



Complaints Policy

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Author: Emma Taylor
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Version Control

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Policy statement

Complaints provide developmental feedback to improve services, reduce incidents and to bring about learning to improve overall quality of the service and care experience.

Complaints, both verbal and written are dealt with seriously and in a swift and effective manner. They are carefully and thoroughly investigated within set time limits to ensure complete fairness for both staff/volunteers and complainant.

The intention behind the Complaints Procedure is that it is accessible and user friendly, responsive in addressing all the issues identified by the complainant and providing support to all those involved.

1 Introduction

The aim of Martin House is to support children, young people and their families with life limiting conditions. Martin House is keen to receive any communication about the services and activities it provides and is responsible for. It recognises that complaints are a valid and important way of monitoring the activities of the organisation and an excellent way to ensure there are changes made to improve practice.

Under our core values excellence, respect, integrity and compassion and with our duty of candour we will, as part of the process of investigating concerns and complaints, offer all relevant information to relevant persons who have, or may have, been dissatisfied while in our care, including when the relevant person is unaware of the event and has not made a complaint.

This policy sets out the arrangements for handling complaints sensitively, promptly and efficiently and reflects Martin House commitment to provide a fair and impartial system responsive to public need.

Martin House believes that everyone in the organisation has a responsibility to be able to handle complaints effectively, learn from them and improve.

2 Terminology

A complaint vs a claim for clinical negligence

If an individual makes a complaint they may be provided with an explanation as to what happened but will not be given an offer of any compensation. If you bring a claim for clinical negligence, then the aim is to recover damages (money). A clinical negligence claim is a formal process designed to provide the claimant justice.

A complaint is an expression of dissatisfaction about the standard of our service, from patients, relatives or concerned members of the public that has not been resolved on initial contact with any member of our staff.

A concern is any expression of dissatisfaction which can be resolved relatively easily.

3. Associated policies and procedures

This policy should be read in accordance with all policies, procedures and guidelines across the organisation.

Associated policies include Family Experience and Involvement Strategy, Whistleblowing Policy, Incident Reporting Policy, Consent Policy, Record Keeping Policy and Document Retention and Disposal policy.

4. Aims and objectives of the policy

This policy aims to set out the way in which we manage, respond to and resolve complaints effectively. This is achieved through a procedure which:

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

5 Scope of the policy

It must be followed by all staff who work for the hospice, including those on temporary or honorary contracts, bank staff and students.

Breaches of this policy may lead to disciplinary action being taken against the individual.

6 Accountabilities and responsibilities

The Chief Executive has overall responsibility for the strategic and operational management of the hospice, including ensuring that Organisation's policies comply with all legal, statutory, and good practice guidance requirements.

The Director of Clinical Services has overall accountability for care provision and is the Registered Manager with the Care Quality Commission.

Directors and Heads of Department are responsible for identifying an investigating officer to investigate all clinical complaints and are responsible for ensuring lessons are learnt from complaints are acted upon and embedded into practice.

Deputy Directors of Care and Team Leaders are responsible for ensuring that staff are equipped and empowered to respond to complaints and have access to training and support relevant to their role.

Care Team Leaders are responsible for ensuring that all complaints are taken seriously, and the complaints procedure is followed.

All Staff are responsible for demonstrating the values of the organisation and to treat any complaint as an opportunity to reflect and learn from the experience. All staff should deal with complaints promptly and where appropriate to do so resolve the complaint or problem as soon as possible. Frontline staff should be empowered to resolve minor comments or grumbles and problems immediately and informally where appropriate to do so.

All volunteers should pass any complaints, comments and criticisms received to a senior member of staff.

All professionals are required to work within their professional codes of practice and terms of service.

7 Complaint Procedure

7.1. Raising a complaint

Information about raising concerns is visible in locations where care is provided. In addition to this Martin House clearly displays information on how to make a complaint on the website, and this is easily accessible.

Complainants should be advised of the different routes that can be taken in response to their concerns and how to make an informal or a formal complaint.

The person receiving care or a representative e.g. family member or friend, can raise a complaint or concern. It is important that any person acting on behalf of the person receiving care, acts with the knowledge and consent of the person concerned. If there is any doubt, the person concerned should be asked to give written consent, when possible.

Complaints can be made by a person acting on behalf of a child who has died, a child, or a young person who is unable, by reason of age physical or mental incapacity, to make the complaint himself/herself.

In the case of a person who has died or who is incapable, their representative must be a relative or other person who, in the opinion of the complaint manager, had or has a "sufficient interest" in his/her welfare and is a suitable person to act as representative.

In the case of a child, a suitable representative would normally be a parent, guardian or other adult person who has parental responsibility (PR), or one who is authorised by the local authority/voluntary organisation in the case of children in care. A child may prefer to ask a person who they trust to make a complaint on their behalf, or the child may have difficulty in expressing their concerns due to the severity of their condition. Someone who communicates closely with the child and understands the child may make the complaint on their behalf.

Martin House Consent Policy must also be considered in relation to complaints from children regarding care matters.

Family centered care is practiced at Martin House, and this must be taken into consideration when receiving a care-related complaint: it may not be directly in relation to the child or parent/carer for whom we offer direct care.

7.2 Timing of a complaint

A complaint should normally be brought within six months of the event(s) concerned or within six months of it coming to the attention of the complainant.

This time limit can be extended provided there are good reasons for not making the complaint sooner and it is possible to complete a fair investigation. This will be a decision taken by the member of staff leading the investigation in discussion with the complainant.

7.3 Receiving the complaint

Complaints may be initiated with front line staff by parents, children, donors or other members of the public. Every complaint needs to be dealt with sensitively and seen as an opportunity to improve the service. Front line staff should be empowered to resolve minor comments or grumbles and problems immediately and informally where appropriate to do so.

People may make complaints to any member of staff verbally or in writing. On the receipt of a complaint a complaint form must be filled in and passed to the Care Team Leader or Head of Department.

Verbal complaints must be passed on to the appropriate senior person as quickly as possible. Written details of both verbal and written complaints must be kept and entered on a Complaint form.

The complainant can ask to check the wording and documentation of their verbal complaint and can ask for it to be read back to them at the time to ensure understanding.

If an interpreter is required, this must be mutually agreed by both the complainant and Martin House.

All complaints must be adequately recorded on the online Complaints Register. Details to be recorded are:

- Nature of complaint.
- Staff member involved (where identified)
- Result of the investigation.
- Resolution of complaint.
- Whether the complaint was upheld.
- Action taken

If a complaint concerns any child who is a looked after child, the designated Complaints Officer for the relevant Local Authority must be informed.

8 Acknowledgement of a complaint

All complainants should receive a written acknowledgement within two working days the letter should provide details of the complaint procedure (complaints procedure flowchart appendix 3) and a named contact to support the family through the complaints process.

9 Investigation of the complaint

A nominated person (an investigating officer) should investigate the complaint and be appointed within three working days of the receipt of the complaint.

The Investigating officer must be a member of staff that is not involved in the complaint.

The complaint investigation should be handled in a sensitive manner, which acknowledges that being subject to a complaint can be a stressful and anxious time for staff and provides appropriate support to all staff involved.

All findings should be fully documented. Any communication with the complainant should be documented.

Any contact should be documented on the online Complaint Register (Appendix 1)

10 Resolution of complaints

It is the responsibility of the investigating officer to ensure that complaints are resolved in line with this policy as follows:

- Once the investigation has been completed, the complainant will be notified within 5 working days outlining the findings and the proposed action to be taken. This should be within 28 working days of receipt of the complaint if this is not possible a letter should be sent detailing the progress made and the reasons for the delay explained.
- The findings of the complaint together with the action to be taken should be completed on the online Complaint Register online (Appendix 1).
- Appropriate action plans following the complaint should be completed together with a time scale for action and review. This action plan includes the process for demonstrating how teams can share and learn from hearing and responding to concerns raised by families.
- Martin House provides evidence that practice has changed following any upheld complaint or in response to valid feedback.
- Martin House demonstrates that Duty of Candour regulations are embedded within the complaints process.
- In the case of a care related complaints the circumstances, without personal details, should be reported to the Clinical Effectiveness Committee the anonymised complaint can be used to ensure lessons are learned and practice is improved.
- Non care related complaints should be fed back to the SLT (Strategic Leadership Team)
- Documentation retention relating to complaints will be kept in line with Record Keeping Policy.

11 Unresolved complaints

In the first instance, unresolved complaints should be forwarded to the responsible person for the department.

Complainants also have the option to write to the chair of the Board of Trustees. The complainant may request a review of the process followed in respect of responding to the complaint and the subsequent investigation carried out. Complainants must raise their concerns regarding the outcome of the investigation with the Trustees within 28 days of receipt of the response letter

If the family is unhappy with the outcome of a care complaint and remains unhappy after a review by the appropriate person, she /he can provide feedback to the Care Quality Commission.

12 Learning from complaints over time

Martin House monitors insight arising from complaints, such as any patterns and significant variations in care experience to support understanding of and reduce inequalities, and to ensure improvements are sustained.

Complaints about Fundraising:

Charity Commission

<http://www.charitycommission.gov.uk/contact-us/general-enquiries/report-a-concern-about-a-charity>

www.frsb.org.uk/complaints Fundraising standards board

Complaints about Retail:

Trading Standards Authority

<http://www.tradingstandards.gov.uk/extra/contact.cfm?frmAlias=/contact/>

Ombudsman <http://www.ombudsman.org.uk/home>

Complaints about the Lottery: Gambling commission info@gamblingcommission.gov.uk



Income Generation Complaints Policy

Version Control

Document Title:	Income Generation Complaints Policy
Owner (Director):	Robyn Mountain Wade
Author:	Robyn Mountain Wade/Stephanie Rimmington
Contributors:	
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Review date:	April 2028
Post holder responsible for revision:	Director of Income Generation & Head of Retail
Primary Circulation List:	Income Generation/Reception
Restrictions:	
Associated procedures	Fundraising complaints/Lottery complaints and Raffles

Policy statement

Complaints, verbal and written are dealt with in a swift and effective manner, within set time limits and are carefully and thoroughly investigated. This ensures complete fairness for both staff/volunteers and complainant.

The intention behind the Complaints Procedure is that it is responsive and flexible and addresses the issues identified by the complainant.

Complaints are used to improve services, reduce incidents and to bring about learning, to improve overall quality of service.

1. Introduction

The aim of Martin House is to support children, young people and their families with life limiting conditions. Martin House is keen to receive any communication about the Fundraising activities it undertakes and is responsible for. It recognises that complaints are a very valid and important way of monitoring the activities of the organisation and an excellent way to ensure there are changes made to improve practice.

Under our core values of excellence, respect, integrity and compassion and with our duty of candour we will, as part of the process of investigating concerns and complaints, offer all relevant information to relevant persons who have, or may have, been dissatisfied while witnessing or taking part in any of our fundraising efforts.

This policy sets out the arrangements for handling complaints sensitively, promptly and efficiently and reflects Martin House's commitment to provide a fair and impartial system responsive to public need.

Martin House believes that everyone in the organisation has a responsibility to be able to handle complaints effectively, learn from them and improve.

2. Terminology

A complaint is an expression of dissatisfaction about the standard of our service, from patients, relatives or concerned members of the public that has not been resolved on initial contact with any member of our staff.

A concern is any expression of dissatisfaction which can be resolved relatively easily.

3. Associated policies and procedures

This policy should be read in accordance with the following hospice policies, procedures and guidance:

Raffles complaints procedure
Fundraising complaints procedure
Lottery complaints procedure
Retail complaints procedure

4. Aims and objectives of the policy

This policy aims to set out the way in which we manage, respond to and resolve complaints effectively. This is achieved through a procedure which:

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

5. Scope of the policy

This policy must be followed by all Fundraising and Retail staff and by those that have proxy involvement, such as those involved in Fundraising and Retail in a volunteering capacity.

It must be followed by staff who work for the hospice, including those on temporary or honorary contracts, bank staff, students and volunteers.

Breaches of this policy may lead to disciplinary action being taken against the individual.

6. Accountabilities and responsibilities

The Chief Executive has overall responsibility for the strategic and operational management of the hospice, including ensuring that Organisation's policies comply with all legal, statutory, and good practice guidance requirements.

Directors, Heads of Department are responsible for identifying an investigating officer to investigate all Income Generation complaints and are responsible for ensuring lessons are learnt from complaints are acted upon and embedded into practice.

The Heads of Income Generation are responsible for ensuring that staff are equipped and empowered to respond to complaints and have access to training and support relevant to their role.

The Fundraising Leadership Team and Retail Leadership team are responsible for ensuring that all complaints are taken seriously, and the complaints procedure is followed.

All Staff are responsible for demonstrating the values of the organisation and to treat any complaint as an opportunity to reflect and learn from the experience. All staff should deal with complaints promptly and where appropriate to do so resolve the complaint or problem as soon as possible. Frontline staff should be empowered to resolve minor comments or grumbles and problems immediately and informally where appropriate to do so.

All volunteers should pass any complaints, comments and criticisms received to a senior member of staff.

All professionals are required to work within their professional codes of practice and terms of service.

7. Complaint Procedure

7.1 Raising a complaint

Individuals can raise complaints and concerns, on behalf of themselves or others. It is important that the person is acting with the knowledge and consent of the person concerned. If there is any doubt, the person concerned should be asked to give written consent.

7.2 Timing of a complaint

A complaint should normally be brought within three months of the event(s) concerned or within three months of the subject matter of the complaint coming to the attention of the complainant. There is discretion to waive this time limit if there are good reasons why the complaint could not be made sooner.

7.3 Receiving the complaint

Every complaint needs to be dealt with sensitively and should be seen as an opportunity to improve the service.

Complaints must be made in writing to the relevant Head of Department (see relevant procedure).

Verbal complaints must be brought to the attention of a member of the Income Generation Leadership Team as quickly as possible; the complainant still must be asked for the complaint in writing.

The aim of these procedures is to provide instructions on how to manage a complaint or concern from receipt through to resolution.

The procedures cover:

- Receipt of verbal and written complaints including text, email and social media
- Investigation of complaints
- Communication with complainant
- Resolution of complaints
- Referral of unresolved complaints

All staff should deal with complaints promptly and where appropriate to do so, resolve the complaint or problem as soon as possible. Outward facing Income Generation staff should be empowered to resolve minor comments or grumbles and problems immediately and informally where appropriate to do so.

Complainants should be advised of the different routes that can be taken in response to their complaint in regard to making an informal or a formal complaint.

8. Acknowledgement of a formal complaint

All complainants should receive a written acknowledgement within five working days. The communication should provide details of the complaint procedure (as per the relevant procedure for what the nature of the complaint is).

9. Investigation of the complaint

A nominated person (an investigating officer) should investigate the complaint and be appointed within three working days of the receipt of the complaint.

The Investigating officer must be a member of staff that is not involved in the complaint.

The complaint investigation should be handled in a sensitive manner, which acknowledges that being subject to a complaint can be a stressful and anxious time for staff and provides appropriate support to all staff involved.

All findings should be fully documented. Any communication with the complainant should be documented.

Any Fundraising specific complaints should be logged on Raiser's Edge.

10. Resolution of complaints

The investigation should be completed within 28 working days of receipt of the complaint. If this is not possible, a letter should be sent detailing the progress made and the reasons for the delay explained. Once the investigation has been completed (within 28 days) the complainant will be notified within 5 working days outlining the findings and the proposed action to be taken.

Appropriate action plans following the complaint should be completed together with a timescale for action and review.

11. Unresolved complaints

In the first instance unresolved complaints should be forwarded to the responsible person for the relevant department.

Complainants also have the option to write to the Director of Income Generation.

The complainant may request a review of the process followed in respect of responding to the complaint and the subsequent investigation carried out. Complainants must raise their concerns regarding the outcome of the investigation with the Director of Income Generation within 28 days of receipt of the response letter.

12. Monitoring and review

The policy owner is responsible for the review after three years.

13. References

Complaints about Income Generation:

Charity Commission: [Complain about a charity - GOV.UK](#)

Fundraising Regulator: [Make a complaint | Fundraising Regulator](#)

Complaints about Retail:

Citizens Advice: [Reporting to Trading Standards - Citizens Advice](#)

Ombudsman: <http://www.ombudsman.org.uk/home>

Complaints about the Lottery:

Gambling Commission: [Complaints - Gambling Commission](#)

14. Data Protection Impact Assessment

We have clear policies in respect of Information Governance, including Data Protection and also Inter-Agency Sharing, under the requirements of the Data Protection Act 1998. These policies must be followed throughout the operation of this policy.

15. Equality and Diversity Impact Assessment

This Policy is implemented in line with our Equality and Diversity Policy and associated legislation. Consideration will be given to all protected characteristics under the Equality Act 2010 to eliminate discrimination, advance equality of opportunity and foster good relations.

This policy and associated documents are available in different languages and alternative formats on request.

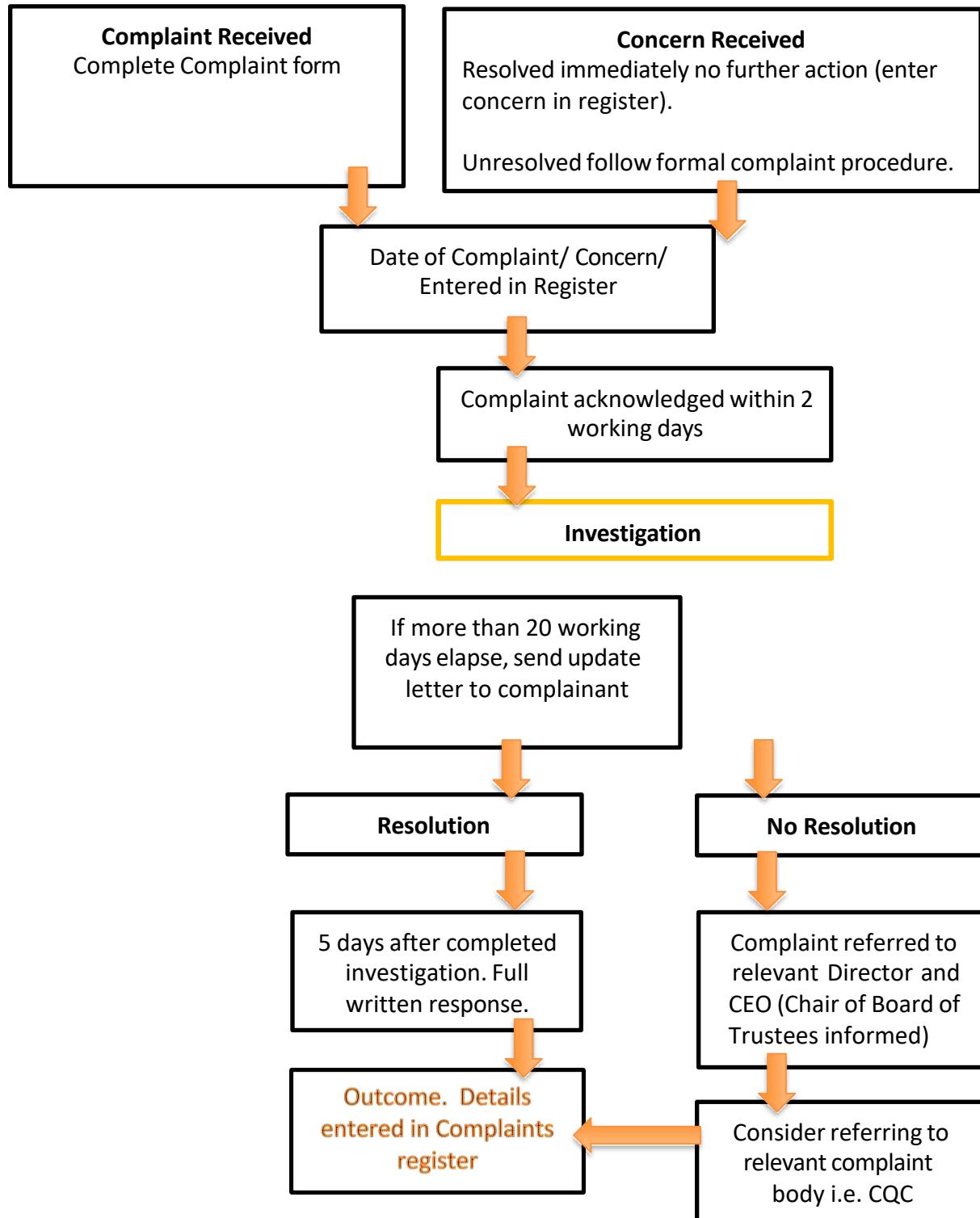
Appendix one: complaint/ concern register online

Date	Nature of complaint /concern Inc. member(s) of staff involved	Result of investigation	Resolution		Action taken	Upheld?		Signed
			Yes	No		Yes	No	

Appendix two: complaint form

1. PERSON RECEIVING COMPLAINT/CONCERN: (Name and area)					
2. DATE RECEIVED:					
3. FORMAT OF COMPLAINT					
Face to Face	Email	Other (please state)	Telephone Call	Letter	Website
4. COMPLAINANT: Name Address Preferred contact details					
5. BRIEF DETAILS OF COMPLAINT inc. staff involved: (attach letter, email etc.):					
6. IMMEDIATE ACTION TAKEN:					
7. REPORTED TO:					
8. INVESTIGATING PERSON:					
10. INVESTIGATING (SUMMARY) Please list all relevant documentation attached, e.g. written statements, records of meetings etc.					
11. DATE RESPONSE SENT TO COMPLAINANT or DISCUSSION HAD:					
12. LEARNING OUTCOMES (trends, proposed changes to practice)					
SIGNATURE: DATE SIGNED:					

Appendix three: complaints procedure flow chart all departments



Data Protection Impact Assessment (DPIA)

This Data Protection Impact assessment (DPIA) template is designed to help ensure 'privacy by design', to identify the most effective way to comply with data protection law, and to protect the rights and freedoms of individuals, be they patients, staff or members of the public. This should assist in identifying the risks of processing and sharing personal data, and in creating solutions to reduce them. Once complete, or if you have any questions, please contact your line manager.

DPIA STEP 1: COMPLETE FOR EVERY POLICY

Policy title			
Complaints Policy and Procedure			
Policy Author	C Walker R Mountain Wade		
Will you be using personal data? ¹	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	If no personal data will be collected or processed, the DPIA is complete.

¹ Personal data means any information relating to an identified or identifiable natural person ('data subject'). An identifiable natural person is a living person who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person.

Equality & Diversity Impact Assessment

An Equality Impact Assessment (EIA) should be used as a tool to help Martin House ensure that our policies, procedures and associated practices and decision making do what they intend to and are inclusive of all stakeholders.

Initial Assessment

Name of Policy/Management Decision	Complaints policy and procedure			
Policy/Management Decision Status	Existing Policy <input checked="" type="checkbox"/>	New/Proposed <input type="checkbox"/>	Changed <input type="checkbox"/>	
If applicable, what involvement and consultation has been done in relation to this policy? (e.g. with relevant groups/stakeholders)	OLT and SLT consultation Not applicable <input type="checkbox"/>			
Who is affected by the policy?	Service users			
Do we currently record any data regarding service users or staff in relation to this policy, e.g. gender, religion, disability. If yes please specify?	No			
Does your policy/procedure have a negative or potential impact on any of the protected characteristic?	Protected Characteristic	Yes	No	Unclear
	Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Marriage and Civil partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Religion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Sex (Gender)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Have you identified a negative or potential negative impact this policy has or could have (direct/ indirect discrimination)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If Yes, please explain the negative impact: Explain and give examples of any evidence/data used: Action to address negative impact (e.g. adjustment to the policy)	
Is it possible the proposed policy/change in policy could discriminate or unfairly disadvantage people? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If Yes – state details:

Final Decision:	
No barriers identified, therefore will proceed implementation	<input checked="" type="checkbox"/>
Data shows bias towards one or more groups – policy is stopped	<input type="checkbox"/>

Policy will be adapted to eliminate the bias Provide details and timeframes	<input type="checkbox"/>
Barriers and impact identified, however having considered all available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice (e.g. in extreme cases or where positive action is taken). Therefore a decision to proceed with caution with this policy or practice knowing that it may favour some people less than others, providing justification for this decision.	<input type="checkbox"/>

Completed by (policy author/Manager):	Charlotte Walker
Dated:	21/03/2023

Director sign off	V.Greensmith
Signed:	V.Greensmith
Dated:	18/03/25