorded comprehensively enough. As the board had introduced a new patient pathway document for children with suspected appendicitis following Mr A's complaint, the adviser was asked to review this. The adviser considered that it would benefit from further consideration by the board in light of our findings, and we made a recommendation about this.

We also upheld the complaints handling concerns that were raised. The board accepted that they had not responded within a reasonable timescale and had not met a reasonable standard as a result. They explained that their process had since been changed.

Recommendations

We recommended that the board:

- apologise for the failings we identified;
- take steps to ensure that all relevant paediatric and surgical staff are made aware of the findings of our investigation;
- consider the use of a clinical scoring tool for paediatric appendicitis;
- review the care pathway previously developed in light of the independent advice received in our investigation and provide us with a copy of this for review; and
- ensure that adequate details of the risks of surgery are explained and documented during the consent process.