

STATEMENT OF PURPOSE
Health and Social Care Act 2008

Part 1: The provider's name, legal status, address and other contact details

Including address for service notices and other documents

1. Provider Details

Provider: Katharine House Hospice
Provider ID: 1-101635445
Status: A registered charity (registered number 1011712)
A company limited by guarantee (CRN: 2700516)

2. Registered Address: Weston Road
Stafford
ST16 3SB

Telephone: 01785 254645
Fax: 01785 247803
E-mail*: dfletcher@khospice.org.uk

By submitting this statement of purpose I am confirming my willingness for CQC to use the **email address*** supplied at Section 2 above for service of documents and for sending all other correspondence to Katharine House Hospice.

3. The full names of all partners in a partnership

Not applicable

Part 2: Aims and Objectives

(What are your aims and objectives in providing the regulated activities and locations shown in part 3 of this statement of purpose)

The needs Katharine House Hospice intends to meet

By the treatments and services it provides Katharine House Hospice intends to meet the individual, holistic needs of people with advanced, progressive, and life-limiting illnesses and their relatives, friends and carers. This includes physical, psychological, emotional, social and spiritual needs.

Vision, Mission, Objectives, and Values

Our Vision

People live well and die with dignity in a place of their choice.

Our Motto

Embracing life and living

Our Mission

We support local adults with complex, progressive illnesses from diagnosis to the end of life through free, high quality, specialist palliative care, advice and guidance, and we support those close to them.

Our Objectives

Katharine House Hospice is a provider of specialist palliative care services. We are here for our patients and those close to them. To achieve this:

1. We provide a range of high quality services
2. We seek to improve the quality of peoples' lives
3. We put our patients first
4. We listen to our patients and those close to them
5. We meet the needs of the individual

Our Values

We value people

- We treat people fairly and with respect
- We are open and honest
- We communicate effectively
- We listen
- We welcome difference and don't discriminate
- We value everyone who supports the hospice and the teams within it
- We value personal development

We value excellence

- We aim to exceed expectations
- We are always professional
- We spend the hospice's resources wisely

We value innovation

- We aim to continually improve what the hospice offers
- We look for new and different ways to develop how we do things

Our Philosophy of Care

'You matter because you are you' – Dame Cicely Saunders

At Katharine House Hospice we aim to provide sanctuary – time out from a busy world. Our environment is welcoming, warm, comfortable and safe– a place where hope is kept alive and laughter is often heard.

Our patients and those close to them can expect quality and choice in the services provided – they will have space for personal expression and help to achieve their desired goals.

Our specialist staff are educated to deliver individualised treatment and symptom control so as to maximise quality of life and optimise comfort. They can be trusted to apply their knowledge and skills in pursuit of excellence because our patients are special to us.

All staff, volunteers and friends of Katharine House Hospice believe in the human values of respect and compassion. We seek to empathise with all who access our services so that we can continue to meet the complex and changing needs of our patients and their loved ones.

Part 3: Locations and:

- **the people who use the service there**
- **their service types**
- **their regulated activity**

The information below is for location 1 of a total of 1 location.

Name of location: Katharine House Hospice

Address: Weston Road
Stafford
ST16 3SB

Telephone: 01785 254645

Email: care@khhospice.org.uk

Description of the location

(The premises and the area around them, access, adaptations equipment, facilities, suitability for relevant special needs, staffing and qualifications etc)

3.1 Patients' and Families' Facilities

Therapy and Wellbeing Centre

Facilities within the Therapy and Wellbeing Centre, for the use of outpatients, in-patients, carers, and the visiting public, are:

- Large patients' lounge
- Complementary therapy room
- Lymphoedema Treatment Rooms
- Clinic rooms
- A rehabilitation suite
- Two separate disabled access toilets, one disabled toilet within the bathroom and a visitors' toilet.
- A self-service Café and seating area

- The Therapy and Wellbeing Centre will be open Monday–Fridays offering a variety of services to patients and their carers.

In Patient Unit

Facilities within the In Patient Unit for the use of in-patients and their visitors are:

- From 9:00 a.m. to 5:00p.m. a welcoming reception area which also sells snacks, access to the reception area is 24 hours a day.
- A disabled access toilet
- Four large single bedrooms, with en-suite disabled access toilets

- Two 2 bedded bays, one with en-suite toilet, the other with en-suite disabled access toilet and wet room
- A lounge with drinks making facilities for patients and visitors
- A wet room, with a disabled access toilet.
- A body viewing room.

All bedrooms have seating for visitors, specially designed beds, piped oxygen, nurse call system, and patient locker. Two beds have ceiling hoists.

The inpatient unit also has facilities, which are not accessible for patients, used for their comfort, these are:

- A sluice
- Linen store

Gardens

The Hospice is surrounded on all sides by private gardens which are wheel chair accessible. There are patio sitting areas with garden furniture for use by patients and their families which are accessible from single bedrooms, 2 bedded bays and the in-patient lounge.

3.2 Staff Numbers and Qualifications

One Hospice Lead Nurse, 4 Senior Staff Nurses responsible for the day to day management of the In-Patient Unit including clinical quality and safety, standards of environmental cleanliness and the meeting the nutritional needs of patients.

The Inpatient Unit staff establishment for registered nurses is 8.5 WTE and 12.5 WTE for health care assistants. There are also two Nurse Associates and one Trainee Nurse Associate.

One Advanced Nurse Practitioner manages Wellbeing Centre including 1 Wellbeing Care Co-ordinator.

One Community Services Manager is responsible for our Hospice at Home service and Embrace Quality Care. Two At Home Team Co-ordinators manage the At Home Team, Respite for Carers and Embrace Quality Care Agency.

One Clinical Nurse Specialist manages the Lymphoedema Service which demonstrates an establishment of 1.4 wte registered nurses.

The Palliative Care Nurse Specialist team establishment is 5.5 wte registered nurses.

Over 90% of the registered nurses employed by Katharine House Hospice have over two years' experience in specialist palliative care and have completed courses commensurate with their role.

In addition services have access to a Medical Director who is a Consultant in Palliative Medicine and a small team of medical officers with a special interest in palliative care.

Both services also have access to complementary therapies, chaplaincy, counselling, physiotherapy and occupational therapy.

3.3 Our Treatments and Services

No. of approved places / overnight beds (not NHS): 8

CQC service user bands:

- Adults aged 18 – 65
- Adults aged 65+
- Physical disability

The CQC service type provided at this location: Hospice services (HPS)

Regulated activities carried on at this location:

- Treatment of disease, disorder or injury

Registered Manager for these regulated activities: David Fletcher.

Katharine House Hospice cares for individuals aged 18 years or over with a progressive, life-limiting illness and those close to them. The treatments and services provided by Katharine House Hospice are provided by the Wellbeing Centre, In Patient Unit, Lymphoedema Service and Community Services and these include:

- In patient care
- Wellbeing Centre
- Community Services; including Palliative Care Specialist Nurse team, Respite for Carers, At Home Team
- Lymphoedema clinic providing treatment for primary and secondary lymphoedema
- Bereavement support

People accessing these services will have access to:

- Bereavement support
- Chaplain
- Complementary therapists
- Counsellors
- Diversional therapies
- Medical staff
- Nursing staff
- Occupational Therapist
- Pharmacist
- Physiotherapist

All staff at Katharine House Hospice are appropriately trained for their role in caring for people with specialist palliative care needs and are cleared by the Disclosure and Barring Service (DBS) at the appropriate level.

The Embrace Quality Care Agency provides personal care delivered by healthcare assistants in the person's own home. Care is provided to individuals aged 18 years or over with health and/or social care needs regardless of their health status. This service is run by a subsidiary company of Katharine House Hospice; Embrace Quality Care Limited (registration number 08050417).

Katharine House Hospice works closely with primary and secondary care providers to deliver an integrated service to the people of mid Staffordshire.

Consultation with Patients

Katharine House Hospice is constantly reviewing its services. Comments and suggestions are actively sought from anyone who uses the hospice services, and these are used to inform service review and development.

Forms for service users to make suggestions are available in the Reception areas of Katharine House Hospice and Katharine House Clinic and on the In-Patient Unit.

Visiting Hours

The In Patient Unit has unrestricted visiting 24 hours a day to patients on the unit except by patient request.

Complaints Procedure

The overall objective is to seek to resolve the issue(s) raised to the complainant's satisfaction, subject to the complaint being justified. At the outset it is important to try to find out what a resolution looks like to the complainant.

Moderate and Serious complaints are acknowledged as soon as possible and normally within two normal working days. Complainants should be contacted after 10 normal working days and regularly thereafter (as appropriate).

Complainants should be informed of the outcome of their complaint within 20 normal working days.

Complaints may also be made to: Care Quality Commission, West Midlands, P.O. Box 1246, Newcastle-upon-Tyne NE99 5AG. Tel: 03000 616161.

Complainants who remain dissatisfied with the outcome of the investigation can escalate the issue to the Parliamentary and Health Service Ombudsman. For more information and / or to make a complaint visit: www.ombudsman.org.uk or call the Parliamentary and Health Service Ombudsman helpline to find out more: 0345 015 4033 open Monday to Thursday 8.30am to 5.00pm and Friday 8.30am to 12pm

Respecting the Privacy and Dignity of Patients

Katharine House Hospice delivers care to its patients that ensures their privacy and dignity are respected at all times.

Clinical Governance and Quality Monitoring

The hospice uses a clinical governance framework which designs and delivers quality and governance mechanisms to ensure that safe and effective care is delivered throughout its services. The framework informs how the organisation manages clinical risk, education & training, openness and candour, clinical effectiveness, research & development and audit. Outputs from each element of the framework are presented to Trustees for oversight and assurance.

Part 4 Registered Manager details

Including address for service of notices and other documents

The information below is for manager number: 1 of a total of: 1 manager working for the provider shown in part 1.

4.1 Manager's full name: David Carl Fletcher

4.2 Business address: Katharine House Hospice

Weston Road

Stafford

Staffordshire

ST16 3SB

Business telephone: 01785 254645

Manager's email address: dfletcher@khhospice.org.uk

4.3 Locations managed by the Registered Manager:

Katharine House Hospice

Weston Road

Stafford

ST16 3SB

Location ID: 1-111401938

Percentage of time spent at this location: 80%

4.4 Regulated activity managed by this manager:

- Treatment of disease, disorder or injury

4. 5 Locations, regulated activities and job shares

Where this manager does not manage all of the regulated activities listed at 4 above at all of the locations listed at 3 above, please describe which regulated activities they manage at which locations below.

- Not applicable

Senior Personnel

The Registered Manager:

David Fletcher, MCPARA. FInstLM. FHEA. BSc. MSc. PGCERT

Registered Manager ID: Awaiting allocation

Experience as follows:

Date	Organisation	Role
February 2020 to June 2022	Synergy Health Advisory Limited	Founding Director
July 2020 to June 2022	The University of Huddersfield	Senior Lecturer
January 2018 to February 2020	South Western Ambulance Service	Head of Operations
September 2016 to January 2018	Synergy Health Advisory Limited	Founding Director
April 2014 – September 2016	KPMG	Management Consultant
September 2006 – April 2014	North West Ambulance Service	Paramedic, Helicopter Paramedic, Senior Project Officer

The Nominated Individual:

Richard Soulsby, BA (Hons), PG Dip., MBA, PhD
Chief Executive

1999 to date	Chief Executive, Katharine House Hospice
1998 to 1999	Deputy Chief Executive, David Lewis Centre
1998	Acting Chief Executive, David Lewis Centre
1996 to 1998	Centre and Service Development Manager David Lewis Centre
1995	Financial Controller, David Lewis Centre
1993 to 1995	Independent Consultant
1990 to 1993	Healthcare Consultant Greenhalgh and Company Ltd
1985 to 1988	Information Services West Lancashire Health Authority

If you have any questions relating to the contents of this Statement of Purpose please contact David Fletcher on (01785) 254645 or email dfletcher@khhospice.org.uk

IN-PATIENT UNIT OPERATIONAL POLICY

POLICY

AND

PROCEDURES

Date Prepared:	July 2005
Officer Responsible:	Director of Care Services
Committee Responsible:	Clinical
Date Ratified:	July 2005
Next Revision Date:	February 2019
Required in Staff Handbook:	No
Required for Induction:	No
CQC Fundamental Standards	Regulation 9: Person Centred Care Regulation 10: Dignity & Respect Regulation 11: Need for Consent Regulation 12: Safe Care & Treatment

Revision Date	Officer	Committee	Date Ratified
January 2007	Director of Care Services	Clinical	January 2007
February 2008	Director of Care Services	Clinical	February 2008
April 2011	Director of Care Services	Clinical	May 2011
February 2016	Director of Care Services	Clinical	February 2016

Katharine House Hospice

In-Patient Unit Operational Policy

Role of the In-Patient Unit

1. The In-Patient Unit provides care to patients with an advanced life limiting illness that is not amenable to curative treatment.
2. Katharine House Hospice In-Patient Unit advocates a multi-disciplinary approach to care to meet the individual, holistic needs of patients and those close to them.
3. The In-Patient Unit provides holistic care to the patient, their family and friends. The unit provides specialist nursing and medical care, complementary therapies, social worker, physiotherapist, chaplaincy, carer support and counselling. These are incorporated into the patient's care as required. According to need patients and informal carers can access other services provided by Katharine House Hospice
4. The In-Patient Unit is a Palliative Medicine Consultant led unit.
5. Medical care is led by the Medical Director, who is a Palliative Medicine Consultant, and a team of medical officers.
Vocare out-of-hours medical service will be contacted for overnight medical emergencies.
6. There will be a senior Staff Nurse on call each night and over the weekend to provide support and guidance for nursing staff.
7. The In-Patient unit provides care 24 hours per day 365 days per year. Admissions to the unit are planned and therefore **emergency admissions cannot be accepted**. Admissions are not accepted overnight. At the weekend or on bank holidays admissions are **only** accepted which have been agreed by the preceding Friday.

Referral Criteria

1. Patients will have been diagnosed as having an advanced life limiting illness that is not amenable to curative treatment.
2. Patients will be admitted for a specific reason. There are five categories of admission;
 - a) Symptom Control
An admission with the focus on assessment and management of a patient's identified physical, spiritual and psychosocial needs
 - b) Planned Respite
An admission for planned, negotiated short-term care for the patient and/or informal carer, as part of a longer term care package.
 - c) End of Life Care
An admission with the expectation the care will be ongoing and the patient is in the latter stages of the disease. If the patient stabilises, re-assessment will be made and the criteria for continuation of admission or discharge, if appropriate, reviewed
3. The patient must be aware of their referral to Katharine House Hospice In-Patient Unit and, where possible, their consent obtained.

Katharine House Hospice cannot offer long-term care. To avoid expectations that cannot be met, the referrer should make this clear to the patient and their relatives when discussing the possibility of admission to the hospice. Respite patients will be given a date for discharge at the same time as a date for admission. Extended lengths of stay are only offered in exceptional situations and only where there are no other places of care which can meet the patient's needs. This is generally for patients with complex, intense and unpredictable needs.

The Referral Process

1. Patients may be referred by any health or social care professional. If a patient or relative requests admission they will be referred back to the health or social care professionals involved in their care.
2. The referrer must complete a Katharine House Hospice referral form (available on the website). This should either be posted or emailed to the hospice.
3. If the referral is initiated by telephone a completed Katharine House Hospice referral form must be received before the patient is admitted. The registered nurse taking the call will complete a Telephone Enquiry Form.
4. If a patient is referred and already receives care from another Katharine House Hospice service an internal referral form should be completed by a member of staff and handed to either the Nurse in Charge, Ward Manager or Medical Director.
5. All referral forms must be logged and filed in the Referral Folder kept in the Nurses' Office on the In Patient Unit.
6. On receipt of the referral, Nurse in Charge must call the referer to acknowledge receipt of referral.
7. All referrals will be given a hospice number
8. All referrals will be reviewed on Mondays to Fridays at 13:00.
9. A decision regarding admissions must be made jointly by the Bed Management Team which comprises Hospice Lead Nurse Medical Director or Medical Officer, Day Therapies Advanced Nurse Practitioner, Community Services Manager or Care Co-ordinator and Palliative Care Specialist Nurse.
10. Admissions will be planned according to the patient dependency levels, nurse staffing levels and medical cover on the In-Patient Unit. Decisions not to admit due to patient dependency levels or nurse staffing levels must not be made without discussion with the Director of Care.

Assessment

Admission will be decided solely on the basis of need and the ability of the hospice staff to meet those needs. Each patient referral will be assessed individually and it will be decided if admission to the In-Patient Unit is appropriate. Admissions will be prioritised according to need.

It may be appropriate to carry out a home assessment if sufficient information cannot be obtained from the referral form or the referrer.

Process

1. On admission an initial nursing assessment will be made, documented and agreed with the patient, of the patient's condition on arrival. An initial medical assessment will be made, documented and agreed with the patient, within one hour of admission including prescribing of any medications imminently due. Within 24 hours a full nursing and medical assessment will be made and documented and a fully completed care plan will be available.
2. Each patient will have a clear management plan outlined; this will be reviewed by nursing staff and a medical officer on a daily basis. Alterations to this plan will be made as required and in accordance with the patient's condition and symptoms.
3. In-house services which include complementary therapies, lymphoedema, physiotherapist, occupational therapist, social worker, counselling, spiritual care, carer support and bereavement support will be incorporated into the patient's care as required and with the consent of the patient or where the patient is unable to consent, in their best interests. This will be documented in their medical and nursing notes.
4. The patient will be referred to community services if appropriate; these services include PCNS, CNS, speech and language therapy and dietician. All treatments and progress will be fully discussed with each patient. The patient's care will be reviewed on a daily basis by the Medical and Nursing team.

Discharge from the In-Patient Unit

Katharine House Hospice supports the right of patients to choose where they will be cared for. The patient is free to leave Katharine House Hospice at any time during their hospice admission. Planned discharge will be discussed between the patient, carer, hospice team and community services, where appropriate. A case conference may need to be arranged prior to discharge to ensure that an appropriate package of care is in place for the patient and carer. If discharge to home is not an option, transfer to a nursing home may be discussed. A list of nursing homes may be given to the patient's next of kin with an explanation of palliative care funding.

In the event of a patient's death

Following the death of a patient at Katharine House Hospice the patient must be certified and it is the next doctor on duty who has the responsibility to organise this. When a doctor is not in the hospice nurse verification of death by appropriately qualified Registered Nurses may take place prior to the doctor certifying the patient's death. The patient should be kept in the hospice mortuary for no longer than 48 hours after death. The patient can be transferred to the requested funeral directors or hospital mortuary following verification and/or certification of the death.

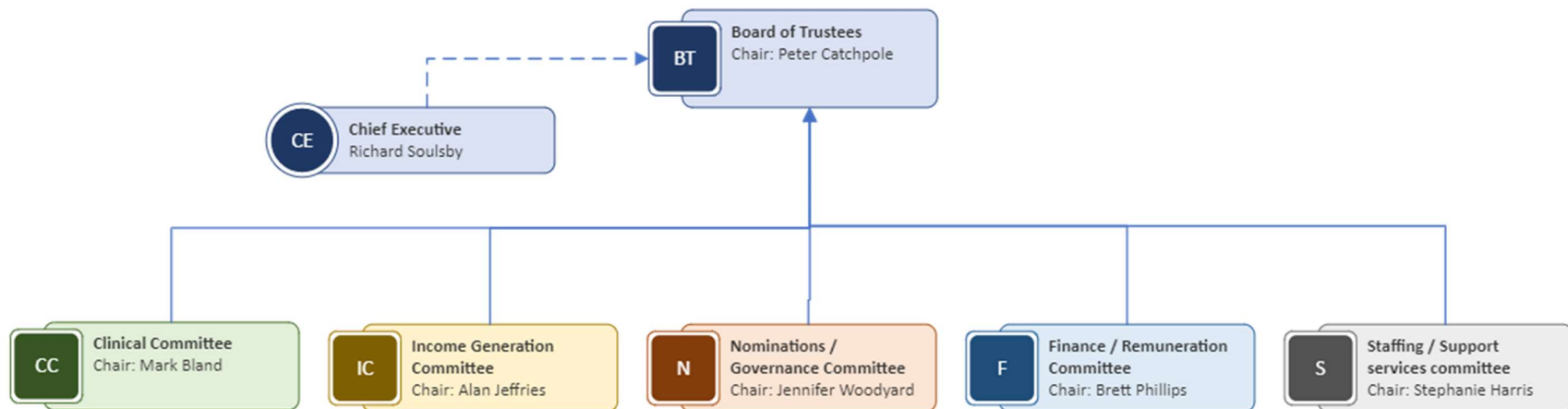
The relevant documentation, death certificate/cremation form should be completed by a Katharine House Hospice doctor who has seen the patient during their hospice admission. Where they are unable to do this, they are responsible for arranging the completion **by??**. Where cremation is to take place the doctor will arrange for completion of Part B of the cremation documentation. Nursing staff will arrange a convenient time with the next of kin to discuss after death arrangements. Nursing staff must complete the after death checklist.

Related policies

7.1.97 Verification of Expected Death

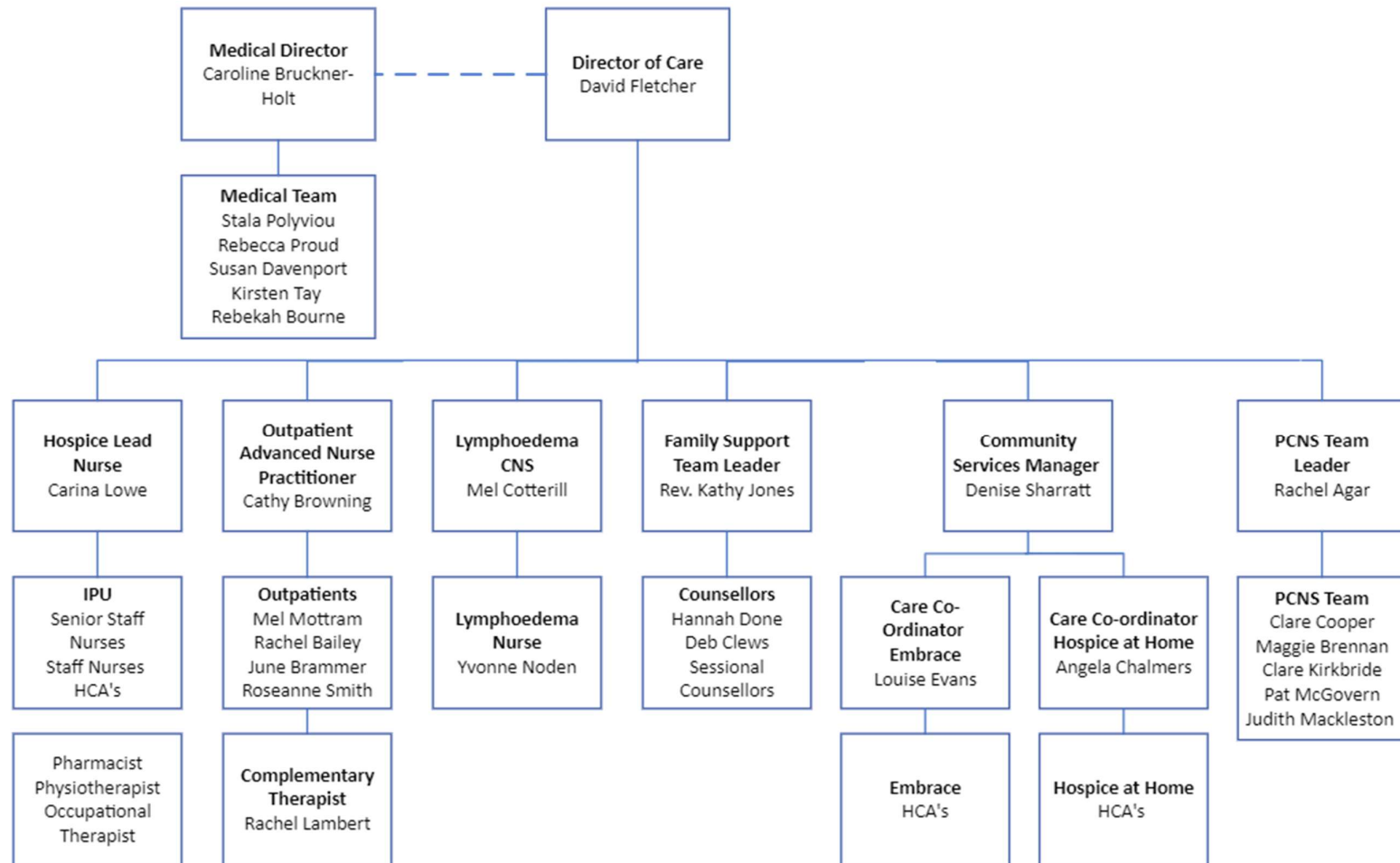
7.1.3.1 Pre-admission – In Patient Unit
7.1.4.1 Admission – In Patient Unit
7.1.5 Transfer/Discharge – In Patient Unit
3.1.1 Equal Opportunities

KATHARINE HOUSE HOSPICE TRUSTEE STRUCTURE



KATHARINE HOUSE HOSPICE

Care and Medical Directorate Structure



COMPLAINTS POLICY

Date Prepared: May 2005

Officer Responsible: Director of Care

Committee Responsible: Nominations and Governance

Date Ratified: July 2005

Next Revision Date: March 2024

Required in Staff Handbook: Yes

Required for Induction: Yes

Revision Date	Officer	Committee	Date Ratified
June 2008	Director of Nursing Services	Clinical	July 2008
January 2012	Director of Nursing Services	Nominations and Governance	February 2012
December 2014	Director of Care Services	Nominations and Governance	February 2015
October 2021	Chief Executive	Nominations and Governance	November 2021

KATHARINE HOUSE HOSPICE

COMPLAINTS POLICY

POLICY STATEMENT

1. Introduction

This policy is intended to standardise the handling of complaints across all areas of Katharine House Hospice (KHH). The Board of Trustees is committed to fostering a culture in which customers, patients, service users, those raising funds for the hospice, and the public feel able to raise concerns or make complaints and in which KHH learns lessons to improve peoples' experiences in the future and to remedy defects in aspects such as (but not limited to) KHH's policies, procedures, practices, staff attitudes, training, or the physical environment.

Trustees expect complaints to be handled in a timely manner and to be resolved as quickly as possible depending on the extent of information required to understand the complaint that has been made.

All complaints, however minor, must be recorded and reported and will be held on a central complaints register. Complaints will be used to improve the way Katharine House operates, reduce incidents, and improve the overall quality of the public's experiences in their interactions with the organisation.

Complaints should be handled in accordance with the Standard Operating Procedure for Managing Complaints.

2. Scope

This policy

- relates to all aspects of the management of complaints.
- applies to all activities of Katharine House Hospice within all departments and across all sites. These will principally be in care services, retail, the raising of funds, and the administration of the charity,
- is aimed at all staff employed by Katharine House Hospice. This includes permanent and temporary staff, volunteers and contractors and informs them of their responsibilities in relation to the management of complaints.

Please note that complaints from an employee about an employment related matter should go through the grievance procedure.

3. Definitions

A **complaint** is negative feedback or an expression of dissatisfaction about the standard of service or goods supplied, actions or lack of action by the organisation or its staff that affect an individual or group of individuals.

4. Receiving complaints

Complaints received in writing should be passed to the relevant line manager, and when in doubt to the relevant executive manager for response.

Complaints received verbally should be recorded by the member of staff or volunteer who hears the complaint and this record passed to the relevant line manager, and when in doubt to the relevant executive manager for response.

In the event that a complaint relates to an injury or to financial loss, no immediate apology should be made until the issue has been raised with our insurers. The Chief Executive and H&S Manager should be informed as soon as possible so that they can contact the insurers.

4.1 Aggressive verbal complainants

Where a complaint is made in an aggressive manner, face-to-face, staff and volunteers are only expected to manage the complainant to the extent that they are confident and competent to do so. Such instances may be recorded as both a complaint and reported as an incident. In these circumstances staff and volunteers should not become defensive or aggressive but rather state that the complaint will be passed on and looked into.

5. Categorisation of complaints

Trustees require all complaints to be categorised as one of:

1. Serious
2. Moderate
3. Minor

All “Minor” complaints are those that do not require a formal response from the organisation, see the SOP for more detailed definitions

Trustees require all serious complaints to be reported to them at or before the next board meeting.

6. Responses to complaints

There are four situations envisaged:

1. Where a complaint has been made anonymously or no response is possible due to a lack of information provided by the complainant.
 - No response *however, these complaints must still be investigated*
2. Where a straightforward response can be given immediately in person at the time the complaint was made or within 2 days by telephone or e-mail, especially when no investigation is required.
 - The complainant should be thanked for raising the issue
 - A summary of the response should be written down if it is made verbally or copies of emails or letters must be kept.
3. Where some level of investigation is required and/or a more formal response is required or expected by the complainant the executive manager should be informed, see table overleaf. Responses should be made as soon as practical and no less than 10 working days after the complaint is made.
4. Where a complex or lengthy investigation is required (for example if witnesses are not available – or information takes time to gather), complainants should be kept informed of progress.

It is expected that all responses will be provided within 20 working days.

Records must be kept of:

- Liaison with the complainant
- Investigation
- Outcome letters or responses.

There must be liaison with complainants, unless they have stated they do not want this or we do not have their contact details.

All complaints must be investigated using a thorough and impartial approach and must be dealt with in a transparent, fair, and swift manner.

Where mistakes have happened, we must acknowledge them, apologise, explain what went wrong and remedy them as quickly and effectively as possible, taking steps to prevent recurrence.

At KHH responses to complaints are to be (normal working days are Monday to Friday excluding bank holidays):

Minor Complaints

1. Immediate response, face-to-face, telephone, e-mail.
2. Acknowledge complaint has been made.
3. Record complaint
4. No further action

Moderate or Serious complaints

1. Acknowledge complaint has been made within 2 normal working days
2. Inform line manager and executive manager
3. Record complaint
4. Determine whether an investigation is required and if it is the executive manager is to determine who is to do this.
5. Respond within 10 normal working days or update the complainant on progress
6. Respond by letter, email, or phone. Responses to serious complaints must be signed off by an executive manager.
7. All responses must contain an option to appeal the outcome.
8. Identify any learnings and if there are learnings draw up and implement an action plan.

6.1 Complaints About Trustees

If a complaint is made about a Trustee then another Trustee, who is independent of the complaint, will oversee a response to the complaint.

7. Appeal Process

Complainants should be afforded the opportunity to have their complaints reviewed. Where a finding is made and reported to the complainant the complainant should be informed of their right to appeal the outcome and how this may be done.

Decisions on how to handle appeals will be made by the chief executive and chairman or vice chairman. It is required that appeals are acknowledged within two working days and expected that the appeals process will take 20 normal working days. All responses to appeals are to be signed off by a trustee and are to be made in a formal letter – whether posted or attached to an email. There will be no further right to appeal.

All appeals and their outcomes are to be recorded.

8. Internal and Statutory reporting

Numbers of complaints are to be reported to trustees at the least by the seriousness of the complaint. More serious complaints require the following actions to be taken.

8.1 Safeguarding related complaint

Where a complaint relates to a safeguarding matter the organisation's safeguarding policy must be followed, with reporting to relevant local agencies, potentially the police.

The Director of Care or Chief Executive should handle the complaint and must both be informed of the complaint. These executives will ensure others are informed as necessary, including:

- the Trustee with lead responsibility for safeguarding
- the Care Quality Commission
- the Charity Commission
- the chairman / vice chairman
- the chairman of the clinical committee
- All trustees

8.2 Data breach

A serious complaint relating to a serious data breach must be reported to the chief executive and to the Information Commissioners Office

9. Standard Operating Procedures (SOP)

The SOP which support this policy ensures that there is a consistent process for acknowledging, investigating, apologising and explaining any necessary remedial action when mistakes are made. It also provides operational details on actions to be taken and issues to consider in relation to matters such as supporting the complainant, General Data Protection Regulations.

10. Legislation Requirements

The following legislation contributes to the Complaints and Adverse Comments Policy:

- The Care Act 2014
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015
- Data Protection Act 2018
- The General Data Protection Regulation (GDPR)
- The Local Authority Social Services and National Health Service complaints (England) regulations 2009

- Public Interest Disclosure Act 1998

The CQC monitor compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and they have statutory powers to deal with any breaches.

11. Roles and Responsibilities

As an integral part of a culture of continuous improvement that supports organisational and personal learning, Katharine House Hospice expects candour, openness and honesty at all levels.

Chief Executive

- Overall responsibility and accountability for ensuring compliance with KHH's statutory obligations – especially reporting requirements.
- Reviewing all complaints on a regular (monthly) basis
- Responsible for ensuring that action is taken, if necessary, in light of the outcome of a complaint.
- Chief Executive may delegate responsibilities to other designated Executive Team members as appropriate.

Director of Care

- Overall responsibility and accountability for ensuring compliance with KHH's statutory obligations – especially reporting requirements under our registration with the Care Quality Commission.
- Investigating or overseeing the investigation of all care and clinical related complaints.

Board of Trustees

- Receive information on complaints and consider the details of all serious complaints

Nominations and Governance Committee

- Oversee the management of complaints, ensuring that quality responses are given, complaints are handled effectively and fairly without discrimination and that learning outcomes are identified, acted upon and embedded and that any learning is put into practice
- Receive and consider detailed quarterly reports and trend analysis regarding all complaints

Other Committees

- Receive and consider detailed quarterly reports and trends analysis regarding all complaints relating to:
 - Care Services - Clinical Committee (complaints relating to Embrace Quality Care (EQC) are also reported to the EQC Board)
 - Voluntary Services - Staffing and Support Services Committee
 - Support Services - Staffing and Support Services Committee
 - Retail, Fundraising, Lottery - Income Generation Committee

Executive Team

- Responsible for ensuring that procedures are developed, agreed and implemented throughout Katharine House Hospice and monitored as appropriate

- Accountable for ensuring that their staff follow due process to ensure resolution of concerns and complaints and to ensure that those handling matters do not treat complainants differently as a result of raising concerns.
- Responsible for leading investigations in complex cases in their areas of responsibility
- Responsible for ensuring that any actions identified as a result of the investigation of complaints are carried out.
- Support Operational Managers in the implementation of the complaints process

Operational Managers

- Responsible for ensuring all new staff during their induction are trained to recognise and report a complaint
- Responsible for ensuring staff feel confident to report complaints
- Responsible for overseeing the investigation of complaints
- Responsible for supporting staff involved in a complaint
- Responsible for implementing improvements as a result of concerns or complaints raised

All Staff and Volunteers

- Responsible for compliance with this policy and its related SOPs and fully participating in the resolution of complaints and concerns by listening to the views and acting appropriately to resolve and learn from any issues raised.
- Responsible for contributing to learning and improvements as a result of concerns and complaints and ensuring that complainants are not treated differently as a result of raising a concern or complaint.

12. Education and Training

12.1 Induction Requirements

Information will be provided on:

- What is a complaint
- How to receive a complaint
- The complaints policy and SOP

Further advice and information will be available on the KHH intranet

- How to support someone making a complaint
- The complaint process

13. Equality and Diversity

KHH aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, KHH has due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which KHH is responsible, including policy development, review and implementation

14. Related Policies

- Safeguarding Policy
- Confidentiality Policy
- Whistleblowing Policy
- Duty of Candour Policy

15. References

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: 'Regulation 16 Receiving and acting on complaints'

<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-16-receiving-acting-complaints>

The Local Social Services and National Health Service Complaints (England) Regulations 2009

<https://www.legislation.gov.uk/uksi/2009/309/contents/made>

The Care Act 2014

<https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Data Protection Act 2018

www.legislation.gov.uk/ukpga/2018/12/contents/enacted

The General Data Protection Regulation

<https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted>

Public Interest Disclosure Act 1998

<https://www.legislation.gov.uk/ukpga/1998/23/contents>

16. Care Quality Commission

Regulation 16: receiving and acting on complaints

Regulation 18(e): Notification of Other Incidents of “any abuse or allegation of abuse in relation to a service user”

Standard Operating Procedure

Title: Process for Managing a Complaint

Version: 1.0

Scope:

All departments and all areas of Katharine House Hospice and its subsidiary companies.

Purpose and scope:

- To establish a responsive, flexible, effective and consistent approach to the management of complaints
- The Standard Operating Procedures which support The Complaints Policy ensure that there is a consistent process for acknowledging, investigating, apologising and explaining any necessary remedial action when mistakes are made.

Definitions:

A **complaint** is negative feedback or an expression of dissatisfaction about the standard of service or goods supplied, actions or lack of action by the organisation or its staff that affect an individual or group of individuals.

Receiving complaints

When receiving a complaint verbally staff and volunteers should be constructive in helping to ensure the complainant is able to express their complaint clearly and have it dealt with appropriately. It is desirable to capture:

1. the nature of the complaint
2. the person's name
3. contact details: address, phone number, e-mail address
4. if possible the resolution being sought

If it is not possible to capture items 2 to 4 then at the least the nature of the complaint should be recorded.

Overview of the procedures for managing complaints

For minor complaints where no response is expected then no further action is required, but a response may be given at the time or via a rapid contact by a line manager.

The overall objective is to seek to resolve the issue(s) raised to the complainant's satisfaction, subject to the complaint being justified. At the outset it is important to try to find out what a resolution looks like to the complainant.

No immediate apology should be given for personal injury or financial loss without discussion with our insurers. Inform the Chief Executive and H&S Manager immediately so that they can liaise with our insurers.

For more serious complaints an investigation (getting other peoples' statements, ascertaining facts) may be required, findings are needed, and an outcome determined.

If a complaint is made about a Trustee then another Trustee, who is independent of the complaint, will oversee a response to the complaint.

Standard Operating Procedure

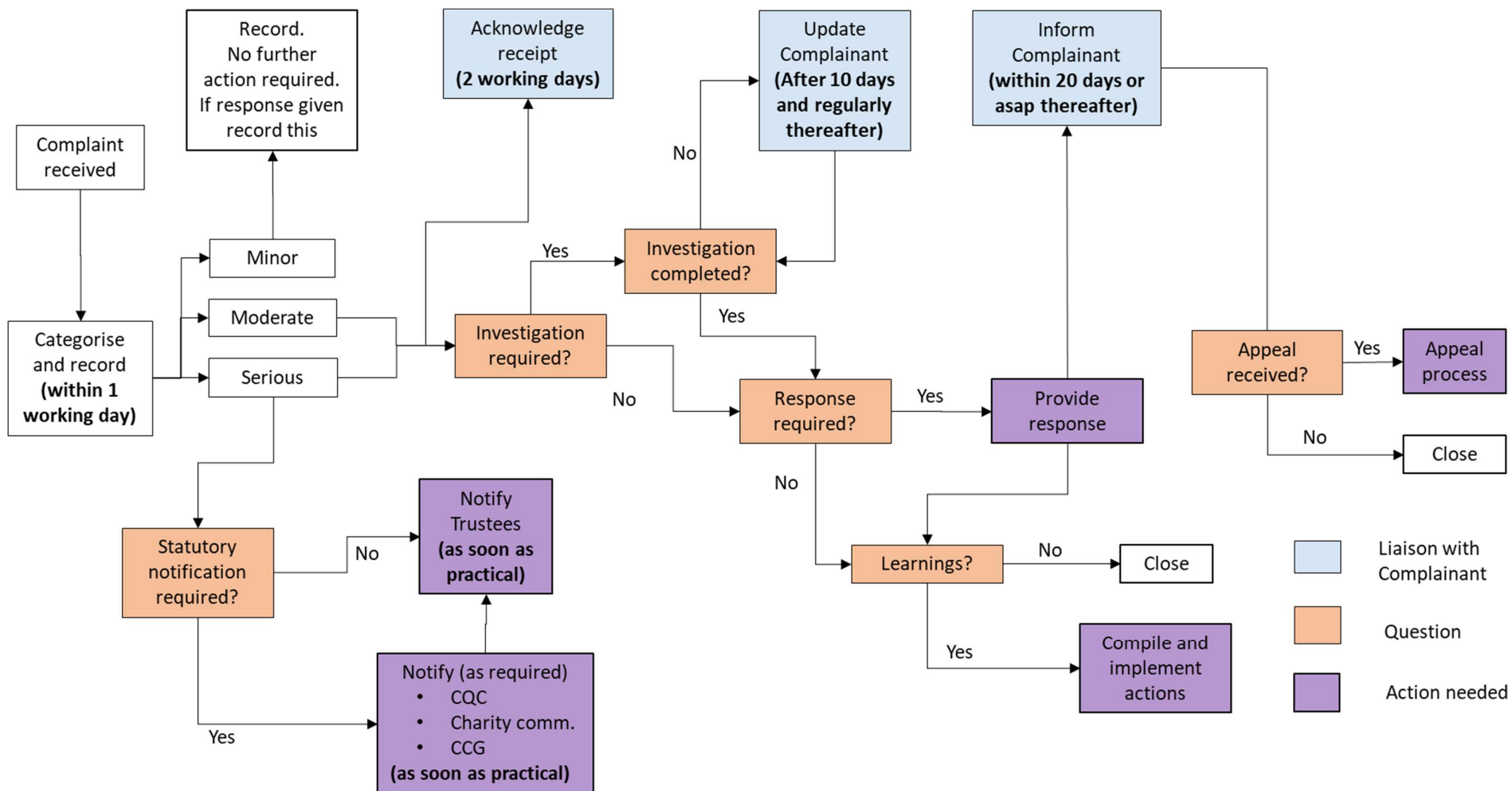
If we find a complaint is justified we need to apologise and tell the complainant what we are going to do.

If we find a complaint is not justified we need to tell the complainant this but still consider an apology for the complainant's experience.

If a complaint is unreasonable we may have simply have to say we do not uphold the complaint.

Chart 1, overleaf, provides a high level overview of the process that should be followed in regard to a complaint (although it does not indicate the reporting requirements).

Chart 1 Process for managing a complaint



Categories of Complaint

Complaints must be categorised as:

Category	Serious	Moderate	Minor
Description	<i>Potential to have significant implications on reputation or finances and/or has caused a high level of distress.</i>	<i>Some implications and/or distress but not substantial</i>	<i>Negative feedback where no response is expected</i>
Examples	<p><i>"My mother is covered in bruises that were caused by your nurses"</i></p> <p><i>"The bookcase I bought from your shop collapsed and injured my wife"</i></p>	<p><i>"Your receptionists were rude"</i></p> <p><i>"The food at your Ladies Lunch was cold and inedible for everyone on my two tables."</i></p> <p><i>"Your driver wouldn't take away my large desk"</i></p>	<p><i>"You sent my thank you letter to my old address and I've moved house".</i></p> <p><i>"Your prices are too high"</i></p>

Specific Procedure:

Minor complaints

Who: Whoever receives complaint
 What: Use form xxx on the KHH intranet and submit to complaints@khhospice.org.uk
 Or
 Complete form on Sentinel Software
 When: Preferably same day as complaint is received or within 1 work day

Moderate and Serious complaints

Who: Whoever receives complaint
 What: (1) Use form xxx on the KHH intranet and submit to complaints@khhospice.org.uk
 (2) Inform Head of Department/Line Manager and Executive Manager
 Or
 Complete form on Sentinel Software
 When: Preferably same day as complaint is received or within 1 work day

Who: Administration Manager or nominated person in her absence
 What: (1) Categorise the complaint on the register

- (2) If serious inform Chief Executive and, if care related, the Director of Care by email, in person, or by phone
 - (3) Ensure Executive Manager is aware of complaint by email, in person, or by phone
- When: Preferably same day as complaint is received or within 2 normal working days

If a serious complaint

- Who: Chief Executive or/and Director of Care
- What: (1) If required make a statutory notification
(2) Inform trustees by email
- When: Preferably same day as complaint is received or within 4 normal working days
-
- Who: Executive Manager
- What: (1) Arrange for acknowledgement of complaint (by email or phone)
(2) Decide whether an investigation is required
(3) Decide who is dealing with the complaint (the Respondent)
- When: Preferably same day as complaint is received or within 2 normal working days
-
- Who: The Respondent
- What: (1) Carry out investigations as required
(2) Keep complainant updated as required (by email or phone)
(3) Formulate response (see response section below)
- When: Keep complainant updated after 10 days and regularly thereafter
A response is expected within 20 normal working days.

Communication with Complainants

The main aims of communication with the complainant should be to:

1. Acknowledge receipt of the complaint and thank the complainant for their comments
2. Explain what will happen next
3. Share details of any investigations including findings and outcomes
4. Apologise when mistakes have been made and explain any remedial action
5. Establish whether the complainant is satisfied, whether there is more we could do and (for serious complaints) whether they wish to appeal.

Depending on the nature of the complaint the above may be conveyed in one call or email (for very simple, minor complaints) or could require several calls, emails and even letters.

Timescales

Moderate and Serious complaints should be acknowledged as soon as possible and within two normal working days.

Complainants should be contacted after 10 normal working days and regularly thereafter (as appropriate)

Complainants should be informed of the outcome of their complaint within 20 normal working days.

Responses

The guidance below is general as each complaint will have its own unique circumstances.

Minor complaints

1. No response is required.
2. Record response if any is given.

	Serious	Moderate
Nature	Always written: either in an e-mail or in a letter	Expect to write email or letter, but can be verbal if appropriate
Verbal responses	No	Record response given
Acknowledge complaint	Always – outline our understanding of the issues	Usually outline our understanding of the issues
Investigation	Outline what investigations (if any) took place and provide information on the key points of “fact”	
Findings	Give your findings	Give any findings if appropriate
Outcomes	Always give an outcome, (see following sections)	Usually give outcome when an investigation has taken, may not need to if responding verbally
Apology	See following sections	
What we are going to do	<p>Where we have identified internal actions – for example reviewing policies, procedures, or guidelines or providing additional training – we should outline this to the complainant. This is more important the more serious the complaint and if we are upholding the complaint.</p> <p>Complainants want to know what we are doing to prevent a recurrence so include any learnings in the response.</p>	
Right to appeal	Always – outline how this can be done (usually in writing via email or a letter) and who to contact	<p>Either a right to appeal or a right to have a complaint reviewed.</p> <p>Outline how this can be done.</p>

Outcomes

There are two types of outcome: one given to the complainant and a more detailed one for our records. These are:

Findings	To complainant	Internal records
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The complaint was fully justified	Upheld	Upheld in full
Most of the complaint was justified	Upheld	Substantially upheld
Parts of the complaint were justified	Upheld in part	Partially upheld
Whilst the majority of the complaint was not justified some points were valid	Upheld in part	Small parts are upheld
The complaint was not justified	Not upheld	Not upheld
You cannot determine what happened	Can't make a finding	Not determined

There may be occasions when you cannot determine what has happened. It is advisable to discuss with a colleague to see if they can form a view. If this remains the case you need to be clear with the complainant that you cannot reach a finding and give them the right to have the matter reviewed. An apology for their experiences may still be appropriate.

Writing an apology

Where we are upholding a complaint to any extent, we must apologise for what went wrong.

Where we are not upholding a complaint, we may still apologise for the experiences of the complainant BUT we must be clear that the complaint is not being upheld.

Appeal

The process for handling appeals to our response to a complaint is:

1. All appeals are to be co-ordinated by the chief executive.
2. All appeals are to be notified to the chairman.
3. The chairman and chief executive will determine how the appeal is to be handled.
4. Two people, including at least one trustee, must review the findings of the appeal and sign off the response.
5. Acknowledgement of receipt of an appeal should be done within 2 working days and details of how it will be handled should be forwarded to the complainant.
6. It is expected that appeals will take 4 weeks (20 working days) to formulate a response.
7. Regular contact as appropriate should be maintained with the complainant.
8. A formal meeting with the complainant should be considered.

Reporting and Governance

Board of trustees

1. Summary data on complaints received
2. Details of serious complaints

Nomination and Governance Committee

1. Summary data on all complaints received – with some level of analysis

2. Details of all moderate and serious complaints

Relevant Committees

1. Details of all moderate and serious complaints relevant to their area of governance.

Forms / Templates to be used (to be updated)

Notification of a Complaint

Complaint Investigation & Findings

Internal References:

KHH Complaints Policy

External References

None.

Document Control

	Name	Role	Signature	Date
Author	Richard Soulsby	Chief Executive		
Reviewer				
Responsible committee	Nominations & Governance Committee			
Electronic location				
Effective date		Review date		

Change history

SOP version no.	Date Implemented	Significant changes
V		Not applicable

CONFIRMATION OF SOP TRAINING RECORD

A copy of this record may be kept in your personal training file to confirm your training in this SOP.

SOP Details: To be completed by the SOP Controller	
Title of SOP	Process for Managing a Complaint or Adverse Comment
Reference Number	-
Version	1.0
Issue Date	<i>Insert Date Issued</i>
Implementation Date	<i>Insert Agreed Date for Implementation.</i>

Personnel Details	
Name	
Job Title	
Date of Training	
Nature of Training	<i>Self Directed / Delivered by etc</i>
Records of any meetings to clarify details in SOP	

Signatures
I confirm that I have read and consider myself to be sufficiently trained in the above Standard Operating Procedure with regards to my individual roles and responsibilities
Signature of Trainee Date
I confirm training in the above SOP was delivered as recorded above and that the trainee may be considered sufficiently trained in their roles and responsibilities
Signature of Trainer Date
Additional Notes & Signatures
Signature of Trainer Date