



Statement of Purpose

Marie Curie Caring Services (Northern Ireland Division)

Date: April 2017
Date due for review: April 2018

Service Provider details

Name: Marie Curie
Address: 89 Albert Embankment
London
SE1 7TP
Email: info@mariecurie.org.uk
Website: www.mariecurie.org.uk
Main telephone: 020 7599 7777
Service provider ID: 1-102643321
Registered charity number: 207994

Marie Curie is a charitable organisation, registered with the Charity Commission, which raises funds to offer care and support through terminal illness.

First established in 1948, we have been caring for people living with any terminal illness, and their families, for over 60 years.

Marie Curie's aims are to work collaboratively with primary and secondary care clinicians to enable patients with specialist palliative care needs to maintain their identity and independence, whilst also supporting their family, friends and carers' during the changing phases of their illness. We facilitate choice in respect to preferred place for care and death where possible and thereby contribute towards reducing avoidable hospital admissions and reducing length of stay.

Our services deliver a Multi-Disciplinary approach to provide complex symptom management and holistic care. We offer advice and support to individuals and their families so they can make informed choices about treatments, management of care, end of life care including all current and future palliative care needs.

The Caring Services Directorate includes nine hospitals facilities located across the UK. All services are free of charge to patients, and are available to adults over the age of 18 years. The people we help are referred to us from the NHS for symptom control, end of life care and respite. This is delivered both night and day by Marie Curie Nurses and Healthcare Assistants trained in palliative care.

Legal status of provider

Organisation details: Incorporated organisation
Company number: 507597

Charity number: 207994

Service details

Name: Marie Curie Caring Services (NI Division)

Address: 1a Kensington Road
Belfast
BT5 6NF

Email: Belfast.hospice@mariecurie.org.uk

Website: www.mariecurie.org.uk

Main telephone: 028 9088 2000

RQIA registration code: 10623

RQIA description of service: Independent Hospital (IH)

Service users: Adults (aged 18+) with life-limiting illnesses and their families

Number of beds: 18 beds

Registered Manager: Eamon O'Kane

Category of care: Category H (A) (Adult hospice services)

Hospice Services

The Marie Curie Hospice, Belfast provides specialist palliative care for adults living with any terminal illness.

The hospice Inpatient Unit provides specialist palliative care 24 hours a day, 7 days a week for patients requiring complex symptom management, assessment of their changing condition and/or disease progression, psychological support, rehabilitation and end of life care.

The hospice multidisciplinary team provide a holistic package of clinical care, addressing the physical, psychological and spiritual needs of patients. The holistic needs of carers are also assessed and support and advice given if required. Our care is extended to family, friends and carers during a patient's stay and carries on into bereavement.

In addition to a team of highly experienced doctors and nurses, the hospice has specialists in a wide range of roles including physiotherapy, occupational therapy, social work, chaplain support and bereavement support. Complementary therapies are also offered, including aromatherapy, Indian head massage, reflexology, hand care and relaxation techniques. Patients are supported to become involved in therapeutic activities either through planned group or individual activities which take place throughout the day and evening in both the Day Hospice and In Patient Unit. Families and carers are encouraged to visit and participate in activities.

The Hospice works closely with families and carers to ensure appropriate packages of support are in place. The Hospice strives to ensure that it is fully accessible and responsive to the diverse needs of all groups and communities it services, and provides tailored support for black and minority ethnic (BME) elders, their carers and families.

Hospice Facilities

The hospice is situated near the city centre of Belfast. Public transport is available to the hospice and for those travelling by car parking facilities are available.

The building comprises of 18 bedded inpatient unit. The inpatient facilities offers 16 single rooms and

1 double bedded room. Facilities include family room, coffee room and a quiet room.

The Day Therapy Unit provides facilities for 15 - 17 patients per day 4 days a week.

Interview rooms are also available for those whose preference is not to talk at the bedside. Hospice Information is available at Reception and in patient's rooms.

Hospice Staffing

Peter Gabbitas, Executive Director of Patient Services and Partnerships, is responsible for the Marie Curie Nursing Service and Marie Curie Hospices throughout the UK (known as the Responsible Person). Peter has 25 years' experience operating at Director level positions within the NHS and Local Authority care in England and Scotland and has held corporate responsibility for the standards of care throughout this period. Peter has a BA from Durham University an MBA from Warwick University and a Diploma in health service management.

The Registered Manager is Mr Eamon O'Kane, Divisional General Manager. Mr O'Kane has worked for Marie Curie since 2015 and has over 15 years' experience working in the public health sector and quality and operations management. He possesses the necessary leadership and management to lead Marie Curie, promoting high quality, standards of safe care across the range of services.

The In-patient Unit is staffed by nurses and nursing auxiliaries, doctors, physiotherapists, occupational therapists, social workers, chaplains, complementary therapy nurse, administration staff, housekeeping, catering and maintenance staff.

The Marie Curie Hospice Belfast has a policy which recognises and values the role of clinical supervision for nurses. It is a mandatory requirement that each registered nurse attends a minimum of 2 clinical supervision sessions per annum. Medical staff, social workers, chaplains and Allied Health Professionals also comply with professional standards for supervision.

The Hospice employs one fulltime chaplain supported by two volunteer chaplains. There is also additional help from a network of local clergy and faith groups. Therapy is offered by qualified complementary therapists and who provide proof of their qualifications or volunteers. No-one can work in the service without the correct verification or training being provided.

A team of volunteers provide a range of support services across all hospice services.

Current staffing establishment Belfast Hospice 2015/16:

Staff Group	WTE (whole time equivalent)
Hospice Manager:	1.0 WTE
Lead Nurse (IPU & Day Hospice)	1.0 WTE
Nursing (In-patients):	2.0 WTE Ward Sisters Band 6 23.56 WTE RNs Band 5 (28) 8 WTE HCAs Band 2 (9)
Day Hospice:	1.0 Band 6 Day Hospice Sister 1.0 WTE RN Band 5 (2) 0.7 WTE HCA Band 5
Allied Health Professionals	2.0 WTE OTs Band 6 (2) 2.8 WTE Physios Band 6 (4) 0.6 WTE Nurse Comp Therapist

Patient & Family Support Team:	1.0 WTE PSW Band 7 2.26 WTE SW Band 6 (3) 1.0 WTE Chaplain Band 6
Medical:	1.4 WTE Medical staff 0.2 WTE Medical Consultant 1.5 WTE Consultants (4)
Invoiced other Professionals:	0.6 WTE Pharmacist Band 7 0.33 WTE Nurse Consultant Band 8a
Facilities/Estates:	1.0 WTE Facilities Manager
Administration:	1.0 WTE Admin Supervisor 0.6 WTE Patient Services Coordinator 1.0 WTE Receptionist 2.0 WTE Secretaries 0.6 WTE PA to Hospice Manager 0.8 WTE Patient Services Clerk
Housekeeping:	1.0 WTE Housekeeping Supervisor 4.0 WTE Housekeeping Assts (4)
Catering:	1.0 WTE Head Chef 1.0 WTE Chef 3.0 Catering Assts (3)
Maintenance :	1.0 WTE Maintenance Supervisor 1.0 WTE Maintenance Asst
Security:	Outsourced

Hospice Admission and Discharge

The Hospice has admission criteria consistent with specialist palliative care services. Referrals are made through community teams / hospital teams / GP's / private sector or other agreed routes.

- Referrals can be made for any adults over the age of 18 years, requiring specialist palliative care who have an active, progressive, advanced and terminal illness & a complex level of need.
- Referrals for inpatient unit admission are currently accepted from Health care professionals involved in the care of the patient i.e. GPs, hospital doctors and Clinical Nurse Specialists.
- Referrals are managed and prioritised on a daily basis by the hospice medical and nursing staff. Full details of referral criteria are available from the Provider.
- An emergency admission may occur when a patient or family are in crisis, needing urgent admission to relieve that crisis. The referral is taken by the Inpatient Unit Manager who consults with the medical team to determine if referral is appropriate and if staffing levels permit admission.

Requests for care are made by primary or secondary health or other agreed professionals. Marie Curie accepts referrals by telephone, via the Clinical Communications Gateway (CCG) or e-referral where available on the agreed referral form.

All referrals to the Inpatient Unit (IPU) will be triaged as soon as possible or at the latest the following morning by the hospice doctor and senior nursing staff. Admission is made on a priority basis.

For all patients referred to the IPU, the referrer will be contacted within 24 hours and the patient contacted only if appropriate. The referrer is then advised of the bed status at the Hospice at that current time. Contact is then maintained with the referrer until an Inpatient Unit bed becomes available.

Patients' length of stay in the IPU is an average around 19 days. Prior to admission the multi-

disciplinary team (MDT) will be aware of any probable challenges to care in the patient's usual place of residence. Discharge from the IPU will almost always be planned for in advance with the patient and family. Discharge planning meetings are coordinated by the social work team.

When it is clear what the patient's care needs are the place of discharge will be discussed with the statutory community services and arrangements coordinated to ensure optimal care at home continues after discharge.

When it is not possible for the patient to return to their usual place of residence and a nursing or residential home is indicated, the social worker in partnership with the patient and family will identify a suitable home within 5 working days of the patient being deemed medically fit for transfer. Patients and families will be offered the opportunity to visit homes and a discharge meeting is held in advance of transfer.

Discharge from the hospice will be planned and co-ordinated by the Multi-Disciplinary Team. This team will liaise with the patient, their family or carers together with the community statutory providers to arrange the necessary support when the patient returns to their home or when it is assessed that an alternative place of continuing care is indicated for example a nursing home.

Day Therapy Referral and Discharge

The Day Therapy service operates from the Belfast Hospice site 3 days a week and at satellite sites on 2 days based within the South Eastern HSC Trust at Newtownards and Downpatrick. All care is delivered to outpatients through a core specialist multidisciplinary team and includes complex symptom control, specialist palliative rehabilitation, respite and care at the end of life.

The service is a resource for advice and support for health care professionals in the community and hospital settings. The Hospice provides specialist palliative care education to health care professionals in both the community and acute services.

Patients are referred from the primary health care team, hospital palliative care teams, hospital specialist teams and from other agencies. The Day Therapy team will review all referrals ensuring they meet the criteria for entry to the service and following discussion with the MDT will contact the patient inviting them to attend for first assessment.

Discharge from Day Therapy

Patients will be discharged from Day Therapy when their specialist palliative care needs have been met. Patients who do not attend on 3 consecutive weeks will be discharged if on discussion with DTU and MDT team it is considered appropriate to do so and they can be re-referred at any time in the future if they fit the criteria for referral.

All discharges from the service will be discussed in advance by the multi-disciplinary team, the primary healthcare team and with the patient and his/her carer. Advance care planning will allow the patient and his/her carer an opportunity to access other Community Services and other statutory services as deemed appropriate. The patient and their carer are advised to contact their GP should they require advice following discharge and discharge communication will be sent to the patient's GP, Hospice Nurse Specialist (if known) and the District Nursing service if deemed appropriate.

Patients who require re-referral will be able to re-access the service provided they meet the eligibility criteria. Referral may be initiated by telephone if the patient's discharge period is less than 4 weeks. Referral after this period will require a written referral detailing the patient's specialist palliative care needs.

Specialist Palliative Medical Clinics – facilitated by Palliative Medical Consultant

The Marie Curie Hospice provides facilities for a range of outpatient clinics which aim to support people living at home with enhanced specialist palliative care. The outpatient clinics include:

- Well Being Clinic – facilitated by Physiotherapists and Occupational Therapists
- Breathing Space Clinic – facilitated by Palliative Care Nurse Specialist

Referrals for outpatient clinics are accepted from GPs, Community Specialist Palliative Care teams, hospice ward and Hospital Palliative Care Team.

Patients will be assessed and a plan of care determined and follow up offered via clinics or by the patient's primary health care team.

Bereavement Services

The Patient and Family Support team offer individual and group pre and/or post bereavement support to patients and families/carers. Our team also provides bereavement support for patients with children.

Marie Curie Nursing Service

The Marie Curie Nursing Service provides specialised palliative nursing care in all communities across Northern Ireland. This specialised nursing service delivers care through the following models:

- Planned care – Where the District Nurse makes referral in advance for a set period of time, for example night shift.
- Multi visit care – The District Nurse will request that the Marie Curie Nurse visits a number of patients throughout their shift.

Liaising with the District Nurses and other professionals, the Marie Curie Nursing Service makes sure that patients with the greatest need are prioritised with Marie Curie nursing care packages. These care packages are tailored according to the patients' changing needs.

Referrals are generated by the patient's District Nurse. The District Nurse registers the patient with the Referral Centre. Marie Curie Senior Nurse discusses care needs with the District Nurse before arranging visits and undertaking assessments.

During the first visit a Marie Curie Registered Nurse carries out an assessment of care needs and plans a care plan in co-operation with the District Nurse.

From time to time the Marie Curie Nursing Service may be asked to consider care provision to someone under the age of 18. Any consideration of services being provided to someone under 18 years old must be notified and approval for registration sought and approved by RQIA prior to the care being delivered.

The Marie Curie Nursing Service is available 24 hours per day, 7 days per week.

Helper Service

The Helper Service is provided by our specially trained volunteers who are matched with a patient or their carer so that they can offer companionship and emotional support for up to three hours per week.

The service aims to meet the emotional support needs of patients and carers. The service is available free of charge for those who need our support.

Support can be accessed through Marie Curie Nursing Service or hospice directly. Or referrals can be made by a health or social care professional.

Discharge

For patients who require discharge from the service, there is formal discharge criteria and agreed pathways for referral to other services. Clear mechanisms are in place for communication and coordination of care with primary care providers and other identified professionals.

Marie Curie aims to ensure that all discharges are planned on an individual basis based on discharge criteria. The discharge/transfer planning will involve the patient and if appropriate, the family/carer of the patient. Transfer or discharge planning is multidisciplinary and follows agreed pathways for referrals to other services.

On the death of a patient the identified relatives and/or carers will be offered access to the bereavement support service as appropriate.

Arrangements for Promoting Privacy and Dignity

Respecting patients' privacy, dignity and choice is of paramount importance with all members of staff being bound by a duty of confidentiality. The multi professional team is experienced in delivering the specialist care provided and in managing the complex dynamics which can occur when living with a terminal diagnosis. A policy is in place to manage the protection and use of patient information

Arrangements for dealing with Complaints/ Concerns

We value and proactively seek feedback from people that use our services, and their families. Patients and families can give feedback to us directly through completing one of our surveys (these are available as comments cards, on tablet devices in the hospices and on our website), or by speaking to a member of staff. The surveys measure various elements of hospice care, including the environment, levels of involvement and different aspects of care and support.

Our policy for addressing complaints makes sure that all complainants will receive an acknowledgement within two days, unless a full reply can be sent within five working days. Every endeavour will be made to provide a full response to the complainant within 20 working days. If this is not possible, the complainant will be informed in writing of the reason for the delay and a full response will be made within five days of the conclusion of the investigation. If a complainant is not happy with the response to their complaint, this can be escalated to the Northern Ireland Ombudsman.

Hospice staff sometimes undertake interviews and focus groups with patients and carers about their experiences. We have a national service user group, with over 60 members, which advises us on many aspects of improving the quality of hospice care. Changes made as a result of feedback from patients and their families are put on the "You Said, We Did" part of the Marie Curie website and displayed in the hospice.

We undertake announced and unannounced internal inspections and patients' and carers' views are also sought to make sure we continue to provide the services they want and need.

Details of these processes are incorporated into our patient information leaflets which are offered to all patients referred to the service. Details are also included in bedside patient folders provided to every patient. Arrangements can be made for those service users who have a learning disability, sensory impairment or those from an ethnic minority who require complaints information in an alternative format.

Arrangements in place for consultation with patients and their carers

Marie Curie Hospice Belfast values the input patients and their families make in helping to deliver the type of service they would wish. We do this in a number of ways:-

User Satisfaction

Satisfaction surveys have been used to check the delivery of service in all areas such as social work, chaplaincy and in-patient unit (this list is not exhaustive). All our surveys and quality improvement initiatives are designed with the patient at the centre of all our activities. We continually seek real-time feedback to capture the voice of our patients, families and carers. Comment cards are available for feedback and are reviewed on a weekly basis. Compliments are also recorded in the form of letters and cards.

Focus Groups

We consult in more depth with the families of our patients in focus group settings to explore where and how we could do better or provide additional services, for example new policy development and review of services.

Consultations

Carers are also part of a steering group for our carers services. We also include regulatory and statutory bodies in external consultations.

Informal discussions

The Hospice Manager and Lead Nurse Manager meet patients and their families informally during the course of their days work and enquire as to the service they are receiving. This in turn is fed back through the team and the Governance Group.

All our quality improvement initiatives are driven by the Governance Framework.

Organisational structure

Marie Curie is a company limited by guarantee and licensed to omit the word "limited". It is registered in England and Wales under the Companies Acts with No. 507597. It is also an independent voluntary organisation registered with the Charity Commission, Charity No. 207994, and the Office of the Scottish Charity Regulator, Charity No. SCO38731.

The strategic management of the charity is the responsibility of a Board of Trustees appointed by its members, which meets at least six times a year. The Board is advised by expert committees in audit, investment, clinical governance, research and its shops.

Day to day management of the charity has been delegated by the Board of Trustees to the Chief Executive Dr Jane Collins, who has appointed an Executive Committee of the charity's most senior managers to work with her.

Additional information on Marie Curie services

Dependant on which service you have been referred to you will receive an information booklet containing useful information on our services, these include information on how to get to the hospice, what to bring on admission, information on what to expect when you arrive, accommodation, smoking, telephone access, visiting times, meals, the hospice team, going home, how to make comments on our services and how to make a donation.

We are committed to making patients and families feel comfortable and safe whilst receiving excellent care in our hospice and are happy to discuss any aspect of our service. For additional information on other organisational policies please contact a member of staff who will be happy to help.

Whilst continuing to provide high quality services and information to the public, we would welcome and invite you to make comments on this guide or any other information that is published by Marie Curie.

From time to time we like to consult with patients and family members/carers when new or revised information materials are being prepared, this will be done in a sensitive and professional manner by key individual members of staff.



NORTHERN IRELAND DIVISIONAL STRUCTURE

