



Northern Ireland

**Public Services**

Ombudsman

# **Investigation of a complaint against the Belfast Health & Social Care Trust**

**Report Reference: 202004470**

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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:** 202004470

**Listed Authority:** Belfast Health and Social Care Trust

## **SUMMARY**

This complaint was about care and treatment the Belfast Health and Social Care Trust (the Trust) provided to the complainant's daughter (the patient) following her spinal surgery in 2017.

The investigation did not identify any failures in the Trust's care and treatment of the patient in this instance.

While the investigation did not identify any failings, I hope it brings some reassurance to the complainant knowing the Trust acted in accordance with relevant standards and guidance.

## THE COMPLAINT

1. This complaint was about care and treatment the Belfast Health and Social Care Trust (the Trust) provided to the patient in January 2017. The complainant is the patient's mother.

### Background

2. The patient lived with syringomyelia<sup>1</sup> and Chiari malformation<sup>2</sup>. She underwent neurosurgery for the condition in 2013. The patient experienced significant postoperative nausea and vomiting from the morphine administered following the procedure. She was also allergic to non-steroidal anti-inflammatory drugs<sup>3</sup> (NSAIDs).
3. The patient also lived with scoliosis<sup>4</sup> and underwent spinal surgery at the Royal Belfast Hospital for Sick Children (the hospital) on 24 January 2017. Clinicians prescribed fentanyl<sup>5</sup>, along with other pain medication, for the patient post-surgery as analgesia. The patient self-administered the medication using patient-controlled analgesia<sup>6</sup> (PCA). This continued until 30 January 2017 when clinicians stopped administering fentanyl.
4. Following a review in September 2020, the patient's neurosurgeon recorded that the patient experienced post-traumatic stress disorder<sup>7</sup> (PTSD). A paediatrician also recorded this diagnosis in her clinical letter in November 2021. However, the Trust said its clinical psychologist did not diagnose the patient with PTSD.

### Issue of complaint

5. I accepted the following issue of complaint for investigation:

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<sup>1</sup> A neurological disorder in which a fluid-filled cyst (syrinx) forms within the spinal cord.

<sup>2</sup> Where a part of the cerebellum at the back of the skull bulges through a normal opening in the skull where it joins the spinal canal.

<sup>3</sup> Medicines that are widely used to relieve pain, reduce inflammation, and bring down a high temperature.

<sup>4</sup> Abnormal lateral curvature of the spine.

<sup>5</sup> A potent synthetic opioid drug used as an analgesic (pain relief).

<sup>6</sup> When pain relief is needed, the patient can receive a preset dose of pain medicine by pressing a button on a computerised pump that is connected to a small tube in the body.

<sup>7</sup> Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event, either experiencing it or witnessing it.

**Whether the care and treatment the Trust provided to the patient post-surgery in January 2017 was appropriate, reasonable, and in accordance with relevant procedures, guidance and standards.**

## **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):
  - A Consultant in Paediatric Anaesthesia with 28 years' experience of acute paediatric pain management.
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. In order 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 Principles<sup>8</sup>:

- The Principles of Good Administration

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<sup>8</sup> These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

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 Belfast Health and Social Care Trust's Clinical Guideline: Patient controlled analgesia (PCA) and Nurse controlled analgesia (NCA) in children (0-16 years) in RBHSC, February 2016, SG 19/16 (The BHSCT Clinical Guideline SG 19/16);
- The Belfast Health and Social Care Trust's Clinical Guideline: Clinical Record Keeping, updated December 2017, SG 25/08, (The BHSCT Clinical Guideline SG 25/08); and
- The Belfast Health and Social Care Trust's Clinical Guideline: Assessment and Management of Withdrawal Syndrome associated with Paediatric Intensive Care Unit admission, June 2015, SG 19/15, (The BHSCT Clinical Guideline SG 19/15).

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 INVESTIGATION**

**Whether the care and treatment the Trust provided to the patient post-surgery in January 2017 was appropriate, reasonable, and in accordance with relevant procedures, guidance and standards. In particular, this considered:**

- **Post-surgery care.**
- **PTSD diagnosis.**

### **Detail of Complaint**

13. The complainant said the Trust stopped administering fentanyl immediately rather than weaning the patient off it. She believed the Trust should have gradually reduced the medication over time to prevent withdrawal symptoms.
14. The complainant said the patient experienced severe headaches and mental health issues following her spinal surgery in January 2017.
15. The complainant raised a further concern that the Trust was *'incorrect'* to state that it did not diagnose the patient with PTSD.

### **Evidence Considered**

#### **Legislation/Policies/Guidance**

16. I considered the following guidance:
  - GMC Guidance
  - The BHSCT Clinical Guideline SG 19/16
  - The BHSCT Clinical Guideline SG 25/08
  - The BHSCT Clinical Guideline SG 19/15.

### **The Trust's response to investigation enquiries**

#### *Fentanyl*

17. The Trust stated it experienced specific difficulties with this patient's case which included her intolerance for morphine, and her allergy to NSAIDs. Given the patient could not take this medication, it instead offered her tramadol<sup>9</sup>. However, the parents refused the medication, and the patient did not take it.

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<sup>9</sup> A strong painkiller from a group of medicines called opiates, or narcotics. It is used to treat moderate to severe pain, for example after an operation or a serious injury.



Not taking this oral medication may have caused any acute withdrawal experienced.

18. The Trust stated it is extremely rare for patients to experience acute opiate withdrawal after taking it for six days, even if it is not gradually reduced. It is routine practice to stop fentanyl under seven days without weaning.
19. The Trust stated it did not assess the patient using the Sophia Observation of Withdrawal Symptoms Scoring System<sup>10</sup>. Nor was there any record of staff escalating concerns to the consultants. However, the registrars involved did not consider the patient's symptoms were due to withdrawal from opiates. They did not intervene on that basis.
20. The Trust further stated that whilst it cannot be completely certain the patient experienced withdrawal symptoms, clinicians feel there is enough evidence to support that this may have been the case. Therefore, it has put learning in place to prevent something similar occurring in the future.

#### *PTSD diagnosis*

21. The Trust acknowledge that one of the patient's consultants stated in a clinical letter that '*a working diagnosis of PTSD has been made*'. However, there was nothing in the notes to confirm such a diagnosis. It apologised for any confusion regarding this.

#### **Relevant Independent Professional Advice**

22. I enclose the IPA's advice at appendix two to this report. I have outlined my consideration of that advice in the analysis and findings below.

#### **Analysis and Findings**

##### *Fentanyl*

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<sup>10</sup> The Sophia Observation withdrawal Symptoms scale is an instrument for screening benzodiazepine and opioid withdrawal syndrome in paediatric critical care patients.

23. The complainant was concerned the Trust did not wean the patient off fentanyl following her surgery in January 2017. The records evidence the Trust administered to the patient both a background dose<sup>11</sup> of fentanyl and PCA fentanyl during her recovery.
24. The records evidence that the Trust removed the background dose of fentanyl four days after the patient's surgery. It completely stopped the patient's PCA fentanyl after a further 24 hours<sup>12</sup>. The IPA advised that as the Trust first removed the background dose of fentanyl, there was a period of weaning. However, the Trust was unable to taper the PCA fentanyl during the 24 hour period because the patient controlled it herself and decided when to administer it.
25. The IPA advised the decision to stop the fentanyl in this manner was appropriate. He advised that the Trust administered fentanyl longer than what he considered normal practice. However, he considered this was appropriate because the Trust could not change the prescription to an oral analgesic due to the patient's intolerance to morphine and allergy to NSAIDs. I also note the Trust offered the patient tramadol as an oral analgesic. However, the patient's parents were *'not keen'* on using it.
26. The records evidence the Trust discharged the patient 24 hours after stopping the PCA fentanyl. The IPA advised that during this time, the patient *'did not display any withdrawal symptoms.'* Therefore, he did not consider the patient's symptoms were due to stopping fentanyl. He advised, *'In my opinion the patient had developed opioid induced hyperalgesia'(OIH).*<sup>13</sup> which likely caused the patient to become agitated. In response to the draft report, the complainant commented that *'Lara became unsettled after the fentanyl was taken down and not before'*, and that she became so unsettled that hospital staff had to strap her into a wheelchair and wheel her around the hospital to calm down. She also commented a nurse suggested she take the patient home as a result. I

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<sup>11</sup> A background dose in a PCA is when a small amount of the pain-relieving medicine is given all the time as well as the extra doses given when the button is pressed.

<sup>12</sup> Meaning, the patient's PCA did not contain fentanyl after this time.

<sup>13</sup> A person with OIH may feel a lot of pain even if a health problem or injury is not getting worse. They may even start to feel pain from things that don't often cause pain. The pain may also spread throughout the body.

acknowledge the complainant's perspective and version of events. However, there is no record of the hospital needing to take such measures in the patient's medical notes. I therefore accept the IPA's advice regarding the patient's medications and post-operative care.

27. I note the IPA's statement that '*Posterior spinal fusion for correction of scoliosis is one of the most painful procedures undertaken in children. The pain management is challenging and is more difficult in young adolescent patients.*' However, I note the IPA did not identify any failures in the Trust's decision to stop administration of fentanyl in the manner outlined. I accept his advice and am satisfied the post operative pain management of the patient was appropriate and in accordance with relevant guidance. I have not identified a failure in the Trust's care and treatment of the patient. I do not uphold this element of the complaint.
28. While I have not identified a failure, I wish to draw the Trust's attention to the IPA's advice that the patient likely experienced opioid induced hyperalgesia. I would ask the Trust to reflect on the IPA's advice regarding the identification of similar cases in future.

#### *PTSD diagnosis*

29. The complainant said the Trust denied it diagnosed the patient with PTSD following her spinal surgery. This was despite two of its consultants including reference to it in letters to the patient's GP.
30. One of the clinical letters referred to, dated 28 September 2020, documented that the patient had a '*working diagnosis*' of PTSD. The IPA advised a working diagnosis is a '*considered condition that one or more healthcare professionals have determined to be the most consistent with the currently known observed signs and symptoms*'.
31. A second letter from a consultant paediatrician to the patient's GP documented, '*Parents report [patient] has been diagnosed with PTSD.*'

32. The first consultant's letter appears to suggest the Trust was considering a PTSD diagnosis. However, I note there is no evidence in the patient's records to suggest her clinical psychologist made a formal diagnosis following her spinal surgery. The Trust explained that the consultant did not copy the letter to the patient's clinical psychologist. Therefore, she was unable to correct the consultant. This then led to the patient's parents relaying their understanding to the consultant paediatrician.
33. I note the complainant believed the patient's experience of the events following her surgery caused her to develop PTSD. However, the IPA advised that as the patient did not take either fentanyl or diazepam for a long period (fentanyl for six days, diazepam for 36 hours), it was unlikely the medication contributed to her subsequent mental health concerns.
34. Whilst there appears to be some confusion surrounding a diagnosis of PTSD for the patient, my investigation has not identified any documentary evidence of the Trust having made such a diagnosis. Therefore, I consider it was appropriate for the Trust to inform the complainant as such. In her comments on the draft report, the complainant said the patient's clinical psychologist told her the patient had PTSD. However, I note that clinician denied doing so.
35. I have not identified a failure in care and treatment, and do not uphold this issue of complaint.

## **CONCLUSION**

36. This complaint was about medication administered to the patient following her spinal surgery in 2017. The complainant was also concerned that the Trust denied it diagnosed the patient with PTSD.
37. I did not identify a failure in the Trust's care and treatment of the patient. I therefore did not uphold this complaint.
38. Throughout my examination of this complaint, I recognised the pain and trauma the patient experienced following her surgery. It is clear from my reading of the records how involved the complainant was in the patient's care and I recognise

how upsetting this experience has been for her. I hope this report goes some way to address the complainant's concerns. I recognise the complainant may not agree with my conclusion. However, I wish to assure her I reached it only after my full consideration of the facts of this case.

**MARGARET KELLY**  
**Ombudsman**

**July 2024**

## 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.

**OFFICIAL – PERSONAL**