

University Hospitals
of Morecambe Bay 
NHS Foundation Trust

Cumbria Partnership 
NHS Foundation Trust



North West Ambulance Service 
NHS Trust


Cumbria Clinical
Commissioning Group

North Cumbria University Hospitals 
NHS Trust




North of England
Commissioning Support Unit

JOINT COMPLAINTS PROTOCOL: PATHWAY FOR COMPLAINTS MADE ABOUT CARE DELIVERED BY MORE THAN ONE ORGANISATION

KEY OBJECTIVE OF PROTOCOL:

This protocol is a joint agreement in respect of complaints handling arrangements between health and social care organisations working in Cumbria. The objective of the protocol, wherever possible, is to offer people making complaints a single and agreed point of contact and a single co-ordinated response to their complaint.

Version	2.0
Last Reviewed	June 2016
Next Review Date	June 2019

**JOINT COMPLAINTS PROTOCOL:
PATHWAY FOR COMPLAINTS MADE ABOUT CARE DELIVERED
BY MORE THAN ONE ORGANISATION**

1. SUMMARY

This Joint Complaints Protocol (also referred to as ‘the protocol’) is a joint agreement in respect of complaints handling arrangements between health and social care organisations working in Cumbria. The objective of the protocol, wherever possible, is to offer people making complaints a single and agreed point of contact and a single co-ordinated response to their complaint.

The Joint Complaints Protocol provides a framework for dealing with complaints that involve more than one of the following organisations:

- Cumbria County Council
- Cumbria Partnership NHS Foundation Trust
- North Cumbria University Hospitals NHS Trust
- Cumbria Health On Call (CHOC)
- North West Ambulance Service NHS Trust
- University Hospitals of Morecambe Bay NHS Foundation Trust
- Cumbria Clinical Commissioning Group (CCCG)
- North of England Commissioning Support Unit (NECS)

2. PURPOSE

The protocol will encourage regular and effective communication between complaints managers and complainants.

The protocol will also ensure that learning points covering more than one organisation are identified and addressed.

3. SCOPE

The protocol will apply to the Complaints Managers of the Agencies identified in Section 1 when any complaint is received which is about, or appears to be about, more than one health and/or social care provider. The aim, wherever possible, will be to provide the complainant with a single co-ordinated response.

4. PROTOCOL

4.1 INFORMATION SHARING

Acceptance of this protocol implies agreement to information sharing between organisations within the guidance of the Data Protection Act 1998, the Caldecott report 1997, and the Freedom of Information Act 2000.

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<i>Do you have the up to date version?</i>		

4.2 AGREED PROCESS AND CRITERIA FOR WHICH ORGANISATION WILL LEAD ON THE CROSS ORGANISATIONAL COMPLAINT

- a. The receiving organisation has the responsibility to:
Acknowledge receipt of the complaint and gain consent from the complainant using the generic consent form Appendix 2 and, if appropriate, for the patient to share information with other organisations.
- b. Once consents are received, the receiving organisation will share the content of the complaint with the pertinent organisations, as identified within the content of the complaint, and will:
 - Agree (as per regulations) a lead organisation that will be the main contact with the complainant during the investigation process.
- c. The lead organisation will be responsible for notifying the complainant of how the joint arrangements will work, how their complaint will be handled and who will respond.
- d. Before sending any response letter is sent to the complainant, the lead organisation should send a draft copy for approval to the other parties involved. This approval should be sought via the Complaints Manager.
- e. The objective, at all times, should be to provide the complainant with a single co-ordinated response to their complaint, unless stated otherwise by the complainant.
- f. If it is recognised that, due to the complexity of the case, this cannot be achieved in a timely manner, a discussion should take place between organisations to identify if appropriate to respond individually. This decision will sit within the remit of senior management of the organisation.
- g. Should a patient or service user wish to seek independent advice when making a complaint, they can contact the following independent body who can provide support and advocacy services to patients going through the NHS complaints process. The claimant must confirm if they wish correspondence to be directed to the advocacy services.

People First Telephone No: 03003 038037

4.3 IF YOU RECEIVE A COMPLAINT WHICH IS NOT FOR YOUR ORGANISATION

Contact the complainant within 3 working days and ask if they would like their complaint to be forwarded to the correct organisation. Consent to be gained from the complainant to share with the correct organisation.

4.4 PROTOCOL REVIEW AND EVALUATION

The protocol will be reviewed following new legislation or guidance from any of the following:

- Department of Health
- Local Government Ombudsman
- Parliamentary and Health Service Ombudsman
- Care Quality Commission

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- NHS Improvement (Monitor)
- NECS
- CCG
- Or every three years, whichever is the soonest.

4.5 AUDIT TOOL

All signatories work towards effective clinical governance and care governance systems. To demonstrate care delivery and compliance regular audits must be carried out. Signatories may wish to use the following audit tool to evaluate the effectiveness of this protocol, which should be used in conjunction with department of health regulation 2009 guidance.

Standard	Statement	Yes	No
Standard 1	Was this complaint acknowledged appropriately by the receiving organisation?		
Standard 2	Once consent was received did a discussion take place to identify the lead organisation, based on risk/content and were timescales agreed at that time?		
Standard 3	Once consent was received were complaints forwarded to relevant organisations by end of next working day?		
Standard 4	Were responses provided by each organisation to lead organisation within agreed timescales?		
Standard 5	Was the final draft response shared and agreed by each organisation prior to sending?		
Standard 6	Was complainant advised on how to contact PHSO/LGO?		
Standard 7	Were lessons learned shared cross organisationally?		

Additional information:

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4.6 CONTACT DETAILS

Organisation	Named Complaints Manager	Address	Contact details
Cumbria Partnership NHS Foundation Trust www.cumbriapartnership.nhs.uk	Sylvia Atherton, Interim Experience of Care Manager	Carleton Clinic, Cumwhinton Drive, CARLISLE, CA1 3SX	e-mail: sylvia.atherton@cumbria.nhs.uk or PET@cumbria.nhs.uk (generic patient experience e-mail) Direct Line: 01228 602126 (Sylvia Atherton) Complaints Admin: 01228 602128
North Cumbria University Hospitals NHS Trust www.ncuh.nhs.uk	Sheena Bossche, Patient Relations Manager	The Cumberland Infirmary, Newtown Road, CARLISLE, Cumbria, CA2 7HY	Email: sheena.bossche@ncuh.nhs.uk Switchboard 01228 523444 Direct line: 01228 814018 (answer line)
Cumbria Clinical Commissioning Group (CCCG) www.cumbriaccg.nhs.uk	Nicola Duers, Clinical Quality Support Officer	4 Wavell Drive, Rosehill, Rosehill Industrial Estate, CARLISLE, Cumbria, CA1 2SE	Email: Nicola.duers@cumbria.necsu.nhs.uk Direct line: 0300 123 9006 (Nicola Duers)
North of England Commissioning Support (NECS) www.necsu.nhs.uk			
Cumbria County Council www.cumbria.gov.uk	Steve Tweedie, Information Governance and Risk Manager	Information Governance Team, Chief Executive's Directorate, Cumbria County Council, Lonsdale Building, The Courts, CARLISLE, CA3 8NA	Email: complaints@cumbria.gov.uk Direct Tel No. 01228 221234 Switchboard 01228 606060 Steve Tweedie steve.tweedie@cumbria.gov.uk
Cumbria Health On Call (CHOC) www.chocLtd.co.uk	Charlotte Raw, Executive PA to Chief Executive	Capital Building, Hilltop Heights, London Road, CARLISLE, CA1 2NS	Email : charlotte.raw@choc.nhs.uk Executive PA to Susan Blakemore or office@choc.nhs.uk (generic e-mail) Tel No. 01228 514830 – Admin Office Fax No: 01228 402803

<p>North West Ambulance Service NHS Trust</p> <p>www.nwas.nhs.uk</p>	<p>Gary Pedder, Acting Patient Experience Manager</p>	<p>Lancashire Office 449-451 Garstang Road, Broughton PRESTON PR3 5LN</p>	<p>Email : patientexperience@nwas.nhs.uk</p> <p>Tel No. 0345 112 6500 Patient Experience (10.00am – 3.00pm)</p> <p>Tel No. 01772 862666 (Admin Reception)</p>
<p>University Hospitals of Morecambe Bay NHS Foundation Trust</p> <p>www.uhmb.nhs.uk</p>	<p>Sharon Woodhouse, Patient Relations Manager</p>	<p>Patient Relations Department, Westmorland General Hospital, Burton Road, KENDAL, LA9 7RG</p>	<p>Email: sharon.woodhouse@mbht.nhs.uk Or Lee Brady, Head of Patient Relations lee.brady@mbht.nhs.uk</p> <p>comments.complaints@mbht.nhs.uk (generic Patient Relations e-mail)</p> <p>Tel No: 01539 716621</p>

5. ATTACHMENTS	
Number	Title
Appendix 1	Joint Complaint Investigation Report
Appendix 2	Generic Consent Policy
Appendix 3	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
None	

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	None
2	
3	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
Complaints Manager	<p>The Complaints Manager is the person within each organisation who carries responsibility for the handling and consideration of complaints in accordance with regulation 4 (1) (b) of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (regulations).</p> <p>In Children's Services, the Complaints Manager is the person who carries responsibility for the handling and consideration of complaints in accordance with The Children Act 1989 Representations Procedure (England) Regulations 2006 as specified in Annex 1 of the Department for Education & Skills Guidance <i>Getting the Best from Complaints</i> .</p>
Receiving Organisation	The receiving organisation is the organisation that first receives notification of the complaint, regardless of whether the complaint is made in writing, verbally or via e-mail or social media.
Lead Organisation	The lead organisation will have overall responsibility for the complaint and will communicate, as required, with the complainant and will ensure that other organisations contribute to and receive copies of any response to the complaint. If exceptionally it has been decided that separate organisational responses are appropriate, each organisation shall send a copy of their response to the other.
Duty to Co-operate	Duty to Co-operate is defined in the regulations and includes the duty to agree a lead organisation to communicate with the complainant and ensure that there is a coordinated response.

9. CONSULTATION WITH STAFF AND PATIENTS	
Enter the names and job titles of staff and stakeholders that have contributed to the document	
Name	Job Title
Sylvia Atherton	Interim Experience of Care Manager, Cumbria Partnership NHS Foundation Trust
Sheena Bossche	Patient Relations Manager, North Cumbria University Hospitals NHS Trust
Nicola Duers	Clinical Quality Support Officer, Cumbria Clinical Commissioning Group and North of England Commissioning Support
Steve Tweedie	Information Governance and Risk Manager, Chief Executives Directorate Cumbria County Council
Charlotte Raw	Executive PA to Chief Executive, Cumbria Health On Call
Garry Pedder	Acting Patient Experience Manager, North West Ambulance Service NHS Trust
Sharon Woodhouse	Patient Relations Manager, University Hospitals of Morecambe Bay NHS Foundation Trust

10. DISTRIBUTION PLAN	
Dissemination lead:	Mary Aubrey, Director of Governance, University Hospitals of Morecambe Bay NHS Foundation Trust
Previous document already being used?	Yes / No (Please delete as appropriate)
If yes, in what format and where?	External document
Proposed action to retrieve out-of-date copies of the document:	Agencies will be requested to archive old copies and replace with the new version
To be disseminated to:	
Complaints Managers of identified Agencies	Identified agencies detailed in item 9
UHMBFT Document Library	Document placed on Document Library for staff UHMBFT to access
Proposed actions to communicate the document contents to UHMBT staff:	Include in the UHMBFT Weekly News regarding new documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this policy? *Yes / No * Please delete as required		
Action by	Action required	Implementation Date

12. AMENDMENT HISTORY –				
Revision No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
2	June 2016	Throughout	Formatting and addition of Appendix 1, 2 and 3	01/06/2019

Complaint Investigation Report

Complaint Details

Complainant's Name:		
Patient's Name:		
Ward/ Department:		
Complaint Ref. No.		
Site: (Various)		
Brief Details of Complaint		(Complaint letter attached) (Consent to share with other organisations) (Consent from third parties/next of kin)

Name of Case Officer and receiving Organisation

Name of Case Officer		
Name of Receiving Organisation		

To Allocated Organisation :

Name of Allocated Organisations Case Officer		
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Questions to be Answered from Allocated Organisation(s):

Question	Organisation	Initial risk assessment	Action
Q1.			
Response	(Please type response in this box)		
Date Response Required:			

Question	Organisation	Initial risk assessment	Action
Q2.			
Response	(Please type response in this box)		
Date Response Required:			

Question	Organisation	Initial risk assessment	Action
Q3.			
Response	(Please type response in this box)		
Date Response Required:			

Question	Organisation	Initial risk assessment	Action
Q4.			
Response	(Please type response in this box)		
Date Response Required:			

Action	All organisations - with regards to care and treatment	Action
Lessons learned.	Please confirm the lessons learnt as a result of this complaint, including any actions which have been taken to prevent a recurrence. Please note – this box needs completing in all circumstances. This should be with action details or lessons learned or confirmation that there are no lessons to be learned. If left blank the form will be returned to you as incomplete.	All
Response	(Please type response in this box)	
Date Response Required:		

Action	All organisations - with regards to complaint handling	Action
Lessons learned.	Please confirm the lessons learnt as a result of this complaint, including any actions which have been taken to prevent a recurrence. Please note – this box needs completing in all circumstances. This should be with action details or lessons learned or confirmation that there are no lessons to be learned. If left blank the form will be returned to you as incomplete.	All
Response	(Please type response in this box)	
Date Response Required:		

Name	
Signature	
Designation	
Date	
Final Risk Assessment Rating	

Appendix 2: GENERIC CONSENT POLICY

ADD RECEIVING HOSPITAL LOGO

**For the attention of <Name of Case Officer>
<Name of Hospital>
<Address of Hospital>**

I, «FIRST_NAME1» «SURNAME__1» («DATE_BIRTH») hereby confirm that I consent to the release of my clinical information to

«FIRST_NAME» «SURNAME»

In connection with the letter of complaint to the <NAME OF RECEIVING HOSPITAL>, relating to my care and treatment.

Please Note: As part of our investigations, it may be necessary to access medical records and we will assume you are happy for us to do this unless you inform us otherwise. We assure you that any complaint made will not prejudice current or future treatment. All correspondence relating to your complaint will be kept in a separate file from the medical records.

I, «FIRST_NAM1» «SURNAME__1» hereby confirm that I am consenting to the <NAME OF RECEIVING HOSPITAL> contacting (NAME OF ORGANISATION/OTHER RELEVANT ORGANISATIONS) to share my letter of complaint with them. I understand this may include obtaining or sharing relevant medical information for the purpose of investigating the complaint.

Signed	
Name (in capitals)	
Address	

Ref: <CASE_NO> For Internal Use Only	
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Appendix 2: EQUALITY and DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Age	No	
	• Disability	No	
	• Race	No	
	• Sex	No	
	• Religious belief – including no belief	No	
	• Sexual Orientation	No	
	• Gender reassignment	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?		
4.	Is the impact of the policy/guidance likely to be negative?	No	
4a	If so can the impact be avoided?		
4b	What alternative are there to achieving the policy/guidance without the impact?		
4c	Can we reduce the impact by taking different action?		

If you have identified a potential discriminatory impact of this procedural document, please refer it to your HR Department, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact your HR Department.