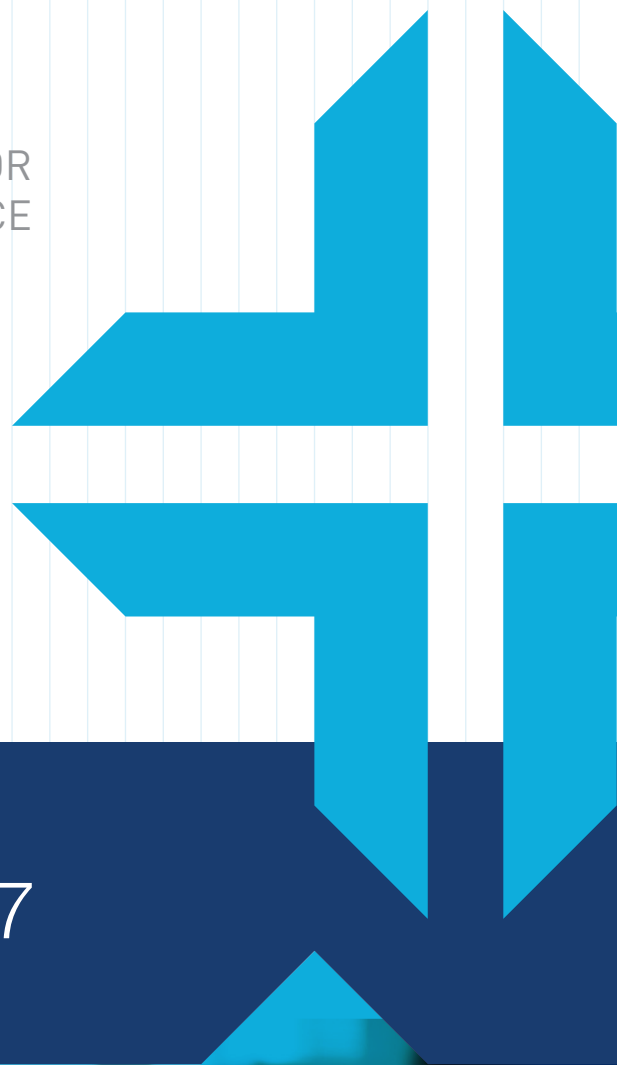




# ISCAS

INDEPENDENT HEALTHCARE SECTOR  
COMPLAINTS ADJUDICATION SERVICE



## Annual Report 2017



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The Independent Sector Complaints Adjudication Service (ISCAS) provides the recognised complaints management framework for the independent healthcare sector.

ISCAS is a voluntary subscription scheme that represents the vast majority (95%) of all independent healthcare providers across the UK.

The ISCAS Complaints Code of Practice sets out the standards for the three stages that ISCAS subscribers are required to meet when handling complaints from patients about their service. The Adjudication Service is the third stage of the complaints process.

Following on from the decision taken by ISCAS last year to align the annual reporting period with the financial year, the statistics presented in this annual report cover the period from 1 April 2017 to 31 March 2018.

# Report from the Chair and Directors of ISCAS

The important fact about ISCAS is that it provides the patient with an empathetic, independent, reasonable, and fair route to equitable resolution of any complaint about healthcare provided by a provider's service. Providers who subscribe to the ISCAS Code undertake to give complainants a fair hearing and, if that is not enough, ISCAS can bring in an objective non-partisan look at the problem via the Independent Adjudication process. Good communication with the complainant, and explanation of the principles that will be followed, by the provider plays a large part in achieving acceptance of the outcome of adjudication. ISCAS subscribers are encouraged to ensure that the fact that they subscribe to ISCAS is communicated openly, in particular on their websites.

## Chair's Report

### Baroness Fiona Hodgson of Abinger CBE

The reformation of our governance structure, with three Directors, **Sally Taber**, **Karen Harrowing** and **Stephen Collier**, overseeing delivery of the service continues to provide strong leadership and they are working closely with the management team in CEDR of **Graham Massie** and **John Munton**.

The **ISCAS Governance Advisory Board**, which consists of a range of stakeholders, provide advice and expertise on good practice and the operational aspects of complaint management in the independent sector. The Governance Advisory Board also provides advice on the shape of key policies and standards developed by ISCAS, and their implementation in the sector.

Core to our service are the Independent Adjudicators who work independently of ISCAS. To ensure consistency, ISCAS facilitates the exchange of good practice, and discussion on matters of principle and practice between adjudicators. The Independent Adjudicators come together with ISCAS annually for sessions on directed examination of methods of adjudicating complaints and continuity is maintained through regular telephone conferences. We were sorry to lose Sally Williams as the Principal Adjudicator earlier in the year but are very pleased to welcome new Adjudicators onboard who are continuing to build on her excellent work.

The Directors and the Governance Advisory Board continue to focus on patient input, so we are delighted that the Patients Association has connected with us and now attends the Governance Advisory Board. We are looking forward to working more closely with them in the future, in particular on the ISCAS subscriber training agenda.

## Summary of continual improvement for 2017/18

In addition to the high volume of activity described below, ISCAS continues to work to improve systems and processes to support good complaint management in the independent sector.

**The Training agenda** - Building on the excellent experience of 2016, ISCAS continued to provide annual training for its subscribers in 2017. The programme is now being developed for 2018 and includes themes arising from independent adjudication and the Quality Assurance framework to be implemented for reports. We are grateful to Irwin Mitchell for their support in the provision of facilities and input.

**Liaison with the Statutory Regulators and Inquiries** - The statutory regulators refer to ISCAS as the complaints process for the independent sector and this is confirmed by Information Sharing Agreements between ISCAS and each of the country system regulators: CQC for England; Health Improvement Scotland for Scotland; and Healthcare Inspectorate Wales for Wales. These were strengthened in 2017 and provide for an anonymous exchange of summary information about complaints adjudicated in the independent sector; and for agreed protocols for handling cases that occur at the interface between independent providers on one hand and public healthcare on the other hand. Appropriate frankness about our work removes suspicions and is the best ambassador for our high standards of conduct towards our patients.

**Quality Assurance Framework** - During 2017 ISCAS developed a template to support the self-assessment of compliance by subscribers against the standards in the ISCAS Code. The template tool was shared with the Governance Advisory Board and has been piloted with a subscriber. The template will be provided to all subscribers early in 2018-19 for completion in the next reporting period. Where independent healthcare providers find that they are not meeting the standards in the Code, they are required to share an action plan with ISCAS on how compliance will be achieved.

**Sharing lessons learned** - New for 2017 has been the introduction of ISCAS position statements that are published on our website. These position statements have been developed from themes that are identified in the independent adjudications and are supplementary to the ISCAS Code. The position statement on Complaints Management and Practising Privileges makes clear to all subscribers, with reference to the relevant regulatory context, that Independent Healthcare Providers are required to provide a single response to a complaint and that it is not generally acceptable for Consultants with practising privileges to write separate responses to complainants. Those subscribers who are found to continue to permit multiple points of communication and responses to be forwarded to the complainant will be deemed to be non-compliant with the ISCAS Code and follow-up action will be taken. The position statement on Complaints Management on Fees clarifies to subscribers that they are required to be transparent regarding fees charged to service users, including those charged by individuals granted practising privileges.

## Financial progress

The newly formed Board of Directors is working well and concentrating initially on improving financial control. In the budget, the weighting of costs of adjudication from 'all subscribers' to those actually using adjudication resources has been progressed. Specifically, a higher proportion of ISCAS' income will be generated from adjudications, which it is hoped will mitigate against any significant rise in subscription levels.

## New categories of subscribers to ISCAS

Two new categories of subscriber have been admitted during the year, NHS Private Patient Units, and Independent Private Ambulances.

### NHS Private Patient Units are now accepted as subscribers to ISCAS

**It took a long time to get here** - in fact over 10 years, 4 Health Ministers, and dozens of unresolvable complaints about PPU's reported to us at ISCAS.

Baroness Fiona Hodgson, CBE, the ISCAS Chair began her involvement with this before 2000, and it was she who finally moved Ministers to enable a satisfactory outcome.

Unfortunately it took a terrible example of poor patient care to finally bring about this outcome. Over the preceding few months ISCAS had been approached by complainants from no less than six PPU's - which were named to the Minister, and accompanied by a redacted summary of a complaint from one of the busiest NHS PPU's dealing with many vulnerable patients. Not only was the case shocking - it was very badly handled - and gave no relief to the patient.

ISCAS had to tell the patients from these six PPU's that there was nothing ISCAS could do to review their complaint. However, the previous Minister of State for Health Philip Dunne MP was the most receptive to the need for change. The Public Services Ombudsman Bill, which might have changed the rules that restrict the NHS Ombudsman from examining independent healthcare, was not in the 2017 Queen's Speech. Therefore lacking primary legislation for change, and needing an independent third stage of complaints management in PPU's, the Patient Experience and Maternity Branch, Department of Health, agreed we were able to include in the ISCAS 2017 Code the following statement:

*NHS Private Patients Units (PPUs)  
Patients who receive care in an NHS PPU  
(a separate ward or set of rooms, allocated  
solely for private patients) may be covered  
by this Code if the NHS Trust they have  
been treated in is a subscriber to ISCAS.*

And this was done.

Now the situation has changed. Sally Taber, Director of ISCAS, has written to thirteen PPU's to advise of the new opportunity to better serve their patients.

**Now PPU Patients start to benefit** - Nick Fox, the new Executive Director Private Patients Imperial College Healthcare NHS Trust, immediately saw this as a solution to the problem. Imperial Private Healthcare now subscribes to ISCAS and applies the ISCAS Code to all complaints in the unit. Shaan Malhotra, Imperial Private Healthcare Customer Services Manager, ensures the ISCAS Code is applied in all its 3 stages as well as incorporating a data processing agreement. Learning will be shared with the CQC and the DH as an example of good practice for other PPU's.

**An example of co-operation** - Excellent co-operation between ISCAS and the DH has resulted in clarification that removes a previously perceived impediment to patient care, at only minor cost to the NHS, and to the greater benefit of many patients who receive private care in PPU's.

### Independent Private Ambulances

ISCAS is mentioned in the core service frameworks for independent ambulances from the CQC. Two Ambulance companies have already become subscribers and will be used to set up a bespoke model to ensure the three-stage process can be achieved.

## Information Governance - Going forward

**General Data Protection Regulations** - A new and compliant data protection policy for ISCAS/CEDR is being implemented. Data protection awareness training is given to the Independent Adjudicators. We are reviewing four areas for data flow for compliance with GDPR:

- Subscribers
- Complainants
- Directors of ISCAS
- Independent Adjudicators



# Subscribers to ISCAS

The following organisations subscribe to ISCAS:

Aesthetic Beauty Centre	Medical Equipment Solutions Ltd
Alliance Medical	MET Medical Ltd
Ascot Rehabilitation Centre	Mills Medical Services
Aspen Healthcare	Minerva Medical Clinic
Baddow	MYA Cosmetic Surgery
Bella Vou	NES Healthcare
Benenden Healthcare	New Life Clinic
BMI Healthcare	North West Independent Hospital
Bupa Cromwell Hospital	Nuffield Health
Burrswood Health and Wellbeing	One Health Group
Capio Nightingale Hospital	One Healthcare
Care Oncology Clinic	One Stop Doctors
Castle Craig Hospital	Optegra
CC Kat Aesthetics	Ramsay Health Care
Centre for Reproductive Immunology and Pregnancy (Miscarriage Clinic)	Randox Health
Centre for Sight	Regent's Park Heart Clinics Ltd
Circle Health	Rushcliffe Independent Hospitals
Cobalt Health	Sancta Maria Hospital
Cosmetic Surgery Partners	Sk:n Clinics Ltd
Custom Vision Clinic	Spencer Private Hospitals
Elanic	Spire Healthcare Ltd
Epsom Medical	St Hugh's Hospital
Fairfield Independent Hospital	St. Joseph's Private Hospital
Foscote Court (Banbury) Limited	The Cadogan Clinic
Genesis Cancer Care UK Ltd	The French Cosmetic Medical Company
Glenside Manor Healthcare	The Harley Medical Group
Harley Street ENT Clinic	The Hospital of St John and St Elizabeth
HCA International	The London Clinic
Hearts First Ambulance Service	The London Eye Hospital
Holder Healthcare	The Manchester Clinic
Imperial Private Healthcare	The Mole Clinic
Independent Doctors Federation	The New Birkdale Clinic (formerly Prem House Clinic)
Japan Green Medical Centre Ltd	The New Victoria Hospital
KIMS Hospital Limited	The Prioory Group Ltd
King Edward VII Hospital Sister Agnes	The Raphael Medical Centre
La Belle Forme	The Roc Clinic
Linia Cosmetic Surgery aka Harley Health village	The Sefton Suite
London Claremont Clinic	The Standing CT Company
London Medical	The Ulster Independent Clinic
London Wellbeck Hospital	THFC and Combine Op Co
Marie Stopes International	UK Birth Centres T/A Private Midwives
McIndoe Surgical Centre (now in Holder Healthcare)	UME Diagnostics
ME Clinic	Weymouth Street Hospital
	Wimbledon Neuro-Care
	ZoomDoc Ltd

# The ISCAS Team



## GRAHAM MASSIE, ISCAS Company Secretary

Graham Massie is CEDR's Chief Operating Officer, Company Secretary and Chief Financial Officer, a role he also performs for ISCAS. A Chartered Accountant and professional mediator by background, Graham has over 20 years' experience in the conflict management field and is regularly approached by businesses and public sector organisations to act as an independent chair for strategic discussions and deal-making negotiations. He also works with organisations to develop their in-house negotiation skills and conflict management systems, and he leads CEDR's research projects on the cost of conflict.



## JOHN MUNTUN, ISCAS Manager

John has been working in dispute resolution services for over 25 years and prior to joining CEDR he was the Senior Practice Manager at Keating Chambers where he worked with clients all over the world on the provision of barrister services for disputes related to construction & engineering, energy & natural resources and ICT projects. His extensive experience working with the construction industry is put to good use at CEDR operating the Construction Adjudication Service.



## JORDAN YATES, ISCAS Senior Adviser

Jordan has many years of experience as a case administrator at CEDR, providing advice and assistance to consumers across a range of dispute resolution services and schemes. Jordan has also worked for the NHS as a Health Care Assistant. As the ISCAS Senior Adviser, Jordan is the first point of contact for patients and providers alike.

## Working with the Patients Association

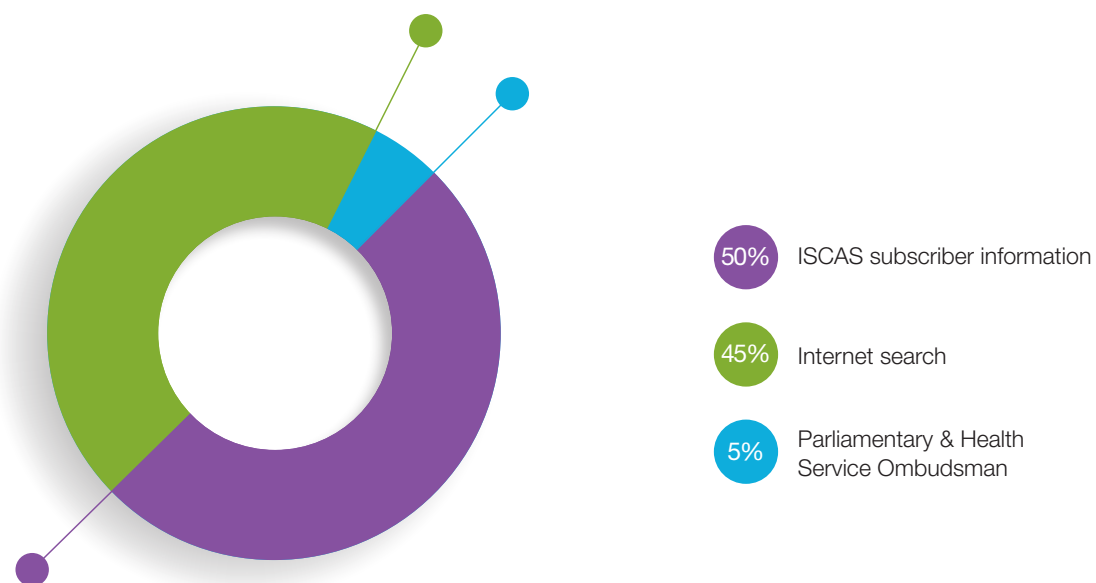
An excellent relationship is being developed with the Patients Association. A *Patient Guide*, and *Guidance for Managing Unacceptable Behaviour by Complainants* (which can be accessed here) have been developed. ISCAS is intending to develop subscriber-only online training together with the Patients Association.

# ISCAS Activity, Facts and Figures

## Referrals to ISCAS

At the Independent Adjudication stage, half of complainants are referred to ISCAS by ISCAS subscribers. In comparison with previous years, a growing number of complainants hear about ISCAS by carrying out their own enquiries on the internet. Table 1 shows how people were signposted to ISCAS before their complaint reached independent adjudication.

**Table 1: How people hear about ISCAS prior to Independent Adjudication**



## Complaints managed by ISCAS

During this reporting period, a total of 527 complainants contacted ISCAS via telephone, email or letter with a concern. This is more than double the amount of contacts received by ISCAS in the previous reporting period (249). Of the 527 contacts, 72% (378) related to ISCAS subscribers. The remaining 28% relating to non-ISCAS subscribers were signposted to other organisations where possible.

Of the 527 contacts, 117 complainants were forwarded to an Independent Adjudicator. There were a further five complainants who began the Independent Adjudication process but resolved their cases with the subscriber instead of progressing through the third stage of the ISCAS process.

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. These complainants (149 in this reporting period) are signposted to other forms of redress.

## Adjudication facts and figures

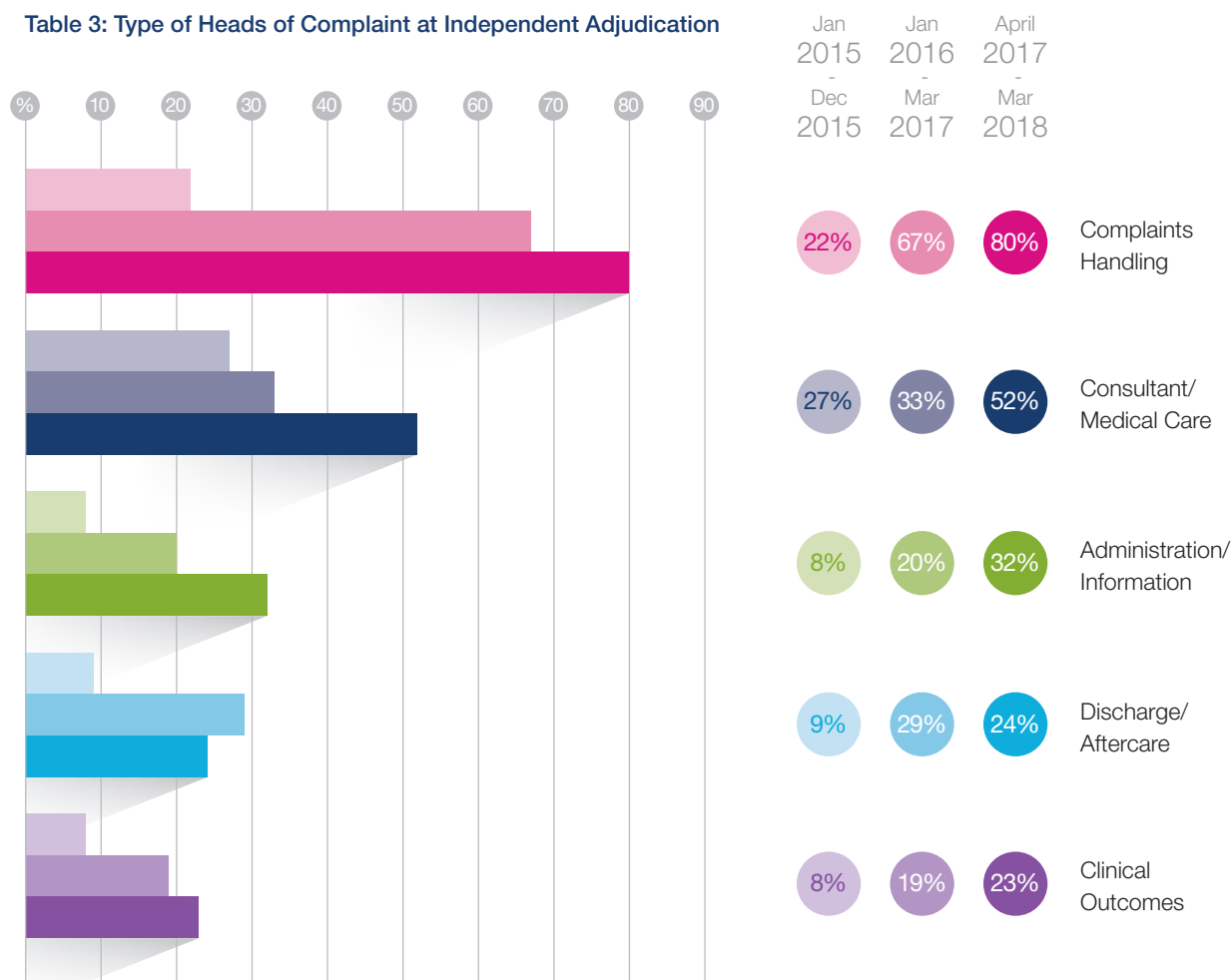
In this reporting period, 101 complaints have received a final decision from an Independent Adjudicator. Of the 101 complaints that have been adjudicated on, adjudicators identified 279 Heads of Complaint.

**Table 2: Total number of adjudicated complaints and heads of complaint**

	Jan 2015 - Dec 2015	Jan 2016 - March 2017	April 2017 - March 2018
Total number of complaints adjudicated	54	78	101
Total heads of complaints	161	240	279

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

**Table 3: 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 (63%) of complaint heads are either 'upheld' or 'partially upheld' by adjudicators, which is an increase on the 60% of 'upheld' or 'partially upheld' complaint heads reported on last year.

**Table 4: Heads of complaint upheld at the Independent Adjudication stage**

	Jan 2015 - Dec 2015	Jan 2016 - Mar 2017	April 2017 - March 2018
Upheld	35%	33%	28%
Partially upheld	36%	27%	35%
Not upheld	29%	40%	37%

## Adjudication costs

Individual ISCAS subscribers bear the cost of adjudications. The average cost of an adjudication case in this reporting period was just under £3,000.

**Table 5: Overall Independent Adjudication costs**

	£
Adjudicator costs	£215,577
Goodwill payment costs	£65,815
Clinical expert costs	£16,095

Goodwill payments were made in 80% of cases in this reporting period, which is a decrease from the 87% of cases where goodwill payments were made in the previous period. However, the average size of a goodwill payment increased to £813, from an average of £630 last year.

**Table 6: Goodwill payments**

	Jan 2015 - Dec 2015	Jan 2016 - March 2017	April 2017 - March 2018
Cases in which payments made	45	68	81
% of cases attracting a payment	83%	87%	80%
Total costs	£29,263	£42,840	£65,815
Average award	£714	£630	£813

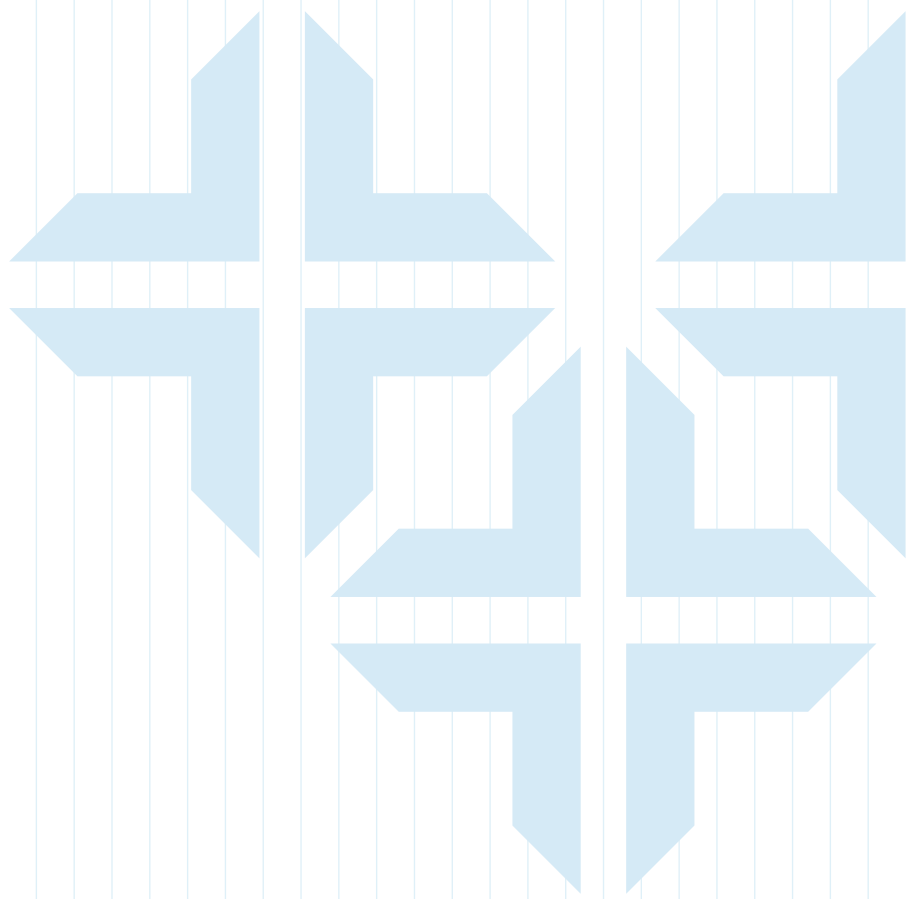
## Expert clinical advice

Independent Adjudicators may require the use of expert clinical advice to support the adjudication process. Clinical reports are made available to complainants and providers when the adjudicator issues their decision.

12% of cases required expert clinical advice in this reporting period, a decrease from 19% in the previous period. The total costs associated with expert clinical advice in this reporting period came to £16,095 (or an average of £1341 per case).

**Table 7: Expert clinical advice**

	Jan 2015 - Dec 2015	Jan 2016 - March 2017	April 2017 - March 2018
% of cases requiring expert clinical advice	26%	19%	12%



# ISCAS

INDEPENDENT HEALTHCARE SECTOR  
COMPLAINTS ADJUDICATION SERVICE



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