COMPLAINTS POLICY

Approved by:	**Hospice Board of Trustees**
Date of approval:	**May 2026**
Originator:	**Chief Executive**
Review Date:	**May 2029**

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.
Treetops Hospice will ensure that all complaints relating to personal data are handled in accordance with UK GDPR and Data Protection Act 2018 requirements. Individuals have the right to raise concerns about how their personal data is used, and such complaints will be managed transparently, fairly and within appropriate timescales. Rights requests will be handled in accordance with statutory requirements, and complaints about how those requests are handled will be managed under this complaints procedure.

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.

We are committed to ensuring that our complaints process is accessible to all individuals, including children and vulnerable persons, and that reasonable adjustments will be made where required (for example, providing alternative formats or additional support)

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

4.1.19 Freedom to Speak Up (FTSU) 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 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
- Information Commissioners Office (ICO) Guidance on handling complaints
- UK General Protection Regulation (UK GDPR)
- Data Protection Act 2018

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,

This policy includes complaints relating to data protection and information rights, including but not limited to:

- Handling, processing, storage or sharing of personal data
- Concerns or dissatisfaction with how a subject rights request (including Subject Access Requests)
- Data Accuracy, retention and lawful basis for processing
- Data security incidents or confidentiality breaches

Requests to exercise data protection rights themselves will be managed under separate statutory processes in accordance with UK GDPR timescales (normally one calendar month).

Complaints from children

We will respond to data protection complaints from children in plain, clear language they can understand at all stages of the complaints process. We will comply with our obligations to assess the competence of the child to understand and exercise their rights.

Complaints made on Social Media

Although complaints may be made on Social Media, complaints may be dealt with more efficiently and effectively if it is made using one of the methods set out in the complaint's procedure. Where we identify a complaint about our organisation on social media, we will take appropriate steps to respond to the complaint in line with this policy. However, as responding on social media is not usually a secure way of providing information, we will ask the individual making the complaint for an alternative contact method that we can use to respond to their complaint.

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_____