



STANDING OPERATING PROCEDURE

Subject	Hospice Night Support (HNS) (SOP0018)
Applicable to	All Care Services Staff in the Hospice
Date issued	8 Nov 2022
Next review date	8 Nov 2023
Lead responsible for Policy	Director of Care
Policy Reviewed by	Palliative Care Practice Lead
Notified to	Quality and Safety 8 Nov 2022
Authorised by	Quality and Safety 8 Nov 2022
CQC Standard	Safe, Effective, Caring, Responsive, Well-led
Links to other Policies/Procedures	SOP008 Hospice Therapy and Wellbeing Service – GRACE Unit SOP005 Hospice Outreach and Discharge Support Service
Summary	This Procedure outlines the care that will be delivered by the Hospice Night Support Service and general exclusions.
Target Audience	All Care Services Staff in the Hospice

IMPORTANT NOTICE: Staff should always refer to the Hospice website or Policies and Procedures folder on the 'N' drive for the most up to date information. If the review date of this policy or procedure has expired staff should seek advice from their clinical lead or manager regarding the appropriate action to be taken.

1. Aim

The aim of this Standard Operating Procedure (SOP) is to describe the model of care for the Hospice Night Support team (NHS), both twilight and night teams.

Context

There are three main service areas that make up the total service offer from the Hospice. These are -

- Therapy and Wellbeing services (GRACE Unit)
- Hospice in your Home incorporating Hospice at Home (H@H), Hospice Outreach and Discharge Support (HODS) and Hospice Night Support (HNS).
- Carer and Bereavement Support.

This SOP describes the HNS service, incorporating the following:

- Twilight cover from 19:00 – 04:30, undertaking the evening visit to patients on the Hospice Outreach and Discharge Support (HODS) caseload, as well as supporting a planned and unplanned caseload, including support to Hospice at Home staff.
- Night cover from 21:30 – 07:00, supporting both a planned and unplanned caseload, including support to Hospice at Home staff.
- The HNS service covers the whole of Nottingham City and Nottinghamshire County, excluding Bassetlaw.

2. Principles

The needs of the patient, carer and the family¹ will be core to the service offer.

Care visits take as long as is necessary; there is no hurry to our care.

Support will be given based on priority of need.

¹ Family and carers will be referred to as carers throughout this SOP

Every telephone call will be answered, and support will be offered, either in person or over the telephone if a home visit is not possible.

3. Purpose

The purpose of the HNS service is to:

- Help more people live independently for as long as possible and to die at home with dignity and support.
- Help reduce emergency end of life hospital admissions.
- Provide an extra layer of palliative care to support the District Nursing, GP out of hours services and the East Midlands Ambulance Service where they are concerned about a patient.
- Help carers be more resilient so they can look after loved ones at home for as long as possible.
- Provide emotional support and care for patients and their families.

4. Location and Hours

The HNS team is located at the Nottinghamshire Hospice, 384 Woodborough Road, Mapperley, Nottingham NG3 4JF.

It operates from 19:00 – 07:00, 7 days a week for 52 weeks a year, including bank holidays.

Calls are received and triaged at Nottinghamshire Hospice* and the care services operate in the community, in patients' homes.

*Where there is only one team member operating, calls may be triaged at a staff member's home using the HNS mobile phone.

5. Model of Care

Referral and Inclusion Criteria

Patients and carers can self-refer or be referred by a health or care worker via telephone, e-referral or email. Patients may also be referred by other Nottinghamshire Hospice services, including RGNs and HCAs on shift with Hospice at Home. East Midlands Ambulance Service (EMAS) may also refer into us following calls out to palliative patients to prevent a hospital admission.

These referrals may happen in advance, or be made at the time of the crisis, requiring support.

- Patients should be identified with a palliative diagnosis with a GSF prognostic indicator of green, amber or red.
- Patients must be registered with a Nottinghamshire GP.
- Patients must be over 18.

General Exclusion criteria

Patients who are mobile and independent with their own care needs.

What care do we deliver

Care will include but is not limited to:

- Personal care (washing, oral care, bathing and dressing)
- Continence care
 - Repositioning a patient
- Prompting and assisting with medication (HCAs) and administering (RNs)
- Emotional Support to a patient and a patient's family
- Liaising with District Nurses/Care Agencies as required

Occupancy and Discharge

A weekly Case Conference will be led by one of the Hospice Registered Nurses to ensure the following:

- Recordings on SystemOne for each patient are up to date
- All patients on the caseload are relevant for the service
- To deduct any patients who have died or no longer require the service
- To discuss newly referred patients and help identify any further support needs

6. Staffing

The service is operated with Registered Nurses and Senior Healthcare Assistants. The Registered Nurses oversee the clinical caseload.

All Senior Healthcare Assistants have an NVQ3 Health and Social Care qualification.

Four staff will work each night: two on the twilight shift and two on the night shift.

Where there is a shortage of staff due to sickness and annual leave, the twilight team will run, and one member of the night team will triage the service from home.

7. Record Keeping

The HNS staff will keep up to date records on the patient's progress in SystemOne.

Nottinghamshire Hospice's Documentation Policy and Procedure will be followed to ensure consistency and accuracy with record keeping.

All new starters to the team will undertake Documentation training.

Where identified, refresher training will be given.

Records will be kept and shared within the organisation where necessary following strict data protection and GDPR.

8. Tasks on Shift

Caseload will be shared fairly between the twilight and night team

Hospice staff will text all Hospice at Home staff to let them know who is on shift and to encourage them to call should they need help.

When shifts are quieter, the following tasks should be undertaken :

- Send texts to Hospice at Home staff to see if they need additional support
- Visit patients for a second time if appropriate to do so
- Ensure PPE and other consumables are topped up in the boxes
- Complete Blue Stream Academy training
- Search online for web-based training and webinars to keep your knowledge up to date and download certificates of attendance for portfolio

9. Evaluation

The Director of Care will collate information monthly on the effectiveness of the HNS.

- Occupancy rates
- Patient satisfaction questionnaires
- Clinical incidents and complaints

The Director of Care will present the information to the Quality and Safety Committee bi-monthly with onward reporting to Board and to others as required.

10. Audit

Audits will be conducted as per the audit plan although other randomised audits may need to be conducted at the discretion of the Director of Care.

Standard audits will include:

- Call logs
- Patient experience
- Documentation
- Caseload

11. Triage

Triage is defined as:

- In medical use the term triage applies the assignment of degrees of urgency to wounds or illnesses to decide the order of treatment of a large number of patients or casualties.'
- Within the HNS service triage is used in response to the overall management of the caseload. Triage is used as a means of prioritising calls to the service and is supported by deploying a SBAR approach.

SBAR is an assessment tool that outlines:

Situation

(Reason for referral/presenting complaint)

Background

(Relevant history)

Assessment

(Clinical impressions/concerns)

Recommendations

(Explain what you need, be specific about request and time frames, make suggestions, clarify expectations)

The SBAR tool provides a methodology and framework to assist the team in prioritizing calls and response to calls.

12. Caseload

The HNS caseload is made up of planned and unplanned cases that all require a response. H@H care coordination will provide a caseload of patients for welfare checks.

Welfare Checks

The HNS service can prioritise the planned caseload of patients requiring welfare checks by using the SBAR and highlighting the patient's status on the GSF framework. For example, a patient assessed as 'RED' will require a check and a home visit whereas a patient that is amber/green could require a telephone call.

Response Times

All calls will be responded to within 2 hours. The response will always be made via telephone where a decision can be made about further intervention e.g., face to face home visit.