

## SPSO decision report

**Case:** 201609754, Greater Glasgow and Clyde NHS Board - Acute Services Division  
**Sector:** health  
**Subject:** communication / staff attitude / dignity / confidentiality  
**Decision:** some upheld, recommendations

### Summary

Mrs C, who has a background of lupus (an autoimmune condition that affects the body's defences against illnesses and infections) had a tumour detected during a scan. Her case was discussed by the multi-disciplinary team (MDT) and she was given an appointment with an oncologist to discuss chemotherapy (a treatment where medicine is used to kill cancerous cells) and radiotherapy (a treatment using high-energy radiation). The oncologist was concerned that, due to her background of lupus, Mrs C could suffer significant side effects from this treatment. The oncologist asked for further discussion of the case at a second MDT, where the possibility of surgery was also discussed.

Following this, the oncologist outlined the options of surgery or oncology treatment (chemotherapy and radiotherapy) to Mrs C and Mrs C agreed to have surgery. The surgery was carried out, but did not remove enough of the tumour to give a good chance of a cure. Mrs C was then offered oncology treatment as well.

Mrs C complained to the board that she was not told before the surgery that there was a high risk that she would also need oncology treatment. She said that she would not have chosen to have major surgery if she had known that she might still need the full oncology treatment. The board took several months to respond to Mrs C's complaints, because the surgeon and oncologist disagreed about some parts of the response. Eventually, the response was sent without the surgeon's agreement. Mrs C remained dissatisfied and brought her complaints to us.

Mrs C complained that the communication with her about her condition and treatment options was unreasonable. She also complained that the care and treatment provided was unreasonable. We took independent oncology and surgical advice. We found that, whilst the oncology treatment carried a high risk of significant side effects, the surgery also carried a high risk of being unsuccessful, and Mrs C would then need the oncology treatment as well. We found that there was insufficient evidence that these two options had been fully explained to Mrs C. We also found that consent for the surgery had only been sought on the day of the operation, and there was no evidence that the risks of the surgery had been discussed with Mrs C before this point. We also found that there was an occasion where Mrs C could have been given an update on her pathology results more quickly. We upheld these two aspects of Mrs C's complaint.

Mrs C also complained that there were unreasonable delays in her treatment. We found that the timeframes were reasonable and that quicker treatment would not necessarily have impacted on Mrs C's outcome. We did not uphold this aspect of Mrs C's complaint.

Mrs C also raised concerns about the board's handling of her complaint, and particularly raised concern that she was unable to contact the complaints team by phone at certain points. We found that the board's complaint response was delayed for several months, that they had misunderstood part of her complaint and that Mrs C was not kept updated in this time. We upheld this part of Mrs C's complaint.

## Recommendations

What we asked the organisation to do in this case:

- Apologise to Mrs C for the failings in communication, care and treatment and complaints handling. The apology should meet the standards set out in the SPSO guidelines on apology available at <https://www.spsso.org.uk/leaflets-and-guidance>.

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

- Patients should be given full information about all their options before deciding on a treatment.
- Consent should not be sought on the day of surgery, unless there is an emergency situation.
- Consultants should be mindful of the need to communicate clearly and avoid misunderstandings.
- Patients should be fully informed and kept up to date on information relevant to their illness. Information should not be withheld unless they specifically request this, or if there is a potential risk of harm.
- In a similar situation, surgery should not be offered as a first line treatment without a full discussion of the multi-disciplinary team's views (both for and against) and options with the patient.

In relation to complaints handling, we recommended:

- The board should have a clear process for escalating disagreements about complaints responses, with senior management involvement, to ensure a whole-of-board response to the complaint.
- The board should contact the complainant to confirm the issues complained about as the first step in their investigation, in line with the Model Complaints Handling Procedure.
- The complaints team should be contactable by phone, with the facility to leave a message if there are no staff available.

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.