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
CQC PROVIDER NUMBER:	1-101635622
CQC LOCATION NUMBER:	1-106245011
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. Our aim is to provide support and access to the best possible care for adults in the Torbay & South Devon community who face a progressive, life-limiting illness, regardless of their culture, diagnosis and ethnic background. All services are provided free of charge.. Rowcroft Hospice also provides care to those aged 16- 18 who are transitioning to adulthood on a case-by-case basis, who require specialist palliative care expertise.

The total population of the 300 sq. miles geographical area served is around 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.

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 access to electronic patient records.

Rowcroft has also introduced a bespoke preceptorship program to support newly qualified nurses in end-of-life care, as part of this they have rotated across all clinical areas: Inpatient Unit, Community & Hospice at Home to ensure the best start to their career.

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 can 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.

Catering is in-house and provides three meals a day for patients with the main meal taken at lunch time. Snacks are routinely offered . 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 for families. Computer tablet's and TV's are available for patients and their families to use whilst an inpatient. 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.

There are extensive seating areas for patients and families outside of the inpatient unit, and these have the provision of sun shades as needed, along with electricity supply for mattresses etc.

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 temporary 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 Fireservice.

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'.

Internet Access
Rowcroft Hospice provide free wifi access for patients and visiors to the Hospice.

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 dependent 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 local GP surgeries, a total practice population of around 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 and bank holidays 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

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 team is led by Registered Nurses with specialist palliative care experience. The team have a number of non-medical prescribers. 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 Hospice at Home 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, paramedics, 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 -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 other 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;
- Advocate 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, supported by a number of specialist volunteers, and engage with our local community's faith and belief groups and celebrate special, 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.

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. FEEDBACK AND COMPLAINTS

We welcome patient and family feedback, and this is enabled through Care opinion:

Rowcroft Hospice | Care Opinion

Feedback can also be shared with us by phone, 01803 210 844, or email feedback@rowcrofthospice.org.uk.

The hospice refers patients to our Feedback and Complaints Policy, which was updated in 2024 to be in line with the new Patient Safety Incident Response Framework (PSIRF).

Our policy is attached at the end of this document.

POINTS OF CONTACT

MARK HAWKINS	Chief Executive
VICKY BARTLETT	Director of Patent Care, CQC Registered Manager and Accountable Officer for Controlled Drugs
CLAIRE BOOTH	Director of People
JONATHAN HILL	Finance and Commercial Director / Senior Responsible Officer for Information
DR GEORGE WALKER	Medical Director and Caldicott Guardian
CATHERINE CASHMORE	Director of Marketing and Fundraising
AARON SMALLSHAW	Chief Information Officer
CAROLINE WANNELL	Head of Retail
KARENNE WEAVER	Head of Community and Hospice at Home
MICHELLE AYLING	IPU Manager
ANNE CROCKER	Professional Practice & IPC Lead
KATIE COOK	Quality & Patient Safety Lead (Registered Patient Safety Specialist)

BOARD OF TRUSTEES

HELEN BOYD	Training & Development Consultant Chair of Trustees
DR CATHRYN EDWARDS OBE	Registrar of the Royal College of Physicians, Consultant Gastroenterologist
ANDREW TAPSON	Chartered Accountant
HELEN WALLWORK	Lawyer
JAMES MOFFAT	Company Director
TESSA MOORE	Strategy, Brand & Business Management Consultant
IAN HALE	Executive Coach
CHRISTOPHER BRANT	Property Director
DR CARLIE KARAKUSEVIC	General Practitioner and Macmillan GP Facilitator
KAREN WILLIAMS	Finance Professional

FEEDBACK AND COMPLAINTS POLICY

Approved:	January 2025
Review Date:	January 2026
Reference No:	281
Ratified by:	RISE Committee & SMT Board
Policy Holder:	RISE Committee & SMT Board
Policy Author(s):	Director of Patient Care / CQC Registered Manager & Quality & Patient Safety Lead

It is expected that this policy will be reviewed on an annual basis, alongside our Patient Safety Incident Response Framework Policy. This policy applies to all service uses and their experience of all services.



"We will respond to all aspects of Feedback & Experience, Reflecting on comments received, how those involved were affected, seeking new Innovative ways of working, enable everyone to have a voice to Suggest ways to help shape our services, and to Engage and work together with our Patients, Staff, Volunteers, Visitors, Customers, and other Key Stakeholders."

1. Policy Statement

At Rowcroft Hospice we are committed to acting within our values of Honesty & Integrity, Generosity of Spirit, Respect and as Team Players. Our values were created by our people and provide the framework for the standards we expect from each other, and we will support our people to display our values in their work.

We believe we are all responsible for delivering our purpose to make every day the best day possible for our patients and those closest to them, and for ensuring we behave in an ethical, values driven, and patient focussed way.

We aim to continually provide high standards of care throughout all Rowcroft Hospice Services, and all feedback, from our patients, families, carers, supporters, customers, visitors, and volunteers, is gratefully received. If we don't meet expectations or we exceed them, we are keen to know about it. This policy outlines how we will respond to all feedback received.

It is important to us that all service users feel able to give feedback, including to make complaints where they feel they need to.

2. Definitions

Patient Safety Concerns / Complaint	means any concerns or complaint relating directly to care or experience of a patient, their family, significant other or health / social care employees about the hospice patient services, or that arises in relation to a relevant third party about hospice care.
Commercial and Support Team / Complaint	means any concerns or complaint relating to commercial and support teams or services, including fundraising, retail, marketing, or people related matters.
Responsible Senior Person	A member of Senior Management Team Member (including the Chief Executive, Director of Patient Care and Head of People & Organisational Development). Service Manger or Team Leader Other Team Manager / Head of Department
PSIRF	Patient Safety Incident Response Framework

3. Corresponding Policies

- PSIRF Policy (*ref: 298*)
- Safeguarding Adults Policy (*ref: 290*)
- Safeguarding Children's Policy (*ref: 292*)
- Whistleblowing policy (*ref: 199*)
- Quality Assurance Policy
- Performance Management Policy (*ref: 235*)
- Disciplinary Policy and Procedure (*ref: 210*)
- Media & Public Relations Policy & Procedure (*ref: 17*)

4. Introduction

We welcome all feedback including comments, suggestions, compliments and complaints - and recognise feedback as essential to continuous improvement for all of the services we provide.

It is important that all our patients, family members, customers and other users and stakeholders know how to give feedback, suggest ideas on how to improve our services, raise a concern, or make a formal complaint. Rowcroft aims to ensure that our feedback processes are person-focused, simple, that everyone feels engaged and involved, and 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, family, and customer experience.
Feedback can be given by:

- Speaking to a member of our teams.
- Leave feedback via Care Opinion (online, by form or by telephone) or by completing on of our feedback surveys (including Hospice at Home or FamCare).
- Emailing feedback@rowcrofthospice.org.uk or submitting a form on our website.
- Sending us a letter.

(see Appendix 1 for our feedback leaflet).

4.1 Formal Complaints

We take all concerns raised with us seriously, and often it is helpful for individuals to speak with a member of the team they have been speaking with or receiving care from. However, we recognise that while sometimes concerns might be resolved quickly, there is also sometimes a need to make a formal complaint.

It can be difficult and distressing to complain about care or treatment, particularly if an individual does not feel well or has recently lost a loved one. It is our policy to support those that wish to raise concerns as much as possible by trying to resolve them. We will engage with and involve those individuals raising concerns to ensure we make all efforts to understand the desired outcome this person is hoping for.

Rowcroft Hospice will investigate all complaints as quickly as possible, with courtesy, honesty, impartiality, and confidentiality, in line with our no blame culture, to maintain an effective response system that integrates the four key aims below (in line with PSIRF):

- Compassionate engagement and involvement of those affected.
- Application of a range of system-based approaches to learning.
- Considered and proportionate responses.
- Supportive oversight focused on strengthening response system functioning and improvement.

The full process for formal complaints handling is outlined below within this document.

Processes, such as claims handling, human resources investigations into employment concerns, professional standards investigations, coronial inquests and criminal investigations, exist for that purpose, and should be reviewed under Rowcroft's separate policies.

4.2 Accessibility

- **Complaints can be raised anonymously:** when complainants do not wish to identify themselves, we must still follow our feedback and complaints process as far as possible.
- **Information and guidance is available and accessible to everyone who uses our services:** individuals making complaints can do this through advocates, and we can arrange interpreter services and any other support needed or requested.

4.3 Saying Sorry

It is important to remember that saying sorry or giving an apology, whether written or verbal, does not mean admitting blame or liability when something goes wrong.

Saying sorry to a person that has, or could have, experienced harm, or where their experience differs to what we would have hoped, acknowledges how that person may feel. It the first step we can take to seek learning from what happened to ensure we take steps to prevent it from recurring.

4. Care Quality Commission Feedback

Service users and staff and volunteers can leave feedback with the Care Quality Commission (CQC), our regulator, about their experience of Rowcroft's care. This can relate to any experience of care, good or bad, or can also relate to a concern from an employee.

Give feedback on care - Care Quality Commission (cqc.org.uk)

This is different from making a formal complaint – all formal complaints will be reviewed by Rowcroft and will be shared by the CQC for us to investigate if they receive them directly. However, we may be expected to provide an update, outcome, and improvements to the CQC.

5. Complaints Management

Complaints should normally be made within 12 months of an incident or when it comes to a person's attention; however, this time limit can be extended provided if there are good reasons for not making the complaint sooner and if it's possible to complete a fair investigation. This will be a decision taken by the complaints manager and the senior responsible person involved, in discussion with the person making the complaint.

Each complaint should be passed to the relevant team as soon as this is received; a complaints lead should be agreed to be a key contact for the person making the complaint to ensure that a Rowcroft contact can liaise with them throughout the whole process. Verbal contact should be made with the individual making the complaint, where possible, by the complaints lead.

5.1 Timeframe for Responding to Complaints

All formal written complaints should be acknowledged within 3 working days of the complaint was received. This should include the questions that will be answered as part of the investigation to ensure that these are in line with the complainant's wishes (see template acknowledgement letter at Appendix 2). Agreeing points to investigate with the person raising concerns ensures we are fully understanding the concerns they have raised and helps this person to feel listened to.

Complaints investigations will be completed within 25 working days and this should be discussed and agreed with the complainant; however, there may be occasions where an investigation may take longer than expected. Any delays should be discussed with the complainant and a new timeframe for completion agreed with them.

5.2. Patient Safety & Experience Concerns and Complaints

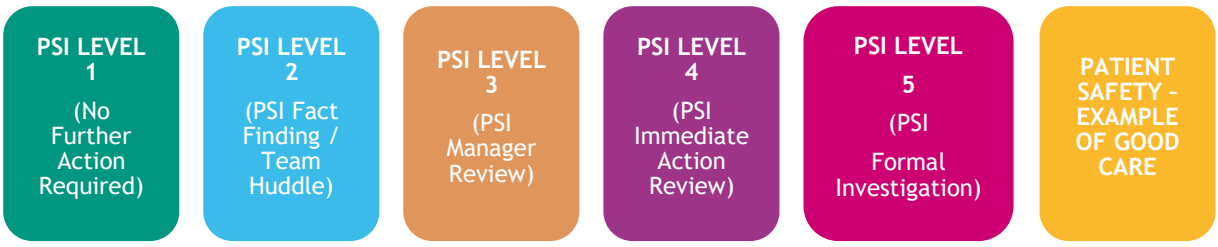


Rowcroft's Patient Safety culture supports an open and transparent approach to raising concerns and complaints. There is no remit to apportion blame or determine liability, preventability or cause of death in a response conducted for the purpose of learning and improvement. We aim to ensure that patients and families feel supported to raise concerns when something goes differently to expected, and in addition, that our teams also feel supported as part of this process. We have an open and transparent investigation process, and we aim to engage with our teams to seek learning outcomes.

The principle aims of each of these responses differ from those of a patient safety response and are outside the scope of this policy.

All patient safety and experience related formal complaints will be considered as PSI – Level 5 (requiring Formal Investigation, in line with our response to the new Patient Safety Incident Response Framework as outlined in our PSIRF Policy).

The new PSI Levels agreed in 2023 are:



All concerns and complaints relating to patient care from patients and / or their families should be forwarded as soon as they are received to the Director of Patient Care, Quality Lead, and relevant Service Manager (they will be shared also with the Chief Executive Officer).

The Quality Lead or Business Support Manager/PA will draft a formal acknowledgement letter on behalf of the Director of Patient Care (see appendix 2 for template examples). It is expected that the service manager will make initial telephone contact, where possible, to discuss the concerns raised (for informal concerns only).

Patient Safety Concerns and Complaints will be logged and monitored within Vantage, to ensure that all actions as a result are progressed to completion.

Duty of Candour

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.

All notifications and information notices under the Duty of Candour or PSIRF will be picked up by the Director of Patient Care and Quality Lead.

5.3 Commercial and Support Team Concerns and Complaints

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 Leadership Team (SLT) member will be responsible for co-ordinating the procedure on a day-to-day basis.

5.4 Concerns and Complaints Raised via Digital Platforms

Digital platforms such as social media channels enable 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, a post on one of our channels, or private message only visible to Rowcroft.

We are mindful that user behaviour and engagement will vary from platform to platform depending on the functionality and any limitations of that platform (e.g., character limits), however recognise that this increasing ease of accessibility can result in concerns being shared that may 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.

It is important to note that if concerns or complaints made are relating to patient or patient care, the Director of Patient Care or Medical Director must be consulted before any response is made, to ensure that our response is in line with this policy and PSIRF guidance.

Where concerns relate to an employee or volunteer, it is important to notify this person's manager and / or for them to seek guidance from the People Team and guidance policies.

If concerns or complaints relate to aspects of health & safety, safeguarding, fraud or other serious concerns, the Head of People & Organisational Development and / or Director of Patient Care (as relevant) will be consulted before any response is formulated.

In most cases social media is not considered to 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 concerns and complaints as per guidance within this policy.

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 concerns and complaints.

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, 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 concerns and complaints.

Where **feedback or a complaint is received via Care Opinion,** this will be managed by the Quality Lead and the Director of Patient Care and relevant Service Manager, and a simple acknowledgement response may be added, and we can leave feedback showing where a change is planned or has been made.

An example Message to share via digital media is below (this should always be amended to be personal to the message received):

Dear [name],

Thank you for taking the time to share your feedback to us. I am so sorry that you have cause to raise concerns in relation to your experience of our services. We take all concerns seriously and would like to offer you the opportunity to speak with us in more detail so we can look into those concerns. We know it can be difficult and distressing to complain about care or treatment, particularly when you feel unwell or have recently lost a loved one, however if you feel you would be able to speak with us, you can call us on [telephone number].

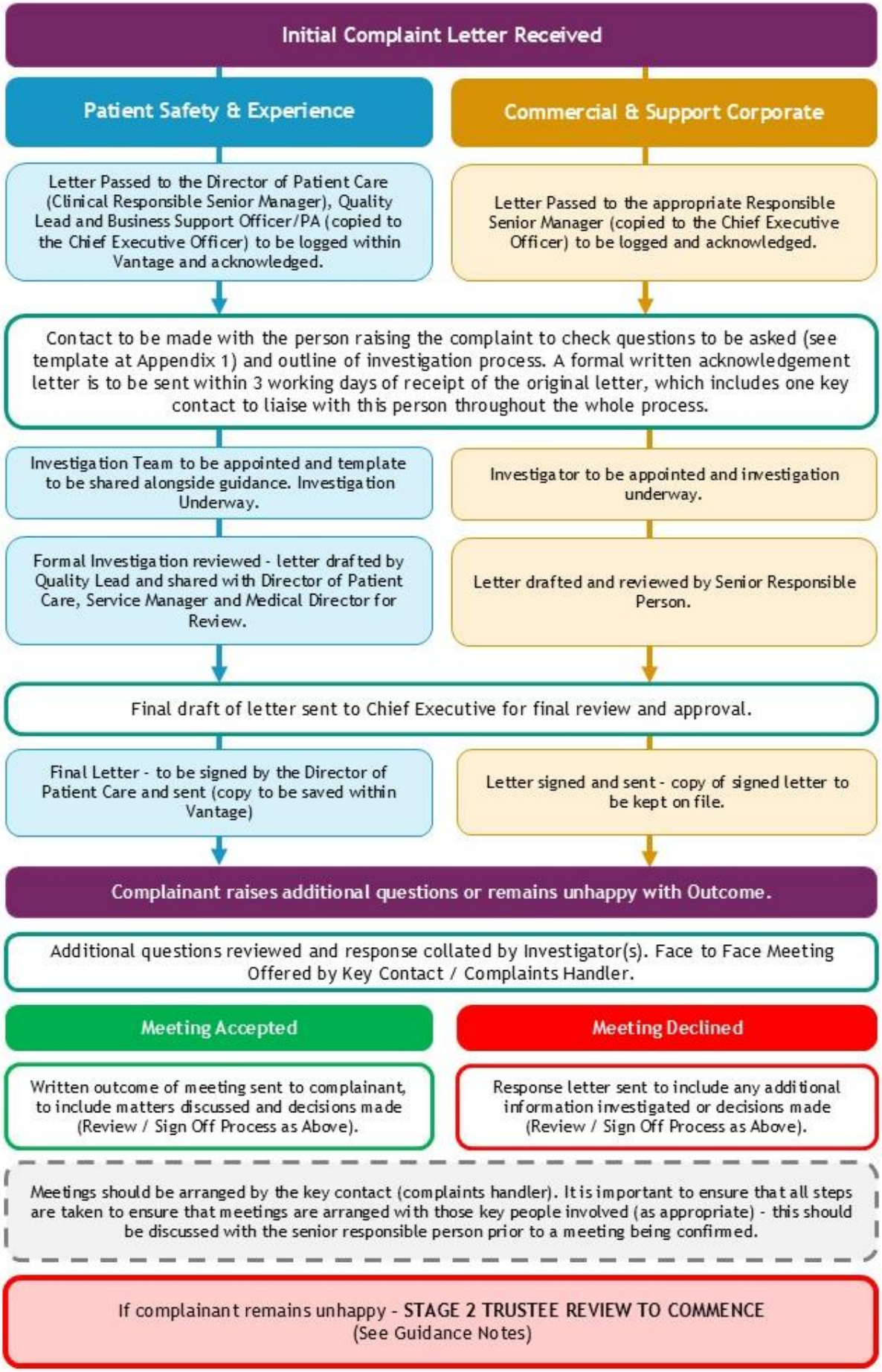
You can also find more information in relation to how we can support you to raise concerns on our website here.

5.5 Engagement and Involvement

Where a complaint requires investigation, it is important to involve the person making a complaint and ensure that they feel they are listened to and kept updated at all stages of our process.

The basis of all investigations should be agreed with the person raising concerns to ensure that we have understood the points they would like us to respond to.

6. Formal Complaints Process (Flowchart)



6.1 Key Points of a Complaint's Investigation

It is important that all complaints investigations are completed for the purpose of learning and development of our processes and services. The initial investigation plan and outline should be agreed with the person raising concerns to ensure we have understood the concerns they are sharing with us.

All investigation reports should include recommendations as a result of the findings, to identify ways we can improve as a result and also look at ways to mitigate the experience / events happening again. The investigation should, where possible, be led by a small team, however the team should be agreed by the responsible Senior Manager (or Director of Patient Care for Patient Safety and Experience concerns). Where possible, the team or individual leading on the complaints investigation should be independent of the department where concerns relate (however, for all Patient Safety and Experience concerns and complaints, this should include a clinical person).

All investigations should consider all contributory factors and be carried out in line with our no blame culture.

Where concerns / complaints relate, 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.

A template for complaints investigations is attached at Appendix 3.

7. Confidentiality and Consent

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 organisation. 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 confirmation included in subsequent letters.

If there are concerns relating to a person that has passed away, a complaint can be made by:

- A personal representative responsible for administering the estate (or Executor) of a deceased person, and, in England and Wales.
- A member of the person's family can include any family member (not necessarily the "next of kin").
- Another individual suitable to represent the aggrieved which must be exercised reasonably.

Advice relating to consent and permission to release information can be sought from Rowcroft's Caldicott Guardian where this is needed.

8. Sign Off of Complaints Responses / Letters

All complaint responses / letters will be reviewed by the relevant responsible Senior Manager will review the draft response and discuss with the department or service if outstanding issues need further clarification.

Following this review, the final response letter will be prepared and sent to the Chief Executive Officer for final review and approval.

The final response letter will be signed by the named person on the letter, and teams are encouraged to keep a signed copy of this letter on file.

Complaint files can be closed at this point; however, complaints can be reopened at any time should the need arise.

Further guidance can be found at the end of this policy at Appendix 4.

9. Meetings with Individuals Raising Concerns

Face to face meetings can take place when a complaint is made should the person raising the complaint wish to share their experience and concerns in person. There are occasions when the person raising concerns wishes to speak with someone in person and this can help to ensure they feel we are listening For meetings that take place at the start of an investigation, it should be highlighted to the person involved that the queries raised may not be able to be fully responded to under after our investigation has taken place.

It is recommended that final response letters should include an offer for a person to be invited for a face-to-face meeting to discuss the final response letter and any recommendations contained within this. This enables this person to raise any other concerns or ask questions where they may not fully understand information given.

Individuals raising concerns attending meetings at Rowcroft should be encouraged to be accompanied by a relative or friend where they feel this would be beneficial to them.

All meetings with individuals raising concerns should be arranged to include all relevant key personnel (to be agreed with the most senior responsible person in the team). It is beneficial to hold a pre-meeting of all relevant people involved to ensure that there is a common understanding of the concerns raised and an agreement about the plan / objectives of the meeting.

A full summary of all meetings held is expected to be provided (in writing) by those involved to the relevant complaints lead.

Letters summarizing the outcome of the meeting should be shared where the individual raising concerns wishes to receive this.

We recognise that there are times when patients and / or their families may wish to decline to be involved in discussions relating to incidents and investigations; however, teams must ensure they take all steps required to give the opportunity of involvement to the patients and / or their families and this offer shall remain open.

10. Trustee Review Procedures

If a person remains unhappy after receiving a final complaint'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.

- 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.

- 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.

- 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.

- 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.

- If the Convener considers there is a clinical element to the complaint, he/she must seek expert, ideally independent, clinical advice. This can be an external person, for example, a Director of Patient Care within another hospice.

- 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.

- 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.

- 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.

- 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).

- 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.

- 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.

- 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.

- The Quality & Patient Safety Lead or PA to the Responsible Senior Manager for that complaint or the Executive Assistant or Company Secretary 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.

- 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.

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

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

- 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.

- The Convenor must write to the complainant, advising of action, if any, taken as a response to the report.

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

- 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.

11. Monitoring

Monthly reports will be made to the RISE Committee (formally known as the Quality and Patient Safety Committee) for all Patient Safety and Experience 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. Quarterly updates will also be shared with the Clinical Committee as part of the Quarterly Report.

All complaints investigations should be shared with the Senior Management Board meeting.

12. Training

Rowcroft Hospice will ensure that all employees and volunteers are aware of how to support and signpost all service users to give feedback and feel support and confident in doing so. We ensure that our teams understand our Feedback and Complaints processes, and that employees who are involved in handling of complaints or being part of our investigations are adequately trained and supported.

We encourage our employees and volunteers to always seek support and guidance from their line managers if they have concerns or are unsure of how to give guidance in relation to raising concerns.

12.1 PSII (Patient Safety Incident Investigation) Training

A new PSII training module is in the process of being developed for all those that would be part of a PSII team. This will be available for all staff in all teams, and it is recommended that this will need to be completed prior to individuals being part of investigations.

At this time, this is available as support and guidance from the Director of Patient Care and Quality Lead.

13. References

CQC Complaints Guidance
NHS How to Complain
The Principles of Good Complaint Handling (Parliamentary & Health Service Ombudsman) and the Ombudsman's When Someone May Complain For or Represent Someone Else
NHS England's Patient Safety Incident Response Framework
PSIRF Engaging and Involving Patients, Families and Staff

CQC Framework and Regulations

We work in line with the CQC's Single Assessment framework and associated regulations:

Regulation 12: Safe care and treatment
Regulation 16: Receiving and acting on complaints
Regulation 17: Good governance
Regulation 20: Duty of candour
Regulation 9: Person-centred care
Regulation 11: Need for consent
Regulation 13: Safeguarding service users from abuse and improper treatment
Regulation 10: Dignity and respect
Regulation 15: Premises and equipment
Regulation 12: Safe care and treatment

Regulation 18: Staffing
Regulation 16: Receiving and acting on complaints

14. Contact Details for Statutory Authorities

Healthcare Complaints:

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

APPENDIX 1

Your feedback

We aim to continually provide high standards of care throughout all Rowcroft Hospice Services.

Whatever your experience of Rowcroft Hospice – whether as a patient, carer, supporter, customer, volunteer, or in any other capacity – we hope it is the best it can be. If we don't meet your expectations or we exceed them, then we want to know about it. We welcome all feedback - including comments, suggestions, compliments and complaints - and recognise feedback as essential to continuous improvement for all of the services we provide.

How to share feedback

There are a variety of ways you can share your experience or views about our services. You can:

- Speak to a member of staff, who will listen to what you have to say and try to resolve any problems. If they are unable to help, they will explain the next steps available to you.
- Share your story about your care using Care Opinion by asking a member of the team for a feedback form or you can scan the QR code below on your mobile device:

Care Opinion is an independent website. They make it safe and simple for people to share honest feedback about their care.

Care Opinion

- You can email us to share your experience and pass on your feedback using the email address on the back of this leaflet.

CONTINUED ▶

rowcrofthospice.org.uk

Telephone
01803 210800

rowcroft hospice

Registered Charity No: 282723

We may also send other surveys to you throughout the year.

Sometimes your concerns might be resolved quickly, however details of how to make a formal complaint are below.

Raising concerns or making a complaint

We understand that it can be difficult and distressing to complain about care or treatment, particularly if you do not feel well or have recently lost a loved one. We will support you as much as possible by talking to you about your concerns and trying to resolve them.

We can provide access to interpreter services if needed.

You may feel more comfortable speaking with someone not directly involved in your care, or you might wish to make a formal complaint. You can call us on 01803 210844 to discuss your concerns.

You can also write to us:
Patient, Family & Friends Feedback
Rowcroft Hospice
Ella's Gardens
Avenue Road
Torquay TQ5 5LS

Or email us:
feedback@rowcrofthospice.org.uk

All complaints will be shared with our Chief Executive.

We will write to you to acknowledge your complaint within 2 working days and discuss the basis of the investigation with you.

Formal complaints are fully investigated and responded to in writing within 25 working days, and we will share the outcome and learning with you.

We will also offer a face-to-face meeting to discuss the outcome of your concerns if you feel this would help.

In the event you are unhappy with the outcome following a formal complaints investigation, you can request a review of this by the Rowcroft Board of Trustees.

You can also give feedback of your experience to our regulator, the Care Quality Commission.

Care Quality Commission:
03000 616161
www.cqc.org.uk

For more information on our service please visit our website: www.rowcrofthospice.org.uk

If you require this information in an alternative format please call 01803 210800

Sep 2025

APPENDIX 2

Formal Acknowledgement – Template Letter

(This is a template only – this letter should be amended and personalised as appropriate for the person raising concerns – additional support can be provided by the Quality Lead if this is required)

Dear [name],

Our Reference: [x] (Concerns relating to care received by [name of patient])

I am writing to you in relation to your recent letter dated, which we received on [date], and our subsequent telephone conversation.

I would firstly like to take this opportunity to pass on my sincere condolences to you on the death of your [loved one], [name]; I am so sorry that you have had cause to raise concerns at what is a very sad time for you. We take all concerns very seriously and it is important to us we learn from your experience.

Thank you also for taking the time to speak with me. As explained during our call, an investigation is underway to review responses to the following questions, from the points outlined in your letter:

1. *[add questions agreed from investigation terms of reference]*

Should these questions not accurately reflect your concerns, please do let me know as soon as possible so we can amend these.

We aim to respond to all complaints in writing within 25 working days of when we receive them, and plan to write to you on or by [date]. There are occasions when an investigation may take longer than expected; if it is anticipated that we may need longer than the agreed timeframe I will be in touch with you to discuss this and agree a new date.

Once our final response is ready you may feel it would be beneficial to meet in person with those staff involved to discuss this. We can arrange this at the time should you wish to meet. I have enclosed a copy of our feedback and complaints leaflet which you may find helpful.

You are welcome to contact me at any part of this process should you wish; you can contact me on [telephone] or by email [email address].

Yours sincerely,

[Name]
[Job Title]

Enc. Your Feedback Leaflet

APPENDIX 3

Rowcroft's Formal Complaints Investigation Template



Complaints Reference Number:	
Investigation Team:	

(For additional Guidance Notes relating to investigations please also see PSIRF Policy)

Contents

1. Policy Statement 11
1. Acknowledgement ..... **Error! Bookmark not defined.**
2. Executive Summary ..... **Error! Bookmark not defined.**
2.1 Incident Overview ..... **Error! Bookmark not defined.**
2.2 Summary of Key Findings ..... **Error! Bookmark not defined.**
2.3 Summary of Areas for Improvement and Safety Actions .... **Error! Bookmark not defined.**
3. Background and Context ..... **Error! Bookmark not defined.**
4. Description of the Patient Safety Incident ..... **Error! Bookmark not defined.**
5. Investigation Approach ..... **Error! Bookmark not defined.**
5.1 Investigation Team ..... **Error! Bookmark not defined.**
5.2 Summary of Investigation Process ..... **Error! Bookmark not defined.**
5.3 Terms of Reference ..... **Error! Bookmark not defined.**
5.4 Information Gathering ..... **Error! Bookmark not defined.**
6. Findings ..... **Error! Bookmark not defined.**
7. Duty of Candour and Engagement with Patient / Family **Error! Bookmark not defined.**
9. References ..... **Error! Bookmark not defined.**
10. Appendices ..... **Error! Bookmark not defined.**

1. Acknowledgement

Template

2. Executive Summary

2.1 Incident Overview

Template

2.2 Summary of Key Findings

Template

2.3 Summary of Areas for Improvement and Required Actions

Template

3. Background and Context

Template

4. Description of the Concerns Raised

Template

5. Investigation Approach

5.1 Investigation Team

Role:	Initials	Job title	Department
Investigation Requested By:			
Investigation Lead:			
Investigation Team Members:			

5.2 Summary of Investigation Process

Template

5.3 Terms of Reference (as Agreed with Person Raising Concerns)

Template

5.4 Information Gathering

Template

6. Findings

Template

7. Engagement with Patient / Family / Person Raising Concerns

Template

8. References

Template

9. Appendices

Template

10. Action Plan

Area for improvement:								
	Action ***(SMART)***	**Action Owner** ***(role, team directorate)***	**Target date for implementation**	**Date Implemented**	**Tool/measure**	**Measurement frequency** ***(e.g. daily, monthly)***	**Responsibility for monitoring/ oversight**	**Planned review date** ***(e.g. annually)***
1.								
2.								
…								

APPENDIX 4

Feedback and Complaints Guidance Notes
January 2026

PREPARING A RESPONSE TO A WRITTEN LETTER OF COMPLAINT

These notes have been prepared to help Rowcroft employees involved in complaints draft an appropriate response to a formal letter of complaint should the need arise.

Complaint responses should be written by an appropriate member of staff within the team (in conjunction with the Quality and Patient Safety Lead when relating to Clinical Services) and reviewed by the relevant Senior Manager. For patient experience responses, these are always reviewed by the Director of Patient Care, Medical Director and Chief Executive.

Preparing appropriate responses is important for several reasons.

- As part of our 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, it is important that we are 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. 21st December 2023.

3. **Always note a reference number**
   The 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 or if someone else is now responsible for oversight of complaints due to role changes.

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; I am so sorry that you had cause to raise concerns at this time"

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 not 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. It is also helpful where you have agreed (with the person raising concerns) specific areas to investigate that you respond under those headings.

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 and Facts**
   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). Opinions or personal points of view should not be included with investigation or response letters.

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 should they wish for an independent review. It is always helpful to add another copy of our Feedback 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".
- Avoid "justifying" paragraphs within letters – text that is "aligned" to the left of the page can often be easier to read than paragraphs that are justified. Left-aligned text creates a clear starting point for each line, making it easier for readers to find the beginning of each line. This natural flow aids readability, as our eyes are accustomed to scanning text from left to right.

E - Final Steps

- For Patient Safety and Experience complaints – ALWAYS 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 or other Senior Responsible Peron 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.

Quality & Patient Safety Lead - Updated January 2026