



**ANNUAL REPORT
COMPLAINTS AND CONCERNS
RECEIVED BY NOVA HEALTHCARE
2017**

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Foreword

This is the fourth annual report which sets out a detailed analysis of the nature and number of complaints and concerns received by Nova Healthcare during 2017.

Aspen Healthcare updated and revised its Complaints Policy in August 2017 and this took into account current legislation and best practice guidance with full references available in the policy. Details on how our patients can provide feedback with details of the complaints procedure is available via patient information leaflets in the units and can also be found on our websites.

The ISCAS Code of Practice in Managing Complaints was updated during 2017 and the recommendations have been incorporated into the Aspen Complaints Policy.¹

The Parliamentary and Health Services Ombudsman also produced a report "*A review into the quality of NHS complaints investigations where serious or avoidable harm has been alleged*"² which was reviewed. The actions recommended in this report are in place at Aspen through the Serious Untoward Incident investigation process.

The Nova Healthcare Clinic Manager has responsibility and is authorised by the HTI St James's Ltd Board & Aspen Board to oversee the management of complaints. Aspen's Chief Executive provides any second stage review of a complaint should a complainant remain dissatisfied with a response from any Aspen Hospital/Clinic

During 2017, we have continued to encourage a more meaningful engagement and involvement with our patients and users, ensuring that lessons are continually learned to safeguard quality and prevent failures in care and treatment. Concerns, complaints and all types of patient feedback are reviewed at all levels of the organisation and are a key part of our quality governance framework. It is vital that these experiences are captured robustly and therefore complaints data collection and analysis is an important part of our governance procedures.

We have further encouraged face to face meetings at the start of the complaint process in line with the ISCAS Code of Practice to ensure that we proactively involve our patients at every step of the process and gain clarity as to the real issues.

Patient experience is central to all our services and Nova Healthcare ensures that the information gleaned from complaints is a valuable part of understanding and improving our patient's experience. Our aspiration is to ensure that complaints are not simply seen as a process to be managed but as a genuine opportunity to reflect, learn and improve our services further.

In 2015, the statutory 'Duty of Candour' was introduced and providers of health and social care to be frank, open and honest at every stage in their response to patients'. Aspen Healthcare has incorporated its principles as an integral part of our safety culture. ISCAS are developing a self-assessment tool for providers which will be published during 2018. Aspen Healthcare will undertake this assessment when it is available.

Overview Summary

A total of 2 formal complaints (written and verbal) were received and investigated by Nova Healthcare during 2017 compared to 1 received during 2016. There was 1 Red Alert which while entered into our Datix system, so recording them for analysis, is not included in our totals. The Red Alerts are often just that a rating has been given as poor/very poor – anonymously during the patient feedback process. If the red alerts have been followed up (if pt contact details are given) they have then been registered as a complaint and are included in the formal complaint numbers. The Red Alert that was received was followed up and is included in the number of formal complaints.

In 2017 the percentage of Formal Complaints per number of patient contacts was 0.11%.

There were no Stage 2 complaints which were referred to Aspen Head Office for resolution.

No complaints were referred for external review to the Independent Sector Complaints Adjudication Service (ISCAS) /Commissioners/Ombudsman.

There have not been any complaints which have involved a “Duty of Candour” process.

Importantly Nova Healthcare also receive many compliments about its care and services. Compliments are sent directly to wards/departments/members of staff and this information is also collated and reviewed to gain a balanced view of our patient’s feedback.

Introduction

Nova Healthcare is committed to ensuring that those who use its services are readily able to access information about how to make a complaint or raise a concern and that the issues raised are dealt with promptly and fairly and used to inform our care delivery and services. We advocate adherence to the principles of good complaint handling as defined by the Parliamentary and Health Service Ombudsman (PHSO):

1. Getting it right

Quickly acknowledging and putting right cases of maladministration or poor service that led to injustice or hardship. Considering all the factors when deciding the remedy with fairness for the complainant and where appropriate others who also suffered

2. Being customer focused

Apologising and explaining, managing expectations, dealing with people professionally and sensitively and remedies that take into account individual circumstances

3. Being open and accountable

Clear about how decisions are made, proper accountability, delegation and keeping clear records

4. Acting fairly and proportionately

Fair and proportionate remedies, without bias and discrimination

5. Putting things right

Consider all forms of remedy such as apology, explanation, remedial action or financial offer

6. Seeking continuous improvement

Using lessons learned to avoid repeating poor service and recording outcomes to improve services.

Profile of Nova Healthcare

Nova Healthcare is a provider of specialist care for cancer, haematological disorders and certain neurologic conditions. A key component of our services is Stereotactic Radiosurgery (SRS) which is used to treat benign and secondary brain tumours and certain neurological disorders e.g. trigeminal neuralgia. The SRS service uses a Leksell Gamma Knife® Icon™ platform. Nova Healthcare is proud to be one of only two UK centres to offer SRS services using a Leksell Gamma Knife® Icon™. Our SRS services are offered to insured and self-pay patients, as well as individuals funded by NHS England, and overseas patients.

Nova Healthcare also offers a wide range of cancer related treatments, some in association with The Leeds Teaching Hospitals NHS Trust, including chemotherapy, radiotherapy, brachytherapy and robot assisted prostate surgery.

Our purpose built facility includes three Consulting Rooms with associated examination rooms, 3 individual patient rooms, 4 treatment bays and a range of support accommodation. All patients are treated on an ambulatory care or day case basis within the unit, with overnight admission available in association with The Leeds Teaching Hospitals NHS Trust.

Definitions

- **Datix** is Aspen Healthcare's chosen web-based patient safety management software system application which includes a complaints module.
- **Complaints** are defined as expressions of displeasure or dissatisfaction.
- **Concerns** are issues that are of interest or importance affecting the person raising them.
- **Feedback** is information/suggestions about care or services that patients provide, which may be complimentary or critical.
- **Compliments** are expressions of thanks and praise.
- **Duty of Candour** - Candour is defined in Robert Francis' report as: 'The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.'

Data Collection and Analysis

Complaints (both written and verbal, including any 'red alerts' from our patient satisfaction surveys) are entered onto the Datix system, and all relevant associated documents are also uploaded to the Datix system. This provides a comprehensive record of each complaint; responses; evidence of actions undertaken; and resulting outcomes arising from complaints.

All concerns and complaints are categorised to enable more detailed analysis of themes in line with the national NHS KO41 categories. These include categories such as admission and discharge; care and treatment (medical and nursing); attitude of staff; patients privacy and dignity; communication; and consent to treatment.

We post a questionnaire to all patients we treat to encourage feedback once they have been discharged. We also have a suggestions box in the main reception area, where patients and visitors can leave comments on good aspects of their experience, and also offer suggestions as to how we can improve the patient experience. This feedback is regularly reviewed by the senior managers and Quality Governance Committee and all feedback (concerns, complaints) are fed into the complaints review process.

Formal Complaints

A complaint becomes formal in accordance with the patient's wishes. This may originate from a concern (written or verbal) which has not been possible to resolve through informal means, thus turning formal, or may be directed to the Clinic Manager (written or verbal). Aspen Healthcare also records the incidence of "Red Alerts" which are written complaints documented on patient satisfaction surveys following discharge. It is not always possible to respond to these alerts as patients do not always provide their name or contact details but where possible identification is made and responses are sent in accordance with our Aspen complaints procedure. Where this process has been undertaken they will be included in our formal complaints numbers.

A total of 2 formal complaints were received and investigated by Nova Healthcare during 2017 compared to 1 received during 2016. The percentage of formal complaints per number of patient contacts (1,828) in 2017 was 0.11%.

Table 1 summarises the breakdown of these complaints for each quarter during 2017.

Table 1: Breakdown of Number of Complaints by Quarter in 2017

Quarter	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of patients (OPD & IP/DC)	369	468	490	501
Percentage of complaints per patient contacts	0%	0.43%	0%	0%
Number of written complaints received	0	2	0	0
Number of verbal complaints	0	0	0	0
Number of Stage 2 complaints	0	0	0	0
Number of complaints referred to ISCAS Stage 3	0	0	0	0
TOTAL	0	2	0	0
Number of 'Red Alerts' (via patient surveys)	0	1 (included in total above)	0	0

The percentage of complaints responded to within Aspen's required timeframe of 20 days was 100%.

Of the 2 complaints:

None of the complainants referred their complaint on completion of Nova Healthcare's investigation and stage 2 process to ISCAS / Commissioners / Ombudsman

During 2017, no complainants referred their complaint to the Care Quality Commission.

In 2017, none of the complaints received were deemed to require specific consent (to investigate).

In 2017, none of the complaints involved a "Duty of Candour" disclosure.

On 1 occasion Nova Healthcare worked with NHS Trusts to provide a joint complaint response.

We endeavour to ensure that the ways in which complaints are managed do not deter or disadvantage patients or their relatives from making complaints. Reasonable assistance is available to anyone needing help to make a complaint (for example, whose first language is not English, or who may have a disability).

- Nova Healthcare was not approached to provide correspondence for the complaints in large print.

- There were no formal complaints from patients who stated they had learning disabilities or received from carers of patients with learning disabilities.
- All formal complaints were received in the English language with no requests made by a complainant (or enquirers) for the use of our interpreting service.
- None of the complainants have instructed lawyers to investigate the potential for them to pursue a successful damages claim.

None of the complainants took the option of meeting with relevant senior staff at the start of the investigation. This is recommended as good practice in the Aspen Complaints Policy and the ISCAS Code of Complaints Management¹:

“The complainant should be invited to meet with an appropriate member of staff i.e. Head of Department, Director to allow them the opportunity to discuss their concerns, what reasonable outcome is desired and the outcome of any investigation (if post investigation).”
Aspen Healthcare Complaints Policy: 2017.

Detailed Analysis

Both complaints were reviewed by the Clinic Manager and advised to the Board of HTI St James’s Limited T/A Nova Healthcare. The Clinic Manager provided a detailed response to all concerns for both complaints, in writing, within 20 working days of receipt of the complaint.

One complaint related to disappointment with follow up care following treatment. The complaint was acknowledged on the day it was received (via email). The concern was resolved within 4 working days and arrangements were made for a follow up appointment within 4 days of the complaint being received. This complaint was upheld.

Category: Appointments, delay/cancellation (out-patient).

One complaint related to poor customer service from the receptionists within the radiotherapy department, and inadequate explanation about delays to treatment in radiotherapy.

This complaint was responded to with the assistance of the radiotherapy department at Leeds Cancer Centre. The complaint, which was received via a Red Alert, was acknowledged on the day it was received. A full response was provided within 20 working days, and this complaint was upheld.

Categories: Appointments, delay/cancellation (out-patient), Attitude of staff.

Complaint Outcomes

A full investigation is completed for all complaints and the Clinic Manager assesses each complaint to ascertain whether or not it is upheld and if further action is required. This is somewhat subjective, and can be complex, as often there are a multiplicity of issues within an individual complaint, some of which may prove to be unfounded and not upheld upon investigation. When an individual complains they are referring to their own experience and therefore this is kept in mind with all complaints being handled accordingly.

See Table 3 for a breakdown of complaints upheld, partially upheld and not upheld.

Table 3: Table of Complaints Upheld/Partially Upheld/Not Upheld in 2017

	Number	Percentage of Total
Complaints Upheld	2	100%
Complaints Partially Upheld	0	0
Complaints Not upheld	0	0

Key Learning from Complaints and Improvements/Changes Made

Nova Healthcare seeks to ensure that every opportunity is taken to make changes following all feedback, concerns and complaints to improve the care and services received by patients, users and their representatives.

As soon as a complaint is received by the Clinic Manager it is their responsibility to establish whether any immediate and/or remedial action(s) should be taken – prior to the investigation - in the interest of safeguarding safety and quality. All complaints are shared with the department/individual/Head of Department named in the complaint to ensure full investigation/learning/remedial actions can be put in place as appropriate.

Complaint reports are taken to HTISJ Board, the Quality Governance Committee and the Medical Advisory Committee in order that Nova Healthcare staff can constructively discuss complaints received in their areas of responsibility as part of our clinical governance processes. This encourages the sharing of any lessons that are learned and an improved understanding of the impact the experience has had on individual patients.

Changes have been made throughout the year in response to issues raised and these include:

- Review of process for making follow up MRI appointments following gamma knife treatment.
- Full review of the patient pathway for private radiotherapy patients, with enhanced personalised service which allows for fast communication relating to any delays on treatment machines.
- Improved waiting area for private radiotherapy patients

Conclusion and Key Initiatives for 2018

Nova Healthcare achieved a very low level of complaints during 2016 and in contrast achieved high levels of patient satisfaction. Whilst only two complaints were received, these were thoroughly investigated and actions agreed to seek to prevent a recurrence.

In the previous report, a number of key initiatives were identified to improve patient feedback, and handling of complaints. The table below shows progress made on these key initiatives:

Key Initiative for 2017	Progress
Systematic review of the quarterly patient satisfaction reports to prioritise areas for improvement in services	Completed
Ensure patient satisfaction reports are shared with all staff members	Completed
Suggestions box – allowing patients to provide ‘live’ anonymous feedback	Completed
Introduce staff training to ensure point of service/informal complaints (e.g. verbal) are identified and managed appropriately	Completed
Enhance the local complaints register to aid trend analysis	Completed
Turn learning from complaints into measurable change and close the loop	Completed
Establish a clear process for managing email interactions with complainants	Completed
Complete training of all staff on the World Host programme	Partially completed

For 2018, initiatives include:

- Seeking accreditation with WorldHost
- To ensure Datix system is utilised for all recording all complaints, including ‘red alerts’
- Move towards paperlight system of working and make use of electronic systems e.g. Datix
- Work towards improving our response rate for patient satisfaction surveys
- Ensuring the website is updated to include membership of ISCAS, and current Annual Reports are uploaded.



*Reviewed by Dawn Abbott, Clinic Manager
24 January 2018*

This report was also discussed and ratified at the following committees / meetings:

- HTI St James’s Ltd Board
- Medical Advisory Committee
- Local Quality Governance Committee

References

1. Patient complaints adjudication service. (2017). *ISCAS Code of Practice*. Available: http://www.iscas.org.uk/doc_download/513-iscas-members-code-of-practice-for-managing-complaints-may-2013 Last accessed 31.10.17
2. Parliamentary and Health Service Ombudsman. (2017). *A review into the quality of NHS complaints investigations where serious or avoidable harm has been identified*. Available: <https://www.ombudsman.org.uk/publications/review-quality-nhs-complaints-investigations-where-serious-or-avoidable-harm-has> . Last accessed 31.10.17.