



COMPLAINTS POLICY

1 INTRODUCTION

St Cuthbert's Hospice is committed to providing an excellent service to patients, their carers, our donors and our supporters. When we do not meet their expectations, we want to know so that we can make amends, if possible, and improve what we do.

Our Mission:

To make every day count for those affected by life-limiting illnesses.

Our Vision:

To be a centre of excellence within our community and to provide all-embracing, compassionate and individualised care to all those affected by life-limiting illnesses, at a time and a place that is right for them.

Our Values:

- Respect
- Professionalism
- Choice
- Compassion
- Reputation
- Integrity

2 POLICY STATEMENT

St Cuthbert's Hospice will:

- Ensure that it is easy to find out how to make a complaint by publishing a complaints procedure.
- Make submitting a complaint as easy as possible.
- Take complaints seriously.
- Treat complaints confidentially and fairly.
- Try to resolve complaints quickly and appropriately.
- Act fairly and supportively to staff who have complaints raised about them.
- Attempt to co-ordinate a response to a complaint where the complaint concerns a service that has been delivered in partnership or association with another service provider.

- Use the outcomes of complaints to improve policy and practice by ensuring that the Board of Directors is informed of all complaints and the outcomes of those complaints.
- Ensure that no one is discriminated against because they make a complaint.
- Make sure that complainants about clinical services know how to inform the Care Quality Commission of their concerns and/or use the NHS complaints process.
- Make sure that complaints about data handling are managed in line with current data protection legislation/ Information Commissioners Office (ICO) advice.
- Publish information about the number and types of complaints it receives.

3. SCOPE

This policy applies to external complaints from the general public relating to all aspects of the Hospice's service delivery, data handling and / or data protection practices, fundraising and trading activities.

Complaints may be written or verbal.

A complaint does not have to be in relation to something serious. It may be someone simply bringing to our attention something that has not met their expectations.

A comment should be treated as a complaint if any of the following applies:

- The word 'complaint' is used verbally or in writing.
- Any form of response to a concern is required.
- Someone indicates that the service they have received has been sub-standard or has failed to meet their expectations.
- An issue is not resolved at first contact.

This policy does not apply to complaints or concerns by partner agencies, including referrers, contractors or commissioners of our services.

This policy does not apply to staff and volunteers who wish to raise a complaint.

4 ROLES AND RESPONSIBILITIES

Board of Trustees	The Board of Trustees will take responsibility for ensuring compliance with regulations concerning complaints and their handling and for ensuring that action is taken in the light of the outcome of any investigations.
Chief Executive	The Chief Executive will be accountable for establishing, publishing and implementing a complaints procedure that meets the aims of this policy. The Chief Executive will be responsible for ensuring that complaints and their outcomes are considered by the Board and its Committees.
Senior Management Team	The Senior Management Team will be responsible for developing a culture that values and welcomes complaints as a way of putting things right and improving service.
Line Managers	Line Managers will be responsible for ensuring that staff and volunteers in their teams are made aware of this Policy and the Complaints Procedure as part of their induction.
All staff and volunteers	All staff and volunteers are responsible for familiarising themselves with this policy and the Complaints Procedure and for ensuring that complaints are treated seriously and in accordance with this policy and the Complaints Procedure.

5. REVIEW AND AUDIT

The Governance Review Committee will be responsible for reviewing this policy at least once every three years.

The Governance Review Committee will be responsible for auditing the Complaints Procedure allied to this policy.

Any Committee of the Board may instruct an audit of complaints received to verify whether the Complaints Procedure has been followed and whether the outcomes of any complaints have been implemented.

6. ASSOCIATED DOCUMENTS AND PROCEDURES

External documents

- Health and Social Care Act 2008 (Regulated Activities) 2014 regulations.
- CQC guidance on providers meeting Health and Social Care Act 2008 (Regulated Activities) 2014 regulations (2015) updated 2025.
- Data Use and Access Act (2025) – data related complaints handling.
- Information Commissioner's Office (ICO) – data handling complaints advice.

Hospice Policies

- Information Governance
- Raising Concerns at Work
- Grievance Policy and Procedure
- Safeguarding Adults Policy and Procedure
- Safeguarding Children and Young People Policy and Procedure
- Incident Reporting and Management Procedure

Hospice Procedures

- Complaints Procedure

Hospice Documents

- Complaints Leaflet
- Verbal Complaints Form
- Written Complaint Recording Proforma
- Complaints Register

Policy Name:	COMPLAINTS POLICY
Date of previous review	January 2024 (v2)
Date of last review	April 2026 (Minor)
Start of next review:	September 2026