



Complaints about the
NHS in England:
Quarter 1 2018-19

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Our role

We make final decisions on complaints that have not been resolved by the NHS in England and UK government departments, and other 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 April to June 2018 (Quarter 1 2018-19). It includes data about the NHS complaints we received, assessed and investigated during this period. Our [annual report](#) identified that 88% of the cases we investigated in 2017-2018 were about NHS organisations in England.

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

Our data

There are some caveats to the data we have included in this report. 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 only used 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. Of the cases we investigated and closed in Quarter 1, 4% were recorded in our old system.

We have included data from both systems when we explain the recommendations we have made. This is 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 reclassification of a small number of cases. This means that the data presented in our quarterly reports may differ slightly to 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 other public organisations. We have a three-step process for dealing with the complaints we receive.

Not all of the complaints that come to us go through our whole process. Where we can, we will seek to resolve complaints as early as possible in the process and provide complainants with answers sooner, without the need for an investigation. When we resolve a complaint in this way, we categorise the outcome as a 'resolution'.



Step one: initial checks

Our initial checks involve looking at whether we can investigate the complaint and if it is ready to come to us. We usually expect people to complain to the organisation they are unhappy with first. This is so the organisation has the chance to look into the concerns and, where needed, put things right. If the complaint has not yet completed the organisation's complaints process, we let people know what remaining stages there are and what they can do next.

Some people might have got stuck in 'the system'. They may be unsure if they have received a final response to their complaint, so we can help get an update. If we see that there is more that the organisation can do, we will ask it to do it. If our checks show that we cannot help, we explain why and let people know who else might be able to help with the complaint.

The significant work we do at this step can sometimes start things moving again and help people get an answer to their complaint, without the need for us to carry out an investigation.



These were progressed in the following ways:

3,950

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.

1,591

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

35

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

Step two: assessment

At the second step in our process, we look at what happened in more depth. This is where we decide whether we should investigate the complaint, or whether we can resolve it without a full investigation. For example, this could involve working with the complainant and organisation concerned to help them come to an agreement.

We make sure we understand in detail what has happened so far and what the person is looking for as an outcome. We look for signs that mistakes have been made that have had a negative effect and we look at what has already been done to put this right.

Our **Service Model** gives us clear criteria to allow us to make the right decision as early as possible in the process. It means that we are able to provide answers to more people without them having to wait until the conclusion of a formal investigation.

There are a number of reasons for us to close complaints at the assessment stage. We can usually only investigate if the complainant has been affected personally by what happened. 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. We will also determine whether legal action is an option or whether another organisation is better placed to deal with the complaint.

In some instances we find there is more the organisation complained about can do to respond to the complaint. With our intervention, many organisations will reconsider the complaint, often to the satisfaction of the complainant.

Sometimes we can see that there have been failings in the service provided, but in our view the organisation has already put matters right and responded appropriately to the issues. In these circumstances, we cannot reasonably achieve anything more and would not investigate.

We have been encouraging caseworkers to find ways to resolve complaints earlier and without the need for a full investigation. We have started to improve how we record this information so it accurately reflects the full range of outcomes achieved at assessment, but this work was not completed in time for it to be fully reflected in the Quarter 1 figures.

- We have been encouraging caseworkers to find ways to resolve complaints earlier and without the need for a full investigation.



During Quarter 1 we assessed

1,645

health complaints which involved either closing the case, resolving the complaint or continuing with a more in-depth investigation.

These were progressed in the following ways:

371

We passed these complaints to our investigations team – step three in our process. This accounted for **23%** of all the complaints we dealt with at this step.

131

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

1,143

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

Step three: investigation

At the start of our investigation, we discuss the scope of what we are going to look at with the person who made the complaint. We gather relevant information from them and from the organisation complained about.

For health complaints we may need to get expert advice from doctors and other health professionals, but we make sure that they are not connected to the organisation we are looking into or have any other conflict of interest.

We compare what happened with what should have happened, and we look at how that has affected the person concerned. If we find that the organisation did not act correctly and it has not already put

things right, we normally make recommendations. For example, we might say the organisation should apologise or reimburse someone for costs that they have wrongly incurred.

We can also ask organisations to take steps to prevent the same mistakes happening again, such as changing procedures or training staff. If we do not uphold the complaint, we explain why; it might be that we found the organisation acted correctly in the circumstances.

Often, people's complaints to us are comprised of more than one issue. We look at each of the issues raised to find out what happened. If we find failings in all the issues complained about, we will record this as fully upheld. If we find failings in some but not all of the issues raised, we will partly uphold the complaint.



Of the cases we investigated:

161
(40%)

were either fully upheld (29 or 7%) or partly upheld (132 or 33%)

9
(2%)

were resolved before the investigation was concluded

179
(45%)

of the complaints were not upheld

51
(13%)

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

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 1, for complaints about the NHS we upheld or partly upheld, we made the following recommendations to organisations to put things right:

125

formal apologies

75

payments to make up for financial loss or to recognise the impact of what went wrong. This totalled £44,426 from the NHS organisations we investigated. There is also one health service compensation recommendation 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.

103

service improvements, such as changing procedures or training staff

31

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

We plan to develop the data we publish about this area of our work. In our three-year strategy, we have committed to publishing more detailed information about the recommendations we make and whether organisations have complied with them.

Health organisations investigated in Quarter 1 2018-19

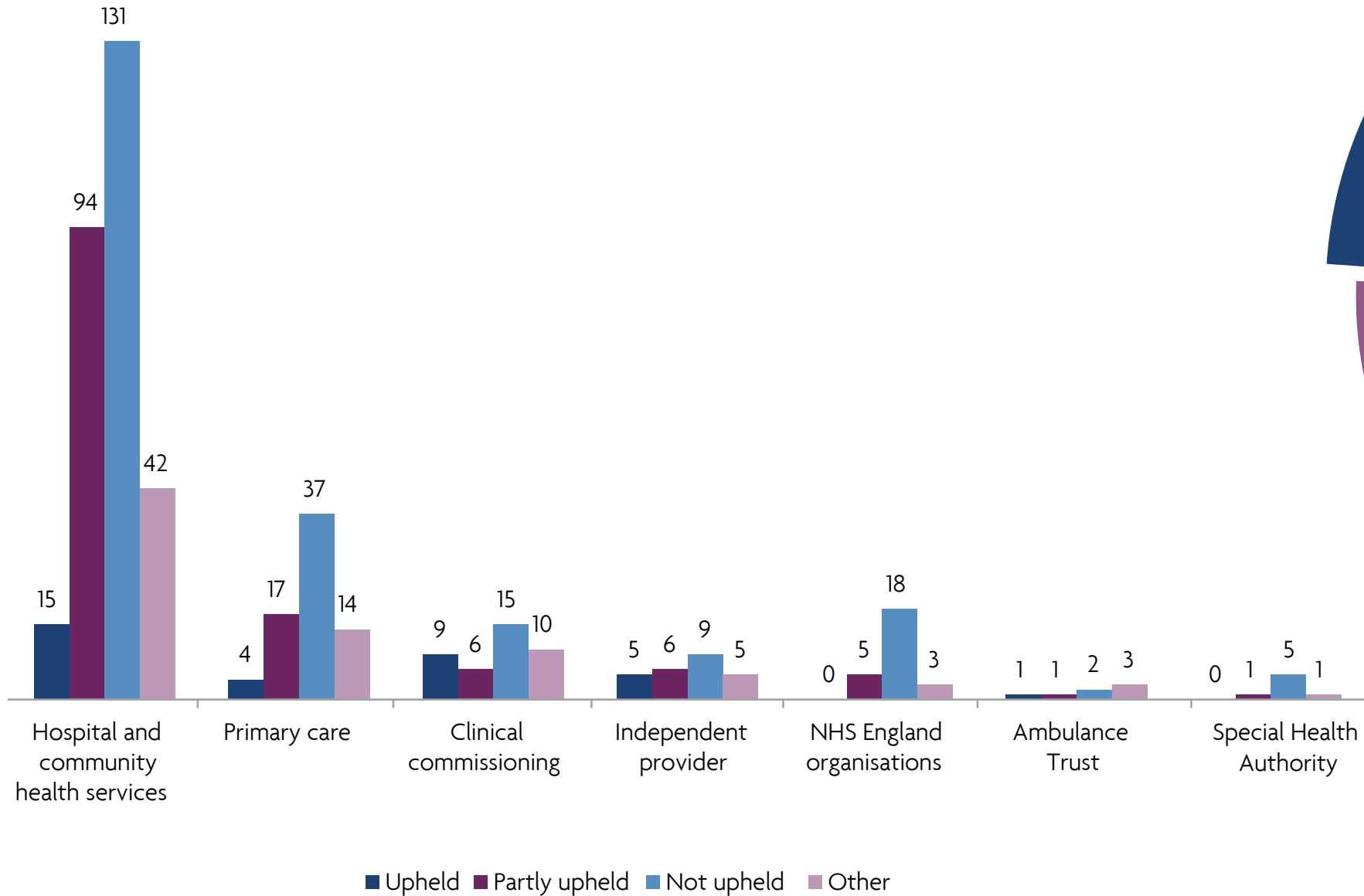
Sometimes, we receive individual complaints that involve more than one organisation. The data below focuses on the 459 organisations involved in the 400 health cases we completed our investigations into in Quarter 1. Case outcomes recorded as 'Other' refer to cases we investigated and that we ended during Quarter 1 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 2018-19

Organisation type	Upheld and partly upheld		Not upheld		Other		Total	
Hospital and community health services	109	39%	131	46%	42	15%	282	61%
Primary care services	21	29%	37	51%	14	19%	72	16%
Clinical Commissioning Group	15	38%	15	38%	10	25%	40	9%
Independent provider	11	44%	9	36%	5	20%	25	5%
NHS England organisations	5	19%	18	69%	3	12%	26	6%
Ambulance Trust	2	29%	2	29%	3	43%	7	1.5%
Special Health Authority	1	14%	5	71%	1	14%	7	1.5%
Total	164	36%	217	47%	78	17%	459	100%

Chart 1 provides a more detailed breakdown of the outcomes for health investigations we investigated in Quarter 1 2018-19.

Chart 1: Health investigation outcomes by organisation type, Quarter 1 2018-19

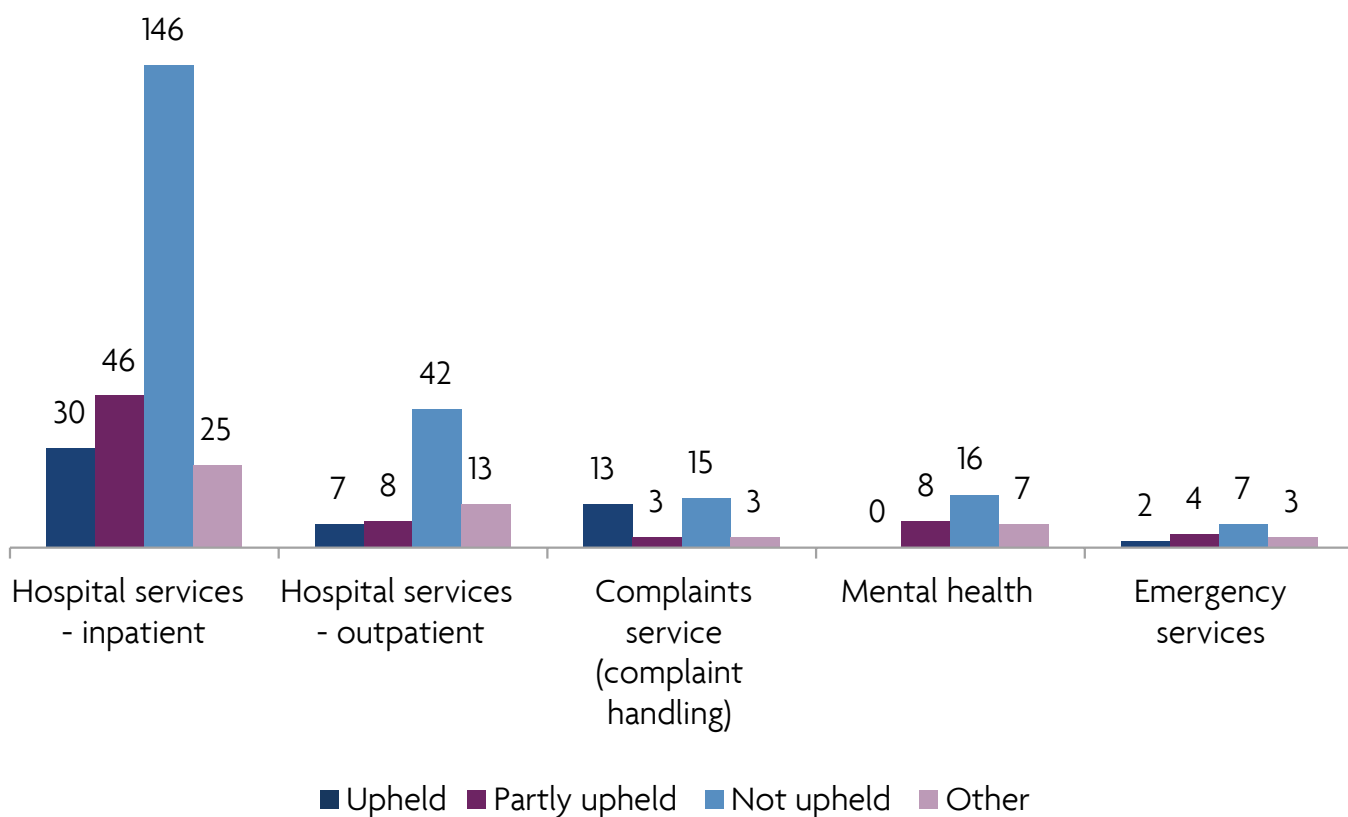


Hospital and community health services

The area in which we saw the most complaints about healthcare provision is in hospital and community health services. This is not surprising, as this category covers the majority of patients' most intensive interactions with the NHS, including almost all acute hospital settings, mental health services and community health services.

The data in Chart 2 shows the top five services the complaints were about within hospital and community health services. It is important to note the low numbers of investigations for some of these services means that a small change in the decisions we make could make a big difference to the uphold rate.

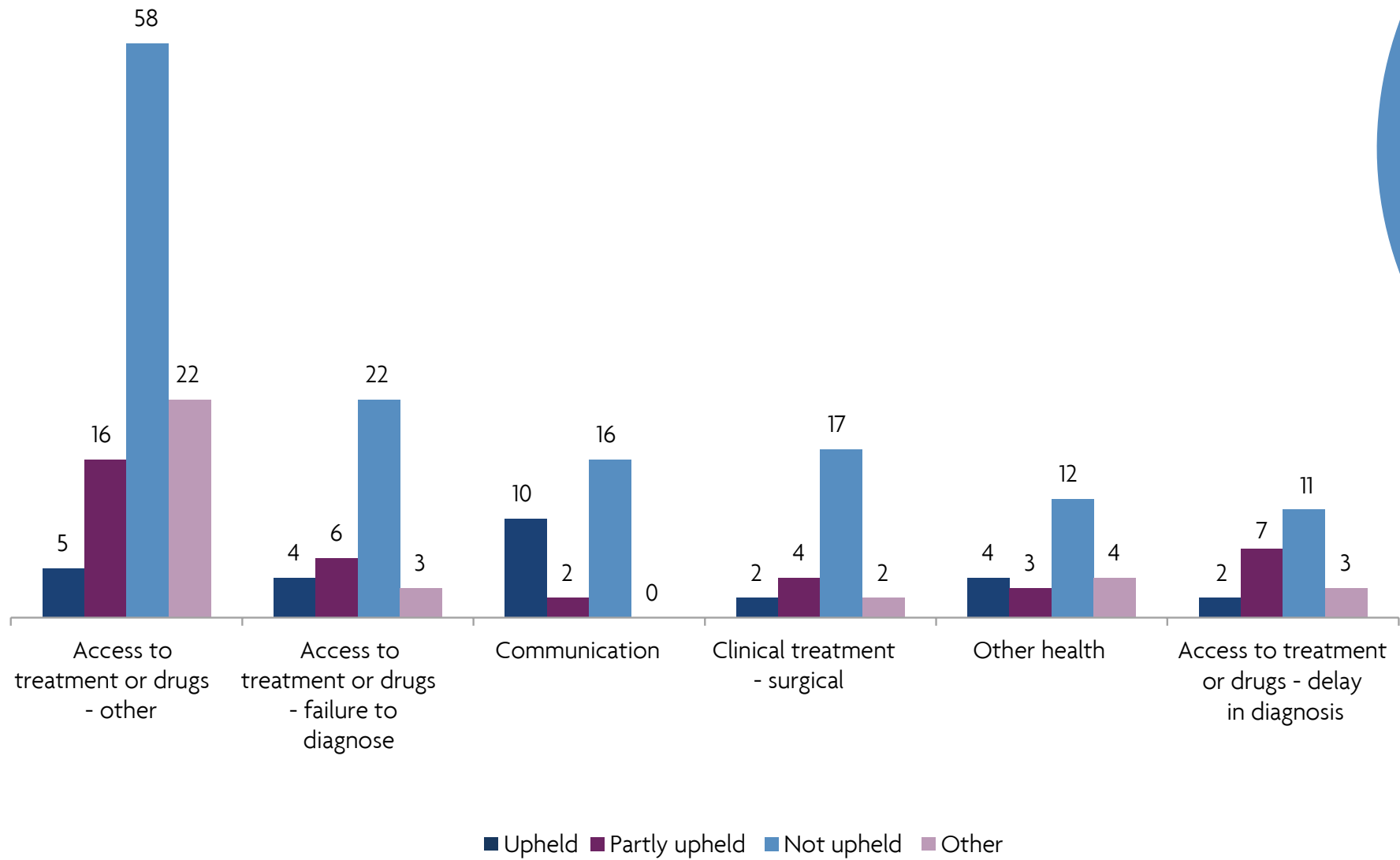
Chart 2: Uphold rates for hospital and community health services by type of service, Quarter 1 2018-19



The data in Chart 3 shows the top six complaint issues for cases we investigated in Quarter 1 in a hospital and community setting. These issues were:

- **Access to treatment or drugs - other: 101 cases.** We record eight complaint issues within this category including issues around diagnosis, referral and visits. This 'other' category is used to record any issues that fall outside these more specific categories.
- **Access to treatment or drugs - failure to diagnose: 35 cases.** These were complaints about a misdiagnosis or a failure to diagnose a condition that the complainant believed was not acceptable.
- **Communication: 28 cases.** Communication issues could include how clinical decisions have been explained and whether the implications were made sufficiently clear.
- **Clinical treatment - surgical: 25 cases.** This refers to complaints arising from surgical treatment and is one of nine clinical treatment groups we record as a complaint part. We record issues around consent separately.
- **Other health: 23 cases.** These complaints could relate to other issues such as funding the transfer of care.
- **Access to treatment or drugs - delay in diagnosis: 23 cases.** These are complaints where there has been an unreasonable delay in diagnosing an illness or starting treatment.

Chart 3: Uphold rates for hospital and community health services by complaint issue, Quarter 1 2018-19



Primary care organisations

The second largest amount of health investigations we completed during Quarter 1 were in primary care services. The data in Chart 4 shows that, for cases completed in Quarter 1, the top three complaint issues for primary care organisations were:

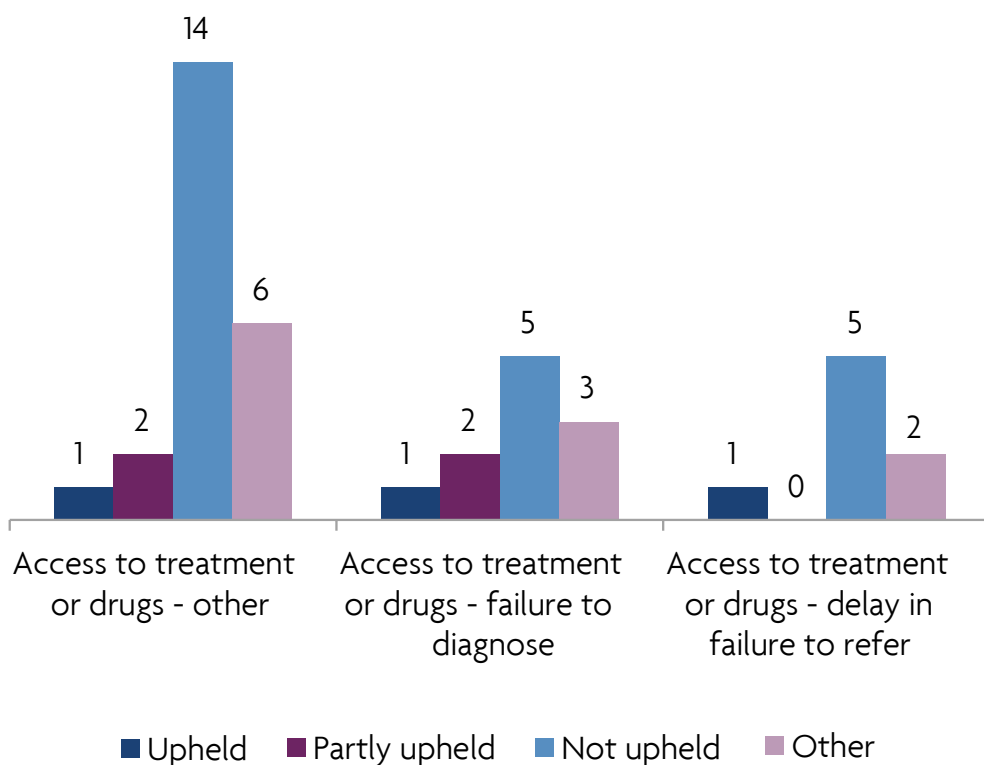
Access to treatment or drugs - other: 23 cases

Access to treatment or drugs - failure to diagnose: 11 cases

Access to treatment or drugs - delay in failure to refer: 8 cases

The explanations for these categories are identical to those outlined for the data in Chart 3.

Chart 4: Uphold rates for primary care organisations by complaint issue, Quarter 1 2018-19



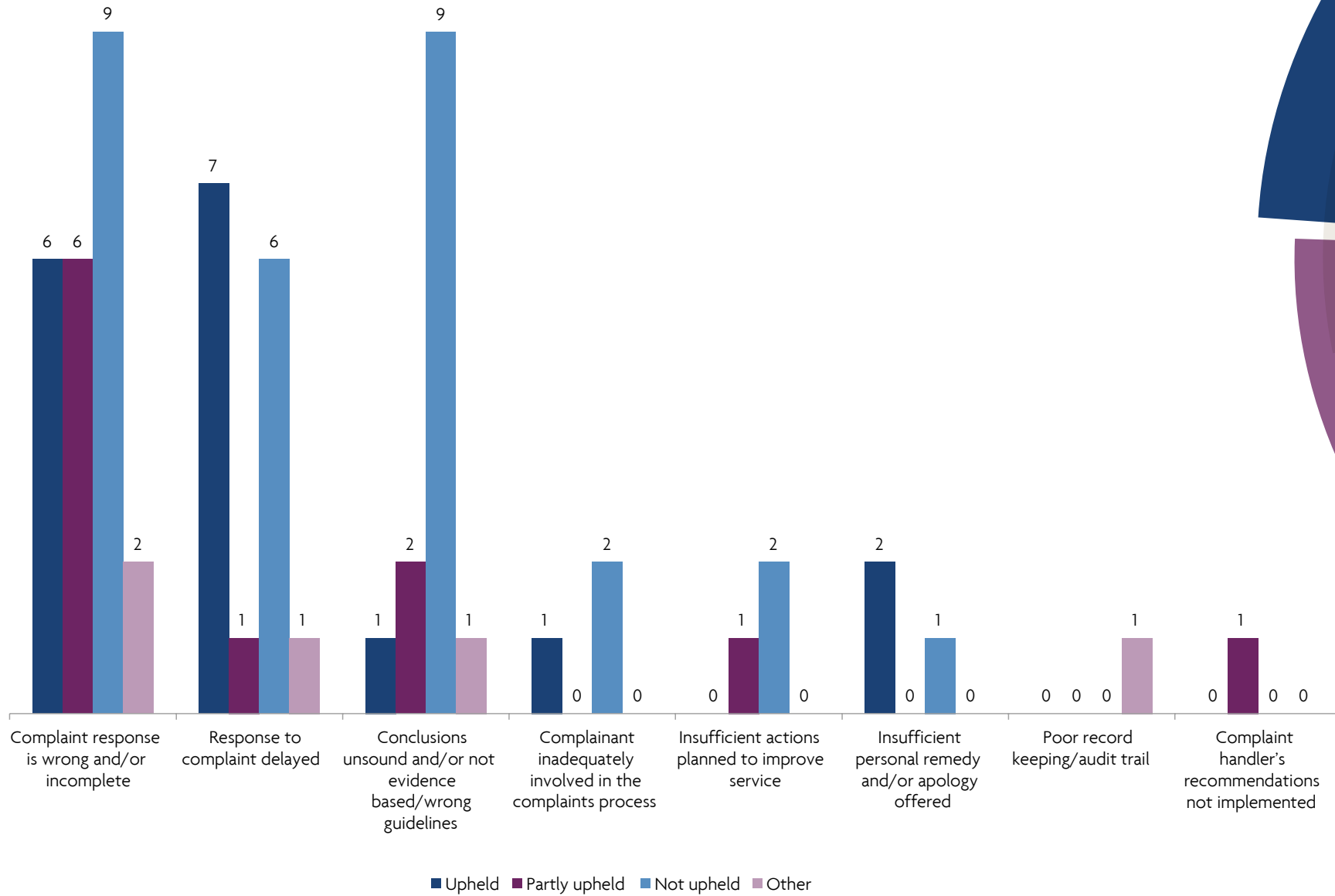
Complaint handling

On 16 April 2018 we published our new corporate three-year 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 5 provides a breakdown of the different categories of complaint handling issues that were brought to us as complaints for health organisations for cases completed in Quarter 1.



Chart 5: Uphold rates for health organisations by complaint handling issue, Quarter 1 2018-19





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.

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