



Northern Ireland
Public Services
Ombudsman

Investigation of a complaint against the Western Health & Social Care Trust

Report Reference: 202005425

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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: **202005245**

Listed Authority: **Western Health & Social Care Trust**

SUMMARY

This complaint was about care and treatment the Western Health & Social Care Trust (the Trust) provided to the complainant's late father (the patient) following his admission to hospital on 19 April 2022 until his passing on 28 April 2022.

The complainant believed clinicians ceased his treatment of antibiotics too early and this contributed to his rapid deterioration. She was also concerned doctors did not do enough to monitor and investigate his condition.

The investigation found the Trust acted in accordance with guidance and provided appropriate care and treatment to the patient. It found the Trust treated the patient with medication in accordance with relevant guidance. It also found the Trust performed appropriate diagnostic investigations. In doing so, it acted in accordance with relevant GMC guidance.

I extend my deepest condolences to the complainant for the loss of her father.

THE COMPLAINT

1. This complaint was about care and treatment the Western Health & Social Care Trust (the Trust) provided to the patient following his admission to hospital on 19 April 2022. The complainant is the late patient's daughter.

Background

2. On 18 February 2022, a GP diagnosed the patient with symptomatic anaemia¹. The Trust admitted him to Altnagelvin Area Hospital where he remained on a ward until 10 March 2022. The Trust discharged the patient to a care home as a bridging measure pending his return home.
3. On 14 April 2022, the patient tested positive for COVID-19 whilst residing in the care home. He remained asymptomatic² until 17 April 2022 when he became unwell. His condition thereafter deteriorated.
4. On 18 April 2022, care home staff called for an ambulance which transported the patient to the Emergency Department of Altnagelvin Area Hospital. Clinicians diagnosed him with community acquired pneumonia³ and admitted him to a ward early the following morning.
5. The patient initially responded to treatment. However, he subsequently contracted hospital acquired pneumonia⁴ and sadly passed away in hospital on 28 April 2022.

Issue of complaint

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

Whether the Western Health & Social Care Trust provided the patient with the appropriate care and treatment subsequent to his re-admission to hospital on 19 April 2022.

¹ A condition in which the number of red blood cells is lower than normal.

² Displaying no symptoms.

³ Pneumonia contracted whilst the patient was outside the healthcare system.

⁴ A lung infection developing in people who have been hospitalised, typically 48-72 hours after admission.

INVESTIGATION METHODOLOGY

7. 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.

Independent Professional Advice Sought

8. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):
 - A consultant geriatrician with over 23 years of experience in that role. Holds the following qualifications: MB, MSc, MD, FRCP, FRCPEdin, FRCPGlasg, FRCP(I) and Dip Card RPMS.

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

9. I include the information and advice which informed the findings and conclusions 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

10. 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 Principles⁵:

- The Principles of Good Administration
11. 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.

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

The specific standards and guidance relevant to this complaint are:

- The General Medical Council's Good Medical Practice, updated November 2020 (the GMC Guidance);
- NHS Guidance on Pneumonia, September 2021, (NHS Guidance on Pneumonia);
- National Institute for Health and Care Excellence (NICE) British National Formulary (BNF) Guidance on Oxygen (undated), (NICE BNF Guidance on Oxygen);
- National Institute for Health and Care Excellence (NICE) British National Formulary (BNF) Guidance on Piperacillin with tazobactam, (undated), (NICE BNF Guidance on Piperacillin with tazobactam);
- National Institute for Health and Care Excellence (NICE) guidance on Pneumonia (community acquired): antimicrobial prescribing, 16 September 2019, (NICE NG 138)

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

12. 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.
13. 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 Western Health & Social Care Trust provided the patient with the appropriate care and treatment subsequent to his re-admission to hospital on 19 April 2022

The medication administered to the patient

Detail of Complaint

14. The complainant said it was “*impossible*” to cope with the patient’s death as the family had “*insufficient understanding*” of what happened. She believed the patient died due to a “*failing*” in his care. She wanted to know if his care was “*appropriate*”, especially in the final days before he died. She was concerned that he appeared to improve when doctors gave him antibiotics but deteriorated when they ended that treatment. She considered the doctors ended that treatment too soon.

Trust’s response to investigation enquiries

15. The Trust said it treated the patient for COVID-19 as well as a lung infection. That treatment included antibiotics, antivirals and steroids as “*per protocol*”. The patient had a “*reasonably good response*” and “*started to improve*” but his condition deteriorated “*quickly*” due to contracting hospital acquired pneumonia.

Relevant Trust records

16. I completed a review of the documentation the complainant submitted in support of the complaint; the documentation the Trust provided in response to my investigation enquiries; and the patient’s clinical records relating to the antibiotic treatment provided.
17. Based on my review of the documentation and records, I compiled a chronology of key events. This chronology is at Appendix Four to this report.

Relevant Independent Professional Advice

18. I considered the advice I obtained from the IPA. The advice related to treatment the Trust provided to the patient during his time in hospital. I enclose the IPA advice at Appendix Two to this report.

Analysis and Findings

19. Records document the Trust admitted the patient to hospital on 19 April 2022. At that time, he had a productive cough and mild low-grade fever. He was agitated and confused. Records show doctors diagnosed COVID-19 pneumonitis⁶ and community acquired pneumonia (CAP)⁷. GMC guidance requires clinicians to “*adequately assess*” the patient’s conditions, taking into account their history, including

⁶ General inflammation of lung tissue.

⁷ Pneumonia acquired outside of the healthcare system.

symptoms. NHS Guidance on Pneumonia lists symptoms of pneumonia similar to those displayed by the patient on 10 April 2022, including a productive cough, high temperature and confusion. The IPA advised clinicians acted appropriately in making their diagnosis. Given the patient's history and condition, he advised that was the "*correct*" finding. Having reviewed the records and relevant guidance, I accept that advice.

20. GMC guidance requires doctors to promptly provide "*suitable*" treatment. NICE NG138 requires clinicians to start antibiotic treatment "*as soon as possible*" after diagnosing CAP, and certainly "*within four hours*". It requires clinicians to consider prescribing a combination of antibiotics in high-risk cases based on clinical judgement. Records show clinicians commenced treating the patient with two forms of intravenous antibiotic shortly after admission. The IPA advised the choice of antibiotic and the timing of the commencement of the treatment was appropriate. Having reviewed the records and relevant guidance, I accept that advice.
21. Records reflect clinicians treated the patient with antibiotics for seven days. The IPA advised this "*sufficed*" for "*clearing*" the chest infection which clinicians confirmed by x-ray examination on 25 April 2022. NG138 recommends clinicians should only prescribe antibiotics for the shortest duration likely to be effective as that minimises antimicrobial resistance and reduces the possibility of adverse reactions. The IPA advised further treatment with antibiotics beyond 25 April 2022 at that time was "*not indicated*"⁸ and would have been "*deleterious*" for the patient. Having reviewed the records, I accept that advice.
22. Records show the patient's demand for oxygen increased on 27 April 2022. The IPA advised this "*likely*" indicated the onset of bronchopneumonia⁹. Clinicians performed an x-ray for the patient the following day at 10:03 which showed a "*patchy consolidation*"¹⁰. The IPA advised this confirmed bronchopneumonia. Records evidence clinicians immediately commenced the patient on a course of intravenous antibiotics called Tazocin¹¹. The NICE BNF guidance on Piperacillin with tazobactam, for which Tazocin is a brand name, advises this treatment in cases of hospital

⁸ Advisable.

⁹ A subtype of pneumonia in which the bronchi (tubes carrying air from windpipe to lungs) are acutely inflamed, accompanied by inflamed patches of the nearby lobules (divisions) of the lungs.

¹⁰ When air in the small airways of the lung is replaced by fluid or other materials, often indicative of pneumonia.

¹¹ An antibiotic in the group broad-spectrum penicillin.

acquired pneumonia.¹² The IPA advised Tazocin was the “*correct*” antibiotic to give the patient and that the timing was “*appropriate*”. I accept that advice.

23. In summary, the complainant was concerned the patient deteriorated very quickly because clinicians did not treat him appropriately and stopped his antibiotics too soon. The IPA advised clinicians were “*correct*” to cease the initial treatment of antibiotics after seven days. He also advised they acted appropriately when they commenced the provision of another form of antibiotic following the results of an x-ray examination. The IPA advised the patient was “*particularly vulnerable*” given his long-standing COPD and interstitial lung disease. He advised it “*most unlikely*” that other treatment would have changed the outcome. Having reviewed the records and relevant guidance, I accept that advice. As I have not identified a failure in the patient’s care and treatment, I do not uphold this element of the complaint.
24. I appreciate that stopping the patient’s antibiotics after what appeared like a short period caused the complainant and her family concern. However, my investigation has established that the Trust’s actions in doing so were appropriate and in accordance with relevant standards and guidance. I hope this provides the complainant and her family an element of reassurance.

Clinical investigations including the timing of the CT scan¹³

Detail of Complaint

25. The complainant said there was an “*absence*” of investigations in the patient’s treatment in hospital. She wanted to know if his care was “*appropriate*”, especially in the final days before he died.

Trust’s response to investigation enquiries

26. The Trust said it carried out a number of investigations. This included three x-ray examinations of his chest, and one CT scan of his lungs, abdomen and pelvis. The CT scan was to rule out cancer being a cause of his weight loss and anaemia¹⁴.

¹² Lung condition acquired at least 48 hours after admission to hospital.

¹³ Computed tomography scan using rotating x-ray tubes to obtain detailed internal images of the body.

¹⁴ A lack of healthy red blood cells to carry oxygen to the body’s tissues.

Relevant Trust records

27. I completed a review of the documentation the complainant submitted in support of the complaint; the documentation the Trust provided in response to my investigation enquiries; and the patient's clinical records relating to the investigations undertaken.
28. Based on my review of the documentation and records, I compiled a chronology of key events. This chronology is at Appendix Four to this report.

Relevant Independent Professional Advice

29. I considered the advice I obtained from the IPA. The advice related to investigations undertaken during the patient's stay in hospital. I enclose the IPA advice at Appendix Two to this report.

Analysis and Findings

30. GMC guidance requires clinicians to "*promptly*" provide "*suitable*" investigations "*where necessary*". NICE QS 110 requires hospital clinicians to investigate suspected lung infections by performing a chest x-ray. Records document clinicians performed a total of three chest x-ray examinations for the patient. The IPA advised that in doing so, hospital doctors acted appropriately.
31. Clinicians performed the first x-ray on 19 April 2022; the day of the patient's admission to a ward. The IPA advised the results indicated a lung infection which directed the doctors' actions in administering the antibiotics. Records show doctors performed the second chest x-ray upon completion of the initial course of antibiotics on 25 April 2022. The IPA advised this was "*appropriate*" as it confirmed the antibiotics had successfully treated the infection.
32. Records show the clinicians performed a third chest x-ray on 28 April 2022 when the patient's requirement for oxygen increased. The IPA again advised this was "*appropriate*" as it allowed clinicians to diagnose pneumonia and commence further treatment with antibiotics. He advised the patient did not require additional x-rays during his admission.
33. Records show clinicians performed a CT scan for the patient on 27 April 2022. However, this scan was to rule out a malignancy¹⁵ as the cause of the patient's

¹⁵ Presence of cancerous cells.

weight loss and anaemia. It was not related to the patient's diagnosis of pneumonia. The IPA advised there was no benefit to the patient in having a CT scan before 27 April 2022. He advised the doctors' priority before that time was diagnosing and treating the patient's lung infections for which x-rays were "*better*" suited. This is in line with NICE NG 138 which recommends x-rays, rather than CT scans, as the diagnostic tool for pneumonia.

34. I appreciate the complainant's concern about the investigative tests undertaken for the patient. However, I accept the IPA's advice that the Trust carried out appropriate investigations of the patient at the appropriate time. Therefore, I consider the Trust acted in accordance with GMC Guidance. As I have not identified a failure in care and treatment, I do not uphold this element of the complaint.

CONCLUSION

35. I received a complaint about care and treatment the Trust provided to the patient following his admission to hospital on 19 April 2022.
36. Based on my consideration of all the evidence available, I did not identify a failure in the Trust's care and treatment of the patient. I do not uphold the complaint.
37. I acknowledge how distressing the patient's death was for the family, following only three months after the death of the patient's wife. I also acknowledge their great sense of loss. I hope this report addresses the complainant's concerns and goes some way towards reassuring her that the Trust's efforts to treat the patient were reasonable and appropriate. I extend my deepest sympathies to the family for the loss of the patient.

Margaret Kelly
Ombudsman

May 2025

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.

