



**ISCAS**  
INDEPENDENT HEALTHCARE SECTOR  
COMPLAINTS ADJUDICATION SERVICE



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# ANNUAL REPORT

2014

# CONTENTS

Foreword	page 3
Introduction to ISCAS	page 4
A message from the Chair of the ISCAS Governance Board	page 5
Independent Adjudication – agile, responsive, transparent and fair	page 6
The Patient Voice – how patients help shape the service	page 9
ISCAS activity, facts and figures	page 10
Finance Report	page 15

# ISCAS MEMBERS

Aspen Healthcare	The Hospital of St John and St Elizabeth	Newport Cardiac Centre
Benenden Healthcare	Independent Doctors Federation	The New Victoria Hospital
BMI Healthcare	KIMS (Kent Institute of Medicine & Surgery)	North West Independent Hospital
Bridgewater Hospital	King Edward VII Hospital Sister Agnes	Nuffield Health
Bupa Cromwell Hospital	La Belle Forme	Pall Mall Medical
The Cadogan Clinic	Linia Cosmetic Surgery	The Priors Group
Capio Nightingale Hospital	London Claremont Clinic	Ramsay Health Care
Castle Craig Hospital	The London Clinic	The Raphael Medical Centre
Centre for Sight	London Medical	The Royal Hospital for Neurodisability
Circle Health	London Wellbeck Hospital	Rushcliffe Independent Hospitals
Clock House Healthcare	Make Yourself Amazing (MYA)	Sancta Maria Hospital
Elanic	Marie Stopes International	Sk:n Clinics
Fairfield Independent Hospital	McIndoe Surgical Centre	Spencer Private Hospitals
The French Cosmetic Medical Company	The Medical Chambers Kensington Limited	Spire Healthcare
Glenside Manor Healthcare	Minerva Medical Clinic	St Hugh's Hospital
The Harley Medical Group	NES Healthcare	St. Joseph's Private Hospital
Harley Street ENT Clinic	New Life Clinic	Transform Cosmetic Surgery Group
HCA International		The Ulster Independent Clinic
Horder Healthcare		UME Diagnostics
The Hospital Group		Wimbledon Neuro-Care

# FOREWORD

BY THE DIRECTOR OF ISCAS, SALLY TABER

Complaints handling in healthcare is under intense scrutiny. In February 2014 the Health Select Committee reviewed progress in handling complaints from patients and the public, as well as concerns raised by staff. In the same month, the Government Response to the Review of the Regulation of Cosmetic Interventions contained proposals for the Parliamentary and Health Service Ombudsman (PHSO) to oversee all complaints about independent healthcare – not just those about cosmetic procedures.

ISCAS successfully defended the right of independent healthcare providers to remain independent. In no less than four meetings, the Health Minister, Dr Dan Poulter, sought to find a means to achieve this, with no clear outcome except that legislation would be needed – years hence. ISCAS recognises and wishes to work in partnership with the PHSO until final agreement is reached.

In November 2014, The Patients Association reported that the Public and Health Services Ombudsman had failed patients and their families. The Patients Association said: 'we have no confidence in the PHSO to carry out an independent, fair, open, honest and robust investigation.' This statement risks undermining public confidence in healthcare complaints handling - maybe the NHS is in focus this time, but the criticisms cast a shadow over all those involved in investigating complaints. ISCAS and its member organisations must not cease to strive for improvements in the service we provide to patients and their families.

In 2014, as in previous years, ISCAS have sought, with success, to achieve improvements in the way complaints are reviewed at Independent Adjudication where we have direct responsibilities. We have also encouraged ISCAS members to raise their standards when dealing with patient concerns.

## Information Sharing Agreements with regulators

Over the course of the past year ISCAS worked with the regulatory bodies: Care Quality Commission (CQC), Health Improvement Scotland (HIS), Health Inspectorate Wales (HIW) and the Regulation and Quality Improvement Authority (RQIA) Northern Ireland to agree and implement Information Sharing Agreements. These are successfully in place with the CQC and in the process of agreement with HIW.

These agreements are intended to summarise the arrangements for the investigation of 'concerning information' by the regulators where they arise from treatment provided in ISCAS member hospitals. In a similar way to the Parliamentary Health Service Ombudsman, ISCAS already shares anonymised outcomes of complaints which have been managed through its service with the CQC and plans to extend this to the other three regulators. The system regulators in particular now recognise the importance of signposting the public to ISCAS. This further highlights ISCAS as the route to the resolution of complaints against independent healthcare providers.

For 2015, the new statutory 'Duty of Candour' challenges providers of health and social care to be frank, open and honest at every stage in their response to patients' concerns. We must incorporate its principles as an integral part of our safety culture because, if we do, it will greatly improve the way we learn, both personally and organisationally. Then we will be even better at resolving patients' concerns – and the results will show in the bottom line.

# INTRODUCTION

BY THE ISCAS MANAGER, CHARLIE EVANS

The Independent Sector Complaints Adjudication Service (ISCAS) is the recognised complaints management framework in the independent healthcare sector. ISCAS is a voluntary membership scheme that represents the vast majority of all independent healthcare providers across the UK. The ISCAS Complaints Code of Practice (the Code) sets out the standards that ISCAS members agree to meet when handling complaints from privately-funded (insured or self-paying) patients about their services.

The Code is a three stage process which focuses on local resolution wherever possible:

**Stage 1 – Local Resolution**

**Stage 2 – Complaint Review**

**Stage 3 – Independent Adjudication**

Independent Adjudication affords those complainants using ISCAS member hospitals and clinics an independent review process for complaints that cannot be resolved locally. ISCAS members using the Code clearly demonstrate a commitment to providing a quality service. Complaints from NHS-funded patients treated in an ISCAS member hospital or clinic are handled according to the NHS Complaints Procedure. Underpinning the ISCAS Code is a commitment to value complainants for the feedback they provide and to bring about quality improvements.

In the coming year ISCAS will review the May 2013 version of the Code. This will involve consultation with a wide range of stakeholders, including patient representatives/patient organisations, ISCAS members, adjudicators, the ISCAS Governance Board, professional and system regulators.

Throughout 2014 improving the quality of complaints handling by providers has been a key driver for ISCAS. We have worked with members to improve processes for handling and investigating complaints. During the year ISCAS identified that weaknesses in the initial investigation stage were a recurring theme and that such failings can lead to protracted and costly complaints resolution. ISCAS will continue to work with members to address this and other issues in 2015.

In December 2014, ISCAS launched a quarterly newsletter which includes key messages from the Adjudicator and the ISCAS Management Team; best practice stories from members and information on the latest policy issues for complaints handling. Member training seminars covering a wide range of topics are planned for 2015 with the first scheduled to take place in February.

Ensuring that patients are informed is a key priority and during the year ISCAS restructured and simplified its website to provide clear information for complainants about what ISCAS can and cannot do. The website has a number of useful publications, including the Patient Guide, Adjudicators' Goodwill Payment Guide and the ISCAS Code of Practice.

Over the year ISCAS acquired five new members bringing the total to 58. Many organisations have a large number of hospital services in their corporate membership of ISCAS and the current total of individual members is 234.

# MESSAGE

BY CHAIR OF THE ISCAS GOVERNANCE BOARD,  
BARONESS FIONA HODGSON, CBE

This year the ISCAS Governance Board has continued to build on progress since it was set up in March 2012 to ensure an independent complaints service in the independent healthcare sector.

The new Complaints Code, launched in May 2013, with its clear standards and timescales, has proved to be a great success in managing complaints for both ISCAS members and complainants. The Code is also the measuring stick used to evaluate new members before their application is submitted to the ISCAS Governance Board for final approval. During 2015 a further review of the Code will be undertaken and consultation is planned with the ISCAS Governance Board, ISCAS members and a wider external consultation.

Ensuring that ISCAS is 'user friendly' to patients is a major priority and during the past year ISCAS has produced a patients' guide with input from the Patients Association and Action against Medical Accidents (AvMA) which explains how to make a complaint about an ISCAS member using the ISCAS Complaints Code of Practice. This document is readily available to complainants and has been found to be a valuable asset in guiding them through the complaints process.

Getting the right balance on the Board remains an important concern. We welcomed Stephen Barasi as a new patient representative at our meeting in November, but we would still like to have more patient representation, so we would be grateful for any information about possible candidates.

I would like to thank all the ISCAS staff who have been such a fantastic support this year. We were sorry to say 'goodbye' to Andrew Wilby who had done such a wonderful job, but we welcome Charlie Evans to the Manager role, and look forward to meeting the challenges of 2015!



# INDEPENDENT ADJUDICATION

## – AGILE, RESPONSIVE, TRANSPARENT AND FAIR BY SALLY WILLIAMS, ADJUDICATOR

ISCAS Independent Adjudication has worked hard during 2014 to demonstrate improvements in the way complaints are reviewed at Independent Adjudication and also in the approach taken by the independent healthcare sector to handling complaints. Detailed below are some of the main improvements we have made over the last year.

### Stronger Independent Adjudication review

The team of three Independent Adjudicators has worked with the ISCAS Management Team to improve our approach to reviewing complaints. This has included revising the documentation sent to complainants, standardising the approach to capturing the key heads of a complaint, and redesigning the way we instruct experts to provide expert advice.

We strive to keep both parties – the complainant and the provider – informed at each stage of the process and to make sure that information is shared openly. Where we seek the advice of clinical experts, the identity of the expert is made clear from the start and their advice to us is provided to both parties on completion of the adjudication.

Every complaint is unique and one advantage of having a small team of adjudicators is that we are well positioned to be agile and responsive to the needs of individual complainants. At the same time, it is important to demonstrate a consistent approach to adjudications and one that ensures every complaint is dealt with in a fair, transparent and timely way, and underpinned by a thorough review of the complaint.

During 2015, we will consolidate the improvements we have already made – and seek to understand their impact – and we will complete activity to revise our documentation. This will include reviewing:

- the format of adjudication decision letters;
- the mechanisms for giving advice to providers following a review of a complaint at the Independent Adjudication stage;
- how we signpost complainants who remain dissatisfied with decisions onto other organisations.

### Clearer decision-making

An important step forward has been the development of the Goodwill Payments Guide. Last year's annual report highlighted a lack of transparency about the basis for determining the size of a financial award to complainants. The new Guide sets out the factors that Adjudicators may consider in deciding whether a goodwill payment should be awarded, including:

- compliance with the ISCAS Complaints Code of Practice;
- the timeliness, tone and substance of responses to complaints; and,
- the impact on the complainant.

## INDEPENDENT ADJUDICATION

Weighing up the mitigating and aggravating factors in the handling of a complaint helps each Adjudicator decide how much a goodwill payment should be. This is done using a new four tier scale:

Scale	
<b>Tier 1 (moderate)</b>	<b>Up to £500</b>
<b>Tier 2 (significant)</b>	<b>£500 - £1,000</b>
<b>Tier 3 (serious)</b>	<b>£1,000 - £3,000</b>
<b>Tier 4 (very serious)</b>	<b>£3,000 - £5,000</b>

To date, most goodwill payments have been for less than £1,000 and have exceeded £3,000 in only a small number of cases.

The Goodwill Payments Guide (which can be found on the ISCAS website) is already helping the adjudicators to be more consistent in the language used to convey adjudication decisions, which in time should further assist in identifying recurring themes with regard to those areas where providers are responding well, and those areas that require attention.

### Greater accountability

An important feature of ISCAS Independent Adjudication is that the adjudicators are independent of the organisations and individuals complained about. It is this independence that allows a fair and impartial review of complaints to take place at the Independent Adjudication stage. It is also important that we demonstrate accountability for our performance. To this end, we have begun to explore mechanisms for peer review, to develop our skills as adjudicators.

### Striving for improvements

Independent adjudicators have a bird's eye view on the way healthcare providers handle complaints, and our independence means we have no vested interest that might inhibit our ability to speak openly about what we find. Each adjudication decision is copied to the provider, accompanied by a letter that, depending on the outcome, may contain advice on areas that the provider should give attention to. We have also strengthened the quarterly report we submit to the ISCAS Governance Board to draw out more clearly the learning from complaints.

The following are examples of the types of learning points we have identified around complaints handling:

- Weaknesses in the investigation of complaints at local level – particularly in gathering statements from the operating surgeon or doctor providing treatment, failing to document evidence in a systematic way, or to make a record of discussions between staff investigating a complaint and clinical staff (particularly doctors);
- Breach of the timeframes set out on the Code, and reflected in the complaints procedures of all ISCAS members;
- Lack of a process for dealing with communications from patients by email;
- Confusing messages regarding the scope of the complaints process in respect of negligence and compensation.

## INDEPENDENT ADJUDICATION

The following areas are examples of learning points around service provision:

- Failure to give sufficient attention to recording the detail of conversations about consent – doctors' clinical notes sometimes give scant reference to discussion about risks or are closed to scrutiny by illegible handwriting; and consent forms often have the appearance of being written in haste, with only the briefest detail on risks.
- Patient expectations regarding the outcome of cosmetic surgery – where the desired outcome is subjective, disappointment with what constitutes an acceptable outcome can quickly give rise to complaints. For this type of surgery, having a witness present and taking 'before and after' photographs can help to support the consenting process.
- Misleading or exaggerated claims about the skills and experience of doctors – including describing one doctor as a 'surgeon' and a 'specialist Gynaecologist and Obstetrician' who was not on the General Medical Council's specialist register and was in fact a GP. It is beholden on healthcare providers to make sure that all communications with patients are accurate when describing the skills and experience of the doctors providing services.

### Escalating concerns

Over the last year we have strengthened our focus on escalating issues of concern to the ISCAS Governance Board. This has included notifying the Board of:

- Concerns over how 'Patient Coordinators' were being used in one cosmetic surgery organisation;
- The number of telephone calls another cosmetic surgery organisation made to a prospective patient;
- Failures by one hospital group to deliver the distinct two-stage complaint process at local level; and
- The impersonal and anonymous letters of response sent by one provider.

Highlighting concerns in this forum has resulted in actions that should benefit future patients and their families. For example, one hospital group acknowledged deficiencies in its complaints handling at the Complaints Review stage (Stage 2) and outlined several positive responses, including re-focusing training and awareness for those who oversee the investigation and responses to Stage 2 complaints, and improving the tracking and recording of complaints.

It is tempting to focus on where organisations go wrong when it comes to complaints handling, but we also see examples of good practice and one of our objectives for 2015 is to find ways to share this good practice across the sector.

The Independent Adjudication team has achieved a great deal during 2014. Our focus during 2015 will be on consolidating the achievements of the last year, and understanding where further improvements are needed.



# THE PATIENT VOICE

HOW PATIENTS HELP SHAPE THE SERVICE  
BY DISA YOUNG, SENIOR ADVISER

ISCAS has always recognised the fundamental importance of patient involvement in our complaints service. We have secured patient involvement at the highest level through patient representation on the ISCAS Governance Board. In addition, patient and advocacy organisations are formally consulted on each review of the ISCAS Code and associated documentation.

In 2014, ISCAS identified that we needed to better capture, learn and act on feedback from patients who have been through Independent Adjudication. Patients are now asked to rate the way their complaint was handled by ISCAS and we have achieved a 48% response rate.

Adjudicators respond directly to patients on their feedback and the ISCAS Management Team reports feedback received to the ISCAS Governance Board. The following table illustrates some of the ways in which patient feedback shaped the ISCAS service in 2014:

Patient feedback	Action taken by ISCAS
There was a mixed response to how well patients felt they were kept informed about the progress of their complaint.	Adjudicators added two standard letters to the process.
Dissatisfaction was expressed with the length of time taken to complete reports.	ISCAS appointed a third adjudicator.
Patients requested more information on how ISCAS manages patient records.	ISCAS added this information to its correspondence and the Patient Guide.
Patients asked to see evidence of how ISCAS members have made changes following an adjudication decision.	ISCAS added to its correspondence explaining that adjudication reports are shared with the Care Quality Commission and how the regulator uses that information.
ISCAS received feedback from patients that they consider the level of goodwill payment awarded to be too low.	ISCAS continues to manage patient expectations and as the Goodwill Payments Guide becomes more embedded, this should be less of an issue.

Patient feedback on ISCAS regarding the process has been consistently positive. The thoroughness of the adjudicators' investigations is often highlighted and the majority of patients consider that the adjudicator's decision addressed their complaint well. Finally, the following is a sample of patient feedback received:

*"The report was excellent, professional, easily understood and I felt my papers that I submitted were fully read, understanding the complexity of the situation."*

*"The process undertaken by ISCAS was overall excellent with a particularly clear and precise report."*

*"I am fairly satisfied with the outcome of my complaint. I appreciate finally that someone listened to my issues raised. I praise all the hard work that the adjudicator put into my complaint."*

# ISCAS ACTIVITY

## FACTS AND FIGURES

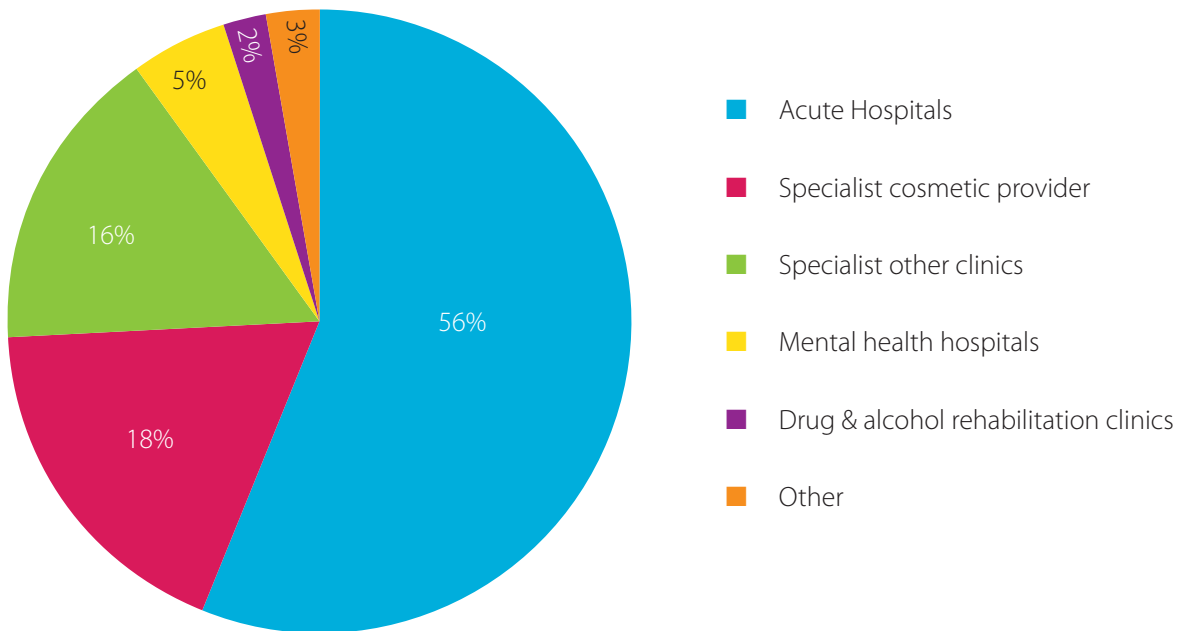
BY CHARLIE EVANS, ISCAS MANAGER

A significant amount of ISCAS time is committed to helping people work through the complaints process ahead of and during the independent adjudication process, and to advising about alternative ways to pursue complaints about non-members.

### ISCAS members

ISCAS has six different categories of members based on the type of service provided by the hospital or clinic. Table 1 sets out the breakdown of types of providers.

**Table 1: Type of ISCAS member**



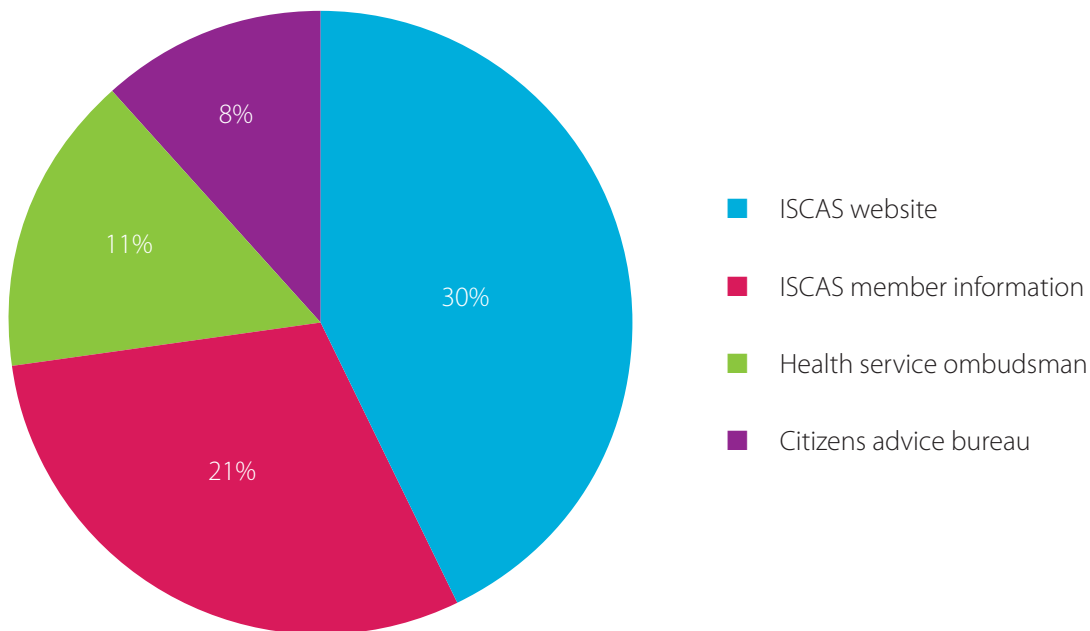
By way of explanation, Specialist ‘other’ clinics are primarily specialists in diagnostics and imaging, neuro-rehabilitation, IVF or pregnancy services. The ‘Other’ category comprises the Independent Doctors Federation (IDF) and RMO (Resident Medical Officer) agencies.

### Referrals to ISCAS

At the Independent Adjudication stage, the vast majority of complainants are now referred to ISCAS by ISCAS members. Table 2 shows how people were signposted to ISCAS. 70% of all referrals came from four sources.

## ISCAS ACTIVITY

**Table 2: How people hear about ISCAS prior to Independent Adjudication**



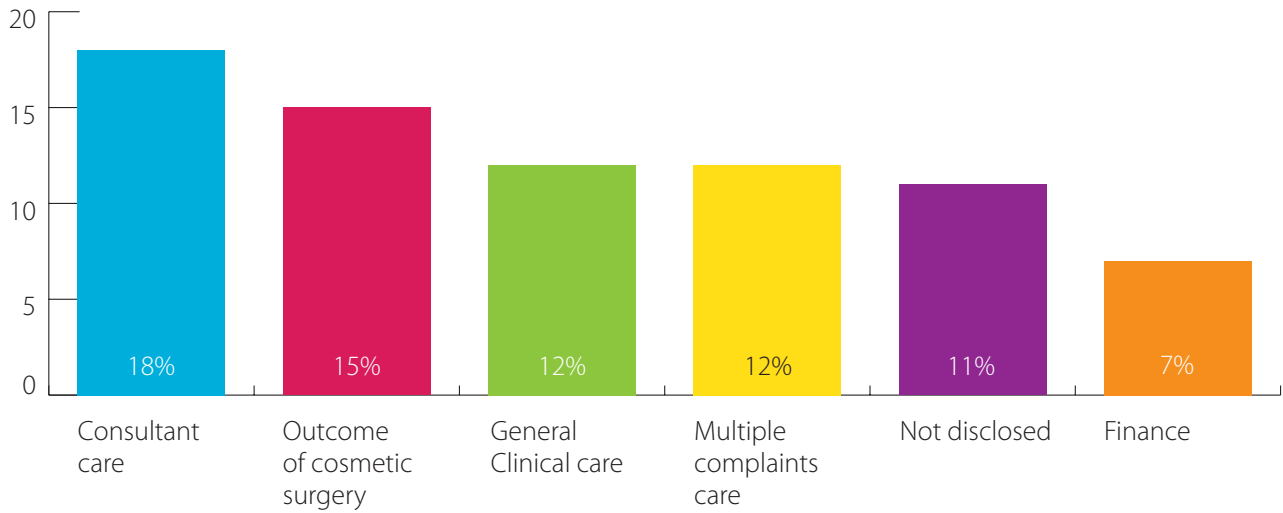
### Complaints managed by ISCAS

During 2014 a total of 320 complainants contacted ISCAS with a concern via telephone, email or letter. This was in addition to the 40 complainants whose complaints were adjudicated on. There were a further five complainants who began the ISCAS Adjudication process but for a variety of reasons decided not to progress to Independent Adjudication.

Of the 320 complainants that contacted ISCAS with a concern, 63% (201) of the contacts related to ISCAS members. In all these cases, the complainant had not completed the local resolution stages and was therefore referred back to the ISCAS member. The remaining 37% of contacts relating to non-ISCAS members were signposted to other organisations where possible.

## ISCAS ACTIVITY

**Table 3: Type of complaints about ISCAS members prematurely referred to ISCAS**

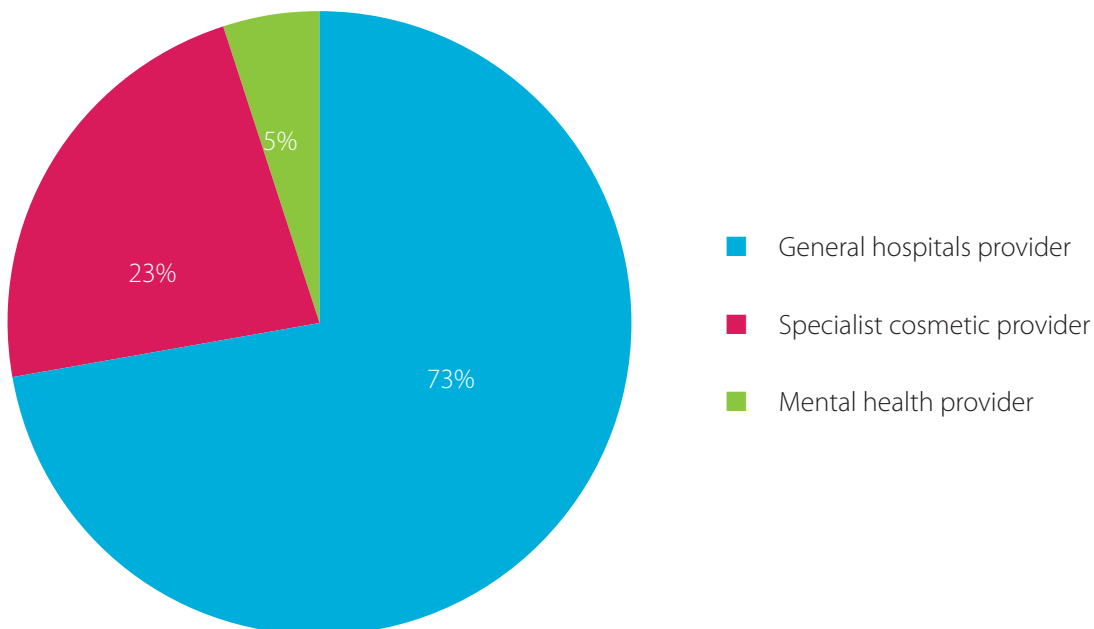


The ISCAS Management Team has an important role in managing complainant expectations, particularly when they are considering progressing to Independent Adjudication. Some complainants have unrealistic expectations about the possible outcomes of adjudication – seeking a refund, revision surgery and/or financial compensation.

### Adjudication facts and figures

In 2014, the 40 independent adjudications concerned only three types of ISCAS member. Table 4 shows the proportion of adjudications that related to the particular type of member.

**Table 4: Independent adjudications conducted based on type of ISCAS member**



## ISCAS ACTIVITY

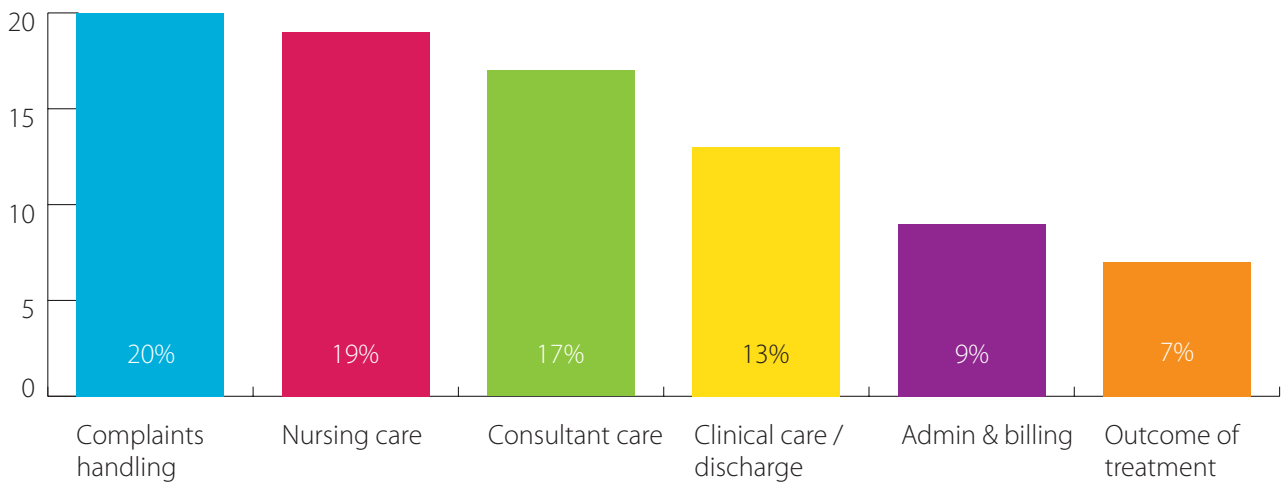
Across the 40 complaints adjudicated on, adjudicators identified 151 Heads of Complaint.

**Table 5: Total number of adjudicated complaints and heads of complaint**

	2008	2010	2012	2014
<b>Total number of complaints adjudicated</b>	<b>18</b>	<b>22</b>	<b>38</b>	<b>40</b>
<b>Total heads of complaints</b>	<b>132</b>	<b>150</b>	<b>178</b>	<b>151</b>

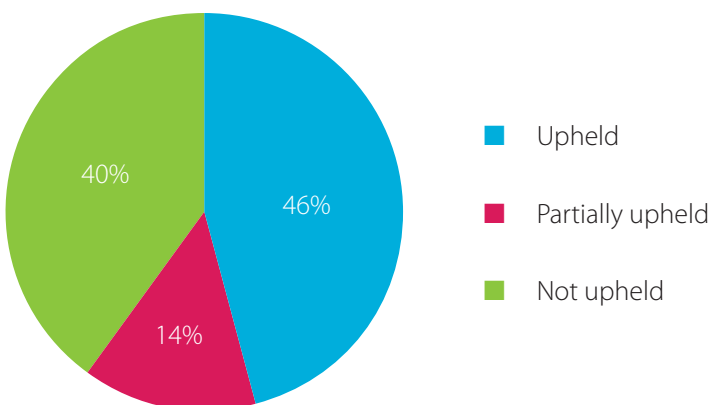
The following table shows the six largest categories of Heads of Complaint.

**Table 6: Type of Heads of Complaint at Independent Adjudication**



In each decision report, adjudicators either: 'uphold', 'partially uphold' or 'do not uphold' a particular Head of Complaint. The following table illustrates that the majority of complaint heads are either 'upheld' or 'partially upheld' by adjudicators.

**Table 7: Heads of complaint upheld at the Independent Adjudication stage**



## ISCAS ACTIVITY

### Adjudication Costs

Individual ISCAS members bear the cost of adjudications. The average cost of an adjudication case in 2014 was £2412.

**Table 8: Overall Independent Adjudication costs in 2014**

Adjudicator costs	£64,115
Goodwill payment costs	£16,300
Clinical expert costs	£16,096

Goodwill payments were made in 85% of cases and the average size of a payment was £479. Where awarded, goodwill payments ranged from £100 to £1,500.

**Table 9: Goodwill payments**

Goodwill payments made	2008	2010	2012	2014
Cases in which payments made	14	17	19	34
% of cases attracting a payment	72%	77%	50%	85%
Total costs £	7,450	12,150	11,500	16,300
Average cost of payment £	573	714	605	479

### Expert Clinical Advice

Adjudicators may require the use of expert clinical advice to determine if the clinical care provided by an ISCAS member fell short of reasonable expectations. Clinical reports are made available to complainants and providers when the adjudicator issues their decision.

This year saw a slight rise in the number of cases requiring expert clinical advice from 21% of cases in 2012 to 25% of cases (10 out of 40). The total costs associated with expert clinical advice came to £16,096.

# FINANCE REPORT

BY JAS KAUR, COMPANY SECRETARY

ISCAS is a not for profit scheme that reviews member subscriptions on an annual basis, with the intention that subscriptions cover the core ISCAS operating costs. The cost of independent adjudication is charged to members on a case by case basis. The cost of adjudication remains free to complainants.

## Accounts for year end 28 February 2014

to 28th Feb 2014

<b>ISCAS Subscriptions</b>	51,159
Direct expenses	(11,606)
<b>Gross profit</b>	39,553
Administrative expenses	(16,249)
Other operating income	393
<b>Profit/(loss) before taxation</b>	23,697
Tax on profit	(3,503)
<b>Net Profit/(loss)</b>	20,194





**ISCAS**

INDEPENDENT HEALTHCARE SECTOR  
COMPLAINTS ADJUDICATION SERVICE

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