



# **BARNLEY HOSPICE**

## **Quality Account**

### **2017 / 2018**



**Barnsley Hospice Village**

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## **PART ONE**

### **Statement from the Chief Executive Officer**

On behalf of the Barnsley Hospice Executive Team and the Board of Trustees, I would like to present our third Quality Account which outlines some of the key quality initiatives that we have achieved in 2017/18 and details the priorities set for Barnsley Hospice for 2018/19. This account gives us an opportunity to provide information about how we delivered last years priorities and what we intend to introduce in the forthcoming year.

Barnsley Hospice provides and promotes the highest quality palliative and end of life care. We strive to meet the complex and changing need of our patients and their families. We aspire to providing excellence in all that we offer our patients and their families; however, we appreciate that this cannot be achieved in isolation. We work collaboratively with other health and social care providers to achieve the best possible outcomes for patients approaching end of life.

The quality of care can only be achieved with the support and dedication of our staff and volunteers who have given tirelessly over the past 12 months, to ensure that we deliver outstanding care for the patients of Barnsley and their families. I would like to thank all of our staff and volunteers, and in addition say thank you to our loyal supporters who help us to generate the additional income required to maintain our services.

This Quality Account is produced to safeguard the quality of what we do as a Hospice for our service users, their carers, our supporters and partners as well as the wider public of Barnsley. We will continue to showcase our achievements and share our aspirations for the forthcoming year. We aim to continue to raise our profile across both health and social care settings and ensure that our reputation continues to be held with high esteem across the District of Barnsley.

This Quality Account is a true reflection of the work that has been undertaken at Barnsley Hospice during the last 12 months. I am responsible for the production of this report, in conjunction with Jan Walker (Patient Services Director), Consultants in Palliative Medicine (Dr Rachel Vedder, Dr Becky Hirst and Dr Clare Farrington), Laura Fox (Quality & Risk Manager) and Sue Cutler (Governance Officer/PA to CEO).

To the best of my knowledge the information contained within it is an accurate and fair representation of the services we provide.

***Julie Ferry***  
***Chief Executive Officer***

## **Statement from Chair of Board of Trustees**

I am once again very pleased and proud to present this Quality Account for Barnsley Hospice. The high quality of all our services continues to be central to all that we do for the people of Barnsley.

In this Quality Account, the Board of Trustees have taken the opportunity to demonstrate how well Barnsley Hospice has performed and to highlight the areas that have made a difference to the patient and carer experience. We are committed to continually improving upon and developing our clinical services to ensure we provide high quality medical and clinical care, dignity, respect and support, so that our special kind of care is accessible to the people of Barnsley.

Each year presents us with new challenges and this year was no different. However, we remain committed to providing high quality specialist services that are appropriate and accessible. Our goals for the next 12 months are to continue to build upon and improve our services with patients and carers at the heart of all that we do.

On behalf of the Board of Trustees, I would like to thank all our staff and volunteers for their loyalty, hard work and commitment. Their dedication to professional and individualised care to each patient is unprecedented and something we are proud of.

To the best of my knowledge, the information within this Quality Account is accurate and a fair representation of the services that are provided by Barnsley Hospice.

***Carole Gibbard***  
***Chair of the Board of Trustees***

## **Our Mission, Vision & Values**

### **Mission**

- *We are a charity dedicated to providing specialist palliative and end of life care to all people in Barnsley*

### **Vision**

- *To be the first choice for patients, referrers, customers and donors*
- *To provide more services to more people*
- *To be regarded as one of the best hospices in England*

### **Values**

#### **Comfort**

- *Patients, their families and those close to them are at the centre of all our activities and are cared for and supported in safe and comfortable surroundings*

#### **Care**

- *We provide the highest standard of care by responding to individual needs, supporting choice and independence*
- *We do meaningful work in order to make all our patients, their families and those close to them, as well as volunteers, staff and other stakeholders, feel valued*

#### **Dignity**

- *Each person will be treated as an individual and will be given empathy and respect*
- *We are passionate about getting things right in an effective, efficient and financially sustainable way*

## **PART TWO**

### **Looking back - 1st April 2017 to 31st March 2018**

Below is a brief summary of what has been achieved based on our priorities from 2017/18.

#### **Priority 1 - Patient Safety - Ensuring that the reporting and management of patient safety incidents is fit for purpose and meets the needs of the patients**

This priority was identified and despite having procedures in place to identify and record any patient safety incidents, mechanisms were not as robust as we would like for evidencing the follow up actions of any identified improvement activities.

##### **Our key targets were to:-**

- Ensure the quality of patient safety incident management is regularly monitored
- Ensure we are able to clearly demonstrate compliance with our 'Duty of Candour' and achievement of safety improvement actions

We have achieved this by revising our incident reporting system which allowed us to better record actions, further reduce risk and improve patient safety. We have revised the incident closure method to ensure that we have learning from each incident reported.

There is now regular monitoring in place through internal meetings and information presented at our governance committees, which enables the Trustees to have confidence in the governance of the organisation.

To ensure that we are able to demonstrate compliance with duty of candour, we have introduced a new policy. We have specific duty of candour attributes which have been added to the incident monitoring system.

We have introduced a new complaints, concerns and compliments monitoring system. The Clinical Governance Committee and the Board of Trustees receive quarterly updates.

We have had no serious incidents during the year and have had no CQC ombudsman reportings.

## **Priority 2 - Patient Experience - To gather robust service user feedback to improve patient services**

It is recognised that Barnsley Hospice receives a lot of feedback from service users. This feedback comes in a variety of different forms including compliment and thank you cards and letters, social media comments, as well as verbally to clinical staff. Service user feedback is vitally important to the organisation in maintaining and improving our services. It has been identified that some feedback was not being gathered fully and that a more robust process was required.

### **Our key targets were:-**

- To gather service user experience
- To report to the senior management team and the Board of Trustees and use the data to improve services across the Hospice, ensuring we are providing what is required by the people of Barnsley
- To ensure that the information we gather is appropriate and the findings are displayed in clinical areas

We have achieved this by gathering service user experiences through patient satisfaction questionnaires within all our services. This includes the inpatient unit, counselling service, day therapy and therapy services. The results are collated and presented to the Clinical Operational Group and subsequently to the Clinical Governance Committee.

We have introduced the monitoring of outcomes for the lymphoedema service and we are also using IPOS for the recording of outcomes for the IPU .

We have held patient focus groups in the day therapy unit to help shape the future delivery of services.

We are reporting service user experiences within the service plans with a quarterly summary presented to the Board of Trustees.

To ensure that information gathered is displayed, we have introduced a 'you said, we did' board in the inpatient unit. We have also displayed all the patient questionnaires for patients, families and carers to view.

We also share patient views with our community colleagues as appropriate, with the appropriate consent.

### **Priority 3 - Clinical Effectiveness - The development and implementation of clinical competencies to all clinical staff**

This priority was identified in order for us to create a clinical competency framework against which we can assess current gaps in staff training, train new members of staff, and demonstrate to patients and relatives that they are being cared for by a well trained specialist workforce, as part of current legislation, such as CQC requirements and Nursing and Midwifery Council guidance.

#### **Key targets for nurses and allied health professionals were:-**

- To develop a competency framework
- To utilise the skills and knowledge of the link nurses at the Hospice
- To carry out a staff skills gap analysis

We have achieved this by writing a competency framework. We have introduced education sessions for health care assistants. We continue to work collaboratively with the district wide palliative care education group sharing good practice.

Infection control training sessions are now provided for all staff at mandatory training sessions and study day attendance and learning is fed back to the clinical teams.

We have completed a training needs analysis and a skills gap is to be carried out later in the year.





## **PART THREE**

### **Looking forward to 2018/19**

At Barnsley Hospice we continue to review our services and seek to improve and develop them year on year.

The Hospice has a 4-year strategy in place, which outlines our future vision and how we will achieve this.

This Quality Account describes our aims for continuous improvement in the quality and scope of the Hospice care for patients with life limiting illnesses. Closer collaboration with partner organisations, including the NHS, and the provision of palliative and specialist palliative care and end of life care, whilst supporting and developing education in this area.

### **Priority 1 - Clinical effectiveness/ safety - Review the current Pall call / referrals advice line**

#### **Rationale**

This priority is to have a streamlined referral process in place to ensure that all referrals are dealt with in a timely and appropriate manner and to avoid delays. Information that is required in order to accept referrals will be gathered at the time of referral, therefore, preventing unnecessary time contacting the referrers.

In order to ensure that we are providing safe and responsive advice to patients, families and other professionals, we need to have a robust process in place to record and monitor the advice we give and ensure that advice is correct.

#### **Key targets are to :**

- To have a streamlined referral / advice line
- To improve communication between the Hospice and external stakeholders
- To ensure a consistent high quality service

## **Priority 2 - Clinical effectiveness/ Patient experience**

**To further develop the IPOS (Integrated palliative care outcome scale) within the Hospice to include the support for carers**

### **Rationale**

Measuring Palliative Care Outcomes through the use of a recognised patient outcome tool enables us to measure the impact of advanced disease on patients in terms of the symptoms they experience and their ability to function independently.

The IPOS has been reviewed internally and a shortened version has been developed as it was deemed very onerous for patients/carers and families to complete. We require this information to help us to formulate treatment plans that meet patient needs. Outcome measures will help us to determine the impact of hospice care and support for patients and their families.

### **Key Targets**

- To embed further the shortened IPOS tool within the inpatient unit and in day therapy services including support for carers
- To ensure we have a robust IT system in place to collect and report the outcomes data
- Staff competent in assisting completion with patients

## **Priority 3 - Patient experience / Patient safety - In patient unit refurbishment**

### **Rationale**

We continuously work to improve the environment for patients across all services of the Hospice, to provide a safe place of care and improve the experience for all patients and their families/carers.

We have been fortunate to have been pledged some external funding to provide a refurbishment of our inpatient unit, once we have raised a further £200k. The project will include the complete refurbishment of the Hospice's 10 patient en-suite bedrooms and the assisted bathroom to create an improved, modern environment in which patients and their families can be provided with the highest standard of care.

The changes proposed will also be highly practical in terms of nursing care and infection control and will enhance the quality of the physical environment. Piped oxygen will be available in each patient room, which will allow us to look after people with high oxygen requirements, which is currently a barrier to some admissions, and will allow us to care for more patients with a non-malignant disease.

The refurbishment project will also cover the IPU kitchen and the sluice area.

The refurbishment project will deliver direct benefits to over 220 patients and their families every year.



### **Key targets:-**

- To enhance the patient experience of specialist care
- To ensure the improvements will assist the nursing team to deliver the best possible standards of patient care.
- To create a peaceful, homely environment for our patients and their families.

### **Priority 4 - Patient Safety - To ensure coordination and communication of patient care through computerised patient records**

#### **Rationale**

This priority has **not** been achieved for the past two years despite working hard to move it forward.

We need to ensure that there is a robust patient IT system for accessing and communicating relevant patient information both internally and externally. We have an internal patient database, iCare, which is successful in achieving collection of patient data, but we are unable to share patient information through the use of an integrated system such as SystmOne.

#### **Key targets are**

- To continue discussions with the CCG and Barnsley Hospital Trust to find a solution for sharing patient information locally, which includes the implementation of SystmOne into the Hospice.
- To work with the community teams in the implementation of the EPACCS template
- To continue compliance against the NHS Information Governance (IG) toolkit and ensure that all staff are trained and are aware of the importance of IG across the Hospice.

## Statements of Assurance from the Board (Mandated Statements)

The following are a series of mandated statements that all providers must include in their Quality Account. Many of these mandated statements are not directly applicable to Hospices.

### a. Review of Services

During 2017/18, Barnsley Hospice provided the following services:-

- **Inpatient unit** – 10 beds which provides 24 hour care / 7 day admissions and is supported by a team of specialist staff
- **Day Hospice** – The Limes – up to 14 places per day, 2 days per week to support management of symptoms and quality of life until September 2017. Following a review, one of these days became drop-in for patients and carers in addition to the already established drop-in day.
- **Outpatient clinics** – this includes medical, lymphoedema, counselling and complementary therapies
- **Domiciliary medical visits** - undertaken by the Consultants in Palliative Medicine and the Hospice specialty doctors
- **Therapies** – to support independence and promote comfort:-
  - Physiotherapy
  - Complementary therapy
  - Occupational therapy
  - Lymphoedema
- **Our services are provided by a multidisciplinary team**
- **Doctors** – including medical consultants, specialty doctors, trainee doctors and medical students.
- **Qualified nurses and health care assistants** – provide specialist palliative care nursing
- **Social worker and family patient liaison worker**– provide specialist support to patients and their families
- **Counselling and bereavement services** – supporting patients and their families/ carers/ and friends
- **Support services** – providing cleaning, catering, housekeeping and maintenance of the building

**b. Financial considerations**

The Hospice receives funding from the Barnsley Clinical Commissioning Group and the grant income received in 2017/18 represented 42% of the total Hospice income.

**c. Participation in clinical audits**

Barnsley Hospice has not participated in any national clinical audits and national confidential enquiries covered by NHS services.

**d. Research**

The number of patients receiving NHS services provided or subcontracted by Barnsley Hospice is nil.

**e. Quality improvements and innovation goals agreed with commissioners**

During 2017/18, Barnsley Hospices statutory income was not conditional on achieving quality improvements and innovation goals from the Clinical Commissioning Group (CCG). This is because Barnsley Hospice is a third sector provider of service and does not use any NHS measures.

The service specification agreed is part of the grant agreement. However, the high quality service provision has always been central to the organisation's intent and has robust internal quality measures, with it readily sharing performance marker data with the CCG on a quarterly basis - a selection of this data provided for 2017/18 is shown below:-

Quality Requirement	Outcome Measures	Method of Measurement	Qtr1	Qtr 2	Qtr 3	Qtr 4
<b>Bed Occupancy</b>						
	Occupancy rates of bedded unit	Monthly	April 93% May 86% June 84%	July 62% August 72.5% Sep 75%	Oct 70% Nov 79% Dec 79%	Jan 95% Feb 85% Mar 82%
<b>Reporting of Serious Incidents (Sis) and Never Events</b>						
Notification of Si/Never Events to CCG who will log on STEIS system	No never events	Within 48 hours	Nil	Nil	Nil	Nil
Timely response to CCG comments/questions following review of an incident report eg RCA	100% compliance with framework	Within 1 month	NA	NA	NA	NA
<b>Patient Safety Incidents</b>						
Analysis reports of all incidents, to include area, numbers, type, level of risk and lessons learned	Evidence of improvements to practice	Quarterly	See patient safety quality markers Q1	See CG overview report	See CG overview report	see CG overview

## f . Duty of Candour

Duty of Candour is a statutory legal and contractual responsibility for NHS trusts to ensure openness and honesty with patients or their families when things go wrong and patients are harmed as a result.

The Hospice adheres to this good practice and has a policy which outlines the processes that need to take place. We have a robust patient incident reporting mechanism and all staff are trained in the Duty of Candour as part of our mandatory training programme.

The Duty of Candour process ensures that, should something go wrong regarding their care, our patients receive comprehensive and timely information regarding what went wrong and an assurance on the actions to reduce the risk of the incident occurring again in the future.





## What others say about Barnsley Hospice

### Statements from Care Quality Commission (CQC)

The Hospice is subject to periodic reviews by the CQC and the last review was carried out in August 2016 via an unannounced visit. The results of that review are shown below:-



## Barnsley Hospice Appeal Barnsley Hospice

### Inspection report

104-106 Church Street  
Gawber  
Barnsley  
South Yorkshire  
S75 2RL

Tel: 01226244244  
Website: [www.barnsleyhospice.org](http://www.barnsleyhospice.org)

Date of inspection visit:  
01 August 2016

Date of publication:  
31 August 2016

### Ratings

## Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Barnsley Hospice is required to register with the Care Quality Commission (CQC) and its current registration is for:-

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

Barnsley Hospice is registered for the following conditions:-

- Only treat people over 18 years of age
- Only accommodate a maximum of 10 patients in its Inpatient unit (IPU)

The Care Quality Commission has not taken enforcement action against Barnsley Hospice

## **Clinical Staff Data - for period 1st April 2017 to 31st March 2018**

### **Recruitment**

#### Number of clinical staff appointed

Barnsley Hospice has recruited 1 full time staff nurse and 2 bank auxiliary nurses. 2 part time doctors have also been employed, 1 to support IPU and 1 to support the hospital service.

#### Number of clinical staff that have resigned

We have had 2 doctors leave the hospice due to retirement.

## **Other Service Achievements - for period 1st April 2017 to 31st March 2018**

### Hospice Policies and Procedures

A robust process has been introduced to monitor and review the policies and procedures of the Hospice. This process is managed by the Governance Officer who continues to review all policies and procedures in a timely manner, ensuring current information is included in the documents. All policies and procedures were made available to Hospice colleagues via the shared computer drive. This robust process will continue throughout 2018/19.

### Health and Safety

Our Health & Safety Committee meets regularly (as a minimum quarterly) with named health & safety representatives in place. Our external Health & Safety Consultant is also invited to attend each meeting.

Regular fire safety meetings also take place, involving the CEO, Fire Marshall, named Fire Wardens and Fire Awareness Officers, to monitor and discuss any Hospice fire safety issues. These meetings will continue into 2018/19.



We have robust risk assessment policies and procedures in place, which includes health and safety risk management, and any health and safety incidents or 'near misses' are reported to the Health and Safety Committee and our external Health and Safety Consultant, so we can learn from them and continue to provide a safe environment.

## Training

A snapshot of training offered to Hospice staff during 2017/18 is shown below:-

- Mandatory Training (including health & safety, HR, information governance etc)
- Basic life support
- Fire safety
- Infection control
- Safeguarding
- Moving and Handling
- iCare
- Medicines Management
- Mental Capacity including Deprivation of Liberties
- Syringe Driver updates
- Blood transfusion updates
- Basic Food Hygiene
- Do not attempt CPR
- Reflection case reviews



## PART FOUR

### Review of quality performance

This section of the Quality Account provides information about how many people use our services, how we monitor the quality of care provided and what our patients and their carers say.

#### Inpatient Unit Data

Barnsley Hospice	2015-2016	2016-2017	2017-2018
<b>Inpatient Unit (10 beds)</b>			
Inpatient bed occupancy (average %)	81	86	80
Total number of patient Admissions	202	220	230
Total discharges	98	91	121
Average length of stay (average number of days)	14.7	13	12
Total number of patient deaths	107	128	109

The number of patients treated on our IPU has increased again during 2017/18. However, the average occupancy has decreased, possibly reflected in the reduction in average length of stay (people stayed on the Inpatient Unit for an average of 1 day less than the previous year). This year saw more discharges than deaths at the hospice.

#### The Limes Day Therapy

	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Number of patients attending Day Therapy	22	16	11	13
Patient Admissions (number)	6	7	6	5
Died (number)	5	5	0	3
Discharges (number)	6	10	3	5
Mean average number of sessions attended per completed episode of care	13	16	3	6

From July onwards we reduced the number of sessions to 12 on a Tuesday and 12 on a Thursday. We then reduced to one day per week on Thursdays only as of August, as the demand for Day Hospice was reducing in favour of the Drop In service.

### The Limes Day Therapy Unit Drop In

	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Number of patients attending Drop In	37	42	44	47
Number of carers attending Drop In	5	5	2	4
Patient Admissions (number)	12	15	7	13
Died (number)	1	1	4	0
Discharges (number)	6	0	4	1

During September we increased our Drop In Service to include an additional day. We also extended it to include Carers. Drop in continues to be a popular service.

### Bereavement Services

	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Admissions (number)	10	20	10	17
Number of patients receiving contact with Bereavement Support	24	30	25	27
Number of Bereavement Support contact activities with patients	54	65	83	73
Number of Pre-Bereavement 'family' activities	N/A	29	39	43

### Counselling Service

	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Number of counselling sessions attended	85	81	85	68
Patient Admissions (number)	23	16	20	18
Died (number)	2	4	2	2
Discharges (number)	34	15	10	17
Average episode length (number)	132	83	61	185
DNA* Rate (%)	26	24	27	36

\*Did not attend

## Lymphoedema Service

	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Number of sessions attended	208	312	270	349
Patient Admissions (number)	22	37	27	27
Died (number)	6	6	6	5
Discharges	121	19	17	16

The high number of discharges in Q1 corresponds with the service review and the discharge of patients from the service who had not had any contact with the service for 2 years or more.

## Complementary Therapy Services

	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Number of sessions attended	54	56	76	82
Patient Admissions (number)	37	40	37	39
Died (number)	10	5	13	13
Discharges	30	37	21	20
Average episode length (number)	89	70	68	66

## Medical Outpatients

	17/18 Q1	17/18 Q2	17/18 Q3	17/18 Q4
Number of sessions attended	46	47	47	50
Patient Admissions (number)	19	22	27	25
Died (number)	9	5	6	6
Discharges	17	10	22	12
Average episode length (days)	80	18	44	53
DNA* Rate (%)	23	18	22	23

\*Did not attend

## Participation in Clinical Audit

All of our clinical audits are RAG rated and all comply with CQC key lines of enquiry.

Barnsley Hospice has a clinical audit group which reviews all audits undertaken during the year, details of which are presented at the Clinical Governance Committee meetings.

The group consists of some of the clinical leaders in the Hospice who are representing their own services and also representing the medical team. One of the Hospice specialty doctors is a member.

**A snapshot of some of the clinical audits carried out during 2017/18 is shown below:-**

<b>Audit</b>	<b>Completion</b>	<b>Proposals/ Actions</b>
<b>Falls</b>	September 2017	No trends currently identified To liaise with elderly care fall team To record both witnessed and unwitnessed falls
<b>Infection control</b>	September 2017	To repeat audit in 6 months time - completed To repeat sharps bin audit To remind staff not to overfill laundry bags
<b>Recordkeeping</b>	December 2017	Improved narrative in the patient records
<b>Controlled Drugs</b>	Carried out every 3 months by the pharmacist and ward manager	No trends or themes identified All drug errors are recorded and discussed at Clinical Governance committee meetings and reported to the CD lin

## FAMCARE National Service Evaluation

Barnsley hospice participated again this year in a national service evaluation of bereaved relatives satisfaction with end of life care provided by specialist palliative care services. The questionnaire response rate was 71% for Barnsley hospice compared to a national median of 43%.

Barnsley hospice benchmarked well, against 30 other hospices, on all criteria that bereaved relatives were asked about regarding end of life care provision. In addition, a large number of qualitative comments were also made which were very positive regarding the care delivered by Barnsley Hospice.

## Quality Indicators 2017/18

### Compliments, complaints and concerns

During 2017/18, a comprehensive log of clinical compliments, concerns and complaints has been kept, together with a note of any actions required/taken.

A more robust system is now in place for capturing data around compliments, concerns and complaints. These are discussed and updated upon on a weekly basis at the Hospice Executive Team meeting and monthly at the Senior Management Team meetings, where any updates or details of new incidents are reported upon. They are also reported into the bi-monthly Clinical Operational Group meetings as well as quarterly into the Clinical Governance Committee.

Details for those received during 2017/18 are shown in the table below:-

Indicator	2017/18
<b>Complaints</b>	
Total number of complaints	<b>2</b> (1 clinical), 1 non-clinical)
Total number of complaints upheld	<b>0</b>
<b>Compliments</b>	
Total number of compliments including thank you cards	<b>234</b> (including 6 non-clinical and 228 clinical)
<b>Concerns</b>	
Total number of concerns	<b>19</b> (11 clinical, 8 non-clinical) Appropriate actions taken regarding all
<b>Patient safety incidents</b>	
Total number of accidents	<b>1</b>
Number of slips, trips and falls	<b>26</b>
<b>Safeguarding</b>	
Number of safeguarding applications	<b>0</b>
Number of DOLs applications	<b>4 granted</b>
Number of patients reported to CQC admitted with a reportable pressure ulcer	<b>2</b>

<b>Infections</b>	
Number of MRSA	0
Number of C diff	0
<b>Drug incidents</b>	
Number of controlled drug incidents	12
Number of non controlled drug incidents	17

## The Staff Experience

Barnsley Hospice was the first organisation in the Barnsley area to be awarded the Workplace Health & Well-being Charter status in 2015 and achieved re-accreditation of this status in July 2017.

During 1st April 2017 to 31st March 2018, the following health and well-being initiatives and activities were offered to Hospice staff and volunteers:-

- *weekly weigh-in and healthy eating classes offered*
- *a continuing review of all our HR policies & procedures*
- *book swap scheme*
- *participation in healthy eating week*
- *an improvement in healthy food available to staff & volunteers whilst at the Hospice*
- *know your numbers – blood pressure checks on site*
- *improved communication from senior managers via regular staff and volunteer meetings*
- *mental health training for Line Managers*
- *trained Mental Health First Aider on site*
- *new appraisal and performance process now in place*
- *1-1 support policy and process in place*
- *new absence and attendance policy and process in place*

Each year, Barnsley Hospice staff are asked to complete a health and well-being staff survey questionnaire. The results from this survey contribute to the continuation of health and well-being initiatives for Barnsley Hospice staff and volunteers. An action list from the results received in the 2017 survey was drawn up and the Hospice Executive Team actioned the majority of the actions listed, and for those issues that were not actioned, they provided adequate explanations regarding why this had not been possible.

The response rate in May 2017 was 41%, equating to 50 colleagues responding out of a possible 122 (compared to a 48% response rate in 2016, with 54 colleagues out of a possible 113 responding).



A summary of some of the 2017 responses are summarised in the table below:-

Question - May 2016	Response - May 2016	Similar Question - May 2017	Response - May 2017
<b>I get help &amp; support I need from colleagues</b>	<b>89%</b> (48) replied always or often to this statement	<b>I get help &amp; support I need from colleagues</b>	<b>86%</b> (43) replied always or often to this statement
<b>I always take my full annual holiday entitlement</b>	<b>87%</b> (47) strongly agreed or agreed with this statement	<b>I always take my full annual holiday entitlement</b>	<b>90%</b> (45) strongly agreed or agreed with this statement
<b>I would say that I have a good work-life balance</b>	<b>69%</b> (37) strongly agree or agree with this statement.	<b>Generally, I would say that I have a good work-life balance</b>	<b>78%</b> (39) strongly agree or agree with this statement.
<b>I am given supportive feedback on the work I do</b>	<b>52%</b> (28) are 'always' or 'often' given supportive feedback; <b>48%</b> (26) replied 'sometimes', 'seldom' or 'never'.	<b>I am given supportive feedback on the work I do</b>	<b>62%</b> (31) are 'always' or 'often' given supportive feedback; <b>38%</b> (19) replied 'sometimes', 'seldom' or 'never'.
<b>I am clear what is expected of me at work</b>	<b>93%</b> (50) replied 'always' or 'often' to this question	<b>I am clear what is expected of me at work</b>	<b>98%</b> (49) replied 'always' or 'often' to this question
<b>I am currently subject to bullying at work</b>	<b>78%</b> (42) replied 'never' to this, with <b>18%</b> (10) replying 'seldom' and <b>4%</b> (2) replying 'sometimes'.	<b>I am currently subject to bullying at work</b>	<b>78%</b> (39) replied 'never' to this, with <b>12%</b> (6) replying 'seldom' and <b>10%</b> (5) replying 'sometimes'.

*A further survey will be circulated to staff in May / June 2018.*



## Information Governance

As part of our commitment to the Information Governance Toolkit requirements, Barnsley Hospice carries out an annual in-depth self-assessment of our compliance against IG requirements in areas including:-

- Management structures and responsibilities (eg. assigning responsibility for carrying out the IG assessment, providing staff training, etc);
- Confidentiality and data protection; and
- Information security

The purpose of the Toolkit Assessment is to enable Barnsley Hospice to measure our compliance against the law and central guidance and to see whether information is handled correctly and protected from unauthorised access, loss, damage or destruction.

Our annual assessment was completed in March 2018, and Barnsley Hospice maintained Level 2 status, with a score of 85%. Last year we achieved 73%, showing our continued dedication to continuous improvement in this area for the Hospice.

We aim to maintain high standards, adopt best practice for our record keeping and regularly check and report on how we are doing, via our Information Governance Champions Group meetings.

## **Statement from Barnsley Clinical Commissioning Group (CCG)**

Barnsley Hospice's 2018/19 Quality Account is an accurate record of their remit and associated performance which reflects an increased access to specialist palliative care for the people of Barnsley with appropriate and effective safeguards to ensure the quality and efficacy of care. The increased collation of service user feedback and the planned increase use of the Integrated Palliative Care Outcome Scale (IPOS) will enable further refinement of this important service to enable the right support at the right time in the right place which increasingly is not only at the end of life and/or as an inpatient. We look forward to the environment enhancing work which will reflect the holism and person centred care that are the Hospice's hallmarks.

**Brigid Reid**  
**Chief Nurse**  
**NHS Barnsley Clinical Commissioning Group**

***Thank you for taking time to read this Quality Account.***





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