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Admission to and Management of The Stephen Bailey Suite, Ward 12 Alexandra Hospital

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline describes the correct processes and procedures for the appropriate use of the Stephen Bailey Suite for those patients receiving end of life care the Alexandra Hospital.

The family of Stephen Bailey campaigned in 2016 for a private space, and donated funds to refurbish, decorate and create a private room with a more homely feel. The room has a hospital bed, and facilities to enable families to remain with their loved one 24/7 should they wish to, to support a peaceful and dignified death, whilst also allowing for access to medical and nursing care. The room is on Ward 12 and is available for patients receiving end of life care at The Alexandra to spend time with their loved ones.

Feedback from the room has been extremely positive.

"[we could] play [her] favourite songs.... sing to her, share stories, bond, and feel reassured that [she] was never left alone".

"More importantly our experience was comfortable".

"We are so grateful to have been given the opportunity to make memories with her before she passed".

"Tranquil and serene".

The room also forms part of Worcestershire Acute Hospitals Trust's wider SUPPORT project which aims to raise the profile of end-of-life- care in the Trust as well as extending out care to those important to our patients.

During the COVID-19 Pandemic, the room was temporarily decommissioned. During this time, a comprehensive refurbishment was carried out. The room has now been reopened.

The Stephen Bailey suite is for the provision of End of Life care for patients who are actively dying, with recognition of the benefit that the space would provide family and carers. In line with End-of-Life Care Policy WAHT NUR-095 Five priorities of care for the dying

"The dying person, and those identified as important to them, are involved in decision about treatment and care to the extent that the dying person wants

This guideline is for use by the following staff groups:

All Clinical Staff who are working at the Alexandra Hospital
 Hospital Palliative Care Teams
 Clinical Site Managers

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Lead Clinician(s)

Avril Adams

Alice Ferguson

Gincy John

Kirsty Stanton

Lead Nurse for Palliative and End of Life Care

End of Life Facilitator

Ward Manager Ward 12 Alexandra Hospital

Matron

Approved by Specialty Medicine DMB

3rd December 2024

Review Date:

3rd December 2027

This is the most current document and should be used until a revised version is in place

Key amendments to this guideline

Date	Amendment	Approved by:
December 24	New document approved	Specialty Medicine DMB

It is the responsibility of those employed by the Trust to work within the legal, regulatory, and professional frameworks.

There are five identified stages in the management, admission and transfer process to the Stephen Bailey Suite.

1. Identification of appropriate patients.
2. Referral to The Stephen Bailey Suite.
3. Transfer to The Stephen Bailey Suite.
4. Care in The Stephen Bailey Suite.
5. Funding of The Stephen Bailey Suite.

1. Identification of appropriate patients.

It is the responsibility of the Consultant leading the care of the patient to assess as to whether the patient is in the last days of life and establish prognosis. This must be evidenced through a completed Individualised Last Days of Life Care Plan for Adults, found on Sunrise documents. The patient also needs to have prescribed anticipatory medications and a DNACPR authorised on an up-to-date ReSPECT form.

It is the responsibility of the ward teams caring for the patient to identify the need for the Stephen Bailey Suite, and to check and follow algorithm on '**Criteria for Admission to the Stephen Bailey Suite**' (see Appendix I).

The Suite is in a relatively isolated position behind a swipe access door at the end of a bay on patients on Ward 12 and is not visible from the Nurses Station or from the ward meaning that it would be unsafe to have a patient in there who has uncontrolled symptoms, if the patient is confused and needs to be under observation or circumstances that could put the patient at risk of harm. The room is not suitable for patients with transmissible infections. The criteria list exists to mitigate the risk of patient harm whilst using the room.

The requesting team will be satisfied that next of kin (NOK) and/or loved-ones are aware of the location of the room, the care that is offered and that they agree with the transfer. The

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 NOK/Loved-ones must also be counselled as to the possibility of returning to a ward bed should the patients' condition improve.

2. Referral to The Stephen Bailey Suite

Should the patient meet the criteria for admission (Appendix I), the ward team are to make a referral to the Stephen Bailey Suite. Contact must be the Manager or Nurse in Charge (NIC) on Ward 12 regarding availability and appropriateness of referral for the suite. The following outcomes are possible:

- a) If the suite is available, and the patient is accepted by Ward 12 then the patient can be prepped for transfer.
- b) If the suite is available, but the patient is not accepted then clear reasons are given for this – specifically uncontrolled symptoms – and advice is to be given for referral to the Hospital Palliative Care Team if they are not already known, to address these symptoms. Should the symptoms become controlled following intervention/treatment then re-referral can be made. The patient will be accepted and planned for transfer, not accepted and reasons given, or put on a priority waiting list depending on need.
- c) If the Suite is not available, and the patient is accepted then they will be placed on a priority waiting list maintained by Ward 12.
- d) If the Suite is not available and the patient is not accepted, teams to continue as instructions in 'b' above and refer to Appendix I.

3. Transfer to the Stephen Bailey Suite

Ward team making referral will provide a full handover of the patient prior to transfer. Ward team will also ensure all documentation and belongings accompany the patient.

Ward 12 will arrange transfer when room is deemed ready

4. Care in the Stephen Bailey Suite

The room should be thoroughly cleaned and prepared prior to admission, and the following to be completed:

- Welcome the patient and ensure that their admission is documented in audit book provided for this purpose.
- Relatives/friends to be welcomed and escorted to the room drawing their attention to emergency procedures and fire safety advice.
- Advise those visiting on the access to the room via the corridor rather than via Ward 12 itself.
- Give contact number for Ward 12 and explain medical and nursing arrangements and patient call bell system.
- Advise on facilities available including refreshments, nearest toilets for their use and shower facilities on ITU corridor by the Peony Rooms.

Once transferred to the Stephen Bailey Suite, the Consultant medical team who are requesting the bed will continue to care for their patient and will be expected to carry out a daily review of the patient once transferred.

Other hospital teams who able to give support.

- Hospital Palliative Care Team, contactable on ex:42085 M-F 08:30-16:30, and through switch out of hours and over the weekend.
- Chaplaincy Team, contactable through switchboard.

After the patient has died, ward team to follow current policies and procedures related to care after death and bereavement set out in Care After Death Policy WAHT-NUR-066.

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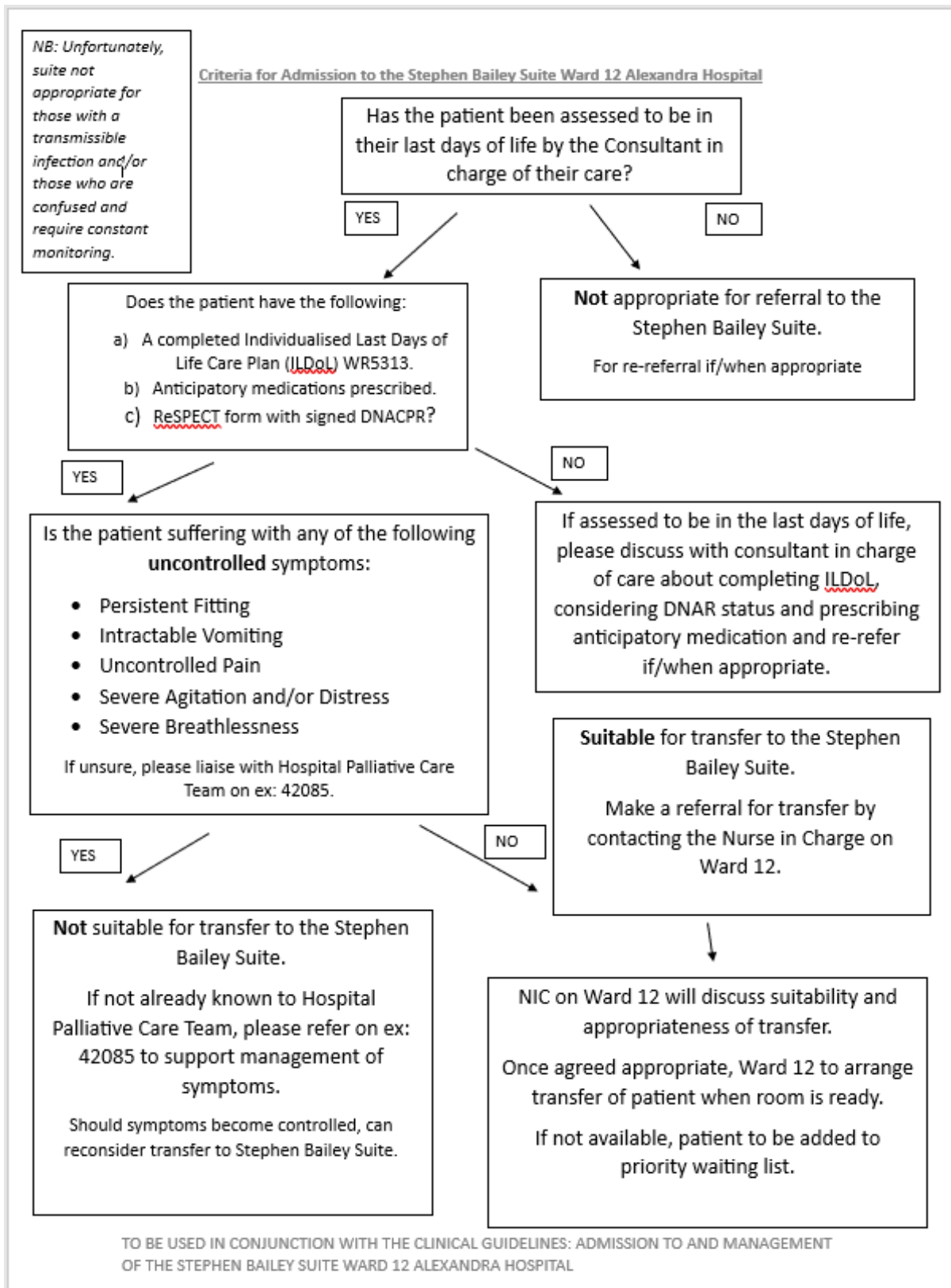
5. Maintenance of the Room

Ward 12 Stephen Bailey Suite Hospital charity funds will support the provision of refreshments for relatives/friends using the room.

Those using the room can donate to this fund through a collection container in the room. Any monies will be used to continue to support the use of the Stephen Bailey Suite and affiliated facilities to support relatives and care for patients in the Alexandra Hospital at the end of life.

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Appendix I – Criteria for the Admission to Stephen Bailey Suite Flowchart



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Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.

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Contribution List

This key document has been circulated to the following individuals for consultation:

Designation
Hospital Palliative Care Team

This key document has been circulated to the chair(s) of the following committee's / groups for comments:

Committee
List here

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Avril Adams
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Alice Ferguson	End of Life Care Facilitator	Alice.ferguson@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Guidelines Amendments Admission to Stephen Bailey Suite			
What is the aim, purpose and/or intended outcomes of this Activity?	Clarity in guidelines and correct use of Stephen Bailey Suite to ensure more effective use for patients.			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/>	Service User	X	Staff
	X	Patient	<input type="checkbox"/>	Communities
	X	Carers	<input type="checkbox"/>	Other _____
	X	Visitors	<input type="checkbox"/>	

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Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	Information from feedback from Palliative Care Team and Ward 12 staff about the use of the room
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	As this is a clinical change to the criteria for admission to the Suite, consultations with Ward 12 clinical staff and Hospital Palliative Care Team to ensure clear guidelines and instructions to ensure patients safety.
Summary of relevant findings	Patients with uncontrolled symptoms would not be suitable for admission to the Stephen Bailey Suite as Medical and Nursing visibility low due to closed door at the end of a bay of patients, and risk of harm.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		No impact noted – no restrictions on age for admission to the Suite.
Disability		X	X	Those with uncontrolled symptoms will not be able to use the Suite due to the safety risks, which may negatively impact those with uncontrolled symptoms, their family, carers friends and the staff on the current ward will not be able to refer.
Gender Reassignment		X		No impact noted – no restrictions with regards to admission. All will be treated as individuals.
Marriage & Civil Partnerships		X		No impact noted.
Pregnancy & Maternity	X	X		May impact pregnant staff through protecting them from potentially unpredictably distressed patients from a manual handling and safety point of view as they will not be admitted to the Suite.

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Race including Traveling Communities		X		No impact noted.
Religion & Belief		X		No impact noted.
Sex		X		No impact noted.
Sexual Orientation		X		No impact noted.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		No impact noted
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		No impact noted

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Uncontrolled symptoms / Disability	Ensure all patients who are considered for the Suite are assessed fully by Palliative care teams, and all efforts are made to manage symptoms to allow for admission to the Suite. If patients are unsuitable, they are reassessed	Hospital Palliative Care Team / Avril Adams	Ongoing
How will you monitor these actions?	Ongoing basis, periodic snapshot audit			

<p>When will you review this EIA? (e.g. in a service redesign, this EIA should be revisited regularly throughout the design & implementation)</p>	<p>Will be reviewed in 12months</p>
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Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<p>Signature of person completing EIA</p>	<p>Alice Ferguson</p>
<p>Date signed</p>	<p>28.09.23</p>
<p>Comments:</p>	
<p>Signature of person the Leader Person for this activity</p>	<p>Avril Adams</p>
<p>Date signed</p>	
<p>Comments:</p>	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.