The Butterwick Hospice at Bishop Auckland

Quality Account 2017 - 2018

The Butterwick Hospice at Bishop Auckland
Woodhouse Lane
Bishop Auckland
Co Durham
DL14 6JZ

Registered Charity 1044816
Our Mission Statement and Philosophy

Why we are here

We aim to improve the quality of life for those who have a progressive life limiting illness and those close to them and to offer positive support for every challenge they may encounter during their illness and to see death as part of life’s journey.

In particular we will:

Provide supportive and specialist palliative care for adults with progressive life limiting conditions

Ensure each person receives care in a homely environment whilst maintaining privacy, dignity and choice.

Provide holistic centred care by responding to and respecting the patient and those close to them by meeting their individual, physical, social, cultural, educational, spiritual and emotional needs throughout the illness and bereavement.

Acknowledge and respect the way those close to the patient care for them and endeavour to continue their chosen pattern of care.

Work together in developing an environment based on support and mutual respect.

Maintain the high quality of the service through ongoing reflection, evaluation and education.

Communicate effectively and efficiently both within the Hospice and with external agencies, to ensure continuity of care and promote service development.
Part 1: Chief Executive`s Statement

It gives me great pleasure to present the Quality Account for Butterwick Hospice at Bishop Auckland for 2017-2018. We welcome the opportunity to promote the high quality of the services that we provide for our patients and carers and to demonstrate to all stakeholders our commitment to quality care.

The patient is at the heart of all Butterwick Hospice at Bishop Auckland’s services and we endeavour to ensure that all our care is both patient centred and of the highest standard through clinical governance. We strive to provide an excellence in evidence based palliative care for all patients, regardless of age or diagnosis and to be a resource within the community.

The day to day operational management of Butterwick Hospice at Bishop Auckland is under the leadership of Paula Wood, Director of Patient Care and Service development.

In 2017/18 Butterwick Hospice at Bishop Auckland cared for 221 patients within their day care services, both at Bishop Auckland and in outreach services across Durham dales and Sedgefield. 137 patients were seen in our Home care service, 295 seen in Family Support Services and 70 patients and carer’s accessed the Community Complementary Therapies service.

We provide our care at no cost to our patients and families thanks to the income generated by local fundraising, local retail and trading and a contribution from the NHS.

Our ability to offer community hospice services including hospice at home and day services is possible thanks to our dedicated staff and the commitment of over 200 volunteers.

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of health care services we provide.

Debbie Jones
Chief Executive
Part 2: Priorities for improvement and statements of assurance from the board (in regulations)

1. IMPROVEMENT

Within the Organisation quality is fundamental to improvement and accountability. The Board of Trustee’s continue to support and promote the ongoing development and improvement of services to ensure that the care and support provided evolves to meet patient and carer needs.

The priorities for quality improvement for 2018/19 are set out below.

These priorities have been identified in conjunction with patients, carers, staff and stakeholders. The priorities we have selected will impact directly on each of the three priority domains:

- Patient safety
- Clinical effectiveness
- Patient experience

a) Priorities for improvement 2018-2019

Patient Safety

- Priority One

To introduce the wheelchair passport scheme to ensure safe transportation of patients who are wheelchair bound.

How was this identified as a priority?

The Hospice provides a minibus to transport patients to and from the Hospice services. The Hospice also provides care and support to patients who have progressive neurological conditions who make up 45% of our patients; therefore there are an increased number of patients accessing the services who are wheelchair bound.

In July 2010 the British Standards institute published a code of practice for wheelchair passport schemes. Although this is not law it is best practice to follow the guidelines to ensure safety. The purpose of the passport scheme is to provide essential information to drivers and escorts on the safe transportation of wheelchair users, thus controlling risks associated to wheelchair transport. The passport is in the form of a document and is attached to the wheelchair in order to be clearly visible to the vehicle driver and escort. It is designed to provide information relating to the transport of the individual wheelchair user. The information contained within the passport includes:

- The wheelchair is transportable
- The wheelchair has been crash tested
- Wheelchair information
- Transport requirements/i.e. strapping
• **How will this priority be achieved?**

All of the current wheelchairs in the Hospice will be assessed to ensure they are transportable and have been crash tested. The wheelchair strapping supplier will be contacted to ensure the correct strapping is used for every wheelchair. The Hospice will introduce patient transport folders which will be kept in the minibuses and in the Hospice which will detail every wheelchair used indicating how the straps should be fitted. The wheelchair passport scheme will be incorporated within the Hospice’s policies, procedures and risk assessments. New documentation will be produced in order for the nursing teams to assess the wheelchair that the patient uses. This will record what wheelchair is being used, the weight of the user and will be checked against the weights the minibus’ tailgates can take. The Hospice will attach information to every wheelchair to ensure all of the information required is identifiable. This will also allow any new wheelchairs which have not been assessed to be quickly highlighted. All volunteer minibus drivers and clinical staff will have training in relation to the wheelchair passport scheme.

**How will progress be monitored and reported?**

The Hospice has a monthly Integrated Governance meeting to ensure quality, governance and safety. This has representation from clinical and non clinical managers. The wheelchair passport Scheme will be a regular agenda item to ensure progress of the implementation of the scheme is documented. The minutes of the Integrated Governance meetings are a regular agenda item on the Clinical Governance and Strategy Committee which has Trustee representation. All staff and volunteers who have accessed training will be logged and recorded.

**Clinical Effectiveness**

• **Priority Two**

To develop a Hospice Quality dashboard to illustrate key activities and to measure the quality of care.

**How was this identified as a priority?**

The Hospice continuously strives to provide a high quality of care not only demonstrating good clinical governance but focusing on good organisational governance. As part of the governance structure the board of Trustees are ultimately responsible for the quality of care delivered across all services which the Hospice provides.

According to the National Quality Board (Quality governance in the NHS, 2011) the board of Trustees have overall responsibility:

• To ensure that the essential standard of quality and safety, as determined by the regulator, are being met by every service that the organisation delivers.
• To ensure that the organisation is striving for continuous quality improvement and outcomes in every service.
• To ensure that every staff member whose actions directly impact on patient care, is motivated and enabled to deliver effective, safe and person centred care.

In order to ensure that the organisation meets these requirements the Hospice will develop a quality dashboard that will clearly measure:
• key activities
• quality of care i.e. number of compliments/ complaints/incidents
• Focus on staff and volunteers i.e. staff levels /training
• Financial measures i.e. income/ expenditure

The quality dashboard will clearly define:
• Variances
• Key trends
• Implications fort the future
• Risks

**How will this priority be achieved?**

The Hospice will develop the quality dashboard based on guidance published by Hospice UK, “Developing a balanced scorecard for your Hospice” (January 2017). In order to develop a quality dashboard there are 3 components.

The organisation will produce a strategy map. This will summarise the Hospice’s strategic plan by reviewing the vision, mission statement and values.

<table>
<thead>
<tr>
<th>Vision and Mission</th>
<th>Vision and mission of what we do and what the hospice wants to achieve.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service user</td>
<td>The strategic objectives that will deliver results for service users and achieve the Hospice mission.</td>
</tr>
<tr>
<td>Business process</td>
<td>The objectives that capture the processes needed to excel at in order to deliver results.</td>
</tr>
<tr>
<td>Learning and growth</td>
<td>The objectives that capture the capabilities required to invest in, in order to excel.</td>
</tr>
<tr>
<td>Financial</td>
<td>The objectives that will ensure the hospice is well resources in order to use resources efficiently.</td>
</tr>
<tr>
<td>Values</td>
<td>How you should behave in order to fulfil the objectives to deliver the mission.</td>
</tr>
</tbody>
</table>

Once this has been completed the strategic plan will be presented to the board of trustees for approval.

Once the hospice has identified the key strategic objectives the next stage will be to produce a strategy matrix in order to plan how the objectives will be implemented and how the progress will be measured.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Initiative</th>
<th>Key performance question</th>
<th>Balanced scorecard measure</th>
<th>Target/mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>What do we want to achieve?</td>
<td>How will we do it? Who is responsible?</td>
<td>What results really matter?</td>
<td>What is the best way to measure progress?</td>
<td>Quarterly (traffic light)</td>
</tr>
</tbody>
</table>
The final stage will be presenting all of the data in the Hospice quality dashboard. The format will be consistent and will provide a comparison between the data collected. The quality dashboard will highlight trends and form a comparison for key targets and objectives. The management team will agree what format the data is to be presented. Once agreed this will be presented to the board of Trustees for approval.

How will progress be monitored and reported?

The Hospice Quality Dashboard will be a regular agenda item in the monthly management meetings. Data will be reviewed and discussed within the management meetings. The results of the dashboard will be collated on a monthly basis and the report will be presented to the board of trustees on a quarterly basis.

Patient experience

• Priority Three

To introduce a nutrition and hydration group with patient and carer representation.

How was this identified as a priority?

The provision of food and drink to the hospice patients and their families is an essential service to meet the holistic care the Hospice provides. The Hospice is registered with the Care Quality Commission and is regularly inspected against the fundamental standards. Regulation 14 is meeting nutritional and hydration needs. The intention of the regulation is to ensure service users have adequate nutrition and hydration to sustain life and good health and reduce the risks of malnutrition and hydration while they receive care and treatment.

The importance of nutrition and hydration is also supported through the NHS Essence of Care, benchmarks for food and drink (2010).

<table>
<thead>
<tr>
<th>Factor</th>
<th>Benchmark of best practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting health</td>
<td>People are encouraged to eat and drink in a way that promotes health.</td>
</tr>
<tr>
<td>Information</td>
<td>People and carers have sufficient information to enable them to obtain their food and drink.</td>
</tr>
<tr>
<td>Availability</td>
<td>People can access food and drink at any time according to their needs and preferences.</td>
</tr>
<tr>
<td>Provision</td>
<td>People are provided with food and drink that meets individual needs and preferences.</td>
</tr>
<tr>
<td>Presentation</td>
<td>People’s food and drink is presented in a way that is appealing to them.</td>
</tr>
<tr>
<td>Environment</td>
<td>People feel the environment is conducive to eating and drinking.</td>
</tr>
<tr>
<td>Screening and assessment</td>
<td>People who are screened on initial contact and identified at risk receive a full nutritional assessment.</td>
</tr>
</tbody>
</table>
Planning, implementation, evaluation and revision of care

<table>
<thead>
<tr>
<th>Planning, implementation, evaluation and revision of care</th>
<th>Peoples care is planned, implemented, continuously evaluated and revised to meet individual needs and preferences for food and drink.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistance</td>
<td>People receive care and assistance they require with eating and drinking.</td>
</tr>
<tr>
<td>Monitoring</td>
<td>People’s food and drink intake is monitored and recorded.</td>
</tr>
</tbody>
</table>

**How will this priority be achieved?**

The Director of Patient Care and Head of Non-Clinical Services will undertake a review of the CQC Fundamental Standards of Care requirements for patient nutrition and hydration: Regulation 14 Outcome 5 Meeting Nutritional Needs. Identify compliance across the Hospice with the requirements, providing evidence and recommendations for improvement.

Review patient/family correspondence to identify any comments regarding the provision of food and drink.

Hold a staff focus group to discuss the assessment of patient’s nutrition; the provision of nutrition and hydration to patients, and their families and staff; identify recommendations for improvement or any training needs.

Hold a focus group with patients attending Day Care to discuss their views of the current food/drink provision and recommendations for improvement.

Contact patients and families who have recently accessed Children’s Hospice; or adult in-patient services to ask their views of food/drink provision and seek recommendations for improvement.

Publish a short article in the monthly staff/volunteer newsletter seeking views on the current food/drink provision and seek recommendations; nominations for the Hospice Nutrition and Hydration Steering Group.

Establish a Hospice Nutrition and Hydration Steering Group to oversee continuous improvement in the provision of nutrition and hydration to patients; families; staff and volunteers across the hospice. The steering group will have representation from patients/families/staff and volunteers.

**How will progress be monitored and reported?**

An action plan will be formed and will be reviewed at each Hospice Nutrition and hydration steering group meeting to monitor progress.

The action plan and minutes of meetings will be a regular agenda item in the Clinical Strategy and Governance Committee which has trustee representation.

2.2) **Review of services**

During 2017/18 the Butterwick Hospice at Bishop Auckland provided five key services:

- Hospice at Home
- Family support and bereavement service
- Neurological service
- Day Hospices across 4 sites
- Outpatients

We have reviewed all the data available on the quality of care in all of the above services.
Below are some comments from thank you cards and letters received from families.

“We would like to thank you for your service provided when my wife was poorly. Without your service I and my family would have struggled to keep XXXX at home. XXXX the carer was amazing; her presence was a massive support to not only XXXX but myself and all the family. I hope that your hospice continues to provide service for many more families as it is truly lifesaving to many patients”.

“Thank you all the palliative care carers for being so kind, caring and considerate towards XXXXX XXXX during our difficult time. The compassion that was shown was over and above your work scope.”

“To all the staff that supported us to care for mam at home as we really could not have done it without you all. We were able to achieve mam’s wish and that was to be at home for the time she had left. We are so grateful to you all.”

“To all the Butterwick, a huge thank you for the wonderful care and support you gave XXXX and I during the most difficult time. I really don’t know how we would have managed without you! With much love to everyone from XXX and XXX.”

“To staff, volunteers and patients, I would like to thank you for making my placement enjoyable and educational. You all made me feel very welcome during my time at the Butterwick”.

A letter received from a student nurse following placement at the hospice:
“I am writing to let you know about my experience in placement with the nursing staff, healthcare, volunteers and other staff I met whilst on placement. I am a first year student nurse; this placement was part of my first practical placement. “
“I found my time with the staff very enjoyable and educational; they made me feel part of the team from my first day. They were always willing to answer any questions that I had and offered me the chance to engage with all areas of care such as physiotherapy and aromatherapy. The patients told me how they have found the services you offer and how it has made such an improvement to the quality of their lives. The feedback I received from patients was continually positive.”

“To Butterwick and all who cared for my mam. Thank you so much for all the care, support, kindness, chats and help you gave to my mam XXXXX. In the short time you looked after her during the night, you gave her much relief and ourselves that there was someone to reassure her during her illness. XXXX praised you all who came to her home. Nothing was too much of a trouble to you in respect of her needs. We appreciate and are grateful for all you have done. Your caring is rewarding to those who need you.”

“I just wanted to say a massive Thank You to a lovely lady who came from you guys and sat with my Mam overnight last night. I didn’t get to meet her but my brother who lives at home said she was amazing and it meant he could go and sleep and I slept knowing I could come home knowing my brother could rest. Thanks again.”

“Dear XXX We just wanted to say Thank You for the Genuine care, dignity and respect you showed to XXXX when you were looking after him and the guidance and care you gave to us, his family. You spoke so gently to XXX and to us too in what was a very difficult situation for us all and we would never have got through that time without your help. Thank you so much, lots of love XXXXXXX.”
Below are some comments from patients regarding the impact the Hospice has had on their Quality of life:

“Do you feel the involvement with the Hospice has had an impact on your quality of life?”

- “I have had counselling and feel a part of the Hospice”
- “I have found the service to be excellent in every way”
- “Physiotherapy has helped with mobility”
- “Absolutely. Physiotherapy, Aromatherapy, discussion and interaction with staff and patients all leads to a positive effect and attitude”
- “Got me out of the house and help with movement”
- “I found Physio sessions helpful for mobility and Aromatherapy very relaxing”
- “Especially benefits and aromatherapy massage and regular physiotherapy”
- “gets me out and with different company and also provides a respite day for hubby”
- “Positive contact with clients with similar condition to myself”
- “Very good physios and aroma therapists, good opportunity to meet people who can help me locally and who understand my issues.”
- “Positive impact”
- “Meeting people and able to move better”
- “While at the hospice”
- “Beneficial physio has eased leg pains; continue to do exercises at home. Aromatherapy and reflexology eased my feet.”

The income generated by the NHS services reviewed in 2017/18 represents 100% of the total income generated from the provision of the NHS services by the Butterwick Hospice for 2017/2018. The income generated from the NHS represents approximately 45% of the overall patient care costs incurred by the Hospice.

2.3 Participation in Clinical Audits, National Confidential Enquiries

During 2017/18 there were no clinical audits or national confidential enquiries covering NHS services relating to palliative care. The Butterwick Hospice at Bishop Auckland only provides palliative care therefore were ineligible to participate.

Local Clinical Audit and Service Improvement

During 2017/2018 the Hospice performed several audits using Help the Hospices (the national umbrella membership Organisation for independent charitable Hospices) audit tools which are nationally recognised and which set a benchmark to monitor the quality and efficiency of Hospice services across the country.

Audits performed during 2017/2018

- Record Keeping
- Day care admission and initial assessment
- Response times to Day Care referrals
- Preferred place of care
- Support Team Assessment schedule
Patient questionnaires
• Carer questionnaires
• Infection control audits.
• Friends and Family Test

**Infection Control Audit July 2017**

<table>
<thead>
<tr>
<th>Hospice:</th>
<th>Auditors:</th>
<th>Audit Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bishop Auckland Day Hospice</td>
<td>Julie Olsen accompanied by Caroline Mitchell</td>
<td>10.7.17</td>
</tr>
</tbody>
</table>

**Hospice Hand Hygiene Audit**

Calculation: Yes x 100%
yes + no (do not include N/A responses)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Wall mounted handrub is available at the entrance/exit to the dept.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Up-to-date hand hygiene awareness posters are on display.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>All staff comply with the uniform policy and bare below the elbows guidance.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>4</td>
<td>Clinical hand wash sinks are designated for handwashing only and are accessible, clean, free from plugs, overflows, equipment, and patient's property.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Elbow/wrist operated mixer or sensor taps are available at all clinical hand wash sinks and are in good working order.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Liquid soap, paper hand towels and a foot operated waste bin are available at all hand wash sinks.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Handrub is available in all patient zones (via wall or bed end mounted dispensers and/or personal handrub dispensers carried by HCW).</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>A wall mounted hand cream dispenser is available.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>All hand hygiene product dispensers are clean and filled, and drip trays are clean.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Staff are aware of when it is not appropriate to use handrub (question 2 staff).</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Staff decontaminate their hands before serving meals to the patients (observe two staff).</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Audit score: 89%
### Hospice Standard Precautions Audit

**Calculation:** \(\text{Yes} \times 100\%\)
\(\text{yes} + \text{no} \ (\text{do not include N/A responses})\)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>✓</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>✓</td>
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<tr>
<td>10</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Audit score:** 100%

### Hospice Environmental Audit

**Calculation:** \(\text{Yes} \times 100\%\)
\(\text{yes} + \text{no} \ (\text{do not include N/A responses})\)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Audit score:** 95%
<table>
<thead>
<tr>
<th></th>
<th>Multi patient equipment is dust free, visibly clean and cleaned after each use.</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>There is evidence of a daily/weekly cleaning programme for patient equipment, as appropriate.</td>
<td>✓</td>
</tr>
<tr>
<td>9</td>
<td>Communal facilities eg toilets and bathrooms are clean and there is no evidence of inappropriate use of communal toiletries.</td>
<td>✓</td>
</tr>
<tr>
<td>10</td>
<td>Storage areas are uncluttered, clean and equipment is stored off the floor.</td>
<td>✓</td>
</tr>
<tr>
<td>11</td>
<td>The linen cupboard is designated for the storage of clean linen and clean items only.</td>
<td>✓</td>
</tr>
<tr>
<td>12</td>
<td>Telephones and computer keyboards are clean.</td>
<td>✓</td>
</tr>
<tr>
<td>13</td>
<td>A cleaning programme is in place for toys.</td>
<td>✓</td>
</tr>
<tr>
<td>14</td>
<td>Toys are visibly clean.</td>
<td>✓</td>
</tr>
<tr>
<td>15</td>
<td>Wheelchairs are clean and serviceable.</td>
<td>✓</td>
</tr>
<tr>
<td>16</td>
<td>The kitchen is clean and tidy.</td>
<td>✓</td>
</tr>
<tr>
<td>17</td>
<td>Single patient use slings are available for use with hoists.</td>
<td>✓</td>
</tr>
<tr>
<td>18</td>
<td>Waste is segregated correctly and labelled/linen skips are used appropriately and not overfilled and both are stored safely in a designated secure room prior to collection.</td>
<td>✓</td>
</tr>
<tr>
<td>19</td>
<td>There is an up to date record of monthly mattress inspection available.</td>
<td>✓</td>
</tr>
<tr>
<td>20</td>
<td>Mattress covers are intact with no evidence of staining or contamination to the foam interior (inspect two mattresses- remove cover, inspect outside and inside surface and foam interior).</td>
<td>✓</td>
</tr>
<tr>
<td>21</td>
<td>Pillow covers are fully sealed and intact with no evidence of contamination to the foam interior (inspect pillows from two beds).</td>
<td>✓</td>
</tr>
<tr>
<td>22</td>
<td>There is planned programme of maintenance and water testing for the hydrotherapy pool.</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Comments**

First impressions remain excellent with high standards maintained throughout. All staff welcoming and helpful.

Unable to access some rooms as in use at time of audit (main day room, children's counselling room). Aromatherapy rooms both locked and no key available to enable access.

Key to treatment room cupboard not available at time of audit – unable to check availability of spill kit or blood glucose meter box.

Staff questioning and observed use of PPE noted as not applicable as no hospice clinical staff on duty at time of the audit.
CARER’S QUESTIONNAIRE EVALUATION
July - September 2017

During the period from 1st of July – 30th September 2017, the Butterwick Hospice at Bishop Auckland cared for patients and their families accessing through Day Hospice, Home Care, Complementary Therapy and Family Support Services.

We sent questionnaires to 14 relatives and carers three months after the death of the patient, in which we asked whether we had met all of their needs and also to try to find out if there were any changes we needed to make to the service.

There were 7 questionnaires returned and these are the results and comments from it.

1) Please indicate which Hospice Service was accessed

![Bar chart showing Hospice Services accessed during July - September 2017]

- Day Hospice
- Home Care
- Complementary Therapy
- Family Support
- Other

2) Before or during your time accessing the Hospice Service did you receive an information pack/leaflet?

![Bar chart showing responses to receiving information pack/leaflet during July - September 2017]

- Yes
- No
- Can’t Remember

Page 15 of 38
3) If you received an information pack/leaflet:

a) Was the information pack leaflet easy to understand?

<p>| | |</p>
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<tbody>
<tr>
<td>Yes</td>
<td>4</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Can’t Remember</td>
<td>2</td>
</tr>
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b) Was the information pack/leaflet helpful?

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<tr>
<td>Yes</td>
<td>4</td>
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<tr>
<td>No</td>
<td>0</td>
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<tr>
<td>Can’t Remember</td>
<td>3</td>
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c) Was there anything in the information pack/leaflet that you found incorrect?

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<tr>
<td>Yes</td>
<td>0</td>
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<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Can’t Remember</td>
<td>5</td>
</tr>
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</table>

d) Do you have any suggestions for other information that should have been included?

No Comments

4) When you accessed the Hospice Service did the staff caring for your loved one introduce themselves?

![Bar chart showing responses]

- Always
- Most of the Time
- Some of the Time
- Never

July - September 17
5) In your opinion did the Hospice staff know enough about your loved one's condition and treatment?

6) Did you have confidence & trust in the staff who were caring for your loved one?

7) Did the Staff provide explanations about the treatment and care provided to your loved one?
8) Did you have the opportunity to ask questions when you wanted to?

![Bar chart showing responses to question 8.]

9) Did you feel staff made an effort to meet your loved one's individual needs and wishes?

![Bar chart showing responses to question 9.]

10) During their access to the Hospice service did your loved one get enough help to meet their personal care needs? We’re thinking of things like bathing, dressing, and help with eating and going to the bathroom.

![Bar chart showing responses to question 10.]

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Page 18 of 38
11) How much of the time was your loved one treated with respect and dignity by the Hospice Staff?

12) Did you feel you were treated with courtesy?

13) Did you feel that your privacy was respected e.g. during discussions with staff?
14) If you visited the Hospice please rate the following by circling your response
(1= Poor and 5= Excellent or N/A for not applicable)

a) The cleanliness of the premises

![Graph showing the cleanliness of the premises]

b) The quality of the catering

![Graph showing the quality of the catering]

c) Access to food other than set meal times

![Graph showing access to food other than set meal times]
d) The general environment/surroundings

15) If your loved one needed to call for assistance were you satisfied with the response?

16) Overall, how satisfied were you with the care provided to your loved one?
17) Do you feel the involvement with the Hospice had a positive impact on your loved ones quality of life?

Please could you comment further?

- “The relationships that were formed during the night sittings were really important. They gave us, as carers’ confidence and our aunt. It made a very difficult time much easier.”
- “My wife was made to feel that she was someone special.”

18) Were you aware of what to do if you wanted to make a complaint?

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<tr>
<td>Yes</td>
<td>6</td>
</tr>
<tr>
<td>No</td>
<td>1</td>
</tr>
<tr>
<td>Not Answered</td>
<td>0</td>
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</table>

19) Do you think this questionnaire has come to you...

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<tr>
<td>At about the right time</td>
<td>6</td>
</tr>
<tr>
<td>Would have been better earlier</td>
<td>1</td>
</tr>
<tr>
<td>Would have been better later</td>
<td>0</td>
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</tbody>
</table>
20) Do you have any further comments or suggestions to help us in the further development of our service?

- “We all have to depart from this world at some point. My wife’s journey was made as pleasant as possible. Thank you.”

- “Having the night sitters (we had 3 different people) was a god send, but when we had the same sitter for multiple nights we were able to build a relationship that really helped us. It also helped **** and she looked forward to seeing, what she saw as a new friend each night. This person also had a much more detailed understanding of the medical issues and knew when **** was distressed – even when it manifested itself in an unusual way. As a family we cannot thank the hospice enough for their support”

As part of our contractual requirements with commissioners the Hospice produces quarterly quality reports. Part of the reporting system incorporates clinical Incidents and lessons learnt.

Below is a summary of incidents and reported outcomes.

1. A health care assistant from the Palliative Home Care Team was supporting a patient within their own home at night. The patient woke breathless and asked for medication, oromorph 5mg/2.5mls. The G.P. had advised the patient, the day before to take oromorph for breathlessness. The patient was unable to measure the medicine herself and the family had not left any pre-measured oral syringes with the medication in. Health Care Assistant drew up the required amount and administered the medication. She informed the patient’s daughter that this had been given, and informed the homecare team leader that she had done this. Drawing up of medication is against organisational policy for HCAs. The HCA realised this after the event and stated she had the patient’s welfare as foremost on her mind and was only thinking of the patient suffering with shortness of breath.

**Action**

The family were asked that two syringes of oromorph were drawn up and stored safely before the arrival of the night staff. This ensures that breaches of organisational policy do not occur and that the HCA can safely administer medication as required. The HCA has completed her Safe Handling of medication module.

HCA completed a reflection of the incident.

The incident was **low harm**.

2. The Hospice Complementary Therapist slipped on oil spilt on treatment room floor.

**Action**

Complementary Therapist complained of pain in left knee. Ice pack applied.

Advised to attend GP surgery if pain continues. Hospice Services Manager spoke to domestic team to ensure rooms are cleaned effectively at the end of treatment sessions.

The incident was **low harm**
Note: The number of clinical incidents occurring within the Day Hospice are few due to patients being under supervision within a large day room.

Part 3

3.1) Review of quality performance 2017-2018

Development 1: Patient Safety

To introduce an effective Competency framework relating to palliative and end of life care for Registered Nurses and Health Care Assistants.

State how development was identified

Although the hospice provided an induction pack for all newly recruited Registered Nurses and Health Care Assistants, there was no framework to access the nurses’ competencies in palliative care effectively. In order to demonstrate safe, consistent, and evidence-based practice the hospice introduced a competency framework, specifically for the use of palliative and end of life care. This framework illustrated what we do as specialist palliative care nurses and outlined a minimum standard of care which also supported the nurses’ professional development. The framework will be used as an employment screen and will identify what level the nurse is practicing at induction. The competency framework will also be used as part of the nurses’ annual performance appraisal.

How was it achieved?

Within the monthly clinical meetings various competency frameworks were reviewed by the senior clinical team. The group agreed to use a competency framework that was specifically designed for nurses working in a palliative care setting. This competency framework was originally derived from the European Association of Palliative Education guidelines, the NHS Knowledge and Skills Framework and the Royal College of Nursing Framework. Once the competency framework was agreed, it was presented in the management meeting which is held monthly which has human resource representation. Once it was agreed within the management team meeting the competency framework was presented to the Clinical and Governance and Strategy Committee which has Trustee representation. The competency framework now forms part of the induction process for all new Registered Nurses and Health Care Assistants. This is then recorded and held within their personnel records. Any areas for development are identified and new starters are mentored until competencies are achieved. The competency framework is also used as part of the individual appraisal which is performed annually. The competency framework is completed prior to appraisal in order to identify any training needs and can also be used for the nurses’ career progression.
Review and evaluation of success of development

All individual staff competencies’ are recorded on induction and kept within their personnel files, within the Human Resources department. The Clinical Lead from each department is responsible to ensure all staff completes the competency framework within the induction period, the Clinical Lead from each department is responsible for carrying out an annual appraisal for all staff and the competency framework now forms part of this process.

Development 2 Clinical Effectiveness

State how development was identified

Ambitions for palliative and end of life care: A National framework for local action 2015-2020, identifies ‘Evidence and Information’ as one of the eight foundations that underpin all six ambitions. It emphasises that comprehensive and robust data are necessary to measure the extent to which the outcomes that matter are being achieved. Although the Hospice preforms regular audits to evaluate all aspects of care, it is sometimes difficult to provide effective evidence that the Hospice intervention to a patient's care has made a significant difference to the patient and their family. It is difficult to quantify areas for example the improvement to quality of life.

To achieve this and strive towards high standards of care the Hospice must be able to show that we are making a measurable and positive difference to patients’ and families receiving palliative and end of life care.

The Outcome Assessment and Complexity Collaborative (OACC) suite of measures was launched in 2013 lead by Kings College London, who worked in partnership with other stakeholders including Help the Hospices in order to improve services for patients and families accessing palliative care. The OACC agrees on a standardised suite of measures that are nationally applicable. The local NHS Trust and community palliative care services have also identified the need to implement the OACC to patients. The Hospice will aim to provide seamless palliative care to patients transferred from the NHS Trust to the Hospice and community by the continuous use of the OACC in the patient and families assessment process.

How was it achieved?

A working group had already been organised to involve health professionals working in palliative and end of life care. There were representatives from the local NHS Trust and other stakeholders from the Community Specialist Palliative Care Teams. The Hospice identified a Registered Nurse and Hospice Services Manager to attend the working group which met monthly. The Hospice Registered Nurse and Hospice services Manager were responsible for feeding back the developments and introduced the OACC within the Hospice. Education sessions on the implementation of the OACC were organised for all staff to attend. The OACC
was delivered following a step wise implementation process. With the step wise implementation process it was recommended that the phase of illness measure and the Australian Kamofsky Performance Status (AKPS) would be implemented first.

The second phase introduced the views on care using the Intergrated Palliative Care Outcome Scale (IPOS). The third phase introduced was the Zarit Burden Interview with the final phase introducing the Barthel Index.

**Review and evaluation of success of development**

The OACC project is recommended that the phase is recorded at least twice: on admission and after 3-5 days for in patients or 7-21 days for community / day care patients. One rating was produced when the phase of illness measure was used. The rating are: stable, unstable, deteriorating, dying or deceased. The phase of illness provided a clinical indication of the current state of the patients’ illness and the level of care received. All of the patients’ scoring was recorded within the patients“ records and on the ICARE hospice database. This allowed the patients care and condition to be monitored. Quarterly reports were collated and sent to commissioners as part of the Hospice CQUIN target for 2017-2018.

**OACC Evaluation**

Butterwick Hospice at Bishop Auckland
OACC Data Report

**Overview of Data Collection**

Data was collected from Monday 22\textsuperscript{nd} January to Saturday 31\textsuperscript{st} March 2018 using an Excel Spreadsheet and manually analysed. Data is only from Day Care services carried out in Bishop Auckland and Outreach locations. This data includes the data generated throughout the initial pilot carried out in an Outreach Day Care location and then at the Bishop Auckland Hospice site.

The Phase of illness (POI) and Australian Karnofsky Performance Status (AKPS) were scored on each patient on admission and 2-3 weekly after.

During the trial phase the POI and AKPS was carried out on patients accessing the Outreach Day Care service.
This was carried out on 9 patients.

Following the trial, the POI and AKPS was them introduced to the Day Hospice at Bishop Auckland.
Combined, this was carried out on 28 patients.

**Phase of Illness**

The POI describes a distinct stage in a patient’s illness according to their care needs but also the needs of the unpaid caregiver. The Trial Phase is shown in Chart 2.1; POI carried out following the trial is shown in chart 2.2.
The Australian Karnofsky Performance Status (AKPS) was also recorded at the same time the POI. This measures the patients overall performance status relating to activity, work and self-care. It gives a useful clinical picture of the patients function and is useful in helping guide the team to manage resources. Patients at the 100% have no evidence of disease and are able to carry out a
normal lifestyle. The lower the score the more dependant a patient is and the more frequent medical and nursing care they require.

The graphs below, show recorded AKPS scores during the trial, Chart 3.1, and following the trial, Chart 3.2.

The scores highlights that Day Care patients require at least considerable assistance (60% benchmark). All Day Care patients require some assistance from staff.
Future Plans

The plan for the next quarter is to continue to collect and analyse the POI and AKPS at the same set intervals. The next stage and focus is to work on the training and implementation of the Integrated Palliative care Outcome Scale (IPOS) which is a measure of global symptom burden which is where possible patient reported. This information will be used to direct discussion within the clinical team, to ensure the current patient care plan is up to date and ensure the hospice approach is patient centred.

At present all data is recorded via a spreadsheet and has to be analysed manually. The Hospice database system, iCare, does have a facility to allow this data to be inputted, then the ability to generate reports which is being looking into this further as this would in the long term save a considerable amount of time & produce more in depth reporting functions.

Patient experience

• Priority Three

To involve the patients in reviewing the current provision of diversional therapies to ensure that what is offered meets the needs of all patients

State how development was identified

Although the Hospice already provided a wide range of diversional therapies, the variety of therapies available had not been reviewed recently. New guidelines on End of Life Care published by NICE (2015) stated ‘the importance of controlling physical, psychological and spiritual symptoms to ensure comfort and quality of life for the palliative patient’.

Research shows that ‘diversional therapies contribute to palliation by providing the patient with an opportunity to maintain quality of life through an increased sense of control, social interaction, social support, accomplishment of goals and by providing a medium for the expression of feelings as well as creativity’. ATRA (1997)

ATRA is the online definition of therapeutic recreation. Clinical evidence in diversional therapies reports that it is effective for meeting the physical, emotional and spiritual needs of the patients’ and their families.

Diversional therapies are used to:
• Reduce physical symptoms
• Address and alleviate feels of deprivations, fear, isolation, confusion, anxiety and loss of independence
• Support spiritual beliefs and practices
• Improve quality of life
How was it achieved?

A questionnaire was collated and distributed to all Hospice patients’ to gain feedback on the diversional therapies already available and to identify any new therapies which the patients’ would like to be introduced. The results of the questionnaire were collated into an action plan. The action plan was then circulated to patients, staff and volunteers. The actions were discussed within the staff meetings and new therapies were introduced into the Day Hospice.

Diversional Therapy
QUESTIONNAIRE EVALUATION

22 questionnaires were given out and all 22 received back.

Comments

- “Have enjoyed all of them very much”
- “Also like jigsaws, everything is offered to me and my nails are done every week.”
- “Also enjoy 1:1 massage, I have felt better mentally since starting to come here, I look forward to coming each week.”
- “Tai chi and puzzles on morning and bingo on afternoons”
- “I have only been to a few meetings, not been able to participate in any of these activities yet”
- “Really enjoyed these, some like group physio we have not had”
- “I am lacking abilities in hands and fingers”
When do you feel you benefit most from these activities?

![Bar chart showing the time preferences for activities in December.]

**Morning**
- 15
- 14
- 13
- 12

**Afternoon**
- 15
- 14
- 13
- 12

**December**

**Comments**
- “Afternoon as I like to talk to people in the morning”
- “I don’t have a preference”
- “All day very interesting”
- “Too sleepy after lunch”

Do you prefer activities in;

![Bar chart showing the preference for activities in December.]

**Day care**
- 16
- 15
- 14
- 13
- 12
- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0

**Craft Room**
- 12
- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0

**Other areas**
- 12
- 11
- 10
- 9
- 8
- 7
- 6
- 5
- 4
- 3
- 2
- 1
- 0

**December**

**Comments**
- “It can feel a bit cut off in the craft room.”
- “The craft room is too small”
- “It’s nice to be with all the patients.”
- “Prefer group therapy”
- “Have introduced Easter Egg craft, which is done in the day room so that staff can be involved but do other things. It is good to do craft activities enjoyed by staff, volunteers and hospice participants. They day room seems to be the best place therefore, but it may get messy.”
- “Anywhere fit for purpose”
Do you feel these activities have benefitted you?

![Bar chart showing the percentage of people who feel the activities have benefitted them physically, mentally, or both.]

- Reflexology is marvellous
- I enjoy every day that I have been
- I have found I am better both mentally and physically since I started to come to the centre
- It was only my first visit
- Makes me feel much better
- The sense of making something from scratch to completion is wonderful

Please tick any of the following activities which you would be interested in doing?

- Creative writing
- Jewellery making
- Music therapy
- Flower arranging
- Baking
- Cake decorating
- Watching a movie
- Pottery
- Gardening

Any other suggestions:

- Handy crafts, art based activity, darts, like to learn how to play guitar
- Most of these activities listed above tend to be female inclined, please take a look for men's activities.
How often would you like to do these activities?

![Bar chart showing frequency of activities]

**Comments**
- “Depends on further activities being introduced”
- “I would like to come every week”
- “I so wish I had my hands back to normal working”

**Review and evaluation of success of development**

The action plan formed part of the clinical meeting in order to review progress. Following the implementation and completion of the action plan another questionnaire was formulated and distributed to all patients to gain feedback on all therapies available to them. A question in relation to diversional therapies has also been added to the current patient satisfaction questionnaire. The results of these are discussed at the Hospice Integrated Governance Meetings, which occur six weekly and questionnaire results are circulated to the Clinical Governance and Strategy Committee which has Trustee representation. Audit results are also sent quarterly to the Commissioners within the Hospice Quality Reports.
3.2 An explanation of those involved in this quality account

The Quality Account was discussed at the Hospices Management Team meeting which includes clinical and non-clinical managers, the Director of Patient Care and Service Development and the Director of Finance. The task of writing it was delegated to the Director of Patient Care and Service Development. The Quality Account was also discussed at the senior Clinical Meeting where the quality priorities were agreed.

It has also formed part of an Agenda item of the Clinical Strategy and Governance Committee which is a key element of the Charity’s governance structure: the Minutes of which are distributed to the Board of Trustees as will a copy of this Quality Account.

Once completed the Quality Account was distributed to Clinical and non-clinical Managers for comment and approval. The completed Quality Account was then forwarded to the Durham Dales, Easington and Sedgefield Clinical Commissioning Group and the Health and Wellbeing board to approve and comment on the quality priorities mentioned in the report.

Research

The number of patients receiving NHS services provided by or sub contracted by the Butterwick Hospice at Bishop Auckland in 2017-2018 that were recruited during that period to participate in research approved by a research ethics committee was: none. There were no appropriate national, ethically approved studies in palliative care that the Butterwick Hospice could participate in.

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<th>Is the service caring?</th>
<th>GOOD</th>
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<tr>
<td>There were safeguards in place to ensure staff understood how to respect people’s privacy, dignity and human rights. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.</td>
<td></td>
</tr>
<tr>
<td>People told us they were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people’s needs and requests.</td>
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<tr>
<td>People had access to advocacy services. This enabled others to speak up on their behalf.</td>
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**Peoples comments included:**
“Like being hugged for a day.”
“Could not have found a better place to support me and help me manage my condition”

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<tr>
<th>Is the service effective?</th>
<th>GOOD</th>
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<tbody>
<tr>
<td>We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards. People’s best interests were managed appropriately under the Mental Capacity Act (2005).</td>
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<tr>
<td>People were involved in the assessment of their needs and had consented to their care, treatment and support needs.</td>
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<tr>
<td>We found staff were supported through training and development and had the right skills and knowledge to meet peoples assessed needs.</td>
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Peoples nutritional needs were assessed and monitored to identify any risks associated with nutrition.
The Butterwick Hospice at Bishop Auckland has not participated in any special reviews or investigations by the Care Quality Commission during 2017/2018.

The Hospice has sent its pre-inspection request information to the CQC on 8th December 2016. The Hospice is awaiting an inspection.

and hydration.

We saw that all Health Care Assistants had signed up for the new Care Certificate. This demonstrates that the provider was fully committed to making sure that staff acquired the right skills, knowledge and behaviour to ensure people received a high standard of quality care.

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<th>Is the service responsive?</th>
<th>GOOD</th>
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<td>People and their representatives were encouraged to make their views known about their care, treatment and support needs. They were encouraged to be involved in decisions which affected them.</td>
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<tr>
<td>People told us they felt confident to express any concerns or complaints about the service they received.</td>
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<tr>
<td>The service used a range of tools to monitor and act on feedback from people using the service, relatives and professionals to ensure care was person centred and responsive to their needs.</td>
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Peoples comments included:

“It’s very important to me to know what is happening regarding my health and wellbeing. Having an opportunity to meet and listen is good, what is even better, they always listen to me“.

Everyone said they didn’t have any reason to complain.

One person said “I couldn’t imagine anyone making a complaint about this place. It provides us with first class care and support”.

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<tr>
<th>Is the service well led?</th>
<th>GOOD</th>
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<tr>
<td>There were clear values that included involvement, compassion, dignity, respect, equality and independence. There was an emphasis on fairness, support and transparency and an open culture.</td>
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<tr>
<td>The management team had effective systems in place to assess and monitor the quality of the service, the quality assurance system operated to help development and drive improvement.</td>
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</tr>
<tr>
<td>The service worked in partnership with key organisations, including specialist health and social care professionals.</td>
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The Hospice has sent its pre-inspection request information to the CQC on 8th December 2016. The Hospice is awaiting an inspection.

The CCGs welcome the opportunity to review and comment on the Quality Account for the Butterwick Hospice for 2017/18 and would like to offer the following commentary:

As commissioners North Durham CCG and Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) are committed to commissioning high quality services from the Butterwick Hospice and take seriously their responsibility to ensure that patients’ needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

Overall the CCG felt that the report was well written and presented in a meaningful way for both stakeholders and users and the report provides an accurate representation of the services provided during 2017/18 within the Hospice.

It was encouraging to see the comments and thank you cards received from families and feedback from service users who had used the Hospice over the 2017/18 year.

The CCGs are assured by Quality Account 2017/18 that both a competency framework relating to palliative care for registered nurses and health care assistants has been successful at Butterwick in 2017/18.

The results of the ‘Diversional Therapy’ questionnaire were very encouraging. The CCGs look forward to seeing the results of the next phase of this work.

The CCG supports the improvement priorities outlined in 2018/19 such as the passport scheme to ensure safe transportation of patients who are wheelchair bound. The development of a quality dashboard is very encouraging and the CCGs look forward to seeing the final product.


Gillian Findley
Director of Nursing/Nurse Advisor
DDES CCG
North Durham CCG