

STATEMENT

OF

PURPOSE

Issue Date: January 2011
Review Date: January 2012
Authorising sig:

Issue Number:10

St Luke's Hospice Plymouth
Registered Charity Number 280681

Registered Office: Stamford Road, Turnchapel, Plymouth, Devon PL9 9XA

STATEMENT OF PURPOSE

1. Aims and Objectives of St Luke's Hospice Plymouth

Services

The aim of St Luke's is to provide specialist care to people with life threatening illnesses, and support to their carers, in partnership with others. The emphasis has always been on the provision of an excellent in-patient service supported by day, out-patient, home services and a hospital service. We make the difference by making time for people.

All staff of St Luke's are committed to the organisations values which are attached as appendix A.

St Luke's works in partnership with the local Primary Care Trusts and other care providers to deliver care which is complementary to that provided by the NHS.

Personnel

St Luke's is committed to providing a safe, motivating and supportive environment for all staff (paid and unpaid) by ensuring appropriate recruitment, personal development, training and performance review together with effective leadership. Written policies and procedures are in place to support staff across all areas of service provision. St Luke's is recognised as an 'Investor in People.'

Finance

St Luke's is committed to ensuring that the charity will be financially viable for the purpose of achieving its service aims and objectives in both the short and the long term. A copy of the latest financial statements is available on request from the Director of Finance. Please ask at reception.

Premises and Equipment

St Luke's is committed to ensuring that premises and equipment are of a design, layout, location and maintenance suitable to enable achievement of the service aims.

Risk Management

St Luke's is committed to ensuring that all risks associated with the operation and services of the charity are identified, assessed and managed appropriately.

Strategy

St Luke's is working with the other local providers of End of Life Care, and those responsible for commissioning services for the local population, to design, fund and deliver an effective strategy for the care of all local people with life threatening illness and their families.

Fundraising and Publicity

St Luke's is committed to encouraging voluntary financial, and in kind, support from the community it serves; through publicity, awareness campaigns and fundraising activities. This support will enable its services to be maintained and further developed for both the short and the long term. St Luke's is a member of the Fundraising Standards Board.

Legal

St Luke's is committed to fulfilling its legal obligations under Charity, Company, Medico-legal, Health and Safety, Employment, Care Quality Commission and other relevant legal requirements in the provision of its services and activities.

2. Registered Provider and Registered Manager

The establishment is run by St Luke's Hospice Plymouth, which is a registered charity, number 280681 and a company limited by guarantee, number 1505753. St Luke's Hospice Plymouth, the **Registered Provider**, operates from:

St Luke's Hospice

Stamford Road

Turnchapel

Plymouth

PL9 9XA

Telephone no: 01752 401172

Fax no: 01752 481878

Web site: stlukes-hospice.org.uk

This site is regulated for the following activities:

Treatment of disease, disorder and injury

Diagnostic and screening procedures.

St Luke's Hospice- Pearn

Eggbuckland Road

Hartley

Plymouth

PL3 5JP

Telephone: 01752 436735

Fax no: 01752 314082

This site is regulated for the following activities:

Treatment of disease, disorder and injury

Transport services, triage and medical advice provided remotely..

The **Responsible Individual** is the Chief Executive and the **Registered Manager** is the Head of Quality & Compliance. Details of relevant qualifications of these and other key personnel can be found in appendix B

The charity is directed by a Board of Trustees, led by the Chairman. The Senior Management Team, which consists of the Chief Executive and the 5 heads of department, reports to the Board of Trustees. Trustees sit on a number of key committees and groups. See appendix C for details of Trustees and Committees.

The Multi-professional Clinical team includes Medical and Nursing staff, Social Workers, Occupational Therapists, Physiotherapist, Complementary therapists, and a Chaplain. The members of this clinical team have a wide range of specialist palliative care and generic skills, abilities and educational qualifications.

may have stabilised and may no longer need to attend; whereas others may need additional support. We also hold two sessions for older people who may not specific palliative care needs. Referrals are made to the Day Hospice Co-ordinator on 01752 414080.

Outpatient Care

- There are Specialist Palliative Care clinics held at Pearn taking direct referrals and doing follow-up for discharged in-patients. Appointments are made by the Clinical Secretary at Pearn on 01752 436705.
- There is a Pain clinic at Turnchapel taking direct referrals and follow-ups. Appointments are made by the Clinical Secretaries on the Turnchapel site on 01752 401172
- Complementary therapy outpatient appointments are also available for both patients and carers at Pearn. Appointments are made by phoning the co-ordinator on 01752 436744.
- The Lymphoedema clinic (based at Pearn) is accessed by direct referral from a health care professional to the specialist nurse on 01752 436761.

Hospital Specialist Team Support and Management

- St Luke's Hospital Palliative Care Team operates in Derriford Hospital .The specialist nurses and doctors offer support, information and advice on managing pain and other symptoms for patients with life threatening illness in the hospital setting when requested by the patient's consultant. They are based in the oncology department. The team works 9 to 5 seven days a week. Messages can be taken and passed to the nurses. Out of hours telephone advice is available from the medical and nursing team at the hospice Turnchapel site during office hours on 01752 763987.
- The care is provided by a multidisciplinary team with recognised training in Palliative Care or specifically related areas. Provision of such care is not determined by diagnosis, but by the impact of the illness on the patients overall quality of life. St Luke's Hospital Service is also committed to the education of fellow health professionals in General Palliative Care and related areas, and to active staff support in difficult or distressing clinical situations.
- There are regular case conferencing meetings to provide medical support to other Hospital teams.

Community Specialist Team Support and Management

- The specialist nurses and other specialist team members (including Social Workers and Occupational Therapists) offer support, information and advice on managing pain and other symptoms for patients with life threatening illness in their own homes. The main base, where referrals are taken, is Pearn on 01752 436730. The team works 9 to 5 seven days a week. Messages can be taken and passed to the nurses. Telephone advice is available from the medical and nursing team at the hospice at all times on 01752 408591.

- There are regular case conferencing meetings to provide medical support to the Community Specialist Palliative Care Team and domiciliary visits are carried out on request.
- Professional and voluntary visitors provide home support for patients and carers

Social Work, Occupational Therapy, Chaplaincy and Complementary Therapies

- The staff are there to provide support to patients and their families. They understand and can help with the emotional, practical, financial and spiritual problems caused by illness. They will liaise with other social support services or priests if the patient requires.
- The team works with Social Services to arrange community care, nursing home care, providing advice, information and emotional support. In-patient and outpatient assessment, and home assessment prior to discharge are also available. They also provide information and advice on benefits available.
- Complementary therapies are available for all patients and some carers, together with, relaxation, music and crafts.

Education and Training

- St Luke's provides an extensive multi-disciplinary programme aimed at extending palliative care skills for all who are working to support the patient, and their family, with life-threatening illness.

4. Arrangements for Consultation with patients on the operations of St Luke's Hospice

St Luke's ascertains and takes into account as far as is practicable, the wishes and feelings of all its patients and other users when determining the manner in which they are cared for and the services which are provided for them. The services are tailored to the needs of individual patients and there is full discussion with patients of their individual care plans.

Annual patient satisfaction surveys are carried out for individual service areas. Results are available from the Head of Quality & Compliance or the Chief Executive on request.

A suggestion scheme is in place for everyone who is associated with or visits St Luke's, and patient information encourages patients and their families to comment on services and care delivery.

A key aspect of St Luke's care is that the hospice grew from the local community who identified the need for a hospice and fundraised to build it. The people who have benefited from the care are closely involved with the service as trustees and volunteers and are key to ensuring that the service is responsive to its users.

Further systems to include user involvement in service planning are being developed.

5. Arrangements for Personal Contact for Patients

All patients can receive calls at their bedside if they wish and there are facilities to make outgoing calls. Incoming post is delivered to the patient every day. Family and friends can telephone the in-patient unit for advice, support and information. Information about the patient is only disclosed with the patient's permission.

Visiting times are flexible and open but visitors are encouraged to visit between 11 am and 8 pm if possible and staff will monitor the situation to ensure that the patient's wishes and needs are respected.

St Luke's aims to ensure that all patients and visitors can access the services, and, in particular, aims to ensure access is facilitated for people of different cultural and ethnic backgrounds and those with physical disabilities, sensory disabilities and learning difficulties.

6. Arrangements for Managing complaints

St Luke's is keen to improve the service provided and values feedback from those who use the service. Complaints can be made in a number of ways:

There is a complaints and suggestions box in the Hospice coffee shop near the reception area. A complaints/suggestion form that can be found next to the box and placed inside once completed. A response will be given if names are left but it can be anonymous if required.

Users may speak to one of the staff who is looking after them and leave a verbal complaint.

Users may write to the Chief Executive at the hospice.

Users may initiate St Luke's Services complaints procedure (See Appendix E.)

Users can contact the Care Quality Commission at:-

South West Region
Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA
Telephone: 03000 616161

An annual summary of complaints, together with the actions taken in respect of those complaints, is provided to the Care Quality Commission.

7. Arrangements for respecting the Privacy and Dignity of Patients

St Luke's believes that every patient has a right to be treated with dignity and respect and has a right to privacy. All care delivery is carried out in appropriate surroundings and curtaining is used wherever necessary to preserve privacy. Private rooms are available for confidential discussions. Multi-bedded rooms are spacious and are single sex. There are en-suite facilities for all but one of the in-patient beds.

The Objects of the Charity

The principal object of the charity, as defined in the Memorandum and Articles of Association, is to relieve sickness amongst people suffering from terminal illness, in particular in the City of Plymouth and the surrounding districts.

St Luke's Mission Statement

St Luke's provides Specialist Palliative Care for the population of Plymouth, South West Devon and East Cornwall and aspires to be a National Leader. We work in Partnership with others, delivering the Education and Support required to ensure the provision of excellent End of Life Care. We aim to increase resources into the Services through Innovation and Enterprise and to be an 'Employer of Distinction', achieving Best Practice professionally throughout the service

St Luke's Vision and Values

Our service will be caring and holistic. We will be honest and we will respect and listen to our patients and their carers, treating everyone with courtesy, kindness and empathy. We will be passionate and visionary. We will strive at all times for a quality service that uses resources well.

Our values can be summarised as Giving Time for Quality Care: Exhibiting Professionalism, Respect, Compassion and Integrity

St Luke's Strategic Principles

1. To be innovative and efficient within current resources and the relevant evidence base
2. To ensure employees have the skills, knowledge and motivation in relation to their roles in order to deliver excellent service
3. To continue the process of developing a truly integrated organisation.
4. To deliver appropriate care, where needed, to a wider group, to stop delivering services which others can, or do, provide and to ensure public involvement and consultation, working in partnership with the NHS, Social Services and other stakeholders
5. To develop the provision of Education and Support to those caring for patients at the End of Life
6. To develop additional sources of income and hence achieve sufficient surplus to build reserves to 6 months expenditure and develop new initiatives

Giving Time for Quality Care

We achieve this by:

Professionalism

- Striving for excellence in everything we do.
- Setting high standards and challenging ourselves to do our best.
- Going the extra mile when necessary.
- Remaining patient focused and committed to patient care.
- Adopting a positive approach to our own self-development.
- Being open to change to enhance quality of care.
- Having the courage of our convictions.
- Inspiring creativity, passion, optimism and fun.

Respect

- Taking time to say “thank you”
- Being fair and treating everyone with respect.
- Embracing diversity; respecting the breadth of cultures, values and traditions.
- Openly recognising and acknowledging the achievement of others.
- Respecting the dignity and rights of all individuals in all dealings.
- Welcoming the opinions and ideas of all people.
- Being prepared to trust and learn from others.

Compassion

- Giving time to listen, and giving time to care.
- Being present for others without judgement.
- Offering hope, comfort and support when required.
- Understanding a position from others’ perspective.
- Making the difference.

Integrity

- Being positive and realistic about our abilities.
- Keeping our promises.
- Communicating information honestly, openly and straightforwardly.
- Maintaining high moral and ethical standards.
- Being real.
- Having the personal courage to take the right tough decisions.
- Building trust with others through our own authenticity, open and direct dialogue.

APPENDIX B

RELEVANT QUALIFICATIONS AND EXPERIENCE OF KEY PERSONNEL

| POST | PROFESSIONAL QUALIFICATIONS |
|--|--|
| Chairman of Trustees | BTEC ACIPR National Certificate in Business and Finance |
| Chief Executive | BSc PGCE FCA PG Dip in Palliative Care Management |
| Deputy Chief Executive | Chartered Fellow of the CIPD Diploma in HR Management MA in Hospice Leadership |
| Consultant In Palliative Medicine/Medical Director | MA MB BChir |
| Director of Clinical Services | RGN, RMN, BSc, MSc in Palliative Care |
| Director of Finance | ACMA-qualified Chartered Management Accountant. |
| Director of Income Generation & Communication | MinstF (Cert) |

| | | |
|---|--|--|
| : | | |
| | | |
| | | |
| | | |

St. Luke's Hospice

| TEAM LEADERS | PROFESSIONAL QUALIFICATIONS |
|--|--|
| Associate Specialist in Palliative Medicine | MRCGP |
| Modern Matron | RGN. Diploma in Health Studies. BSc Health Studies |
| Community Team Leader | RGN, Dip HS, Dip DN, ENB 285 |
| Community Team Leader | RGN, Cert Ed, BSc |
| Head of PsychoSocial Care | Diploma in Social Work Masters in Medicine Science and Society Approved Social Worker |
| Hospital Clinical Lead in Specialist Palliative Care | Registered nurse and Independent Prescriber MSc Advanced Clinical Practice Diploma in Professional Studies in Nursing Post Grad Cert. Ed. |
| Clinical Administration Lead | COTAC, RSA111, Pitmans |
| HR Manager | Associate of CIPD |
| Head of Quality and Compliance | RGN, Diploma in Palliative Nursing BSc (Hons) Cancer and Palliative Care ILM Introductory Diploma in Management MSc EBHC(Oxon) |
| Facilities Manager | Degree in Psychology Child Development |
| IT Manager | |
| Head of Education | RGN, RHV, BSc, PG Dip Ed, MSc |
| Maintenance Manager | Qualified Electrician |
| Accounting Manager | NEBBS Certificate |
| PR Manager | BA (Hons) Public relations with English language studies |
| FR Manager | MiistF |

| | | |
|---|--|--|
| : | | |
| | | |
| | | |

St. Luke's Hospice

| | |
|-----------------------------|--|
| Supporter Relations Manager | MinstF |
| Head of Retail | BA (Hons), Dip in Management, Cert in Insurance. |

All other staff are qualified to the appropriate level for their role.

| | | |
|---|--|--|
| | | |
| : | | |
| | | |

St Luke's Hospice – Organisation – Board of Trustees

Visitor:
Patrons:

The Board of Trustees:

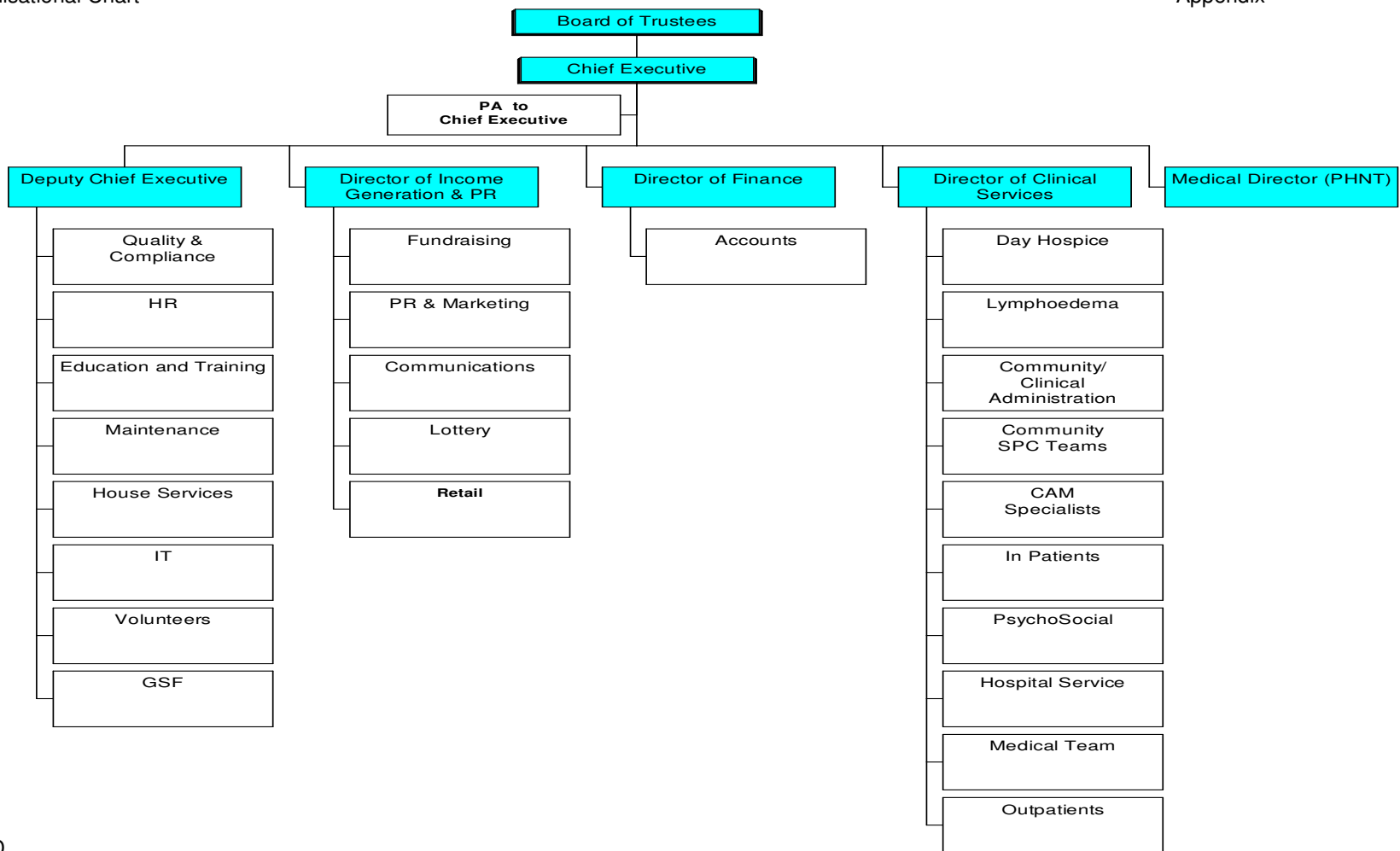
| | |
|--------------------------|---|
| SE (Chair) | Chair's Committee, Communications, Building Committee, Trading Company Director |
| GP (Vice Chair) | Chair's Committee, Finance & Audit, Health & Safety, Trading Company Director |
| GN (Treasurer) | Finance & Audit (Chair), Chair's Committee, Trading Company Director |
| AB | HR & Remuneration (Chair), Strategic Service Development, Social Care Strategy, Staff Forum, User Involvement, Audit group. |
| MT | Income Generation |
| MB | Training and Development Group, Education Group, Clinical Risk Group |
| TL | Knowledge Transfer Partnership (Chair), Strategic Service Development (Chair) |
| LP | Strategic Service Development, Organisational Risk Review |
| SJ | Finance & Audit, Environmental Steering Group |
| JB | Clinical Review Group, Strategic Service Development |
| J W | HR & Remuneration, Income Generation, Retail Meeting, Building Committee, User Involvement |

| | | |
|---|--|--|
| | | |
| : | | |
| | | |

St. Luke's Hospice

Organisational Chart

Appendix



DDDD

Revision 4

Complaints Policy and procedure
Ref: FD/PE

| | |
|------------------|------------|
| Date of approval | 16/12/10 |
| Revision due by | 31/12/2013 |

Title: **Complaints Policy and Procedure**
Draft reviewed by: **SMT**
Approved by: **Chief Executive**
Date of approval:
Originator: *Frankie Dee*

Policy area

Hospice Management.

Aim and Scope of Policy and Procedure

This Policy includes both clinical and non-clinical complaints. It is designed to ensure effective responses to and resolution of complaints, together with best practice in quality management.

Policy statement

Complaints, verbal and written, will be dealt with in a swift and effective manner which ensures complete fairness for both staff and complainant.

The complaint process will be responsive and flexible to address the issues identified by the complainant.

Complaints – whatever their source – will be continuously monitored and used to improve services, reduce incidents and improve overall quality. Analysis of complaints will contribute to St Luke's Risk Management processes.

All staff will endeavour to resolve any concerns or issues of dissatisfaction as they arise. This will be achieved through a procedure which:

1. is accessible to complainants;
2. provides a simple system for making complaints about any aspect of the service provided;
3. responds to verbal and written complaints whether made in a formal or informal manner;
4. is a rapid process with designated timescales;
5. is open and keeps the complainant informed on the progress of the investigation;
6. is fair to staff and complainants;
7. maintains the confidentiality of the patient, complainant and staff member(s) ;
8. provides the opportunity to learn from complaints to improve services;

Revision 4

9. provides instructions on how to manage a complaint from receipt through to resolution, covering:
- ✓ Investigation of verbal and written complaints;
 - ✓ Communication with complainant;
 - ✓ Resolution of complaints;
 - ✓ Referral to the Care Quality Commission;
 - ✓ Links between complaints, governance and quality improvement procedures.

Related Hospice policies, procedures and plans:

Risk Management Policy Clinical Governance Policy Audit Plan
Confidentiality Policy

Relevant Statutory Requirements

Private and Voluntary Health Care (England) Regulations 2001 Part III – Conduct of Health Care Establishments and Agencies, Regulation 23.

Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2009.

Responsibility and Accountability

Ultimate responsibility is held by the **Chief Executive**.

Every member of staff is responsible for identifying complaints they receive and notifying their line manager at once.

Responsibility for recording a complaint is held by the **Line Manager** best placed to perform this action in any particular case.

The **recorder of the complaint** is responsible for notifying the appropriate Head of Department (if that person is not already involved) and submitting the written report to the Head of Quality & Compliance at the earliest practicable time.

Heads of Departments are responsible for:

1. notifying the Chief Executive when appropriate;
2. overseeing the investigation of the complaint;
3. ensuring the complaint is resolved by ensuring that the most appropriate person:
 - ✓ investigates the complaint;
 - ✓ responds to the complainant

and also;

Revision 4

| | |
|------------------|------------|
| Date of approval | 16/12/10 |
| Revision due by | 31/12/2013 |

4. ensuring the outcome is fully reported, and;
5. that learning results and appropriate changes in practice are made.

The **Clinical Review Group** will review all complaints concerning clinical practice, advising the Senior Management Team and others as appropriate, and reporting findings to the Head of Quality & Compliance.

The **Head of Quality & Compliance** is responsible for:

- receiving complaint reports;
- requesting Heads of Departments to allocate responsibility for investigations;
- monitoring and reporting progress in responding to complaints;
- analysing complaints, identifying and reporting themes, trends and associated risks.

Policy Monitoring and Review

This Policy will be reviewed every 3 years or when legislation requires, whichever is sooner.

An Annual report will be made to the Care Quality Commission, including:

1. the complaints made;
2. the numbers resolved.
3. whether there has been compliance with this policy.

A six-monthly complaints report will be submitted to the Board of Trustees.

A monthly report will be reviewed by the Senior Management Team.

Clinical complaints will be reported to the Clinical Review Group every 2 months.

A twice-yearly analysis will be made of complaints for the purpose of identifying systematic risks to the organisation.

The Audit Plan will include provisions to ensure this Policy is working effectively. This will normally involve (annually) talking to staff of areas where fewest complaints have been received to ensure the process is fully understood.

Staff training requirements

Training will be provided to all staff in the organisation on:

- what is a complaint, particularly informal complaints, and the ways in which they may be expressed;
- how to receive a complaint;
- how to deal with someone making a complaint;
- the complaints process.

Revision 4

This will form part of the Induction process and Mandatory Training.

Procedure/Method: (See also the [Procedure Flowcharts](#), appended)

Receiving and Reporting the Complaint

- Complaints may be made to any member of staff verbally or in writing by the patient, or their representative, or any other person aggrieved in connection with St Luke's services; complaints may be formal or informal.
- Where it is possible to deal *effectively* with a complaint at once, this should be done. Responsiveness is very important but it must be remembered that time may be needed for a fully considered and satisfactory response.
- Details of both verbal and written complaints will be recorded on the Complaints/ Incident/ Near Miss Form, a copy of which will be submitted to the Head of Quality & Compliance as soon as possible.
- All complaints will be reported as soon as practicable to the appropriate Line Manager, who will notify the Head of Department appropriately. The nature of the complaint will determine how it should be addressed and whether the Chief Executive should also be notified.
- The complaint will be entered into the Complaints Log database by the Head of Quality and Compliance.
- Details to be recorded are:
 - Nature of complaint
 - Area of service concerned
 - Date received
 - Date resolved
 - Who investigated
 - Result of the investigation
 - Action taken
 - Resolution of complaint
 - Risk implications

Acknowledgement of Complaint

- All written complaints will receive a written acknowledgement of their complaint within 2 working days from the Head of Quality & Compliance or person investigating. This letter will detail the complaints process
- If a full written reply can be made within 5 working days an initial acknowledgement is not required.

Revision 4

Investigation of Complaint

- A person will be nominated to investigate the complaint by the appropriate Director. The nominated person must not be immediately involved in, or the subject of, the complaint.
- If the complaint relates to clinical matters it will be reported discussed at the Clinical Review Group. Complaints relating to organisational matters will be reported to the Senior Management Team.
- The complaint investigation should be handled in a manner that acknowledges that being subject to a complaint can be a stressful and anxious time for staff.
- All findings should be fully documented. Any communication with the complainant should be documented.
- A full response should be sent to the complainant within 20 working days of receipt of the complaint.
- If it is not possible to send a full response within the 20 day time scale, a letter explaining the delay should be sent to the complainant.

Resolution of complaint

- Once the investigation has been completed, a letter should be sent within 5 working days outlining the findings and the proposed action to be taken.
- The Head of Quality & Compliance must be notified of the findings of the complaint together with the action to be taken, for entry in the complaint database.
- Action plans following the complaint should be completed together with a time scale for action and review; this will involve the staff concerned whenever possible.
- The anonymised complaint should be reported to the appropriate group to ensure lessons are learned and practice is improved or changed as indicated by the results of investigation.

Referral to the Board of Trustees or Care Quality Commission

- If the complainant is unhappy with the outcome of the complaint, s/he can complain to the Board of Trustees and/or Care Quality Commission.
- Details of how to complain are provided in the Patient Information leaflet on 'How to Complain'
- An independent review by the Board or Trustees may be appropriate

(See the [Information Sheet for Service Users](#), appended)

Revision 4

References:

Private and Voluntary Health Care (England) Regulations 2001; Chapter 1:

Quality of service provision, Regulation 23

The Health & Social Care Act 2008 (Regulated Activities) Regulations 2009

NHS Complaints Procedure

Revision 4

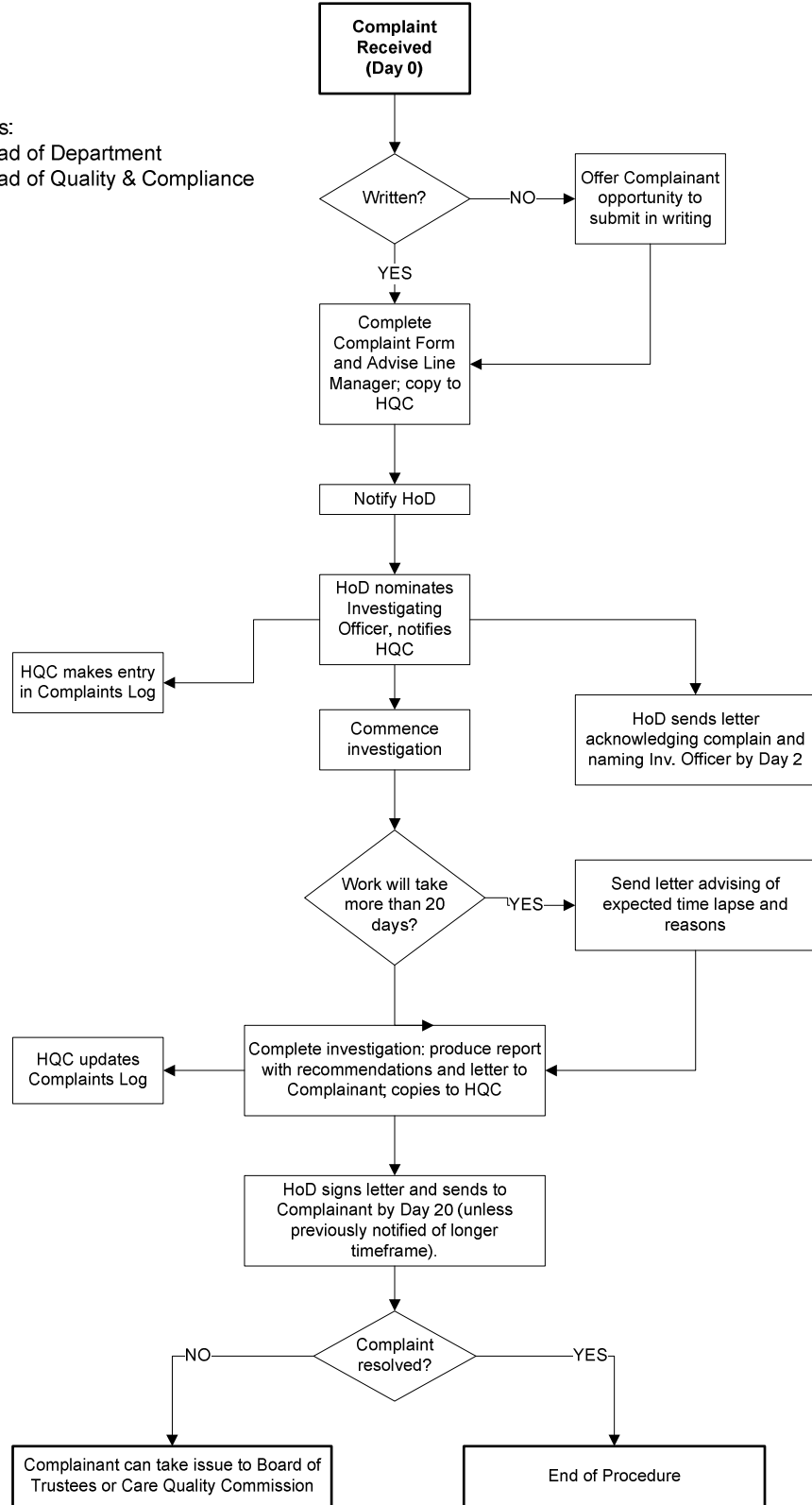
| | |
|------------------|------------|
| Date of approval | 16/12/10 |
| Revision due by | 31/12/2013 |

Complaints Procedure Flowchart – Full Version

Abbreviations:

HoD Head of Department

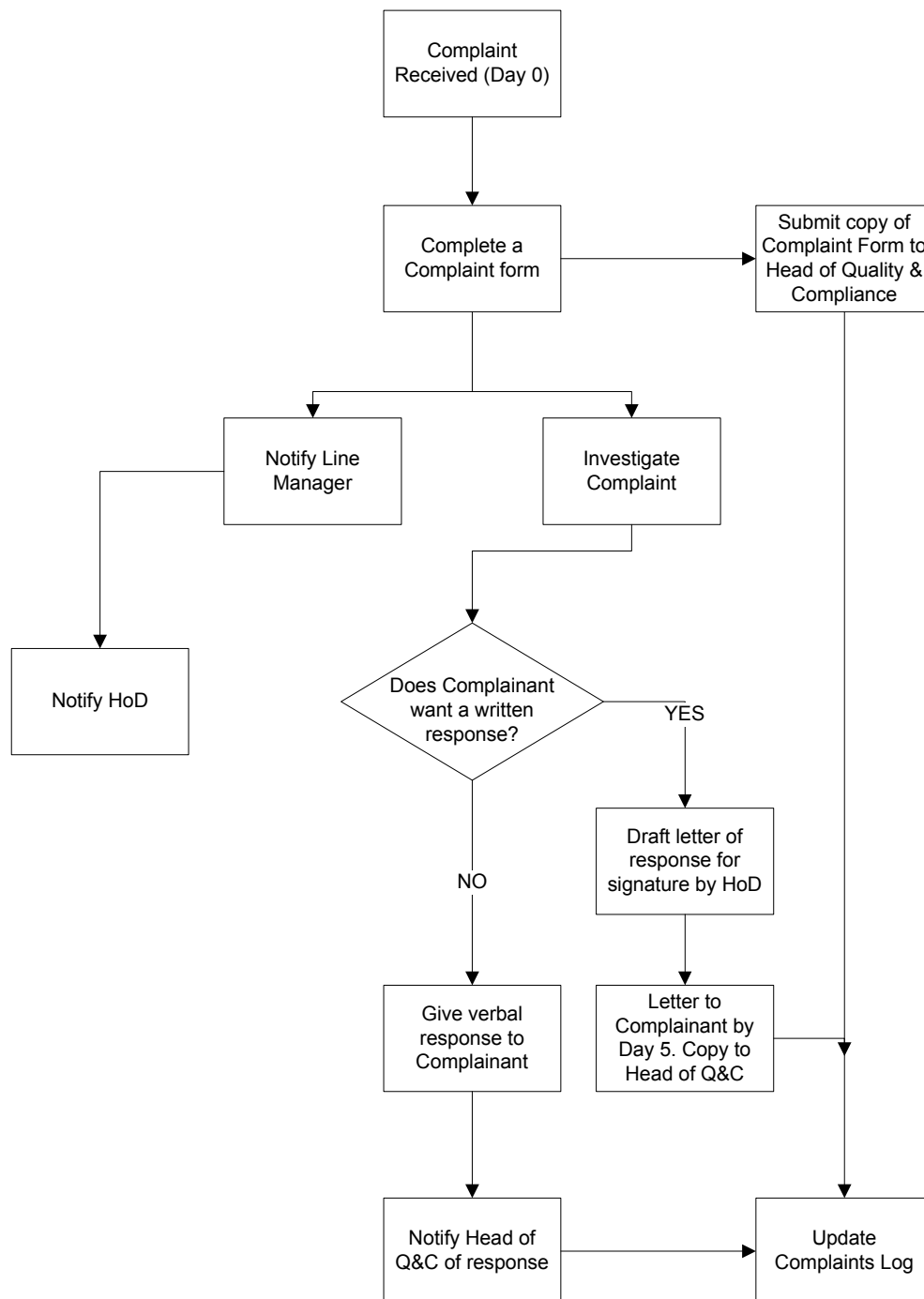
HQC Head of Quality & Compliance



Revision 4

| | |
|------------------|------------|
| Date of approval | 16/12/10 |
| Revision due by | 31/12/2013 |

Flowchart: Procedure for Complaints that can be dealt with at once



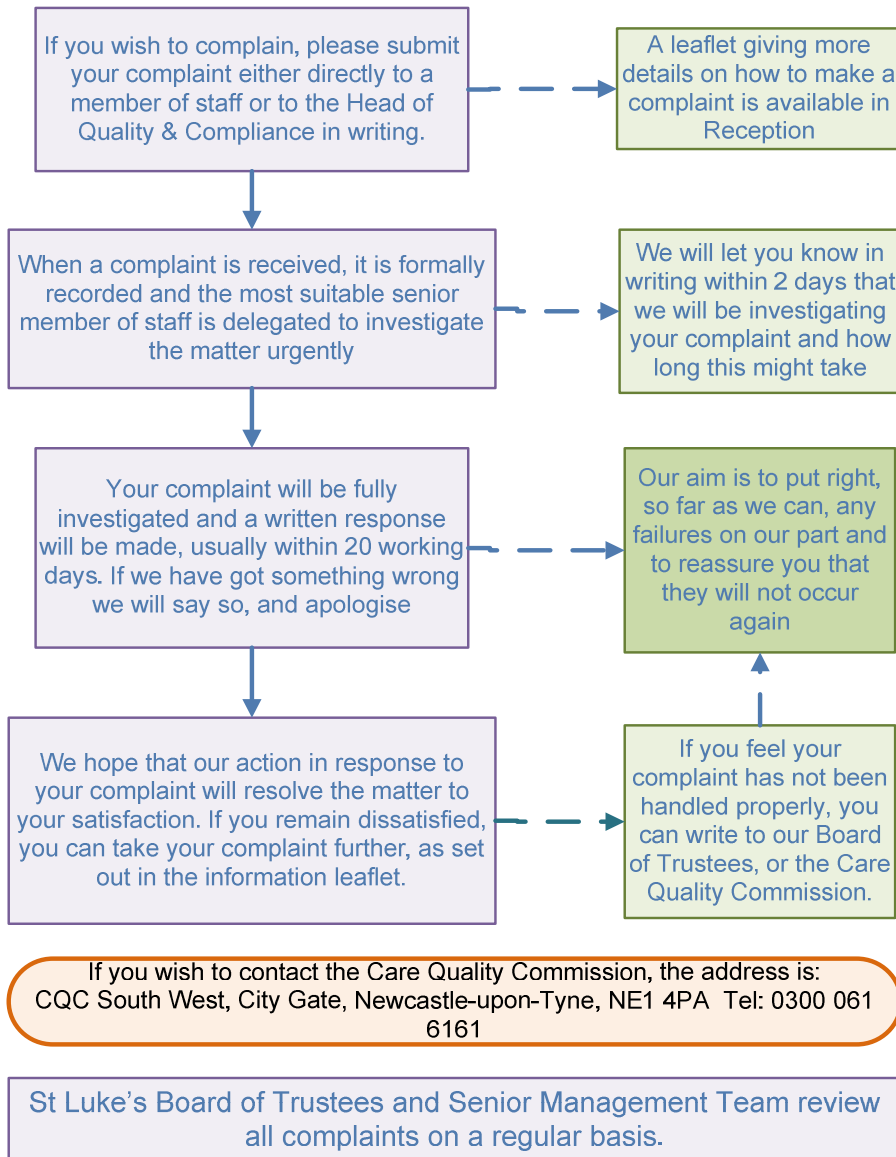
Revision 4

| | |
|------------------|------------|
| Date of approval | 16/12/10 |
| Revision due by | 31/12/2013 |

Service User Notice

If you have any concerns, please speak with any member of staff...

Although we like to think we always get things right, we know that sometimes we don't achieve that aim. Our Complaints Procedure is set up to enable you to let us know if our service falls short of what it should be. We always welcome and listen carefully to your complaints as they enable us to put things right, and help us to learn and improve.



If you wish to contact the Care Quality Commission, the address is:
 CQC South West, City Gate, Newcastle-upon-Tyne, NE1 4PA Tel: 0300 061 6161

St Luke's Board of Trustees and Senior Management Team review all complaints on a regular basis.

| | |
|------------------|------------|
| Date of approval | 16/12/10 |
| Revision due by | 31/12/2013 |