



# COMPLAINTS POLICY

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<b>References:</b>	NHS England Complaints Policy (July 2016) Fundraising Regulator (England) Equality Act 2010 Mental Capacity Act (2015) Human Rights Act 1998

**Statement and Definitions**

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments to this policy are sought from users of this document. If, however, points of technicality are made, these must be backed up with written evidence and source of information. Please contact sponsor for any amendments.

<b>Issue</b>	<b>Page(s)</b>	<b>Issue Date</b>	<b>Additions/Alterations</b>	<b>Initials</b>
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# Complaints Policy

## 1. INTRODUCTION

This policy and procedure sets out the way in which complaints and feedback (positive and negative) are handled by Combat Stress and actively encourages and welcomes comments and feedback from veterans, volunteers, trustees, individuals and organisations about the service that has been provided.

All feedback, comments and complaints will be collated and evaluated to attain, maintain and develop quality service delivery.

Combat Stress will treat complaints seriously and ensure that complaints, concerns and issues raised by veterans, relatives and carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be explained to the complainant.

This will ensure that:

- We provide easily accessible clear and simple to understand guidelines on how a complaint or concern will be managed.
- We offer assurance that there is a consistent approach to the management and investigation of complaints.
- We provide further assurance that complaints or concerns will be sympathetically responded to, within appropriate timeframes, and that 'lessons learnt' will be used by Combat Stress as a driver for change and improvement.
- We take care to ensure new facts are not excluded from the primary complaint where they are genuinely identified late in the process.
- We take care not to discard new issues which are significantly different from the original complaints - new issues should be considered as separate complaints.
- Directors have overall responsibility for the effective implementation of the arrangements to support staff and veterans who complain. This responsibility is delegated through the organisation's clinical and professional leads, line management and begins with the leadership promoting a culture of openness, respect and integrity.

## 2. AIMS AND OBJECTIVES

The aim of this policy is to provide all those involved in the complaints process with a clear understanding of Combat Stress's expectations and requirements. The policy is based on legislation, best practice and guidance from national bodies including NHS, IGRB, CQC and CI and helps ensure that:

- There is an early distinction made between formal complaints and informal (locally resolved) complaints
- Complaints are dealt with efficiently
- Complaints are investigated properly
- Complaints are handled in strict confidence with only managers and staff who are leading the investigation involved (in line with the Data Protection Act and Caldicott guidelines)
- Complainants are treated with respect and courtesy
- Complainants are provided with, so far as is reasonably practicable:
  - Advice to understand the complaints procedure
  - Advice on where assistance may be obtained
- Complainants are told of the outcome of the investigation
- The recurrence of mistakes is minimised through learning lessons
- Feedback and compliments are acknowledged where appropriate and cascaded to staff

### 3. SCOPE

#### 3.1 This Policy and procedure applies to:

Complaints made less than 12 months after the incident giving rise to the complaint. Complaints where the complainant has raised major issues but does not want a full investigation carried out. However Combat Stress will assess the facts and if appropriate will investigate the complaint using this Policy.

Complaints where the complainant has specifically stated they intend to instigate (or have instigated) legal proceeding. The investigating officer should alert the relevant Director to ensure adequate support is given and that the complaint is investigated to sufficient depth.

#### 3.2 This Policy may be used in conjunction with other Policies.

#### 3.3 If the subject of the complaint has already been investigated, conclusions reached and therefore closed, the complaint will only be re-investigated if complainant has provided new material that requires investigation.

The [Equality Act 2010](#) applies to the way Combat Stress complaints procedures are organised. If somebody has difficulty using our complaints procedure, then Combat Stress has a duty to make reasonable adjustments to the procedures to assist that person access our complaints procedures.

If the veteran is still in Combat Stress' care, staff would ensure they received treatment as originally planned without any fear of reprisal or reduced quality of service, investigate the issues raised in the complaint and, if appropriate, share learning outcomes with the veteran and with the team involved in their care.

#### **4. DEFINITION**

Combat Stress defines a Complaint as an informal or formal expression of discontent or disappointment made by veterans, donors or other parties connected with Combat Stress's charitable purposes where any of the following apply:

- The veteran believes that a mistake or error occurred and that this has detrimentally affected them or their treatment
- The veteran brings an issue to our attention which could detrimentally affect them or someone else, which they expect Combat Stress to put right
- Action (or inaction) by Combat Stress or a staff member who has detrimentally affected the experience of the veteran

Whether justified or not, a complaint requires investigation, an appropriate level of response and, if justified, action to redress and report back to the complainant using the complainant's preferred method of communication.

#### **5. WHO CAN MAKE A COMPLAINT**

A veteran who receives, or who can prove they have accessed or tried to access, services from Combat Stress.

Anyone who has received a service from Combat Stress or has been impacted by the action of Combat Stress can submit feedback on our Service. Compliments and feedback can be made regarding any aspects of our Service, our Staff, or our Facilities.

Clients, donors, beneficiaries and partners and other parties involved in fundraising or communications matters.

An adult acting on behalf of a veteran who receives, or who can prove they have received, services from Combat Stress with their consent (known as the "Representative").

A representative may be involved because the veteran:

- Has asked the representative to act for them;
- Is unable to make the complaint themselves because of a physical incapacity or lack of capacity (see [Mental Capacity Act 2005 Overview](#) and key provisions);
- Has died, e.g. a legal adviser acting on behalf of beneficiaries.

#### **Consent**

Consent cannot be granted by the veteran verbally over the phone, written consent must be obtained. A 'Consent to Share' form must be completed, and held in the complaints file.

If a representative raises an issue on behalf of a veteran, consent must be sought from the veteran before disclosing any information about the veteran.

If consent is not received or granted by the veteran, their Representative will be advised in writing that Combat Stress is unable to disclose any confidential information about the veteran

because we do not have their permission to do so. However a general response to the issues raised can be provided following an investigation if warranted. This would be treated as an informal complaint

An adult who has Lasting Power of Attorney for the veteran's personal welfare can pursue a complaint on behalf of the veteran using the authority contained within the LPA.

Please note consent is not required for elected members (MP's, MSP's, MEP's, and Local Councillors) making enquiries on a veteran's behalf.

## 6. ROLES, DUTIES & RESPONSIBILITIES

### **Board of Trustees:**

Has a responsibility through its Board of Directors and management structure to ensure staff and volunteers are aware of, and trained in, this Policy and related procedure.

The management of Complaints is a critical component of corporate and clinical governance and the Board must ensure that investigations are arranged and resourced and that robust systems are in place for investigating and responding to Complaints.

### **Clinical Governance Committee is** responsible for:

Monitoring the implementation of the policy

Checking adherence to reporting requirements for the Charity's regulators and commissioners (e.g. CQC, Charities Commission, NHS Commissioners)

Ensuring actions are identified to address any deficits.

### **Medical Director:**

The Director has overall responsibility for Clinical Governance within Combat Stress and for ensuring that this policy is implemented across the Organisation.

### **Director Client Services:**

Has overall responsibility for escalated complaints.

Can act as a higher level reviewer for difficult or complex concerns raised.

### **Quality and Clinical Governance Manager (QCGM):**

Is responsible for ensuring that appropriate processes are in place for reporting, investigating and learning from feedback and complaints.

Has responsibility for maintaining the reporting system for complaints and feedback and for providing information to staff.

Regularly provides data/reports for analysis/information to the specialist groups/committees, and the Board and Trustees as part of the wider learning from incidents, complaints, and concerns.

**Directors, Regional Operational Managers (ROMs), Treatment Centre Managers (TCMs) and Fundraising Managers:**

Promote the importance of this policy to all staff, including temporary staff, in turn developing a good governance framework to provide an effective system that ensures that:

- All complaints are reported in accordance with this policy.
- All investigations are undertaken in accordance with this policy.
- Remedial actions are fully implemented and evidenced.
- Lessons learned are shared.
- Staff, veterans or others involved in complaints receive support as appropriate.
- Learning is disseminated and cascaded to Line Managers.
- Reports externally to the Commissioners, CQC, HSE, ICO and other external agencies as required.
- Mechanisms are in place that provide information to veterans as to how to raise concerns and complaints or to provide feedback to the Charity.

**Line Managers:**

Ensure this policy and guidance are applied within their sphere of responsibility and that:

- Staff are aware and comply with their responsibilities, i.e. aware of what to report and how to report it.
- They can demonstrate that staff (including temporary staff) have received appropriate training in these arrangements.
- Corrective actions are implemented where appropriate and staff are advised of actions taken.
- They provide support or access to support for staff, veterans, or others involved with complaint investigations as appropriate.

**Quality & Clinical Governance Administrators (QCGA)**

Will act as a contact point for Combat Stress forwarding complaints received via “Contactus” and Feedback mailboxes to appropriate manager, and maintain an overview of the Complaints and Veteran Feedback Databases.

As per locally agreed procedures, can provide administrative support in the complaints process ensuring that complaints and feedback is brought to the appropriate person’s attention to enable complaints process to be implemented.

QCGA lead in an overseer role, will check the Complaints Database on a regular basis and may request that the Team Administrator follow up actions with assigned manager and update database accordingly.



Are responsible for updating Complaints Database for escalated complaints; for recording and highlighting compliments; provide professional advice to the team; and have a responsibility to oversee compliance and policy process and also to manage Complaints and Feedback information for inclusion in reports.

**Executive Administrators (EA), Senior and Management Team Administrators, SMTA, MTA (herein referred to as Team Administrators (TA))**

As per locally agreed procedures, will provide administrative support in the complaints process to managers ensuring that complaints and feedback is brought to the appropriate person's attention to enable complaints process to be implemented. This may include

- Logging complaints and updates on the database
- Ensuring documented compliments, comments and feedback are passed to QCGA for logging (if appropriate)
- Ensuring records are filed appropriately
- Sending acknowledgment and response letters
- Ensuring Managers and Investigating Officers are fully aware of timescales and deadlines for response to complaints.

**ALL STAFF (including visiting staff and contractors):**

Have a responsibility to ensure all complaints (both informal and formal) and concerns are reported. This includes Informal (locally resolved) and Formal following the guidance in this policy and the procedure for reporting incidents.

Support improvements to work processes and procedures, following complaint investigations and recommendations where learning outcomes were identified.

Attend training courses and keep up to date with statutory / mandatory / essential training.

Have a responsibility when admitting a veteran to ensure as part of the admissions process that the person is aware of all the methods they can use to feed back about their experience (e.g. face to face, by phone, in writing, suggestions box, contact form on the website, Care Opinion website).

## **7. TIMESCALES FOR COMPLAINTS**

A complaint should be made within 6 months from the date on which the incident occurred. The maximum period considered reasonable for lodging a formal complaint is 12 months after the date on which the subject matter of the complaint occurred. These timescales are judged to be reasonable in terms of the practicalities of investigating the facts, retrieval of records, interviewing staff etc.

The Directors and Managers have discretion to operate the time limits flexibly where it is unreasonable to expect that the complaint could have been made earlier, provided it is still practicable to investigate the facts.

Informal / Locally Resolved complaints should be resolved within 5 days

Formal complaints should be acknowledged within 3 working days of receipt with a full response sent within 20 working days. The complainant must be kept updated in writing if we are unable to meet this timescale which should include an explanation for the delay.

In all cases where the 20-day timescale has been breached, the background should be documented and the explanation should be noted in the Complaint file and this should be reported to the relevant Director as a compliance breach.

## 8. WHO TO CONTACT TO MAKE A COMPLAINT

Complaints can be made by either emailing [feedback@combatstress.org.uk](mailto:feedback@combatstress.org.uk), by using the “ContactUs” form on Combat Stress Website or by contacting Regional Managers as below;

Regional Operational Manager (North)  <b>Combat Stress</b>  Hollybush House, Hollybush  Ayr  KA6 7EA  Tel: 01292 561300	Regional Operational Manager (South)  <b>Combat Stress,</b>  Tyrwhitt House,  Oaklawn Road,  Leatherhead,  Surrey, KT22 0BX  Tel: 01372 587002	Regional Operational Manager (Central)  <b>Combat Stress,</b>  Audley Court,  Audley Avenue,  Newport,  Shropshire, TF10 7BP  Tel: 01952 822722
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## 9. COMPLAINTS PROCESS AND STAGES

Complaints received in writing are not immediately viewed as “formal”. The Manager receiving the written complaint will review the content and decide whether it is the intention of the complainant that they wish the matter to be investigated under the formal procedure. If in any doubt, the manager should contact the complainant to clarify and if appropriate, offer them the opportunity to resolve the matter informally ([Appendix 1](#), and [Appendix 2](#) for Standard Operating Procedures for managing complaints and investigating).

Complaints received anonymously or by persons who refuse to provide Combat Stress with details as to how communication may reasonably be made to them, are managed under the Standard Operating Procedure in [Appendix 5](#).

Combat Stress Complaints Stages are:

- **INFORMAL – locally resolved complaints**
- **FORMAL – Stage 1**
- **FORMAL – Stage 2 (escalated review stage)**

The process for investigating the different stages of complaint is found in [Appendix 1](#). If after the Informal Complaints Process and **Stage 1** process is completed, the complainant is unhappy with the response to the complaint, the Senior Manager responsible will review the complaint documentation and decide if additional investigation is required.

At the conclusion of the escalated investigation the complainant will be updated on the outcomes, recommendations, and the reasons behind them. This final aspect is important, particularly if the investigation finds evidence which indicates that other quality improvement action is necessary e.g. further training on procedures, review of policy or process.

If further investigation is not considered appropriate, or the complainant remains unhappy following further investigation, the complaint will be escalated to the relevant Director at **Stage 2** of the procedure, and the complainant and staff involved informed.

If they are dissatisfied with how their complaint has been handled the Charity will advise them to seek independent review. Contact details are provided by Combat Stress to enable the complainant to progress to the next stage of their complaint without delay.

If the complaint is associated with a Serious Incident Investigation the complaints process will be held in abeyance for those issues which fall under the investigation. The complainant should be advised to await the outcome of the investigation before their complaint can be investigated. However if there are components of the complaint which do not relate to the serious incident, these should be processed within the normal complaints timeframe. The appropriate Director will respond to complaints which are related to a serious incident.

## 10. LEARNING FROM COMPLAINTS

- Complaints are viewed as a strategic resource and learning from complaints provides opportunities for services to be shaped by people providing rich and diverse perspectives on their experience of contact with Combat Stress.
- Learning outcomes provide evidence that teams are creating a culture of learning and improvement in their everyday work and practice.
- The National Clinical Governance Group provide a co-ordinated resource that regularly reviews and reports on identifying trends, areas of good practice.

## 11. UNREASONABLE OR VEXATIOUS COMPLAINTS

This process is necessary for responding to a small minority of complainants who are unreasonable in their expectations of Combat Stress' Complaints Procedure.

Managers should try to resolve matters before reaching conclusion that complainant is vexatious. They should also consider restricting contact with complainant to one nominated person with Combat Stress.

#### 11.1. Definition

Complainants (and/or anyone acting on their behalf) may be deemed to be unreasonable or vexatious where previous or current contact shows that they meet **two or more** of the following criteria:

- Persisting in pursuing a complaint where Combat Stress procedure has been fully and properly implemented and exhausted;
- Focusing on a matter to an extent which is out of proportion to its significance and continues to focus on this point;
- Changing the substance of the complaint;
- Continuously raising issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response where the complaint has been addressed;
- Are unwilling to accept documented evidence as being factual;
- Refusal to provide consistent reliable contact details;
- Continually deny receipt of an adequate response (even though the Combat Stress staff managing the complaint have made documented, reasonable attempts to ensure safe and successful delivery of written correspondence to the designated address or email);
- Are unable to define clearly the precise issues that they wish to be investigated, even with support;
- Are abusive, verbally aggressive or threatening behaviour on more than one occasion;
- Has in the course of a complaint had an excessive number of contacts with the Charity which place what could be considered unreasonable demands on staff (care should be taken in determining "unreasonable").

11.2 During the complaints process staff may have contact with a small number of complainants who absorb a disproportionate amount of resources in dealing with their complaints. In determining how to identify situations where the complainant might be considered to be habitual or vexatious, how to respond to these situations and how to appropriately manage such complaints, the following must be considered:

- Has the complaints procedure been correctly implemented so far as is possible and that no material element of a complaint has been overlooked? It must be appreciated that even habitual or vexatious complaints may have aspects that contain some genuine substance;
- Has an equitable approach has been followed?
- Does the complainant have mental health difficulties that are predisposing them to complain?

11.3 Once it is clear the complainant meets any two of the above criteria in 11.1, it may be appropriate to advise the complainant in writing that they could be classified as an unreasonable or vexatious complainant. A copy this policy should be sent to the veteran.

Where complaints have been identified as habitual or vexatious, in accordance with the above criteria, the Director Client Services in consultation with the Medical Director will determine what action to take. The Director will implement such action and will notify complainants in writing of the reasons why they have been classified as a habitual or vexatious complainant and the action to be taken. Details will be recorded in Complaints file.

**Situations where the complainant's mental health is a consideration or contributory factor of a complaint.**

Where it is clear on investigation, that the complainant's mental health is predisposing them to complain, there is concern that the illness is a contributory factor or root cause of the complaint, and that responding would adversely affect the veteran's mental health problems the following steps should be taken:

Obtain opinion from clinician who knows the veteran.

Taking this opinion into consideration, make a decision in conjunction with the Medical Director as to:

- Delay the investigation
- Proceed with the investigation limiting contact with the veteran
- Proceed with investigation but ensure a more senior manager is actively involved in the process
- Cease the investigation

The reasons for this must be documented and saved in "Concerns" folder within Complaints to help direct any further contact with complainant.

**Withdrawing "Unreasonable" or "Vexatious" status**

Although a complainant may have been classified as unreasonable, any new complaint, if unrelated to the vexatious complaint, should be investigated according to this policy as a new complaint.

## 12. TRAINING

- Communication and informal training about this policy and its procedures starts with the display and distribution of information such as leaflets, posters and via the Combat Stress website.
- All employees are informed about the Complaints Policy and Procedures as part of their Induction Training
- Where joint governance arrangements exist, e.g. Substance Misuse Team, it is made clear to staff through induction and explanation of their service's policy framework which Complaints and Feedback Policy procedures they need to follow.
- Communication to veterans about how to feedback informally or make a formal complaint is given verbally on arrival for admission into Combat Stress services, in leaflets and posters on permanent display in the Treatment Centres and on the website. Posters highlighting the feedback and complaints process are displayed throughout the Treatment Centres and signpost the complainant on where to find

information on how to feedback or complain. In addition contact details for Care Quality Commission (England), and the Care Inspectorate (Scotland) are placed in public areas of Combat Stress premises and on the website.

### **13.0 MONITORING PERFORMANCE, COMPLIANCE**

- The Quality & Clinical Governance Team deliver performance management, compliance reporting and disseminating learning outcomes of complaints. All aspects are scrutinised through regular reports to the Local and National Clinical Governance Groups and to management and commissioners as part of contract performance monitoring.
- Exit surveys specifically monitor whether veterans were made aware of how they could make a complaint if they had one. Results from these surveys are reported to Local Clinical Governance Groups.
- Compliance with this policy's procedures will be monitored in Quality and Clinical and Operations Directorate by annual audit undertaken by Quality & Clinical Governance Assistants, and through reports to the relevant Groups/Committees.
- Complaints are a standing item agenda at SMT, Local Clinical Governance and learning outcomes should be discussed at these meetings and a plan for dissemination should be agreed

This policy and procedure sets out the way in which complaints and feedback (positive and negative) are handled by Combat Stress and actively encourages and welcomes comments and feedback from veterans, volunteers, trustees, individuals and organisations about the service that has been provided.

All feedback, comments and complaints will be collated and evaluated to attain, maintain and develop quality service delivery.

Combat Stress will treat complaints seriously and ensure that complaints, concerns and issues raised by veterans, relatives and carers are properly investigated in an unbiased, non-judgmental, transparent, timely and appropriate manner. The outcome of any investigation, along with any resulting actions will be explained to the complainant.

This will ensure that we:

- Provide easily accessible, clear and simple to understand guidelines on how a complaint or concern will be managed.
- Offer assurance that there is a consistent approach to the management and investigation of complaints.
- Provide further assurance that complaints or concerns will be sympathetically responded to, within appropriate timeframes and that 'lessons learnt' will be used by Combat Stress as a driver for change and improvement.

#### **Distribution**

All new policies are disseminated through the Policy Hub. – Staff are requested by email to read relevant policies and an audit trail records the action.

## APPENDIX 1

### STANDARD OPERATING PROCEDURE FOR MANAGING COMPLAINTS

#### INFORMAL / LOCALLY RESOLVED COMPLAINTS (resolved within 5 days)

Combat Stress employee or representative engages with complainant and is able to resolve complaint there and then or within 5 days.

##### 1.1 Complaint resolved

- Complete Locally Resolved Complaint Form ([Appendix 6](#)) and send to appropriate Manager, copied to Team Administrator (TA) / Quality and Clinical Governance Assistant (QCGA)
- Manager assesses and confirms complaint closed to TA/QCGA
- TA/QCGA updates systems as appropriate.

##### 1.2 Complaint not resolved

The person dealing with the complainant should:

- Document everything and ensure this sent to the appropriate Manager, copied to their TA / QCGA to save and log
- Maintain communication, particularly with the complainant or their representative
- Deal with concerns promptly and efficiently to avoid escalation or to prevent further complaints being submitted in the future.

##### 1.3 Next Steps

- Manager can speak with complainant to resolve issues within the 5 day timeframe. If complainant still not satisfied, confirm complaint will be escalated to a Formal Complaint.
- If complainant declines this offer, complaint would be documented and closed.
- If complainant accepts, relevant Manager/Director follows Formal Complaints procedure and escalates complaint to a Formal Complaint Stage 1 (response within 20 days from date of escalation).

**Local Clinical Governance Groups will analyse any** themes or trends from informal complaints to support learning.

#### Note

An issue raised, to any member of staff, identifying issues about a service or proposing ways of improving our service, may be classified as a concern and may not necessarily involve a complaint being made. The relevant Director or Manager will consider the issues and categorise dependant on the type of concern raised. A log of concerns is held by the QCGT.

## **FORMAL COMPLAINTS**

**Formal Complaint** – this is either an escalated informal complaint, or complaint received by any member of Combat Stress staff - in the form of a letter, meeting, telephone call, or by email.

There are two main stages for Formal Complaints, Stage 1 and Stage 2, and procedures for these stages are clarified below. If an enquiry comes in on behalf of a veteran from an elected member (MP, MSP, MEP or Local Councillor) this is automatically escalated to Stage 2.

Be aware that where a complainant has specifically stated that they have **instigated, or intend to instigate legal action** - if the complaint investigation is underway, the Complaints procedure ceases. The relevant managers and Combat Stress Director will agree how the internal complaint is managed to ensure all information is gathered so as to be able to respond to any legal action.

### **For ALL stages of Formal Complaints**

Complaint is forwarded by QCGA / TA within 24 hours to ROM, Head Office or Fundraising Manager / Director to agree investigative level as appropriate, and pass on to manager to investigate and respond.

The complaint is checked by Quality and Clinical Governance Administrator (QCGA) with the Executive Administrator, Senior Management Team Administrator, Management Team Administrator or Team Administrator (hereafter *all* are referred to as TA) to ensure this does not relate to an existing complaint or issue, once this has been established, **lead QCGA for Complaints or TA will:**

1. Log the Complaint on the Complaints Database (as per local procedure) and assign complaint number.
2. Forward complaint to the relevant Manager on the same working day (preferably by email). For Treatment Centres (TC), complaint should be sent to ROM in the first instance. If ROM confirms complaint is TC issue this can be forwarded direct to TCM.
3. Confirm the complaint has been received by Manager by either requesting a read receipt, or telephoning to ensure complaint has been received successfully and can be acknowledged within 3 working day timescales.

If full acknowledgment cannot be sent, QCGA/TA will document this, confirm what action will be taken and if necessary will update complainant of potential delay.

4. Set Complaints file up with original complaint
5. Advise Manager of response due date

**If the subject of the complaint is of a sensitive nature or has current media coverage, escalate immediately to the relevant Director and the Quality and Clinical Governance Manager (QCGM).**

### **Stage 1 Formal Complaint**

**Managers (Director for Central Services / Head Office issues, ROM's, TCM's, Fundraising Managers):**



- Will arrange acknowledgement of the complaint within 3 working days following receipt of complaint summarising and confirming issues to be investigated.
- Director /Managers will:
  - Identify Investigating Officer (if applicable) and forward complaint to them within 36 hours
  - Advise Investigating Officer what is the deadline for completion of report.
  - Advise Medical Director of any complaint regarding medical doctors
- If third party complaint, will arrange for Consent to be sought from the veteran. Consent should be provided in writing, the acknowledgement letter will indicate that consent is being sought before complaint can be investigated/responded to, and veteran contacted to request consent.

Please note complaint 20 day response timescale starts from the date consent is received.

- Where a third party complainant is deemed unsuitable to represent the veteran, Managers should discuss with the Director of Client Services and provide a written explanation outlining the reasons for the decision.
- Advise Care Quality Commission (CQC) Registered Manager/Person in Charge (Scotland) if complaint concerns an issue that has to be, or may have to be reported or notified to the CQC or Care Inspectorate (CI).  
e.g. involves the police, concerns the death of a veteran.

<http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers>

<http://www.cqc.org.uk/content/mental-health-notifications>

<http://www.careinspectorate.com/index.php/notifications>

- Advise Director of Fundraising and Communications about any complaint from donors, beneficiaries and partners and other parties on fundraising matters.
- Keep complainant updated in writing of any delays with the investigation which may result in a later response.
- On receipt of report from Investigating Officer, prepare and send response letter which should include an apology and summary of findings and actions taken to resolve complaint.
- Where response has exceeded 20 working days but is prior to 40 working days, the Manager will undertake a review of the complaint handling and ensure delays are justified and documented.
- Identify and document lessons learned and arrange to disseminate / cascade learning as appropriate.
- Update QCGA / TA with closing status criteria confirming whether the complaint was Upheld, Partially Upheld or Not Upheld.
- Ensure all documents are passed to TA / QCGA to save in Complaints folder

**Investigating Officer will:**

- Carry out investigation in agreement with manager involving stakeholders where appropriate.
- Complete investigation and collect/document any evidence within agreed timeframe, but no later than 15 working days from initial receipt of complaint.
- If appropriate, speak with, or offer to meet with, the complainant

- Prepare a response letter to be sent to the complainant, detailing aspects of the complaint which are upheld, partially upheld or not upheld.

If the Complainant remains unhappy with the Manager's response at Stage 1 the Manager can:

- Review complaint and arrange a further local investigation (Stage 1 Review)
- Escalate complaint to Stage 2

## **Stage 2 Formal Complaint**

Stage 2 is Combat Stress' final complaints stage and is usually implemented after Stage 1 procedures have been exhausted - however serious complaints sent to Director / Chief Executive can automatically be logged as Stage 2. If an enquiry comes in on behalf of a veteran from an MP or Elected Member this is automatically escalated to Stage 2.

### **Director will:**

- Arrange acknowledgement receipt of complaint within 3 working days of receipt
- Ensure TA / QCGA is aware of escalated complaint for Complaints Database
- Undertake a review of the complaint considering the investigation, response and timescales
- Review recommendations by Manager where a Director's signature is required to approve actions e.g. consider whether complainant can be considered, unreasonable, vexatious or the complainant's mental health may be exacerbating the complaint process
- Undertake further investigation if deemed appropriate
- Prepare and send response (copying appropriate Manager in on response for their records)
- Update Manager and QCGA lead person on closing criteria (Upheld, Partially Upheld, or Not Upheld).
- Update Manager and QCGA lead person on learning outcomes and arrange for these to be cascaded as appropriate.

## **ADMINISTRATIVE RESPONSIBILITIES FOR ALL COMPLAINTS – INFORMAL / LOCALLY RESOLVED, FORMAL STAGE 1, FORMAL STAGE 2**

### **Quality & Clinical Governance Manager (QCGM) will:**

- Monitor adherence to procedure
- Provide regular reports on all complaints
- Ensure Board and Trustees are kept fully informed of complaints and trends
- Ensure learning events happen
- Investigate trends from both formal and informal / locally resolved complaints

### **Executive Assistant (EA) Senior or Management Team Administrator (SMTA, MTA or TA) will:**

- According to local procedure, record the new complaint onto the complaints database and forward complaint to appropriate Manager (c.c. QCGA), assigning complaints reference number, saving all documents in file;

- Provide administrative support to the process saving all documentation TO FILE AND ensuring timescales are adhered to;

**Quality & Clinical Governance Assistant will:**

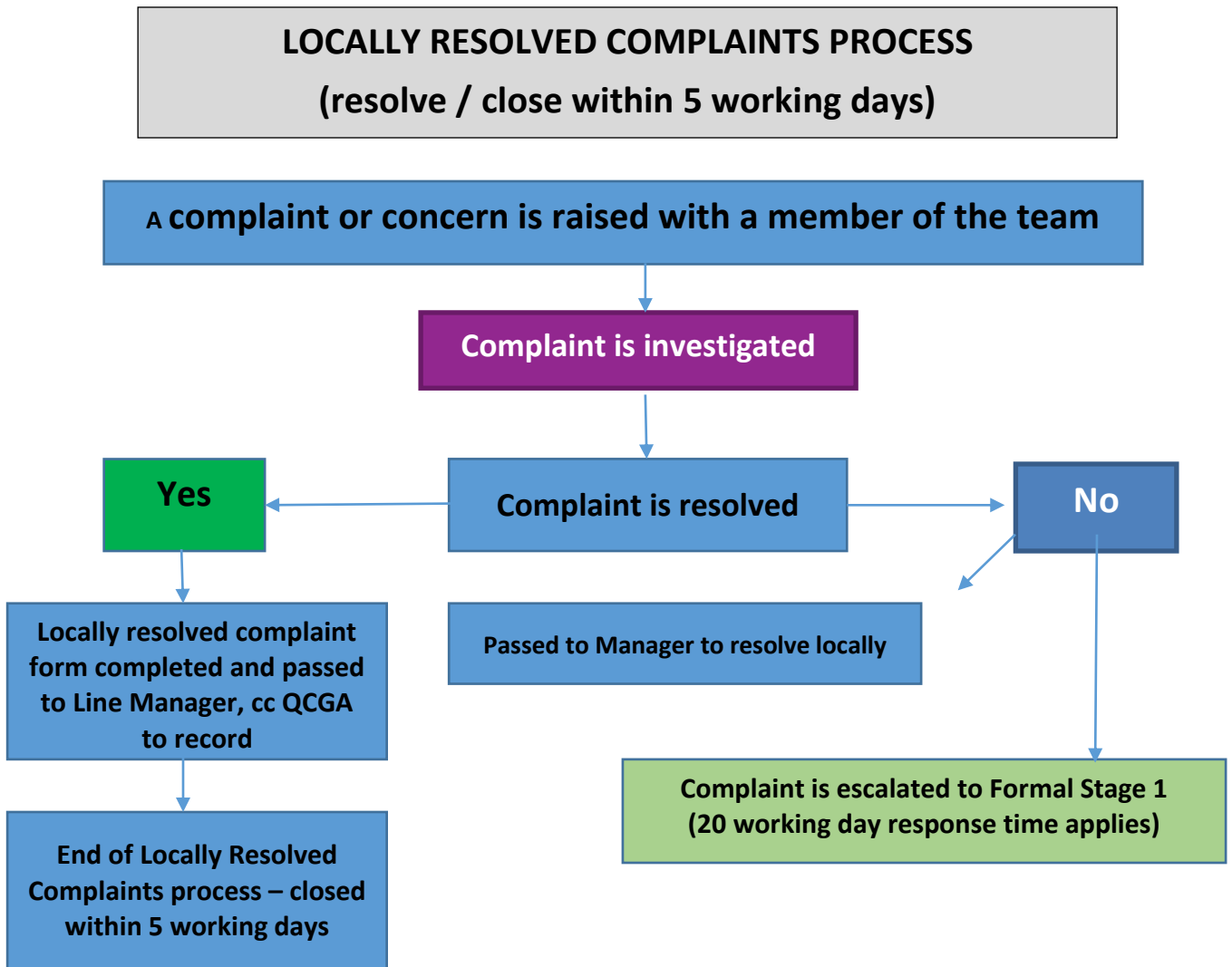
- According to local procedure, record the new complaint onto the complaints database, forward complaint to appropriate Manager (c.c. TA), assigning complaints reference number, saving all documents in file;
- Provide administrative support to the process ensuring timescales are adhered to;
- Provide support to Managers / Administrative staff on complaints process
- Update SMT on open and closed complaints and response deadlines;
- Manage actions from completed complaints;
- Collate information and data on complaints for performance/contract reviews;
- Produce reports for each Local Clinical Governance Group meeting, SMT, NHS and KPI's
- QCG Complaints Lead person will follow up timescales for open complaints on database where timescales may be breached.

**Local Clinical Governance Groups will review and disseminate learning from reports including:**

- Summary of the complaints for each service area in the region
- Summary of the outcome of formal complaints
- Summary of any open complaints
- Report on themes or trends to support learning events or risk management processes.
- Provide quarterly reports to stakeholders, SMT & NQCG.

## APPENDIX 2

### COMPLAINTS FLOWCHARTS



## Formal Complaints Process

**Formal Complaint is received by Combat Stress  
(3 days to acknowledge from receipt, 20 days to respond)**

Complaint is forwarded by QCGA within 24 hours to ROM, Central Services, or Fundraising Manager / Director to agree investigative level as appropriate, and pass on to manager to investigate and respond

### Stage 1

Treatment Centre Issue

Community Issue

Central Issue

TCM sends acknowledgment, investigates and responds

ROM sends acknowledgment, investigates and responds

Departmental Manager sends acknowledgment, investigates and responds

Team Administrator / QCGA saves documentation and updates system / log as per local procedures

Resolved

Yes

No

Complaint closed, learning and outcome documented/cascaded

If complainant is unhappy with response, Manager responsible has the opportunity to review complainant's comments and arrange further investigation if necessary.

Review Agreed

Yes

No

Resolved

Complaint closed, learning and outcome documented / cascaded

### Stage 2 (Escalated / Review)

Director / QCGM acknowledges complaint within 3 working days and responds within 20 working days

Resolved

Yes

No

Complaint closed, learning and outcome documented/cascaded

**CONCLUSION - Complaint closed and documented**

Complaint either referred by CS to Regulator(s) for investigation or Complainant given details of independent review bodies if they wish to take complaint further.

STAGE 1

STAGE 2

## APPENDIX 3

### CHECKLIST FOR MANAGER RESPONSIBILITIES

#### For All Complaints

#### Manager should ensure / check:

1. There are of no conflicts of interest or risk of bias by any investigating officer.
2. Records are kept of any interviews and meetings that are conducted as part of the investigation
3. That any member of Combat Stress staff noted in the complaint are advised from the outset.
4. If a complaint could potentially lead to disciplinary action, explain to staff about their right to seek help and advice (Refer to the Disciplinary Policy for further information).
5. The contents of the complaint response have been agreed by the staff who have contributed to the investigation.
6. Ensure complaint documentation and draft response / investigation is submitted to Manager or Director overseeing complaint, **5 working days** before the response date is due. The draft response should include:
  - o An apology for any distress caused to the complainant;
  - o A detailed explanation regarding questions raised in the complaint from the staff involved;
  - o The answers to any specific questions that have been raised;
  - o Conclusions reached in relation to the complaint including appropriate remedial action and timescales;
  - o Confirmation on whether complaint was upheld, partially upheld or not upheld.
  - o Where appropriate the learning outcomes and action plans.
7. Ensure that appropriate feedback is given regarding outcome / learning / actions taken to the staff involved in the complaint or concern (see [Appendix 1](#)).
8. Ensure lessons learned process is fully informed so that performance to standards of care and treatment provided to veterans, carers and relatives can be improved following the investigation of a complaint.
9. Where the 20 day response timescale has been breached ensure :
  - o The complainant has a written explanation for the delay and an update on progress, indicating when we expect to be able to reply;
  - o Complainants are advised of their right to seek review by the appropriate Director if they do not accept the reasons for the delay;
  - o The reason for the delay (greater than 20 days but no more than 40 days) is justified and documented; confirms the reasons for the delay; and provides an action plan with timescales to get procedures back on track.
10. They support and encourage a team culture that embraces openness and honesty, and welcomes and learns from feedback about the team's performance.
11. That all members of the team are trained to deal with complaints and other feedback including completion of the relevant documentation involved in complaints management and escalation procedures.
12. Staff are supported in decision-making and front-line management of informal and triage of formal complaints

13. They take immediate action to resolve issues raised at a local level where concerns have been escalated by staff who have been unable to satisfy the person giving feedback.
14. Encourage staff to submit informal / locally resolved complaints form, outlining issues and actions and email same to line manager, cc QCGA Lead Person for complaints.

## APPENDIX 4

### USEFUL DEFINITIONS AND ABBREVIATIONS

#### Definitions

**Anonymous Complaint** – is defined as an unsigned, insufficiently signed (e.g. initials only) or illegibly signed comment or complaint submitted to Combat Stress which results in staff being unable to trace the person, their representative or organisation in order to respond (see [Appendix 5](#)).

**Comment** – a comment either verbally or in writing to a member of staff regarding Combat Stress

**Complaint** - an informal or formal expression of discontent or disappointment made by veterans, donors or other parties connected with Combat Stress's charitable purposes where any of the following apply:

- The veteran believes that a mistake or error occurred and that this has detrimentally affected them or their treatment.
- The veteran brings an issue to our attention which could detrimentally affect them or someone else, which they expect Combat Stress to put right.
- Action (or inaction) by Combat Stress or a staff member who has detrimentally affected the experience of the veteran.

Whether justified or not, a complaint requires investigation, an appropriate level of response and, if justified, action to redress and report back to the complainant using the complainant's preferred method of communication.

**Compliment** - positive feedback received regarding care and /or services received by veterans, relatives, carers or members of the public. This can be verbally or in writing.

**Concern** – an issue raised to any member of staff identifying issues about a service or proposing ways of improving our service. The concern can be raised with the Combat Stress staff member by a donor, veteran, carer, colleague or member of the public and does not necessarily involve a complaint being made.

**Feedback** – any comment (verbal or written) regarding a service provided by Combat Stress or aspect of Combat Stress conveying the individual's personal experience of that service. This can be positive or negative feedback and can be used to help improve services or recognise good practice.

**Formal Complaint.** - A complaint becomes "formal" and subject to the full procedures outlined in this policy when:

1. Local discussions with staff to resolve matters have been exhausted and not resolved to the complainant's satisfaction;
2. The complainant clearly states that they wish to follow a formal route;
3. Money, valuables or property has gone missing and not immediately found following initial searches;



4. The Manager in charge reports that there is a risk that the incident is, or likely to be, involving criminal or disciplinary proceedings;
5. There is ongoing personal conflict or issue between the complainant and member of staff.

**Grievance** – a claim that seeks to remedy or redress some harm or damage that a Combat Stress employee has personally suffered whilst working for the Charity.

**Informal Complaint** – also known as “locally resolved complaint” – is one which can usually be responded to quickly and locally by the team or individuals involved and resolved to the complainant’s satisfaction. Most complaints fall into this definition. Informal complaints are responded to within 5 working days. Learning outcomes are recorded and disseminated as appropriate.

**Legal Action** – where a complainant indicates they he/she has instigated or intend to instigate legal action relating to a complaint made to Combat Stress. In this case complaints process ceases.

**Openness** – enabling concerns and complaints to be raised freely without fear and answers provided to questions asked.

**Response** – letter which is sent to the complainant following investigation into their formal complaint which includes an apology, details of the investigation findings and advice as to what the next steps are if the complainant remains unhappy with the response.

## APPENDIX 5

### STANDARD OPERATING PROCEDURE FOR MANAGING ANONYMOUS COMPLAINTS

1. The Board's view is that anonymous complaints will be recorded and reported but that it is inappropriate to try and address them under formal procedures outlined in this Policy.
2. This procedure aims to ensure that the organisation remains open and transparent about the issues being raised anonymously.
3. Anonymous comments / complaints may be received at any time and should be recorded on the Complaints Database or in Raisers Edge and reported as an informal complaint, compliment or other comment.
4. If the complaint is received via a telephone call, staff will tell the complainant that a full investigation may not be possible if no names are to be mentioned. Staff should also remind the complainant that anonymity will mean that Combat Stress will not be able to contact the complainant later for more information or to tell them the outcome of any investigation that does occur.
5. The staff member receiving the anonymous complaint should pass the details of the complaint to their Line Manager to bring to the attention of the relevant Manager / Director and copied to Quality and Clinical Governance (QCG) for logging.
6. The complaint will be logged on the complaints database for evaluation by the person or team involved. Investigation, so far as it can be made with restricted information, will take place if the evaluation concludes that there is substance to the complaint, and that investigation is likely to be in the best interests of the people using Combat Stress services.
7. However if the complaint is serious, relating to patient or public safety, is a safeguarding issue or unlawful act, staff receiving the complaint must ensure that the details are immediately escalated to a Regional Operations Manager, Fundraising Manager, Fundraising Manager, On-Call Manager or Director who will follow the Raising Concerns Policy. If the issue has been logged as Serious Incident, the complaint is logged as a second stage process by the manager concerned.
8. The relevant Directors, Communications Team and QCGM will be informed in cases where serious or persistent anonymous complaints are being made, or is of interest, or potential interest, to the media or public.
9. Should the issue be of interest, or potential interest, to the media or public the QCGM must inform the Communications Team to enable effective planning and communication, together with sensitive, supportive management for both the anonymous complainant and staff.
10. Combat Stress staff will be involved in anonymous complaint investigations where appropriate

11. Investigations into anonymous complaints and conclusions will be documented and recorded on Complaints Database and saved in Complaints Folder. If the complaint is an allegation against a member of staff, the Manager in agreement with HR, will agree whether it is more appropriate to save complaint details within restricted files.
12. Investigations into anonymous comments/complaints will be assessed alongside other feedback by the Local Clinical Governance Group for Clinical and Operations issues and if the matter relates to fundraising, by the Income and Generation Committee. Members of the committee will determine if there are any trends in compliance with Combat Stress standards, policies, and procedures and make recommendations which are recorded in the minutes.
13. The assessment of findings related to the anonymous comments/complaint will be documented in clinical governance and compliance reports, and recommendations and lessons learned disseminated as per standard operating procedures in [Appendix 1](#).
14. If the outcomes suggest potential quality improvement with scope for wider sharing, learning events will be organised and the outcomes cascaded to staff, veterans, stakeholders and the public.

## APPENDIX 6 - LOCALLY RESOLVED COMPLAINTS RECORD

<b>Locally Resolved Concern / Complaint Record</b> Please complete this form to record locally resolved concerns and complaints <b>Please return this form to your Line Manager, c.c. Q&amp;CG</b>			
SECTION TO BE COMPLETED BY STAFF MEMBER REPORTING CONCERN /COMPLAINT			
First name		Surname	
Designation/Job title		Service Area	<a href="#">Choose an item.</a>
Contact number		Date of Reporting	<a href="#">Click here to enter a date.</a>
<b>INDIVIDUAL RAISING CONCERN</b>		<a href="#">Choose an item.</a>	
Individuals Surname		Individuals Forename	
Country of Residence	<a href="#">Choose an item.</a>	Date and time of contact	
Veteran PID number		Programme	<a href="#">Choose an item.</a>
<b>DETAILS OF THE CONCERN / COMPLAINT:</b>			
<b>ACTION(S) TAKEN TO RESOLVE COMPLAINT / CONCERN:</b>			

<b>Concern / Complaint Resolved? YES / NO</b>	<b>Escalated to Formal Complaint? YES / NO</b>
<b>To be completed by Line Manager / QCG</b>	
<b>Closing Criteria: NOT UPHELD / PARTIALLY UPHELD / UPHELD</b>	
<b>Learning Outcome? Yes / No</b>	
<b>DETAILS OF LEARNING OUTCOME:</b>	

## APPENDIX 7

### FORMAL COMPLAINT RECORD OF ACTIONS / OUTCOMES SUMMARY SHEET

Part 1 – Administrator or QCGA to complete			
Complaint Number		Date Received	
From			
Stage of Complaint	Stage 1 / Stage 1 (review) / Stage 2		
Investigating Officer(s)			
Date Acknowledgement Sent		Response Due	
Documents contained in record	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>		
Date Closed		Number of days to close	
If response was greater than 20 days, detail why, and also how veteran was kept updated (holding letter, meeting, telephone call etc.):-			
Part 2 – Lead investigation Officer to complete			
If more than 20 days to respond please document reasons / approval for this:-			
Resolved	YES / NO / NOT APPLICABLE		
Closing Status	<b>NOT UPHELD</b> / <b>PARTIALLY UPHELD</b> / <b>UPHELD</b>		
Details of Investigation (e.g. files checked, staff consulted)			

Comments / action taken:-				
Learning Outcome <i>(include information on who to share with, and how this will be done):-</i>				
Residual Risk	Severity (a) (see below)	Likelihood (b) (see below)	Consequence (a) + (b)	Transfer to risk register? Escalate (when, who)?

Severity Score (a):    Insignificant (1)    Minor (2)    Moderate (3)    Major (4)    Catastrophic (5)  
 Likelihood (b):        Rare (1)        Unlikely (2)    Possible (3)    Likely (4)    Almost Certain (5)

**Please note:** The lead investigator is required to complete Part 2 and return completed form with actions as specified to your QCGA or Fundraising Manager in charge of the complaint. The complaint will not be closed until a completed form is received.

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## APPENDIX 8

### CONSENT FORM – ACCESS IN CONNECTION TO A COMPLAINT

#### Consent Form

##### Access to a Combat Stress veteran's details or medical records

Veteran's Details (The person whose records another individual(s) is to be given access to)			
Surname			
First Names			
Date of Birth		Gender	
Address			
Tel No.			
GP Name & Address			

Details of person to be given access to this Veteran's information	
Full Name	
Address	

NOTE: If more than one person is to be given access then please list the above details for each additional person on a separate sheet of paper

Please detail below if the above access is to be limited in any way (e.g. only for a specific date; solely for a particular Combat Stress member of staff; for communication about the complaint, not medical records)	
In relation to Complaint reference:-	
Form to be returned to:-	
I confirm that I give permission for Combat Stress to communicate with the person identified above in regards to my medical records.	
Signature	
Date	



