



**Treetops**  
Hospice

End of life care in Derbyshire  
and Nottinghamshire

# Hospice at Home Staff Handbook

19/10/2022 - Version 2.2

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Registered Charity Number 519540

# Contents

Contents.....	2
Vision, Mission and Values .....	3
Overview .....	4
Hospice at Home.....	6
Your Contribution.....	9
Organisation of Work .....	11
Your Shift .....	13
Code of Behaviour .....	17
Staff Safety.....	18
Education, Training, Supervision and Support .....	21
Declaration .....	24

# Vision, Mission and Values

## Vision

That everyone living within the communities we serve has access to end of life care of the highest quality.

## Mission

To make every day count through giving the highest quality support for patients and carers living with life limiting illness or affected by death and dying by:

- Ensuring we have the skills and experience to deliver and promote excellence in end of life care provision.
- Working in partnership with other local end of life service providers to ensure the best possible patient experience is achieved.
- Developing services to reflect the changing needs of the diverse community we serve.

## Values

### **Respecting the unique worth of every person**

We believe that every person is different but equal and that everyone's unique needs and contribution should be recognised and supported.

### **Exercising responsible stewardship**

The commitment of our staff and volunteers to making the best use of all our resources enables us to deliver high quality care today and in the future.

### **Working with hope**

Our hope is to enable patients and carers supported by the hospice to live well and die well.

### **Sustaining a culture of trust, warmth and safety**

Everyone who comes into contact with Treetops is treated with care and respect.

## Overview

### A brief history of the charity

Treetops Hospice grew out of a campaign for a hospice in the area of South East Derbyshire, started by Mrs Cally Cheetham in 1983, following her own experiences of caring for relatives suffering from cancer.

In 1984 the Draycott Hospice Association was formed with Cally as Company Secretary. Various fundraising activities took place and talks were held with the local Health Authority. In 1986 the building known as Treetops was purchased from Nottinghamshire County Council, paid for out of a legacy. The building had previously been the pre-release unit of the Risley Hall School, and was built during the 1960's. The building and 12.5 acres of land are wholly owned by the Trust.

In 1991 a Nurse Manager was appointed and a Volunteer Home Sitting Service started. Day Care services commenced in the same year, and in 1994 a Hospice at Home service was launched. A dedicated Bereavement Support and Complementary Therapy service was introduced in 2000 and a new Support and Information service in 2014.

Since this time our services have grown and we currently offer:

- Befriending Service
- Wellbeing and Support & Information
- Wellbeing at Home
- Hospice at Home
- Therapeutic services for adults and families affected by
  - Living with a life-limiting illness
  - Bereavement

Overall management of clinical services is the responsibility of the Director of Clinical Services.

Treetops Hospice is commissioned by the Derby and Derbyshire Integrated Care Board (ICB) and Nottinghamshire Hospice to provide supportive palliative care to our population.

### Fundraising and Donations

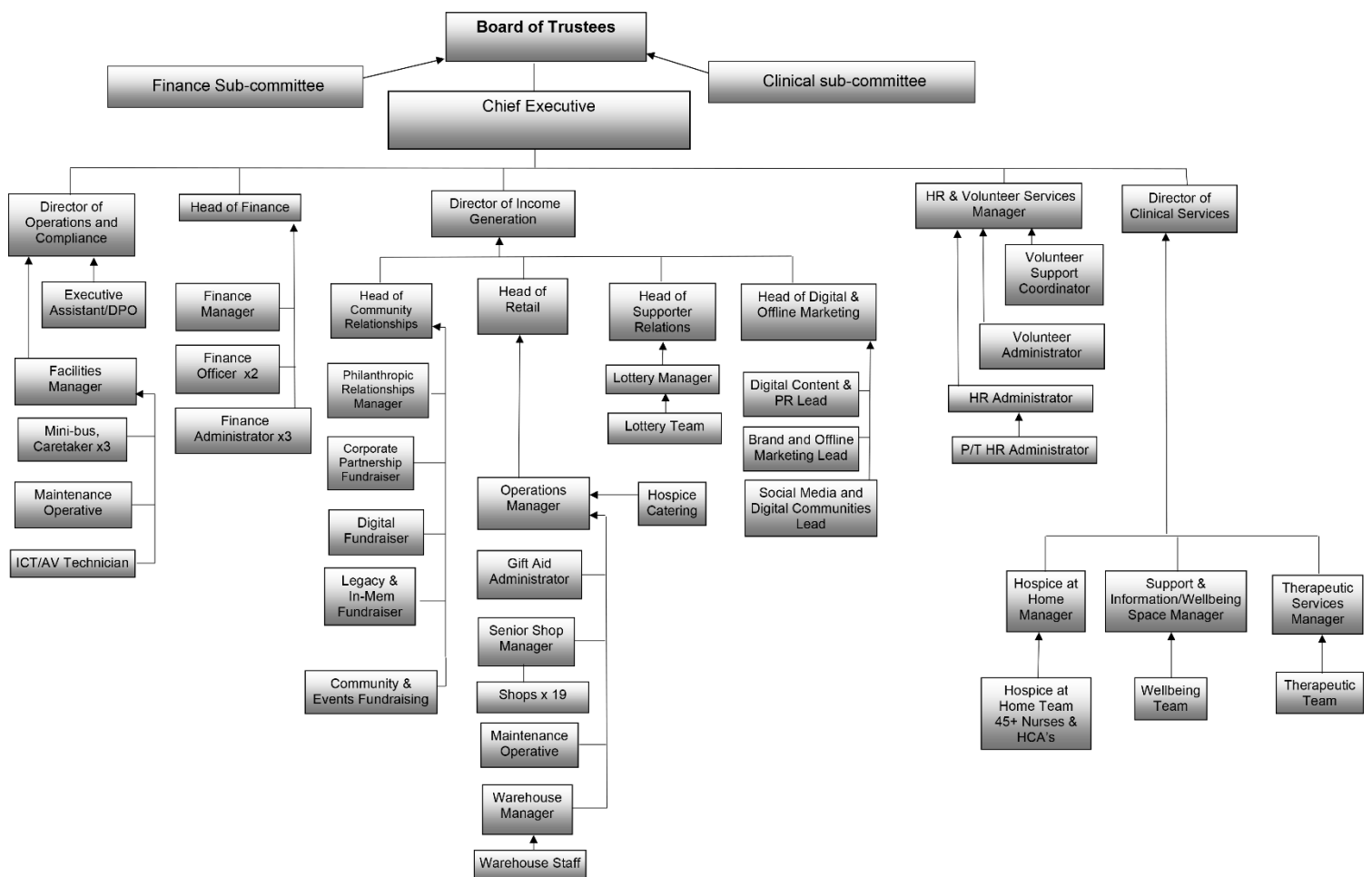
Treetops Hospice Trust is a Company limited by Guarantee and also a registered charity – Company Number 1801708, Registered Charity Number 519540. This enables the hospice to fundraise through the operation of a lottery and shops in addition to raising money through fundraising events. Both Derbyshire and Nottinghamshire (CCGs) provide statutory funding with Service Level Agreements in place.

Hospice at Home Staff Handbook - 19/10/2022

Donations and legacies are received from hospice supporters and from families of patients and are often given as an expression of thanks for care provided by our hospice team.

You may be asked how donations can be made. We will provide you with specific donation envelopes which give the donor, if they are a tax payer, the opportunity to sign a Gift Aid declaration which increases their donation by 25%. Donation cheques should be made payable to Treetops Hospice, and cash should be directed to the fundraising department who will provide a receipt. All donors will receive thanks in writing.

## Organisational structure



# Hospice at Home

## Departmental Aims

- Hospice at Home service is available to people with both a cancer or non-cancer diagnosis with a terminal prognosis of six months or less.
- The service is intended to supplement, and be complementary to, existing service provision in the community.
- The amount of care provided to each patient will be based on assessment of need and the appropriate availability of staff.
- To provide skilled, high quality palliative nursing care to people with limited life expectancy and to enable them to remain at home if that is their wish.
- To facilitate choice of patients' preferred place of care and ultimately their preferred place of death.

## Objectives

- To promote seamless continuity of care through liaison with the Primary Health Care Team (P.H.C.T.), patients and their carers and other agencies to provide support in the home.
- To help patients achieve a dignified and well-managed death at home, whilst offering support to families and carers.
- To prevent unnecessary admission for respite care.
- To provide proactive symptom management to prevent unnecessary admission to hospital or hospice.

## Referral Criteria for Patients

- The patient, carer and P.H.C.T. agree that the patient's care needs are appropriate to being met at home.
- The patient has a limited life expectancy of 6 months or less and is unable to care for themselves.
- The patient is registered with a Derbyshire or Nottinghamshire GP and is 18 years of age or over.
- There is no medical reason for admission to hospital or hospice.

## Referral Procedure

- Referrals are preferred from health care professionals and require the knowledge and approval of the patient's District Nurse (DN) who will be responsible for informing the patient's General Practitioner (GP).
- Where referrals have been taken from non-clinical sources the person accepting the referral will obtain consent from the patient to liaise and discuss their care needs with the District Nurse. If care is provided the District Nurses will be responsible for providing up to date movement and handling and nursing assessments and appropriate nursing care plan/s.
- At the point of referral the Hospice at Home Coordination Team will ascertain whether ReSPECT/DNACPR documentation is in place for the individual. If there are any issues with a ReSPECT/DNACPR form this needs raising with the coordination team during office hours or with 111 service out of hours.
- Referrals are taken within normal office hours and made directly to the Hospice at Home Coordination Team on either the main hospice telephone number or the dedicated telephone line.
- All referrals are entered onto the organisation's clinical database, (SystemOne), where it can be accessed by each member of the Hospice at Home Coordination Team, the On-call Nurse or members of the Hospice at Home Staff that have access to SystemOne for their role.
- To avoid duplication of services, other agencies involved with the patient's care package will be established at point of referral. Any arrangements made for the patient will be shared with other agencies once the care session has been confirmed with patient/carer and any other relevant professionals.
- Different levels and intensity of support will be provided appropriate to the different stages of the patient's illness. The Hospice at Home Coordination Team nurses will be responsible for the ongoing evaluation of need.
- Once a referral has been accepted, liaison with the patient or carer will be made within 72 hours.

## Assessment and Care Management

Assessment of care needs will be the overall responsibility of the patient's GP and District Nurse.

The Hospice at Home Coordination Team will work within the plan of care provided by the District Nurse.

If any problems or concerns are identified by the visiting Hospice at Home Staff, they will contact the Hospice at Home Coordination Team who will then task the District Nurses to review.

Risk assessments are part of the referral process and ongoing whilst care is being provided. Any risks identified will be monitored and reviewed by the Hospice at Home Coordination Team and by staff providing care.

## Records and Reports

Staff are required to undertake comprehensive record keeping which documents all care they have delivered. Ongoing training is provided to ensure staff are familiar with all forms of documentation they may be required to complete including where each piece of documentation can be found. Any urgent communication for the attention of the visiting District Nurse or GP is to be phoned or emailed in the handover through to the Hospice at Home Coordination Team. For the Hospice at Home Staff who have been trained to use SystmOne they can input the documentation directly into the patient notes. All handovers/updates are recorded using SystmOne.

For each visit, staff will report on care given through their NHS email or directly on to SystmOne at the end of each shift. For those who prefer to do so, it is permissible to make notes during the shift to inform the content of the handover, although these should be destroyed immediately after handover has been inputted/emailed.

Following discharge the Hospice at Home Staff will destroy all patient information in a secure manner.

## Discharge

The hospice reserves the right to decline or withdraw its service where the referral is considered to be inappropriate by the Hospice at Home Nurse Manager or in situations where the risk assessment identifies risks that cannot be resolved.

## Quality Assurance and Clinical Governance

To ensure the aims and objectives set out in this Operational Procedure are being achieved, clinical governance and quality assurance elements are built into the service.

This will include the continuous monitoring of:

- Response time to referral
- Patient caseload and equity and appropriateness of care provision
- Staff availability
- Consumer satisfaction through annual evaluations of:
  - Patient's main carer or next of kin
- Outcome i.e. whether preferred place of care and death are met
- Complaints and the outcome of investigations.
- Quality assurance drop in visits to staff on duty
- SystmOne data analysis to assess:
  - Referral source



- Preferred place of care
- Length of care
- Place of death.

Treetops Clinical Services are governed by a Clinical Sub-Committee of the Board of Trustees who meet quarterly to review the service's qualitative measures and activity statistics of the Clinical Service departments.

## Your Contribution

### As a Hospice At Home Registered Nurse or Health Care Assistant

Set out below is a brief overview of your work in the community. This is covered in more detail in your induction. As a Treetops Hospice at Home Registered Nurse (RN) or Health Care Assistant (HCA) you will be working in the community as a guest in patients' homes, spending long periods of time with patients and their relatives at a time that is often very stressful for them. You are there not only as a support for the patient, their carers and relatives, but also to work alongside the Primary Health Care Team, especially the District Nurse. In terms of professional accountability your role is complementary to, but does not replace, that of the District Nurse. Thus you are responsible to the District Nurse as well as Treetops Hospice and you will be required to follow any care plans developed by the District Nurse as well as instruction from the Hospice at Home Coordination Team. If you are a registered nurse you are accountable for both your actions and omissions. The principles of community-based care are applicable to all grades of staff working within the discipline.

In the community setting you may often be working in isolation without the immediate support of nursing colleagues. However, the Treetops Roaming Service will be available to support you at night if you need immediate clinical advice, whilst also being able to access the out of hours service 111.

The Hospice at Home Coordination Team are available in office hours Monday to Friday from 7.30am - 5pm.

The Roaming Service is available 9.30pm - 6.30am. Anyone who has a referral to the Hospice at Home service in the South Derbyshire area can access this service. The Roaming Service can be contacted on 07983435205.

For any urgent telephone advice or support in between the office closing and the Roaming Service hours, the Treetops On-call Nurse can be contacted on 07729891615.

Overnight the on-call nurse will only be accessible in the event of an emergency by calling the Treetops Emergency Line on 07502133238.

## Inter-agency working

There is often confusion around the different roles and responsibilities for other health professionals and agencies that are involved with supporting patients' care needs. Therefore, given below is a list and brief explanation of others that you may be working alongside.

## The District Nurse

The District Nurse has responsibility for the assessment and provision of both patient and carers' care and support needs. Re-assessment through regular evaluation is also the responsibility of the District Nurse.

All care will be planned and documented on SystmOne by the District Nurse. The Hospice at Home coordination team will use this information to direct care delivery overnight and will share all relevant information at shift allocation.

Episodes of care delivered by the Treetops Hospice at Home Staff will be added to the SystmOne record which enables the District Nurse to see all updates. Any update or discrepancy in the District Nursing record on SystmOne should be brought to the attention of the Treetops Hospice at Home Coordination Team at the earliest opportunity.

## Macmillan Nurse and Clinical Nurse Specialist (CNS or CPCT)

Macmillan Nurses and other Clinical Nurse Specialists act as both a resource to other health care professionals and as an adviser to patients and carers. Their main role is to manage symptoms of a patient's disease process, provide emotional support and information to patients and their carers. Practical care needs are the responsibility of the District Nursing team.

Specialist nurses manage their own caseloads, have post-basic training in cancer/palliative care and work closely with the P.H.C.T.

## Marie Curie and Nottinghamshire Hospice

Both these services operate alongside Treetops Hospice and at times we can share the patient's care with them.

Their teams consist of Registered Nurses and Health Care Assistants, and they provide palliative care to people with life limiting illnesses that are in the terminal phase of their disease, and offer both emotional and respite support for carers.

## Personal Care providers

Treetops Hospice's catchment area is served by a number of personal care service providers from both social and health arenas. Listed below are organisations that you may be working alongside.

- Social services
- Intermediate care services
- Crossroads
- Nursing agencies / Domiciliary Care Agencies
- Red Cross
- Dedicated palliative care teams

## Continuing Care packages

On occasions of a patient reaching the last few weeks of life a decision may be made by either GP or hospital consultants to implement continuing care criteria (Fast track). These criteria give access to special funding for additional nursing care in order to enable a patient to remain in their own home or in a nursing home if that is their choice. This is supplementary to other services available.

## Organisation of Work

### Work allocation

A rostering system is required to ensure equitable care provision is maintained each night.

The team of contracted Hospice at Home Staff will be required to cover care each night to ensure equitable care provision is maintained. The system used to roster will be at managers' discretion and may vary subject to engagement of staff. Bank staff will be used flexibly to increase care provision.

Bank staff can give availability for Hospice at Home work up to two months in advance. This should be emailed to [thchh.treetops-hospice-home@nhs.net](mailto:thchh.treetops-hospice-home@nhs.net) Any alterations or additions to this availability should also be emailed and telephoned through to the office as soon as possible, although late changes are discouraged as patient care may already have been allocated.

We strive to provide care to ten patients overnight each night, so sometimes you may be asked to provide an alternative night if possible, to ensure we can deliver an equitable service.

Once the rotas have been compiled it will be emailed out to the clinical team. Any problems with providing care on the dates rostered will need to be discussed with the coordination team as soon as they arise.

Work is allocated by the Hospice at Home Coordination Team and is organised to provide the appropriate level of care for patients' care needs based on their level of priority and the availability of nurses and healthcare assistants. For those not trained to use SystemOne, they will be emailed their patient details. Confirmation that details have been received is required. However, due to the changing needs of patients or their carers you may be cancelled or reallocated at short notice. Reallocation of a staff member on a permanent contract will take priority, but the coordination team will do the utmost each day to ensure all staff are allocated or reallocated.

## **Travel and telephone**

You will be expected to travel anywhere within our catchment area. Work allocation will normally be arranged to keep travel within an acceptable distance from your home. There will be occasions when you may be requested to travel a longer distance, in particular when a patient is very poorly and requires a particular grade of nurse. However, we will endeavour to keep travelling distances as short as possible within the constraints of patient need. You will be paid a non-taxable travel allowance of 45p per mile or public transport costs.

For patients who reside in areas that are deemed higher risks for crime and have parking restrictions, it is acceptable for the RN/HCA allocated to travel using a reputable taxi firm to and from the shift. A receipt will be required for both journeys and this can be claimed directly through the finance department.

## **Documentation**

All documentation is carried out either directly onto SystemOne or via email using an NHS net account.

For staff with access to SystemOne you will be given comprehensive training on how to record episodes of care.

For staff without access to SystemOne a handover by NHS email must be communicated by NHS net accounts with the office team immediately after patient contact. The patient's NHS number or surname should be entered into the subject box of the email, and it should be sent as soon as possible after completion of the shift.

NHS net accounts must always be used to ensure secure transfer of patient data.

## Payment for duties

Substantive contracted hours are available within the team along with bank and additional hours. You will be paid for all duties worked from the 15th of the previous month to the 14th of the current month. Pay is by direct bank credit transfer on the 25th of each month, unless the 25th falls on a weekend or bank holiday, when you will be paid on the last banking day before the 25th.

## Annual leave

As a contracted member of staff and working full time hours you will be entitled to 27 annual leave days per annum plus customary public holidays (normally 8 although this can vary). Your allowance will increase at the 5 year and 10 year anniversary of your employment. If you work part-time you will be allocated a pro-rata allowance. All annual leave will need to be authorised in advance with the Hospice at Home Nurse Manager, deputy/lead team members.

As a bank member of staff you will not be entitled to paid annual leave but will receive holiday pay monthly that will be calculated against the hours that you have worked, pro rata to Working Time Regulations provision.

Any queries in respect of your pay should be discussed initially with the Hospice at Home Coordination Team or pay services.

## Your Shift

The Hospice at Home Coordination Team will provide the following information prior to your shift via NHS email or you will be advised to access patient information if trained on SystemOne:

- Date and hours of work required.
- Provision of patients' information will include: personal, demographic, medical, and home information, along with any risks identified to the coordination team.
- Where necessary, detailed direction of how to find the patient's home and any relevant information regarding access to the property. If this has not been given to the coordination team and any problems arise with locating the patient's property then please liaise with the family straight away and contact the nurse on call on 07729891615 as soon as the problem arises, once in a safe place to do so.
- If you need to record any information on paper, it is your responsibility to safeguard this information and destroy it through shredding or similar to maintain patient confidentiality after each shift.

- Patient information can be accessed on SystemOne prior to and during your care visit. At any other time, it is NOT permissible to access patient records unless you have been given permission by the Hospice at Home Coordination Team.
- Staff must provide information to the Hospice at Home Coordination Team if they have concerns with caring for people or families who smoke inside the home or have an allergy or aversion to pets. The Hospice at Home Coordination Team will do their utmost to work with Hospice at Home Staff on this.

N.B. Allocation of nurse shifts will be organised by the Hospice at Home Coordination Team. Any additional information that is perceived as relevant to care, or, if the situation you found yourself in was significantly different from what was anticipated, then this information should be passed on to the Hospice at Home Coordination Team as soon as possible.

## On allocation of a patient

- Before you accept the patient, ensure you have met the obligatory break of 11 hours between one shift and another in line with Working Time Directives.
- Confirm with the coordination team your fitness to work that night.
- Establish whether there is a phone available in the patient's home and if not establish other arrangements for communication.
- Ensure that there is an up-to-date nursing care plan and that a movement and handling risk assessment has been undertaken (this may be on SystemOne).
- Establish if there are any problems with access to the patient's home – if unfamiliar with the area request directions.
- Wear the Treetops Hospice uniform during your shift and PPE as per guidelines.
- Ensure you are wearing your Treetops Hospice name badge and have your I.D. pass.
- If issued with Soloprotect device, always ensure it is fully charged and wear it when at work ensuring it is activated whilst in use as per instructions.

## On arrival at your patient's home

- Ensure that you arrive for your planned visit on time. If a delay is unavoidable contact the patient or family to advise and then inform the on-call nurse as soon as possible
- Text/contact the Hospice at Home Coordination Team or On-call Nurse to confirm safe arrival.
- Present your identity card (with photograph). Introduce yourself and clarify the reason for your visit.
- Discuss with patient or their carer expected care needs of the patient e.g.
  - Establish where District Nursing notes, DNACPR/ReSPECT form, equipment or medication needed for the shift are kept.

- Establish where the patient/carer would prefer you to sit
  - Establish with the carer what is required at the end of the shift in respect of either locking up or waking the carer etc
  - Establish contact details of the carer or an alternative person if the carer is going out
  - Establish where the kitchen and toileting facilities are (take own food and drinks as required)
- If you are the first Treetops Hospice at Home Staff to visit the patient, conduct a dynamic risk assessment of the home situation.

## Information to give your patient/carer

If you are the first Treetops Hospice at Home Staff to visit the patient, leave a “What to do when someone dies” booklet for the carer. This booklet provides practical guidance and checklists, along with information about bereavement support from Treetops, and contact details for many other organisations offering specialist support. It is an important resource to share with carers and families.

An introductory letter to the Hospice at Home service will have been sent to the family at the time of referral. In addition, a condolence card and evaluation form will be sent to the carer at appropriate times after the patient’s death.

## During your shift

You are a guest in the patient’s home, and you are expected to provide a sensitive and high quality standard of palliative care. Whilst with the patient you are expected to be an ambassador of Treetops Hospice and are responsible for the promotion of its public image.

Whilst on duty for Treetops Hospice you are accountable to the organisation for your actions and omissions and for qualified nurses you are also accountable to the Nursing and Midwifery Council (NMC) for your practice and conduct.

Due to the nature of the clinical needs of the patient group we care for, you are required to stay awake during your allocated shift. Any contravention of this will be subject to a disciplinary enquiry.

- Ensure that you are alert to the needs of the patient at all times. Any activity that you undertake whilst on duty should be carefully considered and should not in any way be to the detriment of care for the patient. Due to difficulties that can be encountered, you are not permitted to watch television independently or use personal media equipment. Mobile phones should be used in an emergency.
- Adhere to Treetops Hospice guidelines regarding the administration of medicines.
- Adhere to Treetops Hospice Manual Handling guidelines. Due to the fluctuating conditions of patients with palliative care needs it is essential that you carry out your own risk assessment at the beginning of each visit.



- Record as soon as possible any detail or event that will inform your care record and handover. All documentation should be concise, thorough and factual.
- During your shift if you feel that your personal safety is at risk, follow the Staff Safety guidelines. You are permitted to leave the house if you consider your safety to be at risk. If issued with Soloprotect device activate your card accordingly. Contact the Hospice at Home Coordination Team during the day, or the Roaming Service overnight, and in an emergency contact the On-call Nurse using the Treetops Emergency Line 07502133238 as soon as possible. The GP and the District Nurse will be informed by the Hospice at Home Coordination Team or On-call Nurse the next day.
- During your night shift if your patient is settled and sleeping for long periods there will be an increased risk of you falling asleep on duty. If you do feel at risk of this you must take every precaution to avoid this happening, such as walking around, changing position or undertaking an activity that engages your attention.
- Sleeping on duty could be considered as gross misconduct and might warrant disciplinary investigation and sanction. We ask all staff to be honest and transparent in reporting any such incidents or near misses to the co-ordination team as a matter of urgency. Please liaise with the Hospice at Home Nurse Manager to discuss any concerns with this.
- If a patient is deteriorating please alert the Hospice at Home Coordination Team who will reassess the patient's level of need
- Observe Treetops Hospice's 'Smoke Free policy for Hospice at Home' at all times. This is accessible on the staff page on our website: [treetops.org.uk/staff](https://treetops.org.uk/staff)
- The Hospice at Home Nurse Manager, Roaming Service or On-call Nurse should be contacted regarding any urgent concerns regarding a patient's health, safety or welfare or GP/DN directly if appropriate. If you leave a visit early during the night contact the Roaming Service to inform and provide handover explaining the circumstances.

## Following your shift

ALL documentation must be completed either during or at the end of your shift.

It should be a succinct record of the care provided during your visit, identifying any changes to condition or management of care, and highlighting any urgent issues.

Please document thoroughly and concisely the care provided and the patient's condition during the shift.

**ALWAYS REMEMBER** - If you have not documented it then it has not happened and you should be aware that records of care might also be required as evidence in the event of any investigation by Treetops Hospice, regulatory bodies or Courts of Law.

Any untoward accidents, event or incidents sustained by the patient or yourself, should be reported to the Hospice at Home Coordination Team as part of the daily handover. An incident form must also be completed by the staff member concerned using the staff page [treetops.org.uk/staff](https://treetops.org.uk/staff)



IF IN DOUBT REPORT IT

## **If you are unable to work following allocation of a shift**

In the event of an unexpected emergency which prevents you from fulfilling your commitment to work, notify a member of the Hospice at Home Coordination Team, the Roaming Service or the On-call Nurse as soon as possible so that alternative arrangements can be made if possible.

## **Code of Behaviour**

### **What we expect of you**

- To be an ambassador for Treetops Hospice
- To adhere to the uniform standards required by Treetops Hospice and to always wear an identification badge
- To use the Soloprotect device allocated to you as per instructions
- To provide a prompt and efficient service
- To liaise in a timely manner with the Hospice at Home Coordination Team on all matters relating to work availability
- To make every effort to fulfil your shifts as care can be planned for patients in advance and it is very unprofessional as an organisation to cancel pre booked visits
- To inform us as a matter of urgency if you need to cancel a booked visit
- To log in to shifts to the On-call Nurse on 07729891615 as soon as you arrive at your visit and log out with your handover
- To maintain confidentiality
- To liaise with the Hospice at Home Nurse Manager or deputy if any problems are encountered
- To adhere to health and safety policy and procedures
- To respect at all times patients' and families' relationships and environment
- To inform us of gifts or donations received
- Not to make purchases on behalf of the hospice
- To provide accurate handovers immediately after each shift
- To engage as fully as possible with all wellbeing support/supervision
- To access and complete on time mandatory training and all modules via the Blue Stream training portal

- To inform your insurers that you use your car for work. This is required to be able to claim travel expenses
- Not to smoke or vape when travelling to work or whilst on duty
- To adhere to all infection prevention and control policies and procedures
- To report any sickness or personal issues that may impact upon your ability to work, to the Hospice at Home Nurse Manager or deputy in confidence as soon as possible.

## What you can expect of us

- Patient details as available from referral form with dates and time work required
- Travel costs will be reimbursed at 45p per mile for care provided in a patient's home. Distance travelled will be calculated through SystemOne (No travel costs are paid when working on the Roaming Service)
- The working month is from the 15<sup>th</sup> to the 14<sup>th</sup> of each month and monthly pay is on the 25<sup>th</sup> of each month.
- Paid education / supervision / support meetings as deemed appropriate.
- Access to the Hospice at Home Coordination Team during office hours, to the On-call Nurse outside of office hours and to the Roaming Service overnight.
- Provision of medical liability insurance.
- The provision of uniform
- A laptop (subject to availability and which is for use for staff and work purposes only)
- A Soloprotect security device (subject to availability).

## Staff Safety

### Introduction

Treetops Hospice believes that our greatest asset is our staff resource, paid and voluntary, and therefore we are committed to protecting their safety and well-being.

Treetops Hospice has a zero tolerance philosophy towards aggression and/or violence towards its staff and is committed to providing a safe environment for staff to work in. However, the charity cannot be held responsible for any unknown conditions prevailing in patients' homes.

Your own safety is of paramount importance and you should not put yourself at any risk for the sake of patients. It is expected that you would leave a threatening situation and alert the appropriate services if deemed necessary.

If you are issued with a Soloprotect card, it is for your own safety and you should ensure it is fully charged and used at all times when at work.

At times there may be an anticipated risk by staff, but please trust that the Hospice at Home Coordination Team will have liaised with other care providers and the referrer in order to assess true risk and mitigate against any risk identified. Care must be provided on an equitable basis, and we will not allow perceived assumptions of risk to affect care provision for patients.

You have a right to be safe at work and Treetops Hospice would in no circumstances ask you to provide care in a home that would put you at risk if one was identified.

Following an incident both a verbal and a written report should be completed as soon as possible. Your action may help to prevent putting another health care worker at risk.

## Definition

In relation to safety, Treetops Hospice recognises the following definition of an untoward incident:

“An incident where a staff member of Treetops Hospice is abused, threatened or assaulted in circumstances that are related to their work for the hospice which compromises their safety or wellbeing.”

This definition reflects Treetops Hospice’s view that violence is not considered solely as a physical act but also includes anything that causes the staff to feel afraid, anxious or abused.

## Risk Assessment

Risk assessment is a function we all constantly undertake in our personal and working lives. Interaction with others always involves some degree of assessment of risk based on our evaluation of physical presentation, verbal communication and patterns of behaviour.

You should always be sensitive to the risks relating to violence and behaviour that can trigger or prevent aggression for patients and carers dealing with life-limiting illnesses. Prior to a first visit, obtain as much information as possible about the patient, their family/carers and the location to be visited. This will enable you to carry out your own risk assessment.

Any actual or potential risks to the safety of yourself or others should be discussed with the Hospice at Home Coordination Team who will liaise with the GP and District Nursing team as appropriate.

## General Guidelines

Please refer to the Suzi Lamplugh Trust Lone Working guidance available at

<https://www.suzylamplugh.org/personal-safety-at-work>

It is important that someone is informed of your whereabouts, and when to expect your return whilst protecting the identity of the patient. If your planned shift is changed to suit the family or the member of staff gets lost, please ensure that this information is communicated to the On-call Nurse or Roaming Service. All staff must log in to the On-call Nurse via text (preferred) or telephone call on arrival prior to starting a shift. All staff to log out on safe return home via email handover.

Plan and familiarise your route in advance. If travelling by car, ensure that you have sufficient fuel and that the car is well maintained. If adverse weather conditions are expected use major roads if possible and have a shovel and suitable footwear and clothing available.

You are required to keep the Hospice at Home Coordination Team up to date with the make, model and registration number of your car for tracking purposes.

Lock your vehicle while driving. Do not carry any unnecessary valuables with you. Do not carry documentation relating to other/past patients due to data protection regulations.

If you need to stop for any reason, try to pull over in a well-lit area or a location where other people will be.

When arriving at your destination try to park as near as practicable to the patient's home. You may wish to ask the family to leave a prominent light on to direct you to the right house.

On return to your car check that everything is as it was left and that there are no signs of disturbance to the car.

On arrival, familiarise yourself with the layout of the home and work out a route for escape in case of fire or if your personal safety is compromised. Ensure that keys are available and do not allow carers or others to lock you in.

If you have a Soloprotect card ensure that you know how to summon help with it.

## Incident Reporting

For any incident that has made you feel afraid, anxious or threatened, in addition to any incident of actual aggression or harm, an incident form will need to be completed. The importance of this is vital because:

- Incidents that are 'manageable' can be precursors to more serious behaviours or actions. If these incidents go unreported it could result in a colleague or another staff member from a different agency being at risk or in danger.

- Incidents such as outbursts of anger may sometimes be understandable when taking into consideration the pressures that both patients and carers are experiencing, but it is important that these incidents are reported.
- Treetops Hospice are required to report to the Health and Safety Executive any cases in which employees have been off work for three days or more following an assault which has resulted in physical injury.

## Education, Training, Supervision and Support

### Induction

Prior to undertaking any work, you will be required to complete an induction programme that covers:

- Overview of Treetops Hospice
- Definitions, philosophy and aim of palliative care.
- Role of Hospice at Home Staff
- Movement and Handling training
- Shadowing a Hospice at Home Nurse.

Time for the induction process will be paid for at the hourly rate of pay that you are contracted on.

### Ongoing education and training

Regular paid on-going education/support/supervision sessions are organised and facilitated to provide enhanced knowledge and understanding of palliative care, maintain and raise our standards of care, for peer support and effective communication.

It is a mandatory requirement of employment for staff to engage with all aspects of education and training. Failure to attend without prior notification will be investigated.

Staff development is based on essential to roles competencies and tailored to individual staff members.

Training and education will be delivered via a blended learning approach focusing on skills, knowledge and behaviour.

Clear expectations for staff members will be defined via the annual appraisal and regular one to ones.

For those staff where Treetops is a secondary employer, education delivered by the primary employer will be taken into account as long as proof of learning can be provided to the Hospice at Home Nurse Manager and HR that study sessions of the same subject have been previously attended.

## **Annual Personal Development reviews (PDR)**

Treetops Hospice recognises the need to evaluate the performance of each of our employees, to value their contribution and to develop them to meet their full potential. The Annual PDR process is a requirement of all employees.

Your PDR will consider your performance, progress, achievement and possible areas of development. It will also review progress against your development plan, if appropriate, and set your objectives for the coming year.

## **Clinical and Restorative Supervision and Support**

Treetops Hospice recognises the value and importance of supervision, both clinical and restorative. It is therefore a mandatory requirement of employment for staff to engage with all aspects of supervision and failure to attend without prior notification will be investigated.

“Clinical supervision can help ensure that people who use services and their carers receive high quality care at all times from staff who are able to manage the personal and emotional impact of their practice.” (Care Quality Commission, 2013)

The NMC endorses clinical supervision as a means to support practice, enabling practitioners to maintain and promote standards of care.

Clinical Supervision is a process wherein two or more professionals reflect on their clinical practice together. It is possible to view clinical supervision as having the potential to underpin all other processes where they impact on nursing and provide a safe forum in which all nurses can nurture their sense of empowerment to reflect on aspects of their current clinical practice.

Employers have a legal and moral responsibility to safeguard the wellbeing of their staff. Restorative supervision uses the principles of ‘containment’ to allow the recognition and processing of emotions to help restore the ability to think in the supervisee. It also focuses the clinician’s attention on the quality of the interaction and relationship both between themselves, their patients and the network of support around them.

Restorative Supervision is:

- Protected time to reflect on individuals’ physical and emotional health
- A safe and confidential space to explore the impact of work pressures
- An opportunity to discuss the challenges faced and new ways of working

- Time out to reflect on your work/life balance

At Treetops Hospice we use support meetings to provide a forum for Hospice at Home Staff to reflect and address any issues around clinical practice. Additionally, Treetops Hospice is committed to ensuring that every staff member is offered support to enable the delivery of high quality palliative care. The Director of Clinical Services and Hospice at Home Nurse Manager operate an open door policy for staff to access if individual support is required.

## Declaration

Please remove this page, complete it and return to Phil Shreeve, Director of Clinical Services:

I have read and understood the Treetops Hospice at Home Handbook and Policies and Procedures available on the staff page of our website ([treetops.org.uk/staff](https://treetops.org.uk/staff)) and undertake to work to them.

Signed: \_\_\_\_\_

Print your name: \_\_\_\_\_

Date: \_\_\_\_\_