

INDEPENDENT REVIEW BODY

Investigating Complaints of NHS Treatment



REPORT 2020–21

INTRODUCTION

This report covers the period 1 April 2020 to 31 March 2021. It provides an overview of the work of the NHS Independent Review Body (IRB) during that time.

PURPOSE

The IRB was established in accordance with the National Health Service (Complaints) Regulations 2004 to investigate complaints made in relation to the NHS that have not been dealt with to the satisfaction of complainants by the local resolution process. Complaints can be about hospitals or a practitioner (e.g. a GP, pharmacist, dentist or optometrist). Complaints can relate to procedural matters, such as traffic management at a hospital or clinic organisation, or to clinical practice, competence or any other aspect of care that fails to meet a service user's expectations. According to the IRB's statutory purpose and obligation, it is entitled to investigate in any manner, which seems to it appropriate, all matters that relate to a health service complaint that are unresolved.

MEMBERSHIP

There have been various adjustments to the original membership roles since 2004. Initially the IRB consisted of three lay members acting in a learning capacity, plus three convenors who were longer serving, more experienced members who undertook the investigation of complaints. In 2018 because of the increased number and complexity of complaints with the consequential effects on individual Member's time commitment, approval was given for all members to be convenors from appointment.

For some time, Members have commented that at interview they have not been prepared for, and made fully aware of the amount of work and time involved in undertaking the role of a convenor. The IRB Chair is now involved in the selection process and able to explain at interview what is required.

In March 2021, recruitment began for convenors to replace resigned members through advertisement on the public appointments section of the Government website. Over the period there have been several changes in the membership as set out in the table below.

Member's Name	Role	Date of Resignation/ Expiry of Term of Office
Michael Ball	Appointed Convenor 28.10.2021	Expiry (first term) 01.03.2026
Philip Dunne	Appointed Convenor 28.10.2019	Resigned
Brian Holt	Appointed Lay Member 02.01.2013 Convenor (4 th) 01.04.2015 Vice Chair 01.04.17 Chair 09.2019	Resigned
Helen Kneale	Appointed Convenor 06.02.2019	Resigned
Heather Norman	Appointed Lay Member 28.02.2017 Convenor 01.02.2019 Vice Chair 10.01.2020	Resigned
Jeremy Theobald	Appointed Lay Member 28.02.2017 Convenor 18.06.2018 Chair 01.2021	Expiry (first term) 01.03.2022

MEETINGS

Business meetings take place quarterly and extra events are arranged when necessary; for example, to assist new members, case study meetings can be held. Each IRB member is totally independent in reaching decisions on complaints, albeit at meetings the IRB operates together as a supportive team.

While meetings focus on the status of complaints and domestic matters such as the updating of IRB procedures, related subjects are discussed. For example, the revision of the complaints scheme referred to in the National Health and Care Act 2016 and the subject first considered some six plus years ago concerning the possible integration of the NHS Independent Review Body and Social Care Review Body (established 2011). Where it is considered helpful, relevant DHSC personnel are invited to attend meetings.

DIGEST OF COMPLAINTS

The status of cases reviewed during the period is tabled at the end of the report. Investigations of complaints are ongoing and do not fall neatly into a yearly cycle. Complaints made or received in one year may not always be resolved within that year, and therefore year-on-year comparisons are invalid. Similarly, IRB data may not be readily comparable with records kept by NHS Units for similar reasons.

The recommendations by the IRB for DHSC action cover a wide spectrum of service areas and patient experience. Complainant privacy does not allow the full facts of issues considered by the IRB or in which specific environment they occurred to be disclosed. A synopsis of recommendations from the IRB that have resulted in action by DHSC service providers to improve and amend arrangements for its service users is set out below. It is emphasised that these recommendations were in relation to incidents in specific areas of care and do not apply to the whole of DHSC remit.

- Record keeping and documentation
- Transfers/arrangements for Tertiary Care
- Revision and introduction of new protocols, schemes and pathways
- Updating to comply with NICE guidelines
- Introduction of statistical information for future comparison
- Modification of rota plans
- Increases in training programmes to assist staff knowledge
- Additional purchase of equipment
- Communications with patients and relatives

The IRB notes that the introduction of Manx Care on 1 April 2021 will present new challenges and ways of working. The IRB looks forward to working with both Manx Care and the DHSC to improve the quality of services provided to service users. It is within this area that the IRB can continue to play a positive role in improving patient experience.

Jeremy Theobald
Chair, NHS Independent Review Body

Status of complaint investigations for the period 1 April 2020 – 31 March 2021

Table interpretation:

'Result' is not a precise definition but provides an indication of elements of the complaint that have been upheld by the Convenor(s). Some of these aspects may have already been resolved during the local resolution process.

'Recommendations' can also be made when the content of the complaint is not upheld but it is recognised that improvements are required to the system to ensure a more efficient and improved experience for patients.

Number of complaints received:

The period covered includes cases for which the IRB investigation was completed during 2020/2021.

10	Outstanding cases from previous report
9	Complaints received 1 April 2020 – 31 March 2021

Note regarding duration of case investigation:

As will be apparent from the table below, there is no set period for the completion of an investigation albeit the IRB aims to provide a report as swiftly as possible. The provision of copies of the records, the input required from a convenor to examine forensically what can be many hundreds of pages of documents, the time taken for responses to be received where a convenor seeks further information from a complainant and/or the service provider, plus consultation where expert clinical advice is required, are among the factors that affect the timing of the provision of reports. This is particularly notable when a panel hearing is called and completion can be much extended because arrangements need to be put in process for appointing independent clinical experts and then agreement reached on a date for the hearing subject to the availability of all parties involved, which includes the IRB panel, independent clinical experts, complainant(s) and service provider attendees.

Notwithstanding, the exceptional circumstances of the Covid-19 pandemic, have also affected the time taken both to provide records and for reports to be filed.

IRB ID	Commenced	DHSC Division(s)	Convenor(s)/ Panel Hearing	Report issued	Result (upheld/not upheld)	Recommend ations	Outcome and comments as appropriate
IRB 190	18.03.18	Noble's Hospital	1 st Convenor 2 nd Convenor	05.11.19 24.07.20	1 of 4 upheld 4 of 6 upheld	2* 6 (2*+4)	
IRB 206	31.12.18	Noble's Hospital	1 st Convenor	15.09.20	3 of 3 not upheld	3	Recommendations on administrative arrangements.
IRB 208	06.03.19	Noble's Hospital	1 st Convenor				RCP input; future Panel Hearing.
IRB 212	14.06.19	Noble's Hospital	1 st Convenor 2 nd Convenor	28.03.20 04.08.20	3 of 3 partially upheld Agreed 1 st report	3	
IRB 214	29.07.19	GP Practice	1 st Convenor	22.04.20	Upheld		
IRB 215	02.09.19	Noble's Hospital	1 st Convenor 2 nd Convenor	03.02.20 19.05.20	1 of 1 not upheld Supported 1 st report; further information sought.	3* 4 (3* +1)	
IRB 218	31.10.19	Noble's Hospital	1 st Convenor 2 nd Convenor	05.08.20 27.10.20	Partially upheld Supported 1 st report	1* 2 (1*+1)	
IRB 222	17.01.20	Noble's Hospital	1 st Convenor	18.08.20	Upheld	6	
IRB 223	05.02.20	Noble's Hospital	1 st Convenor	01.06.21	Upheld	5	
IRB 224	03.03.20	Noble's Hospital	1 st Convenor; Chair	23.08.20 Final letter			Not pursued; complainant would not provide workable list of unresolved issues.

IRB ID	Commenced	DHSC Division(s)	Convenor(s)/ Panel Hearing	Report issued	Result (upheld/not upheld)	Recommend ations	Outcome and comments as appropriate
IRB 225	12.07.20	Ambulance Service complaint investigation	1 st Convenor	08.10.20	4 of 5 upheld 1 partially upheld 2 outside remit	4	
IRB 226	29.07.21						Referred for local resolution, complainant not willing to initiate, case closed.
IRB 227	23.11.20	GP Practice	1 st Convenor	01.09.21	2 of 2 upheld 1 outside remit	3	
IRB 228	24.11.20	GP Practice	1 st Convenor				Investigation in progress
IRB 229	10.12.20	Noble's Hospital	1 st Convenor	16.09.21	2 of 3 upheld 1 partially upheld	1	
IRB 230	29.01.20	GP Practice	1 st Convenor 2 nd Convenor	08.06.21 05.08.21	1 of 2 upheld 1 outside remit Supported 1 st report	2	
IRB 231	20.02.21	Ramsey & District Cottage Hospital/Adult Social Care					As many of the outstanding issues related to Adult Social Care (outside the remit of the IRB), the complainant sought advice on how to proceed. No further contact; case closed.
IRB 232	10.03.21	GP Practice	1 st Convenor	10.08.21	2 partially upheld 1 not upheld 2 not determined	2	
IRB 233	23.03.21	GP Practice	1 st Convenor 2 nd Convenor	01.09.21 07.10.21	2 of 2 not upheld Supported 1 st report	2	