



## COMPLAINTS POLICY

<b>Approved by:</b>	<b>Hospice Board of Trustees</b>
<b>Date of approval:</b>	<b>March 2026</b>
<b>Originator:</b>	<b>Chief Executive</b>
<b>Review Date:</b>	<b>March 2029</b>

### Policy Statement

Treetops Hospice will ensure that complaints, verbal, written and online are dealt with in a swift and effective manner, which ensures complete fairness for both complainant and staff.

The complaints procedure will be responsible and flexible to address the issues identified by the complainant.

All complaints will be used to improve services, reduce incidents and to improve overall quality.

### Related Hospice policies/procedures:

1.6 Clinical Governance  
3.1.5 Data Protection and Confidentiality Policy  
4.1.4 Equality and Diversity Policy and Procedure  
7.1.4 Clinical Equality and Diversity Policy and Procedure  
3.1.15 Ethical Fundraising Policy

### PROCEDURE

#### Aim and Scope of Policy

To set out the steps by which all staff will adhere to meet the required protocol for dealing with complaints.

### Responsibility/Accountability

Chief Executive	The Chief Executive is responsible for ensuring that the policy is in place and adhered to. Responsible for
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ensuring the content of the policy is in line with statutory requirements and professional guidance.  
Ensures that the staff, as appropriate, are aware of the procedure and how to apply it.

All staff

Responsible for compliance with the policy and procedure

## **Method:**

### **Policy Monitoring and Review**

- Policy review 3 yearly or when legislation requires, whichever is sooner.
- Annual report to the Care Quality Commission which includes:
  - The complaints made.
  - Action taken in response.
- Report to the Chief Executive at each SLT meeting.
- Report to each Board of Trustees meeting
- Quarterly report to the Clinical Sub Committee

### **Compliance with Statutory Requirements**

- Private and Voluntary Health Care Regulations 2001 Part III – Conduct of Health Care Establishments and Agencies, Regulation 23
- Care Quality Commission Core Standard Complaints Management (C14)
- Gambling commission

## **Scope**

The complaints policy refers to both clinical and non-clinical complaints. It is designed to manage, respond to and resolve complaints effectively. This is achieved through a policy which:

- Is accessible to complainants.
- Provides a simple system for making complaints about any aspect of the service provided.
- Is an open process with designated timescales and a commitment to keep the complainant informed on the progress of the investigation.
- Is fair to complainant and staff/volunteers.
- Maintains the confidentiality of the patient, complainant and staff/volunteers
- Provides the opportunity to learn from the complaint to improve services,

### **Staff Training Needs**

Training needs to be provided to all staff in the organisation on:

- What a complaint is
- How to receive a complaint
- How to deal with someone making a complaint
- The complaint process, both verbal and written.

### **Aim and Scope of Procedure**

To provide instructions on how to manage a complaint from receipt through to resolution.

#### **Covers:**

- Staff Responsibilities
- Receipt of verbal and written complaints
- Investigation of complaints
- Learning from Complaints
- Communication with complainant
- Resolution of complaints
- Appeals process
- Referral to the Care Quality Commission

Trustee Signature\_\_\_\_\_

Date\_\_\_\_\_