



Northern Ireland

**Public Services**

Ombudsman

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

**Report Reference: 202004474**

The Northern Ireland Public Services Ombudsman

33 Wellington Place

BELFAST

BT1 6HN

Tel: 028 9023 3821

Email: [nipso@nipso.org.uk](mailto:nipso@nipso.org.uk)

Web: [www.nipso.org.uk](http://www.nipso.org.uk)



@NIPSO\_Comms

## **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.

# TABLE OF CONTENTS

	<b>Page</b>
SUMMARY .....	5
THE COMPLAINT .....	6
INVESTIGATION METHODOLOGY .....	7
THE INVESTIGATION .....	8
CONCLUSION .....	12
APPENDICES .....	13
Appendix 1 – The Principles of Good Administration	

**Case Reference:** 202004474

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

## **SUMMARY**

I received a complaint about the actions of the Southern Health and Social Care Trust (the Trust). The complaint is about the Trust's decision not to reclassify the complainant's status on the gynaecology waiting list from routine to urgent after her GP submitted a referral requesting that it do so.

The investigation established that it was reasonable for the Trust not to reclassify the complainant's waiting list status as urgent. I therefore did not uphold this complaint.

However, I made an observation for the Trust to reflect on in providing its service in the future.

## THE COMPLAINT

1. I received a complaint about the actions the Southern Health and Social Care Trust (the Trust). The complainant was concerned about the Trust's decision not to reclassify her status on the gynaecology waiting list from routine to urgent, after her GP submitted a referral on 18 October 2022 requesting it do so due to the complainant's debilitating symptoms.

### Background

2. The complainant had a history of lower abdominal and pelvic pain. Following a referral from her GP in October 2015, the Trust performed a ball cautery<sup>1</sup> procedure on her in December 2015.
3. The complainant's GP referred her to the Trust again in March 2018 due to menstrual and gynaecological pain. The Trust's examination found no evidence of endometriosis<sup>2</sup> but found '*filmy adhesions between right anterior abdominal wall and ascending colon*'. The Trust performed a laparoscopy<sup>3</sup> and Adhesiolysis<sup>4</sup> to divide the '*adhesions using laparoscopic scissors*'. The Trust inserted a Mirena coil<sup>5</sup> to help mitigate her symptoms.
4. On 2 April 2021 the complainant presented to Craigavon Area Hospital (CAH) Emergency Department (ED) with stomach pain. The Trust placed the complainant on a routine waiting list for a gynaecological appointment.
5. The complainant continued to experience gynaecological pain and in October 2022, the complainant's GP referred her to the Trust's Gynaecology team with a priority rating of '*urgent*'. The Trust triaged the referral and determined the complainant's status should remain as '*routine*'.

### Issues of complaint

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

---

<sup>1</sup> A treatment that removes the top layers of delicate cells from the cervix using a heated ball tipped probe

<sup>2</sup> A condition where tissue similar to the lining of the womb grows in other places, such as the ovaries and fallopian tubes.

<sup>3</sup> An operation performed in the abdomen or pelvis using small incisions with the aid of a camera

<sup>4</sup> Adhesiolysis is the primary treatment for adhesions, and it involves surgically cutting or breaking down the adhesions. This can be performed through open surgery or laparoscopic surgery, depending on the location and severity of the adhesions.

<sup>5</sup> A type of intrauterine system designed to make periods lighter and less painful

**Whether the Trust's decision to triage the complainant's GP referral in October 2022 as routine instead of urgent was reasonable, appropriate and in line with relevant standards?**

## **INVESTIGATION METHODOLOGY**

7. To investigate this complaint, the Investigating Officer obtained from the Practice all relevant documentation together with its comments on the issues the complainant raised. This documentation included information relating to the Practice's complaints procedure.

### **Independent Professional Advice Sought**

8. After further consideration of the issues, I obtained independent professional advice from the following independent professional advisor (IPA):
  - Consultant Gynaecologist MD FRCOG (N IPA) with many years of experience managing a range of cases and case conditions.

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. 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>6</sup>:

- The Principles of Good Administration
11. The specific standards and guidance referred to are those which applied at the

---

<sup>6</sup> These principles were established through the collective experience of the public services ombudsmen affiliated to the Ombudsman Association.

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:

- Southern Health and Social Care Trust (the Trust) Triage Process, March 2023 (Trust Triage Process);
- The General Medical Council's Good Medical Practice, updated April 2014 (the GMC Guidance);
- The National Institute for Health and Care Excellence (NICE) Heavy menstrual bleeding: assessment and management March 2018 (NICE NG88); and
- The National Institute for Health and Care Excellence (NICE) Endometriosis: diagnosis and management September 2017 (NICE NG73);

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

12. I did not include all information obtained during the investigation in this report. However, I am satisfied I took into account everything I considered relevant and important in reaching my findings.
13. I shared a draft copy of this report with the complainant and the Trust for comment on factual accuracy and the reasonableness of the findings and recommendations.

## **THE INVESTIGATION**

**Whether the Trust's decision to triage the complainant's GP referral in October 2022 as routine instead of urgent was reasonable, appropriate and in line with relevant standards?**

## Detail of Complaint

14. The complainant said that prior to her GP referring her in October 2022 she suffered 'severe' pain for two to three weeks out of every month and previous interventions had not worked. She believed she had endometriosis. She said she was dissatisfied with the Trust's decision to assess her status without having seen her face to face. She said being on the waiting list for so long took a toll on her mental health and her relationships with her family.

## Evidence Considered

### Legislation/Policies/Guidance

15. I considered the following guidance:
- GMC Guidance; and
  - Trust Triage Process.

## The Trust's response to investigation enquiries

16. In relation to the question of how it made its decision to treat the patient as a routine appointment, the Trust's response comprised largely of a verbatim account provided by the Consultant (Consultant A) who triaged the referral letter from the complainant's GP.
17. Consultant A stated the following: as part of the triage process, he would have 'reviewed' the GP's referral, the booking centre notes and '*relevant notes from the NIECR*<sup>7</sup>'. The complainant's previous laparoscopy in 2018 did '*not mention*' any '*significant gynaecological findings*.' The laparoscopy was also '*negative for endometriosis*'. Previous investigations and pharmacological treatments '*had failed to resolve or improve*' the complainant's condition. It was therefore '*unlikely*' that the complainant's '*longstanding condition*' was due to '*gynaecological causes*'. As such, there was no '*reason to suspect*' an expedited appointment would change the '*investigative and therapeutic options*' the Trust previously provided to treat her '*clinical condition*'.
18. The Trust further stated that as its investigations did not identify any '*sinister*

---

<sup>7</sup> Northern Ireland Electronic Care Record; a computer system containing information about a patient's medical history.



*pathology* there was nothing to *warrant* an upgrade of the complainant's status to urgent to the *disadvantage* of other women on the waiting list with symptoms from *benign disease*.

### **Relevant Trust records**

19. I considered the complainant's clinical records. A summary of the relevant clinical records is enclosed at Appendix Four to this report.

### **Relevant Independent Professional Advice**

20. The IPA advised the following: There are no national standards on how a Consultant should triage a gynaecology referral. Consultant A, when triaging the GP's referral considered the complainant's medical history along with the information contained in the referral letter, *'which included history of deterioration of symptoms and impact on daily living and quality of life.'* The Trust's previous investigations into the complainant's presenting symptoms showed *'normal'* ultrasound and laparoscopy findings. Previous hormonal treatments had not improved her condition. The Trust could not examine the patient unless it physically saw her, and its waiting times precluded this. Other patients were in a similar *'predicament'* and to upgrade the complainant's status to urgent would have been to their *'detriment'*. The IPA advised it was *'reasonable'* for Consultant A to base his decision on previous investigations and the fact that previous *'hormonal therapies had failed'*.

### **Analysis and Findings**

21. The complainant said she suffered excessive pain, familial stress, and mental health struggles because of her condition. She was concerned that Consultant A did not examine her or consider her symptoms before rejecting the GP's request to change her waiting list status from routine to urgent. She also said the waiting times for consultations were *'atrocious'*.
22. I examined the complainant's clinical records. The records document that the complainant's GP sent a referral letter to the Trust on 18 October 2022. The referral letter documented the complainant's presenting complaint, medical history and previous treatments. The GP noted that the complainant was

*'struggling to manage'* with her current symptoms. The GP asked for her waiting list referral to be upgraded to urgent *'given the impact on her'*. The records further document that on 22 October Consultant A triaged the GP's referral. The triage form attached to the GP's referral recorded Consultant A's decision that the complainant should *'remain on routine'* waiting list.

23. I was unable to identify any national guidance on the triage process. The Trust's Triage Process states its purpose is to *'confirm that the speciality is appropriate and the clinical urgency is appropriate'*. The process does not specify what considerations a consultant should make, or how to document the process. I note Consultant A stated he based his triage decision on the complainant's medical history which he obtained from the NIECR and was also clearly documented on the GP referral.
24. The IPA advised that the Trust's previous investigations into the complainant's presenting symptoms showed *'normal'* ultrasound and laparoscopy findings and that hormonal therapies did not improve her condition. He also advised that it was *'unlikely'* her symptoms were caused by endometriosis. He advised that upgrading the patient's waiting list status to urgent would have been to the *'detriment'* of other patients in similar situations on the waiting list. On this basis he concluded it was reasonable for Consultant A to base his decision on the complainant's previous medical history and the additional information in the referral. Having considered the complainant's medical records and acknowledging the lack of specific guidance on the issue, I accept the IPA's advice. I consider it was reasonable for Consultant A not to reclassify the complainant's status on the waiting list as urgent. Therefore, I do not uphold this issue of complaint.

#### *Observation*

25. I note the IPA observed the waiting times for gynaecology appointments at the Trust are *'extremely long'*. He advised that as a result the Trust should have provided advice to the complainant's GP for interim relief measures to *'mitigate the impact'* of the waiting list length.

26. I also note the Trust's comments on the draft investigation report that it is not possible for it to provide recommendations on clinical care or treatment such as interim pain relief based on a referral letter. It explained a full consultation is required before "*treatment options are recommended*".
27. I acknowledge that given the current resource issues across the NHS the waiting list length is largely beyond the Trust's control. The Trust therefore cannot be criticised for its length. I accept the Trust's position that its role was limited to triaging the GP's referral, and that it directed the complainant back to her GP for ongoing care. The focus of my investigation was strictly on this decision. However, I note the IPA's observation that the Trust could have been more proactive and provided guidance to the complainant's GP at that point. I encourage the Trust to reflect on the IPA's observation and consider it in its practice going forward.

## **CONCLUSION**

I received a complaint about the Trust's decision not to reclassify the complainant's status on the gynaecology waiting list from routine to urgent. I did not uphold the complaint for the reasons outlined in this report. However, I made an observation for the Trust to reflect on in providing its service in the future.

**MARGARET KELLY**  
**Ombudsman**  
**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.

