

## SPSO decision report

**Case:** 201811025, Fife NHS Board  
**Sector:** Health  
**Subject:** clinical treatment / diagnosis  
**Decision:** upheld, recommendations

### Summary

Mrs C complained about the care and treatment she received from Victoria Hospital following a car injury. She attended A&E with injuries to her right hand. An x-ray identified a fracture at the joint of her right middle finger. Mrs C was advised to keep her hand elevated in a high arm sling but the injured finger was not strapped or splinted.

The following week, she was reviewed by an orthopaedic consultant (a specialist in the treatment of diseases and injuries of the musculoskeletal system) at a fracture clinic. Mrs C stated that, at that point, the tip of the injured finger was noticeably bent over. After assessing Mrs C's injury, the consultant did not consider any additional treatment to be required at that time and discharged Mrs C to the care of her GP. However, Mrs C's finger continued to be bent over and she was later assessed by a consultant hand surgeon who identified this as a mallet deformity.

Mrs C complained that she did not think the board had treated her injured finger appropriately. She queried why her finger was not strapped when she attended A&E and why it was left untreated following the consultation at the fracture clinic. In addition to this, Mrs C queried why she was not referred to a hand surgeon and was not provided with appropriate advice and information on how best to aid the recovery of her hand.

We took independent advice from an orthopaedic consultant. In respect of the care and treatment provided in the emergency department, we found that it would have been appropriate to apply a mallet splint at this point. Although a mallet injury may not have been visible at this point and it could not be known at the time whether splinting Mrs C's injury would have a beneficial outcome, we were satisfied that the evidence suggested it would have been reasonable to support splinting the finger on a 'just in case' basis. Therefore, we upheld this aspect of the complaint.

In respect of the care and treatment provided following Mrs C's discharge from A&E, we found that the possibility of a mallet deformity was underappreciated following Mrs C's discharge and, in particular, at the consultation at the fracture clinic. We considered there to be enough evidence to suggest that Mrs C's finger should have been splinted when she attended the fracture clinic. A referral to a consultant hand surgeon would not have been a required course of action given the nature of Mrs C's injury. In respect of physiotherapy, we felt this is unlikely to have prevented the mallet deformity from developing.

However, the more general hand injuries may have benefited from earlier physiotherapy or home exercise. We concluded that the board failed to provide appropriate care and treatment after Mrs C was discharged from the emergency department. Therefore, we upheld Mrs C's complaint.

### Recommendations

What we asked the organisation to do in this case:

- Apologise to Mrs C for the failings identified. The apology should meet the standards set out in the SPSO guidelines on apology available at [www.spsso.org.uk/information-leaflets](http://www.spsso.org.uk/information-leaflets).

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

- Patients who present with hand injuries of this type should be provided with appropriate advice and information about physiotherapy or home exercise.
- Relevant staff should be aware of when it is appropriate to apply a splint to injuries of this type.

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.