



Royal College
of Nursing



Guidance for new nurse managers in hospices and specialist palliative care units



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Acknowledgements

We would like to thank everyone on the RCN forum for nurse managers in hospices and specialist palliative care units who gave their time to produce this guidance.

If you have any comments - good or bad - or can see glaring omissions, please contact:

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Disclaimer

This publication contains information, advice and guidance to help members of the RCN. It is intended for use within the UK but readers are advised that practices may vary in each country and outside the UK.

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1

RCN forum for nurse managers in hospices and specialist palliative care

Role of the forum

The forum is part of the RCN's management and leadership field of practice. It covers nurses in management and leadership roles in many settings and organisations across the UK. The forum includes nurse managers working in the NHS, independent health sector, businesses and local authorities.

Forum members have access to a wealth of expertise across all sectors. The forum provides:

- ◆ nurse manager representation at local and national palliative care forums, and influence on policy development
- ◆ information and news on palliative care and management issues
- ◆ a network for support, information and exchange and learning.

Members also have access to the wide range of services offered by the RCN.

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Members' database

The forum chair maintains a database of active members. Once on the database you will receive regular newsletters and relevant information from national palliative care meetings. You will be involved in consultations about various issues affecting palliative care, nursing and management.

If you would like to be included please e-mail the chair, **Ann Smits**: ann.smits@farleighhospice.org

For more information about the forum visit the website: **www.rcn.org.uk**

- ◆ log in as a member
- ◆ click on management
- ◆ go to the forum.

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Registered manager

The director of nursing is often the person identified as the registered manager in a hospice, although some organisations have made this part of the chief executive role. Your appointment as the registered manager needs Healthcare Commission (HCC) approval. HCC will check your fitness for the role, and also conduct a Criminal Records Bureau (CRB) check. They will also probably arrange to interview you as part of the process.

The key responsibilities of the registered a manager role are (DH, 2002):

- ◆ compile, maintain and update the statement of purpose
- ◆ ensure the role is identified on the job description
- ◆ prepare, maintain and regularly update the patient guide
- ◆ prepare and implement written policies and procedures
- ◆ ensure the quality of treatment and other service provision
- ◆ ensure that there are an adequate number of skilled and safely recruited staff who receive appropriate training and supervision
- ◆ ensure comprehensive patient records are written and stored securely
- ◆ ascertain staff views of the conduct of the establishment in relation to patient welfare
- ◆ receive, record, investigate and respond to any complaints
- ◆ ensure the fitness of the premises
- ◆ ensure provider visits are conducted and reported to the HCC by your registered provider (this could be either your chief executive or hospice trustees)
- ◆ report patient deaths to the HCC
- ◆ report any serious patient injury and/or serious infection outbreak
- ◆ report any allegation of misconduct by any staff member.

You will be required to complete and submit the online self-assessment forms each year for the Healthcare Commission, and to return electronic evidence of your compliance with the standards. You will also need to produce evidence of ongoing professional development. Information about this can be found on the HCC website. Please contact any one of the forum's steering group if you need help or advice at any time.

Note: In 2009 HCC will merge with the Mental Health Act Commission and the Commission for Social Care Inspection to form a new regulation body.

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Accountable officer

The sixth and final report of the Shipman Inquiry (The Shipman Inquiry, 2005) exposed gaps in the governance arrangements for controlled drugs. The government responded with the Safer management of controlled drugs command paper. It was agreed that it was preferable to build on existing clinical governance arrangements than to create a separate controlled drugs inspectorate.

New governance arrangements

Every health care organisation (primary care trust, trust, private hospital and hospice) must have an accountable officer (AO) accountable for the use of controlled drugs in that organisation. The Healthcare Commission suggests that this person should be the registered manager at each hospice. But, HCC also directs that the AO must not be involved in ordering controlled drugs, use or destruction on a regular basis.

The responsibility includes overseeing:

- ◆ storage, carriage and safe custody
- ◆ prescribing and supply
- ◆ administration of controlled drugs
- ◆ recovery of controlled drugs when no longer needed and their disposal
- ◆ identification of potential abuse/diversion
- ◆ investigation as needed
- ◆ decision-making procedures.

The accountable officer in each PCT is responsible for setting up an intelligence network of AOs in the geographic area. This includes representatives from the police, Royal Pharmaceutical Society, health and social care providers and regulatory bodies. The intelligence network agrees how and what information they will share. The primary care trusts's AO can also call incident panels made up of people from the intelligence network to investigate any untoward events.

What will it mean for you?

As all hospices are used to rigorous pharmacy inspection and controls, this should not be an onerous burden. You need to ensure that there is a clear audit trail of controlled drugs purchased for, or delivered to your organisation. Some hospices have their own pharmacy service, while others contract with local acute trusts or pharmacies.

You need to know that any controlled drug order, receipt and issue into stock is clearly recorded. This is in addition to the register that contains ward stock and the name of each patient receiving a controlled drug, with the dose, date, time given, signed by two staff members. The stock of controlled drugs should be checked daily at a convenient time and also be recorded.

If controlled drugs are collected from the pharmacy by staff or volunteers, a full risk assessment must be undertaken, to ensure safe transit. You need to know who has prescribing rights in the hospice. Is it just the employed/contracted doctors, or do you have complex on call arrangements? Do you have any non-medical prescribers in your organisation or use patient group directives?

Drug charts and prescribing patterns should be monitored, which can be achieved by having a pharmacist presence on ward rounds or at multidisciplinary meetings. Clear reasons should be recorded when switching from one controlled drug to another in patient notes.

Periodically (at least annually) an audit of controlled drug use, order, delivery, receipt and stock should be undertaken to demonstrate best practice. Are any drugs prescribed in the hospice on FP10 prescription pads? If so, how are they recorded, which number script was issued for which patient and when?

The primary care trust AO, police services and any individual authorised by the Secretary of State for Health now have the power to enter and inspect GP premises.

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Charities, boards and trustees

There will be much closer monitoring of controlled drug prescribing in primary care. All controlled drugs are entered on the ePACT.net system, which can identify criminal or fraudulent prescribing and any unusual prescribing patterns. This system will identify who prescribed, how much, what drug, who dispensed and now also, who collected the prescription to deliver to the patient. Reports and graphs will help to identify abnormal patterns and behaviours. The accountable officer or their designated person will monitor regular reports from the e.PACT.net system and investigate any abnormal activity.

Summary

You need to ensure the AO:

- ◆ regularly audits all aspects of controlled drug use - the Help the Hospices audit tool is ideal
- ◆ attends the AO network meetings and completes the controlled drugs monitoring forms
- ◆ monitors deaths to identify any causes of concern
- ◆ develops clear reporting systems.

The Charity Commission produce the booklet *Responsibilities of charity trustees*, which you can order via their website www.charitycommission.gov.uk or telephone 0870 333 0123.

Good practice dictates that you should have:

- ◆ a statement of good practice for the board
- ◆ trustee role description
- ◆ recruitment and induction policy for trustees.

See the following example.

Hospice boards and management: an effective partnership

A statement of good practice

1.0 Teamwork

1.1 Teamwork is at the heart of the successful provision of palliative care and for _____ Hospice. This begins with a co-operative partnership between the trustees and the senior managers. The essence of the partnership is bringing together the professional expertise and knowledge of the management team with the trustees, who represent and are accountable to the community for which the hospice exists.

2.0 Role of the board

- 2.1** To be responsible for agreeing the mission, values, strategy, policies and plans, including the annual business plan and _____ development plan, and monitor their implementation by the senior managers.
- 2.2** To define the limits of delegated responsibility.
- 2.3** To discuss and approve desirable developments in service, and related staff requirements and training, and to formalise these with the assistance of the establishment committee.

- 2.4** To approve the annual budget and monitor financial performance with the assistance of the finance committee.
- 2.5** To monitor the performance of the organisation by reference to standards, embracing quality of service, governance, ethics and finance.
- 2.6** To appoint and monitor the performance of the chief executive. The chair will appraise the chief executive formally on an annual basis.
- 2.7** To accept ultimate responsibility for the conduct of the hospice, its adherence to regulations, all its activities and its use of financial resources.
- 2.8** To review its own effectiveness on a regular basis.
- 2.9** To organise trustee provider visits twice a year to each patient care site in accordance with Healthcare Commission requirements.

3.0 Operation of the board

- 3.1** Trustees must act corporately and take joint responsibility for their decisions.
- 3.2** The trustees should ensure that they are given sufficient information, opportunity and time to enable them to carry out their role. Senior managers will be involved with trustees in the main planning and decision-making processes. The chief executive and senior managers will be invited to attend all meetings of the board and participate freely in discussions, but will not have voting rights.

In developing far reaching strategy, the board will consider holding an away-day meeting of the trustees and senior managers. Many hospices hold such meetings annually.
- 3.3** Regular meetings will be conducted professionally, with adequate notice and advance circulation of documents and information.
- 3.4** The board will appoint sub-committees with specific areas of responsibility, delegated powers and defined terms of reference, and which report regularly to the board. These are currently:

Finance committee
Establishment committee
Governance group
Members steering group.

- 3.5** The board will appoint directors of _____ Hospice Supplies and _____ Lottery (both subsidiaries of _____ Hospice), to ensure representation and regular progress reporting.
- 3.6** The board may regularly discuss confidential matters without the presence of the managers. If it is appropriate, the chief executive is invited to be at the meeting for the discussion of specific items.
- 3.7** Trustees will ensure through the members steering group that the board contains a balanced mix of experience and skills, with reasonable limits to length of service.
- 3.8** The board chair will meet all trustees individually once every year. All trustees are actively encouraged to review their training needs and bring them to the chair at the annual meeting. The chair will agree an action plan with the chief executive.

4. Role of management

The role of hospice management is to:

- 4.1** Develop the mission, values, strategy, policies and plans, including an annual business plan with the board and staff, for approval by the board.
- 4.2** Convert the policies and plans agreed with the board into reality, within agreed limits of delegated authority.
- 4.3** Prepare and implement the budgets.
- 4.4** Keep the board sufficiently informed within agreed guidelines.
- 4.5** Develop standards by which the quality of care and effectiveness of operation is measured.
- 4.6** Ensure users' views are taken into account in the development and delivery of services.

5. Operation of management

- 5.1** Under the leadership of the chief executive senior managers will work as a team, recognising each other's professional responsibilities.
- 5.2** The senior team and a representative of the board of trustees will meet regularly with middle managers to ensure adequate briefing and two-way communication.

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Governance explained

6. Leadership

- 6.1 Board and managers share the responsibility for leadership.
- 6.2 The chair leads the board and the chief executive leads the staff team.

7. Communication

- 7.1 The chief executive is responsible for external communication with the NHS, and the head of fundraising and PR with the community. The chair shares responsibility for high profile external communications.
- 7.2 Good communication between trustees and managers is essential.
- 7.3 The personal relationship between chair and chief executive is important, and developed by frequent meetings many and informal communication.

Governance is an internal framework that voluntary sector providers of hospice and specialist palliative care use to demonstrate accountability for the quality of their services for patients, and continuous improvement in care. The framework creates an environment in which excellence in clinical care will flourish, and safeguards high standards of care.

There are seven key elements on which clinical governance is based:

- ◆ clinical effectiveness
- ◆ risk management effectiveness
- ◆ patient experience
- ◆ communication effectiveness
- ◆ resource effectiveness
- ◆ strategic effectiveness
- ◆ learning effectiveness.

Baseline assessment for clinical governance

Carrying out a baseline assessment for clinical governance is essential. There are a number of ways that you can go about the assessment, but you will need to use a comprehensive method. Below is a diagram that shows the elements that you may wish to cover. This is followed by a form that is commonly used in the NHS. This may be useful in applying to meet your particular requirements.

Key elements of clinical governance



Courtesy: Quality by Peer Review.

Area of assessment	Question	Current state	Known deficits	Is data in place for monitoring?	Action needed
Overall accountability for clinical care	Who is accountable?				
Clear structure in place	What is the clinical governance (CG) structure? Is there top level commitment?				
Clear regular reporting mechanisms in place	What are the mechanisms for reporting? How often do they occur? To whom do reports go? Is there a system for ensuring action is taken?				
Annual reporting mechanism in place	Who is responsible? What is the timescale? Who do reports go to?				
Quality improvement programme					
Includes all clinical disciplines	Are ALL staff included?				
Evidence-based practice (EVPB), supported and part of everyday practice	What resources are available to support EVPB? What EVPB currently exists?				
NICE national service framework (NSF) standards implemented	Are any current guidelines in use?				
Workforce planning					
Recruitment and retention	Are there any recruitment issues? Are these addressed?				
Continuing professional development (CPD)					
System to ensure it meets individual's needs	Is there an annual review of all staff?				
System to ensure CPD meets organisation's needs	Are organisation objectives identified in annual business plan? Is there a link between organisational and staff objectives?				

Area of assessment	Question	Current state	Known deficits	Is data in place for monitoring?	Action needed
Systems to safeguard confidential information	How is patient-identifiable, information stored, accessed and confidentiality maintained? Is there a systematic system for monitoring the quality of care?				
Effective monitoring of clinical area	Are there standards for record keeping? Are these regularly audited?				
Participation in research and development (R&D)	What research is undertaken? How are research findings disseminated?				
Policies aimed at managing risk	Are policies available for all areas? Are these regularly reviewed and disseminated?				
Controls assurance/organisational audit	Is there a system for assessment in the organisation?				
Assessment of clinical risk/audit	Is there a system for assessment of clinical risk?				
Risk reduction programme in place	Is there an associated programme for risk reduction?				
Systems for identifying and remedying poor performance	Does the culture support identification of poor performance such as a no blame culture? Is there a system in place?				
Critical incident reporting investigation and lessons learnt					
Complaints procedure	Is there a system for handling complaints?				
Professional performance procedures	Are there systems for monitoring staff performance regularly?				
Staff supported in whistle blowing					

Question and answer form based on Health Service Circular Clinical governance in the new NHS.

6

Minimum data set for specialist palliative care services

The minimum data set (MDS) was developed in 1995 by the National Council for Palliative Care (NCPC, formerly the National Council for Hospice and Specialist Palliative Care Services), in association with the Hospice Information Service at St. Christopher's Hospice, London. The Department of Health recommended its use in the NHS in 1996 (DH, 1996).

The aim of the MDS is to provide good quality, comprehensive data about hospice and specialist palliative care services on a continuing basis. The data is useful for a variety of reasons. For example, it helps to inform:

- ◆ service management
- ◆ service monitoring and audit
- ◆ development of local palliative care strategy and service planning
- ◆ commissioning of services
- ◆ development of national policy.

Each data item in the MDS meets one or more of the following purposes:

- ◆ national statistics
- ◆ commissioner/provider agreements
- ◆ local service management.

National collections of the data intended for national statistics have been available for each year from 1995/1996. During the past 11 years, the commissioning, provision and delivery of specialist palliative care services have changed a great deal. It is important that the MDS changes to reflect this, and meets its original aims to inform all health and social care staff involved in specialist palliative care. To this end, the NCPC has been working in partnership with the Marie Curie Palliative Care Institute Liverpool (MCPCIL) to review the MDS questionnaires through a series of workshops and pilot projects.

To participate in the review, contact:
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Policies and procedures

Below is a sample list of hospice policies and procedures. It is a working tool and not exhaustive.

Number	Policy name
Date of approval:	Person(s) responsible:
Revision date:	

- ◆ give the index an approval date, revision date and person(s) responsible on it for quick reference
- ◆ a separate date order index is useful so that you can monitor revision dates
- ◆ an alphabetical list is also helpful
- ◆ keep related policies together to make them easy to locate. For example, all medication policies should have the title Medication, followed by the sub-heading
- ◆ include a reference. It is also good practice to cross reference other related policies
- ◆ policies should be updated at least every three years
- ◆ holding separate clinical and admin policy review meetings is easier so that only the relevant people are involved at any one time.

Index: _____ Hospice policies

Policy name	Last date approved	Review year and person responsible
Philosophy		
Aims and objectives		
Hospice board and management: a statement of good practice		
Management arrangements		
Organisation chart		
Governance structure		
Quality assurance structure		
President: role description		
Trustee: role description		
Recruitment and induction of trustees		

1 Administration

Policy number	Policy name	Last date approved	Review year and person responsible
	Advance decisions or statements		
	Aggression, restraint and abuse.		
	Appraisal.		
	Capability.		
	Complaints: statement and procedure.		
	Complaints: being open when patients are harmed.		
	Criminal Records Bureau (CRB).		
	Declaration of interest.		
	Disciplinary appeals.		
	Disciplinary procedure.		
	Disciplinary rules: code of behaviour.		
	Driving: hospice vehicles.		
	Driving: staff and volunteers driving their own vehicles.		
	Drug, substance and alcohol (fitness for work).		
	Environment.		
	Equal opportunities and diversity code of practice.		
	Expenses: volunteers' travel, meals and refreshments.		
	Expenses: public relations and fundraising events.		
	Expenses: expenses claims.		
	Fax cover sheet.		
	Flexible working.		
	Gifts and hospitality.		
	Gifts and donations to the hospice: scattering ashes, plaques, benches etc.		
	Gifts: acknowledging gifts.		
	Grievance.		
	Harassment at work.		
	House services.		
	House services: maintenance of equipment.		
	House services: maintenance schedule.		
	House services: control of cleaning and refrigerator temperatures at the hospice premises.		
	IT security.		
	Job-share.		
	Lone worker.		
	Media contact.		
	Occupational health.		

Policy number	Policy name	Last date approved	Review year and person responsible
	Parental leave.		
	Policy for policies.		
	Post: opening the post.		
	Procurement.		
	Recruitment.		
	Redundancy.		
	Redundancy appeals.		
	References: providing references.		
	Retirement.		
	Risk management strategy.		
	Sickness absence problems.		
	Smoking.		
	Staff care.		
	Staff supervision system.		
	Telephone: answering the telephone.		
	Telephone: mobile phone use.		
	Time owing.		
	Training and self-development.		
	Training: leading an education session.		
	User involvement.		
	VDU (computer screen) use.		
	Whistle blowing.		
	Wills.		
	Wills: advance directives, also known as living wills. This has been replaced by advance decisions or statements		
	Writable computer media is now included in 1.21 IT security.		

2 Clinical

Policy number	Policy name	Last date approved	Review year and person responsible
	Admission procedure.		
	Admission procedure: for nurses.		
	Agency nurses.		
	Bisphosphonates: IV administration of bisphosphonates		
	Blood glucose monitoring guidelines.		

Policy number	Policy name	Last date approved	Review year and person responsible
	Blood transfusions: management of anaphylaxis.		
	Blood transfusions: blood bank.		
	Blood transfusions: guidelines for the administration of blood transfusions.		
	Blood transfusions: nursing care.		
	Body donation.		
	Bowel obstruction: management guidelines.		
	Cardio-pulmonary resuscitation (CPR).		
	Care of people under the age of 18.		
	Catheter: care of a patient with an indwelling urinary infection.		
	Catheter: care of a supra-pubic catheter.		
	Catheter: convene urine bags.		
	Catheter: administering a catheter maintenance solution.		
	Catheter: removal of an indwelling urethral.		
	Catheter: toilet care advice.		
	Catheter: emptying of bag.		
	Catheterisation: male urethral.		
	Catheterisation: female urethral.		
	Chaperones/relationships with patients, family and carers.		
	Child protection.		
	Communication: guidance on breaking bad news.		
	Complementary therapies.		
	Patient care: dignity, privacy and confidentiality.		
	Consent to treatment: guidelines in obtaining consent.		
	Constipation management.		
	Constipation management: administration of suppositories.		
	Death of a patient.		
	Death of a patient: last offices.		
	Death of a patient: transfer to the lying-in room and to the funeral director.		
	Death of a patient: collection of death certificate and patient's property.		
	Patient care: dignity, privacy and confidentiality.		
	Discharge of a patient.		
	Discharge of a patient: self-discharge.		
	Emergency support: guidelines.		
	Enemas: administration of enemas.		

Policy number	Policy name	Last date approved	Review year and person responsible
	Equipment and adaptations.		
	Eye tissue donations: procedure for organising donations.		
	Gastrointestinal protection: guidelines.		
	Hickman line/PIC line: flushing procedure.		
	Hickman line/PIC line: cleaning catheter insertion site.		
	Inpatient unit: visiting hours.		
	Inpatient unit: children visiting.		
	Inpatient unit: smoking.		
	Inpatient unit: pets.		
	Inpatient unit: transport of specimens.		
	Inpatient unit: dealing with out-of-hours enquiries.		
	Inpatient unit: out-of-hours medical advice.		
	Inpatient unit: donations from private health insurers.		
	Inpatient unit: patient identification.		
	Intravenous infusion: setting up an intravenous infusion.		
	Key worker.		
	Liaison: internal communication with the inpatient unit.		
	Liaison: internal hospice meetings explained.		
	Liaison: liaison with other agencies.		
	Medical device alerts (MDAs): MDAs are distributed by the MHRA (Medicines and Healthcare Products Regulatory Agency) to the NHS via the Department of Health's Safety Alert Broadcast System (SABS).		
	Medication: accepting verbal orders for patient medication on the inpatient unit.		
	Medication: administering medication.		
	Medication: administration of drugs via an existing intravenous infusion.		
	Medication: administration of oxygen.		
	Medication: guidelines for controlled drugs (CDs).		
	Medication: how to dispose of medications.		
	Medication: drug errors.		
	Medication: medication expiry dates.		
	Medication: on patient admission the medication flowchart.		
	Medication: patient request need (PRNs) guidelines.		
	Medication: patients self administration of medication.		
	Medication: storage for medication.		
	Medication: supply, storage, control, administration and disposal of drugs.		

Policy number	Policy name	Last date approved	Review year and person responsible
	Medication: supply of drugs.		
	Medication: transportation of controlled drugs (CDs) by community staff.		
	Medication: use of discretionary drugs.		
	Medication: guidelines for the use of either unlicensed or licensed drugs for unlicensed purposes.		
	Medication: guidelines for medication used in renal impairment.		
	Methadone: guidelines for the use of methadone		
	Mental health: implementation of the Mental Capacity Act 2005 began on 1 April 2007. From October 2007 all other elements of legislation, became operational for England and Wales.		
	Mental health: guidelines for providing care for patients experiencing difficulties.		
	Missing patients.		
	Mouth care.		
	Nausea and vomiting: guidelines for the management of nausea and vomiting.		
	Non-steroidal anti-inflammatory drugs (NSAIDs): guidelines for the use of NSAIDs.		
	Nurse-led clinic protocols.		
	Nurses uniform.		
	Patient hygiene: bathing a patient in the bathroom.		
	Patient hygiene: washing a patient in bed.		
	Patient's personal property and valuables.		
	Patient care: dignity, privacy and confidentiality.		
	Patient records: access to patient records.		
	Patient records: management of patient records.		
	Patient records: record keeping.		
	PEGS (percutaneous endoscopic gastrostomy) procedure.		
	Pressure sores: information on pressure sores.		
	Pressure sores: prevention and treatment of pressure sores.		
	Pressure sores: carrying out a risk assessment for pressure sores.		
	Professional registration: checking that nursing staff are registered with the NMC.		
	Research		
	Reports/statements: guidelines for reports and statements.		
	Steroids: guidelines for using steroids.		
	Stoma care.		

Policy number	Policy name	Last date approved	Review year and person responsible
	Syringe drivers.		
	Tracheostomy care: suctioning.		
	Tracheostomy care: cleaning the inner cannula of tracheostomy tubes.		
	Tracheostomy care: changing a dressing.		
	Translation service		
	Urinary tract infections: guidelines for the management of urinary tract infections.		
	Urine: testing urine.		
	Wound healing.		
	Wound healing: wound care protocol.		
	Wound healing: wound dressing criteria.		
	Wound healing: wound dressing procedure.		

3 Day care

Policy number	Policy name	Last date approved	Review year and person responsible
	Death or deterioration.		
	Emergency medication.		
	Major incident procedure: satellite day care.		
	Medication: the administration of medication.		
	Oxygen: the use of oxygen.		
	Patient's personal property and valuables.		

4 Health and safety

Policy number	Policy name	Last date approved	Review year and person responsible
	Health and safety manual		
	◆ health and safety		
	◆ duties of the employer		
	◆ operational policy		
	◆ organisation of health and safety		
	◆ fire safety procedure at the hospice		
	◆ accident/incident or untoward occurrence and near miss reporting		
	◆ risk assessment		

Policy number	Policy name	Last date approved	Review year and person responsible
	◆ Control of Substances Hazardous to Health (COSHH) regulations 1988 (latest amendment 2002): legislation covering control of the risks to employees and other people arising from exposure to harmful substances		
	◆ safe use and disposal of sharps		
	◆ first aid		
	◆ infection control.		
	Emergency turn off switches.		
	How to deal with someone stuck in the lift.		
	Major incident procedure: retail.		
	Major incident procedure: satellite day care.		
	Moving and handling.		
	Moving and handling: how to move a patient.		
	Moving and handling: how to move an inanimate load.		
	Moving and handling: training in moving and handling.		
	Needlestick and occupational exposure incidents.		

5 Infection control

Section

- 1 Introduction and contacts.
- 2 Infection, its causes, spread and definition.
- 3 Procedures in respect of communicable disease control.
- 4 Staff health.
- 5 Common infectious diseases.
- 6 Universal precautions: routine procedures for the control of infection.
- 7 Hand washing and skin care.
- 8 Protective clothing.
- 9 Safe handling of sharps.
- 10 Spillage management.
- 11 Decontamination of the environment and equipment.
- 12 Waste management.
- 13 Care of patients with known infectious diseases.
- 14 Aseptic technique.
- 15 Intravenous therapy.
- 16 Prevention of infection associated with urinary catheters.
- 17 Specimens for laboratory examination.
- 18 Management of non-infectious and infectious deceased patients.
- 19 Laundry management.
- 20 Pets and pests.
- 21 References.

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Useful contacts

RCN

www.rcn.org.uk

- ◆ your speciality
- ◆ management and leadership
- ◆ management
- ◆ forums/groups
- ◆ nurses managing hospice/specialist palliative care services

Committee members and contact details listed will give you a link person in your area.

National Council for Palliative Care

www.ncpc.org.uk

The National Council for Palliative Care is the umbrella organisation for all those who are involved in providing, commissioning and using palliative care and hospice services in England, Wales and Northern Ireland. NCPC promotes the extension and improvement of palliative care services for all people with life-threatening and life-limiting conditions. NCPC promotes palliative care in health and social care settings across all sectors to government, national and local policy makers.

Help the Hospices

www.helpthehospices.org.uk

Help the Hospices (HtH) is the national charity for the hospice movement, founded in 1984 by Anne, Duchess of Norfolk.

The HtH role is two-fold. First, they support hospices in their vital work on the frontline of caring for people who face the end of life and caring for those who love them. The support given takes many forms: training; education; information; grant aid; advice; and national fundraising events and activities.

Secondly, they give voice to the interests, views and concerns of over 200 local charities that provide the majority of hospice care across the UK. They investigate issues, publish reports and briefings and advocate the cause of independent voluntary hospice care to government, national policy makers and the media.

HtH produces a weekly online bulletin that gives a useful update on all issues related to palliative care.

Health Protection Agency

www.hpa.org.uk

The Health Protection Agency's (HPA) role is to provide an integrated approach to protecting UK public health through the provision of support and advice to the NHS, local authorities, emergency services, other arms length bodies, the Department of Health and the devolved administrations.

The HPA provides:

- ◆ infection control advice
- ◆ infection control link nurse training
- ◆ help/guidance regarding infection control policy.

Department of Health: Chief Nursing Officer (CNO) Bulletin

dh.cno.bulletin@etdsolutions.com

www.dh.gov.uk/cnobulletin

A monthly electronic update from the CNO on issues related to nursing.

Contacts for new hospice managers in Scotland

These are some suggested contacts:

- ◆ director of nursing for the local NHS
- ◆ lead cancer nurse for the local NHS
- ◆ lead nurse for the community for the local NHS
- ◆ local area nursing midwifery and health visiting group chair

- ◆ Scottish Partnership for Palliative Care
Director: Pat Wallace
1a Cambridge Street
Edinburgh EH1 2DY
Tel: 0131 229 0538

- ◆ Scotland RCN Nurse Managing Hospices Forum
Chair: Trudy Lafferty
St Vincent's Hospice
Midton Road
Howwood
Johnstone
Refrewshire PA9 1AF
Tel: 01505 705635

- ◆ local palliative care network accessed through NHS
- ◆ Macmillan Cancer Relief:
South and East: Ruth McCabe
Tel: 0131 346 5346
North: Karen Orr
Tel: 01224 701505
West: Janice Preston
Tel: 0141 339 6616

- ◆ Marie Curie:
Home Care Nurse Manager: Aileen Eland
Tel: 0141531 1355

- ◆ Local Cancer Network:
North: Paul Welford
Tel: 01224 559420
South East: Jo Bennett
Tel: 0131536 9304
West: Evelyn Thompson
Tel: 0141 201 4829

- ◆ Hospice Information publishes the Hospice and Palliative Care Directory
Tel: 0870 903 3903

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Internet resources

Website addresses provided in this section are correct at the time of publication.

Category	Site name and comments	Web address <i>Note: no recommendations are given or implied by inclusion here</i>
Audit and quality		
	Audit Commission The area profile page is useful for compiling data on your local area.	www.audit-commission.gov.uk www.areaprofiles.audit-commission.gov.uk/(cvb2w4450kq1i0bet35nyk45)/StaticPage.aspx?info=25&menu=57&aspxerrorpath=/InformationPages/Information.aspx
	Healthcare Commission	www.healthcarecommission.org.uk/homepage.cfm
	Department of Business, Enterprise & Regulatory Reform (formerly the DtI) has some employment information.	www.dti.gov.uk/index.html
	Institute for Healthcare Improvement (IHI) is a US-based organisation providing information, email updates etc.	www.ihl.org/IHI
	The Health Foundation UK is similar to IHI.	www.health.org.uk
	The Parliamentary and Health Service Ombudsman. This is the place for information on Ombudsman complaints.	www.ombudsman.org.uk
	Clinical Governance Support team.	www.cgsupport.nhs.uk
Books		
	Elsevier Nursing.	www.elsevier-international.com/nursing/default.cfm?partnerid=494
	Amazon is useful for second-hand books.	www.amazon.co.uk
	Medshop	www.medshop.co.uk
	quaybooks	www.quaybooks.co.uk
	TSO (The Stationery Office) is the place for official, government publications.	www.tsoshop.co.uk/bookstore.asp?AF=A10075
Education		
	Cancer Nursing is a free online education resource in Oncology and other materials.	www.cancernursing.org
	Healthcare Events provides information on conferences.	www.healthcare-events.co.uk
	King's College London, Department of Palliative Care Policy and Rehabilitation.	www.kcl.ac.uk/schools/medicine/depts/palliative

Category	Site name and comments	Web address <i>Note: no recommendations are given or implied by inclusion here</i>
	Qualifications and Curriculum Authority has information on NVQ and other levels of education.	www.qca.org.uk/14-19/qualifications/index_nvqs.htm
	First Aid Solutions is a supplier of First Aid at Work training.	www.firstaid-solutions.co.uk/faw.html
	Mulberry House supplies training materials on standards etc.	www.mulho.com
	My Athens log on page.	auth.athensams.net/?ath_returl=%2Fmy%2F&ath_dspid=ATHENS.MY
	National Library for Health replaces the online library resource NELH.	www.library.nhs.uk/Default.aspx
	intute is a useful free education and research site.	www.intute.ac.uk/healthandlifesciences/nursing
	The Open University	www.open.ac.uk
	KA24 is an access point to databases (limited to south east England).	stlis.thenhs.com/hln/Ka24
Equipment suppliers		
	Alaris Medical supplies infusion systems.	www.cardinal.com/uk/alaris
	John Lewis department stores.	www.johnlewis.com
	Medicines & Healthcare Products Regulation Agency.	www.mhra.gov.uk/home/idcplg?IdcService=SS_GET_PAGE&nodeId=5
	Park House Healthcare.	www.butterfly.uk.net
	Radcliffe Rehab supplies seating etc.	www.radclifferehab.co.uk
	Smiths Medical supplies medical equipment (Graseby).	www.smiths-medical.com
	Southern Syringe Supplies is a national supplier of a variety of products.	www.southern-syringe.co.uk
	Aid Call supplies nurse call and staff attack alarms.	www.aidcall.co.uk
	Arjo supplies safe patient hoists, patient lifts, bath lifts, lifting aids etc.	www.arjo.com/uk/Page.asp?PageNumber=818
	Hill-Rom manufactures, sells and rents medical devices and equipment for hospitals, critical care, wound care, home care, and long-term care.	www.hill-rom.com/uk
	Huntleigh Healthcare supplies moving and handling products.	www.huntleigh-healthcare.com

Category	Site name and comments	Web address <i>Note: no recommendations are given or implied by inclusion here</i>
Ethical issues		
	Nuffield Council on Bioethics.	www.nuffieldbioethics.org
	The Ethox Centre.	www.ethox.org.uk
	UK Clinical Ethics Network.	www.ethics-network.org.uk
Fun bits		
	BBC homepage	www.bbc.co.uk
	Britmovie is good for sorting out who that actor was...	www.britmovie.co.uk
	Internet Movie Database has wider coverage.	www.imdb.com
	Thesaurus is great when you are looking for just the right word.	www.thesaurus.co.uk
	asadz.com for Roget's Thesaurus for English words and phrases.	http://asadz.com/thesaurus
	Quotes and sayings database.	www.quotesandsayings.com
	The essence of quotations.	www.dreamshares.com/quotations
	Quotations Page is the best introduction to your next presentation.	www.quotationspage.com
	Get Lyrical is great for finding which song the line in your head comes from.	www.getlyrical.com
	Phrase finder.	www.phrases.org.uk
	Dates for when you don't know when Easter next falls.	www.assa.org.au/edm.html#List20
	Interflora for when you want to show the team you care.	www.interflora.co.uk/yahoosw/?utm_source=yahoo&utm_medium=ppf&utm_content=brands&utm_campaign=thesearchworks&cm_mmc=yahoo_-_brands_-_brands_-_interflora
	Football news is very useful for impressing the soccer fanatics with the latest scores.	www.football.co.uk
	Sir Sean Connery when you need that James Bond moment...	www.seanconnery.com
Government departments, public sector bodies		
	The Cabinet Office is a news resource, and has information on awards etc.	www.cabinetoffice.gov.uk
	Commission for Social Care Inspection.	www.csci.org.uk
	Find your MP is useful for tracking down MPs and their contact details.	www.upmystreet.com/commons
	UK government.	www.direct.gov.uk/en/index.htm

Category	Site name and comments	Web address <i>Note: no recommendations are given or implied by inclusion here</i>
	Commission for Racial Equality.	www.cre.gov.uk
	Ministry of Justice. This replaces the Department of Constitutional Affairs, which oversaw the Mental Capacity Act 2005.	www.justice.gov.uk
	National Statistics is the new name for the Office for National Statistics.	www.statistics.gov.uk
	Department of Health.	www.dh.gov.uk/en/index.htm
	National Patient Safety Agency.	www.npsa.nhs.uk
	NHS Direct online.	www.nhsdirect.nhs.uk
	Health and Safety Executive (HSE).	www.hse.gov.uk/index.htm
	RIDDOR is a legal requirement to report accidents and ill health at work to the HSE.	www.hse.gov.uk/riddor
	National Blood Service.	www.blood.co.uk/index.html
	Health Protection Agency.	www.hpa.org.uk
	NHS Choices is a new service that gives information about health, lifestyle decisions such as smoking, drinking and exercise, through to the practical aspects of finding and using NHS services.	www.nhs.uk/Pages/homepage.aspx
	NICE (National Institute for Health and Clinical Excellence).	www.nice.org.uk/page.aspx?pn=professional&cn=toplevel&ln=en
	Care and Health is the DH site linking health and social care.	www.careandhealth.com/Pages/Home.aspx?SelectedNode=068973ae-20a0-4619-a77a-ca0c49dc7681
	ACAS is the employment relations service.	www.acas.org.uk
Hospice and palliative care		
	Help the Hospices.	www.helpthehospices.org.uk
	Hospice Information.	www.hospiceinformation.info
	National Council for Palliative Care.	www.ncpc.org.uk
	International Association for Hospice & Palliative Care.	www.hospicecare.com
	Marie Curie Institute Palliative Care Institute.	www.mcpcil.org.uk/frontpage
	Macmillan Cancer Support.	www.macmillan.org.uk/home.aspx
	Palliative Drugs is useful for practice information, standards and policies.	www.palliativedrugs.net/pdi.html
	Scottish Partnership for Palliative Care.	www.palliativecarescotland.org.uk
	Cancerbackup.	www.cancerbackup.org.uk/Home

Category	Site name and comments	Web address <i>Note: no recommendations are given or implied by inclusion here</i>
Management and nursing resources		
	Dogpile is a useful search engine, so don't be put off.	www.dogpile.co.uk
	ZapMeta is another search engine.	www.zapmeta.com
	Google.	www.google.co.uk
	Harvard Business School.	www.hbs.edu
	Nursing Management is a useful site to find nursing journals.	www.nursing-standard.co.uk/nursingmanagement
	Royal College of Nursing.	www.rcn.org.uk/index.php
	Unison.	www.unison.org.uk
	Nursing & Midwifery Council the UK regulator for nursing.	www.nmc-uk.org/(efutcyjjphkvv45geaiz045)/aDefault.aspx
	Nursing Times the weekly magazine for nurses.	www.nursingtimes.net/nursingtimes/pages/Home
	e-health nurses network.	www.ehealthnurses.org.uk
	Nursing Standard the weekly nursing paper from RCN Publishing.	www.nursing-standard.co.uk
Miscellaneous		
	Chartered Institute of Personnel and Development (CIPD) is the human resources and development website.	http://cipd.co.uk/default.cipd
	The Beacon Fellowship Charitable Trust is a charitable organisation set up to encourage individual contributions to charitable and social causes and to celebrate and showcase best practice in giving.	www.beaconfellowship.org.uk
	The Leadership Trust provides leadership and leadership development programmes.	www.leadership.co.uk/mainpages.asp?PageID=2

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Self care

It is really important you look after yourself. Your job as a hospice nurse manager is multi-faceted and can be highly stressful.

Best practice indicates that you should:

- ◆ join your local network of nurse managers and attend the meetings – they can be really supportive and affirming
- ◆ have a supervisor
- ◆ form a close working relationship with two or three people outside your organisation who you can trust so that you can share issues. This may just be a telephone contact
- ◆ maintain your sense of perspective. After the first year you will probably find many issues are similar to previous ones that you've dealt with successfully.

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Challenging situations

Here are a few examples of challenging situations that some colleagues have encountered, and suggestions for what you can do and where you can go for help.

Example 1: Dealing with difficult relatives

In this example a patient did not want to move, but was being forced to walk, get out of bed and sit up by relatives. Staff were accused by relatives of trying to sedate the patient too much, and they suggested that he wasn't in pain. However, the patient frequently called to be left alone when relatives tried to get him out of bed, and often asked for pain relief. Staff were threatened with legal action by the relatives.

Action taken

- ◆ staff attended the patient in pairs
- ◆ every single intervention was documented carefully in minute detail
- ◆ the medical staff were advised to contact the BMA
- ◆ the manager contacted the RCN legal team, which gave 24-hour telephone support. The legal team judged that they might need to help staff put the vulnerable patient procedure into action
- ◆ another external palliative care physician was asked to review the patient's case and medication.

Example 2: Nurse/patient relationships

In this case a member of staff and a patient had an inappropriate relationship. This became clear from their comments and behaviour together. The nurse was seen going behind the curtains and hugging and kissing the patient. On one occasion the nurse was seen caressing the patient as she washed him.

Action taken

- ◆ the nurse was suspended
- ◆ the matter was investigated and she was instructed not to be involved with the patient's care and was to be supervised while on duty
- ◆ she was suspended and disciplinary action was taken following a further incident of an intimate relationship with the patient.

Learning points

- ◆ it is essential to be very careful to define what is meant by supervision
- ◆ it is really important to be careful about the language used during the hearing. The trade union representative in this case tried to push the manager to state that the nurse had breached the code of conduct. After the hearing she was asked why she hadn't said that, and responded that she thought it was the Nursing & Midwifery Council's (NMC) role, not hers. The nurse manager said she could only suggest that the nurse's behaviour should be reported to the NMC.

Sources of useful advice

- ◆ other hospice nurse managers
- ◆ other senior nurses who you have previously worked with or have a relationship with in the local health economy
- ◆ NMC professional advisory service
- ◆ RCN professional nursing adviser
- ◆ Forum of Executive Nurses.

This example comes from Trish Castenheira.

Example 3: Bullying behaviour

Over a number of months a member of staff raised concerns about her relationship with her line manager, but declined to have any active discussions aimed at resolution. Subsequently, a number of team members asked another manager to write a letter that asked for the behaviour of their line manager to be considered as a formal complaint.

The letter constituted a collective grievance alleging bullying behaviour by the line manager.

Action taken

- ◆ the grievance and management of bullying and harassment policy and procedures were applied
- ◆ each stage of the process was planned and agreed in conjunction with the human resources department
- ◆ each staff member was offered a limited number of sessions with an external counsellor for support
- ◆ an external facilitator was brought in to provide an appraisal for the line manager and to rebuild the team.

Sources of useful advice

- ◆ Forum of Executive nurses
- ◆ RCN professional advisor
- ◆ ACAS.

Learning points

- ◆ be as objective as possible; try to ignore other issues that may cause prejudice
- ◆ consider whether small complaints are masking a much bigger issue
- ◆ be as quick and efficient as possible in undertaking the processes involved
- ◆ consider very seriously the suspension or redeployment of the alleged bully to other duties to facilitate the investigation and protect those involved. It may well limit damage in the longer term, whatever the eventual outcome
- ◆ consider carefully who to interview as part of an investigation; the most enlightening information may come from team members not principally involved
- ◆ do not underestimate how deep and long lasting the damaging impact of bullying can be on both individuals and teams.

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Audit tool for this guide

Please take 10 minutes to fill in this form and answer the questions by ticking the relevant boxes and filling in your comments.

Information

Was the information provided:

- | | | |
|--------------------|------------------------------|-----------------------------|
| Useful | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Easy to access | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Relevant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Easy to understand | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accurate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Comments

Which sections of the document have you used?

- | | | |
|-----|--|-------------------------------|
| 1. | RCN forum for nurse managers in hospices and specialist palliative care units | Used <input type="checkbox"/> |
| 2. | Registered manager | Used <input type="checkbox"/> |
| 3. | Accountable officer | Used <input type="checkbox"/> |
| 4. | Charities, boards and trustees | Used <input type="checkbox"/> |
| 5. | Governance explained | Used <input type="checkbox"/> |
| 6. | Minimum data sets (MDS) for specialist palliative care services | Used <input type="checkbox"/> |
| 7. | Policies and procedures | Used <input type="checkbox"/> |
| 8. | Useful contacts:
RCN
National Council for Palliative Care
Help the Hospices
Contacts in Scotland | Used <input type="checkbox"/> |
| 9. | Internet resources | Used <input type="checkbox"/> |
| 10. | Self care | Used <input type="checkbox"/> |
| 11. | Challenging situations | Used <input type="checkbox"/> |

This is the first draft of a working document. Please list any information you think should be added to the guide.

Would you recommend the document to others? Yes No

Comments

Thank you.

Once completed please send back to Ann Smits: ann.smits@farleighhospice.org

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References

Department of Health (2002) *Independent health care national minimum standards*, London: DH.

Department of Health (2004) *Safer management of controlled drugs: The government's response to the fourth report of the Shipman Inquiry*, London: DH.

Department of Health (1999) *HSC 1999/065: Clinical governance in the new NHS*, London: DH.

National Council for Palliative Care (2002) *Turning theory into practice: practical clinical governance for voluntary hospices*, London: NCPC.

National Council for Palliative Care (1999) *Briefing number 2: clinical governance*, London: NCPC.

The Shipman Inquiry (2005) *Sixth report – Shipman: The final report*, London: The Shipman Inquiry
www.the-shipman-inquiry.org.uk/home.asp



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