

Thames hospice

STATEMENT OF PURPOSE

Date	Author / Reviewer	Approved by	Doc name	Comment	Next Review
Nov 2018	<u>Reviewer:</u> Jacquie Batchford, Director of Patient and Family Services Juliana Luxton (Head of Governance and Quality) <u>Author:</u> Debbie Raven February 2014	Director of Patient and Family Services	ADM-GD-0002	<u>Nov 2018</u> Reviewed. New regulated activities added at section 3 (and descriptions of new services at s3.7 and s3.8). Minor changes to text and layout. <u>Jan 2017:</u> Reviewed. Minor changes made to text. <u>June 2016:</u> Updated S3 – Regulated Activities no longer include Surgical Procedures. <u>Jan 2016:</u> S3.2 re-titled Psychological Support Services <u>Dec 2015:</u> Policy reviewed by Jacqueline Batchford Registered Manager. <u>March 2015</u> Policy Reviewed. 18 Bed flexibility added s3.1.3 <u>Feb 2014:</u> Policy Created	Nov 2020

Policy Summary:

This policy:

1. Provides the full name of the service provider (Thames Hospice) and of the Registered Manager (Jacqueline Batchford) along with legal status.
2. Identifies the aims and objectives of Thames Hospice.
3. Provides information regarding the services provided for the regulated activity of Thames Hospice.
4. Provides details of the location of services provided.

1 Thames Hospice (Service Provider) Detail

1.1 Registered Provider:

Thames Hospice (Chair and Board of Trustees).

1.2 Responsible Individual:

Jacqueline Batchford.

1.3 Registered Manager for all Regulated Activities

Jacqueline Batchford.

Certificate number: CRT1-2344051610

Certificate date: 09/12/2015

Provider ID: 1-101728160

Manager ID: CON1-192659895

1.4 Legal Status

Thames Hospice is a company limited by guarantee, registered in England and Wales.

Company number – 5316964, VAT number – 857821883

Charity registration – 1108298, CQC Service ID – 1-101728160

Registered address – Pine Lodge, Hatch Lane, Windsor, Berkshire, SL4 3RW

Telephone – 01753 842121

2 Aims and Objectives of Thames Hospice:

2.1 Introduction:

Thames Hospice provides both specialist and generalist palliative care¹ services for adults living in East Berkshire and South Buckinghamshire at its Inpatient Unit in Windsor (registered), and at home via the Community Palliative Care Team (including a 24/7 Rapid Response team and a 24/7 telephone advice service by palliative care nurses to the Thames Valley 111 Integrated Urgent Care Service).

¹ The term 'palliative care' is defined as:

'...the active total care of patients and their families by a multi-professional team, when the patient's disease is no longer responsive to curative treatment. Control of pain, of other symptoms and of psychological, social and spiritual problems is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness, in conjunction with anticancer treatment.'

(World Health Organisation, Technical Report Series 804, Geneva 1990)

Costs for the provision of these services are part funded by Berkshire East CCGs (by grant) and Buckinghamshire CCGs (by Service Level Agreement). Thames Hospice, as an independent charity, fundraises the remaining part of its cost base. Service Users are assured that the care they receive is provided to them at no personal cost.

2.2 Thames Hospice has four strategic aims:

- To be the leaders of palliative and end-of-life care in our community; providing a patient centred, seamless service focused on quality and equity.
- To be the charity of choice in our local community, generating income and raising awareness to deliver our mission.
- To ensure the financial viability and sustainability of the charity so that we can continue to deliver our mission.
- To lead the design and delivery of sustainable organisational resource planning to support our mission.

2.3 Service Delivery Focussed Aims and Objectives:

- For services users to experience a welcoming, clean and safe environment that is conducive to their needs and assures them that the services provided by the Hospice adhere to all relevant legislation related to their health, safety and welfare, and that appropriate risk management systems are in place and regularly reviewed.
- For service users to be involved and supported in making decisions about the planning of their care through the provision of appropriate information and time to explore and discuss options available to them.
- To provide service users with person-centred care, ensuring their dignity and privacy is respected at all times and that their plan of care is responsive to their wishes and needs.
- For service users to be assured of high standards of cleanliness and infection control.
- To give service users confidence in our workforce by assuring them of the ability to provide consistent, high quality, evidence based care. Service Users are assured that our workforce has appropriate qualifications, skills and knowledge to fulfil their respective roles in the delivery of care and support services.
- For service users to be assured that complaints made about service provision are taken seriously and investigated with the aim of responding quickly to the complainant and resolving the issue to everyone's satisfaction. Thames Hospice believes that complaints supports our ability to learn and improve practice.
- To take the views and experiences of Service Users into consideration when making and implementing improvements to service provision.
- To implement a strong governance framework that ensures that all services are underpinned by best practice, that standards are monitored and that the organisation works to an agreed strategic plan to ensure sustainability of its services for the benefit of the local community.

2.4 The Hospice's Vision and Mission and Equal Opportunities Statement underpin its work.

2.5 Philosophy

Our Vision: **Quality of Life to the end of life for everyone.**

Our Mission - **To provide and support the best palliative and end of life care to our community, giving dignity and comfort to those facing life limiting illnesses.**

In so doing, we will:

- Maintain and respect the dignity of every individual.
- Operate with integrity.
- Ensure that care is provided irrespective of ability, status, origin, race, sexual orientation, age or belief.
- At all times strive for excellence in all that we do.

2.6 Equal Opportunities Statement

Thames Hospice supports the principles of equality of opportunities in relation to staff employment, volunteer recruitment and education, and access to all services by patients, their families, carers and friends.

Central to the Hospice Philosophy is the recognition of the value and dignity of every human being, irrespective of origin, race, status, sexual orientation, age, belief, ability or contribution to society.

Thames Hospice will strive to reflect the diversity of the local community in both the Hospice workforce and those it cares for. Access to all Hospice services will always be provided on the basis of individual assessment against formal referral criteria.

Thames Hospice believes that its interests are best served by ensuring that human resources, talents and skills are considered in all aspects of the organisation's work. The Hospice will actively work to promote these principles.

(Guided by: NCHSPCS (1995) Guidelines for the creation and implementation of an equal opportunities policy).

3 Regulated Activities and Location of Services (all at Pine Lodge, Windsor)

Thames Hospice (Windsor) is regulated to provide the following regulated activities:

- **Treatment of Disease, Disorder or Injury:** within the boundaries of the criteria for acceptance to hospice services (see next section).
- **Diagnostic and screening procedures:** this is through blood testing.
- **Transport services, triage and medical advice provided remotely:** This is advice given by telephone

Referrals are accepted according to Thames Hospice referral criteria in accordance with our Referral Criteria Policy (PSL-P-0001).

3.1 In Patient Unit (17 beds)

- 3.1.1 The In-Patient Unit at Windsor has been designed to offer service users the choice, wherever possible, of being admitted either to a single room or a shared (4 bed) single-sex bay. These facilities, on the ground floor, provide privacy to each individual and all rooms have en-suite bathroom facilities. Equipment and furnishings have been chosen to meet the needs of individuals with varying disabilities. The emphasis is placed on comfort, safety, infection control and a quality of life, thereby creating a relaxed and accommodating ambience for service users. During their stay, each inpatient has access to their own telephone extension and television. There is also internet access available. Service users may use their own mobile phones, being mindful of the privacy of others.
- 3.1.2 Whilst on the In-patient Unit, service users can expect to be able to discuss any aspect of their care with members of the Multidisciplinary Team (within the acceptable boundaries of patient confidentiality). The individual will be as involved as they wish to be in planning and evaluating their care, enabling them to state what aspects of their care are most important to them, to have their views listened to, and be treated with respect and dignity at all times. Family and visitors are welcome at any time to the In-Patient Unit and are able to stay with the patient if they wish. Suitable facilities are available to them.
- 3.1.3 The In-Patient Unit has the flexibility to offer 18 beds. The In-Patient Unit will only offer the 18th bed if the following are met:
- There is significant clinical reason/s or significant patient need that cannot be met in primary or secondary care.
 - There is adequate nursing staff to care for 18 patients, as agreed with the Head of Clinical Services or most senior nurse on duty
 - There is adequate medical staff to care for 18 patients, as agreed with the Consultant or most senior speciality doctor on duty
 - That there is full agreement within the multidisciplinary team.
 - That the Director of Patient and Family Services is in agreement, in their absence then the Chief Executive or any Director are in agreement.

3.2 Patient and Family Support

This service offers users access to:

- Counselling.
- Social work.
- Spiritual care.
- Access/referral to specialist services, for example, clinical psychology, if identified by assessment.
- Bereavement support – both individual and group, for family members.

3.3 Therapy Services

This service offers treatments for the purpose of improving symptom management. Service users will be able to access the following treatments if deemed safe at assessment:

- Holistic massage.
- Reflexology.
- Aromatherapy.
- Reiki.
- Visualisation and relaxation.
- Hypnotherapy.

A plan of care will be written based on the wishes and needs of the individual following discussion as to which treatments would be most suitable to support their care. The service is provided to In-patients, as an Out-patient service, and in the Community.

3.4 Lymphoedema Services

This nurse-led service is intended to meet the needs of service users who have Lymphoedema, primary and secondary to cancer, with the aim of maintaining limb function and personal independence. Service users will be offered an assessment and will be informed of the treatment choices that would be most beneficial to them. A plan of care will be agreed further to that discussion.

3.5 Physiotherapy

Service users who are in-patients at Windsor may have access to physiotherapy. It may also be available to those attending Hospice Outpatients or to an individual at home. The team will undertake an assessment, and then offer an appropriate plan of care to support the individual's needs.

3.6 Medical Outpatients

This service, led by the Palliative Care Consultant, enables users to be referred to the Medical Team for assessment and symptom management. The service is intended to offer a flexible, responsive approach to appointments so that those attending can be seen in a timely manner to meet their needs. Whilst attending Outpatients, service users may be referred to other Hospice services that could support their physical and psychological needs.

3.7 Community Team

We appreciate that many people facing serious illness prefer to be cared for in their own homes. Our Community Team offers the same high standard of nursing and compassionate care that we offer in our Hospice; making the patient feel more comfortable and at ease while in familiar surroundings. We provide our services at home, before an admission to the Hospice or after discharge.

We work with the patient and other healthcare providers to agree the best care plan for our patients' medical and emotional needs. We also make sure that families and carers receive valuable support. This may include respite care to allow loved ones to feel reassured while they take a break.

3.8 24-hour Advice Line

We provide a 24-hour palliative and end-of-life care telephone service to give advice to people on the End-of-Life Care Register and their families, as well as healthcare professionals who need guidance and support on delivering palliative care. The service is for people living in Berkshire. The specialist team is available 24/7, 365 days a year, to provide guidance on symptom control, practical advice and emotional support.

We also have a Rapid Response Team ready to make urgent visits to patients who are on the End-of-life Care Register and their loved ones. Made up of a Registered Nurse and Health Care Assistant, the team helps people manage their condition at home.

3.9 Multidisciplinary Team

Service users can be assured that the MDT at the Hospice is made up of a comprehensive clinical team, who are appropriately qualified to deliver the breadth of palliative care services. The MDT abides by the specific codes of conduct and regulations set out by their professional governing bodies, e.g., the Nursing and Midwifery Council/General Medical Council. The MDT is guided by organisational policies to ensure that best practice is applied at all times and that the confidentiality of patient information is maintained. Healthcare records are maintained to provide continuity of care and an accurate record of care given. The organisation ensures appropriate medical and clinical indemnity cover is provided.

4 Financial and Resource Support

- 4.1 Service users can be assured that each team is supported by financial, environmental and staffing resources based on regular needs assessment. Budgets are set annually, based on discussions held with Team Leads and the Senior Management Team. Budgets are approved by the Board prior to implementation alongside the Operational Plan and associated KPIs.
- 4.2 Thames Hospice will continue to work in partnership with other palliative care providers, Primary Care and Acute Trusts, to further develop local palliative care strategy and services based on identified need. The Hospice is active in the development and implementation of End of Life Care strategy locally.
- 4.3 The Hospice seeks the views of patients and their families when making plans relating to service development.

5 Breach of Policy

- 5.1 Any deviation in practice from the above policy and procedure will be deemed a breach of policy.
- 5.2 Any breach of this policy by Thames Hospice employees may lead to formal disciplinary action.
- 5.3 Any breach of this policy by Thames Hospice volunteers may lead to formal action under the Problem Solving Policy and Procedure.