



Northern Ireland

Public Services
Ombudsman

Investigation Report

Investigation of a complaint against the South Eastern Health & Social Care Trust

NIPSO Reference:

The Northern Ireland Public Services Ombudsman
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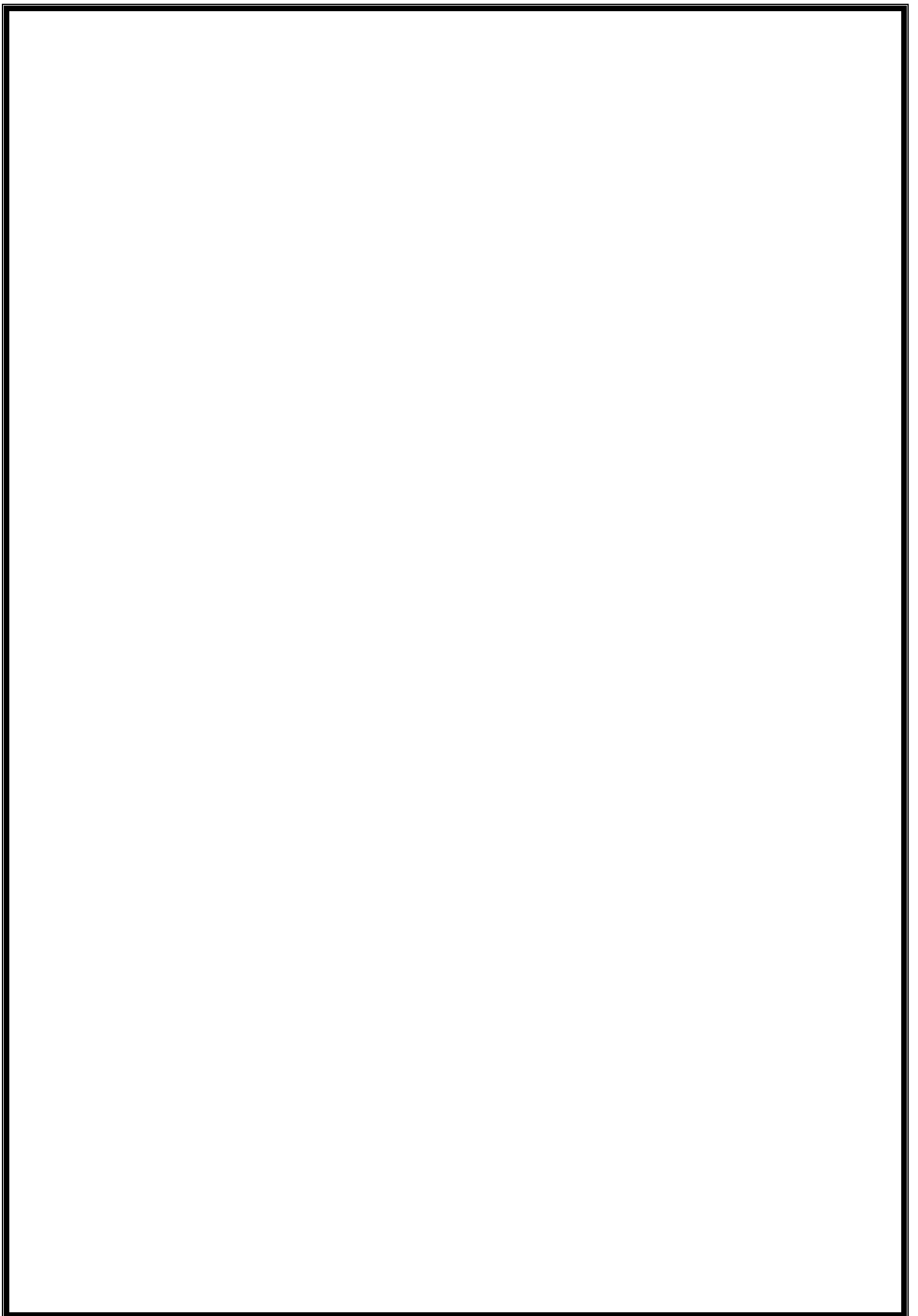
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The Role of the Ombudsman

The Northern Ireland Public Services Ombudsman (NIPSO) provides a free, independent and impartial service for investigating complaints about public service providers in Northern Ireland.

The role of the Ombudsman is set out in the Public Services Ombudsman Act (Northern Ireland) 2016 (the 2016 Act). The Ombudsman can normally only accept a complaint after the complaints process of the public service provider has been exhausted.

The Ombudsman may investigate complaints about maladministration on the part of listed authorities, and on the merits of a decision taken by health and social care bodies, general health care providers and independent providers of health and social care. The purpose of an investigation is to ascertain if the matters alleged in the complaint properly warrant investigation and are in substance true.

Maladministration is not defined in the legislation, but is generally taken to include decisions made following improper consideration, action or inaction; delay; failure to follow procedures or the law; misleading or inaccurate statements; bias; or inadequate record keeping.

The Ombudsman must also consider whether maladministration has resulted in an injustice. Injustice is also not defined in legislation but can include upset, inconvenience, or frustration. A remedy may be recommended where injustice is found as a consequence of the failings identified in a report.

Reporting in the Public Interest

This report is published pursuant to section 44 of the 2016 Act which allows the Ombudsman to publish an investigation report when it is in the public interest to do so.

The Ombudsman has taken into account the interests of the person aggrieved and other persons prior to publishing this report.

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Case Reference: 202002337

Listed Authority: South Eastern Health & Social Care Trust

SUMMARY

I received a complaint about the actions of the South Eastern Health & Social Care Trust (the Trust). The complainant raised concerns about the care and treatment the Trust provided to her mother (the patient) who attended the Emergency Department (ED) of Lagan Valley Hospital on 31 August and 1 September 2021 due to abdominal pain.

The investigation examined the details of the complaint, the Trust's response and relevant guidance. I also obtained independent professional advice from a Consultant in emergency medicine.

The investigation established that the Trust carried out reasonable and appropriate investigations to determine the source of the abdominal pain. It established the Trust's diagnosis of constipation was reasonable at that point and consistent with the results of an abdominal x-ray taken on 31 August. I found that it was reasonable for the Trust to discharge the patient on both 31 August and 1 September. I was disappointed to learn the patient was distressed and felt humiliated as a result of the behaviour of the doctor who treated her on 31 August. However, I am satisfied the Trust acknowledged the inappropriateness of the doctor's conduct and made a genuine attempt to apologise to the complainant. As a consequence I did not uphold this complaint. I hope that our careful consideration of this complaint and the findings that the care and treatment were appropriate provide some reassurance to the complainant.

THE COMPLAINT

1. The complainant raised concerns about the actions of the South Eastern Health and Social Care Trust (the Trust) in relation to the care and treatment provided to her mother (the patient) at Lagan Valley Hospital (LVH) on 31 August and 1 September 2021.

Background

2. The patient attended the Emergency Department (ED) of LVH on 31 August 2021 with abdominal pain. The attending doctor ordered an abdominal x-ray. Based on the result of the x-ray, he diagnosed her as suffering from constipation. He administered a phosphate enema¹ and discharged her.
3. The patient remained ill overnight and experienced further abdominal pain, and nausea. She returned to LVH the following day. The attending doctor again diagnosed her as suffering from constipation. He prescribed anti-emetics² for her nausea and discharged her.
4. The patient continued to experience abdominal pain and vomiting. She attended the ED at the Ulster Hospital on 2 September. She remained in the Ulster Hospital overnight. Treating clinicians concluded she had abnormal gut motility³ and possible mild colitis⁴.

Issue(s) of complaint

5. I accepted the following issue of complaint for investigation:
Whether the care and treatment provided to the patient by Lagan Valley Hospital on 31 August and 1 September 2021 was reasonable and in accordance with relevant standards?

¹ A fluid that is placed in the rectum through the anus to clear the bowel

² A type of medicine that may be used to relieve nausea and vomiting

³ The contraction of the muscles that mix and propel contents in the gastrointestinal tract.

⁴ An inflammation of the inner lining of the colon.

INVESTIGATION METHODOLOGY

6. In order to investigate this complaint, the Investigating Officer obtained from the Trust all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Trust's complaints process.

Independent Professional Advice Sought

7. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):
 - Consultant in Emergency Medicine. An active clinician in Emergency Medicine with 24 years' experience working in this field. Over 70 published peer reviewed articles on various aspects of emergency medicine, prehospital care and aeromedical critical care transport. Contributes to several Scottish, UK national and international groups concerned with delivery of emergency and prehospital care. Has undertaken specific training on medicolegal report writing, and worked with the GMC on test of competence question writing and OSCE conduct

I enclose the clinical advice received at Appendix two to this report.

8. The information and advice which informed the findings and conclusions are included within the body of this report. The IPA provided 'advice'. However, how I weighed this advice, within the context of this particular complaint, is a matter for my discretion.

Relevant Standards and Guidance

9. To investigate complaints, I must establish a clear understanding of the standards, both of general application and those specific to the circumstances of the case. I also refer to relevant regulatory, professional, and statutory guidance.

The general standards are the Ombudsman's Principles⁵:

- The Principles of Good Administration

10. The specific standards and guidance referred to are those which applied at the time the events occurred. These governed the exercise of the administrative functions and professional judgement of those individuals whose actions are the subject of this complaint.

The specific standards and guidance relevant to this complaint are:

- The General Medical Council's Good Medical Practice, updated April 2014 (the GMC Guidance);
- The National Institute for Health and Care Excellence (NICE) Clinical Knowledge Summaries (CKS): Constipation November 2020 (NICE CKS Constipation);
- The National Institute for Health and Care Excellence (NICE) Clinical Guideline (CG174), Intravenous fluid therapy in hospital updated May 2017 (NICE CG174); and
- Royal College of Emergency Medicine (RCEM) Quality in Emergency Care Committee Standard, Consultant Sign-Off June 2016 (RCEM Consultant Sign-Off).

I enclose relevant sections of the guidance considered at Appendix three to this report.

11. I did not include all information obtained in the course of the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.

12. A draft copy of this report was shared with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations. The complainant accepted the report's findings that the care and treatment the Trust provided to the patient was appropriate. She said she was happy the report acknowledged that the doctor's behaviour towards the

⁵ These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

patient in the ED on 31 August 2021 was not acceptable. The Trust stated it had no comments to make.

THE INVESTIGATION

Whether the care and treatment provided to the patient by Lagan Valley Hospital on 31 August and 1 September 2021 was reasonable and in accordance with relevant standards?

Detail of Complaint

13. The complainant questioned the attending doctor's diagnosis of constipation on 31 August. She said the patient was severely dehydrated and the Trust failed to put her on a drip. She said a nurse told her that her mother's blood results would take 48 hours to come through. She said this was incorrect and that she was able to get the results within five minutes of phoning the Haematology Department. She said the attending doctor was rude and dismissive towards the patient, who felt humiliated. The patient questioned the Trust's decision to discharge the patient on 31 August. She said the Trust did not x-ray the patient a second time to check if the enema had cleared any abdominal blockage on 31 August. She said the patient remained '*desperately sick*' overnight and the following day. She said when the patient returned to LVH on 1 September a different doctor repeated the diagnosis of constipation. The complainant said the doctor gave the patient laxatives and sent her home. She questioned this decision. The complainant said that during the night of 1 September the complainant vomited approximately 300ml of bile. She said the family had to call an ambulance which took the patient to the Ulster Hospital.

Evidence Considered

Legislation/Policies/Guidance

14. I considered the following guidance:
- RCEM Consultant Sign-Off

The Trust's response to investigation enquiries

15. The Trust stated the x-ray of the patient's abdomen taken on 31 August indicated '*faecal loading consistent with constipation*' and that the patient

'responded to treatment' after clinicians administered the phosphate enema. It further stated that the patient's observations taken during triage were normal. The patient's blood tests showed *'no acute deterioration'* or *'biochemical evidence'* of dehydration and the attending doctor documented the patient's bloods on 31 August. It clarified that the complainant's belief that a nurse told her the results would take 48 hours was a *'misinterpretation'* and the nurse was referring to results of the patient's urine test.

16. The Trust stated there was no evidence of *'abnormalities'* in relation to the patient's nursing observations in triage. Nursing staff observed *'a good effect'* following the administration of the phosphate enema. It stated it was not *'standard practice'* to take another x-ray following the enema, as the results could be determined by *'clinical observation'*.
17. The Trust acknowledged the doctor who attended the patient on 31 August used *'wholly unacceptable'* and *'disrespectful'* language. It stated the doctor provided a letter of apology to the complainant and that the Trust reiterated this apology. It explained the doctor no longer worked for the Trust.
18. The Trust stated it provided the patient with antiemetic medication to counteract her nausea on 1 September. This *'seem[ed] reasonable'* as the patient had not reported vomiting and would therefore be able to *'retain'* the medication. In relation to the complainant's concern the Trust did not give the patient intravenous fluids for dehydration, it stated she was able to take fluid orally, therefore a *'drip would not...be necessary'*. It concluded that clinical staff did not believe *'admission for further investigation or treatment'* was needed on either 31 August or 1 September.

Discussion with complainant

19. The Investigating Officer spoke several times with the complainant who emphasised how well the Trust had treated the patient generally over the years and how she held the NHS in high regard. However, she remained unhappy with the attending doctor's behaviour towards the patient on 31 August. She felt the Trust's apology was not sincere and that the doctor should have apologised

in person.

Relevant Independent Professional Advice

31 August

20. In relation to 31 August, the IPA advised the following: the examinations carried out by ED staff on 31 August were '*appropriate*' for an older person presenting with abdominal pain. A patient over 70 with abdominal pain presents '*a higher risk*' and would require review by a senior doctor. The attending doctor discussed the case with a consultant on 31 August. The patient's blood tests indicated '*chronic...long term kidney impairment*' and not an acute kidney problem caused by dehydration. There were no physical signs of '*severe dehydration*' documented in the ED notes. The patient's abdominal x-ray showed faecal loading throughout the patient's upper and lower abdomen. The IPA concluded this was '*consistent*' with a diagnosis of constipation and the Trust's decision to treat it with a phosphate enema was '*reasonable and appropriate*' and it was '*appropriate*' to discharge the patient on 31 August.

1 September

21. In relation to 1 September, the IPA advised the following: a second doctor assessed the patient when she returned to the ED on 1 September. Any patient returning to the ED within 72 hours presents as '*higher risk*' and should be reviewed by a senior clinician. The attending doctor discussed the case with '*the duty consultant*' in accordance with the relevant guidance. However, the patient's history '*remained unchanged*' from her previous presentation and it was therefore reasonable for the attending doctor not to repeat the tests from the day before. The attending doctor appropriately prescribed anti-emetic medication to treat the patient's nausea. The IPA concluded it was appropriate to discharge the patient on 1 September.
22. The IPA advised that when the patient was admitted to the Ulster Hospital on 2 September, attending clinicians did not really '*get to the bottom*' of what was causing her abdominal pain. He described abdominal pain in elderly people as a '*diagnostic minefield*'. However, he reiterated that despite this he felt that the original diagnoses of constipation on 31 August and 1 September were

reasonable at the time.

Analysis and Findings

31 August

23. I acknowledge and sympathise with the complainant's continuing upset over the attending doctor's behaviour towards the patient on 31 August. However, while I acknowledge his conduct was unacceptable, I consider the Trust made a genuine attempt to apologise to the complainant. In addition, as the doctor now works elsewhere, I am satisfied the Trust cannot instruct the doctor to make a further apology, in person, as the complainant has requested.
24. The complainant was concerned the Trust did not provide the patient with appropriate treatment on 31 August. She questioned the Trust's diagnosis of constipation and its decision to discharge the patient. The IPA advised the Trust carried out '*appropriate*' examinations on 31 August to investigate the source of the patient's abdominal pain. He also advised that the attending doctor correctly consulted with a senior doctor about the patient's presentation, as she was '*higher risk*'. While I acknowledge the complainant's concern that the patient was dehydrated, the IPA advised there was no indication of this in her ED notes. The IPA advised that the Trust's diagnosis of constipation was '*reasonable*' at the time, and it was '*appropriate*' to treat her by means of a phosphate enema. He further advised it was appropriate to discharge her after administering the enema. I accept the IPA's advice.

1 September

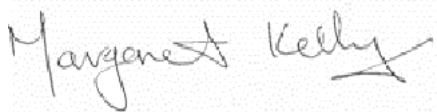
25. I acknowledge the complainant's account that the patient remained '*desperately sick*' following her discharge from LVH on 31 August. However, I note the IPA's advice that her history '*remained unchanged*' from the previous day. The IPA advised that the attending doctor carried out a complete assessment and examination and appropriately consulted with a senior doctor. The IPA advised that the doctor's diagnosis of constipation was reasonable at the time, and he appropriately prescribed anti-emetics to treat the patient's nausea. On this basis he advised it was appropriate to discharge the patient on 1 September.

Overall

26. I considered the IPA's advice and I am satisfied that on 31 August and 1 September, the Trust carried out appropriate assessments and examinations to investigate the source of the patient's abdominal pain. In addition, I am satisfied the treatment the Trust provided to the patient was reasonable and that its diagnosis of constipation was consistent with the results of the abdominal x-ray. Furthermore, I accept the IPA's advice that it was reasonable to discharge the patient under these circumstances. Therefore, I do not uphold this issue of complaint.

CONCLUSION

27. I received a complaint about the actions of the Trust. The complainant raised concerns about the care and treatment the Trust provided to patient in the ED at LVH on 31 August and 1 September 2021. I conclude that the care and treatment, provided to the patient on these occasions was appropriate, reasonable and in accordance with relevant standards, guidance and practice.
28. I find no failings resulting in injustice to the patient or the complainant, therefore I do not uphold this complaint. However, I hope that our careful consideration of this complaint and the findings that the care and treatment were appropriate provide some reassurance to the complainant.



Margaret Kelly
Ombudsman

June 2023

Appendix 1

PRINCIPLES OF GOOD ADMINISTRATION

Good administration by public service providers means:

1. Getting it right

- Acting in accordance with the law and relevant guidance, with regard for the rights of those concerned.
- Acting in accordance with the public body's policy and guidance (published or internal).
- Taking proper account of established good practice.
- Providing effective services, using appropriately trained and competent staff.
- Taking reasonable decisions, based on all relevant considerations.

2. Being customer focused

- Ensuring people can access services easily.
- Informing customers what they can expect and what the public body expects of them.
- Keeping to its commitments, including any published service standards.
- Dealing with people helpfully, promptly and sensitively, bearing in mind their individual circumstances
- Responding to customers' needs flexibly, including, where appropriate, co-ordinating a response with other service providers.

3. Being open and accountable

- Being open and clear about policies and procedures and ensuring that information, and any advice provided, is clear, accurate and complete.
- Stating its criteria for decision making and giving reasons for decisions
- Handling information properly and appropriately.
- Keeping proper and appropriate records.
- Taking responsibility for its actions.

4. Acting fairly and proportionately

- Treating people impartially, with respect and courtesy.
- Treating people without unlawful discrimination or prejudice, and ensuring no conflict of interests.
- Dealing with people and issues objectively and consistently.
- Ensuring that decisions and actions are proportionate, appropriate and fair.

5. Putting things right

- Acknowledging mistakes and apologising where appropriate.
- Putting mistakes right quickly and effectively.
- Providing clear and timely information on how and when to appeal or complain.
- Operating an effective complaints procedure, which includes offering a fair and appropriate remedy when a complaint is upheld.

6. Seeking continuous improvement

- Reviewing policies and procedures regularly to ensure they are effective.
- Asking for feedback and using it to improve services and performance.
- Ensuring that the public body learns lessons from complaints and uses these to improve services and performance.

