



QUALITY ACCOUNT

2018

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Declan Carroll

Chief Executive

STATEMENT FROM THE CHIEF EXECUTIVE

On behalf of the Board of Trustees and Executive Team it gives me great pleasure to present the seventh Quality Account for Peace Hospice Care. This account outlines the progress that we have made during 2017-2018 and our key priorities for improvements to services for patients and families in 2018-2019.

A Quality Account is an Annual Report to the public from providers of NHS healthcare about the quality of services they deliver. It is important to note that Peace Hospice Care only receives around 20% of its funding from the NHS; the remainder of the £5 million we need to run the Hospice is donated by trusts and funders as well as organisations, businesses and individuals from our local community.

Thanks to donations and legacies from our generous supporters, not only have we been able to continue to deliver the services outlined in this account, we have also been able to plan some enhancements to the Hospice environment. These are intended to facilitate easier access and create more comfortable surroundings for patients and their families. Our plans include: installing new doors at the front of the building to improve access and refurbishing one of the rooms where a number of our outpatient sessions take place.

As an organisation, we are continually challenging, questioning and scrutinising how we deliver and can improve our services. Our aim is, quite simply, to better help people earlier in their diagnosis to empower them to achieve the best quality of life they can and to support people at end of life. Working in partnership is key to achieving this and this is supported by the West Herts Steering Group and underpinned by a collaboration agreement.

During 2017-18 we continued to collaborate with other Hertfordshire hospices, the local NHS Hospital and Community Trusts and the Herts Valleys Clinical Commissioning Group in a number of areas to improve end of life care and equity of service in West Hertfordshire. This includes the continued contribution to, and hosting of, the award-winning West Herts Palliative Care Referral Centre (PCRC).

The Centre provides a seamless transition of care and co-ordinates input into the Electronic Palliative Care Co-ordination System (EPaCCs). EPaCCs enables us to share patients' wishes with health and care professionals regarding the patients' care preferences.

Our Hospice at Home team was also fully integrated with the local community nursing team and, as such, are working more closely alongside colleagues from the local NHS Community Trust.

This year we also reviewed and remodelled our Starlight Outpatient Services and implemented boundaries for groups and workshops. As a result, we have delivered sessions to more patients. The emphasis is now on building resilience, enabling and empowering the patient to self-manage so that, at the end of an intervention, they feel they have achieved their goal.

We look forward to building upon the improvements we have made to better deliver our services for our patients, their families and carers. This high standard of care would not be possible without our dedicated team of staff and volunteers. I would like to thank each and every one of them for their continued support.

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 healthcare services provided by our Hospice.

Declan Carroll

Chief Executive - June 2018

**respect for
dignity, beliefs
and wishes**



INTRODUCTION

Peace Hospice Care provides specialist support for individuals and their families and carers facing a life-limiting illness across South West Hertfordshire and the wider area. We provide three core services:

- Inpatient Services.
- Starlight Outpatient Services which provide a range of rehabilitation, wellbeing groups, clinics and workshops as well as counselling and bereavement support sessions.
- Community Services which consist of a Hospice at Home visiting service, clinics and our volunteer-led Herts Neighbours Service.
- In addition to the core services outlined above, we also host the West Herts Palliative Care Referral Centre which was commissioned by the Herts Valleys Clinical Commissioning Group. This is a joint partnership which aims to reduce duplication and make referrals to palliative and end of life care services quicker and easier for health and care professionals.

Our services are supported in providing high quality, safe, caring, effective and well-led services by our Quality and Learning and Development teams. Peace Hospice Care is committed to supporting and developing its staff and volunteers to ensure the most effective use of its resources.

OUR MISSION

We provide outstanding specialist care and support to improve the quality of life for individuals, families and carers facing a life-limiting illness. Those who access our services are treated with respect for their dignity, beliefs and wishes and where possible in the setting of their choice.

OUR VISION

Peace Hospice Care will be the leading provider of specialist palliative care services in its community.

OUR VALUES

Peace Hospice Care wants individuals, its patients, their families and carers to be happy with the services it provides and for its staff, volunteers and external partners to be proud to work for it. Its trustees, staff and volunteers sign up to these values, ensuring they are evident in all they do.

Innovation

We encourage a creative approach by staff and volunteers to all our endeavours and foster a listening culture that welcomes and respects new ideas.

Responsive

We are flexible, responsive and open to change in our engagement with individuals, patients, relatives, advocates, staff, volunteers and partners.

Integrity

We strive to be open, fair, trustworthy, transparent and honest in all our activities.

Excellence

We are committed to achieving the highest possible standards of care and support for all who use our services.

Respect

We celebrate difference and diversity and treat all individuals with understanding and respect for their dignity.



LOOKING FORWARD: PRIORITIES FOR IMPROVEMENT 2018-2019

Priority 1 – Clinical Effectiveness Use of Electronic Palliative Care Co-ordination System (EPaCCs) and Advance Care Planning (ACP).

How was this identified?

As well as hosting the West Herts Palliative Care Referrals Centre (PCRC), described later in this account, Peace Hospice Care has also been commissioned to co-ordinate the submission and entry of patients' wishes onto the Electronic Palliative Care Co-ordination System (EPaCCS).

This system allows GPs, the Ambulance Trust, Accident and Emergency services and other Healthcare professionals to share information about patients, with their permission, who have been identified as likely to be in the last year of their lives by recording and sharing patients' care preferences and key details. The system supports the co-ordination of care and the delivery of the right care in the right place, by the right person, at the right time. It is hoped that when patients are managed in this way they are more likely to be cared for in their place of choice and less likely to experience unnecessary investigations, interventions and hospital admissions.

Whilst the team in the PCRC has been co-ordinating the submission of information and inputting this into the EPaCCS system since April 2017, we recognise there is more work needed to educate others about the benefit of the system, and to encourage all healthcare professionals to record information where appropriate.

At the end of last year, there were 755 people on the EPaCCS system and the Steering Group has set a target of having 2,000 people on the system in 2018-2019.

Alongside, and in conjunction with this, we would also like to promote, to the local population and other healthcare professionals, the benefit of having conversations with others about their preferences and wishes in relation to their care towards the end of their life (Advance Care Planning (ACP) conversations). The vision is that this information will, in the future, be linked to the "My Care Record" – this is one record containing relevant information about a patient that all Healthcare professionals providing care to that individual will be able to view.

How do we plan to do this?

- We will schedule and deliver ACP workshops
- We will promote EPaCCS at GSF (Gold Standard Framework meetings at GP surgeries) and other professional education meetings
- We will ensure PHC are role models in both ACP conversations and EPaCCS recording
- We will promote usage and increase the number of patients whose wishes are shared on EPaCCS
- We will monitor how many people are being cared for in their preferred place.

How will progress be monitored and reported?

- We will report to the CCG, in an agreed format, how many people have shared their decisions on EPaCCs and how many people have been referred
- We will report on the numbers of attendees at our workshops
- We report to our internal meetings and to Trustees key performance indicators about number of patients with ACPs.
- We will update in the next Quality Account progress made

Priority 2 – Patient Safety Competency and Training Programme for Patient- Facing Volunteers

How was this identified?

We have recently reviewed, and are in the process of implementing, our competencies for our employed staff. In doing this we identified that whilst we provide training for patient-facing volunteers, we do not have a competency framework for them.

We would, therefore, like to implement a specific set of competencies for patient-facing volunteers.

How do we plan to do this?

- We will review and change, where necessary, our mandatory training programme for patient-facing volunteers
- We will review and update the handbooks which accompany the above programme
- We will research and implement a specific set of competencies for our patient-facing volunteers

How will progress be monitored and reported?

- We will review progress made in implementing the above at our formal Quality meeting. Decisions made can be highlighted to our Senior Clinical Team meeting using our usual reporting escalation processes
- We will update in the next Quality Account progress made

**LOOKING FORWARD:
PRIORITIES FOR IMPROVEMENT
2018-2019**



Priority 3 – Patient Experience

Electronic Care Plans for all Patients.

How was this identified?

We implemented SystmOne in June 2016 and, over time, the system has become much more embedded into our day-to-day working practices. We have more recently been reviewing and updating our holistic needs assessment documents and the way care plans are recorded in our different services, so these can be shared with the patient and are accessible if a patient moves between our services or is cared for by other organisations using SystmOne.

We want to ensure that by the end of the year all of our patients have a patient-centred, individualised documented plan of care that can be shared with both the patient and other healthcare professionals.

How do we plan to do this?

- We will hold internal training sessions to ensure people understand the importance of a recorded plan of care for all patients on SystmOne
- We will hold SystmOne training for users to ensure consistency in recording care plans
- We will agree how we will share these care plans with the patient

How will progress be monitored and reported?

- We will ask our Senior Clinical team to carry out spot checks on their team's caseloads
- We will check this progress made through a care plan audit scheduled for December 2018
- We will update in the next Quality Account progress made



we supported

over 1,500

people last year



LOOKING BACK: PRIORITIES FOR IMPROVEMENT 2017-2018

In our last Quality Account we identified the following priorities for 2017-2018 and below we report on the progress we've made against them.

Priority 1 – Patient Safety Patient Consent to Data Sharing.

As an organisation, we already took our obligations with regard to patient data very seriously. We informed our patients, through leaflets in our welcome pack, how and why their data would be used and shared and gave them the opportunity to opt out of this. We were aware of the new General Data Protection Regulation (GDPR), which applied from May 2018, and we wanted to prepare and ensure that we were ready for this.

We planned to achieve this by:

- Having a group of people working on this, from across departments within the Hospice, to ensure the regulation was implemented across all of the services, both clinical and non-clinical
- Liaising with other hospices locally to share knowledge about what was happening and actions being taken to share learning and information

Progress against this plan:

- We worked with a consultant who guided us through the process of preparing for GDPR and a working party was put together. This team was made up of representatives from all of the services
- Each service analysed the ways they handle sensitive information, and considered data others are processing on our behalf
- We have identified areas of high risk and ensured that we have controls around the handling of data. We plan to implement a process of continually reviewing and assessing any additional necessary measures needed to further protect information
- We have updated our Accident and Incident policy to include the management of data breaches, have trained our staff and have amended our privacy notice which is available on our website
- GDPR is also an agenda item for discussion at the ECLiHP regional meeting where there are parties from other organisations and we share learning and progress

Priority 2 – Clinical effectiveness Improving reporting

We found there were increasing requirements for reporting information both internally and externally. We found that, often, we were producing multiple reports with similar information. We wanted to more clearly define which items of data are required for each purpose and agree this with other providers (where appropriate). We hoped this would enable us to minimise duplication and more easily collate information to influence our service developments locally.

We planned to achieve this by:

- Defining a data pathway and outlining the data needed for each of the key stages of information flow

Progress against this plan:

- A data pathway has been designed and had been shared with our local healthcare collaboration partners. The pathway defines information collected at referral (by our referrals centre), locally by each organisation and at our multi-disciplinary team meetings
- It has been agreed the identified core data elements in the pathway will be collected from 1st April 2018
- Further review of this pathway and data collected will be at the West Herts Palliative and End of Life Steering Group meeting and this anonymised information will support the Group in their identification of gaps and wider strategic service planning

Priority 3 – Patient Experience Carers' Strategy

How was this identified?

As part of the implementation of the Outcome Assessment and Complexity Collaborative's (OACC) suite of measures during the last year, we reviewed the carer assessment

(ZARIT) and decided to continue using our existing carer assessment tool (CSNAT – Carer Support Needs Assessment Tool). This is an evidence-based tool comprising of 14 domains in which carers commonly say they require support.

Following on from this decision we updated our carer's strategy document and wanted to ensure that all carers were offered a needs assessment.

We planned to achieve this by:

- Implementing the recently updated carer strategy and pathway which sets out how we will aim to support carers
- Monitoring feedback from carers and making amendments to the strategy/pathway where necessary

Progress against this plan:

- We are routinely offering the Carer's Support Needs Assessment tool to the carer when we first make contact with patients
- We are capturing more referrals for carers who have said they need support in some of the areas on the assessment form
- We have continued to monitor the uptake of this support and include reviews of the CSNAT assessment in our Audit Plan
- We have developed links with Herts Carers and we host a forum at the Hospice
- We have introduced a 'Time for us' session that aims to provide respite for carers



STATEMENT OF ASSURANCE FROM THE BOARD

Peace Hospice Care is fully compliant with the Essential Standards of Quality and Safety as set out in Care Quality Commission (Registration) Regulations 2009 and the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Clinical Governance Committee meets every quarter and through discussion, and the reports that are presented at that meeting, they review the quality of care provided by all clinical services.

The Committee has a standing agenda and reviews:

- Most serious accidents, incidents or near misses
- Most serious drug errors and patient falls
- All complaints or concerns
- Clinical risks that the Senior Clinical Team have identified
- Clinical KPIs that were set out at the beginning of the financial year
- Any variances to work plan or exceptions identified by the Clinical subgroups

The Clinical Governance Committee, having received assurance about the quality of services, then provides clinical quality assurance to the Board.

REVIEW OF SERVICES

During 2017/2018 Peace Hospice Care provided three core services:

- Inpatient Unit
- Community Services
- Starlight Outpatient Services

Peace Hospice Care captures and analyses activity reports on all its services on a regular monthly basis. Peace Hospice Care has reviewed all the data available to them on the quality of care in all of these partially contracted NHS services.

These are underpinned by the Quality Assurance and Learning and Development Team who support our staff to provide high quality, safe, caring, effective and well-led services.

PARTICIPATION IN CLINICAL AUDITS

As a provider of specialist palliative care, Peace Hospice Care is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2017/2018 audits or enquiries related to specialist palliative care. The Hospice will also not be eligible to take part in any national audit or confidential enquiry in 2018/2019 for the same reason.





LOCAL CLINICAL AUDITS

Clinical audits have taken place within Peace Hospice Care throughout the year and form part of the annual audit cycle programme within the overall Audit Plan.

The clinical audit cycle includes audits such as infection prevention and control, cleaning, controlled drugs accountable officer, care plans, falls and pressure ulcers documentation, and compliance to identified policies. Some of the audits we carry out are statutory and some are related to incidents or are areas identified by our quality champions. As well as carrying out the audits mentioned, we also conduct spot checks each month around things such as hand hygiene, prescriptions/medication charts and compliance to bed rail policy.

Audit findings are reported to the relevant clinical sub groups and Clinical Business and Governance Group and any issues of concern are reported to Clinical Governance Committee.

Actions are taken as a result of audit findings. For example, following an audit of care plans, we made some slight changes to our Holistic Needs Assessment and have ensured that our

Inpatient Unit and Hospice at Home service are using a standard set of care plan templates, all of which are tailored to the individual needs of each patient. For our Starlight team, who are often helping patients manage their own conditions, we have developed a plan of care template for these patients.

At the time of writing this report, we plan to carry out 22 audits throughout the year and to conduct 10 spot checks on a more frequent basis (usually monthly). Any changes to practice that are recommended following the audits are monitored by the quality team to ensure care delivery is safe and effective. Further monitoring is part of the cycle.

PARTICIPATION IN CLINICAL RESEARCH

The number of patients receiving NHS services provided or subcontracted by Peace Hospice Care in 2017/2018 that were recruited to participate in research approved by a research ethics committee was: None.

- In collaboration with our West Herts hospice partners and Herts University, we are a member of the Hertfordshire Specialist Palliative Care (SPC) research group. Our Medical Director led the participation in a literature review and service evaluation as part of the Self-Management and Exercise in Palliative Care Patients Research Project. Funding has been applied for a feasibility study to jointly continue with this research.

USE OF THE CQUIN PAYMENT FRAMEWORK

A small percentage of Peace Hospice Care income in 2017/2018 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUIN).

During the last financial year, we were asked to provide evidence to demonstrate that we had met the following KPIs:-

- EPaCCS data was successfully being captured and reported by the PCRC
- That, as part of the agreed West Herts Community Palliative Care remodelling project, our Hospice at Home team and our local NHS specialist palliative care team were working in an integrated manner



IMPLEMENTING THE DUTY OF CANDOUR

The duty of Candour is a contractual duty of an organisation or healthcare professional to be open and honest with people using our services, especially when things have gone wrong or had the potential to go wrong.

At Peace Hospice Care we seek to nurture a culture of openness and honesty and to learn from our experience. We inform the patient and family (if the patient consents to this), of incidents. If the patient does not have capacity we would discuss this through a best interest conversation/meeting with the family and through open and honest discussions about the patient's conditions and treatment plans. We will also provide a written account of the incident should the patient/carer wish to have it.



WHAT OTHERS SAY ABOUT PEACE HOSPICE CARE

THE CARE QUALITY COMMISSION

Peace Hospice Care is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. Peace Hospice Care has no conditions on registration. The CQC has not taken enforcement action against Peace Hospice Care during 2017/2018.

Peace Hospice Care's registration requires CQC notifications via the online CQC portal which includes death of users of the service.

The last CQC report on our service was published in July 2016, we received an outstanding rating for the care we provide - our rating overall is good. Our grid as shown on the CQC website is below.

Peace Hospice Care Good

Peace Drive, Off Cassio Bury Drive, Watford, WD17 3PH
(01923) 330330
Provided by: Peace Hospice Care

CQC inspection area ratings
(Latest report published on 7 July 2016)

Safe	Good ●
Effective	Good ●
Caring	Outstanding ☆
Responsive	Good ●
Well-led	Good ●

Location

Specialisms/services

- Personal care
- Treatment of disease, disorder or injury
- Caring for adults under 65 yrs
- Caring for adults over 65 yrs

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Until April 2018, Peace Hospice Care was inspected under the social care framework. Going forward we will be inspected under the healthcare framework.



DATA QUALITY

Peace Hospice Care did not submit records during 2017/2018 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The Hospice is not eligible to participate in this scheme.

Peace Hospice Care no longer submits data to the Minimum Data Set (MDS) for Specialist Palliative Care Services collected by the National Council of Palliative Care on a yearly basis, since the collection and analysis of this data has now ceased. We have, however, used some of the data activity we used to collect in Part 3, Review of Quality Performance.

DATA PROTECTION & SECURITY TOOLKIT

We are working with a consultant to populate the new Data Security and Protection Toolkit using our previous work plans and learnings from the recently replaced Information Governance Toolkit.

CLINICAL CODING ERROR

Peace Hospice Care was not subject to the payment by results clinical coding audit during 2017/2018 by the Audit Commission.





REVIEW OF QUALITY PERFORMANCE



Inpatient Unit

The Unit was closed for a period for repairs and refurbishment work during 2016/2017 and so numbers are not directly comparable, the number of admissions and occupancy rate both increased from 2016/2017 to 2017-2018.

	2015-2016	2016-2017	2017-2018
Requests/referrals	387	285	432
Actual admissions	259	161	215
Deaths	184	103	154
Average length of stay	11.4 days	13.9 days	12.8 days
Average bed occupancy	76.8%	85.12%	88.7%

Community Team

This is the activity of our Hospice at Home team – due to the closer working of our team with the local community nursing teams, the number of referrals to our service has dropped (in the past patients were often referred separately, to both teams). The number of visits, however, has increased and number of patients dying at home has also increased from last year.

	2015-2016	2016-2017	2017-2018
Number of referrals	477	471	332
New to the service	271	325	233
Single visits	2,985	2,851	3,340
Deaths	189	139	181
Of which at home	140	114	137
Herts Neighbours visits	n/a	852	882

Starlight Outpatient Service

This includes our outpatient and counselling services.

	2015-2016	2016-2017	2017-2018
Referrals	653	637	658
Total attendances (not including counselling)	2,634	2,385	3,422
Clinic appointments	281	200	319
Wellbeing workshop attendances	1,145	1,201	2,094
Rehabilitation attendances	599	602	1,009
Self-management attendances	293	233	n/a
Counselling 1-1 sessions	1,644	1,716	2,189



PATIENT SAFETY INCIDENTS

Staff are actively encouraged to report safety incidents and we have a robust incident reporting system. Whilst the number of incidents reported may appear high, they are almost all very low level in terms of patient harm. All incidents are reported to our service line managers and are reviewed at Clinical Business and Governance Group meetings which take place monthly. In addition, they are analysed for any trends by the Clinical subgroups which report to the aforementioned meeting. Any incident that results in serious patient harm would be reported to CQC following the process defined by them.

Below is a summary of our patient safety incidents this year (2017-2018). These include pressure ulcers, medication, slips, trips and falls.

Total Falls	27
Total Pressure Ulcers	96
- Acquired on the Inpatient Unit – unavoidable	10
- Acquired on the Inpatient Unit – avoidable	1
- Inherited ulcers (<i>patient admitted with these</i>)	47
- Reported by our Hospice at Home team	37
- Reported by our Starlight team	1
Total Medicine incidents	67
- Reported by our Inpatient Unit (<i>does not include omissions</i>)	50
- Reported by our Hospice at Home team	3

QUALITY MARKERS WE HAVE CHOSEN TO MEASURE

We actively participate in the national Hospice (Hospice UK) quality benchmarking reporting. This provides a comparison with other similar hospices on falls, medicine and pressure ulcers incidents with agreed common descriptors and we monitor and measure our performance against this benchmark.

Please note this benchmarking exercise is only for Inpatient Unit incidents and Peace Hospice Care falls into Category Small for these purposes.

	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	PHC	Cat Av	PHC	Cat Av	PHC	Cat Av	PHC	Cat Av
Occupancy (%)	91.4	75.5	86.8	74.4	86.5	77.7	87.9	77.5
Falls per 1,000 occupied beds	11.8	9.1	11	10.4	7	11.4	5.3	8.3
Medicine incidents per 1,000 occupied beds	17.7	12.7	18.8	11.4	12.6	11.8	8.4	13

Information from Hospice UK Benchmarking Project 2017-2018



EXPLANATION

Falls:

We noted that we were above the average in terms of falls in both Quarters 1 and 2. All patients are assumed to be at risk of falls on admission to the Inpatient Unit and we put into place a prevention of falls care plan for each patient. Unfortunately, despite a number of preventative measures being in place, some of our patients do suffer falls and may fall on a number of occasions.

We review all falls incidents individually and put into place any further possible actions to prevent more falls. Our falls incidents are reviewed for trends at our Patient Safety Clinical Group and a discussion is held as to whether any more action is needed.

We were pleased to note that in quarters three and four our falls per 1,000 beds were below both the average for the small and national categories and we will continue to monitor this.

We also plan to compare our incidents across all of the safety categories (Falls, Pressure Ulcers and Medicine Incidents) with other local hospices at our regional ECLiHP Quality Leads meeting, where we can discuss in more detail learnings and remedial actions.

Medicine Related Incidents:

Similarly to falls, we noted that our medicine incidents were above the averages in both Quarter One and Quarter Two. All medicine incidents are reviewed individually at the time they are reported and appropriate actions are taken.

Furthermore, all medicine incidents are reviewed for trends at our Medicine Management Clinical Group and a discussion is held as to whether any more action is needed.

We were pleased to note that in Quarters Three and Four our medication incidents per 1,000 beds were in line with, or below, both the average for the small and national categories and we will continue to monitor this.

Pressure Ulcers:

The comparison of pressure ulcers was not a measure included in the Hospice UK Benchmarking for 2017-2018 and we were, therefore, unable to benchmark our pressure ulcer data during this time period. More guidance has now been written by Hospice UK regarding the assessment process and we will be able to benchmark our pressure ulcer incidents in the year 2018-2019.

We did, of course, continue to report any Grade 3 and above pressure ulcers to the Care Quality Commission.

OTHER QUALITY INITIATIVES & SERVICE DEVELOPMENTS

CLINICAL GOVERNANCE FRAMEWORK

In 2017/2018 we continued to strive for quality improvement as set out in our annual Quality Implementation Plan as part of our Clinical Governance Structure. This included the work of all subgroups that have been set up to take responsibility for particular clinical governance/quality issues.

The focus of the subgroups has recently been revised to reflect current issues. The group membership is multi-disciplinary and includes staff from all services where appropriate and the groups are chaired by a member of the Senior Clinical Team. This enables a cross-section of Hospice staff to participate in clinical governance. The subgroups we currently have set up are: Tissue Viability, Infection Prevention and Control, Medicine Management, Patient Safety, Nutrition and Hydration and SystemOne.

The subgroups submit to the Clinical Business and Governance Group annual action plans detailing quality improvements, audits, reviews of policies/guidelines and training to be undertaken throughout the year. These plans are specific to their area of expertise and are based on the latest published guidance and evidence-based practice.

The Clinical Business and Governance Group reports to the Clinical Governance Committee to assure them of the quality of care. The Clinical Governance Committee in turn reports and provides assurance to the Board of Trustees.

PLACE:

We participate in the national self-assessment of the care environment (Patient-Led Assessment of the Care Environment - PLACE) that all Hospitals and some other hospices take part in. We carried out this audit during May 2018. Therefore, results from this year's PLACE Assessment in comparison to other organisations were not known at the time of writing this report.

Two examples of the items/actions identified in the audit in May 2018 were:

- Bathroom facilities in reception area are looking tired – we will need to make a business case to the Trustees and approval will need to be given for any remedial action to be taken
- To audit meals provided using the Dysphagia diet food descriptors tool

One of the main findings from the assessment last year was the poor condition of our car park and this has now been completely resurfaced.



FEEDBACK FROM SERVICE USERS

Peace Hospice Care places great importance on feedback from people who use our services, as this helps us improve. Therefore, during 2017/18, we took action to increase the number of responses to our survey. The feedback is gained from a variety of sources including patients, carers and other professionals.

As in 2016/2017, we continued to ensure that anyone who had used any one of our clinical services was offered the opportunity to complete a paper questionnaire. The response rate to the paper survey is not high and to supplement this information we also invite completion of an electronic version of the survey via social media and our website. We also conduct intense surveys where we ask all users of our services to complete a paper survey during a specific time period.

This year, in total, we have received 79 completed surveys. The findings from these surveys have been very positive, with 96.2% saying they would be likely or extremely likely to recommend our services to their family and friends.

Feedback from patients/families and carers we receive will continue to be monitored by the Clinical Business and Governance Group which reports to our Clinical Governance Group. There is an annual plan for areas for improvement and initiatives to implement.

We have recently appointed a new member of staff to the role of Quality Assurance Data and Audit Officer and one of her objectives will be to review and improve our patient experience and engagement strategy.

COMPLAINTS, CONCERNS & COMPLIMENTS

We encourage patients and carers to raise with staff any concerns they have and we ask all staff members to record and deal with concerns by being open and honest and admitting when things did not go as planned.

We always investigate concerns and complaints and put into place action plans where necessary and look to identify learnings. We use learnings to help identify areas where improvements could be made in clinical areas and we also, where appropriate, share lessons with non-clinical areas.

All concerns and complaints are logged and discussed at our Clinical Business and Governance Meeting meetings, our Clinical Governance Group meetings and are also reported to the Board of Trustees.

In 2017/2018 we received 13 concerns and 7 complaints relating to our clinical areas.

Our Medical Director was appointed as our Freedom to Speak Guardian during the year.

COMMENTS FROM PATIENTS/CARERS

As well as the concerns and complaints mentioned previously, we received many compliments and comments about our care, examples of these are below:

Thank you so much for looking after my wife in her last weeks and also supporting her family. The care and compassion that you gave to us all was second to none. Everyone we came into contact with was so nice and informative. You have my respect for what you all do day to day. Thank you again.

The support given to me by Peace Hospice Care has helped me manage my symptoms and deteriorating health. I used to turn up for my weekly exercise groups with my head down. Now, I walk in happy and have a laugh with other members of the group. We keep each other going - having group support and people to talk to makes such a difference.

Thank you doesn't even go near to how grateful we are as a family for all your care and support both at home and in the Hospice. You all made our lives just that little bit easier.

The whole experience of counselling did help me to get back on track in my personal life as well as my relationship with my daughter. It did help me to think differently about life after losing my husband.



SUPPORTING STATEMENTS

Statement from the Clinical Governance Committee chair

"The Clinical Governance Committee reviews and monitors the clinical standards, strategy and performance of Peace Hospice Care. The Committee strives to maintain high standards and quality control, supporting staff in the delivery of exceptional care. The Committee, in turn, provides assurance to the Board of Trustees about the standard of care and the maintenance/enhancements of the quality assurance and improvement processes.

The Quality Account looking forward for 2018-2019 and backwards in 2017-2018 gives an accurate account of the future plans for the coming year and the achievements in the past."

Ginny Edwards, Clinical Governance Committee Chair, Peace Hospice Care





SUPPORTING STATEMENTS

Statement from Herts Valley Clinical Commissioning Group

“Herts Valleys CCG regard Peace Hospice Care as a key partner in the delivery of integrated palliative and end of life care for the patients of West Hertfordshire. The CCG value the excellent open and regular communication that we have with Peace Hospice Care and are committed to working with Peace Hospice Care to continue to deliver a high quality and much valued service to our population.

During 2017/18, Peace Hospice Care continued to provide high quality care, prioritising patient safety, clinical effectiveness and enhancing patients’ and their families’ experience. Progress towards these improvements was monitored through regular contract review meetings and quarterly end of life care provider meetings.

Peace Hospice Care has demonstrated excellent partnership working and has worked collaboratively with our end of life care providers to remodel the palliative and end of life care workforce to ensure equity of access to specialist palliative care. Peace Hospice Care has supported the implementation of the West Hertfordshire Palliative Care Referral Centre and has been committed to improving the sharing of information through embedding the Herts Valleys CCG Electronic Palliative Care Coordination System (EPaCCS) within their organisation to improve patient care and outcomes.

Looking forward to 2018/19, Herts Valleys CCG is delighted to continue to work closely with the Hospice as a key partner in helping us to achieve the key objectives of the Herts Valleys CCG Palliative and End of Life Care Strategy. This five year strategy reflects the aims of both organisations to continually improve and provide high quality palliative and end of life care to its patients and the West Hertfordshire community”.

Gemma Thomas, Head of Planned and Community Care



If you would like a copy of this document in LARGE PRINT, Braille, or audio format, or if you would like this information explained in your own language, please contact us.

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