

STATEMENT OF PURPOSE

REGISTERED PROVIDER: ROWCROFT HOUSE FOUNDATION LIMITED

REGISTERED ACTIVITIES: TREATMENT OF DISEASE, DISORDER AND INJURY
PERSONAL CARE

NOMINATED INDIVIDUAL: MARK HAWKINS
CHIEF EXECUTIVE OFFICER
C/O ROWCROFT HOSPICE
AVENUE ROAD
TORQUAY
DEVON
TQ2 5LS
TEL: (01803) 210801
EMAIL: mark.hawkins@rowcrofthospice.org.uk

REGISTERED MANAGER: DR GILLIAN HORNE
C/O ROWCROFT HOSPICE
AVENUE ROAD
TORQUAY
DEVON
TQ2 5LS
TEL: (01803) 210802
EMAIL: gill.horne@rowcrofthospice.org.uk

DIRECTOR OF PATIENT CARE
ROWCROFT HOSPICE
PhD, MSc, BSN, RN.

REGISTERED CHARITY NO: 282723

COMPANY LIMITED BY GUARANTEE: COMPANY NO 1561601

AIMS AND OBJECTIVES

Rowcroft Hospice is an independent charity which provides specialist palliative care services to the South Devon community. The total population of the geographical area served is 280,000. The services are funded in the main through donations and legacies with a minority funding from a commissioning grant from the NHS.

Rowcroft aims to provide support and access to the best possible care for those adults in the community of South Devon who face a progressive, life-limiting illness, regardless of their culture, diagnosis and ethnic background.

This is delivered through:

- the provision of care to patients who have complex needs which require specialist skills;
- meeting an individual's physical, emotional, social and spiritual needs;
- the provision of support to families and carers both pre and post bereavement;
- the development of community-wide excellence in palliative care through education, training and support of both carers and health and social care professionals;
- the development of a community-wide understanding of end of life care issues including the appropriate influence on the services provided by others.

SERVICES PROVIDED

- 13 bedded Inpatient Unit
- Outpatient Clinical and Therapy services
- Community Specialist Palliative Care Team
- 24/7 Hospice at Home service
- Bereavement support

Rowcroft Hospice works closely with other providers of healthcare within the community, such as Torbay Hospital, the local community hospitals, GPs and District Nurses, with the aim of ensuring that patients' care is as co-ordinated and seamless as possible. The organisation has very close working relationships with the Hospital Palliative Care Team at Torbay Hospital, which includes a shared Clinical Director and electronic patient records.

INPATIENT FACILITIES

The hospice has 13 beds divided into one 6 bedded ward, one 4 bedded ward and three single rooms. These are all single sex wards. A maximum of 12 patients will be admitted at any one time.

Rowcroft provides specialist palliative care for patients with complex symptom control needs and for end of life care. Patients can be referred to the Inpatient Unit 24 hours a day, 7 days a week. Rowcroft does not offer respite or long-term care. Rowcroft supports patients and their families in planning appropriate

discharge to an alternative place of care once the care provided by the specialist unit is no longer needed.

Rowcroft is set in a large estate which is leased from the landowner, Pilmuir Estates Trust. The unit looks out across our gardens towards the sea. In 2014 considerable work was completed to re-landscape this area to provide better access for all our patients.

Catering is in-house and provides three meals a day with the main meal taken at lunch time. Snacks are routinely offered at bedtime. There is always a choice of a hot meal but the kitchen is very flexible and individual tastes and special diets are catered for.

There is a sitting area with comfortable chairs with tea and coffee facilities. Daily newspapers and magazines are available for patients' and relatives' use. The chapel is a spiritual space for patients, family and friends to use, whatever their beliefs. It is a place for quiet contemplation and reflection.

Smoking facilities are available for patients. This area is away from the main ward areas.

VISITING ARRANGEMENTS AND WARD INFORMATION

Rowcroft hospice has no fixed visiting times but the mornings are often the busiest time of the day for the patients so we suggest that in ordinary circumstances visits occur after 11.00 am. Visitors are asked to remember that patients may get tired, and to consider avoiding prolonged visits. We also ask that visitors respect other patients' needs, especially in the evenings. It is helpful if most visitors leave before 9.00 pm. For relatives of patients who are dying, we have an overnight accommodation room or we can provide a 'z bed' if they prefer to stay at the bedside. Visitors are welcome to discuss the best times to visit with our nursing staff.

We ask all visitors to let our receptionist know they have arrived at the hospice and to complete the visitors book. Our staff will check that the patient is able to accept visitors.

Children are most welcome to visit. The responsibility for the safety and welfare of children remains with the parent/guardian and not the hospice or its staff and so we ask for children to be supervised at all times. We also welcome visits from well-behaved pets.

Accidents and Incidents

In the event of an accident, designated first aiders are always on duty and available.

Fire

In the event of a fire, which is indicated by a continuous ringing bell, patients, family and friends are requested to remain where they are until given instructions of what to do next. The ward is evacuated under the instruction of the Fire Brigade.

Telephones

Patient Enquiries: 01803 210800

Patient Telephone: 01803 292548

A cordless telephone is available for bedside use and can take all incoming calls and outgoing calls by arrangement.

Mobile Phones

Patients are welcome to use their own mobile phone if they wish. We ask that mobile phones be turned to silent mode after 10.00 pm.

Please note that further information about our inpatient services can be found in our 'Inpatient Booklet'.

RESUSCITATION

In the event of a patient experiencing a sudden unexpected collapse, active supportive care will be given or basic life support will be given dependant upon the needs of the patient. The hospice has automated defibrillators and a life-line kit in each building, but does not have the facilities for advanced cardiopulmonary resuscitation.

THERAPY SERVICES

We offer patients and their carers Music and Complementary Therapies, in their own home, or when possible, on our premises. We are seeking ways to provide a more flexible and community based service.

COMMUNITY SPECIALIST PALLIATIVE CARE TEAM

The Community Specialist Palliative Care team consists of:

- Consultant in Palliative Medicine and other medical staff
- Clinical Nurse Specialists
- Occupational Therapists and an Occupational Therapy Technician
- Social Workers
- Complementary Therapy
- Music Therapy
- Bereavement services
- Team Secretaries

The team supports patients who are under the care of their GP, at home, in care homes and community hospitals.

They have strong links with primary care colleagues - GPs, District Nurses and Social Services in a geographical area of approximately 300 square miles. They see patients from 45 GP surgeries, a total practice population of 280,000.

The team is available seven days a week, 9.00 am - 5.00 pm. Telephone advice and visits are offered Monday to Friday.

At the weekend telephone advice is available from a Clinical Nurse Specialist between 9am to 1pm.

Outside these hours, telephone advice is available to patients and professionals via the Inpatient Unit.

HOSPICE AT HOME

AIMS OF THE SERVICE

Patients in their own homes

Our Hospice at Home service enables patients to remain in their own home during the last days of their life by offering practical help and support. The Hospice at Home team works closely with the Rowcroft Community Specialist Palliative Care Team, GPs, District Nurses, and other agencies to achieve this aim and provide continuity of care. The service is available 24 hours a day, 7 days a week.

Patients in Care Homes

To enable more people to stay in their own care home, by providing support and advice on all aspects of nursing care relating to the last days of life the Hospice at Home Registered Nurses aim to empower care staff in looking after a person in the final stages of life.

For patients in residential homes a Hospice at Home Senior Healthcare Assistant can be placed to support the home's staff with nursing care.

THE TEAM

The Hospice at Home (H@H) team is led by Registered Nurses with specialist palliative care experience. They work closely with GPs, District Nurses and the Rowcroft Community Specialist Palliative Care Team, as well as other professionals involved in providing care for patients and their families. A H@H Sister is on duty 24 hours a day, 7 days a week.

The Senior Health Care Assistants employed by the H@H service can provide hands-on care 24/7 and support to patients and their families. They help to support a patient's choice to be in their own home in the last few days of their life.

REFFERALS

Patients can be referred to the service by a member of the Rowcroft Community Specialist Care Team, GP, District Nurse, Care Home Manager or members of the out of hours healthcare teams.

Referrals can be taken 24 hours a day, 7 days a week.

The service aims to respond to urgent referrals within 24 hours.

The Hospice at Home Registered Nurses act as a resource for GPs, District Nurses and other agencies with regards to all aspects of end of life care including pain and symptom control.

Advice can be given about other services that can also support patients and families at this time.

CLINICAL OUTPATIENT SERVICE

An outpatient service is offered to patients. Referrals are taken from a variety of sources but are predominantly from GPs, hospital consultants and the Community Specialist Palliative Care Team. This service is available at the hospice or Torbay Hospital and is run by the medical consultants, specialist registrars, specialty doctors and other members of the multidisciplinary team. For patients who are unable to travel, a domiciliary service is available.

Consultations are tailored to meet individual needs of patients and therefore may be performed together with other healthcare professionals such as Community Specialist Palliative Care Nurses, District Nurses or GPs.

PALLIATIVE CARE OCCUPATIONAL THERAPY AND PHYSIOTHERAPY

The team aims to work together with patients to improve quality of life by minimising the effects of the disease or its treatment side-effects, and helping to adapt to their changing condition.

The team considers the physical, psychological and social factors and aims to help patients make the best of their abilities for a fulfilling life. Realistic goals are negotiated that are important to patients.

The team:

- provides advice concerning the easiest and safest way to continue everyday tasks such as moving from bed to chair, getting in/out of the car and other activities/ hobbies;
- offers advice and provides equipment/walking aids to maximise independence and confidence when walking;
- offers advice on exercise and individual exercise programmes
- offers advice and support for carers regarding changing a patient's position and moving about;
- contributes to the management of breathlessness and fatigue;
- contributes to the management of pain and other symptoms;
- offers respiratory assessments and treatments which can help patients to manage difficulties with breathing;
- assist patients and families preparing to return home through assessment of the individual home situation.

SOCIAL WORK

Rowcroft social workers support patients, their families and children in their own homes or in the inpatient unit. They can arrange to meet elsewhere, if that is more convenient. They offer a wide range of support to patients and their families including for example:

- Practical support, advice and signposting to other services;
- Emotional support and spiritual support in a situation that can often feel lonely and overwhelming;
- Be a link between patients and their families with others services;
- Provide age appropriate resources for children and young people e.g. books, memory boxes, links to bereavement services;
- Support families in talking to children about illness;
- Advocating for the needs, decisions and rights of patients in palliative and end of life care.

COMPLEMENTARY THERAPIES

A range of therapies is offered such as Massage, Aromatherapy, Reflexology, Reiki, Relaxation Techniques and Mindfulness Based Stress Management to patients, carers and bereaved relatives. The therapies are always adapted to suit the needs of each individual.

The team of therapists, paid staff and volunteers, work across the whole service: the inpatient unit, outpatients, in the community and in outreach centres. All therapists are qualified, insured and are registered with their relevant professional association.

Up to six therapy sessions are offered, free of charge, with the aim of enhancing relaxation and improving quality of life. This may aid symptom control and relieve stress and tension. Complementary Therapies are offered alongside orthodox treatments to enhance holistic care by providing physical, emotional, spiritual and social support.

MUSIC THERAPY

Therapy is offered with the aim of allowing the opportunity for people to explore their creativity and address complex psychological issues through the medium of music therapy. The music therapist works as part of the multi-disciplinary team to enhance the holistic care of patients and carers and their families. Work takes place in the inpatient unit, in the music studio and in patients' homes.

SPIRITUAL CARE

Staff and volunteers at Rowcroft recognise that at times during an illness people may have hopes and fears, and may search for meaning in their life. They may find themselves struggling with fundamentally human questions such as: why is this happening to me? Where do I come from? Who am I? Where am I going?

The Chaplain, along with other members of staff, is here to listen and help people reflect on their life and its meaning, and the impact of illness on them and their loved ones. Spiritual care is available for every patient and those closest to them, and may include one-to-one meetings or church services, according to the needs of each individual.

The hospice also employs an Oncology Support Specialist who works alongside members of the multi-disciplinary team to offer support on psychological/spiritual aspects of care.

BEREAVEMENT SUPPORT and LISTENING AND SUPPORT SERVICES

Rowcroft offers a range of support services for anyone bereaved by the death of someone who received our care.

When someone is ill, everyone in the family is affected. Rowcroft supports the families, friends and carers of patients whilst they are in our care. The Bereavement support team are here to offer support before someone dies and continued support to bereaved individuals when a patient has died.

Contact is usually made by letter six weeks after bereavement inviting discussion with the Bereavement Co-ordinator to ensure the most appropriate support is offered. On occasion, we may make contact sooner if requested to do so.

The support offered includes:

Individual Appointments - At home or in the Outpatient Centre; talking face-to-face with one of the team can provide an opportunity to discuss things in more depth and find a way through the grieving process.

Counselling - Sometimes grief can be complicated and people may feel desperate, stuck or unable to cope with normal life. Professional counselling is available for those times when specialist help is needed.

Groups - Small groups of bereaved people are able to share their experiences. The groups are supported by the Bereavement Team.

COMPLAINTS

The hospice refers patients to the Complaints Policy and Procedure within the Patient Handbook as follows:-

“We aim to continually provide high standards of care throughout Rowcroft Hospice services. We welcome your views on your experience to help us further develop the quality of our services. There may be occasions when you feel that care has not been exactly as you would wish, or there is another aspect of our hospice services that concerns you. You may wish to make a complaint about care you or a family member has received or simply tell us how we are doing”.

Please always mention to a member of staff if there is anything with which you are not happy or you would like us to provide.

You can ask to speak with the Ward Manager or talk to her when you meet her on the ward.

If you want to make a written comment/complaint there are feedback boxes in the main reception. There is a feedback form in the back of this booklet. You can also write to:-

Chief Executive
Rowcroft Hospice
Avenue Road
Torquay
Devon
TQ2 5LS

The complaint does not need to be signed, although investigation and rectification may be more difficult in anonymous complaints.

Formal Complaints

If you still feel that you have a complaint that has not been dealt with satisfactorily, you should write to:-

The Chairman
The Board of Trustees
Rowcroft Hospice
Avenue Road
Torquay
Devon
TQ2 5LS

If at any point you wish to make your complaint to an independent body then you direct it to:

The Parliamentary & Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Marked for the attention of:-The Regional Manager/Advisor

COMPLAINTS POLICY & PROCEDURE

POLICY APPROVED:	October 2017
POLICY REVIEW:	October 2020
POLICY NUMBER:	281
VERSION:	6
FOLDER:	PATIENT AND FAMILY INFORMATION
AUTHOR:	DIRECTOR OF PATIENT CARE & HUMAN RESOURCES MANAGER

This policy applies to all clinical and non-clinical complaints.

Policy Statement

It is important that all users know how to raise a concern or make a complaint from the start of using our services. Rowcroft aims to ensure that the complaints procedure is simple, all users and staff feel confident to speak up and feel listened to and understood. In addition, that users and staff are kept informed, and complainants feel that their complaint has made a difference.

Content:

1. Rowcroft Hospice recognises that users of its services should be able to comment on any aspect of the service about which they are dissatisfied or concerned. They should feel confident that any complaint would be taken seriously and without detriment to future relationships between the user and Rowcroft and its staff. Access to support or an interpreter to make a complaint is available on request.
2. Rowcroft Hospice will investigate all complaints quickly and with courtesy, honesty, impartiality and confidentiality.
3. Good complaint handling matters. It ensures all users receive the service they are entitled to expect. It must focus on outcomes that are favourable, proportionate and sensitive to complainant's needs. The process should be clear, straightforward and readily accessible.
4. Rowcroft Hospice will ensure that all staff understands the Complaints Procedure and that staff are adequately trained and supported in the effective handling of complaints.
5. Where a complaint requires investigation, the complainant and those staff or volunteers involved will be regularly informed of the progress of the complaint.
6. Where a complaint is raised relating to a notifiable safety incident that occurred to a person in our care, the investigation into the cause of harm will inform the response to the complaint. The Duty of Candour regulation will apply.

7. On the completion of the investigation into a complaint, a clear and relevant response will be made to the complainant, which will detail, if appropriate, the action being taken to prevent re-occurrence of the incident.
8. Action taken to prevent the re-occurrence of the incident complained about, or to raise standards, will be monitored through Rowcroft Hospice's Governance monitoring mechanism.
9. Depending on the nature of the complaint the Chief Executive will designate the Human Resources Manager or Director of Patient Care (clinical) to be responsible for the implementation of the Rowcroft Hospice's Complaints Procedure. The appropriate Director will be responsible for co-ordinating the procedure on a day-to-day basis.
 - a) The complainant's wishes about managing their complaint will be sought by the relevant investigator prior to and/or post investigation
10. Where a complaint relates, in part, to services provided by other organisations such as the NHS, or other public services, such as Social Services Departments, Rowcroft Hospice will aim to ensure that a coherent and co-ordinated response is provided.
11. Monthly reports will be made to the Quality & Patient Safety Committee, indicating the number and nature of clinical complaints as well as details of what remedial action has been taken, to ensure reflection and learning from a complaint has been undertaken. Non-clinical complaints reporting will take place through the monthly Executive Team meeting. A quarterly report will be made to the Board of Trustees through the Senior Management Team (SMT) Board to confirm any actions that are needed, or are taking place.
12. If the complainant is unsatisfied with the handling of the complaint by the Hospice Management, they can request a Trustee Review to be held.
13. Complaints must be made no later than 12 months after either the date the incident occurred, or, if later, the date the matter came to the notice of the complainant. This may be waived if the organisation is satisfied the complainant has good reasons for not raising it earlier and that it is possible to investigate the complaint effectively and fairly.
14. If the complainant is still unsatisfied with the handling of the complaint following a Trustee Review for a supervision complaint the complainant can ask the Health Service Ombudsman to review the matter.
15. The complainant may approach the Care Quality Commission directly at any stage in the procedure. The Care Quality Commission has no statutory powers to investigate any complaints, nor do they have a regulatory role to manage, arbitrate or resolve complaints. They will take into account all information they receive about a complaint. They will then assess if an offence under the Health & Social Care Act 2008 has been committed or a regulation has been breached. If either of these is suspected then the Care Quality Commission can take action to bring about improvement. The Care Quality Commission have authority to prosecute a provider organisation who does not respond to their request for information about complaints within 28 days.

Contact Addresses:-

The Parliamentary & Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

Telephone: 0345 0154033

Care Quality Commission
South West Region
PO Box 1251
Newcastle upon Tyne
NE99 5AN

Telephone: 03000 616161

References:-

CQC (2014) Complaints Matter. London. CQC

NHS Constitution (DH 2009)

The Principles of Good Complain Handling (Parliamentary & Health Service Ombudsman 2009)

Listening, Improving, Responding: A Guide to Better Customer Care (DH 2009)

NHS Litigation Authority guidance about complaints
Being Open - Communicating Patient Safety Incidents with Patients and their Carers (NPSA 2009)

Health & Social Care Act 2008 [Regulated Activities] Regulations 2014 Care Quality Commission Regulations 16 and 20

My Expectations of raising concerns and complaints (local Government Ombudsman, Healthwatch, Parliamentary and Health Service Ombudsman, Nov 2014). Available at: <https://www.ombudsman.org.uk/publications/my-expectations-raising-concerns-and-complaints> [accessed 16/10/2017]

Duty of Candour (2014) Regulation 20, Health and Social Care Act 2008. Available at: <http://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-20-duty-candour> [accessed 13/10/17]

PROCEDURE

Overview

Rowcroft Hospice's Complaints Procedure has two stages:

Stage 1 - Local Resolution - in which the Hospice management attempts to resolve the complaint as quickly as possible through the following options: -

- an immediate, preferably verbal, first line response
- thorough investigation involving all personnel concerned
- conciliation
- Appropriate action must be taken, without delay, to respond to failures identified by a complaint

The timetable for acknowledging letters of complaints is two working days. Responding to on-line complainants will require prompter handling to prevent escalation of concerns by the public. The timetable for responding in full to the complaint is twenty five working days.

At all times the response to the complaint should focus on the relevant issues and any remedial action, rather than a merely factual explanation of what happened.

Stage 2 - Trustee Review - in which, if the complainant has not been satisfied with the Hospice management response, he/she has the option to ask for a further review, which may include the establishment of a Trustee panel to consider the management of the complaint.

Stage I - Local Resolution Procedures

- 1.1 Whenever possible, staff should establish as soon as is appropriate, whether the complainant wishes to make a complaint or if they would merely prefer to raise a concern or have a query investigated.
- 1.2 All complaints (verbal or written) will be logged on the complaints database and given a unique identification number.
- 1.3 All staff should remember that whenever they are responding to complaints, whether verbally or in writing, they have a responsibility to maintain the confidentiality of the patient and his/her medical condition. In particular, where a complaint is being made by a third party on behalf of a patient, it is, under normal circumstances, necessary to secure the consent of the patient before proceeding.
- 1.4 Whilst any discussion or correspondence about a complaint should be open and frank, staff should ensure that they do not in any way suggest or support the blaming of a third party.
- 1.5 The person receiving the complaint should make every effort to resolve the difficulty taking appropriate action to respond to the complainant there and then. It is anticipated that most complaints will be resolved at this time. If this is not possible, the complaint should be referred to the senior person on duty in the ward or department, who will make further attempts to resolve the matter.
- 1.6 If the complainant has been satisfied by this discussion, or does not wish the matter to go further, the senior person on duty will make a written record of the complaint and its outcome. This record should be passed to the Director responsible for that complaint.
- 1.7 The written record should be completed on the day of the discussion and should contain, at a minimum:
 - the name and address of the complainant;
 - the date the complaint was made;
 - the date of the incident and nature of the complaint;
 - where appropriate, the names of staff involved;
 - the outcome of the discussion.
- 1.8 Complaint records should be kept separate from health records, subject to the need to record any information that is strictly relevant to their health in the patient's health record.
- 1.9 Whilst every attempt should be made to resolve the complaint locally, the complainant may not wish to make the verbal complaint to the department concerned. In these circumstances, the complainant will be offered the opportunity of talking to the Director responsible for that complaint, or the Clinical Director.
- 1.10 If discussion fails to resolve the matter to the complainant's satisfaction, he/she will be advised to send a written complaint to the Chief Executive. Staff working in clinical areas should make sure the complainant has access to a copy of the Hospice's patient handbook or patient Fact-sheet about making a complaint.
- 1.11 If the complainant is not willing, or is unable, to send a written complaint but wishes the matter to be further investigated, the member of staff dealing with the matter will make a record of the complaint and agree it with the complainant, who should also sign it, if appropriate and possible. This record will then be sent to the Director responsible for that complaint to be used as the basis for further investigation.

- 1.12 Written complaints will be acknowledged within two working days of receipt. A complaints procedure leaflet is to be enclosed with the letter.
- 1.13 If, in exceptional circumstances, it is not possible to complete the investigation within the given period of twenty-five working days, a letter of explanation will be sent to the complainant.
- 1.14 Following acknowledgement of the complaint, a copy of the complaint letter will be sent to the senior member of staff in the relevant area, i.e. Line Manager.
- 1.15 Investigations should be completed and a draft response sent to the Director responsible for the complaint within ten working days.
- 1.16 The investigation of a complaint directly concerning a Line Manager should be led by the Human Resources Manager, the Director of Patient Care or the Clinical Director, as deemed most appropriate.
- 1.17 If a complaint covers more than one department or service, the appropriate Director will identify a Line Manager from one of the areas concerned to co-ordinate the draft response.
- 1.18 If a complaint includes services provided by another body, for example, the NHS, the complainant will be informed which matters will fall under which procedure.
- 1.19 If the complaint needs to be forwarded to another body, the lead dealing with the complaint should then ask the complainant whether they wish the complaint to be forwarded directly to the relevant body. The name of this body should be included in the letter. If the complainant agrees, the complaint should be forwarded as soon as possible. This decision, and the action taken should be recorded in writing.
- 1.20 In transferring complaints between agencies (including the Care Quality Commission), it is particularly important to have ensured that the patient confidentiality is maintained at all times. Every effort should be made to obtain the patient's (or their representative's) consent before sharing confidential information with another body or organization. This should, wherever possible, be done at the time the complaint is received, whatever its format. This will best ensure that the complaints process is not held up whilst waiting for consent. Consent should be obtained in writing wherever possible. If this is not possible, verbal consent should be logged and a copy sent to the complainant.
- 1.21 Before the draft response is forwarded to the Director responsible for the complaint, the Line Manager will ensure that all relevant personnel have been consulted and all relevant issues addressed.
- 1.22 The designated Director responsible for handling the complaint will seek the complainant's preference for a face-to-face meeting to take place before and/or after the formal investigation.
- 1.23 Draft responses should follow the guidance produced - "Guidance notes on preparing a response to a written letter of complaint". See Appendix I
- 1.24 The Director responsible for the complaint will review the draft response and discuss with the department or service if outstanding issues need further clarification. They will then ensure that a final response letter is prepared and sent to the Chief Executive for signature and dispatch. Wherever possible, this will be within the twenty-five working day time scale.
- 1.25 Following investigation, if it is felt that a face to face meeting would be valuable, this

should be offered to the complainant. Such a meeting should take place within the twenty-five working day time scale, if possible. Before any meeting takes place, however, there should be a pre-meeting of all relevant staff to ensure that there is a common understanding of the complaint and an agreement about the objectives of the meeting with the complainant. The Director responsible for the complaint and relevant Service Director should be informed that any such meetings are being arranged.

- 1.26 Following face to face meetings, a written account, confirming the matters discussed and decisions made, should be prepared. In addition, a letter to the complainant, outlining these points, should be drafted and sent to the Director responsible for the complaint for agreeance.
- 1.27 At all meetings with complaints, it will be made clear that complainants are encouraged to be accompanied by a relative or friend.
- 1.28 Should the complainant not be satisfied with the first response letter, and write a second letter of complaint, this will automatically trigger a review by the Director responsible for the complaint and the department or service. Wherever appropriate a face to face meeting should be offered at this stage.

- 2.1 If dissatisfied after the Hospice management's response, a complainant may ask for a Trustee review. In these cases, the complainant will be advised to put their outstanding concerns in writing to the Trustee Review Convener, who will be the Chair of the Board of Trustees.
- 2.2 The Convener will acknowledge the request for the establishment of a Review Panel and will confirm the process followed in the convening stage and the time scale that will be worked to.
- 2.3 The Director responsible for the complaint will inform the relevant department or service that a request for Trustee review has been made. Line managers will ensure that all staff mentioned in the original complaint, or involved in its investigation, are informed that the request for Trustee review has been received.
- 2.4 It is for the Chairman of the Trustees, to
- decide if all opportunities to satisfy the complainant have been exhausted
 - decide if there are issues which should be referred back to the Executive Team for further attempts at Local Resolution
 - decide whether or not to convene a panel.
- 2.5 If the Convener considers there is a clinical element to the complaint, he/she must seek clinical advice.
- 2.6 A panel should not be set up if:-
- any legal proceedings have started or are explicitly threatened
 - the Hospice has already taken all action possible so that a panel adds no value
 - further action by the Hospice management is believed to be appropriate and practicable
- 2.7 If the decision is to refuse a request for a Trustee review, this must be given in writing by the Convener. This letter must also be sent to the Chief Executive and those who are the subject of the complaint must be informed.
- 2.8 If the decision is to convene a panel, the Convener will draft its terms of reference and advise the complainant, noting any issues excluded from consideration.
- 2.9 The panel will be a sub-committee of the Board of Trustees and its establishment will be reported at the next ordinary meeting of the Council and ratified.
- 2.10 Acknowledgement of receipt of the request for Trustee review will be within three working days. Whenever possible, the complainant will be told within twenty-five working days whether a panel will be established or not.
- 2.11 The panel will work to the terms of reference supplied and in light of the complainant's statement. It will investigate the facts, taking both sides' views into account. It will set out its conclusions, comments and suggestions in a report.
- 2.12 It is the Convenor's responsibility to obtain two other Trustee members of the panel and a clinical assessor if the panel's terms of reference cover clinical issues.
- 2.13 The PA to the Director responsible for that complaint or the secretary to the Board will act as Secretary to the panel and will:-

- issue a letter of appointment to each member
- provide background information and access to relevant records

2.14 The panel will decide how to operate. In general, it will be informal and:-

- seek to resolve grievances in a conciliatory and flexible way
- avoid confrontational situations
- maintain confidentiality
- give both sides a fair chance to give their views.

2.15 Those interviewed have the right to be accompanied by someone of their choice.

2.16 The role of the clinical assessor is to advise and report to the panel.

2.17 The panel's report will be issued in final form, confidentially, to panel members and the complainant (and patient, if different), Chief Executive and person(s) who were the subject of the complaint and any other individual or organization identified within the complaint.

2.18 The Chief Executive must write to the complainant, advising of action, if any, taken as a response to the report.

2.19 The Hospice will meet all fees and expenses of Panel members.

2.20 Appoint panel members - Four weeks from decision to set up Panel

Publish report - Six weeks from the panel sitting

Hospice response - Two weeks from receipt of final report

References:-

NHS Constitution (DH 2009)

The Principles of Good Complain Handling (Parliamentary & Health Service Ombudsman 2009)

Listening, Improving, Responding: A Guide to Better Customer Care (DH 2009)

NHS Litigation Authority guidance about complaints

Being Open - Communicating Patient Safety Incidents with Patients and their Carers (NPSA 2009)

Health & Social Care Act 2008.[Regulated Activities]. Regulations 2014 Care Quality Commission Regulation 16 & 20.

POINTS OF CONTACT

MARK HAWKINS	Chief Executive
CLAIRE BOOTH	Head of Human Resources
JONATHAN HILL	Finance and Commercial Director & Senior Responsible Officer for Information
DR GILL HORNE	Director of Patient Care, CQC Registered Manager, Caldicott Guardian & Accountable Officer for CDs
DR GEORGE WALKER	Medical Director
RACHAEL BRYETT	Head of Fundraising & Supporter Development
RACHEL CAYZER-BELL	Head of Communications & Marketing
VICKY QUEEN	Professional Lead/Deputy Director of Patient Care
AARON SMALLSHAW	Group Head of IT
CAROLINE WANNELL	Head of Retail
JO ANTHONY	Head of Community, Therapies and Support Services & Safeguarding, Prevention and Deprivation of Liberty Safeguarding Lead
BEVERLY STEVENSON	Hospice at Home Manager
SUE HARVEY	Inpatient Unit Manager

BOARD OF TRUSTEES

HELEN WALLWORK	Lawyer
SALLY BRYANT	HR Professional (CHAIR)
ANTHONY DEE	Business Consultant (semi-retired)
Dr CATHRYN EDWARDS	Consultant Gastroenterologist
ALEX JANZEN	Ex Royal Marine & Project Management Consultant
COLIN PINCOMBE	Retired Chartered Accountant
DR RICHARD WARD	Retired General Practitioner
ANDREW TAPSON	Chartered Accountant
COLIN LOVE	Marketing and Business Development