

STATEMENT OF PURPOSE

REGISTERED PROVIDER:	ROWCROFT HOUSE FOUNDATION LIMITED
REGISTERED ACTIVITIES:	TREATMENT OF DISEASE, DISORDER AND INJURY
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:	VICTORIA BARTLETT DIRECTOR OF PATIENT CARE CQC REGISTERED MANAGER ACCOUNTABLE OFFICER FOR CONTROLLED DRUGS C/O ROWCROFT HOSPICE AVENUE ROAD TORQUAY DEVON TQ2 5LS TEL: (01803) 217428 EMAIL: victoria.bartlett@rowcrofthospice.org.uk
REGISTERED CHARITY NO:	282723
COMPANY LIMITED BY GUARANTEE:	COMPANY NO 1561601

1. AIMS AND OBJECTIVES

Rowcroft Hospice is an independent charity which provides specialist palliative care services to the South Devon community. All services are provided free of charge to all adults to help people make every day the best day possible and enable families to share precious moments together.

The total population of the 300 sq. miles geographical area served is 280,000. The services are funded in the main through a range of income generation activities (including donations, retail, lottery and legacies) and supported by a smaller commissioning grant from the NHS.

Rowcroft aims to provide support and access to the best possible care for those in the Torbay & South Devon community 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.

2. 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 Medical Director and electronic patient records.

Rowcroft has also introduced new superfluid nurses who are specially trained to work across a number of its teams (Inpatient Unit, Community & Hospice at Home) to ensure the best possible care is provided at all times irrespective of peaks in demand.

3. 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 22 acre estate with wonderful gardens which all patients can access. The Inpatient Unit looks out across 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 for patients 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 Sanctuary is a space for patients, family and friends to use, whatever their religion or 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.

4. THERAPY SERVICES

We offer patients and their carers Music and Complementary Therapies, in their own home, or when possible, on our premises. More information on these is outlined in points 10 and 11 below. We are seeking ways to provide a more flexible and community based service.

5. 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 Administration

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.

6. 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.

Referrals

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.

7. 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.

8. 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.

9. 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.

10. 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.

11. MUSIC THERAPY

Music 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.

12. 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?

Our Spiritual Care Specialist, 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.

13. 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 Support team.

14. 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 with 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 Chair 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:

FAO The Regional Manager/Advisor
The Parliamentary & Health Service Ombudsman
Millbank Tower
Millbank
London
SW1P 4QP

COMPLAINTS POLICY ADDED AT END OF DOCUMENT.

POINTS OF CONTACT

MARK HAWKINS	Chief Executive
CLAIRE BOOTH	Head of People and Organisational Development
JONATHAN HILL	Finance and Commercial Director / Senior Responsible Officer for Information
VICKY BARTLETT	Director of Patient Care / CQC Registered Manager / Accountable Officer for CDs
DR GEORGE WALKER	Medical Director & Caldicott Guardian
TINA ANTONIO	Head of Fundraising
RACHEL BELL	Head of Communications & Marketing
AARON SMALLSHAW	Chief Information Officer
CAROLINE WANNELL	Head of Retail
JO ANTHONY	Head of Community, Therapies and Support Services / Prevention and Deprivation of Liberty Safeguarding Lead
KARENNE WEAVER	Hospice at Home Manager
MICHELLE AYLING	Inpatient Unit Manager

BOARD OF TRUSTEES

SALLY SCOTT-BRYANT	HR Professional (<i>Chair of Trustees</i>)
RACHEL BANKS	Corporate Real Estate Director
HELEN BOYD	Training & Development Consultant
CHRISTOPHER BRANT	Property Director
DR CATHRYN EDWARDS OBE	Consultant Gastroenterologist
IAN HALE	Executive Coach
TESSA HOWARD	Strategy, Brand & Business Management Consultant
ALEX JANZEN	Ex Royal Marine & Project Management Consultant
DR CAROLINE KARAKUSEVIC	General Practitioner
JAMES MOFFAT	Company Director
ANDREW TAPSON	Chartered Accountant
HELEN WALLWORK	Lawyer

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Policy Holder:	Quality & Patient Safety Committee & SMT Board
Policy Author(s):	Director of Patient Care/CQC Registered Manager & Head of People and Organisational Development

Scope

This policy and procedure applies to all clinical and non-clinical services.

Policy Statement

Complaints are an important form of feedback and matter to us for continual improvement of our services. It is important that all our patients, family members, customers and other users and stakeholders know how to raise a concern or make a formal complaint from the start of using our services. Rowcroft aims to ensure that the complaints procedure is person-focused, simple, that everyone feels confident to speak up, feel listened to and understood. Our aim is that all complainants feel that their complaint is heard, has made a difference and that they feel we've sought to put things right by using feedback to improve our patient/customer experience.

Definitions:

Clinical complaint	means any complaint relating directly to a patient, their family, significant other or health/social care employees about clinical hospice services, or that arises in relation to a relevant third party about hospice clinical care.
Non-clinical complaint	means any complaint relating to non-clinical care or services, including fundraising, retail, marketing or HR-related matters.
Responsible Senior Manager	usually means either: <ul style="list-style-type: none"> • Director of Patient Care (<i>clinical complaints</i>) • Head of Marketing & Comms (<i>non-clinical complaints</i>) • Head of People & OD¹ (<i>employee /volunteer-related complaints</i>)

¹ The Head of People & OD may also delegate this responsibility to the HR Business Partner when appropriate.

Complaint Handling:

- a. 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 workforce. Access to support or an interpreter to make a complaint is available on request. All efforts will be made to understand the desired outcome the complainant is expecting.
- b. Rowcroft Hospice will investigate all complaints quickly and with courtesy, honesty, impartiality and confidentiality.
- c. Good complaint handling matters. It ensures all users receive the service they are entitled to expect. It must focus on outcomes that are favourable, fair, proportionate and sensitive to complainant's needs. The process should be clear, evidence based and readily accessible.
- d. Rowcroft Hospice will ensure that all employees understands the Complaints Procedure and that employees are adequately trained and supported in the effective handling of complaints.
- e. Where a complaint requires investigation, the complainant and those employees or volunteers involved will be regularly informed of the progress of the complaint and treated fairly throughout.
- f. 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.
- g. 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.
- h. 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 mechanisms.
- i. Depending on the nature of the complaint the Chief Executive will designate the Responsible Senior Manager to be responsible for the implementation of the Rowcroft Hospice's Complaints Procedure. The appropriate Senior Management Team (SMT) member will be responsible for co-ordinating the procedure on a day-to-day basis.
 - a) The complainant's desired outcome about managing their complaint will be sought by the relevant investigator prior to and/or post investigation.
- j. Where a complaint relates, in part, to services provided by other organisations such as the NHS, other public services or Social Services Departments, Rowcroft Hospice will aim to ensure that a coherent and co-ordinated response is provided, where possible. Who will lead the coordinated response will be agreed between providers.
- k. Monthly reports will be made to the Quality & Patient Safety Committee for all clinical complaints, indicating the number and nature of 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 SMT Board meeting. A report will be made to the Board of Trustees through the Monthly Board Report to confirm any actions that are needed, or are taking place.

- l. If the complainant is unsatisfied with the handling of the complaint by the Hospice Management, they can request a Trustee Review to be held. Signposting the complainant at each stage of the process must also include contact details for the Ombudsman and CQC (for clinical complaints) or other relevant authority/ombudsman (for non-clinical complaints). A list of common contact details are included at **Appendix 3**.
- m. 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.
- n. If the complainant is still unsatisfied with the handling of a clinical complaint following a Trustee Review for a clinical complaint the complainant can ask the Health Service Ombudsman to review the matter.
- o. For clinical complaints 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 of 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.

Complaints received via digital channels

- p. Digital platforms such as social media channels make it much easier for the general public to provide feedback or comment on any aspect of our service or their experience with Rowcroft. This could be via a publicly visible comment/post on one of our channels, or private message only visible to Rowcroft. User behaviour and engagement will vary from platform to platform depending on the functionality and any limitations of that platform (e.g. character limits), but this increasing ease of accessibility can often result in minor “complaints” or disgruntlements being shared that can be easily resolved to avoid further escalation. Please refer to the **Social Media Policy (ref: 23)** and **Media & PR Policy and Procedure (ref: 17)** for more information and guidance on using and communicating via social media on behalf of the hospice.
- q. In either of the situations outlined in points (r) and (s) below, if the complaint is regarding a patient or patient care then the Director of Patient Care or Medical Director will be consulted before any response is formulated. If the complaint is regarding an employee or volunteer then the relevant manager of that individual will be informed. If the complaint involves alleged Health & Safety, safeguarding, fraud or other serious concerns, the Head of People & OD and (when involving clinical personnel) the Director of Patient Care will be consulted before any response is

formulated. In most cases social media will not be an appropriate channel to engage with or respond to complaints involving specific individuals and the complainant will be directed to the appropriate way to raise a formal complaint as per this policy.

- r. Where **feedback or a complaint is made via a publicly visible comment** the Marketing & Communications Team will manage any response in accordance with the hospice's usual social media and PR protocols. Due to the instantaneous nature of digital platforms, wherever possible it is important to be swift with any action or reply to avoid unintentional escalation. Where appropriate a response may include directing the complainant to the appropriate way to raise a formal complaint.
- s. Where **feedback or a complaint is received via private message** this will be managed at the discretion of the Marketing and Communications Team with oversight of the Head of Marketing and Communications. Where further consultation is required (as per point (q) above), a simple acknowledgement response may be sent so that the complainant knows that the message has been received and will be responded to in due course. If appropriate this may also include directing the complainant to the appropriate method for raising a formal complaint.
- t. Where **feedback or a complaint is received via iWantGreatCare** this will be managed by the Director of Patient Care, Deputy Director of Patient Care and the Quality Assurance Officer. A simple acknowledgement response may be sent so that the person leaving the feedback is aware we have received this message. The offer for the person to contact us will be included for us to discuss this further should they wish. This will enable the teams to respond to the individual directly. iWantGreatCare is anonymous feedback and, as it is shared online, it is not possible to respond specifically to the concerns, however the feedback will always be shared with the teams involved.

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 complaint 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.

Procedures:

Stage 1- Local Resolution Procedures

- 1.1 Whenever possible, employees 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.
- 1.2a. All **clinical complaints** (verbal or written) will be logged on the complaints database and given a unique identification number.
- 1.2b. All **non-clinical complaints** (verbal or written) that **do not** relate to employees/volunteers will be reported to the Head of Marketing & Comms without delay.
- 1.2c. All **non-clinical complaints** (verbal or written - with the exception of social media unless they meet requirements under point (q) above) **that relate to employees/volunteers** will be reported to the Head of People & OD or HR Business Partner without delay.
- 1.3 All employees should remember that whenever they are responding to complaints, whether verbally or in writing, they have a responsibility to maintain the confidentiality of the individuals involved (including a patient's 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, employees 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 within the incident/complaint management system. This record will be forwarded to the Responsible Senior Manager overseeing 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 employees 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 SMT Member responsible for that complaint, or the Medical 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. Employees 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 raising a concern, compliment or 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 individual 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 Responsible Senior Manager to be used as the basis for further investigation.
 - 1.12 All written complaints should be forwarded immediately to either:
 - the Head of People and Organisational Development (non-clinical complaints related to an employee/volunteer); or
 - Head of Marketing & Comms (other non-clinical complaints); or
 - Director of Patient Care or Quality Assurance Officer (for clinical complaints), as appropriate, to ensure they are 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 manager in the relevant area, i.e. Line Manager.
 - 1.15 Investigations should be completed and a draft response sent to the Responsible Senior Manager within ten working days.
 - 1.16 The investigation of a complaint directly concerning a Line Manager should be led by the Head of People and Organisational Development, the Director of Patient Care or the Medical Director, as deemed most appropriate.
 - 1.17 If a complaint covers more than one department or service, the appropriate Responsible Senior Manager 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 during an inspection), it is particularly important to have ensured that patient confidentiality is maintained at all times. Every effort should be made to obtain the patient's (or their legal 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 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 to the complainant is forwarded to the Responsible Senior Manager, the Line Manager will ensure that all relevant personnel have been consulted and all relevant issues addressed.
- 1.22 The Responsible Senior Manager will seek the complainant's preference for a face-to-face meeting to take place before and/or after the formal investigation for example to give feedback on any learning or actions to be taken as a result of the complaint.
- 1.23 Draft responses should follow the guidance produced - "Guidance notes on preparing a response to a written letter of complaint" (See **Appendix 1**).
- 1.24 Feedback from the complainant about the complaints process should also be sought. This can be done during the process and at resolution of the complaint.
- 1.25 The Responsible Senior Manager 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 review and approval. Wherever possible, this will be within the twenty-five working day time scale.
- 1.26 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 employees/volunteers to ensure that there is a common understanding of the complaint and an agreement about the objectives of the meeting with the complainant. The Responsible Senior Manager and relevant Service Manager/HOD should be informed that any such meetings are being arranged.
- 1.27 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 Responsible Senior Manager for their agreement.
- 1.28 At all meetings with complainants, it will be made clear that complainants are encouraged to be accompanied by a relative or friend.

- 1.29** 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 Responsible Senior Manager and the department or service. Wherever appropriate a face to face meeting should be offered at this stage.

Stage 2 - Trustee Review Procedures

- 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** If the Chair of the Board of Trustees is unable to be the Convener due to a potential conflict of interest or availability, they may select another Trustee to take on the role of Trustee Review Convener for that complaint.
- 2.3** 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.
- 2.4** The Responsible Senior Manager overseeing the complaint will inform the relevant department or service that a request for Trustee review has been made. Line managers will ensure that all individuals mentioned in the original complaint, or involved in its investigation, are informed that the request for Trustee review has been received.
- 2.5** It is for the Convener, to:-
- decide if all opportunities to satisfy the complainant have been exhausted;
 - decide if there are issues which should be referred back to the Senior Management Team for further attempts at Local Resolution;
 - decide whether or not to convene a panel.
- 2.6** If the Convener considers there is a clinical element to the complaint, he/she must seek expert, ideally independent, clinical advice.
- 2.7** A panel should not be set up if:-
- any legal proceedings have started or are explicitly threatened; or
 - the Hospice has already taken all action possible so that a panel adds no value; or
 - further action by the Hospice management is believed to be appropriate and practicable.
- 2.8** 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.
- 2.9** 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.
- 2.10** The panel will be a sub-committee of the Board of Trustees. Its establishment may be reported at the next ordinary meeting of the Board of Trustees (BoT) and ratified.

The chair reserves the right to ask for an expert review by someone external to Rowcroft (for example, a senior clinician within another Hospice).

- 2.11** Acknowledgement of receipt of the request for Trustee review will be within two working days. Whenever possible, the complainant will be told within twenty-five working days whether a panel may be established or not.
- 2.12** The panel, if convened, will work to the terms of reference supplied and in light of the complainant's statement. It will investigate the facts, taking both parties' views into account. It will set out its conclusions, comments and suggestions in a report.
- 2.13** 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.
- 2.14** The PA to the Responsible Senior Manager for that complaint or the Executive Assistant 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
- 2.15** 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 parties a fair chance to give their views.
- 2.16** Those interviewed have the right to be accompanied by someone of their choice.
- 2.17** The role of the clinical assessor is to advise and report to the panel.
- 2.18** 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.
- 2.19** The Convenor must write to the complainant, advising of action, if any, taken as a response to the report.
- 2.20** The Hospice will meet all fees and expenses of Panel members.
- 2.21** Suggested review timeline

Acknowledgement of request for review	2 days from receipt
Appoint panel members	5 days from decision to set up Panel
Panel convene/investigation and publish report	14 days
Hospice response to complainant	4 days from receipt of panel report

References

CQC (2014) Complaints Matter. London. CQC

NHS Constitution (DH 2009)

The Principles of Good Complaint 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. <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints#guidance>

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]

COMPLAINTS POLICY & PROCEDURE GUIDANCE NOTES

PREPARING A RESPONSE TO A WRITTEN LETTER OF COMPLAINT

A - Introduction

These notes have been prepared to help employees at department level draft an appropriate response letter to a written complaint should the need arise.

Preparing appropriate responses is important for several reasons.

- As part of our clinical governance work, it is important that departments develop further “ownership” of the complaints they receive and the action that is taken to reduce the incidence of re-occurrence. Drafting the response to the complaint is part of that process.
- The Hospice needs to have a common approach to responses that is understood and adopted by all departments.
- Ensuring the responsibility for drafting the response is more widely shared means that important skills are developed at local level. This should enable us to respond to written complaints within the standard of twenty-five working days.
- With the increasing emphasis on user involvement, patients and their relatives/carers will demand that we become more open and constructive in how we manage complaints.

B - Starting Your Response

Responses to complaints need to be thorough, clear, honest and open. These notes are not definitive. Each complaint is unique and our response needs to be sensitive to the individual circumstances. Nevertheless there are basic “guidelines” that should be followed with each response. These are elaborated below. They are not given in any order of priority, rather in the order that they may need to be considered when drafting the response.

1. Ensure you are writing to the correct person.

This sounds simple; however the name of the patient is not always the person you will be replying to. If you are not replying to the patient do you have authority from the patient to communicate to this person? Check that the person’s address is the same on their letter as it is on your response.

2. Date the letter appropriately

Always date the letter in full, i.e. 21 September 2020.

3. Always note a reference number

This might be a complaint reference such as 2021FC01, or initials of the person writing. This enables us to reference the file should the complainant respond, especially in the event that significant time has passed since the letter was sent to them.

4. Start the letter clearly and explain why you are writing.

Open the letter with a brief reference to why you are writing to them. For example:

"I am writing to you in response to your letter of.... in which you outline concerns relating to the care of....."

5. Offer an apology for how they may be feeling.

Saying sorry for how someone feels helps to set the tone of the letter. Saying sorry at this point is not confirming that we uphold their complaint; it simply confirms that we are sorry for their experience.

"I was so sorry to hear that you have had cause to raise concerns to us."

"Please may I offer my apologies to you that your experience was not that which we would have hoped for"

"Firstly please may I pass on my sincere condolences to you for the loss of your loved one"

6. Confirm that an investigation has taken place.

"I can confirm that a full investigation into your concerns has taken place, and I am now in a position to respond to you."

7. Apologise for a late response.

If the date of the response falls outside of our 25-working day deadline include a specific apology for the delay and add a brief note to explain why it is late (it is best practice to contact the complainant, in writing or by phone to explain any delays prior to a final response being sent).

"I am very sorry that our response to your letter was not sent sooner. Unfortunately, the investigation took longer than we anticipated however I am now in a position to respond."

C - Responding to Specific Concerns

1. Breakdown the Concerns

When responded to concerns it is helpful to go through each part of the complaint letter in smaller sections. Summarise what happened, explain what the evidence found, and explain why we came to the conclusion we did. Responding to the issues in a chronological order can be a useful approach.

2. It's ok to say sorry.

Sometimes it is the case that factual events do not reflect the experience of patients and their families, but also there are times when the outcome of something is not one which we would expect. Be honest, acknowledge when there was a mistake.

You can apologise in the following ways:

Apologising for someone's experience:

"I am very sorry that you felt this took longer than expected"

"I apologise that you felt this was not communicated to you appropriately."

Apologising when something goes wrong:

"I am very sorry that on this occasion this information was not communicated to you."

"I am sorry that this did not happen on this occasion."

3. Respond to Evidence

When the facts are different to the experience, explain where the information was taken from (for example, healthcare records, statements from conversations with employees/volunteers, meeting notes, timetables for mealtimes, published guidance).

4. Detail Improvements / Recommendations

When something has gone wrong, whether this is down to communication or working processes, always say how things will be improved to prevent recurrence in the future.

5. Conclusion

You should always send a letter with a brief summary of the overall outcome and recommendations. For example:

"I would like to finish by reassuring you once again that we take all concerns raised very seriously and seek to learn from the experiences of our patients and their families. I appreciate that this does not change your experience, but I hope it will give you some comfort that this help others in a similar situation. To summarise, we will be making the following improvements because of your letter..."

6. Offer a Meeting or a Telephone Call

Sometimes complaint responses can be very complex, especially when there is a lot of medical processes and terminology. It can often be helpful to offer a face to face meeting, telephone call, or virtual meeting. Having a clinician available to go through things thoroughly and explain medical terminology in plain English will often help the complainant to understand the sequence of events.

7. Outline Next Steps

Every letter should be finalised with a paragraph that upon receipt of the letter, the complainant always has the option to either contact us again to discuss the response further, for the letter to go through a Trustee review, or to approach the Parliamentary and Health Service Ombudsman should they wish for an independent review. It is always helpful to add another copy of our complaints information leaflet.

D - Hints and Tips

- Use language that might be familiar to the complainant.
- Use a professional translation service where a letter is required to be in another format / language.

- Avoid jargon, using personal opinions, hearsay and never make assumptions.
- Always respond with facts, and state if you have been unable to find evidence to substantiate something.
- If using abbreviations, ensure you note them in full, particularly for medical terminology, job roles, team names or organisation names for example:
 CNS - Clinical Nurse Specialist
 MDT - Multi-Disciplinary Team
- Explain medical terminology - explain what medication is and does, or what a medical device is where necessary.
- Use employee job roles, rather than names where possible (Only use names of employees if they have been referred to in the complaint letter)
- Letters should be direct, but personal. Use the words “I”, “you” and “we” as much as possible.
- It is important to respond with every issue raised within a complaint letter - cross check the letter and evidence with your draft response.
- Avoid telling the complainant something that they already know, especially if they were involved. For example, avoid saying *“On Monday 4 April 2013 you were admitted for”*, and say *“I understand that you were admitted for on Monday 4 April 2020.”*
- Be honest and open.
- Don’t rush - Take the time to “get it right”

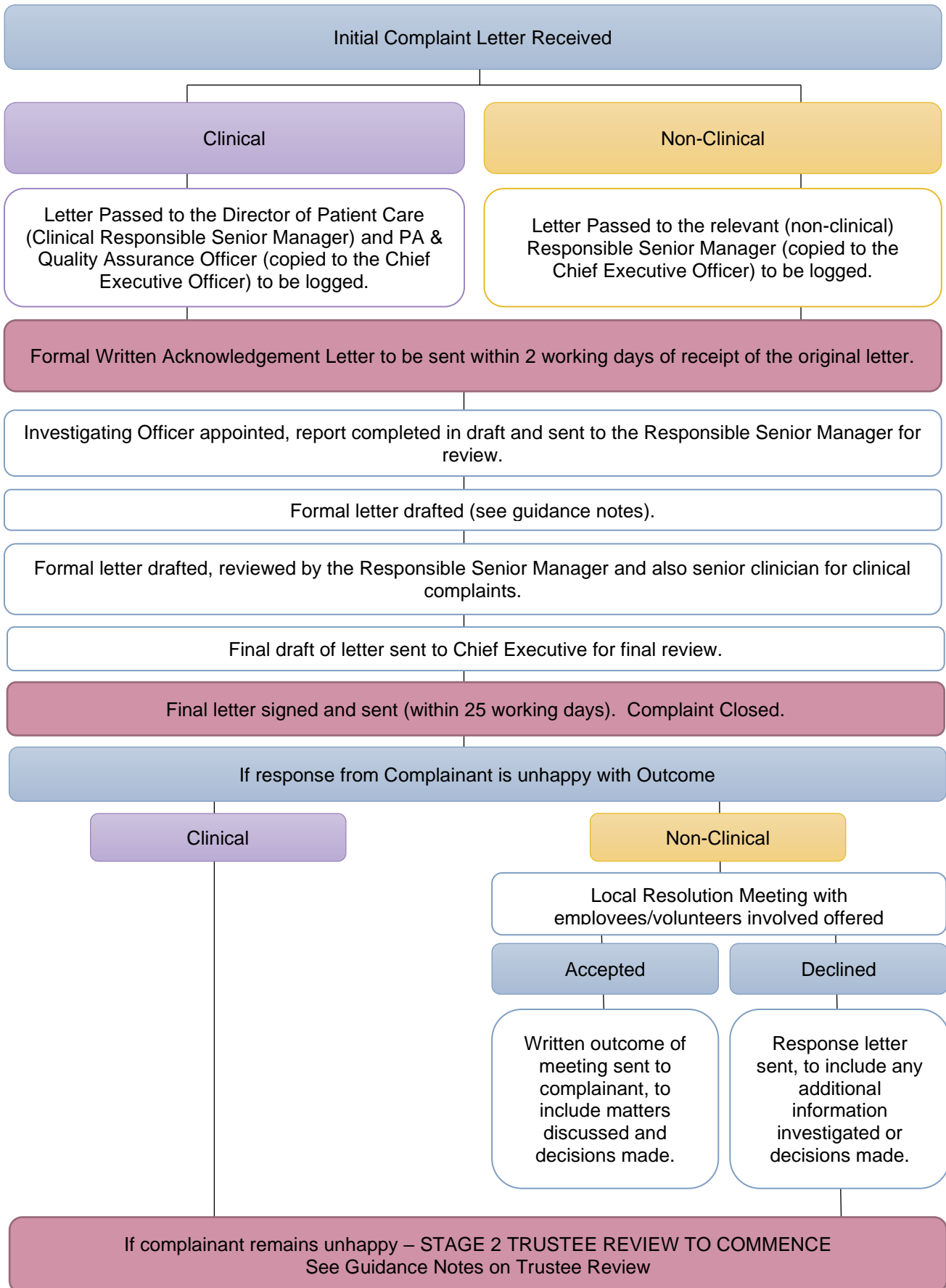
E - Final Steps

- Ask for a review by a Senior Palliative Care Consultant, particularly to review medical processes and terminology.
- Send a draft version of your letter to the Director of Patient Care for review.
- Remember to always send a final copy of your response letter to the Chief Executive prior to sending to the complainant for review and approval.

Katie Sturch
Quality Lead
September 2020

APPENDIX 2

COMPLAINTS POLICY & PROCEDURE - Process Flow Chart



APPENDIX 3

Contact details for statutory authorities and ombudsman*

Clinical complaints:

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

Fundraising complaints:

Fundraising Regulator
2nd Floor, CAN Mezzanine
49-51 East Road
London
N1 6AH

Telephone: 0300 999 3407

Complaints relating to personal information:

Information Commissioner's Office (ICO)
Wycliffe House
Water Lane
Wilmslow
SK9 5AF

Telephone: 0303 123 1113

**the above list of non-clinical authorities is not exhaustive and the Responsible Senior Manager should consider the nature of the complaint and relevant statutory body to refer a complainant to.*