SPSO decision report

Case: **202109305, Tayside NHS Board**
Sector: Health
Subject: Clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

C complained on behalf of their partner (A) that their initial CT scan was misread and their symptoms misdiagnosed as ischaemic colitis (injury to the colon as a result of reduced blood flow), leading to a delay in treatment and diagnosis of a bowel obstruction. C felt as A's condition deteriorated, further investigation should have taken place to identify the cause of A's symptoms.

The board maintained that there was no misdiagnosis as the first CT scan showed the appearance of ischaemic colitis, with no obstruction reported. A was treated appropriately with antibiotics and there was no evidence of deterioration during the period of observation. When A developed symptoms after the reintroduction of food, a second CT scan was ordered and the bowel obstruction identified. The board considered that A had an incomplete or evolving obstruction on admission, which was not picked up by the CT scan.

We took independent advice from an experienced general and colorectal surgeon. We found that while the reading of the scan was reasonable, the failure to consider clinical presentation alongside the scan was unreasonable. We found that this led to a focus on treating ischaemic colitis and no consideration was given to identifying the underlying cause. There was minimal investigation carried out to identify the cause and consideration should have been given to endoscopic investigation, a contrast enema, a colonoscopy and listening to bowel sounds. All would have identified a bowel obstruction, resulting in the correct diagnosis and earlier treatment for A. We also found that as the delay led to A's deterioration and an increase in treatment, the incident met the Duty of Candour threshold, which the board failed to identify. As such, we upheld C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to A and C for the failings identified. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spso.org.uk/information-leaflets.

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

- For the board to undertake the Duty of Candour Process. It is important to note that should C or A not wish to meet with the Board in person an alternative way of including them in the process should be explored.
- Staff to be reminded that NEWS and blood tests can appear normal in patients with a bowel obstruction and can deteriorate later.
- Staff to be reminded that scans should not be read in isolation and a patient's clinical presentation must be considered along with the reason for requesting the scan.
- That staff recognise ischaemic colitis is the consequence of an underlying problem and investigations should continue until a cause is identified.

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.