



Complaints about
the NHS in England:
Quarter 2 2018-19



Contents

Our role	3
The purpose of this report	3
Our data	3
Our process	3
Step one: initial checks	4
Step two: assessment	5
Step three: investigation	8
Recommendations	11
Case study one	13
Investigations by organisation type	14
Hospital and community health services	16
Case study two	19
Complaint handling	20
Your feedback	21

Our role

We make final decisions on complaints that have not been resolved by the NHS in England and UK government departments, and some other UK public organisations. We do this independently and impartially.

We are an independent public ombudsman service. We are not part of government, the NHS in England or a regulator. We are neither a consumer champion nor an advocacy service.

The purpose of this report

This report presents statistics on complaints about the NHS in England from July to September 2018 (Quarter 2 – 2018-19). It includes data about the NHS complaints we received, assessed and investigated during this period.

We have not presented the quarterly data on complaints about UK government departments and other organisations we investigated due to the relatively lower volumes involved, but we do publish this [data](#) annually.

Our data

There are some caveats to the data we have included in this report that anyone relying on it for research or other purposes should note. In 2016-17, we introduced a new casework management system (CMS), although some of our older cases are still held in our previous system, Visual Files (VF).

Due to the different ways of recording data on the two systems we have used only data from our new CMS when presenting our analysis of the issues people complain about. This ensures consistency and will enable us to carry out trend analysis over time.

We have included data from both systems when we explain the recommendations we have made, to give as full a picture as possible of the resolutions of cases that have been concluded in this period.

We undertake a full data audit at the end of each financial year, which can lead to some

reclassification of a small number of cases. This means that the data presented in our quarterly reports may differ slightly from our annual data.

Our process

We are the final stage in the process for people to resolve complaints about the NHS in England, UK government departments and some other public organisations. We have a three-step process for dealing with complaints.

Step one: initial checks

We conduct initial checks to work out whether the complaint is one we are able to look at. If it is not ready for us to investigate or if our checks show that we cannot help, we will explain this and signpost people to another service that might be able to help with the complaint.

Step two: assessment

Here we look in more depth at what happened and decide whether we should investigate. There are some cases that we cannot look at, for example there is normally a limit on the time between when the complainant first became aware of the problem and when they bring it to us, and we also need to consider whether legal action would be more appropriate.

Step three: investigation

If after an assessment we decide that it is appropriate, we then begin a formal investigation. When we complete an investigation, we may fully uphold, partly uphold or not uphold the complaint. If we fully or partly uphold the complaint, we can make recommendations to the organisations involved.

Not all of the complaints that come to us go through our whole process. We seek to resolve complaints as early as possible in the process meaning that we can provide answers to more people without them having to wait until the conclusion of a formal investigation.

Step one: initial checks



These were progressed in the following ways:

3,807

We gave information on how to make a complaint to the NHS in England, or other public organisations, or signposted to another organisation that would help.

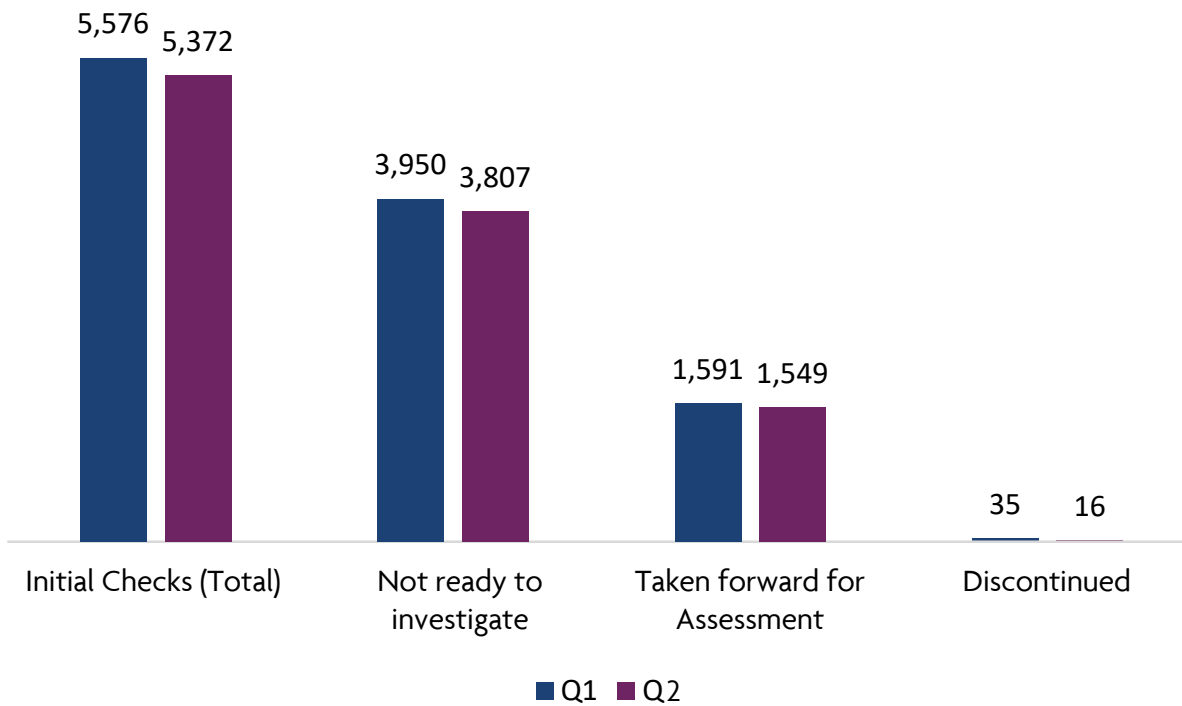
1,549

We referred these complaints for more in-depth consideration (an assessment – step two in our process).

16

We closed these complaints because they were not pursued by the people who brought them following their initial approach to us.

Chart 1: Intake cases for Quarter 1 and Quarter 2, 2018-19



Step two: assessment



These were progressed in the following ways:

385

We passed these complaints to our investigations team – step three in our process. This accounted for 25% of all the complaints we dealt with at this step.

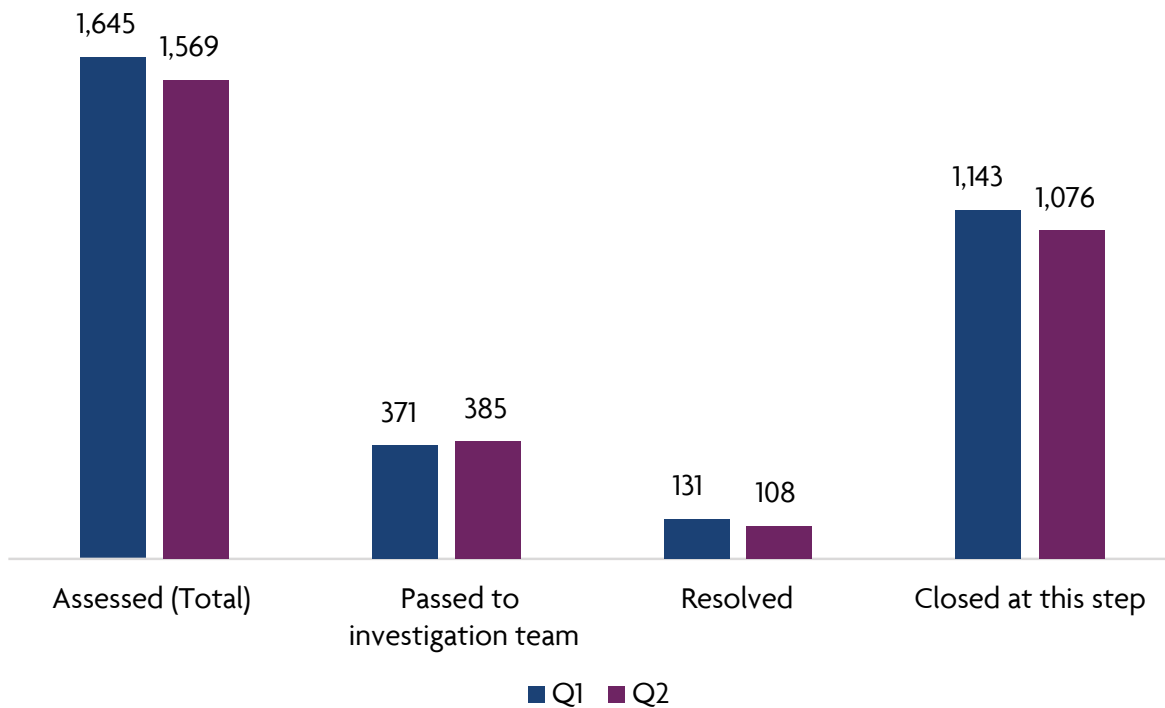
108

We were able to resolve these complaints without the need for an investigation, by working with the organisation complained about.

1,076

We closed the remainder at this step for a variety of reasons, for example, because the complainant asked us to.

Chart 2: Assessment cases for Quarter 1 and Quarter 2, 2018-19



Charts 3 and 4 show the proportion of cases progressed at the initial check and assessment stages of our complaints processes during Quarter 1 and Quarter 2¹.

Chart 3: Initial checks completed in Quarter 1 and Quarter 2, 2018-19

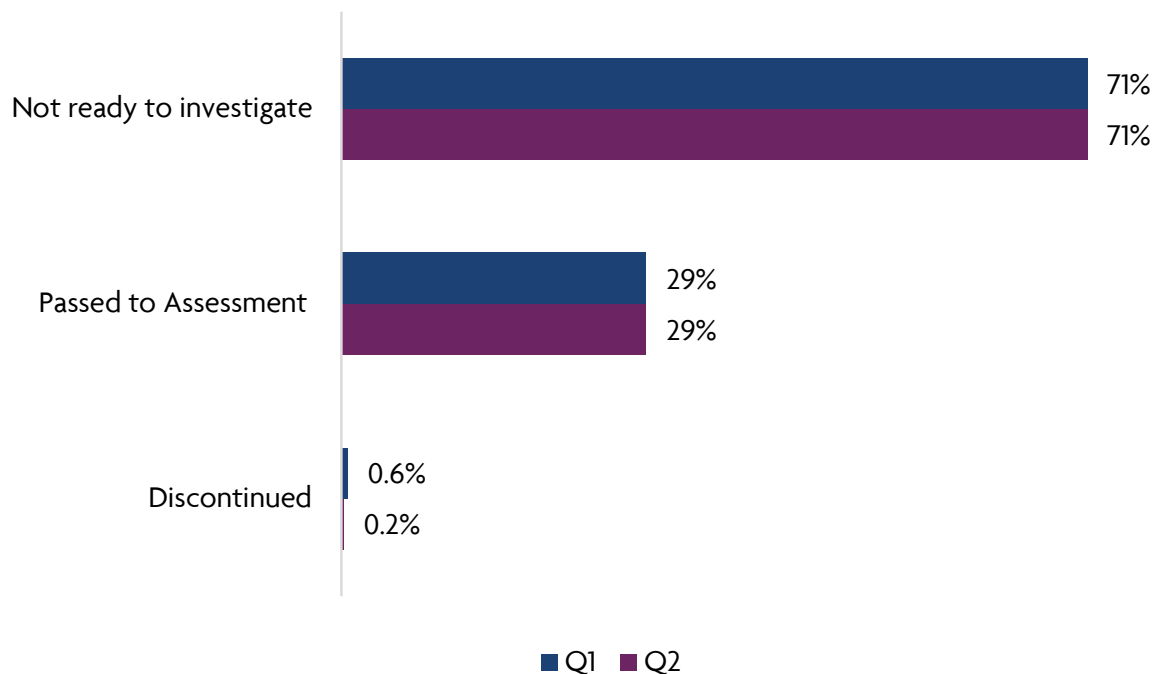
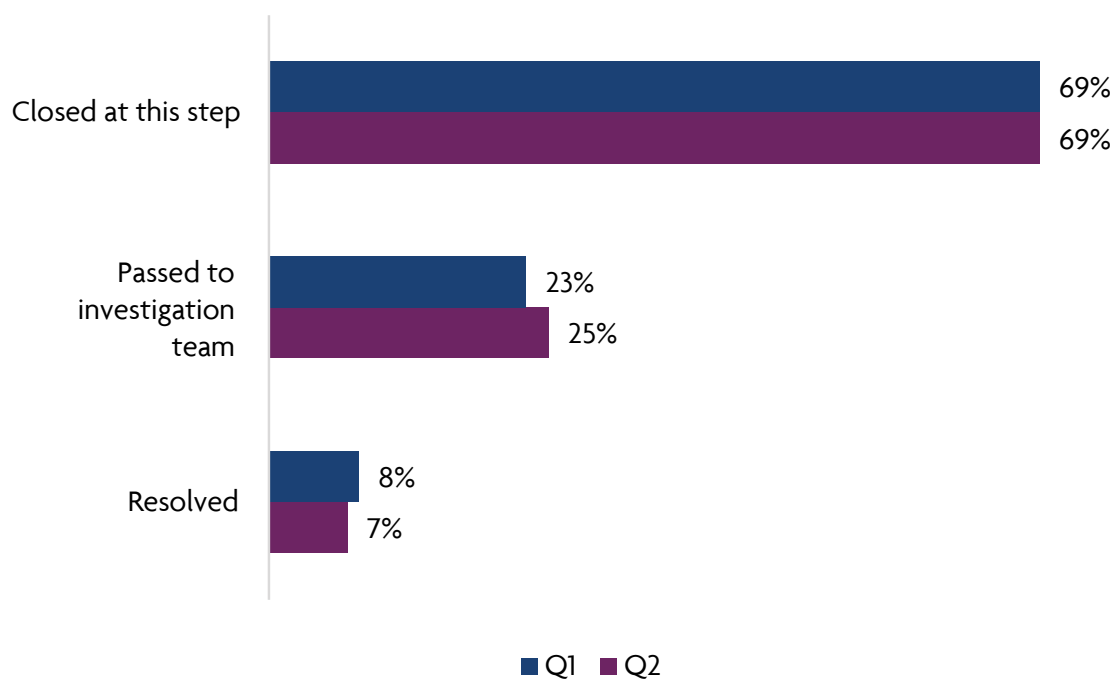


Chart 4: Assessment cases completed in Quarter 1 and Quarter 2, 2018-19



¹ Please note percentages may not add up to 100% due to rounding.

Key findings: Initial checks and assessment cases in Quarter 2 2018-19

The number of initial checks we completed on health complaints was **5,372** in Quarter 2, compared to **5,576** in Quarter 1.

The number of health complaints we assessed was **1,569** in Quarter 2 compared to **1,645** in Quarter 1.

Step three: investigation



²Our casework management system records the date on which we have proposed to investigate a case, rather than when we confirm an investigation. As our quarterly data provides a snapshot of our casework flow at a given time, in some cases following comments from the parties, we may decide not to investigate.

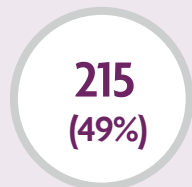
Of the cases we investigated:



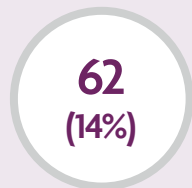
of the total closed cases were either fully upheld (24 or 5%) or partly upheld (129 or 29%).



were resolved before the investigation was concluded.



of the complaints were not upheld.

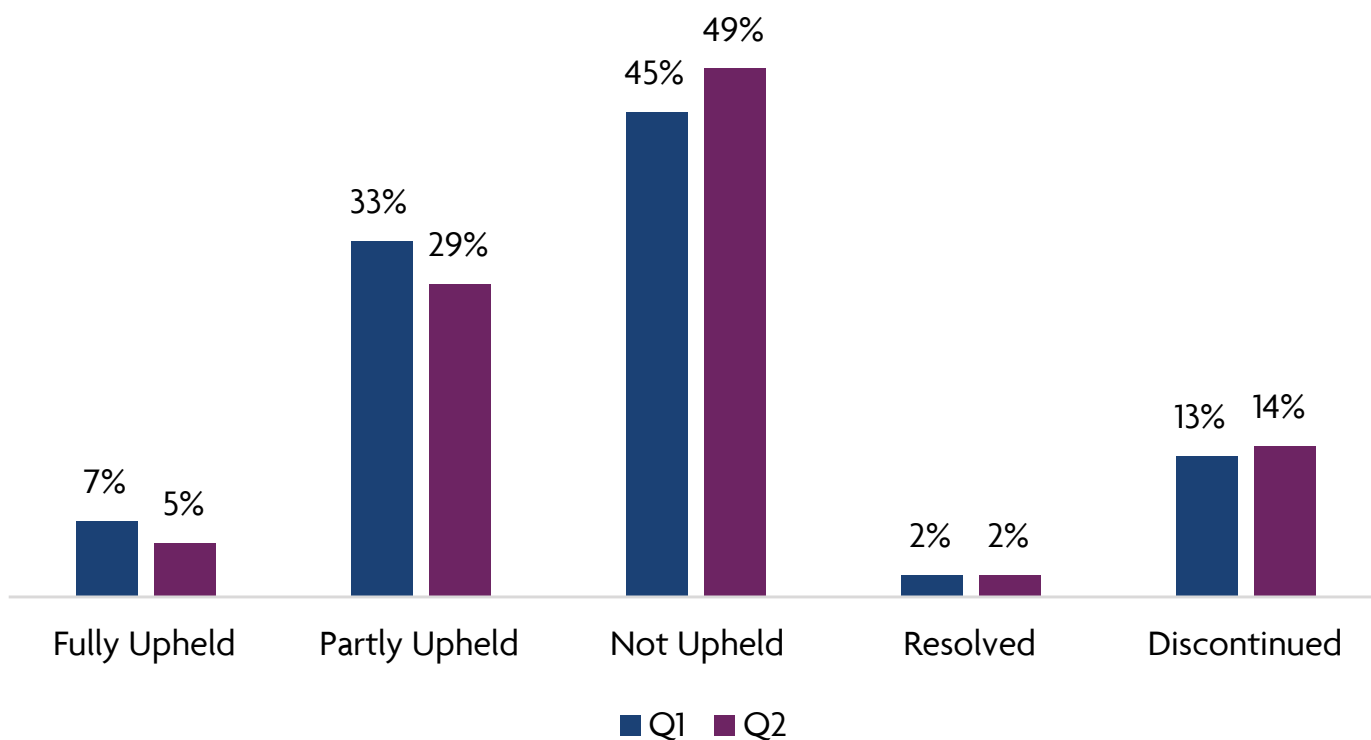


of the investigations were ended for other reasons, for example because the complainant asked us to³.



³Please note percentages may not add up to 100% due to rounding.

Chart 5: Investigations completed in Quarter 1 and Quarter 2, 2018-19



Key findings: Health investigations in Quarter 2 2018-19

We accepted **385** cases in principle for investigation involving **426** health organisations in Quarter 2, compared to **371** cases involving **393** health organisations in Quarter 1.

We closed **440** investigations involving **512** health organisations in Quarter 2, compared to **400** cases involving **459** health organisations in Quarter 1.

We fully or partly upheld **35%** of the cases we investigated in Quarter 2, compared to **40%** in Quarter 1.

Recommendations

When we identify failings, we make recommendations to organisations to put things right. In most cases these are accepted by the organisations in question. On the rare occasions they are not accepted, we can highlight these to the Public Administration and Constitutional Affairs Committee in the UK Parliament.



Each case can have more than one recommendation. In Quarter 2, for complaints about the NHS we upheld or partly upheld, we made the following recommendations to organisations to put things right:

118

formal apologies.

65

payments to make up for financial loss or to recognise the impact of what went wrong. This totalled £46,533 from the NHS organisations we investigated. There is also one health service compensation recommendation for Quarter 2 where the organisation has agreed to compensate for the complainant's financial loss and is currently gathering the necessary evidence to determine the final value of the payment.⁴

106

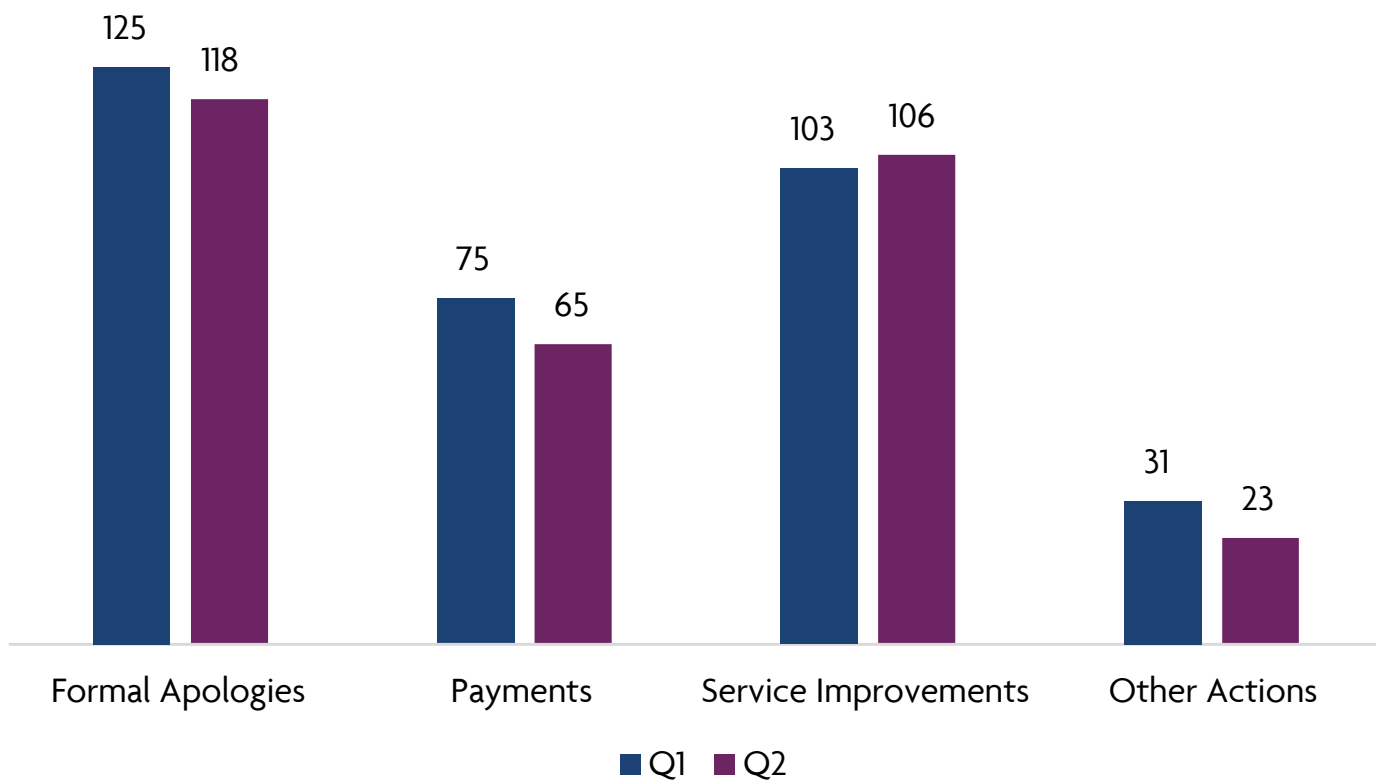
service improvements, such as changing procedures or training staff.

23

other actions to put things right. For example, asking a GP practice to correct errors in medical records.

⁴Please note that in our report on recommendations for Quarter 1 2018-19 there was a health service compensation payment where the final value had not been determined at the time of writing. The CCG calculated and refunded an amount of £5526.92 in August.

Chart 6: Recommendations made in Quarter 1 and Quarter 2, 2018-19.



Case study one

The case study below is a health complaint we investigated in Quarter 2 where the recommendations we made led to improvements which will help to prevent a repeat of the failings we identified.

Due to a lack of available surgeons, Mr K was referred from the Royal Cornwall Hospitals NHS Trust to the University Hospitals Bristol NHS Foundation Trust for emergency eye surgery in August 2015. Between August 2015 and February 2016 he went on to have seven appointments and two further operations at the Trust in Bristol and was then discharged back to the care of the Cornwall Trust.

Mr K complained to us that neither Trust asked him if he was able to make the journey to Bristol when the Cornwall Trust referred him for surgery, and that the Bristol Trust refused his request to refer him back to Cornwall after his surgery or provide an explanation why. Mr K is unable to drive due to his disability so he and his wife had to use public transport and stay in hotels for his appointments due to the distance between Cornwall and Bristol. Mr K wanted service improvements and to be reimbursed for his travel and accommodation expenses.

After our investigation, we partly upheld Mr K's case. As Mr K's surgery was urgent, and the Cornwall Trust did not have theatre capacity or a surgeon available, we did not find any failings in their decision to refer Mr K to the Bristol Trust. Although Mr K complained that he was not asked if he could travel to Bristol, we found no evidence to suggest he raised any issues with the Trust regarding travel. Given it was an emergency procedure we would expect the Trust to have discussed travel difficulties if they had been raised. When Mr K did raise concerns about travelling to Bristol within a short time frame, the Cornwall Trust rearranged his appointment.

When we investigated why the follow-up appointments took place at the Bristol Trust

rather than at the Cornwall Trust, we found that neither Trust had a process in place for the follow-up management of patients after the type of emergency surgery Mr K had. Also, neither Trust were communicating about when patients should be referred back to their local hospital. We also found that Mr K should have been offered the opportunity to have his follow-up care at the Cornwall Trust and if this had happened, on the balance of probabilities, he would have taken this option.

As a result, we recommended the two Trusts acknowledge the failings and apologise, reimburse some of Mr K's travel and accommodation costs, and produce an action plan. We said the action plan should specifically explain how the two organisations will manage patients who are transferred from one to the other for this type of surgery in the future.

The Trusts produced an action plan which sets out a step-by-step process for what will happen when a patient is transferred from the Cornwall Trust to the Bristol Trust for this type of surgery. This included establishing a central point of contact between both Trusts for emergency referrals which is monitored by the on-call surgeon and medical secretary. The Trusts will ensure patients are advised throughout their period of care on where and when it is likely that they will be transferred, with an agreement made by the surgeon and patient on where follow-up care will take place. If on-going care is required, GPs are requested to refer patients to appropriate local services.

The Bristol Trust has also said that it will be sharing the protocol with all of the other Trusts that refer patients to them for this type of surgery.

Investigations by organisation type

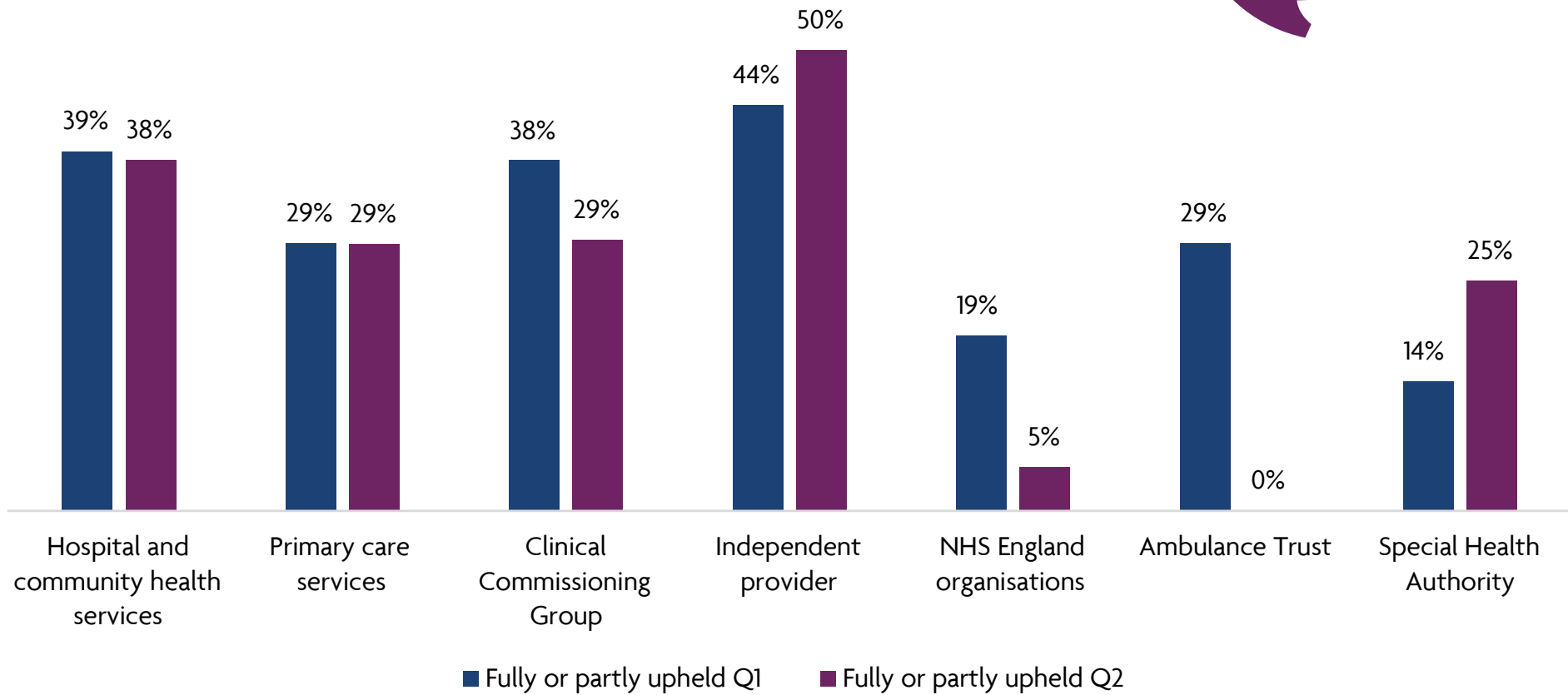
Sometimes, we receive individual complaints that involve more than one organisation. The data below shows the 512 organisations involved in the 440 health cases we completed our investigations into in Quarter 2. Case outcomes recorded as 'Other' refer to cases we investigated that we ended for a variety of reasons, for example because the complainant did not wish to pursue the case further.

Table 1: Health investigation outcomes by organisation type, Quarter 1 and Quarter 2 2018-19

Organisation type	Upheld and partly upheld		Not upheld		Other		Total	
	Q1	Q2	Q1	Q2	Q1	Q2	Q1	Q2
Hospital and community health services	109	126	131	155	42	50	282	331
Primary care services	21	24	37	41	14	18	72	83
Clinical Commissioning Group	15	10	15	14	10	10	40	34
Independent provider	11	10	9	5	5	5	25	20
NHS England organisations (local area team and commissioning region)	5	1	18	19	3	1	26	21
Ambulance Trust	2	0	2	13	3	3	7	16
Special Health Authority	1	1	5	3	1	0	7	4
Pharmacy/non-departmental public body/not categorised	n/a	0	n/a	0	n/a	3	n/a	3
Total	164	172	217	250	78	90	459	512

Chart 7 shows the uphold rate for organisations we investigated in Quarter 2 2018-19.

It is important to note the low numbers of investigations for some of these settings means that only a small change in the decisions we make will make a big difference to the uphold rate.



Key findings: Health organisations we investigated in Quarter 2 2018-19

Hospital and community health services and primary care services made up the majority of organisations we investigated in Quarter 2.

The proportion of cases we fully or partly upheld in hospital and community health services was **38%** in Quarter 2 compared to **39%** in Quarter 1. The proportion of cases we fully or partly upheld in primary care services was **29%** in both quarters.

Hospital and community health services

The area in which we saw the most complaints about healthcare provision in Quarter 2 was in hospital and community health services. Chart 8 shows the five most common types of service within hospital and community health service complaints that were fully or partly upheld during Quarter 2:

Chart 8: Upheld complaints by type of service in hospital and community health services, Quarter 1 and Quarter 2 2018-19.

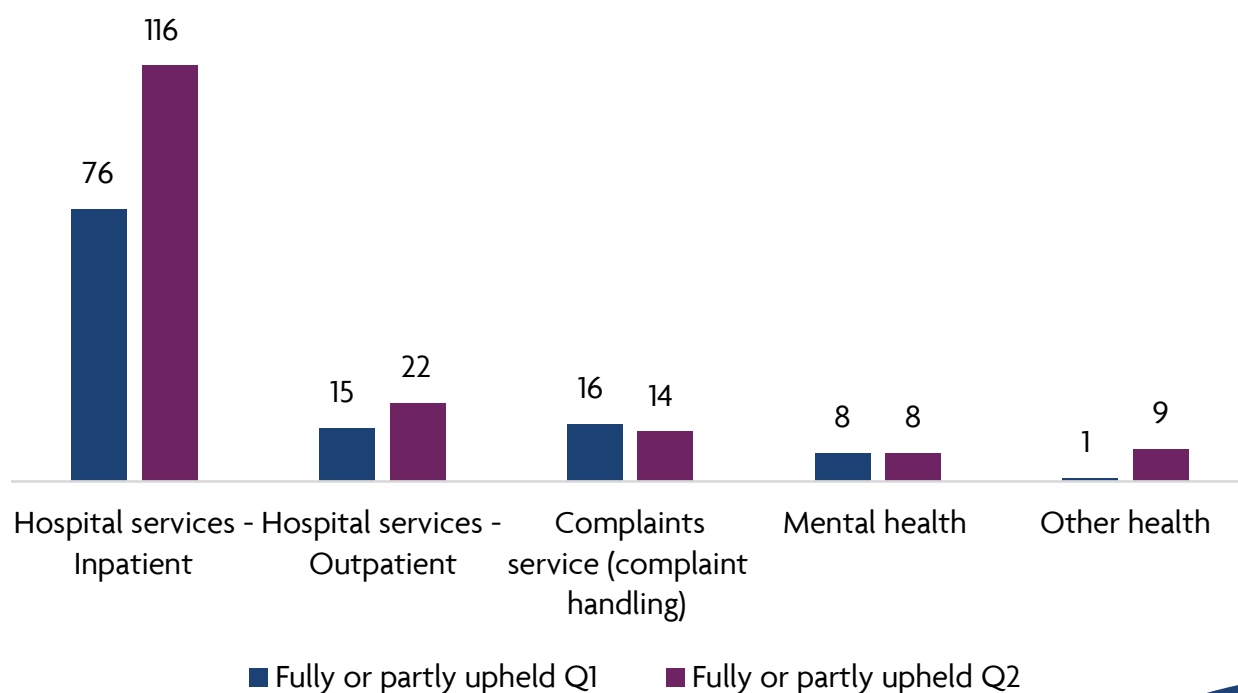
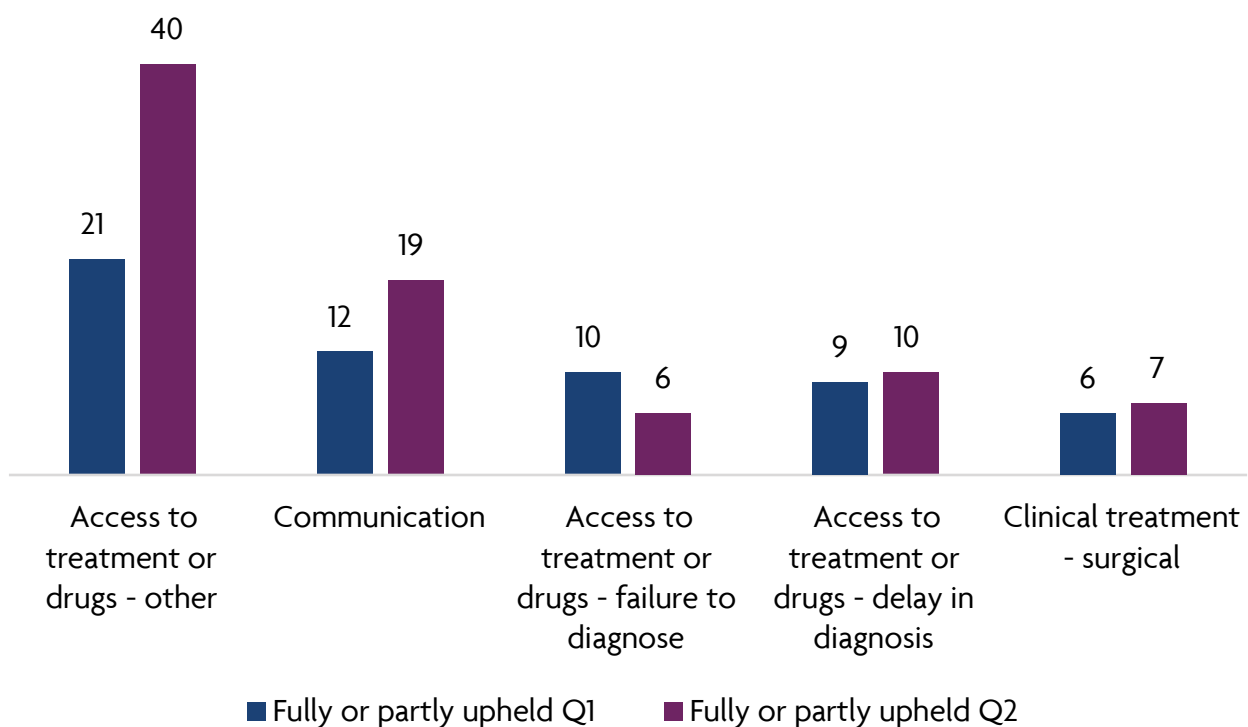


Chart 9 shows the five most common complaint issues for cases we fully or partly upheld in Quarter 2 in hospital and community health services. These issues were:

- **Access to treatment or drugs – other:** ‘Access to treatment or drugs’ includes eight sub-categories covering issues around diagnosis, referrals and visits. The ‘other’ category is used to record any issues that fall outside these more specific categories.
- **Communication:** Communication issues could include how clinical decisions have been explained and whether the implications were made sufficiently clear.
- **Access to treatment or drugs - failure to diagnose:** These were complaints about a misdiagnosis or a failure to diagnose a condition that the complainant believed was not acceptable.
- **Access to treatment or drugs – delay in diagnosis:** These are complaints where there has been an unreasonable delay in diagnosing an illness or starting treatment.
- **Clinical treatment – surgical:** ‘Clinical treatment’ includes nine sub-categories. This category refers to complaints arising from surgical treatment.

Chart 9: Upheld complaints for hospital and community health services by complaint issue, Quarter 1 and Quarter 2 2018-19.



Key findings: Hospital and community health service complaints

The largest proportion of complaints we fully or partly upheld in hospital and community services in Quarter 1 and Quarter 2 was in inpatient services. The number of complaints we fully or partly upheld in inpatient services was **116** in Quarter 2 compared to **76** in Quarter 1.

The most common complaint issue we fully or partly upheld in Quarter 1 and Quarter 2 in hospital and community health services was 'Access to treatment or drugs – other'. The number of complaint issues concerning 'Access to treatment or drugs – other' that we fully or partly upheld was **40** in Quarter 2 compared to **21** in Quarter 1.



Case study two

The case study below is an example of a health complaint we completed in Quarter 2 which included the complaint issue 'Access to treatment or drugs - other.'

Mr A was referred by his GP to the cardiology department of the Medway NHS Foundation Trust in October 2015. He was seen in April 2016 for a myocardial scan and an echocardiogram. Mr A then also underwent a coronary angiogram in July 2016.

Mr A was also seen by a colorectal surgeon in October 2015 and referred for surgery for the removal of his gall bladder. At a pre-anaesthetic clinic in May 2016 however, his operation was put on hold until the cardiac investigations were completed. Mr A was admitted to hospital three times between December 2016 and April 2017 with abdominal pains caused by his gall bladder problems.

Mr A complained to us about his delay in being seen by a cardiologist following his GP referral, and that there was poor communication regarding his discharge from the cardiology department which delayed his gall bladder operation. Although we found no failing regarding the clinical treatment carried out by the cardiology department, we did find that the period of time between Mr A being referred by his GP and being seen by the cardiology department fell outside the NHS national guidance, which are for a consultant-led follow up appointment within 18 weeks of referral. We also found there was no formal communication from the Trust regarding the results of Mr A's echocardiogram until January 2017, at which point he was formally discharged and cleared to have gallbladder surgery.

We found that due to this wait, Mr A experienced the uncertainty of not knowing if he would require treatment for his heart, and that treatment for his gall bladder problem was significantly delayed,

meaning he suffered ongoing symptoms and admissions to hospital, and had to live with his condition for a longer period of time than was necessary. We found that if it were not for the failing, then it is more likely than not that Mr A would have been discharged and able to have his gall bladder surgery months sooner than he actually did.

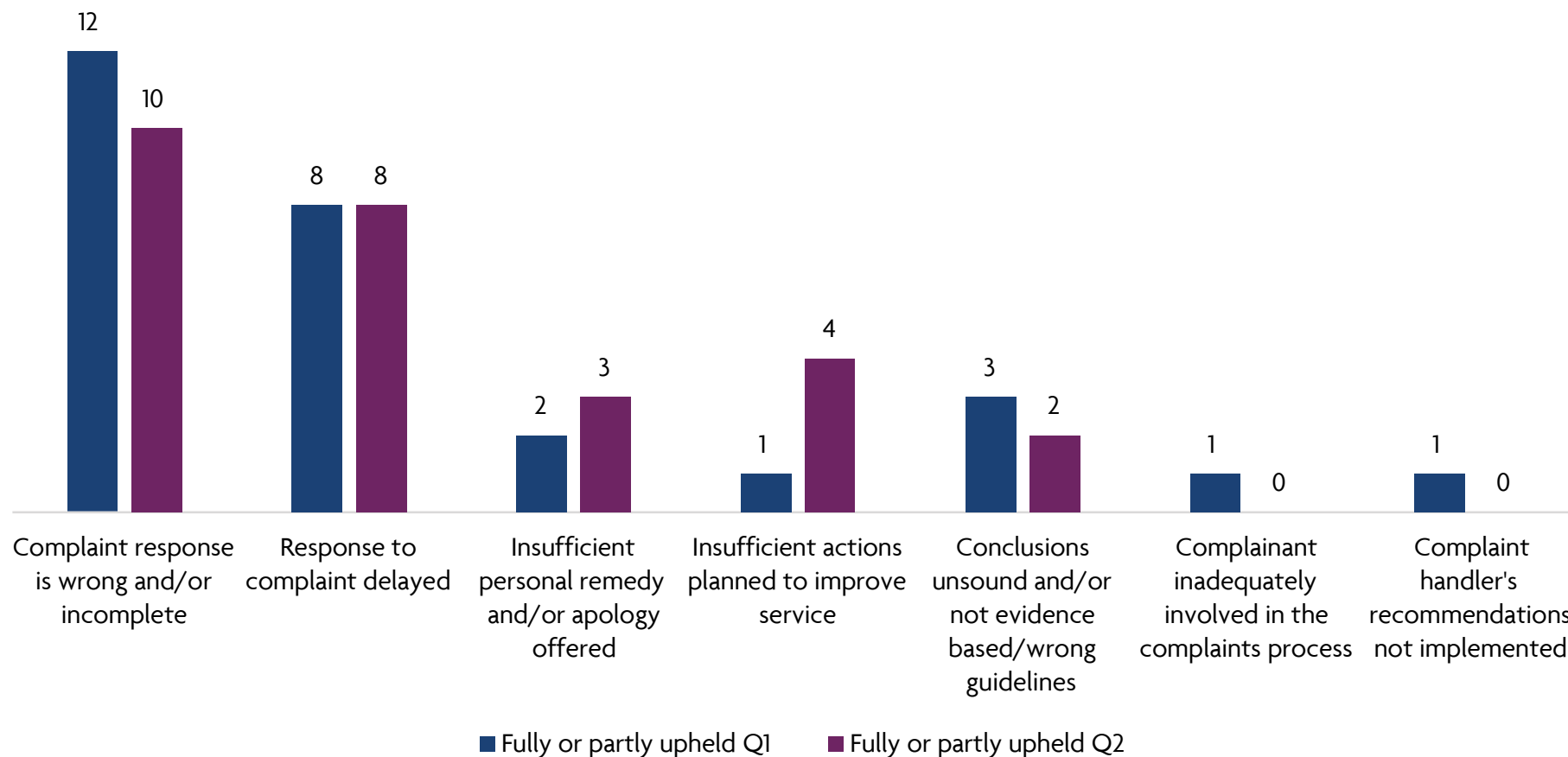
As the Trust had already acknowledged and apologised for the breach of the 18 weeks, we recommended that it provided evidence of steps it had taken to reduce patient waiting times and write to Mr A to apologise. We also recommended that it produced an action plan within one month of our report, to ensure the failings in communication and discharge from the cardiology department did not happen again.

The Trust wrote to the complainant to apologise and confirmed the measures it had taken, including both increasing its agency provision of cardiologists and its substantive team of cardiologists to meet the demand for outpatient services. It also provided evidence of how this had already led to an improvement in terms of compliance to the 18 week target from 78.67% in April 2017 to 91.04% in July 2018. The Trust also confirmed it was working with its CCG to review GP referrals to cardiology. It said it had reviewed its processes and procedures to ensure strict compliance to the standard operating procedure of formally notifying patients via consultant letters. This would ensure patients are kept fully informed of the situation regarding their care and treatment within the cardiology department.

Complaint handling

On 16 April 2018 we published our new [three-year corporate strategy](#) that sets out how we will seek to become an exemplary ombudsman service. The third objective of the strategy outlined our commitment to working in partnership to improve public services in frontline complaint handling, and improving how the public sector responds when things go wrong. Chart 10 shows the different categories of complaint handling issues that were brought to us as complaints for health organisations for cases completed in Quarter 2.

Chart 10: Upheld complaints for health organisations by complaint handling issue, Quarter 1 and Quarter 2 2018-19.



Key findings: Complaint handling

Concerns around complaint responses being wrong or incomplete, and complaint responses being delayed were the two issues that featured most frequently in complaints we fully or partly upheld about complaint handling in both quarters.

Your feedback

In our [three-year strategy](#) for 2018-21 we have committed to becoming a more transparent organisation and our ambition is to develop the data and the trend analysis we publish in our quarterly reports.

We would welcome your views on how we can improve these reports and you can share any comments or feedback by emailing researchteam@ombudsman.org.uk

Parliamentary and Health Service Ombudsman

Citygate
47-51 Mosley Street
Manchester
M2 3HQ
United Kingdom

Telephone: 0345 015 4033

Textphone: 0300 061 4298

Fax: 0300 061 4000

Email: phso.enquiries@ombudsman.org.uk

www.ombudsman.org.uk

Follow us on:



If you would like this document in a different format, such as Daisy or large print, please contact us.