



Northern Ireland

**Public Services**  
Ombudsman

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

**Report Reference: 202004974**

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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: **202004974**

Listed Authority: **South Eastern Health and Social Care Trust**

## **SUMMARY:**

This complaint was about care and treatment the South Eastern Health and Social Care Trust (the Trust) provided to the patient after he raised concerns an arachnoid<sup>1</sup> cyst in his brain was leaking fluid and caused him to experience a range of debilitating symptoms. The patient disagreed with the Trust's findings that the cyst was benign and there was no evidence the cyst was leaking. He also said the Trust discharged him from its care without conducting appropriate tests.

The investigation found the patient attended consultations within the Trust between 2020 and 2023. It also performed an MRI scan in October 2021 after the patient raised his concerns. The investigation established that the Trust conducted appropriate tests and found no evidence to suggest the cyst was leaking fluid. The investigation found the Trust's actions were in accordance with relevant standards.

I appreciate the patient has grown increasingly concerned about the cause of his symptoms. I hope the information contained within this report reassures him that the Trust's actions were appropriate.

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<sup>1</sup> One of the three meninges, the protective membranes that cover the brain and spinal cord.

## THE COMPLAINT

1. This complaint was about care and treatment the South Eastern Health and Social Care Trust (the Trust) provided to the patient in response to his concern that an arachnoid cyst<sup>2</sup> in his brain was leaking fluid.

### Background

2. The patient had a long-standing history of headaches extending beyond 2009. In 2015, the Trust performed an MRI scan<sup>3</sup> and diagnosed him with an arachnoid cyst in the "*right posterior fossa*"<sup>4</sup>. The Trust said the cyst was "*coincidental*"<sup>5</sup> with his condition.
3. The patient continued to experience varying sensations of pressure in his head, describing it like fluid "*travelling*" down his face and radiating into his teeth, leaving him "*unable to function*". He believed the cyst was "*leaking*" fluid into his face.
4. In 2023, the patient attended for a private MRI scan<sup>6</sup> which showed the cyst had decreased in size. The patient saw this as "*evidence*" the cyst was "*leaking*" through his skull and the fluid "*trapped*" in his face.
5. The Trust informed the patient the cyst was "*not*" leaking. The patient believed this to be a "*misdiagnosis*" and raised a complaint with the Trust.

### Issue of complaint

6. I accepted the following issue of complaint for investigation:
  - **Whether the South Eastern Health & Social Care Trust provided the patient with the appropriate care and treatment relating to his arachnoid cyst which was diagnosed in August 2015.**

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<sup>2</sup> A non-cancerous fluid-filled sac which grows on either the brain or the spinal column. It is the most common form of brain cyst and are often present at birth.

<sup>3</sup> Magnetic Resonance Imaging. A type of scan which uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.

<sup>4</sup> Area at the back of the head just above the neck.

<sup>5</sup> Causally unrelated.

<sup>6</sup> Magnetic Resonance Imaging- scanners use strong magnetic fields and radio waves to generate images of organs inside the body.

## **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 patient raised. This documentation included information relating to the Trust's complaints process.

### **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 neurologist with extensive experience in neurology at a senior level, holding the qualifications MD, PhD and FRCP.

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

9. 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**

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 Principles<sup>7</sup>:

- 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.

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<sup>7</sup> 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);
- British Medical Journal (BMJ) case report on Bell's Palsy in Association with a Cerebellar Arachnoid Cyst, by Mohammed Hasham Ahmad and Tayyib Hayat, published 2015 (BMJ case report on Arachnoid Cyst); and
- Arachnoid Cyst UK fact sheet on arachnoid cysts (undated), (Arachnoid Cyst UK fact sheet).

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 patient and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations.

## THE INVESTIGATION

**Whether the South Eastern Health & Social Care Trust provided the patient with the appropriate care and treatment relating to his arachnoid cyst which was diagnosed in August 2015.**

### Detail of Complaint

14. The patient said:
  - The Trust failed to diagnose that an arachnoid cyst in his head leaked fluid.
  - He disagreed with the diagnosis the cyst was "*benign*"<sup>8</sup> because a private scan "*showed*" it was "*not*" benign. The scan also showed the cyst had decreased size, which was "*evidence*" it was leaking.
  - The Trust discharged him without conducting further tests to "*try and detect*" the leak.

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<sup>8</sup> Non cancerous.

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

15. The Trust said it understood the patient's belief that fluid was leaking from the cyst, but it could not find clinical or radiological evidence to support it.
16. In relation to the cyst changing size, the Trust said:
  - *"Arachnoid cysts can indeed decrease in size".* If that occurs, *"the fluid forms a subarachnoid collection before being resorbed"*.
  - Arachnoid cysts are *"almost always"* benign. They only cause concern by becoming too large and exerting pressure on nearby structures. There has *"never"* been evidence this was the case for the patient.

### **Relevant Trust records**

17. I considered the patient's medical records.

### **Relevant Independent Professional Advice**

18. I enclose the IPA advice at Appendix three to this report.

### **Analysis and Findings**

19. Records confirm the Trust diagnosed the patient with an arachnoid cyst in 2015, which it said was benign. The patient said the Trust was wrong to consider it benign. He believed it instead decreased in size due to it leaking fluid into his face.
20. I have not identified any guidance that suggests all arachnoid cysts are considered benign. However, existing literature, including the BMJ case report on Arachnoid Cysts, describes them as *"benign"* cerebrospinal fluid-filled divisions of the arachnoid layer. The IPA also advised that arachnoid cysts are *"benign"* in that they are not tumours, but sacs filled with spinal fluid. Based on the evidence available, I have no reason to find the Trust's use of the word 'benign' when it described the cyst was inaccurate.
21. In relation to the patient's concern that the cyst leaked fluid, records show the patient reported a diffuse range of symptoms. A chronology table of relevant instances appears at Appendix Four. The patient first stated a belief his symptoms were arising



from “CSF<sup>9</sup> in his brain” on 19 August 2021. In response, the Trust conducted a second MRI scan on 12 October 2021. It found the cyst was “*largely unchanged*” in size. The Trust recorded:

- “there was “*no suggestion*” of CSF leak or collection; and
- there were “*no*” abnormalities with the cyst which would “*explain*” his symptoms.

The IPA advised the scan showed “*no evidence*” the cyst was leaking.

22. The patient said the results of a private MRI scan conducted on 23 February 2023 showed the cyst had decreased in size, which he believed was proof it was leaking fluid into his face. The records evidence the cyst measured “*a maximum*” of 4.1cm in 2015. The results of the private scan from February 2023 showed it measured 2.1cm. Therefore, it is clear the cyst reduced in size. The IPA advised this was “*marginal*” and was “*most likely*” due to the resorption of the fluid rather than it leaking.
23. In response to the patient’s concerns he raised following his private scan, a consultant ENT surgeon reviewed the patient on 31 March 2023. The consultant palpated<sup>10</sup> the buccal<sup>11</sup> area and found “*no*” abnormality. He also told the patient there was “*no*” potential space for fluid to track in the manner he suggested. The Trust did not arrange an additional “*ENT*<sup>12</sup> review” for the patient. The IPA advised it was “*most unlikely*” fluid could leak in the manner the patient suggested.
24. The patient queried if the Trust should have conducted additional tests to confirm his belief that the cyst was leaking fluid. GMC Guidance requires doctors to “*adequately*” assess the patient’s condition and promptly arrange “*suitable*” investigations and treatment where necessary. It also requires clinicians to use “*clinical judgement*” when arranging investigations or treatment. The IPA advised the Trust conducted appropriate investigations and no additional tests were “*required*”. I accept that advice.
25. I appreciate the patient’s concern about the cyst and the impact this worry has on him. However, I consider the Trust appropriately responded to his concerns. In doing

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<sup>9</sup> Cerebrospinal fluid- a clear body fluid found within tissue surrounding brain and spinal cord.

<sup>10</sup> Examined by touching with the fingers.

<sup>11</sup> Buccal- area around the cheeks of the face.

<sup>12</sup> ENT- Ear, Nose and Throat specialists.

so, I am satisfied it met the relevant GMC standard. I therefore do not uphold the complaint.

## **CONCLUSION**

26. I received a complaint about care and treatment the Trust provided to the patient in respect of an arachnoid cyst. The patient believed the cyst was leaking cerebral spinal fluid and this caused him to experience a range of debilitating symptoms. The patient believed the Trust was wrong to tell him the cyst was benign and that it was not leaking.
27. Based on my consideration of all the evidence available, I did not uphold the issue of complaint for the reasons outlined in this report.
28. I acknowledge the concern the patient continues to experience due to the sensation of chronic pains. I appreciate the adverse impact this has on his daily life and that of his family. I also acknowledge his frustration in believing the Trust did not make what he considered to be a correct diagnosis, leading him to pay for a private scan. I hope this report addresses the patient's concerns and goes some way to reassure him that the Trust's diagnosis that the cyst was benign and not leaking fluid was reasonable and appropriate. I wish him well for the future.

**Margaret Kelly**  
**Ombudsman**

**April 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.