

## COMPLAINTS POLICY

Responsible Director	Director of Operations
Policy Author	Quality & Clinical Governance Manager
Policy Approved By:	Executive Directors Meeting
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Related policies:	<ul style="list-style-type: none"> <li>• Raising Concerns</li> <li>• Incident Management</li> <li>• Being Open and Duty of Candour</li> <li>• Supervision</li> </ul>
References:	<ul style="list-style-type: none"> <li>• NHS England Complaints Policy</li> <li>• Fundraising Regulator</li> <li>• Equality Act 2010</li> <li>• Mental Capacity Act (2015)</li> <li>• Human Rights Act 1998</li> <li>• Regulation 23 of the Health Care Regulations (NI) 2005 and Standard 7 of the DoH Minimum Care Standards for Independent HealthCare Establishments</li> </ul>

### 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.

Issue	Page(s)	Issue Date	Additions/Alterations	Initials
V 1.1		06/06/17	Revised version	AN/GL
V2		10.10.2020	Review of whole document	PSG
V3		Oct 2023	Review	

## **1. INTRODUCTION**

This policy and procedure set 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, stakeholders, other 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, carers and others (such as the general public) 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 that 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 complaint - 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 it 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 but not limited to the NHS, CQC (Care Quality Commission), RQIA (Regulation and Quality Improvement Authority), HIW (Health Inspectorate Wales), CI (Care Inspectorate), ICO and Fundraising Regulator and helps to 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, GDPR, 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 and embedding lessons.
- Feedback and compliments are acknowledged where appropriate and cascaded to staff.

### **3. SCOPE**

This Policy and procedure apply to all staff, volunteers.

This Policy may be used in conjunction with other policies.

If the subject of the complaint has already been investigated, conclusions reached and therefore closed, the complaint will only be re-investigated if the 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 to access our complaints procedures.

If the veteran is still in the care of Combat Stress, 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' charitable purposes where any of the following apply – note this is not an exhaustive list as there may be a complaint relating to fundraising:

- 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 complaint can be made by the affected person or by someone acting on behalf of that person when that person is has died, mentally incapacitated, has given consent, or is an MP acting on a constituent's behalf.

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 who 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. an Executor of a Will or legal adviser acting on behalf of beneficiaries, or if Intestate, a person who can evidence that they are the next of kin.

## Consent

Consent cannot be granted by the veteran verbally over the phone, as 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 unless in the case of a deceased 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 so warranted. This would be treated as an informal complaint.

An adult who has a Lasting Power of Attorney (LPA) 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 required for elected members (MPs, MSPs, MEPs, and Local Councillors) making enquiries on a veteran’s behalf. There must be an instruction from a constituent to enable the MP or another to complain in their behalf.

## 6. ROLES, DUTIES & RESPONSIBILITIES

**Board of Trustees:** Delegates responsibility to the CEO and Executive Directors and supporting management structure to ensure that staff and volunteers are aware of, and trained in, this policy and related procedures. The management of complaints is a critical component of corporate and clinical governance and the CEO or the delegated authority must ensure that investigations are arranged and resourced, and that robust systems are in place for investigating and responding to Complaints.

The appropriate committee would also seek to:

- Receive assurance from the CEO that the policy is being fully implemented and the charity is adhering to reporting requirements for the Charity's regulators and commissioners (e.g. CQC, Charities Commission, NHS Commissioners).
- That there may be occasions when actions from complaints are reviewed by the relevant committee. For example, regular complaints reporting is shared with the Clinical Governance Committee and the Audit and Risk Management Committee. Typically, a complaint received by the Chairman or another trustee will be passed to the CEO, Director of Resources, or Assistant Company Secretary for the appropriate processing.

**CEO:** Has a responsibility to convey to the appropriate Chairs of committees/Chairman and Board of more serious complaints.

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

**Directors:** 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 bodies such as but not limited to the appropriate Commissioner(s), CQC, HSE, ICO, CQC, CI, RQIA CC, OSCR, HIW, and other external agencies as required. Responsibility for HSE, CI and OSCR lies with the Director of Resources, ICO falls under DPO, and CQC, CI, RQIA and HIW lies with MD and DOPs.
- Reporting to insurers is the responsibility of the Director of Resources.
- Mechanisms are in place that provide information to veterans as to how to raise concerns and complaints or to provide feedback to the Charity.

Directors can act as a higher-level reviewer for difficult or complex concerns that are 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 (Datix) for complaints and feedback.
- Regularly provides data / reports for analysis / information to the specialist groups / committees, via the appropriate Director as part of the wider learning from incidents, complaints, and concerns.

**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 the complaint's facility on the website, "Contact Us" and Feedback mailboxes to the appropriate manager.
- Can provide administrative support in the complaints process ensuring that complaints and feedback is brought to the appropriate person's attention to enable the complaints process to be implemented.
- QCGA lead in an overseer role, will check the Datix database on a regular basis and may request that the appropriate person follow up actions with the assigned manager and update the Datix database accordingly.
- Are responsible for updating the Datix database for escalated complaints; for recording and highlighting compliments; provide professional advice to the team; and have a responsibility to oversee compliance and policy processes and also to manage Complaints and Feedback information for inclusion in reports.

**Executive Administrators (EA), Senior Administrators (SA), Administrators (herein referred to as (TA) Team Administrators):** May provide administrative support in the complaints process to managers, ensuring that complaints and feedback is brought to the appropriate person's attention to enable the complaints process to be implemented.

#### **All staff (including visiting staff and contractors):**

- Have a responsibility to ensure all complaints (both informal and formal) and concerns are reported and logged on Datix. 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.

## **7. TIMESCALES FOR COMPLAINTS**

A complaint should be made within twelve (12) months from the date on which the incident or the cause of the matter being complained about 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 five (5) working days.

Formal complaints should be acknowledged within three (3) working days of receipt to advise how it will be handled, who by and timeframes, 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 on the complaint record (Datix) 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 in a variety of ways:

1. Emailing [feedback@combatstress.org.uk](mailto:feedback@combatstress.org.uk)
2. Using the Complaint form on the Combat Stress website, [www.combatstress.org.uk](http://www.combatstress.org.uk)
3. Contacting the CEO at Tyrwhitt House, Oaklawn Road, Leatherhead, Surrey, KT22 0BX.
4. Contacting the Chairman of the Board of Trustees, using the address 'Private & Confidential, The Chairman, c/o Assistant Company Secretary' at Tyrwhitt House, Oaklawn Road, Leatherhead, Surrey, KT22 0BX.
5. By contacting Hub Managers as below:

<i>England Central</i>	<i>England North</i>	<i>England South</i>	<i>Northern Ireland</i>	<i>Scotland</i>
<i>Manager – England Central</i>	<i>Manager – England North</i>	<i>Manager – England</i>	<i>Manager – Northern Ireland</i>	<i>Manager - Scotland</i>
<i>Combat Stress Audley Court Audley Avenue Newport, Shropshire, TF10 7BP</i>	<i>Combat Stress Audley Court Audley Avenue Newport, Shropshire, TF10 7BP</i>	<i>Combat Stress Tyrwhitt House Oaklawn Road Leatherhead Surrey, KT22 0BX</i>	<i>Combat Stress 2nd Floor 21 Talbot Street Belfast BT1 2LD</i>	<i>Combat Stress Hollybush House, Hollybush Ayr KA6 7EA</i>
<i>Tel: 01952 822722</i>	<i>Tel: 01952 822722</i>	<i>Tel: 01372 587002</i>	<i>Tel: 028 9026 99990</i>	<i>Tel: 01292 561300</i>

## 9. COMPLAINTS PROCESS AND STAGES

Complaints received in writing are not automatically viewed as “formal”. The Manager, or Director, 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 or appropriate person 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 with 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. If the complaint is relating to a senior manager, it will be handled by a director.

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 suggest they have the option 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 until those issues which fall under the investigation have been fully completed. 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.

In the case of Northern Ireland, the process varies slightly:

Stage 1) In the first instance the complaint will be dealt informally with by the Hub Manager.

Stage 2) If the complaint is not resolved it will be forwarded to Combat Stress Head Office Tyrwhitt House.

Stage 3) If the complaint is not resolved, then the complainant can contact the Northern Ireland Ombudsman at freephone: 0800343 424.

Stage 4) If the complainant believes that their complaint may relate to a potential breach of regulations or minimum care standards, contact RQIA – Regulation and Quality Improvement, 9<sup>th</sup> Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT, e-mail [info@rqia.org.uk](mailto:info@rqia.org.uk) During office hours speak to the Duty Inspector ( 028 9051 7500).

## **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 (NCGG) provide a co-ordinated resource that regularly reviews and reports on identifying trends, areas of good practice for clinical and operations related complaints.

## 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 the conclusion that the complainant is vexatious. They should also consider restricting contact with the complainant to one nominated person with Combat Stress.

### 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 the 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 seeking 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 Combat Stress which place what could be considered to be unreasonable demands on staff (care should be taken in determining "unreasonable").

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 a habitual or vexatious complainant, 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 no material element of a complaint been overlooked? It must be appreciated that even

habitual or vexatious complainants may have aspects of their complaints that contain some genuine substance;

- Has an equitable approach been followed?
- Does the complainant have mental health difficulties that are predisposing them to complain?

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 complainants have been identified as habitual or vexatious, in accordance with the above criteria, the Director of Operations, in consultation with the Medical Director, or other appropriate Director, will determine the appropriate action to be taken. The Director of Operations will implement such action and will notify the complainant in writing of the reasons why they have been classified as a habitual or vexatious complainant together with the action that has been taken. Details will be recorded in the Datix record.

### **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 a clinician who knows the veteran.

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

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

The reasons for this must be documented and saved as a document within the Datix record 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 intranet and website.
- All employees are informed about the Complaints Policy and Procedures as part of their Induction Training.

- Where joint governance arrangements exist, it is made clear to staff through induction and an explanation of their service's policy framework which Complaints 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 hubs / centres and on the website. Posters highlighting the feedback and complaints process are displayed throughout the hubs / centres and signpost the complainant on where to find information on how to feedback or complain. In addition, contact details for each of the Regulatory bodies for the devolved countries - Care Quality Commission (England), the Care Inspectorate (Scotland); the Regulatory & Quality Improvement Authority (Northern Ireland); and the HIW (Wales) - are placed in public areas of Combat Stress premises and on the website.

### **13. 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 Combat Stress management and commissioners as appropriate 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 by the Clinical Directorate through an annual audit undertaken by the Quality & Clinical Governance Team and reported to the relevant Groups / Committees. This annual report will be conducted to cover the period 1 April to 31 March.
- Complaints are a standing item agenda at the SMT, and the Local Clinical Governance meetings, when learning outcomes should be discussed and a plan for dissemination should be formulated.
- The QCGT will liaise with the appropriate director(s) and/or Head of HR for the reporting and monitoring of non-clinical/operations complaints.

#### **Distribution**

All new policies are disseminated through the intranet. Staff are required to keep up to date, understand and adhere with all policies and procedures.

## **APPENDIX 1: STANDARD OPERATING PROCEDURE FOR MANAGING COMPLAINTS**

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

The Combat Stress employee engages with the complainant or their representative and is able to resolve complaint there and then or within five (5) working days.

#### **1.1 Complaint resolved**

- Update Datix.
- Handler/Manager assesses and confirms complaint closed to QCGA
- QCGA updates the Datix 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.
- Ensure the complaint is logged on Datix.
- 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**

- The Manager can speak with complainant to resolve issues within the five (5) working 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 Datix 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, Text message, 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 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 does not stop. Our insurers will need to be advised immediately for advice on next steps and it may be the case that all correspondence is passed through them for review before being sent.

Advice must be sought from the Director of Resources or Assistant Company Secretary immediately.

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

The complaint is logged and forwarded within 24 hours to the relevant Director to agree the investigative level as appropriate and determine a manager to investigate and respond. The complaint must be logged on Datix. IF there is any uncertainty, then advice must be sought from the relevant Director. A complaint number is automatically assigned by the Datix software. All fields within the complaint report must be completed, and supporting documentation added.

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

### **Stage 1 Formal Complaint**

#### **Managers (Director / Head Office issues, Managers,):**

- Will arrange acknowledgement of the complaint within three (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 the Investigating Officer of the deadline for completion of the report.
  - Advise the Medical Director of any complaint regarding medical doctors or serious veteran related complaints.
  - Advise the Head of HR if it is a staff complaint.
- If a third-party complaint, will arrange for Consent to be sought from the complainant. Consent should be provided in writing and the acknowledgement letter will indicate that consent is being sought before the complaint can be investigated / responded to, and the veteran contacted to request consent. Please note that the complaint 20-day response timescale starts from the date that consent is received.
- Where a third-party complainant is deemed unsuitable to represent the complainant, Managers should discuss with the appropriate Director and provide a written explanation outlining the reasons for the decision.
- The lead director will confirm, after discussion with the CEO, if the matter is to be notified to other bodies. They will also confirm when/if the Board of Trustees are to be notified. This includes but is not limited to the organisations below:
  - <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>
  - <https://www.rqia.org.uk/guidance/guidance-for-service-providers/notification-of-incidents-forms/>
  - <https://hiw.org.uk/notify-us-event>
- Advise Director of Fundraising and / or Director of Marketing and Communications about any complaint from donors, beneficiaries and partners and other parties on fundraising matters.
- The Director of Marketing and Communications must be alerted to any complaint which may generate interest from the media or general public.

- The Director of Resources must be notified of any matter involving any formal notifications to ANY body.
- Keep the complainant updated in writing of any delays with the investigation which may result in a later response.
- On receipt of the report from the Investigating Officer, prepare and send response letter to the complainant which should include an apology and summary of findings and actions taken to resolve the complaint.
- Where the 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 Datix with closing status criteria confirming whether the complaint was Upheld, Partially Upheld or Not Upheld.
- Ensure all documents are saved in the Datix.

**The Investigating Officer will:**

- Carry out the investigation in agreement with the manager, involving stakeholders where appropriate.
- Complete the investigation and collect / document any evidence within the agreed timeframe, but no later than 15 working days from the initial receipt of the 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. It is recommended that this letter is peer reviewed.

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

- Review the complaint and arrange a further local investigation (Stage 1 Review)
- Escalate the 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 a Director / Chief Executive can automatically be logged as Stage 2. If an enquiry comes in, on behalf of a complainant from an MP or Elected Member this is automatically escalated to Stage 2

**The Director will:**

- Arrange an acknowledgement to confirm receipt of the complaint within three (3) working days of receipt
- Ensure that the TA / QCGA is aware of the escalated complaint for noting on the Datix system
- Undertake a review of the complaint considering the investigation, response and timescales
- Review recommendations by a Manager where a Director's signature is required to approve actions e.g. consider whether complainant can be considered, unreasonable, vexatious or whether the complainant's mental health may be exacerbating the complaint process
- Undertake further investigation if deemed appropriate
- Prepare and send the response (copying the appropriate Manager in, on the response for their records)

- Update the Manager and the QCGA lead person, on the closing criteria (Upheld, Partially Upheld, or Not Upheld).
- Update the Manager and the QCGA lead person on any learning outcomes and arrange for these to be cascaded as appropriate, with the evidence of dissemination being added to the Datix case.

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

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

- Monitor adherence to procedure
- Provide regular reports on all complaints
- Ensure the relevant Directors have the information to enable the Board of Trustees to be kept fully informed of complaints and trends.
- Ensure learning events happen with the support of the relevant director.
- Investigate trends from both formal and informal / locally resolved complaints
- 

**The Quality & Clinical Governance Assistant will:**

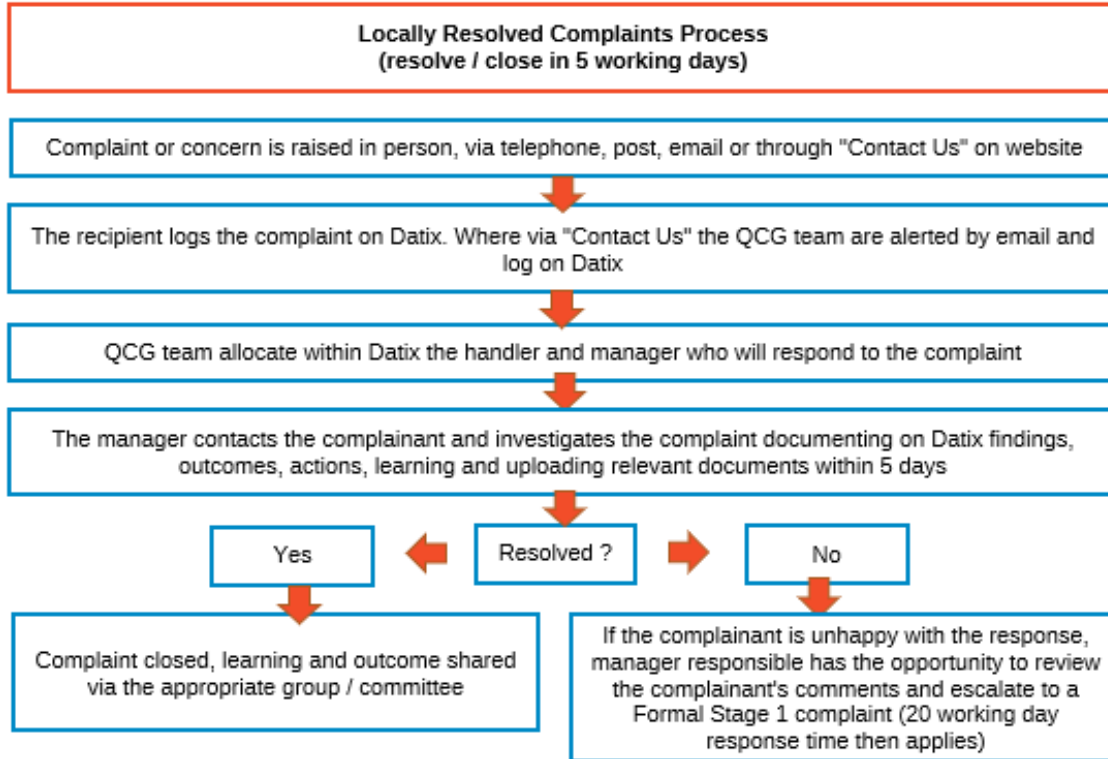
- Provide administrative support to the process ensuring that timescales are adhered to;
- Provide support to Managers / Administrative staff on the complaints process
- Update the SMT on open and closed complaints and response deadlines;
- Manage actions from completed complaints;
- Collate information and data on complaints for performance / contract reviews;
- Produce reports for each Local Clinical Governance Group meeting, SMT, NHS Commissioners if applicable, and for the monitoring of KPI's
- The QCG Manager will follow up timescales for open complaints on the Datix database where timescales may be breached.

**Local Clinical Governance Groups will review and disseminate learning from reports – for clinical/operations related complaints only - 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 & the NCGG.

## APPENDIX 2: COMPLAINTS FLOWCHARTS

1. Locally resolved complaints process (below)
2. Formal complaints process (overleaf)





**Formal Complaints Process**  
(3 working days to acknowledge from receipt, 20 working days to respond)

Complaint is received in person, via telephone, post, email or through "Contact Us" on website

The recipient logs the complaint on Datix. Where via "Contact Us" the QCG team are alerted by email and log on Datix

QCG team allocate within Datix the handler and manager who will respond to the complaint

**Stage 1**

The handler sends an acknowledgement on behalf of the manager outlining the issues raised and uploads to Datix within 3 days of receipt

The manager investigates the complaint documenting on Datix findings, outcomes, actions, learning and uploading relevant documents

The manager investigates the complaint documenting on Datix- findings, actions, learning, outcome and uploading relevant evidence or documents

The handler sends the final response to the complainant within 20 days of receipt.

Yes ← Resolved ? → No

Complaint closed, learning and outcome shared via the appropriate group / committee

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

Review agreed. If resolved then complaint closed. If not resolved then escalated to stage 2

**Stage2 (escalated /review)**

Relevant Director or QCGM acknowledges complaint escalation in 3 days and responds within 20 days

Yes ← Resolved ? → No

Complaint closed, learning and outcome shared via the appropriate group / committee

**CONCLUSION** Complaint closed and documented. Complaint either referred by Combat Stress to regulator(s) for investigation or Complainant given details of independent review bodies if they wish to take complaint further

## 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. No member of Combat Stress staff noted in the complaint will be advised until the Head of HR has been notified and makes a recommendation for next steps to the manager.
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. Ensure the complaint documentation and draft response / investigation is submitted to the Manager or Director overseeing the complaint, **five (5) working days** before the response date is due. The draft response should include:
  - A carefully worded apology for any distress caused to the complainant which DOES NOT admit any liability;
  - A detailed explanation regarding questions raised in the complaint from the staff involved;
  - The answers to any specific questions that have been raised;
  - Conclusions reached in relation to the complaint including appropriate remedial action and timescales;
  - Confirmation on whether the complaint was upheld, partially upheld or not upheld.
  - Where appropriate the learning outcomes and action plans.
6. Ensure that appropriate feedback is given regarding outcome / learning / actions taken to the staff involved in the complaint or concern (see [Appendix 1](#)).
7. Ensure the 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.
8. Where the 20-day response timescale has been breached ensure:
  - The complainant has a written explanation for the delay and an update on progress, indicating when we expect to be able to reply;
  - Complainants are advised of their right to seek review by the appropriate Director if they do not accept the reasons for the delay;
  - 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.
9. They support and encourage a team culture that embraces openness and honesty and welcomes and learns from feedback about the team's performance.
10. 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.
11. Staff are supported in decision-making and front-line management of informal and triage of formal complaints
12. 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.
13. Encourage staff to submit informal / locally resolved Datix entries, outlining issues and actions and email same to the line manager, cc QCGA Lead Person for complaints.

## APPENDIX 4: USEFUL 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. 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 any 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 is likely to involve criminal or disciplinary proceedings;
5. There is ongoing personal conflict or issue between the complainant and member of staff.

**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 (five) 5 working days. Learning outcomes are recorded and disseminated as appropriate.

**Legal Action** – where a complainant indicates they he / she has instigated or intends to instigate legal action relating to a complaint made to Combat Stress. In this case, the complaints process does not stop but may be delayed whilst the insurers are consulted with.

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

**Response** – a 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. The letter can be sent attached to an Email as appropriate.

## **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 Datix database and/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 team (QCGT) for logging.
6. The complaint will be logged on the Datix 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 Manager, On-Call Manager or Director. If the issue has been logged as a Serious Incident, the complaint is logged as a second stage process by the manager concerned.
8. The Board members, Directors 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 Director to enable effective planning and communication, together with sensitive, supportive management for both the anonymous complainant and staff.
10. Anonymous complaints will be investigated where appropriate.
11. Investigations into anonymous complaints and conclusions will be documented and recorded on Datix. 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 or complaints will be assessed alongside other feedback by the Local Clinical Governance Group for Clinical and Operations issues by the relevant Committee. Members of the relevant committee will review supporting evidence 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 or 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: 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 regard to my medical records.	
Signature	
Date	