# Investigation of a complaint against the Northern Health and Social Care Trust

**Report Reference: 202006867**

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

## SUMMARY

The complaint was about the actions of the Northern Health and Social Care Trust (the Trust). The complainant raised concerns about the care and treatment the Trust provided to her on 12 April 2023 in relation to the treatment of grade two haemorrhoids.

The investigation established failures in the complainant's care and treatment which were:

- The failure to provide the complainant with pain relief on discharge. I consider this failure caused the complainant to sustain the injustice of distress, uncertainty, inconvenience, and a loss of opportunity to receive earlier pain relief.

- The failure to discuss with the complainant the risk and benefits of the proposed surgery during the outpatient appointment to enable her to make a fully informed decision.

I recommended the Trust provide the complainant with a written apology for the injustice caused as a result of the failures I identified in this report. I also made further recommendations for the Trust to address under an evidence supported action plan to instigate service improvements and to prevent any further reoccurrence of the failings identified.

## THE COMPLAINT

1. This complaint was about the actions of the Northern Health and Social Care Trust (the Trust). The complainant raised concerns about the care and treatment she received on 12 April 2023 for haemorrhoids[1].

### Background

2. The complainant had been known to have haemorrhoids for approximately 20 years. In June 2019, her General Practitioner (GP) referred her to the Trust for this condition. The complainant attended an appointment with a Consultant Surgeon on 24 February 2023. At this appointment, the Surgeon noted grade two haemorrhoids[2] with almost circumferential skin tags[3], which may or not have been curable with banding[4]. The Consultant Surgeon added the complainant to the waiting list for examination and possible treatment under general anaesthetic. The Consultant Surgeon also referred the complainant for a flexible sigmoidoscopy[5].

3. The complainant had the surgery on 12 April 2023. The Trust discharged her at approximately 18.00 the same day with laxative treatment. The complainant's GP referred her to the Trust's emergency department (ED) on 17 April 2023 with '*extreme pain'* in the area. The Trust provided the complainant with a cream to treat a fissure[6] and again discharged her.

### Issues of complaint

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

**Whether the care and treatment provided to the complainant by the Trust was appropriate and in accordance with relevant standards and procedures.**

[1] Swollen veins inside your rectum or outside your anus.
[2] Internal haemorrhoids which prolapse, then go back inside the anus spontaneously without interference
[3] A piece of excess tissue around the anus or it the surrounding area.
[4] Tiny rubber bands are place inside the back passage above the piles. This tightens and cuts off the blood supply to the piles.
[5] An exam to see inside the rectum and part of the large intestine.
[6] A tear or crack in the skin.

## INVESTIGATION METHODOLOGY

5. 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

6. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):

    - A General and Colorectal Surgeon with over 20 years experience (IPA).

    I enclose the clinical advice received at Appendix two to this report. I will address the key elements of this advice in the analysis and findings sections.

7. 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

8. 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[7]:

    - The Principles of Good Administration

9. 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.

[7] 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 National Institute for Health and Care Excellence, Management of Haemorrhoids, July 2021; (NICE Haemorrhoid management);
- The General Medical Council, Decision Making and Consent, November 2020 (Consent guidance); and
- The General Medical Council, Good Medical Practice, April 2014 (GMC Good Medical Practice).

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

10. 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.

11. 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 provided to the patient by the Trust was appropriate and in accordance with relevant standards and procedures.**

*Action taken before the operation*

**Detail of Complaint**

12. The complainant believed the Trust failed to properly diagnose and treat her haemorrhoids. The plan was for the complainant to have a sigmoidoscopy[8] prior to any procedure but this did not happen.

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

13. The Trust stated the Consultant Surgeon saw the complainant on 24 February 2023. The decision at this first consultation was to perform either banding or haemorrhoidopexy[9]. This decision was dependent on the findings of the examination

[8] Examination of the lower colon using a sigmoidoscope inserted into the rectum. A sigmoidoscope is a thin tube-like instrument with a light lens for viewing.
[9] Surgery that uses a stapling device to remove hemorrhoidal tissue.

under anaesthetic. It also requested a flexible sigmoidoscopy for the complainant to ensure the rectum and sigmoid was clear. It explained it would not be possible to remove skin tags, as these are soft and not the source of the symptoms.

14. The Trust stated there was a plan to complete a flexible sigmoidoscopy prior to the complainant's procedure but this did not happen. The Consultant Surgeon was fully aware on the day of the procedure that the flexible sigmoidoscopy did not happen and that the complainant agreed to proceed with the procedure. While a flexible sigmoidoscopy would have been beneficial prior to this procedure, it was reasonable to proceed with the operation without this.

**Relevant Trust records**

15. The Trust provided this Office with a copy of the clinic letter dated 24 February 2023.

**Analysis and Findings**

16. The complainant was concerned there was a failure in her diagnosis and treatment of her haemorrhoids.

17. The NICE Haemorrhoid Management guidance states '*secondary care treatment for haemorrhoids may be non-surgical or surgical depending on the severity of symptoms and the degree of prolapse. Non-surgical treatments include rubber band ligation. Surgical treatments include haemorrhoidal artery ligation*[10].'

18. I note the medical records state that when the Trust reviewed the complainant on 24 February 2023 she presented with a history of piles for 20 years with bleeding, itching and occasional constipation.

19. The Trust diagnosed the complainant as having almost circumferential anal skin tags and piles described as multiple first and second-degree piles. It recommended a flexible sigmoidoscopy, laxatives and an examination under anaesthesia, at which time it could perform either a procedure of banding piles or haemorrhoidopexy. It suggested the skin tags were '*soft'* and not the source of the problem.

20. The IPA advised the symptoms of bleeding that are long standing with no other significant symptoms will commonly be due to piles. There should have been some

[10] An operation to reduce the flow of blood to your haemorrhoid(s)

attempt by the Trust to understand the amount and frequency of bleeding and the symptoms of itching. As the symptoms were long standing, the Trust should have sought to understand what outcome the complainant expected. Whilst the bleeding can be a concern, minimal bleeding may not respond well to treatment, and exclusion of other causes for bleeding is more important. Itching is not a specific pile related symptom and can be from causes including skin tags or fungal infection. It is therefore important to consider carefully treatment options including conservative management before surgery.

21. The IPA advised the chosen option here was a surgical procedure '*which is also reasonable'.* The Trust could have offered conservative treatment with the option of surgery, although it was '*not entirely unreasonable to consider the surgical methods mentioned [as] both are within standards of practice.'* However, the records do not contain any documentation of a discussion regarding the pros and cons of treatment options, a description of what was planned surgically, or the risks or benefits of the offered treatment. The Trust also did not provide to the complainant an information leaflet regarding the proposed treatment. The IPA advised this raised concerns about the process of obtaining consent which I will deal with later in the report.

22. In relation to the sigmoidoscopy, the IPA advised the purpose of this was to exclude any other cause of bleeding. I note the IPA's view that ideally the Trust should have performed this before the procedure, however, the complainant had a history of many years without a recent change in symptoms. Local factors of waiting times for procedures may have influenced timing or lack of performance. In this non-urgent situation, a Trust may sometimes defer the investigation. Preferably, the recommendation would be to investigate and proceed to treatment after although alternatively, a Trust can perform an investigation weeks later if symptoms have not improved.

23. The IPA advised the chance that the symptoms were due to any other serious pathology was low. In this case, it appears the sigmoidoscopy was booked but the surgery came first. Recovery from the procedure is usually between one and six weeks and '*therefore given the background history, the balance of risk means the timing or absence of investigation prior to surgery is acceptable*.'

24. Having reviewed all the relevant evidence including the IPA's advice, I am satisfied the diagnosis and treatment plan following the appointment on 24 February 2023 was appropriate and reasonable. I appreciate that a sigmoidoscopy procedure is often performed before surgery. However, I accept the IPA's advice that considering the complainant's background history and balance of risk, it was appropriate to continue with the surgery without first performing a sigmoidoscopy. I have not identified a failure in care and treatment in relation to this decision. On this basis I do not uphold this element of complaint.

*Medication post operation*

**Detail of Complaint**

25. The complainant said the Trust did not provide her with any pain relief on discharge following the procedure. Instead, she had to purchase it herself. The complainant also said the Trust prescribed her an inappropriate laxative that caused foreseeable problems.

**Trust response to investigation enquiries**

26. The Trust stated it completed the surgical procedure at approximately 16.00. It administered codeine, fentanyl and local anaesthetic injection into the wound for pain relief during recovery. It discharged the complainant from Whiteabbey Day Surgery Unit (DSU) at approximately 18.00. The nurse in Whiteabbey DSU contacted the Consultant Surgeon prior to the complainant's discharge. However, as the operating list had finished, the Consultant Surgeon had left the site. Whiteabbey Hospital is a peripheral site with no other medical teams on site that can prescribe medication. It advised the nursing staff that in future, they should check with the Consultant Surgeon if the patient requires any medication before they leave the site. Prescribing of medication is the responsibility of the medical team.

27. The Trust stated it prescribed a three day course of laxatives. It acknowledged it usually prescribes laxatives with analgesia. On review, the Consultant Surgeon should have prescribed paracetamol as well as a laxative. The Trust stated the Consultant Surgeon apologised for the decision to prescribe the complainant a different laxative than he would recommend. However, this can come down to the

clinician's personal preference. Laxido was not wrongly prescribed. However, the Consultant Surgeon finds lactulose more effective.

**Relevant Trust records**

28. The Trust provided a copy of the complainant's anaesthetic record.

**Analysis and Findings**

29. The complainant was concerned the Trust did not provide her with any pain relief on discharge. She was also concerned that the Trust prescribed her an inappropriate laxative.

30. The IPA advised non-steroidal painkillers and paracetamol is often what is recommended in this situation, either over the counter or prescribed. I note the medical records showed the Trust administered to the complainant a local anaesthetic and pain killer perioperatively. While the discharge record documents the Trust prescribed the complainant Laxido, it did not evidence that it prescribed any pain relief on discharge. I note the Trust also accepted it did not do so. The referral to EMSU on 17 April 2025 evidenced the complainant took co-codamol from 13 April 2023 and had a seven day course. However, the complainant had to purchase these herself when her pain became difficult to manage at home.

31. The IPA advised the complainant reported experiencing pain during her recovery phase and before discharge. The nurses' records document that on the ward, the complainant reported a pain score of five, which the IPA advised indicated '*significant pain'*. I find it concerning that even at this time, the Trust did not prescribe any pain relief. Post-operative pain is highly distressing. I am disappointed the Trust did not make any effort to ensure it made pain relief available to the complainant before her discharge. I accept the IPA's advice that '*The Hospital provision of post operative pain relief and ensuring discharge with pain control was unreasonable.'*

32. NICE Haemorrhoid Management guidance states '*offer simple analgesia (such as paracetamol) for pain relief pain.'* The GMC Good Medical Practice states '*in providing clinical care you must, take all possible steps to alleviate pain and distress whether or not a cure may be possible.'* I find the Trust failed to adhere to this guidance. Having reviewed all relevant evidence, including the IPA's advice, I consider the Trust's failure to provide the complainant with pain relief to allow her to

effectively manage her pain at home a failure in care and treatment. I appreciate the complainant managed to control her pain after she purchased co-codamol. However, I do not consider the Trust should have placed the complainant in a situation where she felt she had to seek relief from pain for herself, especially after she had recently undergone a medical procedure. I therefore consider this failure caused the complainant to sustain the injustice of distress, uncertainty, inconvenience, and a loss of opportunity to receive earlier pain relief.

33. In relation to the laxative prescribed, the IPA advised that for artery ligation and haemorrhoidopexy, most cases will not require a laxative. However, clinicians may provide them to the patient or advise them to obtain laxatives themselves, if necessary. The IPA further advised that the practice of prescribing a laxative to use as required, or start from the day after surgery, also exists. These practices are variable '*and all acceptable'.* The approach can vary by hospital. Laxatives can also be prescribed or recommended to buy over the counter depending on local influence.

34. I note the IPA's advice that the prescription of laxido '*was acceptable'.* I acknowledge the complainant's concerns that the use of the laxative laxido was inappropriate. However, having considered the IPA's advice, Trust response and medical records, I am satisfied there is no evidence to suggest this was the case. On this basis I do not uphold this element of complaint.

*Availability of Medical notes post operation*

**Detail of Complaint**

35. When the complainant presented to the Emergency Surgical Unit (EMSU) at Antrim Area Hospital on 17 April 2023, she said the lack of availability of medical notes led to ineffective care and treatment of her postoperative issues.

**Trust response to investigation enquiries**

36. The Trust stated that when a patient attends as an emergency, it should not and would not delay the provision of care to await medical notes. There will be a period of time between when staff request and receive notes. It is not uncommon for staff to treat patients as an emergency without initially having access to relevant medical notes. Staff complete surgical notes on the day, after the procedure, and are available in medical notes.

**Relevant Trust records**

37. The Trust provided a copy of the complainant's medical records for the period 24 February 2023 – 13 July 2023.

**Analysis and Findings**

38. The complainant was concerned that the lack of availability of medical notes led to her receiving ineffective care and treatment when she attended EMSU.

39. The EMSU records for 17 April 2023 document '*pain ++ and feeling of a lump, pain ++ when B/O (bowel opening), has a dragging sensation, pain despite analgesia. Was taking co-codomol 8/500 but upped to 15/500. Also c/o [complained of] difficulty passing urine since operation. No dysuria[11], no haematuria[12]. B/O this morning – watery – has been on laxative. No DIC [discharge] letter available on ECR [electronic care record].'*

40. The IPA advised the doctors noted the history and that no discharge summary was available. The examination observed that the area was bruised and described '*engorged skin tags*'. Trust staff felt the complainant may have had an anal fissure (tear in the tail end) and thrombosed haemorrhoids or piles. They administered a painkiller, an antibiotic (metronidazole), and ointment for an anal fissure. The IPA advised that '*Given the findings and that it was a few days after surgery, the treatment was reasonable and falls within acceptable standards*.'

41. The IPA advised following review of the records and nursing notes, it appeared the Trust provided to the complainant a contemporaneous discharge to take with her after her surgery. The IPA did not find any evidence of a postoperative discussion with the complainant prior to discharge. There was also no evidence of a post operative visit by the Consultant Surgeon. The IPA also did not find any evidence to suggest the Trust provided to the complainant any post-operative advice or any kind of information leaflet. He advised the Trust wrote a discharge letter sometime after the procedure.

42. I note the IPA advice that the Trust should have made this information available to advise on any untoward incidents post operatively. However, it did not. I accept his advice that overall, '*whilst the actual discharge and treatment was not available, in*

[11] The sensation of pain and/or burning, stinging, or itching of the urethra or urethral meatus associated with urination.
[12] The presence of blood in urine

*this situation the recommended treatment would not have changed although it would have been advisable that information should be available.'*

43. I appreciate that the Trust often provide emergency care without having access to previous medical notes. However, in this case, the Trust did not provide any information to the complainant following her discharge after surgery. I note the complainant did not raise this particular issue as part of her complaint. Nonetheless, as the Trust did not provide the complainant with this post-operative documentation, and given ED staff did not have access to the relevant records, unfortunately there was no documentation that could have informed ED staff about the complainant's history. I accept the IPA's advice that the absence of the relevant records did not impact the care and treatment the complainant received. However, I consider their absence a service failure. I would ask the Trust to consider the IPA's comments for future learning.

*Diagnosis post-operation*

**Detail of Complaint**

44. The Trust assessed the complainant in EMSU on 17 April 2023. On examination, there was '*evidence of an engorged swollen peri anal skin tag and some circumferentially skin bruising, but there was no evidence of a thrombosed haemorrhoid or haematoma.'* The medical notes from the exam state a differential diagnosis of thrombosed haemorrhoids (external). However, it also documents Senior Review '*engorged skin tags, 'advised likely fissure'* and *'unlikely thrombosed haemorrhoid.'* The complainant said there was a lack of certainty/clarity around this aspect of her condition. The complainant also considered the clinicians should have drained the engorged skin tag.

**Trust response to investigation enquiries**

45. The Trust stated on examination there was evidence of an engorged peri anal skin tag and some bruising. There was no evidence of thrombosed haemorrhoid. Prescribing a steroid analgesia and ointment was the standard approach to this clinical scenario. There was no clinical reason to consider a return to theatre.

**Relevant Trust records**

46. The Trust provided a copy of the complainant's EMSU notes for 17 April 2023.

**The Complaint's response to the draft report**

47. The complainant stated her belief that if the draining had occurred and she was given lactulose, this could have prevented the very large skin tag forming, noting she has been left with aesthetic and practical issues going forward.

**Analysis and Findings**

48. The NICE Haemorrhoid Management guidance states '*secondary care treatments for haemorrhoids may be non-surgical or surgical, depending on the severity of symptoms and the degree of prolapse.'*

49. The EMSU records evidence the Junior Surgical Team reviewed the complainant on 17 April 2023 at 14.25. On the EMSU proforma assessment document it states under the section '*differential diagnosis' 'thrombosed haemorrhoids (external).'* An on call consultant then reviewed the complainant on 17 April 2023 at 15.00. The EMSU records state '*perianal bruising, engorged skin tags. Advised likely fissure. Unlikely thrombosed haemorrhoid. Advised no further surgical Tx [treatment] required at present. Plan GTN ointment[13], metronidazole.'* The Trust considered this the standard approach to this clinical scenario and there was no clinical reason to consider a return to theatre to drain the skin tag.

50. The IPA advised in his opinion, the '*engorged skin tag'* was most likely thrombosed piles. I note the Trust recorded this as a '*differential diagnosis'* in the EMSU notes. The IPA advised there is no difference in the treatment for both diagnoses the Trust recorded. That being, either pain relief and laxatives, or incision. Both treatments take a similar period to resolve the concern, which is usually 1-14 days post procedure. The IPA advised, '*The conservative option was chosen which was acceptable.'*

51. I appreciate the differential diagnosis documented in the records caused the complainant concern. However, I accept the IPA's advice that the treatment plan would have been the same for either diagnosis. I am satisfied the care and treatment provided to the complainant in EMSU was appropriate and reasonable. Therefore, I do not uphold this element of complaint.

[13] A special preparation of a drug which relaxes the muscle surrounding the anus. Used for conditions which rise to pain in the anus such as anal fissure, acutely inflamed haemorrhoids or after surgery in this area.

52. I acknowledge the complainant's view if the draining occurred when she presented to EMSU and had she been given lactulose this could have prevented the large skin tag forming. I also acknowledge the pain and discomfort she continues to experience. However, I do not believe given the range of variables involved it is possible to make a finding on what may have happened had staff acted differently.

*Communication regarding surgery*

**Detail of Complaint**

53. The complainant raised concern about how the Trust communicated its decisions and treatment options to her. She felt pressured to make an immediate decision on whether to proceed with the operation on the day. She explained the Trust did not give her any written advice or guidance, or a reasonable timeframe in which to make a considered decision about the surgery. While the complainant said she did consent, she did not believe this was informed consent. If the Trust had clearly and effectively communicated the potential consequences to her, she would not have given consent. This was because the treatment has had more of an impact than her original condition.

**Trust response to investigation enquiries**

54. The Trust stated it fully carried out the consent process. It explained to the complainant the risks of surgery including infection, bleeding, pain, fissuring, recurrence of problem and anaesthetic related complication. It documented this discussion as part of the consent process. It acknowledged the complainant did not receive written information in February 2023 and has ensured its staff learn from this.

**Relevant Trust records**

55. The Trust provided a copy of the consent form signed by the complainant together with the medical records for the period 24 February 2023 – 13 July 2023.

**Analysis and Findings**

56. The complainant raised concerns about the Trust's communication of treatment decisions and options with her.

57. The GMC Consent Guidance states '*You must give patients clear accurate and up-to-date information, based on the best available evidence, about the potential*

*benefits and risks of harm of each option, including the option to take no action.'* The guidance also outlines what clinicians should discuss during the consultation.

58. The complainant attended a clinic appointment on 24 February 2023. Both the note of the consultation and the clinic letter issued following this consultation documented the proposed operation. However, neither outlined any of the potential risks and complications. Nor did they record any discussion the Trust had with the complainant about alternative options to surgery.

59. On 12 April 2023, which was the day of the surgery, the medical records document the patient signed a consent form. The consent form included the following complications; '*infection, bleeding, pain, fissuring reoccurance, anaesthetic complications etc.'*

60. The IPA advised the consent form appeared to be the first documentation that outlined the risks of the procedure. This included bleeding, pain and fissure. The IPA advised it appeared the Trust assumed '*that discussion on the day [of the procedure] will be adequate.*' The IPA did not regard this as reasonable consent. This is because the Trust did not offer the complainant any time to pause and consider her options. As such, '*both consent and information provided was inadequate.'* I accept this advice.

61. The referral documented the complainant was keen for a surgical procedure since primary care and conservative management were not alleviating her symptoms. However, the IPA advised that the Trust cannot interpret the absence of raising concerns as having no concern. Instead, Trusts should give patients all information with time to consider whether the course of action recommended is acceptable. The duty of care remains to provide information in a manner that gives patients time to consider all options. The onus is on the clinician '*to provide information and follow the consent process as expected*.'

62. I cannot conclude had the Consultant Surgeon discussed the potential risks and complications with the complainant during the consultation on 24 February 2023, she would have opted out of the surgery. However, there is no evidence to suggest the Trust provided sufficient information to the complainant to allow her to make an informed choice. I consider this failure led to a loss of opportunity and uncertainty for

the complainant to make a fully informed decision prior to her attendance for surgery. Although, I am satisfied the complainant was aware of the potential risks as she signed a consent form just prior to surgery on 12 April 2023, it would have been preferable and appropriate to have allowed her to consider these risks at a much earlier stage. I consider this a failure in the complainant's care and treatment. I uphold this element of the complaint.

## CONCLUSION

63. I received a complaint about the care and treatment the complainant received from the Trust on 12 April 2023 for haemorrhoids.

64. I partly uphold the complaint for the reasons outlined in this report. I identified that the Trust failed to prescribe the complainant pain relief when it discharged her from hospital following surgery. I also identified a failure in the Trust's consent process.

65. I recognise the failures caused the complainant to sustain injustice as outlined in the report.

### Recommendations

66. I recommend the Trust provides to the complainant a written apology in accordance with NIPSO's 'Guidance on issuing an apology' (July 2019), for the injustice caused as a result of the failures identified within **one month** of the date of this report.

67. I further recommend for service improvement and to prevent future recurrence that the Trust:

    i. The Trust share the findings of the report with relevant staff and ask them to reflect on the failings identified.
    ii. I acknowledge the learning already implemented in relation to pain relief. However, for Clinicians involved in care, provide training on the importance of prescribing pain relief following discharge after an examination under anaesthetic in line with the GMC Guidance.
    iii. Provide training on the importance of informing patient of the risks, benefits and options available during outpatient appointments. In doing so the Trust should consider the GMC Guidance on consent.

68. I recommend the Trust implements an action plan to incorporate these recommendations and should provide me with an update within **three** months of the date of my final report. The Trust should support its action plan with evidence to confirm it took appropriate action (including, where appropriate, records of any relevant meetings, training records and/or self-declaration forms which indicate that staff read and understood any related policies).

**MARGARET KELLY** **July 2025**
**Ombudsman**

## 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.