Princess Alice Hospice

Quality Account 2018-2019

your hospice

Caring when it matters

"In the coming years, there will be an ever-growing demand for our care and support. We want to do everything we can to reach out to as many people as possible; we recognise that we cannot achieve this on our own.

"Creating and nurturing 'compassionate communities' is vital to the future provision of end of life care. We will work with individuals, groups, schools and businesses within our communities to help them unleash their potential, furnishing them with the skills and confidence to have conversations about living and dying well and to support each other in emotional and practical ways."

Nicki Shaw,
Chief Executive

The images and personal histories in this report are of our staff, volunteers, patients and their families; they are published with their consent. By helping to spread the word our patients and families often feel it is a fitting way to say thank you for the care they have received.

A Family's Story

"In 2008 my wife Amy collapsed and was diagnosed with a brain tumour. Our world was shattered in the blink of an eye.

"Amy was quite clear from the beginning that she didn't want to undergo repeated rounds of treatment. She felt sure that there would come a certain point in time when she just wouldn't be able to do it anymore.

"Amy didn't want to spend her last weeks or days at home. She wanted our home to remain a sanctuary for our young daughter, Emma – not full of memories of illness and sorrow. We knew about Princess Alice Hospice so we arranged a visit. Amy knew straight away that it was the place she wanted to be and her specialists at the hospital referred her to the Hospice through her GP.

"A Princess Alice Nurse from the Hospice at Home service visited Amy and coordinated appointments with an Occupational Therapist from the Therapies team. Amy started to attend the Day Hospice where she had physiotherapy and complementary therapy.

"In June 2011, Amy was admitted to the ward at the Hospice. The staff and volunteers were tremendous; they couldn't do enough for us. I had one-to-one time with the Patient and Family Support team, who were there whenever I needed to talk. They helped me to keep grounded and try to come to terms with what was happening to us. That continued support, to this very day, spurs me on to be strong for my daughter. Amy died in August 2011, aged 41.

"Emma and I attend the monthly Dovetail Group which supports children, young people and adults. I cannot express how important Princess Alice Hospice is to us. It gave Amy the most wonderful care and peace of mind when she needed it the most, and the support they continue to give me and Emma has been a lifeline."

Chief Executive's Statement

Taking the time to reflect on our achievements can often feel like an unaffordable luxury. Yet when we do think about how we have worked together to improve the care and support that we provide to patients and their family and friends it helps us to maintain our energy and resilience, both at an organisational and personal level. Producing the Quality Account (QA) each year legitimises that period of reflection and helps us to crystallise our areas of focus for the year ahead.

My statement last year provided me with the opportunity to share our aspirations for the next five years as we launched our new strategy to reach more people. We defined three interlinked strategic goals:

- We will be recognised for the outstanding care we deliver.
- We will nurture compassionate communities.
- We will share our knowledge and expertise and influence the debate around death and dying.

Supported by a commitment to increase our income, develop our physical infrastructure and invest in the skills and capabilities of our people – both staff and volunteers – progress against these goals will result in our communities having a better experience before, during and after death. We defined the improvement priorities for 2017/18 against that context and I'm delighted to be able to report that we have achieved against each one of them.

Our Board of Trustees and Senior Management Team (SMT) continue to be motivated by a desire to do more, and we are prepared to challenge ourselves to work differently. The progress we have made in terms of developing our approach towards community engagement has been an example of that and I have been delighted to be able to collaborate on some of that work with the CCG and other health colleagues over the past year and see it as a focus for us in the next few years.

Similarly, making changes to the way that we organised staffed and ran the In-Patient Unit (IPU) enabled us to support 25-30% more people last year on the unit than the previous year and at the same time resulted in additional benefits such as improved multi-professional working and better use of scarce clinical resource.

The opportunities presented by digital technologies continue to be compelling, even though translating what works in other sectors into our setting is not without its challenges. However investments in new equipment for community team members is reaping rewards in terms of efficiencies and trials of video call technology are promising.

One area of focus for us for 2018/19 is to enable multi-channel access to advice, information and support through a "single point" that people can access at different times in their journey in whatever way is most appropriate for them.

Implementing change is not always easy in health care when staff can feel as though they are 'sprinting to stand still', and so I would like to take this opportunity to thank everyone who has helped to make our aspirations for improvement a reality and who will help us implement the priorities set out for 2018/19.

As the wider health economy continues to be subject to flux, we value the relationships we have with our colleagues in commissioning and provider roles and reiterate our commitment to working in partnership to improve the experience of death, dying, grief and loss for all our communities.

Nicki Shaw
Chief Executive
May 2018

Section 1

Priorities for improvement 2018-2019

We have defined five priorities for improvement:

Priority 1: Multichannel access and support via a single point of referral

By 2022 the Hospice aspires to reach 50% more people than it currently does.

In March 2018 we completed a 'community sprint' in order to clearly define the direction and aim of our community care service in order to help us achieve this aspiration.

In the future, our community service offer to stakeholders will include a single point of referral with open, multichannel access, offering advice and information digitally as well as through more traditional routes.

We will:

- Offer a menu of options to patients who may flex in and out of care but are supported to navigate through our services, and establish a relationship with the Hospice at both an individual and an organisational level.
- Provide an advice and support line 24/7.
- Ensure that Rapid Response and learning from Night Response form a key part of the model.
- Retrain our practical care staff to support all disciplines working in the community.
- Embed volunteer involvement to ensure our volunteers contribute to the delivery of our community service at many levels.
- Ensure the delivery of the service will above all be effective and efficient as we review our processes and strive to improve the way we work.
- Consider digital approaches to care delivery – such as video link – and caseloads of people with less complex needs.

Priority 2: Improve equity in access to our care and support

Earlier this year we undertook an analysis of our clinical data and local and national demographics to help us understand the inequities in those accessing palliative and end of life care.

We are using this intelligence to help inform our approach so that we can address some of the barriers or difficulties that people face when needing support at the end of life.

As part of this work we will:

- Increase access to our care and support through outpatient clinics across our care area led by our Nurse Consultant.
- Consider a range of educational approaches and increase educational support for those caring for our population including the frail, homeless and those in prison.
- Remodel our day services approach to ensure better access for more people in our care area.
- Work more closely with other specialist colleagues and service providers to support more people with a non-cancer diagnosis.

Priority 3:
We will nurture Compassionate Communities, giving people the knowledge, skills and confidence to support each other through death, dying, grief and loss

We will do this by:

- Launching pilot sites for our Compassionate Communities initiative.
- Recruiting volunteer Community Champions to support this work.
- Recruiting, training and matching 100 Compassionate Neighbour volunteers, supporting people who are approaching the end of their lives and are lonely.
- Working in partnership with the Surrey Community Hubs to recruit and train volunteers to help patients discuss their end of life wishes and complete an Advance Care Plan (ACP).
- Growing our support for families and carers including the recruitment of more Carer Companion volunteers and piloting whole family events.
- Delivering talks and attending events to promote awareness of the work of the Hospice and encourage people to talk about death and dying.

Priority 4:
Introduce technologies to deliver education virtually

We are exploring the various technologies that facilitate the delivery of education virtually to help healthcare professionals benefit from our expertise without having to leave their place of work.

We will:

- Become a Project ECHO hub to deliver education via video conferencing.
- Develop a suite of eLearning courses for care homes to enhance and support our face-to-face education.
- Utilise the video conferencing and recording capabilities of the refurbished teaching rooms to widen access to internal and external learners.

Priority 5:
Reviewing and enhancing our offering to community partners

We are always looking for opportunities to collaborate with our health and social care partners to create innovative education and training programmes.

We will:

- Work with other hospices in Surrey to deliver a recognised certificate course for Home Care Providers.
- Deliver a variety of programmes of education to staff in partner organisations to enable them to have ACP conversations.

Section 2

Review of priorities identified for improvement for 2017-18

Review Priority 1: To evaluate the IPU model

It is now 12 months since we adopted an evolutionary approach to maximising the numbers of people we can support on and through our IPU. By using our resources efficiently and productively we hoped to improve access, upskill and empower staff and ensure a more resilient workforce.

We did this by:

- Exploring new roles, reviewing the nursing skill mix and concentrating patients with lower levels of complexity on one side of the IPU.
- Presenting analysis to a steering group and adding any changes made to operational working to the evaluation process.

The results were encouraging as the initiative appears to have made the Multi-Professional Team (MPT) a closer, more cohesive group, working through challenges to provide the best care for their patients.

The number of people supported has continued to increase in the last year with the IPU currently supporting circa 25 -30% more people than the year before. This at a time when anecdotally it appears that hospice IPUs, perhaps for reasons that have yet to become clear, are struggling to maintain occupancy levels and manage their capacity.

In addition to adopting a new IPU model we have:

- Established roles which have enabled clinical staff to spend more time doing clinical work, and through education and placements, we have increased the numbers of learners we have supported.
- Introduced new volunteer roles such as the Morning Ward Support volunteers and Discharge Buddies, which continue to add value, supporting patients and their families alongside clinical staff.
- Created a Skills Hub which is beginning to be used for education and training for staff, patients and carers to embed learning within the clinical environment.
- Adapted the look and feel of the IPU to be less distressing for those with dementia and cognitive impairment, improving our offer to the local community.

Review Priority 2: To develop our staff and increase learning to include apprenticeships

We have worked with managers to learn how they might access apprenticeships following the introduction of new apprenticeship rules by the government in May 2017. We currently have four clinical apprentices (two in the community team and two on the IPU), one in Retail (learning and development); one in Housekeeping (team-leading), one in Facilities (building maintenance) and one in Marketing and Communications (public relations).

We have:

- Utilised the expertise of the Hospice team to support and develop education programmes for our own staff and others through Learningzone, our Virtual Learning Environment (VLE).
- Expanded the reach of our online training by enabling access to our courses by other hospices, specifically working with Royal Trinity Hospice.

- Successfully obtained a grant from the Health Innovation Network to train six Hospice staff as Hospice Evaluation Champions with facilitation and support from Kingston University.
- Engaged with external specialists in order to support organisational development and enhance the knowledge and skills of specific groups in restorative action, leadership and coaching.

Review Priority 3:
To scope the potential for using digital technology using examples from both healthcare and other sectors in relation to patient care

Over the last year, we have explored opportunities for using technology in relation to our services.

This includes:

- Working with Eduserv, visiting other hospices and sharing learning with the Academic Health Sciences Network.
- Conducting extensive research into how people feel about using digital technology to communicate with the Hospice. This has taken the form of questionnaires, workshops and interviews. We have included patients, professionals, carers, family members and volunteers in this work. Here is a quote from one questionnaire:

"I'm very comfortable using video calls. I would happily swap some visits for a video call using Skype or FaceTime."

- Trialling the use of video call technology with professionals and patients and received very good feedback. We have now started to join meetings in hospitals via video call connection in order to save time and expense travelling to them. We expect to start consultations in the future over the use of video call for patients.
- Investing in new equipment for the community team members including laptops, tablets and smartphones to enable them to work remotely and improve contact with patients and other professionals.
- Looking outside of the immediate healthcare setting and exploring the technology that is available in the commercial sector which is focussed on helping people who are lonely or isolated in the community. We have run user feedback sessions with some of our day hospice patients to explore this further.
- Exploring the potential benefits to patients on the IPU of using Virtual Reality (VR) technology.

Review Priority 4:
To develop our approach to community engagement by empowering our communities with the knowledge, skills, confidence and support to engage with death, dying and loss

We have established a new Community Engagement team and begun activity to empower our communities with the knowledge, skills, confidence and support to engage with death, dying and loss.

This includes:

- Mapping existing bereavement support and developing a plan to grow the support we offer in partnership with other organisations.
- Growing our successful Bereavement Café initiative to six monthly cafes delivered by faith groups with a further five in the pipeline.
- Actively engaging in a network of hospices to share best practice and explore innovative opportunities within the field of Community Engagement.
- Producing a new presentation, following a series of focus groups with potential recipients, to be delivered to community groups and corporates to give them information about the Hospice and encourage them to get involved.
- Participating in the roll-out of the Compassionate Neighbour programme, with 31 Compassionate Neighbours trained to date towards the ambitious target of 100 during 2018.
- Developing a digital or Bereavement Café resource for young people who are bereaved; this will form part of the plan to grow our bereavement support.

Review Priority 5:
To remodel our community services: geographical alignment

We have restructured our Hospice at Home team to ensure it remains responsive, improves the way we work and makes the best use of our resources. The teams are now aligned with our CCGs geographical footprint with all disciplines being line managed by a locality lead.

It is now six months since we made these changes. The new structure and model has the opportunity for all disciplines to be involved from the start of the patient's

journey - so not reliant on internal referrals - aiming to increase the effectiveness and quality of our services.

There is qualitative evidence of:

- Closer MPT working – greater skill sharing and understanding of each other's roles and pressures.
- Improved career development and equity across disciplines providing opportunities to develop into broader roles.
- A decrease in silo working and increased cohesion.
- Development of a shared culture; managers are actively encouraged to develop positive relationships with a wide range of staff from different disciplines.
- Opportunities to rethink traditional boundaries (inter-professional working).
- Improved transparency.

Over the next six months we aim to analyse:

- The speed of response from referral to assessment.
- The initial stages of the process as this may be improved through better communication, understanding and exchange of information amongst different professional groups
- The activity supporting each referral in relation to specific disciplines.

Section 3

Statement of assurance

The following is a series of statements that all providers must include in their QA. Some of these statements are not directly applicable to hospices.

3.1 Review of services

During 2017/2018 Princess Alice Hospice supported the commissioning priorities for Surrey Downs, NW Surrey, Richmond and Kingston CCGs by providing the following services:

- In-Patient care
- Hospice at Home
- Day services including Out-Patient services
- Therapies
- Social work and Bereavement services
- Education and Research
- Community Engagement

3.2 Income generated

Funding provided by CCGs represents 20% of our expenditure on charitable activities. The balance is raised through legacies, fundraising, dedicated shop units, investments and the generous support of our communities.

3.3 Participation in clinical audits

As a provider of specialist palliative care, Princess Alice Hospice was not eligible to participate in national clinical audits and national confidential enquiries as they did not relate to specialist palliative care.

3.4 Local audits

Local clinical audits were undertaken throughout 2017-2018 as part of our monitoring and reviewing process. The audit process is overseen by the Service Evaluation and Clinical Audit committee (SECA) which meets bi-monthly and is chaired jointly by the Deputy Director, Quality & Patient Experience and one of the medical consultants.

Examples of internal clinical audits that took place during 2017-2018 are:

- Audit of patient discharges from the In-Patient Unit (IPU).
- Level of medical complexity for in-patients across IPU following the introduction of the new IPU model.
- Re-evaluation of response times of referrals to the H@H team.
- Evaluation of the consistency of co-prescribing a laxative in the context of Opioid therapy.
- Measure of documented conversations relating to sexuality and intimacy with patients on the IPU and in the community.
- Use of Diagnostic Ultrasound in a Hospice at Home team.
- Anticipatory medication for end of life care in patients who have Parkinson's disease.
- Evaluation of QELCA for South London Education Collaboration.
- Polypharmacy at the end of life audit.

3.5 Research

In 2017 we undertook a research strategy refresh to ensure our research aligned with the organisational strategy. To do this we ran a workshop with representation from around the Hospice. The outcome of the workshop was to focus and grow research activity both internally and externally through Hospice-generated research and collaborations with others.

Culture

Over the next three years, we will focus on promoting and enhancing our internal culture of enquiry to further embed research as part of core business and build the organisation's research capacity.

Collaboration

We will continue to build on existing and develop new collaborations while maintaining a high level of awareness for new internal or externally generated projects that fit within our overall strategy to build robust evidence-based practice. As the research strategy develops, we will raise awareness of what a Research Active hospice really means for patients, their families and all Hospice staff.

Research activity

Our collaboration with the University of Surrey continues and we have a number of projects underway focusing on the needs of patients who are parents of young children and their families including a doctoral student.

We are an active partner in a Surrey/Sussex hospice collaboration that supports current and future research. As a collaborative, we have also undertaken research into the experience of bereaved palliative care nurses.

Over the last year the Hospice has published six academic papers and presented 18 conference posters.

3.6 Use of the CQUIN payment framework

The Hospice's income during 2017-2018 was not conditional on achieving quality improvement through the Commissioning for Quality and Innovation (CQUIN) payment framework because it was not eligible to participate in this scheme as a third sector organisation.

3.7 The Care Quality Commission (CQC)

We are registered with the CQC and our current rating is 'Outstanding'. An unannounced routine inspection took place over three days in September 2016. The CQC inspection report included the following comments:

"Princess Alice Hospice is an outstanding service. It is focused on the individual needs of the people and families who they support, at the time they need it in a way and place that best suits them and their whole family.

"The Hospice ensured that everyone received good quality, personalised end of life care regardless of diagnosis, age, ethnic background, sexual orientation, gender identity, disability or social circumstances."

We are the first hospice in the UK to be rated 'Outstanding' in all five inspection domains; Safe, Effective, Caring, Responsive and Well-Led.

We are currently in preparation for our next unannounced inspection using the updated CQC methodology, as hospices have moved from Adult and Social Care directorate to the Hospital directorate.

3.8 Clinical Governance

The Datix electronic reporting system for accident and incidents is now extensively used throughout the organisation and is mandated as the standard reporting tool for all staff.

SMT members and the Deputy Directors are automatically notified of any incidents graded moderate or above and a quarterly report is submitted to the Clinical Strategy Committee of Trustees. As part of Clinical Governance, the Hospice is compliant with the 2017/18 Information Governance Toolkit.

This is now being updated (2018/19) with input from NHS England, NHS Digital and during 2018 the CQC's. Along with others, we will be working with NHS Digital to participate in a pilot of the updated IG Toolkit, the name of which has now changed to the Data Security and Protection Toolkit (beta).

3.9 Data Quality

As a specialist palliative and end of life care provider, we do not submit data information to the Hospital Episodes Statistics because we are not eligible to participate in this scheme.

We submit statistics to Hospice UK for quarterly and annual benchmarking.

3.10 Clinical Coding

We were not subject to the Payment by Results clinical coding audit during 2016-2017 by the Audit Commission.

Section 4

Review of Quality Performance

4.1 Quality markers

In addition to the limited number of suitable quality measures in the national data set for palliative care, we have chosen to measure our performance against other quality markers.

4.1(1) Clinical Complaints 2017-2018

Number of complaints received	6
Number of complaints upheld in full	1
Number of complaints upheld in part	3
Number of complaints not upheld	2

4.1(2) Patient outcomes

We have adopted and embedded the Outcome Assessment and Complexity Collaborative (OACC) suite of measures and we have introduced the Carer Support Needs Assessment Tool (CSNAT). To date, we have implemented the Phase of Illness measure and the Australian Karnofsky Performance Status (AKPS) on the IPU as well as the Integrated Palliative care Outcome Scale (IPOS) throughout our IPU, Hospice at Home, and Day Services.

Not only have these measures helped to inform us about the impact of our services in relation to patients' multi-dimensional needs, they have also helped us to understand the impact on and the needs of their carers.

4.1(3) Feedback from patients' relatives

We have received feedback from carers and families of patients through a variety of mediums. The results were very positive, with the vast majority expressing their appreciation of the care and support that they and their loved ones have received. For example:

"The time we spent there was as perfect as these things can be. Yes, there was sadness and pain, but I wouldn't have it any other way.

"Princess Alice Hospice gave us the opportunity and privilege to spend the last days of our mother's life together as a family and afford her the dignity and care she deserved."
(Comment from a family member)

4.1(4) Staff

We are committed to the support and development of our staff and recognise the importance of each and every individual. Our organisational strategy has an aim which focuses on developing our staff and volunteers and enabling them to be the best they can possibly be; a number of strands of that work are already in place.

The degree to which they feel engaged with the vision and purpose of the organisation is likely to directly impact on the overall success of the Hospice, and ultimately the quality of care, support and experience for those who come into contact with us in whatever capacity.

Our values and behaviours have been developed by those working at all levels and are at the centre of what we do. Integrity, Compassion, Accountability, Respect and Excellence

(ICARE) are embedded in our daily practice and are demonstrated in a variety of ways across the organisation.

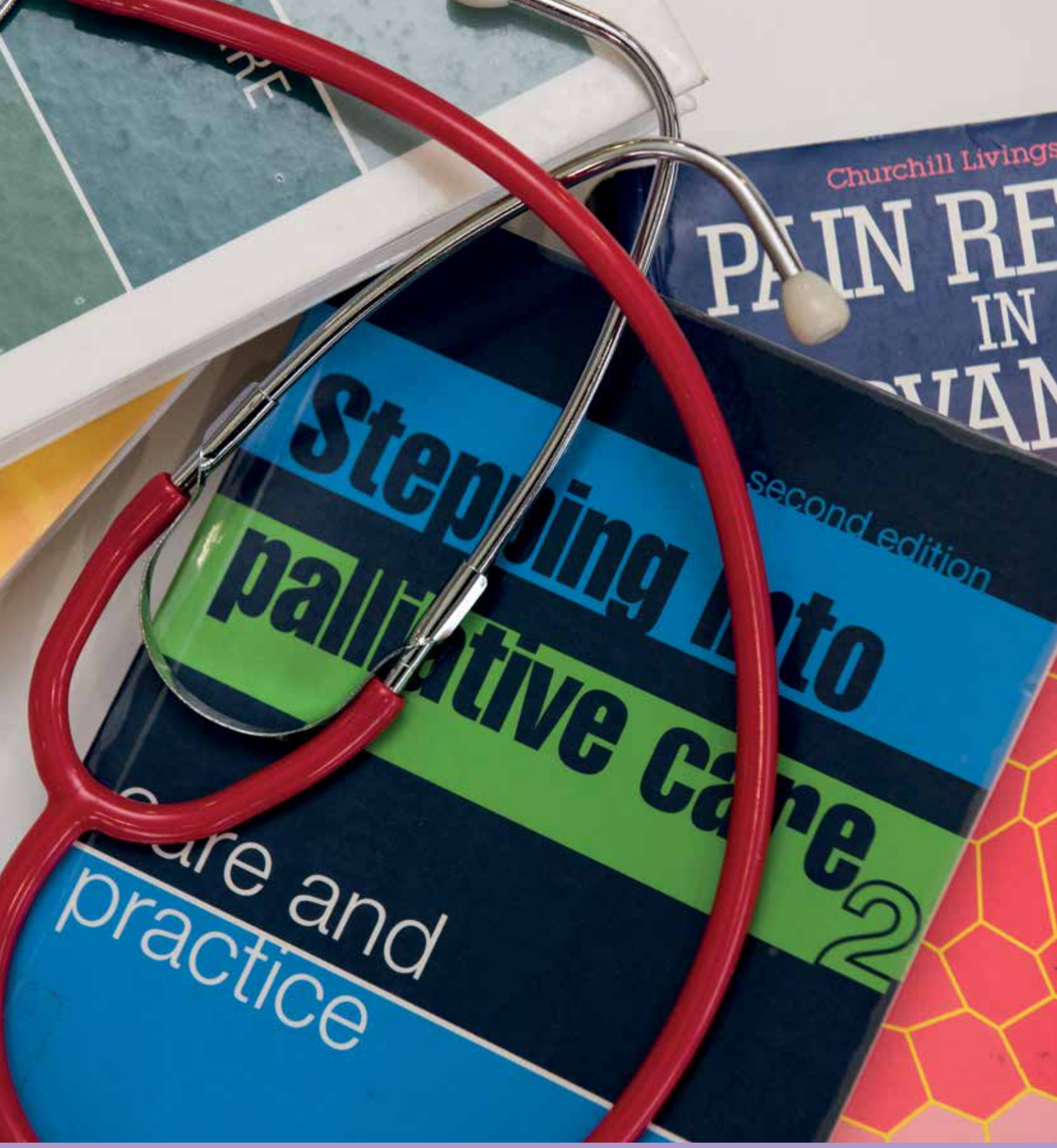
Our Employee Engagement initiative aims to further improve staff engagement and well-being through enhancing the two-way relationship between managers and employees and enabling each individual to realise his or her own potential. A staff survey will be undertaken again this year in order to gain staff views so that we can continue to make the Hospice an even better place to work.

4.1(5) Other Hospice projects and initiatives

In addition to the priorities that we have described in this year's QA, we would like to share some examples of other ways and initiatives in which we offer support to our patients, families, carers, staff and volunteers and our communities:

- We continue to partner with the National Citizen Service (NCS) for 15 to 17-year-olds.
- We participated in the roll-out of the Compassionate Neighbour programme, with 31 Compassionate Neighbours trained to date.
- We introduced a community-based Discharge Buddy volunteer role, to support our patients being discharged from the IPU.
- In partnership with the East Elmbridge Hub and Surrey Downs CCG, we launched a Community Hub Volunteer programme to support patients in ACP.
- We further developed the role of the Ward Support Volunteer – we are currently running our sixth cohort of 14 17-year-olds.

- We provide Mindfulness training for staff and volunteers.
- We facilitate support forums for non-clinical staff.
- We introduced a new nursing apprenticeship scheme, currently supporting four members of staff to become band 4 nursing associates by 2019.
- We developed a Faculty of Evaluation Champions to support and develop a high quality evaluation of services throughout the Hospice.



Section 5

Supporting statement from our Majority CCG (Surrey Downs)

Thank you for sharing the draft copy of your Quality Account for 2018/19 with us at Surrey Downs Clinical Commissioning Group. We have reviewed the Quality Account and agree that the document meets the national guidance issued by the Department of Health.

We continue to recognise the significant programmes of work and projects and initiatives undertaken to improve quality and safety for patients within our communities and also the considerable effort put into bringing the evidence together into this report.

Once again, your Quality Account clearly lays out the services that you provide to our local populations and details a number of your achievements in 2017/18, particularly highlighting the achievements against your priorities for that year and the positive outcomes that these have had for our communities. We appreciate that there are a limited number of suitable quality measures in the national data set and commend the efforts made to gather feedback from patient's relatives, a comprehensive local audit programme and the continued commitment to growing your focus on research both internally and externally.

We were particularly interested in the results of the evaluation of your In-Patient Unit model that was carried out last year. You have identified that this initiative appears to have made the Multi-Professional Team a closer, more cohesive group, working through challenges together which has resulted in further improvements to the care that they provide for their patients. This is an excellent outcome. It was also interesting to read about the impact that the 2017/18 priority around digital technology has had and how the results of that work have been further developed to inform and shape your priorities for 2018/19.

This powerfully demonstrates your commitment to continuous quality improvement.

You acknowledge that change is not always easy for staff and other stakeholders and we would echo your gratitude to them for embracing the current changes and those going forward. We also value your on-going commitment to share expertise and best practice across diverse care settings to support partner organisations in developing compassionate communities.

Thank you for sharing your Quality Account with the CCG and giving us the opportunity to comment on this.

We look forward to continuing to work with you over the coming year.

Colin Thompson
Managing Director
Surrey Downs CCG

Eileen Clark
Deputy Director
for Quality and Nursing
Surrey Heartlands CCGs

Contact us

Princess Alice Hospice
West End Lane, Esher
Surrey KT10 8NA

01372 468811
enquiries@pah.org.uk
www.pah.org.uk

Join us at pahospice