



# Complaints Policy

POLICY NUMBER 6.04

## Document control sheet

### Complaints Policy

#### Document Detail

Document type	Policy
Document name	Complaints Policy
Internal / external	Both
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Policy owner	Head of Quality Assurance & Risk
Lead author	Caroline White, Governance Consultant
Additional author(s)	Morag Harvey, Interim Director of Improvement & Transformation
Applies to	All Hospice staff
Approved by date	Quality of Care Committee 31/01/2025

#### Change History

Date	Version	Change details since Approval	Approved by
05/09/2024	0.1	Replacement draft complaints policy	
29/11/2024	0.2	Updated replacement draft complaints policy	
31/12/2024	0.3	Updated with relevant minor amendments following a service user's review	
31/01/2025	0.4	Reviewed and updated following service user review	Quality of Care Committee 31/01/2025

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## Document Summary Sheet

The term 'all staff' is used throughout this document. This is defined as staff and volunteers employed by or working on behalf of Hospice in the Weald (i.e. agency staff and students on placement).

The Head of Quality Assurance & Risk is the Hospice's 'Complaints Manager' or 'Complaints Lead'. They are responsible for the overall monitoring and trend reporting of complaints, litigation, incidents and adverse comments, to ensure learning is taken forward by services and departments.

The Executive Assistant is the Hospice's Complaints Administrator.

The main objective of this policy is to ensure all Hospice in the Weald complaints are handled fairly, consistently and wherever possible to the complainant's satisfaction and responded to in line with the CQC regulation 16 and the health and social Care Act 2008 (regulated activities) 2014

Hospice in the Weald strives to ensure that all its services and broader activities are delivered to a consistently high standard. However, there may be occasions when service users or other stakeholders expectations are not met.

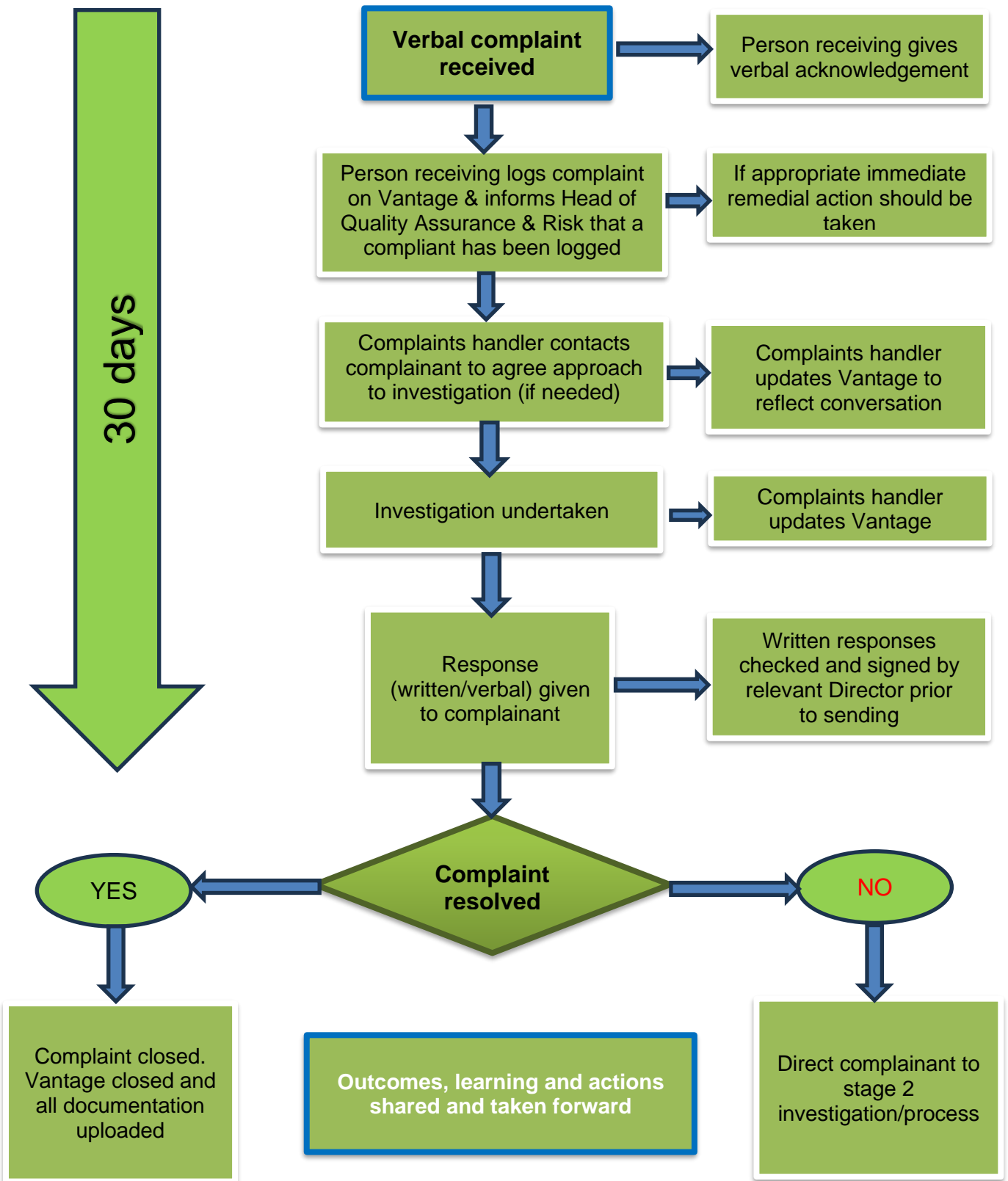
Making a complaint is one way that people can make their views known when our services fall short of their expectations. As well as providing resolution for individuals, complaints provide invaluable learning opportunities.

They provide vital information about whether services are performing as intended for those we serve. They can act as an early warning system that can help prevent further problems. Complaints are vital in supporting the improvement of standards and services across all areas of hospice activity and help in developing Hospice in the Weald's strategic direction.

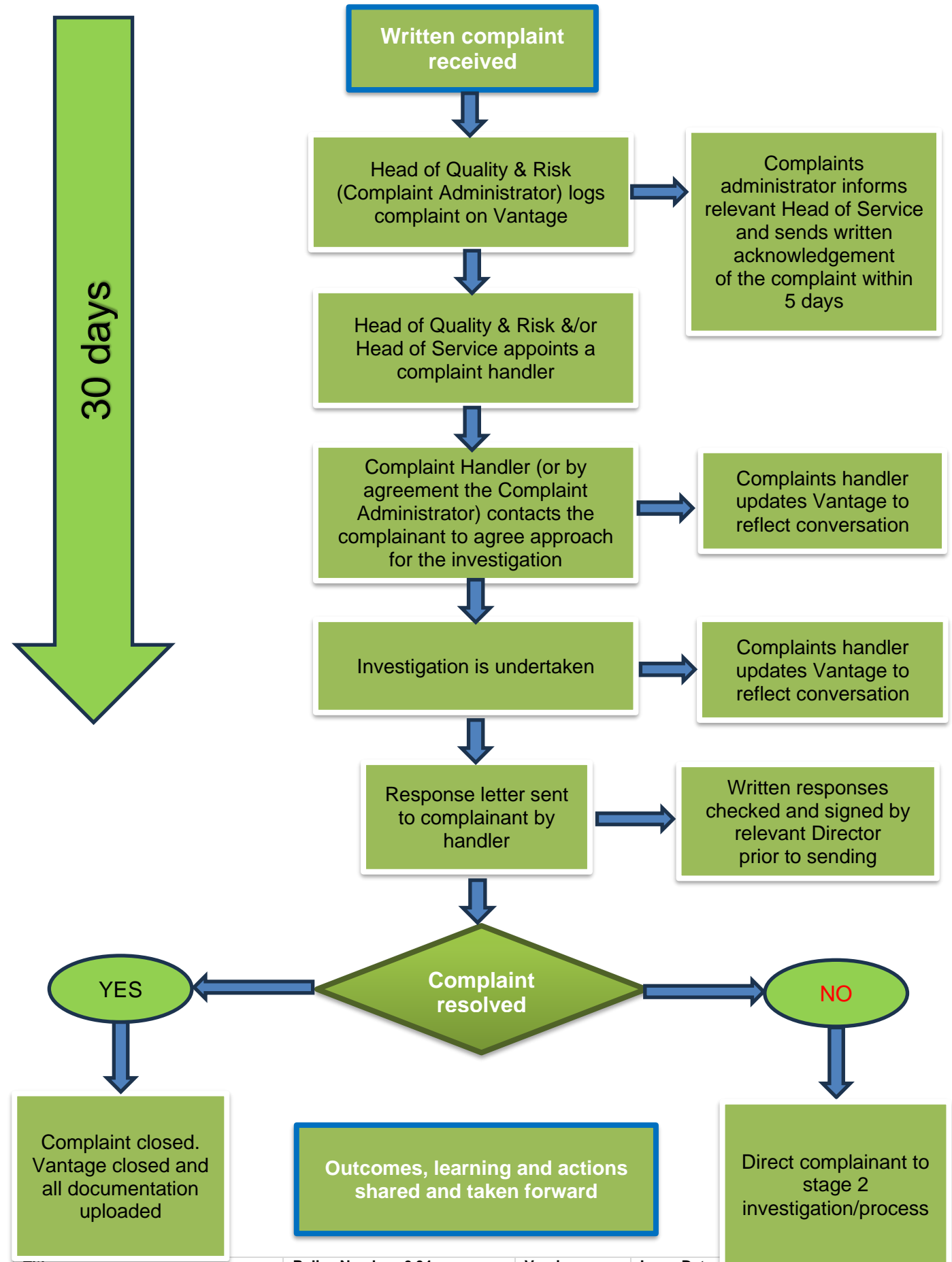
Making a complaint can be difficult, particularly for those who are unwell, have been bereaved or are feeling vulnerable. Any colleague working in any part of the Hospice's activities may be the person approached by the complainant to hear their concerns and for this reason the system needs to be simple, compassionate and responsive to those making the complaints.

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# Verbal Complaint flow chart



# Written Complaint flow chart



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# 1. Overview

## Complaints Policy Summary

1. A formal complaint is an expression of dissatisfaction requiring a formal written response. A complaint can be submitted face to face, over the telephone, in writing or electronically via email.
2. If a complaint is received in a service area, staff members should swiftly attempt local resolution, but advice can be sought from line managers/Heads of Service, if required. All complaints received should be sent to the complaints lead (i.e. Head of Quality Assurance & Risk) for logging onto the complaints management module on Vantage.
3. The Hospice has processes in place to respond to complaints within a target of 30 working days, with the emphasis on early local resolution. Where the Hospice is unable to respond within the timescale agreed with them, it will inform the complainant of the reasons why and renegotiate the timescale.
4. The Hospice investigates concerns raised and responds to complainants in a manner agreed with the complainant. That may be in writing by letter or report format, or in a meeting with a summary letter and a recording of the meeting.
5. Complainants are signposted to advocacy services within the formal acknowledgement letter.
6. One of the key aims of this policy is to support a user- led vision for raising concerns and complaints with the aim that complainants:
  - Feel confident to speak up
  - Feel that making a complaint was simple
  - Feel listened to and understood
  - Feel that their complaint made a difference
  - Feel confident in making a complaint in the future

Hospice in the Weald follows the Complaints Standard Framework, following the user-led vision for raising concerns and complaints developed in conjunction with Healthwatch following a commitment made in Robert Francis' inquiry into the failings at Mid Staffordshire NHS Foundation Trust,

If you have any concerns about the content of this document, please contact the policy owner or advise the Policy Coordinator via [policy.coordinator@hospiceintheweald.org.uk](mailto:policy.coordinator@hospiceintheweald.org.uk)

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## 2. Scope

This policy describes the way in which all complaints (both verbal and written) received from service users and other stakeholders of the Hospice will be handled. This policy applies to all areas and staff. It is intended for use by all those employed by and working on behalf of the Hospice.

This policy does not cover staff concerns or grievance - see 'Associated Documents ' for further information.

## 3. Associated Documents

- Hospice in the Weald risk management strategy
- Disciplinary policy and procedure Ref & dates (8.15)
- Performance Management Policy (8.06)
- Reporting incidents, accidents and near misses policy (9.08)
- Local Operating Procedure: Access to interpretation and translation services
- Safeguarding policies - adults (6.01) and children (6.02)
- Confidentiality Policy (8.19)
- Health and safety policies (9.01)
- Being open and duty of candour policy (6.11)
- Integrated Health Records Policy Access Management and Data Sharing (4.01)

## 4. Key terms - abbreviations & definitions

### Abbreviations or acronyms

<b>CQC</b>	Care Quality Commission
<b>DoC</b>	Duty of Candour
<b>NICE</b>	National Institute for Health and Care Excellence
<b>NMC</b>	Nursing and Midwifery Council

### Technical terms

**An anonymous complaint**, or a general complaint that would not meet the criteria for 'who can complain' can still be a valuable source of insight and learning. These will still be considered and, if appropriate, the matters investigated to identify whether there is any learning for the Hospice.

**Local resolution (within the service):** is the action of immediately resolving concerns and complaints as soon as they are reported to any member of staff, at any time and as agreed with the complainant.

**Local resolution (formal investigation of a complaint)** is the first stage of the Hospice complaints procedure.

**Third party:** complaints can be reported to the Hospice by family, carers or other associated parties, however full respect must be given to patient confidentiality and written consent must be gained directly from the patient or alternatively using the guidelines with regards to consent.

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**MP on behalf of constituents:** Any correspondence from MPs must be centrally managed and reported to the complaints manager to ensure the formal response is coordinated with the chief executive.

**Chair of Trustees** can be approached once a complainant has exhausted the Hospice’s earlier stages of the complaint procedure.

**Care Quality Commission** All complaints referred to the CQC will be managed by the Head of Quality Assurance and Risk in liaison with the CQC Nominated Individual (the Director of Clinical Excellence).

**Time Frame** A complaint must be made within 12 months of an incident occurring, or on the date on which the complainant has become aware, (or should reasonably have become aware), of the matter of complaint if this is more than 12 months after the incident. The time limit will be used sensitively and with flexibility where we consider that the complainant had good reasons for not making the complaint within that time limit, such as not being properly advised about or signposted to the complaints procedure; poor health of complainant or close family member and/or bereavement.

In the event of a delay in a complaint being raised, we will also consider whether it is still possible to investigate the complaint effectively and fairly. The Chief Executive will determine whether a complaint which may be out of time should be reviewed under this policy.

If a complaint is received in a case where legal action is being taken or the police are involved, a decision will be made by the Director of the service area (or other suitably delegated deputy) as to whether progressing the complaint might prejudice any subsequent legal action. The complaint should be put on hold only if there are good reasons for doing so, with the complainant being advised of this and given an explanation. However, the default position in cases where the complainant has expressed an intention to take legal proceedings would be to seek to continue to resolve the complaint unless there are clear legal reasons not to do so.

## Definitions

A complaint is ...	<p>... a clear expression of dissatisfaction, worry or unhappiness about the Hospice, services or activities, an event/incident or behaviour which can usually be resolved/responded to straight away by the service (by the end of the next working day or earlier).</p> <p>A complaint can be made verbally or in writing and can be made by anyone about any aspect of the hospice.</p> <p>If it is not possible to resolve a concern within this time frame, and the person continues to be unsatisfied, the issue should be recorded as a <i>formal complaint</i> and managed in accordance with this policy.</p>
A concern is....	<p>... feedback or a remark giving an expression of worry or unhappiness about an event, incident or service which can usually be resolved/responded to straight away by the service</p> <p>Clarification should be sought as to whether the person raising the concern wishes to receive a response, and if they would like their concern to be registered formally.</p>
A suggestion is....	<p>... a comment suggesting changes to the services, activities or any other aspect of the hospice.</p>

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People do not have to use the word ‘complaint’ themselves. They may talk about ‘feedback’, ‘an issue’, ‘concern’, or they may say they want to ‘tell you about’ something. You should use and reflect the language chosen by the person. The term ‘complaint’ used in this policy covers all the variations that people might use.

**Vantage** The Hospice’s Incident, Risk and Compliance electronic management system.

**Complaint handler** The complaint handler is the manager assigned following receipt of a written complaint who will ensure an investigation is carried out, update Vantage as progress is made and ensure contact with the complainant.

**Policies** Define the rules, principles, and standards governing various aspects of operations and conduct within the Hospice. Evidence of compliance with a policy is usually required.

**Consent** Any person wishing to make a complaint on behalf of another adult must have written consent to do so from the person concerned. In some cases, it may be appropriate to obtain consent from a child if that child is considered to be capable of understanding the situation and can give informed consent.

Every attempt must be made to obtain consent including enlisting help from specialist advocates when appropriate. If the person has died or is not capable of providing consent, then the complaints manager will determine whether the complainant had sufficient interest in the person’s welfare, whether the person expressed any past wishes on disclosure of information to named representatives or is suitable to act as a representative.

It is good practice to explain to the complainant that information from his/her records may need to be disclosed to staff involved in managing the complaint, and any independent review. If the service user objects to this, then the effect on the investigation will be explained.

**Confidentiality** It is essential when dealing with complaints that employees of the Hospice observe the legal obligation not to release information relating to the patient to a third party without appropriate consent. Care must be taken throughout the complaints procedure to ensure that any information disclosed about the service user is confined to that which is relevant to the investigation of the complaint.

**Procedures** Detail the ‘one best way’ i.e. determine the best step-by-step instructions for specific tasks. Procedures ensure consistency and efficiency in day-to-day operations. Procedures can be standalone documents, or they guide staff and volunteers on how to put policies into practice.

Evidence of compliance with a procedure is not always required, particularly if the practice is embedded in day-to-day operations. If your procedure requires monitoring, please use this section to describe how this will be done.

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## 5. Policy

Hospice in the Weald believes at the heart of an effective complaint handling process there are four core pillars which this policy is based on.

- Welcoming complaints in a positive way and recognising them as valuable insight for Hospice in the Weald
- Supporting a thorough and fair approach that accurately reflects the experience of everyone involved
- Encouraging fair and accountable response that provide open and honest answers as soon as possible
- Promoting a learning culture by seeing complaints as opportunities to improve our services.

Hospice in the Weald is firmly committed to continuously improving the care and the services it provides. As part of this commitment, it invites and welcomes the views of service users, carers and the local community. The guiding principle of its complaint's procedure is that it is led by the complainant who will be fully consulted at each stage of the process.

No complainant or the service user they represent will be treated less favourably on the grounds of age, creed, colour, disability, ethnic or national origin, medical condition or marital status, nationality, race, gender (at birth or reassigned), or sexuality, nor will a complainant be placed at a disadvantage by making a complaint. Knowledge from handling complaints will be shared and applied across the Hospice, to support service user experience, better risk management and effective clinical governance.

Complaints, comments or suggestions, whether oral or written made by service users or their representative, should be taken seriously, handled appropriately and sensitively. The Hospice should always make every attempt to resolve complaints however they are received within the spirit of the local resolution principle. Service users should feel able to approach the staff that provided the service, and staff should make every attempt to resolve complaints at an early stage.

The process should be fair, open, flexible and conciliatory and should be easy to access for all service users. It is essential that the service user, relative or carer is treated with respect and are confident that there will be no adverse consequences as a result of raising concerns.

It will often be the case that a complaint will relate to a clinical issue and will therefore require disclosure of health records to the service user or their representative. Requests for access to records will be handled in accordance with the Hospice's Patient Access to Health Records policy.

Complainants have a right to request access to their complaints file. These requests should also be handled in accordance with the Hospice's subject access policy.

A written signed statement or form of consent from the service user must be provided authorising the Hospice and the medical/nursing staff to reveal to, or discuss with, the representative any and all clinical information.

The purpose of the complaints policy is to provide a framework to achieve four key aims:

1. Listen carefully and compassionately to the person making the complaint, treat them with respect and courtesy and do everything reasonably possible to resolve that complaint. The

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Hospice is committed to promoting equality and diversity. No patient, or any other person involved in the investigation and resolution of a concern or complaint will receive unfair treatment because of raising a complaint or on the grounds of age, race, colour, ethnic or national origin, religious or equivalent belief system, political beliefs, gender, marital or partnership status, sexual orientation, disability, learning disability, or pregnancy/maternity status.

2. Respond in a timely, open and transparent manner
3. Learn from what has happened and make improvements where appropriate; and
4. Ensure that complaints information is escalated and reported on appropriately

This policy is designed to follow best practice principles of good complaints handling as below and these must guide the approach at every stage:

- Getting it right
- Being customer focused
- Being open and accountable
- Acting fairly and proportionately
- Putting things right (including financial redress where appropriate)
- Seeking continuous Improvement

Where an existing or former service user has died, is a child or is otherwise unable to complain because of physical or mental incapacity, the complaints may be made on their behalf by a representative. There is no restriction on who may act as a representative but there may be restrictions on the type of information able to be shared with them.

In limited cases where there is a concern that a patient is mentally unwell and this could have contributed to raising a complaint, a clinician's view on capacity will be sought before any personal information is shared. In some exceptional cases, where applicable, a complaint may be put on hold if it is deemed to be in the patient's best interests.

Where there are complaints relating to the care of deceased service users, staff should be guided by principals of the Access to Health Records Act 1990 (deceased patients only) where applications for records (clinical) or personal information can only be granted to legal representatives (grant of probate/letters of administration/executor of a will) of the estate or to someone having a claim arising out of the death. Therefore, careful consideration must be given about whether the complainant is a suitable representative under this legislation. The Director of Governance has the right, on behalf of the Hospice, not to accept a person as a suitable representative.

The Caldicott Guardian (Director of Clinical Excellence) and head of information governance (Associate Director of Data and Systems) may also be consulted. If it is decided that the complainant is not a suitable representative of a service user who is unable to give consent, or who has died, the Head of Quality & Risk will inform them in writing when the complaint is first looked at, stating why the Hospice has reached this decision. In doing so, the complaints team will take account of the relevant legislation such as the Data Protection Act/GDPR, Access to Health Records Act and the Mental Capacity Act.

Complaints will be monitored and audited to ensure that the Hospice is compliant with best practice principles. All complaints referred to the CQC will be managed by the Head of Quality Assurance and

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Risk in liaison with the CQC Nominated Individual (the Director of Clinical Excellence) in conjunction with the relevant Director. For Complaints not covered by this policy see Appendix 1

## 5.1 Making a complaint

People may want to provide feedback instead of making a complaint. In line with best practice, people can provide feedback, make a complaint, or do both. Feedback can be an expression of dissatisfaction as well as positive feedback but is normally given without wanting to receive a response or make a complaint.

People can make a complaint in any way they choose, including:

- in writing, by letter, e-mail, via our website or via social media platforms (such as Facebook or 'X').
- verbally, by telephone or in person to any member of staff. Should a complaint be received by a volunteer, it is their responsibility to seek an appropriate member of staff who will implement the complaints procedure in full.

## 5.2 Receiving complaints

Members of staff frequently receive informal suggestions, concerns and complaints. Their response can determine whether the situation is resolved immediately or goes on to become a more significant issue. Staff must be prepared to listen and where they feel equipped to do so act, so that matters can be resolved locally or referred on to the next level where this is not possible.

### Verbal complaints

- The staff member receiving the complaint must log it using the Vantage system as soon as possible but within 72 hours of receiving it. They must advise the Head of Quality Assurance & Risk that a complaint has been logged.
- The staff member receiving the complaint must take time to listen to the complainant and give a clear acknowledgement to the complainant - at the point the complaint is received - that their expectations of our service have not been met and provide an apology. They must check with the complainant that they have understood the information they have provided to them. At all times the staff member should not use abbreviations or terminology that the complainant may not understand.
- If appropriate, and based on the information received from the complainant, immediate remedial action should be taken.
- If the complainant is not related to the receiving staff member's service, they must contact the relevant Head of Service/designate within 72hrs to advise them of the complaint.
- It is the responsibility of the Head of Service for which the complaint is about to contact the complainant. They will be responsible for ensuring where needed an investigation takes place and findings/learnings are fed back to the complainant.

### Written complaints

- All written complaints received by Hospice in the Weald must be forwarded to the Head of Quality Assurance & Risk (the complaints lead/manager) for logging on Vantage as soon as they are received (in their absence, complaints must be copied to the relevant service Director).

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- The Head of Quality Assurance & Risk (in their absence the relevant service Director) will send a written acknowledgement to the complainant within 5 working days outlining the complaints process and timeframe for a response. They will inform the relevant Head of Services/manager (via Vantage) and assign them as the handler of the complaint.
- It is the responsibility of the Head of Service for which the complaint is about to contact the complainant (within 2 working days) to ascertain the mode of preferred contact moving forward, i.e. telephone, letter, face to face, video call.
- They will be responsible for ensuring a proportionate and sufficient investigation takes place and findings/learnings are fed back to the complainant. Where possible the staff member should not use abbreviations or terminology that the complainant may not understand in the response and feedback.

### 5.3 Management of complaints

For all complaints, the Head of Quality Assurance & Risk will inform the relevant Head of Service/manager (via Vantage) and assign them as the handler of the complaint, i.e. the person responsible for ensuring the complaint is investigated and managed to closure.

- The complaint handler will ensure an investigation carried out and the complaint records on Vantage completed as appropriate.
- As a first step, the complainant should be contacted by the complaint handler or the Head of Quality Assurance & Risk (by agreement), to check that Hospice in the Weald is clear on the exact focus of the complaint, clarify whether a written or verbal response is required and make them aware of the Complaints Policy offering to provide a copy. It is good practice to offer a meeting (face to face or via video to facilitate this conversation). Listening to the complainant is of the utmost importance.
- Following completion of investigation, a response (written or verbal, as requested by the complainant) must be provided within 30 days of receipt of the complaint. Occasionally it may not be possible to conclude an investigation and respond within 30 days.
- In these circumstances the Head of Quality Assurance & Risk will send a holding letter, informing the complainant of the reasons for the delay and the new expected response date. Copies of all documentation (including the response letter and any other correspondence with the complainant and notes from any meetings) must be uploaded to Vantage by the complaint handler.
- All responses (whether written or verbal) should address all the points raised by the complainant and communicate how Hospice in the Weald will respond to these points, and/or what actions the Hospice has already taken.
- All responses should include an apology to the complainant for the fact that they felt the need to make a complaint; additionally, and where appropriate, specific apologies must be given for any errors, omissions or shortcomings on the part of the Hospice that were identified by the investigation.

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- All response letters are to be drafted by the Head of Service/designate appointed as the complaint handler. They must be reviewed by the appropriate Director before sending.
- A copy of any written response must be uploaded to Vantage to form part of the complaint record; if a verbal response is provided to the complainant a summary of this must be added to Vantage.

Occasionally it may not be possible to conclude an investigation and respond within 30 days. In these circumstances the complaint handler will send a holding letter, informing the complainant of the reasons for the delay and the new expected response date. They will advise the Head of Quality and Risk of the delayed response.

Copies of all documentation (including the response letter and any other correspondence with the complainant and notes from any meetings) must be uploaded to Vantage by the complaint handler.

Stage		Timescale
Informal complaint - (local resolution)		Response either verbal or in writing which is resolved immediately or within 72 hours.
Stage 1	Verbal or written complaint	Written acknowledgement within 5 working days of receiving the complaint.
		Investigation carried out as requested by the relevant Director
		Full response submitted to Head of Quality & Risk and relevant Director within 20 working days for review, prior to being sent to the complainant to meet the 30-day deadline
Stage 2		Timescale
Appeal	Written response does not satisfy complainant	Letters of appeal should be received within 30 days by the Director of Governance and should be addressed to the Chair of the Trustees
		The Director of Governance and Chair will review the investigation and investigate further as they see fit and respond to the complainant within 20 days.

## 5.4 Complaints made via social media

Where a complaint has been made via a social media platform e.g. Facebook, 'X', Instagram an acknowledgement of the complaint will be posted on the relevant platform within 24hrs by the Hospice in the Weald Communications team. The acknowledgement will include a request to contact the Hospice offline to discuss how the complainant wishes to proceed.

The Communications team will forward the complaint to the Head of Quality and Risk and the normal process for handling complaints will apply. If the complaint is posted out of hours and is of a serious nature or could lead to significant reputational damage the staff member who sees the post should contact the communications team and alert the on-call Hospice Leadership Team member as soon as practicable.

Should the out of hours post be clinical in nature, the staff member who see the post should alert the the on-call Hospice Leadership team member. They will contact the on-call clinician to determine if an urgent clinical response is required.

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## 6. Roles & Responsibilities

**Chief Executive** is the responsible person for complaints. The Chief Executive is also accountable for ensuring the Hospice effectively operates an accessible system for identifying, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of regulated activity, in accordance with Regulation 16 .

**Director of Quality Governance** has overall responsibility for the complaints department, along with delegated responsibility to ensure that:

- the Hospice operates an accessible system for identifying, recording, handling and responding to complaints
- managers designated to investigate complaints receive appropriate training
- front line and administrative staff are aware, through training, of how to handle complaints

**Director of Clinical Excellence** is the nominated individual with the CQC for the delivery of services and is responsible for ensuring that the Hospice responds to requests from the CQC for information regarding complaints.

**Director of Care Services** has overall accountability for operational services delivering upon the complaints function and ensuring this policy is followed and local resolution pursued.

**Heads of Service** are accountable for clinical and operational delivery of responding to complaints for their services and ensuring this policy is complied with.

They are also responsible for overseeing the complaints processes within their services, providing leadership and support within their respective areas. This will include quality assuring complaints investigation reports/responses for accuracy and completeness and ensuring receipt of these in a timely manner with any supporting documents; monitoring the quality of complaints data and information, analysis of this data to identify trends and themes for sharing and acting on lessons learned.

**Team leads** Are responsible for the local resolution/informal management of all complaints in their specific locality/department/ward.

**The Head of Quality Assurance and Risk** will establish processes and procedures to meet the Hospice's statutory obligations and lead in the management of complaints, supporting resolution for patients and their relatives.

## 7. Monitoring Effectiveness

This policy will be ratified as per the policy-on-policy process and be available via the Hospice Web and the Hospice website.

A quarterly report will be provided from the complaint's module on Vantage for review at the Quality-of-Care Committee. Lessons learned from complaints will be shared internally through Service meetings and the Quality of Care subcommittee. The Hospice in the Weald will ensure learnings will be shared with all relevant staff though regulate hospice communication systems and processes. Externally, where relevant the CQC will be provided with incident investigation reports.

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Performance Review Meetings will also monitor quality matters to ensure responsibilities are delivered.

## 8. References

Francis, R. 2013. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.

<http://www.midstaffspublicinquiry.com/>

Healthwatch England. 2014. Suffering in silence - Listening to consumer experiences of the health and social care complaints system. <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/hwe-complaints-report.pdf/>

## 9. Guidance for the Policy Co-ordinator

Must be fully completed by the author prior to publication.

<b>Keywords &amp; phrases</b>	List the search terms and phrases you think that people may use to search for this document. Add old reference/ID numbers if applicable – see section 4.
<b>Document review arrangements</b>	Review will occur by the author, or a nominated person, within three years or earlier should a change in legislation, best practice, or other change in circumstance dictate.
<b>Special requests</b>	Indicate whether upon publication you require specific groups to be informed such as nursing or medical teams. This will be in addition to the policy author.

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## 10. Equality impact screening tool

- This screening tool must be completed at the start of any new or existing policy or procedure development. All sections of the tool will expand as required.

Section 1	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	N/A
Disability	N/A
Gender reassignment	N/A
Marriage or civil partnership	N/A
Pregnancy and maternity	N/A
Race	N/A
Religion or belief	N/A
Sex	N/A
Sexual orientation.	N/A
Other underserved communities (Including Carers, Low Income,	N/A

**Section 2**

**Will implementation of this policy / procedure have a significant adverse impact for people with protected characteristics or otherwise listed above, in relation to any of the following six categories? Please mark in the yes/no checkbox below, as appropriate.**

NB: In this context ‘significant’ means that potential adverse impacts of implementing the policy cannot be mitigated against within the policy / procedure itself.

- Adversely affect patient safety or clinical effectiveness **NO**
- Adversely affect compliance with statutory/regulatory requirements e.g. NICE requirements, CQC, Equality Act, Care Act etc. **NO**
- Adversely affect the experience of a patient or their loved one(s) **NO**
- Adversely affect the experience of staff or volunteers **NO**
- Adversely affect access to Hospice services **NO**

Yes	No
High risk: Complete further Equality Impact Assessment (EqIA) tool, available from the Policy Co-ordinator <a href="mailto:policy.coordinator@hospiceintheweald.org.uk">policy.coordinator@hospiceintheweald.org.uk</a> <input type="checkbox"/>	Low risk: Go to section 3. <input checked="" type="checkbox"/>

**Section 3**

**If this proposal is low risk, please give evidence or justification for how you reached this decision:**  
Implementation of this policy / procedure will not have a significant adverse impact for people with protected characteristics.

<b>Signed by Policy / Procedure Lead Author</b>		<b>Date</b>	
<i>Sign off that this proposal is low risk and does not require further EqIA</i>			
<b>Signed by EDI Lead</b>		<b>Date</b>	

## 1. Appendices

### Appendix 1 – Matters excluded from the scope of the policy

The following matters are excluded from the scope of this policy:

1. a complaint made by a local authority, NHS body or primary care or independent provider
2. a complaint made by an employee of a local authority or NHS body or primary care or independent provider or contractor about any matter relating to a contract of employment or Service Level Agreement or other type of contract
3. a complaint which is made orally and is resolved to the complainant's satisfaction no later than the next working day after the day on which the complaint was made
4. a complaint arising out of the Hospice's alleged failure to comply with a request for information under GDPR
5. a complaint that solely alleges a failure of an individual's rights under Data Protection legislation
6. workforce complaints or adverse comments
7. fundraising or retail or gambling complaints

**Complaints related to fundraising, retail, gambling, lottery, and complaints from workforce or in respect of contract are covered by different processes.**

The Hospice has procedures for complaints received regarding the Data Protection Act 2018. The Hospice may consult with the Information Commissioner regarding these complaints.

Where a complaint is specifically excluded, the Hospice will not consider it but will write to the complainant as soon as is reasonable to inform them of the decision and the reasons for it, and if appropriate, redirect them.

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## Appendix 2 – Fundraising or Lottery Regulators

If the internal process has been completed into complaints about fundraising and it has not resolved matters to the complainant's satisfaction, the complainant can contact the Fundraising Regulator or, if their complaint is related to our lottery, the Gambling Commission.

All complaints escalated to the Fundraising Regulator, or the Gambling Commission will be managed by the Head of Quality Assurance and Risk in liaison with the Director of Fundraising.

The Fundraising Regulator  
Fundraising Regulator  
2nd Floor, CAN Mezzanine Building  
49-51 East Road  
London  
N1 6AH  
Tel: 0300 999 3407  
<https://www.fundraisingregulator.org.uk/complaints>

The Gambling Commission  
IBAS  
PO Box 62639  
London  
EC3P 3AS  
Tel: 020 7347 5883  
Email – <https://www.gamblingcommission.gov.uk/for-the-public/Your-rights/Complaints.aspx>

Financial Services:  
Charity Commission Direct  
PO Box 211  
Bootle Liverpool  
L20 7YX  
Tel: 03000 669197  
<https://www.gov.uk/government/organisations/charity-commission>

Through the Hospice Lotteries Association (HLA) we are registered with IBAS. Complainants may register their complaint with them but only after the other steps above have been completed.

IBAS acts as an impartial adjudicator on disputes that arise between gambling operators who are registered with them and their customers.

Lottery Complaints may also refer the matter to the Independent Betting Adjudication service (IBAS):

IBAS  
PO Box 62639  
London  
EC3P 3AS  
Tel: 020 7347 5883

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