

<h2 style="margin: 0;">MANAGEMENT OF PATIENT EXPERIENCE FEEDBACK POLICY</h2>
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## DOCUMENT CONTROL

<b>Version No</b>	<b>Type of change</b>	<b>Date</b>	<b>Description of change</b>
V1	New Policy		
V1.1	Amendment		Amended former PCT Policy
V1.2	Bi-annual review/amendment	January 2019	<p>Comprehensive rewrite to clarify purpose and scope of the policy and take into account the following:</p> <ul style="list-style-type: none"><li>• Barnsley CCG's updated management of patient experience processes;</li><li>• General Data Protection Regulations 2016; and</li><li>• The CCG'S Policy on Policies issued in September 2017.</li></ul>

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## 1. INTRODUCTION

1.1. Barnsley Clinical Commissioning Group (the CCG) is committed to ensuring that the services it commissions for the people of Barnsley are of the highest quality, designed to put people first, making sure there is no compromise on the safety of care.

1.2. Compliments, comments, concerns and complaints help us to confirm what we are doing right and to identify problem areas. For the purposes of this policy, these expressions of opinion will be referred to collectively in this policy as patient experience feedback. This type of feedback gives us an insight into the standards of care in the services that we commission and they help us to take action to prevent problems occurring in the future and to continually improve the quality of services.

1.3. This policy applies to all patient experience feedback received about:

- Actions, behaviour or attitude of any person employed by Barnsley CCG, including those employed as part of a temporary or honorary contract, agency/bank staff, students and volunteers or any other person that is acting on behalf of the CCG;
- Services commissioned and managed by Barnsley CCG; and
- Commissioning decisions made by Barnsley CCG.

1.4. This policy does not apply to issues of concern that would be dealt with solely under line management arrangements and human resources policies e.g. Grievance Procedure, Whistle Blowing Policy and Disciplinary Policy.

1.5. This Policy has been developed in accordance with the CCG's Policy on Policies – the Development and Management of Procedural Documents.

1.6. The current statutory framework for managing complaints in the NHS is set out in The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 No. 309. A range of other reference documents is listed in the Policy's References section (9).

1.7. This Policy should also be read in conjunction with the following CCG policies:

- Management of Serious Incidents Policy
- Safeguarding People Policy

## **2. PURPOSE**

2.1. The purpose of this document is to outline how the CCG manages the patient experience feedback it receives, and to ensure that the CCG meets its statutory obligations under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009. The aims of this policy are as follows:

- Ensure that all staff have a clear understanding of their responsibilities, and that they respond effectively to patient experience feedback;
- To provide a clear, simple and easy to understand process for managing patient experience feedback which is fair and impartial, widely publicised and accessible to all;
- To ensure those providing us with patient experience feedback and staff are provided with the necessary guidance and support;
- To support the identification of the causes of negative patient experience feedback and its use in improving services and prevent recurrence;
- To make sure that complaints and concerns are managed promptly and efficiently, and answers or explanations are provided quickly and within established time limits; and
- To ensure that complainants and those who raise concerns are treated courteously and with empathy, and care is not adversely affected as a result of having made a complaint or raised a concern.

## **3. RISKS OF NOT HAVING THIS POLICY IN PLACE**

3.1. The following risks may arise if this policy is not in place:

- The CCG may not achieve its statutory obligations.
- There is a lack of clarity about what measures staff should take when they receive patient experience feedback, which may lead to inconsistent levels of feedback management in the CCG. This, in turn, may adversely affect the reputation of Barnsley CCG and the confidence of the public in the organisation.
- The CCG cannot effectively demonstrate that patient experience feedback is appropriately investigated, and responded to and learning from this is appropriately actioned to avoid a reoccurrence of events that gave rise to any negative feedback received.

## 4. DEFINITIONS

4.1. The CCG recognises and records patient experience feedback activity under the following categories:

4.1.1. **Compliments:** The CCG recognises that compliments are a valuable source of feedback. Positive feedback received regarding services can provide an opportunity to acknowledge improvements and successes, to recognise good practise and to apply this across other areas.

4.1.2. **Complaints:** A complaint is an expression of dissatisfaction about any aspect of the CCG and its commissioned services requiring a response.

### Exclusions

The following complaints are not required to be dealt with in line with the 2009 regulations

- A complaint that has already been investigated under these, or previous regulations and formally responded to.
- A complaint regarding privately funded treatment.
- A complaint made by a responsible body to another responsible body. For example disputes on contractual matters between independent contractors should not be handled through this procedure.
- A complaint made by an employee of a NHS body about their employment. These matters will be handled via the Human Resources Procedure.
- A complaint arising from the alleged failure to comply with a request for information under the Freedom of Information Act 2000. These will be dealt with via the CCG's governance processes.
- Where a complaint is received that is disputing a funding decision for example an individual funding request/continuing healthcare case, this will be handled in accordance with the appropriate appeals process. It is important to note that a patient's eligibility for continuing healthcare or individual funding cannot be decided through the complaints procedure. Therefore, if the aim of the person raising the concern is to challenge the eligibility decision, it would be more effective and appropriate to lodge an appeal than to lodge a complaint. However, the complainant can use the complaints procedure to raise concerns about the processes used.

4.1.3. **Concerns:** A concern is an expression of unease or anxiety. Concerns include requests for information, advice, support and assistance and suggestions about a service. Timely solutions to concerns will be sought including liaison with staff, managers and other relevant organisations where appropriate.

## 5. PRINCIPLES

5.1. The CCG's key principles for managing complaints and concerns are as follows:

- All complaints and concerns will be listened to and treated seriously. The Clinical Commissioning Group will make no distinction between complaints and concerns received in person, by telephone or in writing (including by email or social media).
- Anyone who raises a complaint with Barnsley CCG are reassured that their confidentiality will be respected. Information will only be disclosed to those persons with a legitimate need to know to enable them to investigate and/or respond to specific matters.
- All complainants have a right to receive a prompt, open, sensitive, constructive and honest response.
- Staff at Barnsley CCG will endeavour to resolve all complaints to the complainant's satisfaction.
- The CCG is committed to using complaints as a means of learning how to improve its services.
- The CCG will ensure that all complaints are used positively by monitoring trends and patterns to facilitate early detection of systemic problems whilst being fair and supportive to staff and in accordance with our vision and values.

5.2 Compliments will be used to support wider learning and service development. The key principle listed above in relation to confidentiality will apply equally to those providing positive or negative patient experience feedback.

## 6. ROLES AND RESPONSIBILITIES

### 6.1. INTERNAL

#### Organisation

6.1.1 Barnsley CCG Governing Body will oversee the management of the patient experience feedback process to satisfy itself that the required quality of service by all providers and of commissioning activity and decisions is achieved and maintained. This includes the responsibility for approving Barnsley CCG's Management of Patient Experience Feedback Policy.

#### CCG Staff

6.1.2 CCG staff are responsible for familiarising themselves with the Management of Patient Experience Feedback Policy relevant to their area of work. Members of staff will be expected to assist as required in a timely manner in any complaint or concern investigation.

- 6.1.3 **Chief Officer** has overall accountability for the management of patient experience feedback within the CCG, including, sharing lessons learnt and ensuring that this Policy is effectively communicated to all staff. This responsibility is formally delegated to the Chief Nurse. The advice of the Medical Director will be sought where appropriate.
- 6.1.4 **Chief Nurse** provides executive responsibility for ensuring that BCCG has the necessary systems and processes to support effective handling of patient experience feedback
- 6.1.5 **Head of Quality** will act as the CCG's designated 'complaints manager' in accordance with the requirements of the NHS complaints regulations.
- 6.1.6 **Head of Governance and Assurance** - Provides expertise on information governance matters as and when required.
- 6.1.7 **Quality Manager** – Responsible for the operational management of the administration of patient experience feedback, and the BCCG's patient experience feedback monitoring process.
- 6.1.8 **Quality Team Administrator** - Provides the administrative support needed to operate a robust system for the management of patient experience feedback received within the CCG.

#### Groups

- 6.1.9 **Quality & Patient Safety Committee** is accountable to the Governing Body for assurance on patient experience and is chaired by the Medical Director. The Quality and Patient Safety Committee ensures information from patient experience feedback is used for continuous improvement across the wider health economy to enhance patient outcomes and experience.
- 6.1.10 **Quality Operational Group** ensures that patient experience feedback is managed appropriately and complaints and concerns are dealt with in a responsive manner by monitoring the progress of investigations. It also reviews information gathered from patient experience feedback to identify trends and themes and compares this information with other sources of data to support decision-making at the Quality and Patient Safety Committee.

#### **6.2. EXTERNAL**

- 6.2.1 **Our Providers** are required to have their own arrangements for collecting and managing patient experience feedback. Like the CCG they are required to handle their complaints in accordance with the Local Authority Social Services and National Health Service complaints (England) Regulations 2009.
- 6.2.2 Providers' performance in relation to complaints handling will be managed primarily through existing contract monitoring arrangements.



- 6.2.3 The CCG will investigate Provider complaints if requested to do so and, where this is the most appropriate course of action as agreed with the particular Provider. The CCG may also co-ordinate responses to complaints about multiple Providers. The CCG will seek timely cooperation from its Providers when conducting any such investigations.

## 7. MANAGING CONFLICTS OF INTEREST

- 7.1. NHS Barnsley Clinical Commissioning Group recognises that a conflict of interest, or perceived conflict of interest, in its role of investigating complaints is a key risk that requires careful management and handling whether this is a direct or indirect conflict, pecuniary or otherwise.
- 7.2. To this end, any investigations will not be carried out by a person named in a complaint. In addition, any final response will be quality assured and formally signed off by a CCG officer other than the investigating officer.

## 8. PROCEDURE

- 8.1. The process for managing patient experience feedback is set out at **Appendix A** of the Policy. **NB Detailed procedures are held by the Quality Team.**

## 9. APPROACH TO PERSISTENT COMPLAINANTS

- 9.1. There may be times when nothing further can be reasonably done to assist a complainant to rectify their concerns. In determining arrangements for handling such complainants staff should consider two key considerations:-
- Whether the Managing Patient Experience Feedback Policy has been correctly implemented and that no material element has been overlooked or inadequately addressed. In doing so it should be appreciated that even persistent complainants may have issues which contain some substance. The need to ensure an equitable approach is, therefore, crucial.
  - To be able to identify the stage at which a complainant/person requesting information has become unreasonably persistent.
- 9.2. Information on the CCG's approach and procedure for handling of unreasonably persistent complainants is shown at **Appendix B**.

## 10. INFORMATION GOVERNANCE

- 10.1. All NHS organisations must comply with the requirements of the Data Protection Act 2018 (including the General Data Protection Regulation).
- 10.2. Any electronic communications relating to complaints should be sent via the secure email account [qualityteam.safehaven@nhs.net](mailto:qualityteam.safehaven@nhs.net) to ensure that correspondence is picked up promptly by the Quality Team.

- 10.3. Complaint files relating to CCG complaints' investigations will be held by the organisation for a minimum of 10 years in accordance with the requirements of Appendix 3 of NHS Digital's Records Management Code of Practice for Health and Social Care 2016.

## **11. GUIDANCE AND SUPPORT FOR PEOPLE WISHING TO MAKE A COMPLAINT**

- 11.1. We recognise that some people may require assistance to raise a complaint or concern, for example, they may be unable to read or write, or may not have English as their first language or may suffer from disabilities which make formal written complaints difficult to make. The CCG has access to interpretation/translation services and other services for those unable to put their complaint into writing. The Quality Team will help complainants to make oral complaints, either by phone or in person, and will provide information about advocacy services that can assist complainants, such as :

### **DIAL**

- DIAL provides a free, impartial and independent advocacy service for people who wish to make a complaint about the NHS or Social Care Services in Barnsley. DIAL can be contacted by telephone on 01226 240273 or by email at [first.contact@dialbarnsley.org.uk](mailto:first.contact@dialbarnsley.org.uk)

### **HealthWatch**

- Barnsley Healthwatch is an independent consumer champion created to gather and represent the views of the public. It plays a role at both national and local level and will provide advice, information and signposting service for people who use health and social care services. The service is available to all those who live and work in Barnsley and all those interested in accessing health and social care services locally. Healthwatch can be contacted by telephone on 1226 320106.

### **Interpreting Service**

- Barnsley CCG will arrange for translating and interpreting services to be available to help complainants whose first language is not English or who need to communicate in other ways.

## **12. PUBLICITY ABOUT PATIENT EXPERIENCE FEEDBACK PROCESS**

- 12.1. The CCG will ensure all staff and stakeholders have access to a copy of this policy and procedure via the CCG's website

<http://www.barnsleyccg.nhs.uk/about-us/feedback-and-enquiries.htm>

- 12.2. The CCG will ensure that the right to complain, and the independent help available to complainants who make either formal or informal complaints is well publicised.

- 12.3. This will be done through publicity material and information (including leaflets and information available on Barnsley CCG's website).

### **13. PERFORMANCE MONITORING/ REPORTING**

- 13.1. All patient experience feedback contacts will be recorded for monitoring purposes on the Quality Team's Patient Experience Feedback Monitoring Database.
- 13.2. The **Quality Team** will use patient experience feedback along with a range of other intelligence to help identify any serious concerns or themes, and identify potential improvements in service delivery. Learning from complaints and concerns will be disseminated to relevant staff and shared externally with the CCG's main providers to effect change within the CCG and locally throughout the health community.
- 13.3. The **Quality & Patient Safety Committee** will receive quarterly patient experience reports as part of their governance and performance reporting. The reports will identify any trends and patterns arising from patient experience feedback, and any subsequent action taken as a result of lessons learned.
- 13.4. An annual patient experience feedback report will be produced in accordance with the reporting requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, and presented to the **Quality and Patient Safety Committee**. All reports will be rigorously anonymised to avoid patient identification.

### **14. MONITORING THE COMPLIANCE AND EFFECTIVENESS OF THE POLICY**

- 14.1. The Chief Nurse will ensure that a process is in place to monitor compliance and effectiveness of this policy.

### **15. REFERENCES**

- The NHS Constitution
- Health and Social Care Act 2012
- Equality Act 2010 and s.149 of the Public Sector Equality Duty.
- A Review on the NHS Hospitals Complaint System Putting Patients Back in the Picture, (Right Honourable Ann Clwyd MP & Professor Tricia Hart, October 2013).
- Principles of Good Complaint Handling, Parliamentary and Health Service Ombudsman 2009
- Listening... Responding... Improving, A guide to better customer care 2009

- My expectations for raising concerns and complaints (Parliamentary and Health Service Ombudsman, November 2014)
- Mental Capacity Act 2005

## **16. REVIEW OF COMPLAINTS POLICY AND PROCEDURE**

- 16.1. A review of the Management of Patient Experience Feedback Policy will be undertaken by Barnsley Clinical Commissioning Group every three years or earlier if new NHS guidance, legislation, occurs or there are significant changes to organisational structure or practices.

## **APPENDIX A – Procedure for Managing Patient Experience Feedback**

### **What should staff do when they receive a compliment, comment, concern, or complaint?**

The following applies to CCG staff.

#### **Compliments and comments**

1. Barnsley CCG welcomes compliments and comments from patients, carers, relatives and the general public which highlight areas of good practice and acknowledge the hard work of staff.
2. Compliments and comments can be provided in a number of ways including by telephone, in person, in writing (by email or letter), or via the CCG's social media.
3. Staff who receive compliments and comments should report these to the Quality Team, so that they can be formally recorded and acknowledged. The Quality Team will ensure that staff are made aware of any compliments received about them and also inform their line manager.

#### **Complaint**

##### Who can make a complaint or raise a concern?

4. Anyone who is receiving, or has received, NHS treatment or services and who is affected by an action, omission or decision can complain. This includes services provided by independent contractors who have a contract with the CCG to provide NHS services as part of the NHS contract.
5. To ensure that complaints are dealt with quickly complaints should be forwarded to [qualityteam.safehaven@nhs.net](mailto:qualityteam.safehaven@nhs.net) or by hand.

##### Complaints made by a person's representative

6. If a person is unable to complain themselves then someone else, usually a relative or friend can complain on their behalf providing the person has given their consent. If a complainant is the parent or guardian of a child under the age of 18 (to whom the complaint relates) the CCG must be satisfied that there are reasonable grounds for the complaint being made by the representative instead of the child.
7. If there are reasonable grounds to believe that the person, where they are not the complainant, lacks capacity (either physically or mentally) to give consent then this should not prevent an investigation of the complaint from happening. However, there should be clear documentation that shows that all possible steps have been taken to try to help the person make a decision for themselves about the action to be taken and this should be discussed with the complainant. Particular attention shall be paid to the need to respect the confidentiality of the patient, and to any known wishes expressed by the patient that information should not be disclosed to third parties.

8. If a complaint is raised concerning a person who is deceased, this must be made by a suitable representative, for example next of kin. If Barnsley CCG does not consider that the complainant is a suitable representative, they may decline to deal with the complainant and recommend that another person acts on the deceased person's behalf.
9. If a Member of Parliament makes a complaint on behalf of a constituent the complaint will be handled following the CCG's Standard Operating Procedure for MP letters.

Complaints that relate to services commissioned by Barnsley CCG and provided by another organisation

10. Generally, the CCG considers that it is more appropriate, except in exceptional circumstances that complaints relating to its providers such as Barnsley Hospital NHS Foundation Trust, and South West Yorkshire Partnership NHS Foundation Trust should be handled directly by providers.
11. The CCG will decide whether it is more appropriate for the provider(s) to investigate and respond to the complaint directly or whether the CCG should handle complaint. This decision will be agreed at the weekly Quality Operational Group meeting with relevant input from the Head of Quality.

Complaints that relate to multiple providers

12. Where a complaint relates to multiple NHS bodies or relates to an NHS body and a Local Authority, those bodies must cooperate in the complaint resolution process, and ensure that the complainant receives a coordinated response to the complaint.

Time limits for Submitting a Complaint

13. Complaints should normally be made within 12 months of the event or 12 months of the date of discovering the problem. Barnsley CCG has the discretion to extend this time limit where it would be unreasonable in the circumstances of a particular case for the complainant to have made their complaint earlier, providing it is still possible to investigate the complaint effectively and fairly.

How to Submit a Complaint

14. Complaints can be provided in by telephone, in person, in writing (by email or letter), or via the CCG's social media accounts. We will ensure that if the complainant requires additional support in making their complaint support will be offered.

Process for Dealing with Complaints

**Informal Resolution**

15. Staff who receive complaints by telephone should report these as soon as possible to the Quality Team, so that they can be investigated. Many concerns can be resolved quickly without needing to instigate the CCG's formal complaints procedure and the Quality Team will try to answer queries and resolve problems as they arise.

16. All verbal complaints/ concerns should be documented using the Quality Team's standard template.
17. If an oral complaint is resolved to the complainant's satisfaction within one working day then the matter does not need to be treated as a formal complaint. However, consideration should be given to the seriousness of the concerns raised and whether further action or a formal investigation is required. There are circumstances in which the complainant is satisfied by the response but the CCG will still wish to investigate further and/or take further action.

### **Formal Resolution**

18. For oral complaints that cannot be resolved within one working day or written complaints, these will be handled as a formal complaint.

### Acknowledgement, discussion of complaint and consent

19. The Quality Team will acknowledge complaints (verbally or in writing) within three working days of receipt, confirming the manner in which their complaint will be handled, the timescale for responding to their complaint, and the key issues that need a response.
20. The acknowledgement will also include details of independent services, such as DIAL, which can assist the complainant with their complaint should the complainant need this.
21. A copy of the acknowledgement and/or the written record of any discussions should be saved in the electronic complaint case file. The acknowledgement will inform the complainant in writing of the timeframe within which the CCG expects to be able to respond to the complaint. This will usually be 20 working days.
22. In some circumstances, such as when a complaint involves other organisations or requires a particularly complex investigation, a longer timeframe may be required, and this should be communicated to the complainant with the reason for this.
23. Where a complaint is made by a representative, the Quality Manager will request the patient's consent or, if the patient is unable to provide informed consent, will ensure that due consideration is given to whether the complainant is a suitable representative and is acting in the patient's best interests. Any decision not to respond to a complaint will be approved by the Head of Quality and the reasons clearly documented on file. The Head of Quality will write to the complainant explaining that the CCG is not going to respond to the complaint, the reasons for this, and the complainant's right to refer their concerns to the Parliamentary and Health Service Ombudsman.
24. Where a complaint concerns a service that is commissioned by the CCG and provided by another organisation, the Quality Team will request the complainant's consent to share their complaint with that organisation. In

some cases the organisation that is the subject of the complaint will then respond directly to the complainant.

25. If a complainant refuses consent for the complaint to be redirected to the provider, the Quality Team will ask the provider to investigate the complaint and provide the CCG with the outcome of their investigation. Where the CCG will have continued involvement in the complaint, consent for the CCG and the other organisation(s) to share information with the CCG will also be sought.

#### Recording and Investigation of Complaints

26. All patient experience feedback contacts will be recorded for monitoring purposes on the Quality Team's Patient Experience Feedback Monitoring Database. All subsequent activity relating to the CCG's management of the complaint should be logged on the Patient Experience Feedback Monitoring Database.
27. For each complaint/ concern, an electronic case file will be set up in the Complaints folder on the Quality Team's shared drive. All documentation and evidence relating to the complaints investigation should be stored in the electronic case file. **NB** – any telephone conversations relating to the complaint/ concern should be documented.
28. All new patient experience feedback will be discussed at the weekly Quality Operational Group meeting and an investigator will be allocated to instigate each complaint, with the details of the investigator recorded on the Patient Experience Feedback Monitoring Database.
29. Where it becomes apparent during the complaints investigation that the response will take longer than the expected timeframe, a holding letter/ email will be sent to the complainant, with a revised expected timeframe.

#### Responding to Complaints

30. All responses to formal complaints will be in the form of a letter. Responses will include:
- Apology if appropriate.
  - Explanation of how the complaint has been considered; and
  - Explanation of what has occurred and the conclusions reached in relation to the complaint and whether the complaint has been upheld, partially upheld, or not upheld.
  - What action has been taken or is proposed in consequence of the complaint;
  - Details of the complainant's right to take their complaint to the Parliamentary Health Service Ombudsman, and the relevant contact details, which are:
    - Parliamentary Health Service Ombudsman



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31. All draft responses will be reviewed by the Head of Quality, prior to being submitted for final sign off along with a copy of the original complaint. Final responses must be signed off by a senior officer who has had **no** prior involvement with the investigation, usually the Chief Nurse or alternatively the Chief Officer or the Chair of the CCG.
32. Following approval, the complaint response will be saved as PDF document and issued to the complainant either by post or attached to an email, and any other organisations involved in the complaint.
33. The Quality Team will maintain records of any actions that arise from complaints and track these through to completion.

### Parliamentary Health Service Ombudsman

34. The CCG will fully cooperate with any investigations or enquiries conducted by the Parliamentary Health Service Ombudsman.
35. All contacts from the PHS will be recorded on the Patient Experience Feedback Monitoring Database so that any requests for information are monitored through to completion.
36. The Quality Administrator will ensure that the Chief Nurse is notified of any PHSO investigations via the summary report from the weekly QOG Meetings.
37. The Quality Manager will ensure that completion of actions associated with PHSO investigations are monitored through to completion, and that non-completion of actions is escalated via the Head of Quality to the Chief Nurse.

### Reporting of Complaints

38. All complaints/ concerns will be reviewed at the weekly Quality Operational Group meeting. This will routinely be attended by the Head of Quality, the Quality Manager and the Quality Team Administrator and the Quality Team Administration Assistant. The review will include:
  - Review of progress of complaint responses
  - Allocation of new complaints or actions
  - Triangulation of patient experience feedback against other sources of intelligence
  - Decision making regarding the need for escalation of patient safety concerns.
39. A written summary update of the progress of complaints will be emailed to the Chief Nurse by the Quality Team.

40. Quarterly reports will be provided to the CCG Primary Care Team about complaints received by the CCG about GP practices.

41. The Quality Team will prepare and submit the quarterly KO41a data collection return on written complaints to NHS Digital. Further guidance about this can be found below:



ko41a-guidance-notes 2018.pdf

42. An annual patient experience feedback report will be produced in accordance with the reporting requirements of The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, and presented to the Quality and Patient Safety Committee.

#### Monitoring

43. A summary update will be provided on all ongoing complaints/ concerns at the weekly Quality Operational Group meeting to help ensure that complaints and concerns are being investigated and responded to on a timely basis. A copy of this update will be provided to the Chief Nurse.

44. The Quality Team will provide a report to each QPSC detailing:

- Total number of complaints received in year
- Number of open complaints
- Performance against targets for acknowledging and responding to complaints
- Themes and trends from complaints
- Improvements taken as a result of complaints
- Number of complaints referred to Ombudsman for investigations and outcome.

#### Compliance with Complaints Process

45. A quarterly audit of a random sample of complaints will be undertaken to ensure that they have been processed in line with this policy and that it is operating effectively.

46. The results of the quarterly audit will be reported to the Quality Operational Group.

## **APPENDIX B – PROCEDURE FOR MANAGING PERSISTENT COMPLAINANTS**

1. The aim of this procedure is to identify situations where a complainant could be considered unreasonably persistent and to suggest ways of responding to such situations.
2. This procedure **should only be used as a last resort** and after all reasonable measures have been taken (i.e. an effort to resolve complaints following the NHS complaints procedures).
3. Careful judgement and discretion must be used in applying the criteria to identify potential unreasonably persistent complaints and requests for information and in deciding what action to take in specific cases. This procedure should only be implemented following careful consideration with authorisation of, the Barnsley Clinical Commissioning Group (CCG) Chair and Chief Officer.

### **DEFINITION OF UNREASONABLY PERSISTENT COMPLAINTS AND/OR REQUESTS FOR INFORMATION**

4. Complainants or persons requesting information (and/or anyone acting on their behalf) may be deemed to be unreasonably persistent where current or previous contact with them shows that they have met two or more (or are in serious breach of one) of the criteria set out below in the following paragraphs.
5. Persisting in pursuing a complaint where the NHS complaints procedure has been fully and properly implemented and exhausted. For example, where investigation is deemed to be 'out of time' or where the Parliamentary Health Service Ombudsman has declined a request for independent review.
6. Changing the substance of a complaint or persistently raising new issues or seeking to prolong contact by unreasonably raising further concerns or questions upon receipt of a response whilst the complaint/request is being dealt with. Care must be taken not to disregard new issues, which differ significantly from the original complaint/request - these may need to be addressed separately.
7. Unwilling to accept documented evidence of treatment given as being factual (e.g. drug records, GP manual or computer records, nursing records) or deny receipt of an adequate response despite correspondence specifically answering their questions/concerns. This could also extend to include those persons who do not accept that the facts can sometimes be difficult to verify after a long period of time has elapsed.
8. Focusing on a trivial matter to a degree which is out of proportion to its significance and continuing to focus on this point. It should be recognised that determining what is trivial can be subjective and careful judgement must be used in applying this criterion.

9. Physical violence has been used or threatened towards staff or their families/associates at any time. This will, in itself, cause personal contact to be discontinued and will thereafter, only be pursued through written communication. All such incidents should be documented and reported using the Barnsley CCG Policy and Procedure on the Reporting, Recording and Investigation of Accidents and Incidents, and notified as appropriate, to the police.
10. Had an excessive number of contacts with the CCG when pursuing their request or complaint, placing unreasonable demands on staff. Such contacts may be in person, by telephone, letter, fax or electronically. Discretion must be exercised in deciding how many contacts are required to qualify as excessive, using judgement based on the specific circumstances of each individual case.
11. Have harassed or been abusive or verbally aggressive on more than one occasion towards staff - directly or indirectly - or their families and/or associates. If the nature of the harassment or aggressive behaviour is sufficiently serious, this could, in itself, be sufficient reason for classifying the complainant as unreasonably persistent. Staff must recognise that complainants may sometimes act out of character at times of stress, anxiety or distress and should make reasonable allowances for this. All incidents of harassment or aggression must be documented in accordance with Barnsley CCG's Policy and Procedure on the Reporting, Recording and Investigation of Accidents and Incidents.
12. Display unreasonable demands or expectations and fail to accept that these may be unreasonable once a clear explanation is provided to them as to what constitutes an unreasonable demand (i.e. insisting on responses to complaints or enquiries being provided more urgently than is reasonable or recognised practice, presenting similar or substantially similar requests for information).

## **PROCEDURE**

13. When complainant(s) requesting information have been identified as unreasonably persistent, in accordance with the above criteria, the CCG Chair and Chief Officer (or their nominated deputy) will decide what action to take. The Chief Officer (or deputy/representative) will implement such action and notify the individual(s) promptly, and in writing, the reasons why they have been classified as unreasonably persistent and the action to be taken.
14. This notification must be copied promptly for the information of others already involved such as practitioners, Independent Complaints Advocacy Service, Member of Parliament, advocates etc. Records must be kept, for future reference, of the reasons why the decision has been made to classify as unreasonably persistent and the action taken.

15. The Barnsley CCG Chair and Chief Officer (or their delegated representative) may decide to deal with unreasonably persistent complainants in one or more of the following ways:-
- 15.1. Once it is clear that one of the criteria for a persistent complainant has been seriously breached, it may be appropriate to inform the individuals, in writing, that they are at risk of being classified as unreasonably persistent. A copy of this procedure should be sent to them and they should be advised to take account of the criteria in any future dealings with the Trust and its staff. In some cases it may be appropriate, at this point, to copy this notification to others involved and suggest that complainants seek advice in taking their complaint further (e.g. via the Independent Complaints Advocacy Service, Parliamentary Health Service Ombudsman, Patient Advice and Liaison Service);
  - 15.2. NHS Barnsley CCG should try to resolve matters before invoking this procedure, and/or the sanctions detailed within it, by drawing up a signed agreement with the complainant/persons requesting information (if appropriate, involving the relevant practitioner) setting out a code of behaviour for the parties involved, if the CCG is to continue dealing with the complaint. If this agreement is breached, consideration would then be given to implementing other actions as outlined below;
  - 15.3. NHS Barnsley CCG can decline further contact either in person, by telephone, fax, letter or electronically, or any combination of these, provided that one form of contact is maintained. Alternatively, a further contact could be restricted to liaison through a third party. A suggested statement has been prepared for use if staff are to withdraw from a telephone conversation. This is shown in the attached staff operational guidance.
  - 15.4. Notify complainants/persons requesting information in writing that the CCG Chair or Chief Officer (or delegated deputies/ representatives) has responded fully to the points raised and has tried to resolve the issues but there is nothing more to add and continuing contact on the matter will serve no useful purpose. This notification should state that that correspondence is at an end and that further communications will be acknowledged but not answered;
  - 15.5. Inform complainants/persons requesting information that in extreme circumstances the CCG reserves the right to refer unreasonably persistent complaints to the organisation's solicitors/the Information Commissioner and/or, if appropriate, the Police;
  - 15.6. Temporarily suspend all contact, whilst seeking legal advice or guidance from NHS England, the Parliamentary Health Service Ombudsman, Information Commissioner's office or other relevant agencies.

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16. Once classified as unreasonably persistent, there needs to be a mechanism for withdrawing this status if, for example, a more reasonable approach is subsequently demonstrated or if the subject submits a further complaint/request for information for which the normal complaints procedures or Freedom of Information Act procedures would be appropriate.
17. Staff should have already used careful judgement and discretion in recommending or confirming unreasonably persistent status and similar judgement/discretion will be necessary when recommending that such status should be withdrawn. Where this appears to be the case, discussions will be held with the BCCG Chair and Chief Officer (or their delegated representatives) and, subject to their approval, normal contact and procedures will be resumed.

## APPENDIX C – Glossary of Terms

Term / abbreviation	What it stands for
Being Open	Open communication of patient safety incidents that result in harm or the death of a patient while receiving healthcare.
Carer	Family, friends or those who care for the patient. The patient has consented to them being informed of their confidential information and to their involvement in any decisions about their care.
Child	The Children Act 1989 and the Children Act 2004 define a child as being a person up to the age of 18 years. The Children Act 2004 states that safeguarding, protection and cooperation between services may, in certain circumstances, be continued through to a young person's 19th birthday or beyond.
Clinical Commissioning Group -	Clinically-led organisation that commissions most NHS-funded healthcare on behalf of its relevant population. CCGs are not responsible for commissioning primary care, specialised services, prison healthcare, or public health services.
Commissioner	An organisation with responsibility for assessing the needs of service users, arranging or buying services to meet those needs from service providers in either the public, private or voluntary sectors, and assuring itself as to the quality of those services.
Data Protection	<p>Everyone responsible for using personal data has to follow strict rules called 'data protection principles'. They must make sure the information is:</p> <ul style="list-style-type: none"> <li>• used fairly, lawfully and transparently</li> <li>• used for specified, explicit purposes</li> <li>• used in a way that is adequate, relevant and limited to only what is necessary</li> <li>• accurate and, where necessary, kept up to date</li> <li>• kept for no longer than is necessary</li> <li>• handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage</li> </ul>

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Information Governance	How information is managed in an organisation.
Providers of NHS Funded Care	Organisations that deliver healthcare that is partially or fully funded by the NHS, regardless of the provider or location.
Providers	Organisations acting as a direct <b>provider</b> of publicly funded health care services.
Safeguarding	Ensuring that people live free from harm, abuse and neglect and, in doing so, protecting their health, wellbeing and human rights. Children, and adults in vulnerable situations, need to be safeguarded. For children, safeguarding work focuses more on care and development; for adults, on empowerment, independence and choice.
Statutory Obligations	When an organisation or person is bound or obliged to do certain things, and which arises from law or custom.
Working Day	Days that exclude weekends and bank holiday



## Equality Impact Assessment

<b>Title of policy or service:</b>	Management of Patient Experience Feedback	
<b>Name and role of officer/s completing the assessment:</b>	Martine Tune, Chief Nurse (Acting)	
<b>Date of assessment:</b>	30.04.19	
<b>Type of EIA completed:</b>	<b>Initial EIA ‘Screening’</b>	<i>(select one option )</i>

<b>1. Outline</b>	
<p><b>Give a brief summary of your policy or service</b></p> <ul style="list-style-type: none"> <li>including partners, national or regional</li> </ul>	<p>The purpose of this document is to outline how the CCG manages the patient experience feedback it receives, and to ensure that the CCG meets its statutory obligations under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.</p> <p>The aim of the policy is to comply with statutory requirements, legislation and best practice. Positive impact, therefore “Full” EIA not required.</p>
<p><b>What Outcomes do you want to achieve</b></p>	<p>Ensure that all staff have a clear understanding of their responsibilities, and that they respond effectively to patient experience feedback;</p> <p>To provide a clear, simple and easy to understand process for managing patient experience feedback which is fair and impartial, widely publicised and accessible to all;</p>

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	<p>To ensure those providing us with patient experience feedback and staff are provided with the necessary guidance and support;</p> <p>To support the identification of the causes of negative patient experience feedback and its use in improving services and prevent recurrence;</p> <p>To make sure that complaints and concerns are managed promptly and efficiently, and answers or explanations are provided quickly and within established time limits; and</p> <p>To ensure that complainants and those who raise concerns are treated courteously and with empathy, and care is not adversely affected as a result of having made a complaint or raised a concern.</p>
<p><b>Give details of evidence, data or research used to inform the analysis of impact</b></p>	<p>BCCG Annual Patient Experience Report 2017/18</p> <p>Information reports from the complaints database</p>
<p><b>Give details of all consultation and engagement activities used to inform the analysis of impact</b></p>	<p>N/a</p>

### Identifying impact:

- **Positive Impact:** will actively promote the standards and values of the CCG.
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact: causes or fails to mitigate unacceptable behaviour. If such an impact is identified, the EIA should ensure, that as far as possible, it is eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

<b>2. Gathering of Information</b>					
This is the core of the analysis; what information do you have that might impact on protected groups, with consideration of the General Equality Duty.					
<b>(Please complete each area)</b>	<b>What key impact have you identified?</b>			<b>For impact identified (either positive or negative) give details below:</b>	
	<b>Positive Impact</b>	<b>Neutral impact</b>	<b>Negative impact</b>	<b>How does this impact and what action, if any, do you need to take to address these issues?</b>	<b>What difference will this make?</b>
<b>Human rights</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>	Policy actively promotes the following of the CCG's values: <ul style="list-style-type: none"> <li>• <i>Equity and fairness</i></li> <li>• <i>Services are designed to put people first</i></li> <li>• <i>Quality care delivered by vibrant primary and community care or in a safe and sustainable local hospital</i></li> <li>• <i>Excellent communication with patients</i></li> </ul> However, Policy may not be easily accessible to all people.	Greater public confidence that the CCG treats complainants and those who raise concerns with empathy makes sure that complaints and concerns are managed promptly and efficiently.
<b>Age</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Carers</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Disability</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Sex</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		

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<b>Race</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Religion or belief</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Sexual orientation</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Gender reassignment</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Pregnancy and maternity</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Marriage and civil partnership</b> (only eliminating discrimination)	✓	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Other relevant groups</b>	✓	<input type="checkbox"/>	<input type="checkbox"/>		


**IMPORTANT NOTE:** If any of the above results in **'negative'** impact, a **'full'** EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

Having detailed the actions you need to take please transfer them to the action plan below.

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<b>3. Action plan</b>				
<b>Issues/impact identified</b>	<b>Actions required</b>	<b>How will you measure impact/progress</b>	<b>Timescale</b>	<b>Officer responsible</b>
People may require information in alternative formats e.g. easy read	Produce easy to read complaints guidance/ leaflet and/or short film and audio clip	Note number of requests Feedback from complainants, advocacy organisations and Healthwatch	31.03.20	Martine Tune, Chief Nurse (Acting)

<b>4. Monitoring, Review and Publication</b>				
<b>When will the proposal be reviewed and by whom?</b>	<b>Lead / Reviewing Officer:</b>	Chief Nurse (Acting)	<b>Date of next Review:</b>	3 years

<b>Equality Lead signature:</b>	
<b>Date:</b> 30.04.19	