

SPSO decision report



Case: 201904207, Forth Valley NHS Board
Sector: Health
Subject: clinical treatment / diagnosis
Decision: upheld, recommendations

Summary

C complained about the care and treatment they received regarding a fractured collarbone. C was scheduled to have surgery but on the day of the surgery a decision was made to cancel on the basis that C's collarbone had healed. C complained about the decision to cancel the surgery and that a decision was not made to proceed with surgery at an earlier date.

We took independent advice from an orthopaedic surgeon (a specialist in the treatment of diseases and injuries of the musculoskeletal system). We found that it was reasonable for the board to allow for six months of conservative (non-operative) management and to cancel the surgery following an x-ray which showed the fracture had joined together.

However, we found that it was unreasonable not to mention or discuss operative intervention and its associated risks at earlier clinic appointments. This is because patients should be informed of all treatment options including that of no treatment in accordance with the General Medical Council's guidance on consent. We also found that it was unreasonable for one of the clinic letters to state that the x-rays showed hypertrophic (healing tissue has formed but the bone fractures have not joined) non-union. We noted that the x-rays actually showed a delayed union (when a fracture takes longer than usual to heal) because approximately four months had passed since C's injury at that point. We also found that the decision to proceed with surgical intervention was unreasonable given that the x-rays showed delayed union, rather than hypertrophic non-union and there was no evidence that the clinician had discussed C's case with the consultant. In light of the above, we upheld C's complaint.

Recommendations

What we asked the organisation to do in this case:

- Apologise to C for not discussing operative intervention and its associated risks at their clinic appointments, and that the decision to proceed with surgical intervention was made when the x-rays showed delayed union rather than hypertrophic non-union, and while the clinician had not discussed C's case with the consultant. The apology should meet the standards set out in the SPSO guidelines on apology available at www.spsso.org.uk/information-leaflets.

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

- Decisions to proceed with surgery for clavicle fractures should be based on an accurate assessment of the patient including any available radiograph. Changes in a patient's management plan from a consultant's decision should be discussed with the consultant and documented.
- Patients should be informed of all treatment options, including that of no treatment and these discussions should be documented.

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.