**STATEMENT OF PURPOSE**

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)

Registered Address: Weston Road

 Stafford

 ST16 3SB

Telephone: 01785 254645

Fax: 01785 247803

E-mail: amarston@khhospice.org.uk

1. Vision, Mission, Objectives, and Values

## Our Vision

### Exceeding Expectations

## Our Motto

### Embracing life and living

## Our Mission

### To offer the best care so that people in our community affected by progressive illnesses can live their lives to the full.

## 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

**1. We value people**

* + We treat people with dignity and respect
	+ We do not discriminate and welcome diversity
	+ We are open and honest
	+ We encourage effective communication
	+ We value everyone who supports the work of the hospice
	+ We value the different teams that make up our hospice
	+ We continually develop and enhance the skills of our staff and volunteers

**2. We value excellence**

* + We seek to excel in all we do
	+ We are professional in our approach
	+ We use our resources effectively
	+ We seek to maintain our good reputation

**3. We value innovation and enterprise**

* + We look for new and innovative ways of doing things
	+ We look to continuously improve what we do

## 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 a 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.

1. Our Treatments and Services

Katharine House Hospice is registered with the Care Quality Commission to provide the following regulated activities:

* Treatment of disease, disorder or injury
* Diagnostic and screening procedures

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 Day Therapy Unit, In Patient Unit, Katharine House Clinic and Community Services and these include:

* In patient care
* Day Therapy
* Well-being day offering out-patient clinics
* Community Services; including Respite for Carers, At Home Team
* Carer support groups for the main informal carers of people with a progressive, life-limiting illness
* 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
* Social Workers

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 Criminal Records Bureau 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.

1. Fees

## Fees will be charged by the Embrace Quality Care Agency at published rates.

 All other services provided by Katharine House Hospice are free of charge.

1. 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.

Embrace Quality Care Agency provides personal care provides personal care to individuals aged 18 years or over in their own homes regardless of their health status.

1. Locations of Services

The main location for the provision and management of services is:

 Katharine House Hospice

 Weston Road

 Stafford

 ST16 3SB

Location ID: 1-111401938

The lymphoedema and some of the counselling services are provided from our nearby clinic which operates within the registration of the hospice location but can be found at:

 Katharine House Clinic

150 Weston Road

 Stafford

 ST16 3RU

1. Patients’ and Families’ Facilities

## Day Unit

 Facilities within the Day Unit for the use of day therapy and in-patients, carers, outpatients and the visiting public are:

* Large patients’ lounge
* Quiet Room
* Dining room
* Activity room
* Complementary therapy room
* Patients’ bedroom
* Clinic rooms
* A rehabilitation suite
* Two separate disabled access toilets, one disabled toilet within the bathroom and a visitors’ toilet.

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

* A kitchen

 Day Therapies has an Operational Policy (Appendix 1).

##  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 8.30 p.m. a welcoming reception area which also sells snacks, access to the reception area is 24 hours a day.
* A disabled access toilet
* Non-denominational chapel
* Two large family bedrooms, both with overnight sofa-beds for relatives, en-suite disabled access toilet and shower.
* Two large single bedrooms, with en-suite disabled access toilets
* Two 3 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 bathroom with disabled access hydraulic operated bath with Jacuzzi facility and toilet facility.
* A wet room, with a disabled access toilet.
* A body viewing room.
* On the first floor, relatives’ accommodation with two twin beds, food preparation and drinks making facilities with en-suite toilet, bath and shower facilities.
* A lift to the relatives’ accommodation

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:

* An industrial standard laundry
* A sluice
* Linen store

 The In-Patient Unit has an Operational Policy (Appendix 2)

1. Staff Numbers and Qualifications

One Matron, a registered nurse, who is accountable for clinical quality and safety within the In-Patient Unit and Lymphoedema Clinic, and standards of environmental cleanliness and the meeting the nutritional needs of patients.

One Ward Sister who is responsible for the day to day management of the In-Patient Unit.

The Inpatient Unit staff establishment for registered nurses is 15.1 wte and for health care assistants is 10.30 wte.

One Advanced Nurse Practitioner who manages Day Therapies.

The Day Therapies staff establishment for registered nurses is 1.8 wte and for Health Care Assistants is 2.46 wte

One Community Services Manager who is responsible for our Hospice at Home service and Embrace Quality Care.

Two At Home Team Co-ordinators who manages the At Home Team, Respite for Carers and Embrace Quality Care Agency.

 The Lymphoedema Clinic staff establishment is 2.4 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 has completed specialist training in palliative medicine, 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, social work, physiotherapy, occupational therapy and patient transport.

1. Organisational Structure

The organisational structure for Katharine House Hospice is attached at Appendix 3 and 4.

1. 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. Katharine House Hospice has a Patient User Forum held in the Day Therapy Unit, quarterly, where patients can comment on current services and make suggestions on future developments. This Forum is also used to discuss patient leaflets and for comments on policies and procedures. Patient and Carer Questionnaires are distributed annually to obtain their views about the services currently offered.

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.

1. Visiting Hours

The Day Unit is open to patients between 10am and 3.30pm. The In Patient Unit has unrestricted visiting 24 hours a day to patients on the unit except by patient request.

1. Complaints Procedure

Katharine House Hospice seeks to resolve all complaints as quickly as possible. Complaints may be of a formal or informal nature. It is the Hospice’s intention that complaints should be dealt with at the lowest level of the organisation possible. However, when a more serious or complex complaint is made then a longer period of time may be required and a more formal resolution reached. Complainants will receive a written acknowledgement within two working days of receipt of their complaint (unless a full reply can be sent within five working days). A full response will be given within 20 working days of receipt of the complaint, or where the investigation is still in progress, a letter explaining the reason for the delay and a full response within five working days of a conclusion being reached. Complaints may also be made to: Care Quality Commission, West Midlands, P.O. Box 1246, Newcastle-upon-Tyne NE99 5AG. Tel: 03000 616161. A copy of the Complaints policy is at Appendix 5.

1. 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.

1. Clinical Governance and Quality Monitoring

The Clinical Governance structure is at Appendix 6

The hospice has an annual audit programme and a number of strategies are employed to monitor the quality of the services and staff performance e.g. appraisals, competencies, trustee inspections, user satisfaction, Patient User Group.

1. Senior Personnel

## The Registered Manager:

Sally Whitmore, RGN, DPSN (Tissue BSc (Hons), Specialist Practitioner – District Nurse, PGCE

Registered Manager ID: 1-181443976

Experience as follows:

2017 Director of Care, Katharine House Hospice

2010 – 2017 Community Services Manager, Katharine House Hospice

2005 – 2010 District Nurse / Practitioner Health Lecturer (Tissue Viability)

University of Nottingham

2004 Nurse Advisor, NHS Direct – Nottingham

2003 – 2004 District Nurse, Plymouth PCT

2002 - 2003 Student District Nurse undertaking BSc (Hons) Community Health Care Nursing

2000 - 2002 Primary Care Nurse / Research Nurse for Medical Research Council (WISDOM Project)

1994 – 2000 Combined Practice/Community Nurse Tissue Viability – responsible for developing a community Tissue Viability Service

1987 – 1994 Sister, Accident and Emergency Department Royal Free Hospital, London

1986 – 1987 Staff Nurse, Accident and Emergency Department Royal Free Hospital, London

1985 – 1986 Staff Nurse, Accident and Emergency Department St Charles Hospital, London

1984 – 1985 Staff Nurse, Male Medical Ward St Charles Hospital London

## The Nominated Individual:

Richard Soulsby, BA (Hons), PhD, PG Dip.

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 Sally Whitmore, on (01785) 254645 or email swhitmore@khhospice.co.uk

***DAY THERAPIES OPERATIONAL***

7.1.73

***POLICY***

***AND***

***PROCEDURES***

Date Prepared: March 2003

Officer Responsible: Director of Nursing Services

Committee Responsible: Clinical

Date Ratified: May 2003

Next Revision Date: April 2017

Required in Staff Handbook: No

Required for Induction: No

CQC Fundamental Standard 4 – Safe and Appropriate Care & Treatment

 1 – Person Centred Care

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| --- | --- | --- | --- |
| **Revision Date** | **Officer** | **Committee** | **Date Ratified** |
| July 2005  | Director of Nursing Services | Clinical | July 2005 |
| February 2008 | Director of Nursing Services  | Clinical  | February 2008 |
| January 2012 | Director of Nursing Services  | Clinical  | January 2012 |
| April 2014 | Director of Nursing Services | Clinical | July 2014 |

**Day Therapies Operational Policy**

## Role of Day Therapies

1. Day Therapies is part of the holistic, specialist palliative care service provided by Katharine House Hospice.
2. Katharine House Hospice Day Therapies advocates a multi-professional approach to care to meet the individual, holistic needs of patients and those close to them
3. Day Therapies is, primarily, a nurse-led service.
4. Day Therapies is a source of information and advice regarding patients’ palliative care needs.
5. Day Therapies provides diversional and therapeutic activities that are intended to help patients maximise their quality of life.
6. Day Therapies patients will usually attend once or twice a week. In exceptional circumstances, patients may attend up to four times per week for a limited period of time.
7. Day Therapies is open four days per week, Monday, Tuesday, Wednesday and Friday from 10 am to 3.30 pm. Day Therapies is closed on Bank Holidays. Written notice will be given to patients prior to closures.
8. Day Therapies complements the service provided by other health and social care agencies in the area.

## 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 have an identified physical, social, psychological and/or spiritual need to attend Day Therapies. This may include, for some, attending in order for the carer to have respite.
3. The patient’s General Practitioner will remain lead physician of the patient’s care and Day Therapies’ nursing staff will work in partnership with District Nursing Services and the Macmillan Team to co-ordinate the patient’s care whilst at Day Therapies. Katharine House Hospice medical staff will liaise with the patient’s General Practitioner and Hospital Consultant regarding medical care.
4. Patients must be well enough to be transported to Day Therapies by car or minibus and able to sit in a reclining chair.
5. Access to and from a patient’s home must be deemed safe following risk assessment by the Day Therapies team in consultation with other disciplines (including volunteers) caring for the patient. In situations where the risk of injury to patient or staff is assessed as high, referral may be refused.
6. Day Therapies advocates holistic care for the patient, their family and friends. The service provides specialist nursing and medical care, complementary therapies, counselling, chaplaincy, carer support and bereavement services which are incorporated into the patient’s care as required and according to need can access other services provided by the Hospice.

## Referral

Patients may be referred by a health or social care professional; the patient must be aware of the referral and have given their consent. The patient’s General Practitioner, the referrer and any other health or social care professional will be informed that the patient is attending. A completed Hospice referral form will always follow a verbal referral. The referral form will be completed by a health or social care professional prior to any contact being made by Katharine House Hospice

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 Day Therapies is appropriate. Admissions will be prioritised according to need.

A decision regarding admissions will be made by the Director of Nursing Services, Matron, Sister (IPU) or Advanced Nurse Practitioner (Day Therapies). In complex cases or if the patient has a condition with which the service is unfamiliar the referral will be discussed with the Medical Director or their deputy.

Admissions will be planned according to the availability of a Day Therapies place, patient dependency levels and staffing levels. Decisions not to admit due to patient dependency or staffing levels must not be made without discussion with the Director of Nursing Services or the Matron.

If a patient is referred and is already receiving care from another Hospice service, an internal referral form should be completed by a member of staff and handed to the nurse in charge of Day Therapies.

It may be necessary for a trained nurse to assess patients at home in order to:

* Assess the patient’s need for Day Therapies
* Meet the carer
* Complete a Patient’s Transport Risk Assessment
* Introduce a member of staff from Day Therapies to the patient and carer prior to their first visit.

Where a home visit has not been made prior to the patient’s first visit an individual nursing assessment will be made on the first visit to ensure that Day Therapies attendance is appropriate.

## Acceptance for Day Therapies

All patients will be assessed in their home prior to being accepted into the service. If regular attendance is agreed the day and frequency of attendance will be negotiated with the patient and carer and a care agreement will be given.

Patients will be invited to visit Day Therapies informally with a carer prior to deciding whether or not they wish to attend regularly.

All patients will have an in-depth nursing assessment of their needs on their first official attendance in the Day Therapies which will be finalised within the first month of attendance.

All patients will have a medical assessment within the first month of attendance.

The Day Therapies team will review patients on an individual basis, this review will occur not less than once every three months.

The patient will be made aware that the Day Therapies team will regularly review the frequency of attendance. It may be necessary following review to increase or decrease the number of days attended by the patient. Any changes will be made in consultation with the patient, carer and/or family.

Referrals for patients already attending another Day service will not be accepted.

Patients who access a nursing home for respite care will not attend Day Therapies during this period.

## Discharge from Day Therapies

By the nature of the patient’s illness the most common mode of discharge is related to the deterioration of the patient’s condition.

However, a small number of patients will find that their condition stabilises, enters a period of remission or improves. Day Therapies attendance may no longer be of benefit. In either case referral will be made to services best able to meet the patient’s needs either within, or outside Katharine House Hospice. Senior nursing staff in Day Therapies will initiate the process of discharge. The patient and family will be consulted at all stages. The decision will be documented and discussed at a multi-disciplinary review meeting. The patient, carer and/or family will be advised of this decision.

The timing of discharge should take account of the individual’s circumstances. If it is felt that support could be offered by other health/social care agencies referral to these services will be made on behalf of the patient once their consent has been obtained.

Any health or social care professional involved in the patient’s care will be notified of the discharge by letter.

*Under exceptional circumstances discharge may occur at short notice:*

* When a patient’s behaviour within the Day Therapies is disruptive, involving physical and/or verbal abuse of other patients and/or staff.
* When, following a risk assessment, it is deemed unsafe to proceed with continued Day Therapies attendance.

The final decision to discharge from Day Therapies will lie with the multi-disciplinary team.

Patients who transfer to a nursing home will be discharged from Day Therapies.

## Audit and Clinical Governance in Day Therapies

**Patient and Carer Satisfaction Questionnaires**

A survey of patient and carer satisfaction will be carried out on an annual basis. A convenience sample approach will be used and questionnaires will be sent to all patients and their carers attending in one identified month, in collaboration with In-Patient Unit.

In addition patients will be asked to comment on their satisfaction with the services offered at their three monthly reviews. Their comments will be recorded in the nursing notes, adverse comments or suggestions for improvement will be brought to the attention of the Director of Nursing Services and the Day Therapies team.

Therapy services provided will be continuously audited. Audit results will be made available.

Audit results will be used for continuous improvement and development of clinical services.

7.1.80

**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 1. Person Centred Care

 2. Dignity & Respect

 3. Need for Consent

 4.Safe & Appropriate Care & Treatment

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| **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 primarily a nurse led unit.
5. Medical care is led by the Medical Director and a team of medical officers.

South Staffordshire PCT’s out-of-hours medical service will be contacted for overnight medical emergencies.

1. There will be a senior nurse on call each night and over the weekend to provide support and guidance for nursing staff.
2. 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.
3. Two admissions per day can be accepted
4. The unit will have one respite. Patients may have up to four weeks respite per year which may be booked up to three months in advance. **(Under review)**

**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;
3. **Symptom Control**

 An admission with the focus on assessment and management of a patient’s

 identified physical, spiritual and psychosocial needs

1. **Assessment**

 An admission with the focus on identifying the patient’s care needs.

1. **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.

1. **Crisis Respite** where:
* There is a sudden deterioration in the patient’s condition and services and /or equipment cannot be deployed expeditiously to maintain the patient at home and/or
* The main carer suddenly becomes ill and services and /or equipment cannot be deployed expeditiously to maintain the patient at home.
1. **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

1. 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 very complex 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 faxed 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, Matron, Sister 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 referral, Nurse in Charge must call refer 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 9 am.
9. A decision regarding admissions must be made jointly by the Director of Care Services or the Matron or the Sister (In Patient Unit) and the Medical Director, or their deputy.
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 Services or his/her deputy.

**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 each patient will be allocated to a nursing team who will be responsible for overseeing the patient’s care during their hospice stay. 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 next of kin.
4. The patient will be referred to community services if appropriate; these services includes PCNS, CNS, speech and language therapy and dietician. All treatments and progress will be fully discussed with each patient and their next of kin, with the patient’s consent. The patient’s care will be reviewed on a weekly basis by the hospice team. During this meeting the patient’s management plan will be determined.

**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 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. 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**

Nurse verification of death

Pre-admission – In Patient Unit

Admission – In Patient Unit

Transfer/Discharge – In Patient Unit

Equal Opportunities

KATHARINE HOUSE HOSPICE

**Appendix 3**

TRUSTEE STRUCTURE

Chief

Executive

1. 3 Trustees
2. Voluntary Services Co-ordinator
3. Director of Care Services Support Services Manager
4. Chief Executive
5. 5 Trustees
6. Director of Care Services
7. Chief Executive
8. 4 Trustees
9. Director of Care Services
10. Chief Executive

1. 4 Trustees
2. Head of Fundraising
3. Retail Manager
4. Lottery Manager
5. Marketing Manager
6. Chief Executive
7. All Trustees with clinical experience
8. Director of Care Services
9. Matron
10. Medical Director
11. Advanced Nurse Practitioner
12. At Home Team Co-ordinator
13. Family Support Team Leader
14. Chief Executive

Council of

Management

Staffing and

Support Services

Finance/

Remuneration

Nominations/

Governance

Income

Generation

Clinical

16 Trustees

Representatives for

1. Medicine
2. Nursing
3. Finance
4. Legal
5. Personnel
6. Business



Appendix 4

**Appendix 5**

***MANAGEMENT OF COMPLAINTS & ADVERSE COMMENTS***

***POLICY***

***AND***

***PROCEDURES***

Date Prepared: May 2005

Officer Responsible: Director of Care Services

Committee Responsible: Nominations and Governance

Date Ratified: July 2005

Next Revision Date: January 2018

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 |
|  |  |  |  |

**MANAGEMENT OF COMPLAINTS POLICY AND PROCEDURE**

**Policy Statement**

Katharine House Hospice will ensure that complaints, verbal or written, are dealt with in a swift and effective manner, which ensures transparency and fairness for those concerned.

All complaints will be investigated in a thorough and impartial manner.

The complaints procedure will be responsible and flexible to address the issues identified by the complainant.

It is Katharine House Hospice’s intention that complaints should be handled at the lowest level possible within the organisation. Where a person does not wish to make a formal complaint, this will be recorded as an adverse comment and investigated. In general, adverse comments are made verbally.

Where mistakes have happened, Katharine House Hospice will acknowledge them, apologise, explain what went wrong and remedy them as quickly and effectively as possible and steps will be taken to prevent recurrence.

Complaints should be received within 6 months of an event, but those received outside of this time frame will be considered individually.

All complaints will be used to improve services, reduce incidents and to improve overall quality.

**Related Policies**

Confidentiality Policy

Whistleblowing Policy

**Definition of a Complaint**

A complaint is 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.

Complaints can be of a *formal* or *informal* nature.

If a person does not wish to have their concerns treated as a complaint, this will be recorded as an *adverse comment*. Adverse comments will be investigated by the appropriate Operational Manager and any necessary remedial action will be instigated and recorded in an Adverse Comments folder by their Executive Manager.

Complaints will be used where possible to learn lessons and these lessons will result in improved services.

There will be signs in all departments and locations advising how a complaint may be made.

**Policy Monitoring and Review**

* Policy review 3 yearly or when legislation requires, whichever is sooner.

### Compliance with Statutory Requirements

### HSC Act 2008 (Regulated Activities) Regulations 2014

* Fundamental Standard 8 Receiving and Acting upon Complaints

### Scope

This policy applies to all activities of Katharine House Hospice within all departments and across all sites.

### Staff Training Needs

Information will be provided on:

* What is a complaint
* How to receive a complaint
* How to support someone making a complaint
* The complaint process, both verbal and written

**Guiding Principles**

The following principles are employed in managing complaints:

1. Acting promptly
2. Getting it right
3. Being person focussed
4. Being open and accountable
5. Acting fairly and proportionately
6. Putting things right
7. Seeking continuous improvement

**Governance**

All complaints will be reported to the Nominations and Governance Committee and to the relevant committee on a quarterly basis as follows:

* Complaints relating to Care Services to the Clinical Committee
* Complaints relating to Voluntary Services to the Staffing and Support Services Committee
* Complaints relating to Support Services to the Staffing and Support Services Committee
* Complaints relating to Fundraising and Lottery to the Income Generation Committee
* Complaints relating to Retail to the Income Generation Committee

In addition the Director of Care Services will report all complaints relating to care services on a quarterly basis to the Care Quality Commission and annually to the Board in the Director of Care Services’ Annual Report.

The CEO will report all serious complaints to the Board of Trustees.

Serious untoward incidents relating to care services will be reported immediately to the Care Quality Commission by the Director of Care Services or their deputy.

### Complaints Management Procedure

**Informal Complaints / Adverse Comments**

It should be made clear to the complainant that a formal complaint can be made. If this is declined the complainant should be encouraged to make explicit the nature of their concerns.

The person to whom the complaint is addressed should seek to address the issues raised. If this is not possible, the date, nature and where available, name and contact details of the complainant should be recorded and forwarded to the Departmental Manager.

All written complaints must be forwarded immediately to the Departmental Manager.

**Formal Complaints**

### Receiving the Complaint

Complaints may be initiated to front line staff. Staff must deal with the complaint sensitively.

At all times staff should make sure they offer a person the option to make a formal complaint. A formal complaint should always be made in writing. This may be done:

* + In writing, by the complainant
	+ In writing, by a representative on behalf of the complainant
	+ By a member of staff documenting a verbal complaint made by a complainant or his/her representative.

At the time of the complaint it is important to ascertain the following facts:

* + The nature of the complaint itself
	+ The facts or circumstances of the complaint from the complainant's point of view.
	+ The nature of the resolution sought by the complainant.

Where the complainant does not wish to personally pursue the complaint, then the member of staff noting the complaint down should become the complainant.

All complaints should be registered within the organisation: Details to be recorded are:

* + Nature of Complaint
	+ Result of the investigation
	+ Action taken
	+ Resolution of complaint
	+ Whether the complaint was upheld.

### Acknowledgement of Complaint

The manager will ensure that the complaint is formally acknowledged by letter within three working days.

This letter should outline the complaints process.

The complainant should be informed at the earliest possible time of the following facts:

* + The nature of the complaint being examined.
	+ The person examining it.
	+ How long it is expected to take.
	+ The full process involved, including appeal processes if applicable.

The complainant should be informed if the person examining the complaint changes or if the expected length of time increases significantly.

Where a complaint leads on to disciplinary action, the response to the complaint may need to be suspended until after the disciplinary action has been completed.

A letter to the complainant will explain why the investigation has been suspended; will offer no outcome from the complaint, but will explain that this will follow after the disciplinary action has been completed. The following wording is recommended:

"Your complaint has raised concerns in regard to an employee's conduct or performance, which is now the subject of formal disciplinary action. Under the procedures for dealing with complaints, I must defer informing you of the outcome of your complaint until after the disciplinary matter has been dealt with, so as not to prejudice the disciplinary process. I will write to you further at a later date”.

### Investigation of Complaint

Where a serious complaint may warrant involvement of police or other statutory bodies, this should be done as soon as this possibility becomes apparent, not after the investigation is complete. The internal investigation should not prejudice these investigations.

A person nominated by the Operational Manager, Executive Manager or the Chief Executive should investigate the complaint. The individual should have received instruction in managing and investigating complaints.

The manager should arrange to meet the complainant and any staff members involved as soon as possible to discuss the complaint in more detail to ensure the nature of complaint is fully understood, seek to resolve the issues and develop an action plan which outlines:

* how the complaint will be tackled
* who will be involved
* the likely timescale
* how the complainant would like to be kept informed of developments
* the manager overseeing the investigation and
* how they will be kept informed of progress / outcomes.

These proceedings should be recorded in writing. All discussions should be documented.

The complaint investigation should be handled in a manner which acknowledges that being subject to a complaint can be a stressful and anxious time for staff.

It is the responsibility of the person handling the complaint to ascertain as much evidence as possible. This will mainly be through interviews with others involved (staff, volunteers, visitors) and with the complainant. When the person handling the complaint is satisfied they are as clear as possible about the facts, he or she should seek to resolve the complaint to the satisfaction of the complainant.

Resolution may require a face-to-face discussion or a form of arbitration. Wherever possible, proportionate and reasonable approaches should be used.

It is not the role of the investigator handling the complaint to protect Katharine House, but where it is clear that serious issues have been raised, then senior managers must be informed immediately, before any arbitration or a response has been formulated.

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

For formal complaints a file containing the following items should be created:

* + Original complaint in writing (this may be recorded by a third party)
	+ Notes of any interviews or discussions
	+ Notes of any findings
	+ All correspondence with the complainant
	+ Internal outcomes or actions required, detailing the nature of the actions and who is responsible for seeing they are implemented.
	+ Notes from any appeals or reviews of the complaint.

### Resolution of Complaint

Once the investigation has been completed, a letter should be sent outlining the findings and the proposed action to be taken.

The findings of the complaint together with the action to be taken should be completed on the Complaint Register by the PA to the CEO who will manage the register as a controlled document.

Action plans following the complaint should be completed together with a time scale for action and review.

The anonymised complaint should be reported to the appropriate group to ensure lessons are learned and practice is improved.

**Referral to a higher level**

An independent review by the Chief Executive may be appropriate if a complaint is not resolved at management level.

If having completed the hospice complaints procedure, the complainant is unhappy with the outcome of the complaint she/he may be given the option to appeal to the Chairman of the Board of Trustees either about the findings or any reparation proposed.

If the complaint relates to care services, an individual can make a complaint to the Care Quality Commission.

Details of how to complain are provided in the “How to Make a Complaint” Hospice Information Leaflet.

**Responses**

Where appropriate the results and the investigation reply will be sent to the complainant by the manager responsible.

The response will inform the complainant that should s/he remain dissatisfied with any aspect of the complaint they have the right to refer the complaint to the Chief Executive in the first instance or the Chair of the relevant Committee of Katharine House Hospice.

In all cases, first class post will be used in correspondence to the complainant and marked ‘Private and Confidential’.

The response should be checked by the appropriate member of the Executive Team to ensure all aspects of the complaint have been answered.

**Specific Guidance for Departments**

Is provided in Appendix 1

**Habitual and unreasonable complaints**

In determining arrangements for handling such situations, staff are presented with two key considerations

* even habitual callers or those who appear unreasonable may have issues that contain some genuine substance
* an equitable approach is crucial
* every effort should be made to identify the underlying issues.

A person may be deemed to be unreasonable where previous or current contact with them shows that they meet one or more of the following criteria:

When complainants/callers:

* Persist in pursuing a complaint where the hospice procedure has been fully and properly implemented, or has been exhausted.
* Change the substance of a complaint or continually raise new issues or seek to prolong contact by continually raising further concerns or questions upon receipt of a response whilst the complaint is being addressed. Care must be taken not to discard new issues that are significantly different from the original complaint. These might have to be addressed separately:

A complainant may be considered habitual or unreasonable in the following circumstances:

* Are unwilling to accept documented evidence as being factual or deny receipt of an adequate response in spite of correspondence specifically answering their questions.
* Do not clearly identify the precise issues they wish to be investigated, despite reasonable efforts by staff to help them specify their questions.
* Focus on a trivial matter to an extent that is out of proportion to its significance and continue to focus on this point.
* Have, in the course of pursuing their issue, had an excessive number of contacts with the hospice placing unreasonable demands on staff. Have failed to accept responses provided by staff in addressing enquiries or responding to requests for information, despite reasonable efforts by staff to provide adequate responses. In both cases staff should keep a clear record detailing the number, type and nature of contacts from the person.
* Display unreasonable demands or expectations and fail to accept these may be unreasonable eg insist on immediate responses from staff when they are not available and this has been explained.
* Have threatened or used actual physical violence. All such cases should be documented in case of further action.
* Have harassed or been personally abusive or verbally aggressive on more than one occasion towards staff dealing with them. These incidents should be documented.
* Where a person has been identified as unreasonable, the Departmental Manager will discuss the complaint with the Chief Executive to determine the appropriate course of action.

**Multi-Agency / Complex Cases**

Where a formal complaint spans across different organisations, then the manager who has initially received the letter and whose organisation has the most input into the complaint, should take the lead role in co-ordinating the handling of the complaint, ensuring that all agencies and organisations are involved in the investigation process.

**Storage and Retention of Files**

* All complaint files will be retained for a minimum of ten years.
* Archived files will be stored in the Medical Records Room to preserve confidentiality.
* Current complaint files will be held in a locked office of the departmental manager.
* Data held electronically will have suitable access rights.
* Complaint correspondence must not be filed in a patient’s health record.

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**General Points**

A member of staff should never deal with a complaint that involves issues in regard to their own conduct or performance. These should be referred to the person’s line manager.

Where a complaint is against a member of staff or volunteer, then the member of staff or volunteer should be made aware of the nature of the complaint. This person should also see the report or a copy of the final letter of response.

If deficiencies are identified with any aspect of Katharine House's arrangements e.g. equipment, management, policies or procedures, these should be remedied as soon as practicable.

Responses to complaints that may be contentious or defamatory must be referred for legal advice by the appropriate Executive Manager or Chief Executive.

**References**

A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture

Crown Copyright 2013

Government Response to the House of Commons Health Select Committee Sixth Report of Session 2010-11: Complaints and Litigation Crown Copyright

**APPENDIX 1**

**Specific Guidance for Departments**

This policy and procedure applies to all hospice departments and sites. The following information gives additional guidance for specific areas.

**Clinical Services**

If the complaint relates to an aspect of clinical care / services, it can be made by the patient or their representative.

Suitability to represent a patient normally depends on the patient’s knowledge and consent that a specific person may act on their behalf. In these cases, consent needs to be obtained from the patient for the release of potentially confidential information.

Where the patient has died or is unable to give consent, it is necessary to establish that the complainant is suitable to represent the patient.

Confidentiality of the patient and any known wishes expressed by the patient that information should not be disclosed to third parties should be respected.

**Complaint received from a third person on behalf of a patient**

Permission must be sought and received from the patient on whose behalf a complaint has been received before any information can be disclosed to a third party. This includes next-of-kin, relative, friend, carer or solicitor. No information is to be given out either verbally face-to-face, over the telephone, by e-mail or in writing without the explicit (written) consent of the patient concerned.

**Complaints on behalf of someone who lacks capacity to give consent or who lacks the physical ability to give written consent.**

If the person who had made a complaint on behalf of a patient states that the patient lacks capacity, the manager should decide whether further confirmation of this is required.

**Complaints made on behalf of a deceased patient**

In the case of a patient or person affected who has died, the representative must be a relative or other person who had or has a sufficient interest in his/her welfare and is a suitable person to act.

***Complaints by Patients or Visitors to Patients***

These will be handled by the Senior Nurse on duty within the unit, the Sister or the Matron. If the complainant is not satisfied, they may ask the Director of Care Services or Chief Executive to review the case. Where the complainant remains dissatisfied they may ask the Chair of the Clinical Committee to review the handling of the complaint. This should be made clear to the complainant at the time the final response is made after the initial investigation.

Patients or their relatives or visitors have the right to raise their complaints with the Care Quality Commission, P.O. Box 1246, Newcastle-upon-Tyne, NE99 5AG. Telephone: 03000 616161.

**KHH Promotions – Lottery**

KH Promotions Ltd is committed to providing excellent levels of service. Issues of concern to our members can usually be resolved by talking them through with a member of staff. A telephone log sheet is completed at the time of the call detailing the callers contact details, the name of the person taking the call, the nature of the complaint and how it was resolved. It is recognised that sometimes this may not be appropriate, or the complainant may feel that their concerns have not been properly addressed after talking them through.

Formal complaints are managed as follows.

Level 1 - Lottery manager

All formal complaints should be made in writing to the lottery manager in the first instance at the following address;

KH Promotions Ltd

Weston Road

Stafford

ST16 3SB

lottery@khhospice.org.uk

All complaints will be acknowledged in writing within 3 working days and the outcome of investigations sent to the complainant within 5 days after it has been completed.

Level 2 – Chief Executive

If complainants are dissatisfied with the outcome of level 1 and feels that their concerns have not been fully addressed they can appeal to the Chief Executive (level2). Time frames for action are the same as for level 1.

Arbitration

If a satisfactory conclusion cannot be reached then the matter can be referred to an independent arbiter. Through our membership of the Hospice Lotteries Association KH Promotions Ltd has access to IBAS (Independent Betting Adjudication Service) – [www.ibas-uk.com](http://www.ibas-uk.com)

**Fundraising**

The Fundraising Manager will manage these complaints. If the complainant is not satisfied they may appeal to the Business Development Manager or the Chief Executive.

Where complaints are made about the hospice lottery, the CEO will assess whether the Gambling Commission must be informed.

**Retail**

The individual Shop Managers or the Retail Manager will handle these complaints. If the complainant is not satisfied they may appeal to the Director of Retail or Chief Executive as appropriate. There is no further recourse for the complainant, except in law.

**Complaints by Staff**

These may be made to the staff member's line manager or to the Head of HR who may decide, once s/he has investigated, that Grievance or Disciplinary Procedures should be invoked.

**Complaints by Trustees**

These must be made in writing to the Chair, who will handle the matters as s/he deems appropriate.



Contact appropriate regulating body ( Gambling Commission / Care Quality Commission)

**Management of Formal Complaints Procedure Flow Chart**