Rotherham Hospice

always caring

Quality Account 2018

Our care places **the patient** *at the centre of everything we do.*

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Part 1 - Introduction

1.1 Statement from the Chief Operating Officer

On behalf of the Board of Trustees and the Executive Team, I am pleased to present the Quality Account for Rotherham Hospice for 2017/18.

We welcome this opportunity to promote the high quality of services that we provide for our patients, families and carers and to demonstrate to all stakeholders our commitment to the highest quality care, delivered with dignity and compassion.

The account looks back on the progress that we have made during 2017/18, and outlines some of our key priorities for service improvement across all areas in 2018/19.

Rotherham Hospice is an independent charity that last year provided Palliative Care Support and End of Life Care to 2,148 people across the borough. This is the highest figure we have achieved and clearly shows a continued growth year on year. We are particularly proud of our growth and reach, across our Community Services with more than 1,072 patients and families being supported in both our Planned and Responsive services. The consolidation of our 24/7 Community Services allows an increased level of coordinated support to be provided ensuring that care is provided by the right people in the right place at the right time. This therefore allows appropriate use of our Hospice beds and prevents unnecessary hospital admissions. Our wider Services have also seen growth in referrals and provision, with 304 patients being seen in Day Unit or Day Therapy Services, and more than 220 patients being supported by Occupational and Physiotherapy. 1,462 hours of support have been provided by our Counselling and Psychology services, whilst the Inpatient Unit provided care to 345 patients with overall average bed occupancy at 82%. This is one of the highest nationally.

I am very pleased to report that whilst seeing such a significant increase in growth and breadth of services provided, the satisfaction level of patients and families who have experienced our services remains high, with an overall annual rating of 98.0%.

The Board and Executive Team would like to thank all our patients, their families and carers for their feedback. We listen to their views, comments and suggestions and use these to aid our continuous reflection on how our services could be improved.

Rotherham Hospice is highly respected and has an excellent reputation in the wider community. It has an engaging outlook, building strong relationships with public and business partners as well as those from the Health and Social Care Communities, working to provide an increased strength and independence to support sustainable growth in the future.

The Board and Executive Team would like to thank our Hospice staff and volunteers as all of the above can only be achieved through their commitment, hard work and dedication.

I believe that the information presented in this Quality Account is a true and fair representation of the quality of the Healthcare Services provided by Rotherham Hospice throughout 2017/18.

John Whaling
Interim COO

1.2 Introduction to this Quality Account

Rotherham Hospice has completed an Annual Quality Account since their introduction in April 2010, in line with the requirement of the Health Care Act (2009), the NHS Standard Contract and Organisational Best Practice. The purpose of a Quality Account is to enhance accountability to the public and engage the leaders of an Organisation in their quality improvement agenda. The Hospice Board of Trustees welcomes this responsibility and the opportunity to share its successes and learning opportunities identified throughout the year alongside their plans for future growth and service improvement.

The Quality Account should provide information about the quality of all services that the organisation delivers and its main purpose is to encourage providers to take a robust approach to quality. All providers of NHS Healthcare Services, including independent organisations such as Rotherham Hospice, should produce a Quality Account and in doing so, led by their Board, is committing to improve the quality of care it delivers locally and invites the public to hold them to account.

Therefore, Rotherham Hospice presents this Quality Account as its annual report to the public, as a provider of NHS commissioned Healthcare Services. In line with national requirements, it exercises our accountability to service users, stakeholders and the broader public and demonstrates how all aspects of the organisation have engaged in our quality improvement agenda, reflecting the three domains of quality: patient safety, clinical effectiveness and patient experience. Our improvements are also considered in line with NHS's five Domains of Quality.

We also guide our work in line with the six Ambitions for Palliative and End of Life Care, which have been formulated by the National Palliative and End of Life Care Partnership (NPELCP).

This quality account is both retrospective and forward looking, providing a review of services and initiatives delivered throughout 2017/18, explaining what is being delivered well and where service improvement can and has been made. It also looks forward, describing our three key priorities for improvement throughout 2018/19.

Finally this quality account demonstrates the engagement of service users, key stakeholders, staff and others with an interest in the organisation in determining the quality of our services and the priorities for improvement in the future.

As the discussion here concerns the quality of our provision of direct clinical care for patients and families (and relevant support services), the account does not discuss vital non-clinical aspects of Rotherham Hospice, such as working for financial sustainability, income generation and marketing and communications.

For further information on the content of this or any previous Rotherham Hospice Quality Account, please see the NHS Choices website:

http://www.nhs.uk/aboutNHSChoices/professionals/healthandcareprofessionals/quality-accounts/Pages/about-quality-accounts.aspx

Vision	Compassion, choice & dignity for all
Mission	**We will:** • Enhance our patients quality of life, delivering high quality care in the right place at the right time. • *Provide appropriate trained and motivated staff, dedicated to patients wellbeing and dignity.* • Be active in the community, engaging with partners and championing end of life care. • *Be proudly independent, financially strong and remain innovative in our thinking.*
Strategic Objectives **(Some Examples)**	1. Better patient care through early intervention and education/integration of the network across the Borough. *2. Continuous Improvement of HR processes and staff capabilities, including leadership skill, volunteer engagement and internal communication.* 3. Enhance the Hospice's influence and profile in the Borough, with the community, local businesses and healthcare partners. *4. Increase turnover and contribution from every revenue area and continuously seek new sources of income.*

1.4 Overall Statement of Purpose

The purpose of Rotherham Hospice is to enhance the quality of life of patients and those important to them through the provision or direction of Specialist Palliative Care Services and Education. The Hospice is committed to achieving this by providing or influencing services for patients during the changing phases of their illness.

We aim to give the most appropriate and efficient treatment and care to our patients through a holistic approach, to assist in the relief of their physical and emotional suffering and to help them lead an acceptable, purposeful and fulfilling life in their home or in the Hospice.

In order to achieve this, we offer a safe, effective, caring, responsive and well-led multi-professional service, which integrates the Hospice Specialist Palliative Care Services with primary, secondary and tertiary Healthcare Services, other Voluntary and Independent agencies, Social Services and, in the case of children and young people, Education Services.

Our approach is non-judgemental and non-discriminatory and we consider it equally important to give support to those who care for our patients, whether they are professional carers, members of the family or friends.

1.5 Our Hospice

Rotherham Hospice is the only adult Hospice serving Rotherham and its surrounding communities. We offer a range of services that have been designed to respond to local need and work as an integral part of the wider Health and Social Care Community for Palliative and End of Life Care.

For patients who visit the Hospice we strive to provide a homely, welcoming environment, placing significant emphasis on an individual's dignity, privacy and comfort. In the case of Community Services we aim to provide home-based services that reflect the same ethos, working to optimise the physical environment wherever care is delivered.

We provide or influence services to ensure that they support physical, psychological, social and spiritual needs of patients and their family members who require Palliative Care throughout the changing phases of their illness.

1.6 Our Philosophy of Care

Patients, families and friends are treated as individuals with compassion, humility, honesty and respect. We listen to them and always involve them in decisions about patient care and treatment. Their preferences, beliefs and customs are respected and their complete privacy and dignity assured through the use of single rooms, screens, discrete interview rooms and heightened awareness by staff of these requirements.

We ensure that we provide the same high quality supportive Palliative Care and End of Life Care to all patients and their families regardless of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender, sexual orientation or civil partnerships.

In order to achieve this we:

- Encourage patients to maintain their identity, dignity and independence.
- Provide a welcoming and homely environment to all.

Our care places the patient *at the centre of everything we do.*

- Facilitate effective, meaningful communication between patients, staff and significant others through a multidisciplinary team approach.
- See the patient as a unique individual and plan with them their care management, whilst promoting their independence.
- Nurture the patient's feelings of self-worth and promote a sense of still being able to actively live life.
- Support patients and their families in decision making and adapting to changes throughout their illness.
- Offer a continuation of care and support through the initial stages of loss and bereavement.
- Maintain standards of the highest quality, supporting staff and volunteers' personal and professional development.
- Work together in developing a "Relationship based care environment" based on support and mutual respect not defined by a building or place.
- Provide education and information to Rotherham Healthcare Professionals and the general public regarding Palliative Care issues.

We believe interaction with families and carers is very important to those in our care, and we actively encourage an open visiting policy. Family members and carers are also more than welcome to use the family overnight accommodation. We have reclining chairs in patient rooms and if you wish to stay, beverage and snack facilities are available. We ensure that patients can stay in touch with loved ones through the use of telephones and wireless internet facilities in the patient areas.

The views and opinions of those using our service are very important to the Hospice. Members of staff seek comments and suggestions through patient and carer experience surveys that are provided during a patients stay on our Inpatient Unit, or upon discharge. Patients and families are also encouraged to share their views verbally or in writing. A leaflet with further information is available from Reception and the Complaints Procedure will be discussed with patients and families on admission to the Hospice. In the first instance, those wishing to raise a concern are requested to contact either the Head of Inpatient and Day Therapy Services or the Clinical Services Director, who is the Registered Manager. The Hospice has recently reinforced its ability to learn from feedback and experience with the introduction of a board level Patient and Family Engagement Forum. This has cross community and organisational representation and therefore facilitates the voice of all stakeholders, irrespective of their reason for engagement.

1.7 Our Services

Through a Multidisciplinary and partnership approach, Rotherham Hospice liaises with the wider Healthcare Teams to promote maximum continuity of support and care coordination for our patients.

- The Hospice is a resource for advice and support for Health Care Professionals who work in community and hospital settings.
- The Multidisciplinary Team provide a holistic package of clinical care, including symptom management and addressing the physical, psychological, emotional and spiritual needs of patients.
- Hospice Services also include the provision of complex symptom management, end of life care and specialist assessment.

The Hospice delivers Holistic Care through the provision of the following services:

- Palliative Medical Services – supporting both in-reach and outreach patients.
- Inpatient Unit – consisting of 14 single Inpatient bedrooms.
- Day Unit – Including Day Therapy Services and Traditional "Holistic" Day Care, Wellbeing services and Pre Bereavement work.
- Community Care – Including Hospice @ Home and Clinical Nurse Specialists.
- Patient and Family Support Services – including Occupational Therapy, Physiotherapy, Complementary Therapy, Counselling and Bereavement Support, Spirituality Support and a Child Bereavement Support Service.

Patients and Carers can find out more about the services the Hospice offers and how the charity operates by reading the Directory of Services and the leaflets available in the Hospice and on our website. As the need arises our members of staff will also discuss topics during the patient's admission or attendance and on a daily basis. Our website **www.rotherhamhospice.org.uk** also provides further information for patients and families.

Rotherham Hospice is regulated by the Care Quality Commission (CQC). The CQC cannot get involved in individual complaints about providers, but is happy to receive information about our services at any time. They can be contacted at: CQC National Correspondence Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA. Telephone: 03000 616161.

The Care Quality Commission has a website at www.cqc.org.uk

Part 2 - Priorities for Improvement

2.1 Looking Back: achievement against our Priorities for Improvement for 2017/18

During 2016/17 the Hospice identified a number of quality improvements that could be made across Clinical Services. In selecting our 3 key priorities for improvement in 2017/18 we were mindful of National and Local policy as well as those issues which were of concern to our service users, our workforce, our partners and our Trustees.

Priority One – Individualised Care Planning

(Addressing patient safety, clinical effectiveness and patient/carer experience)partners and our Trustees.

Standard

Individualised Care Planning means that where they are able, people who use services should receive the assessment, care, treatment, advice and support they agree to. This should be evident by the clear procedures that are in place to ensure the engagement of all patients in their care assessment and planning even where they lack capacity to be directly involved themselves. Procedures to obtain and record consent to care and treatment need to be built into care planning processes and should be followed in practice, monitored and reviewed. Where needed, this would include the involvement of the patient's family, or independent advocate.

How will this priority be achieved?

All staff will receive training to increase their awareness of consent and personalised care planning.

The assessment and multidisciplinary records will be revised to ensure written consent is obtained where possible and recorded accordingly when it is not.

Care plans will be revised to allow a greater element of personalisation and reflect the patient as an individual at all times. This will be achieved using the "This is me" tool.

Learning from these changes on the Inpatient unit will be transferred to allow improvements across all other Hospice Services throughout 2017/18.

Challenges to address personalised care planning through electronic systems will be considered and where solutions cannot be found, paper records will be implemented.

How was this priority identified?

Following a CQC inspection in August 2016 it was established that although patients received an excellent level of holistic care, this was not always evident in the documentation that was completed. It was found that it failed to reflect the explicit wishes and consent of patients in some instances, and therefore did not always provide a basis for patient centred personalised care planning.

Although the Hospice has readily addressed these issues on the Inpatient Unit it is now keen to extend this learning opportunity across all of its services.

Monitoring and reporting methods

Paper and electronic records and care plans will be audited on a weekly, fortnightly or monthly basis (dependant on the phase of the project). This will determine the success of the education and implementation process. It will also allow any performance issues to be identified so support can be provided.

Service user feedback will be used to ensure the appropriate level of patient and family engagement and the monitoring of staff attendance at quality workshops and record keeping training. Reflection and supervision sessions throughout the year will also be monitored to ensure they support staff development in this area.

Audit outcomes will be reported monthly to the Quality and Clinical Effectiveness Group who are responsible for the oversight of clinical Quality and Compliance.
This information will then be reported to the Clinical Strategy Group on a quarterly basis as part of a broader quality matrix.

Performance against this priority in 2017/18

Focus on Internal Record Audits, Documentation and Personalisation

Patients at Rotherham Hospice always receive an excellent level of holistic care however during the CQC inspection in August 2016 this was not always evident in some of the patient documentation.

A multidisciplinary team was therefore convened to explore these issues and the on-going monitoring of a holistic action plan. This has helped the Hospice to ensure its documentation reflects the care that inpatients receive, and provides a strong basis for patient centred personalised care.

Action taken

All records on the Inpatient Unit have now been revised and improved to clearly evidence the patient's involvement with their care plan and the excellent care that they receive.

Admission notes have been redesigned and a significant conversation document has been introduced. These now give clear chronological documentation of the patient's journey and changing care needs.

Care plans have been updated and in some cases redesigned, to promote individualised care, clear planning evaluation and reviewing.

Tissue Viability risk assessments, Care Plans and the Falls Risk Care Plan have been revised and these now reflect involvement of the patient and their individual risk factors.

All staff have been supported through engagement, education and supervision throughout the transition period.

Records have been audited weekly since September with positive results, auditing is now completed fortnightly and results continue to be consistent. Feedback is given face to face when variances are found within the Audit and recorded on a clinical supervision form.

Learning from the work to enhance individualised care planning in 2016/17, the IPU has seen the completion of an action to address the areas for improvement and provide a strong foundation for the baseline for other care records in the organisation.

These records have been revised to allow continuity of our learning across our community team allowing one integrated care record across the services.

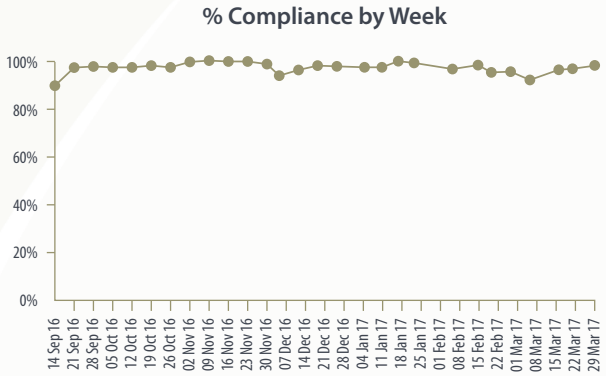
These also allow for varied plans to be used dependant on the time or duration of care that a patient may receive.

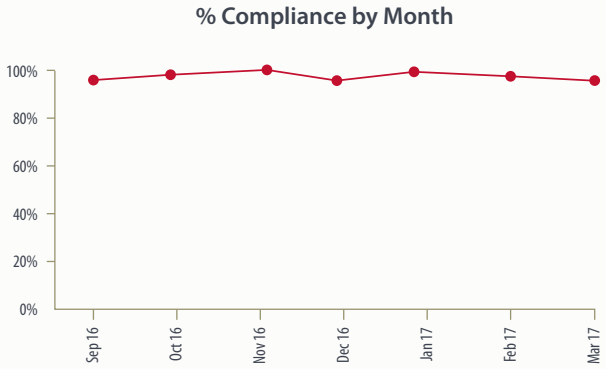
The learning has also been transferred into Day Therapy and Treatment Services to allow a comprehensive approach to care planning across the Hospice.

Mental Capacity Assessment, Best Interest Decisions and Deprivation of Liberty Safeguards are all clearly addressed within the patient's records with clear evidence of the engagement of the patient and or their family in the Assessment and Planning of Care and Lasting Power of Attorney is addressed with all patients and acted on accordingly.

Results
The number of documents reviewed since 14th September is 366 in total. Some of the patient notes are reviewed more than once if the patient is an inpatient for more than a week.

The following breakdown shows the level of compliance to date:





Conclusion
The findings of the Audit have resulted in:

- Ongoing development of the assessment and care planning resources to facilitate clearer understanding of the document and its completion
- Identification of reasons why documentation can sometimes be incomplete
- Identification of Care Plans which need amending to better evidence the care being delivered
- Clarification of role for continued monitoring of documentation daily, especially newly admitted patients files
- Documentation training during MAST days will be reviewed and delivered in 2017/18 with an emphasis on Individualised/Personalised Care

What people told us about these improvements

Service user feedback:
Patient X felt there were no negative aspects to his admission. He states that he feels his wishes and needs were addressed and was happy to consent to the plan of care built around his care needs and personal choices.

Staff feedback:

Louise Bates – Senior Staff Nurse IPU
"From coming back from maternity leave I feel the paperwork is easy to follow and a lot more structured than previous, it flows better. I specifically like the 'still to do' sheets for admissions being on the front of the notes – I find it a very good prompt and reminder".

Sarah McCarthy – Senior Staff Nurse IPU
"The new documentation is much better and fit for purpose, less repetition and easier to follow. On a personal point I miss the prompt list where we sign when completed rather than listing what's not completed".

Michelle Jacklin - Senior Staff Nurse IPU
"With reference to the new admission documentation I have found it much more user friendly, it flows better and feels less overwhelming to complete."

Professional feedback:
RCCG Quality and Safeguarding Lead provided feedback regarding the completeness and quality of the records both in a formal review in 2017 and as part of a reflection and analysis session to inform the investigation of a fall.

Priority Two – Improved Hospice Community Services

(Addressing patient safety, clinical effectiveness and patient experience)

Standard

To ensure that the Hospice Community Service provision across Rotherham is accessible 24/7 by all who need it. To improve end of life care provision and coordination by greater integration between all Hospice services and with other community EOLC providers.

To see an increase in community volunteering to support respite/carer crisis and the wider spirituality needs of patients and their families.

To influence the procurement of EOLC domiciliary services looking to integrate the revised model with existing H@H services if sustainable, or providing improved integration with external providers as required.

To provide an enhanced level of responsive care home support to enable EOLC patients who live in care homes to die in their preferred place.

All of the above will create sustainability and increased quality and effectiveness overall.

How will this priority be achieved?

This priority will be achieved through the provision of a multi professional, integrated service that can provide all aspects of care to patients and their families at the end of life.

This will require workforce development and role revision to allow increased competency for some clinical staff.

The enhanced team will see the integration of a care at home support service, which can be provided based on need and replace the current domiciliary model. It will also see the increase in community volunteering and look at methods of exploring the scope of volunteering activities to provide bespoke support to individual families.

Finally it will see the introduction of EOLC Care Home Support pilot that will increase confidence to care for EOLC patients in crisis, through education and rapid response.

How was this priority identified?

This priority was identified through feedback from patients, family members, carers and professionals, who expressed frustration and disappointment in the duplication of services involved with individual families.

With the introduction of increased community provision within the Hospice, this has become increasingly apparent across Hospice services too.

It has also been a continuing theme in commission conversations and is a strong drive of the EOLC strategy group in order to reduce avoidable hospital admissions and enable patients to receive care in their preferred place.

The volunteering element of this priority was also identified in 2015/16 but still requires further focus in the future.

Monitoring and reporting methods

This will require the review of service activity data, referral and access trends, service user feedback surveys, the measurement of patient and family and staff experience and patient/family and organisation outcome measures (Preferred place of care/death, avoidable admissions to hospital, deaths outside hospital)

This data will be collected and presented on a monthly basis to the Clinical Governance Group to allow the service to be further developed in a way that continues to meet the needs of its users.

This information will then be reported to the Clinical Commissioning Group as part of a broader quality matrix. This information will also be shared on a bi- monthly basis at the borough wide EOLC strategy Group to ensure it influences future service design.

Performance against this priority in 2017/18

24/7 Responsive Services (including Care Homes)

The Responsive Team at the Hospice provides a fast response to calls from patients, families and professionals who support people in their own homes, including care homes, either by giving appropriate advice over the phone, a visit to assess and assist decision making or assistance with symptom management. This 24 hour advice line is available 24 hours a day, 7 days a week, 365 days a year.

Through the use of a "Family Facilitation Model" Hospice @ Home Rapid Response Services are now able respond immediately to calls from families and carers. This enables them to provide care and support for patients, ensuring that appropriate advice or physical care is provided in order to maintain the right care or care environment and prevent crisis from occurring.

Care Home staff may need support when they feel a patient is deteriorating, to assess the patients' needs and to ensure everything that is needed for the patient is in place at the home. We can ensure any reversible factors are considered and if hospital admission would be appropriate or not. Hospice @ Home staff can liaise with other services to ensure the best supportive care is given. We can assist Care Home staff in having discussions with patients and families at these difficult times.

Care Homes also have access to the planned Clinical Nurse Specialist who can come to help with ongoing symptoms, give support and advanced care planning. This in turn assists the Responsive Team if wishes are known in advance. The Team has shown an increase in calls from Care Homes to give advice. There has also been an increase of responsive visits provided to Care Homes both day and night. It is also evident that the Responsive Team sees patients from different care homes than it did prior to the project commencing.

Education

Planned education is provided to all generic Palliative Care and EOLC providers including Nursing and Residential Homes, EMI and LD Home and mainstream District Nursing Teams. Following the principles of NHS England's EOLC education streams it is broken into 6 sessions:

- Person Centred and End of Life Care
- Using Communication Skills
- Symptom Management
- Managing Dying (including Care after Death)
- Grief, Loss and Bereavement
- Law and Ethics

Also included in this education can be syringe driver training and NEMASTE Dementia training. In addition to the planned education, bespoke education is delivered working with Care Homes who may have specific educational needs around enhancing End of Life Care. This helps to understand why patients are being admitted to hospital and if this is the right course of action and highlights those residents who would not benefit from hospital admission in the event of deterioration. This bespoke education is targeted at Care Homes where admissions to hospital are high.

Throughout 2017/18 the planned education has provided 3 full courses. Each consists of 12 sessions giving overall 36 sessions provided. This has seen 36 Care Homes and Learning Disabilities staff supported through this route.

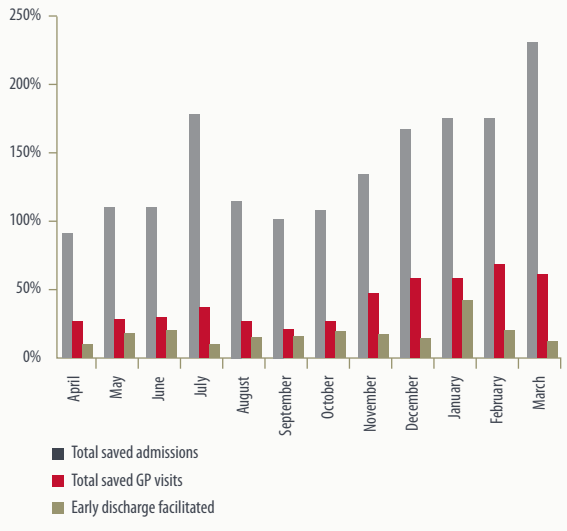
District Nursing courses have been provided bi-monthly supporting increased knowledge and confidence in relation to symptom management, dealing with loss and administration of medication via syringe drivers. In addition 12 courses for Nemaste dementia care have also been provided.

Finally 7 Care Homes have been supported through bespoke training and education, learning from individual situations as they arise.

Activity and Outcomes

The above changes to service structure and processes have seen a huge increase in not only activity, but also in effectiveness, responsiveness and overall outcomes. These include the following:

- 1662 Saved Avoidable Admissions – at a cost saving of £5,094,861
- 468 Saved GP visits
- 188 Facilitated early discharges
- 11,409 Advice Line calls
- 1,296 Calls responded to Out Of Hours
- Tripled number of Care Home patients being supported by their own care home teams



What people told us about these improvements

Service user feedback:

Mother of H@H patient

I've been meaning to write for a while and let you know just how important and valued you and your team were to us in the last weeks of my son's life.

When it became clear that he wasn't responding to the treatment and was becoming increasingly distressed his Oncology Nurse decided it was time to organise his palliative care. Our first visitor from Rotherham Hospice was the CNS. If I'm honest I was so convinced that his personal care was my responsibility as his Mum and I felt a little reticent and scared that I was going to be left out of things. The CNS was quietly assuring and insisted that his care would be done with all our best interests at heart.

It was a few days later when I realised we did need help and that my son would suffer without it. I picked up the phone and within a couple of hours we were visited by the loveliest most caring ladies who set about caring for his needs with such loving care and empathy my husband and I wept with relief.

Over the next few weeks the Hospice at Home Team were our absolute and total lifeline. In the midst of the horror of watching our beautiful 28 year old son concede to the ravages of brain Cancer. I don't even want to imagine what we would have done without them.

The medical team were there as soon as we requested, the phone was always answered if we needed to query anything. My son's personal care was amazing and I was always invited to be involved or sometimes I went and had a cup of tea. The team were our pillar of strength, they genuinely cared for his well-being and they gave us some light in those darkest days of our lives. They hugged us while we broke our hearts, they smiled and listened patiently to our stories of the beautiful man who he had been just a few short months before being struck down.

If we struggled with anything the team made sure it was communicated back to the appropriate area and it was sorted. They provided equipment and advice on a whole range of issues that couldn't possibly be imagined by anyone whose world hasn't been touched by cancer.

On the day my son passed away, a member of the Marie Curie night time team stayed with us at our request to make sure his passing was peaceful. To this day and forevermore our hearts burst with gratitude for how he helped us all through. Then a senior member of staff came to visit and at her suggestion we washed our wonderful son in his favourite and familiar toiletries, we brushed his hair and dressed him. It might sound a bit macabre but the memory of that is so cathartic for me to see him so rested and peaceful after his terrible ordeal.

I look back over this past year with absolute shock and horror but the one thing that I take consolation in is the care was given by the Rotherham Hospice at Home team. Because of them my son was able to remain in his own home in familiar surroundings with his family at his side and was able to endure this very worst of illnesses with his dignity still intact, he was a proud, young man and he would have been pleased about that. For this myself and my family will always remain indebted and truly grateful to you all.

With kindest regards, X

N.B. Names have been replaced with "My son" or "He"

Staff feedback:

Jill Pearson – Responsive CNS

The service has gone from a Specialist Palliative Care Team 8am-22.00 to a 24 hour service with the help of the Marie-Curie night service. Having the added support of the Domiciliary Care Team to allow patients to stay under the Hospice umbrella giving patients and families the added support.

I have now progressed in my role as a Responsive Clinical Nurse Specialist within the Hospice at Home Responsive Team. This allows me to assess complex patients and advice regarding symptoms management to prevent GP call outs and avoid hospital admissions. My other role is to take lead co-ordinating the Hospice @ Home Team, triaging new referrals and giving advice on the Hospice help line. I feel the change within our Hospice @ Home team as benefited the patients and families of Rotherham. We are now a rapid response team and offer advice and visits were needed over a 24 hour period. We also liaise with other health professional to advise them on palliative care.

Rachael Clark – Responsive Band 5 nurse.

I have worked in the Hospice Community Team for just over 2 years and have seen many changes. Since the re-design we have been given more support as Band 5 nurses from the responsive band 7's that are now in the Responsive Team.

Vicki Gillepsie – Planned CNS

Since the changes within the Community Team, the Responsive Team now visit any urgent CNS visits. This avoids cancellation of planned visits, or adjusting days/times of visits. It enables me to give more planned time to patients, which I feel is a more positive experience for our patients and families. As a CNS in this role I feel it is now easier to time manage and be more productive. CNS planned new patients also have the choice to be seen in a clinic at the Hospice, which enables patients to come into the Hospice and makes them more aware of other Hospice Services.

Professional feedback:

Julie Dungworth – Community Matron

Just a quick note to say thank you to all of the Hospice @ Home Team for all of their hard work looking after my patient. Their hard work (at times in challenging circumstances) and support made it possible for her to die peacefully at home with her family around her.

Silverwood Care Home Manager

"Silverwood Care Home received training from the Hospice team and my staff were encouraged and their confidence boosted especially around having difficult conversations with families and loved ones. My senior team came out of each session energised and eager to implement changes to their practises and were grateful of the chance to reflect on past situations and how they dealt with things. I feel the training supported my staff to team build and they work together a lot better and have more insight into the services you provide to help when before we mainly only worked with the District Nurse Team".

Sarah Smith Nurse Educator – Care Home Project

I am delivering bespoke education to numerous Care Homes following audit of admission data. I recognise an unmet need regarding end of life education in all Care Homes and am glad of the opportunity for us to increase knowledge, skills and confidence around End of Life Care. I feel great progress has been made, although I recognise the challenges still that lie ahead. Engagement from Care Homes has been very positive and feedback from care staff regarding education has been very encouraging.

Priority Three – Improved focus on "Lasting Power of Attorney", supporting families and increasing compliance

(Addressing clinical effectiveness and patient experience)

Standard

Increasingly, decisions relating to patient care at the end of life are challenging and complex due to the patient's inability to demonstrate the cognitive awareness and mental capacity to make an informed choice. This has significant implications on the requirements for Mental Capacity Assessment (MCA), Best Interest Decision (BID) Making and the application of the national Deprivation of Liberty Safeguards DoLS) process. It also creates an immensely distressing time for families and staff who try to manage this situation with compassion.

Therefore it is widely acknowledged that all patients should be advised of the benefits of considering "Lasting Power of Attorney" for care and treatment prior to this stage occurring.

How will this priority be achieved?

This priority will be achieved in phases as follows:

Phase 1: Establishment of partnership working group, including cross organisational representation who will consider the frequency of meetings and broader terms of reference for their work. This is to be achieved at the beginning of quarter 2.

Phase 2: The development of a project plan to identify the key tools to be utilised by staff in all organisations to increase awareness and application of "Lasting Power of Attorney" for Care and Treatment. This is to be achieved before the end of quarter 3.

Phase 3: Concept testing across a variety of services to establish the viability and effectiveness of the model. This will be achieved during quarter 3/4.

Phase 4: Assessment of the findings to inform future work.

How was this priority identified?

This priority has been identified based on national regulation and guidance, joint reflections across the Health and Social Care arena and direct feedback form families who have been involved in the complex decision making process at a time that is extremely difficult for them.

It has also been identified due to the increasing number of situations that occur across the borough, where Mental Capacity Assessment (MCA), Best Interest Decision (BID) Making and the application of the national Deprivation of Liberty Safeguards DoLS) could have been avoided if LPA was in place.

Monitoring and reporting methods

Performance against this priority will be measured as part of the Clinical Governance Framework. This will require the review of the timely performance against the project plan and the consideration of findings from Phase 3.

This data will be collected and presented on a quarterly basis to the Clinical Governance Group.

This information will then be reported to the EOLC Strategy group for consideration by partners in the project.

It is important to note that although it will be possible to measure engagement from patients and relatives it will not be possible to measure impact on service for some time.

Performance against this priority in 2017/18

Rotherham Hospice is working with Health Watch and Rotherham Metropolitan Borough Council to agree a consistent message about Lasting Power of Attorney and its effect on Advanced Care Planning and effective consent for care and treatment.

An agreement has been reached to use one leaflet to disseminate information across the Rotherham Borough. This will be shared with the whole MDT for dissemination and consistent use with patients and families in 2018.

Work has taken place this year internally to ensure that staff understand the statutory requirements and their role and responsibilities in relation to Mental Capacity Assessment/Best Interest Decision Making/Deprivation of Liberty Safeguards and Lasting Power of Attorney. Information has been provided in the staff workbook and some individual staff received training throughout the year. This work will be rolled out to all staff in 2018.

Individual work with patients and families continues to happen as part of other programs of work e.g Carer Support and Pre Bereavement work. However this is not the proactive approach planned for this work and it is therefore acknowledged that although this is a key priority for the Hospice it is a competing priority for other organisations and therefore is something we may not be able to take forward borough wide at the moment.

It is acknowledged that further work to roll out borough wide use of the LPA leaflet is still needed in 2018/19.

What people told us about these improvements

Staff feedback:

Diane Keeley – Head of Patient and Family Support Services

The IPU admission paperwork now prompts the nurses and medical staff to ask the appropriate questions about the patient's Mental Capacity and enquire if the patient has a registered Lasting Power of Attorney (LPA).

Having an LPA for Health and Welfare is so important to be aware of as the Attorney/ Attorney's need to be involved in all decisions that are being made regarding the patients care and treatment. Having a Health and Welfare LPA also eliminates the need for consideration of Deprivation of Liberty Safeguards.

Kathy Walsh – Responsive Band 5 nurse (Hospice Community Team)

As part of my involvement in the care of a complex community patient who was approaching the end of life, I was required to complete a Mental Capacity Assessment (MCA) and Best Interest Decision (BID). This was new territory for me. I was supported to complete both processes by our Head of Patient and Family Support Services which ensured the patient received the best and most appropriate care and treatment.
Receiving the support in this way always us all to benefit from the wealth of knowledge and experience which gives us clarity to what can often be a complicated process.

Thank You

Remember:

'People will forget what you said, people will forget what you did, but people will never forget how you made them feel.'

Maya Angelou

2.2 Looking Forward at Priorities for Improvement during 2017/18

Throughout 2017/18 we have utilised feedback from stakeholders in, or aligned to, the Hospice and identified 3 key quality improvements that need to be made throughout 2018/19. In selecting these priorities we have been mindful of national and local policy, as well as those issues which were of concern to all our stakeholders, including service users, our workforce, our partners and our Trustees.

These priorities have been chosen for their impact on Patient Safety, Clinical Effectiveness and Patient/Carer Experience. They have also been considered against Domains 1-5 of the NHS framework (see part 4).

Priority One – Improved Hospice Community Services

(Addressing Patient Safety, Clinical Effectiveness and Patient/Carer Experience)

Standard

To ensure that the Hospice Community Service provision across Rotherham is accessible 24/7 by all who need it.

- To improve end of life care provision and coordination by greater integration between all Hospice services and with other community EOLC providers.
- To provide both planned and responsive care to all patients and families who need this, ensuring they receive the highest standard of Palliative and End of Life Care, delivered by the right staff, in the right place at the right time.
- To provide an enhanced level of responsive Care Home support to enable EOLC patients who live in Care Homes to die with dignity and respect in their preferred place.
- To see an increase in community volunteering to support respite/carer crisis and the wider spirituality needs of patients and their families.
- To influence the procurement of EOLC Domiciliary Services looking to integrate the revised model with existing H@H services if sustainable, or providing improved integration with external providers as required.

All of the above will create sustainability and increased quality and effectiveness overall.

How will this priority be achieved?

This priority will be achieved through the provision of a multi professional, integrated service that can provide all aspects of care to patients and their families at the end of life.

This will require workforce development and role revision to allow increased competency for some clinical staff.

The enhanced team will see the integration of a Care at Home Support Service, which can be provided based on need and replace the currently domiciliary model. It will also see the increase in community volunteering and look at methods of exploring the scope of volunteering activities to provide bespoke support to individual families.

Finally it will see the introduction of EOLC Care Home Support pilot that will increase confidence to care for EOLC patients in crisis, through education and rapid response.

How was this priority identified?

This priority was identified through feedback from patients, family members, carers and professionals, who expressed frustration and disappointment in the duplication of services involved with individual families.

With the introduction of increased community provision within the Hospice, this has also become increasingly apparent across Hospice services.

It has been a continuing theme in commissioning conversations and is a strong drive of the EOLC Strategy Group in order to reduce avoidable hospital admissions and enable patients to receive care in their preferred place.

The volunteering element of this priority was also identified in 2015/16 but still requires further focus in the future.

Monitoring and reporting methods

This will require the review of service activity data, referral and access trends, service user feedback surveys, the measurement of patient and family and staff experience and patient/family and organisation outcome measures (preferred place of care/death, avoidable admissions to hospital, deaths outside hospital)

This data will be collected and presented on a monthly basis to the Clinical Governance Group to allow the service to be further developed in a way that continues to meet the needs of its users.

This information will then be reported to the Clinical Commissioning Group as part of a broader quality matrix. This information will also be shared on a bi-monthly basis at the borough wide EOLC strategy Group to ensure it influences future service design.

Priority Two – Utilising holistic methods to improve outcomes in relation to symptom management (increasing Complementary and Acupuncture Therapies)

(Addressing patient safety, clinical effectiveness and patient experience)

Standard

Patient Related Outcome Measures (PROMS) have formed part of national service evaluation for some time now.

Although these are recognised as essential tools to measuring service quality and effectiveness, in the field of Palliative / End of Life Care it is also important to have an understanding of what patients and their families are feeling physically and emotionally. Specific PC Outcome measures are also widely researched and established as Best Practice in order to achieve positive patient experience.

This priority will see the development of two specific areas to enhance our delivery of the SPC Outcome measures locally, ensuring that alternatives to pharmacology are provided and all of the above is addressed when measuring both quality and effectiveness of service interventions.

How will this priority be achieved?

This priority will be achieved through the development of a task and finish group to explore the introduction of these services and their ability to be assessed and delivered in line with the IPOS principles.

This work will then be concept tested across a variety of Hospice services allowing us to introduce increased service, through the growth of Complementary Therapy Volunteers and Qualified Nurse Competency and Training in relation to (Plaster) Acupuncture Therapy.

The work will look at the tools required for effective assessment and outcome measures and consider implementation into every day practice, providing practitioners with practical tools that are easily interpreted, understood and delivered.

How was this priority identified?

Measurement of physical symptoms such as pain is well established, but practitioners in Palliative Care sometimes challenge these assessments with the argument that feedback from the patient on how they are feeling today, is more important than a numerical score on a symptom scale.

Some staff have been using the IPOS system to good effect, whilst other services feel that this is not suitable for the variety of services that the Hospice provides.

Staff want to establish standardised tools and improved service in relation to Complementary Therapy and Acupuncture in order to improve patient experience of symptoms, without the use of pharmacology.

Monitoring and reporting methods

This priority will be measured in phases as follows:

Phase 1: Establishment of the group, including multidisciplinary representation, frequency of meeting and terms of reference for the work and a project plan. This is to be achieved before the end of quarter 1.

Phase 2: The development of services and scoping of training including consideration of national requirements and best practice. This is to be achieved before the end of quarter 2.

Phase 3: Concept testing across a variety of services and education of staff. This will be achieved during quarter 3.

Phase 4: Implementation of new services and measures for capturing success. This will be achieved during quarter 4.

Performance against this priority will be measured as part of the Clinical Governance Framework and reporting will be through the Quality and Clinical Effective Group on a quarterly basis.

Priority Three – Enhancing "Day Therapy Services" through the introduction of a "Hearts and Minds Café", Art Therapy and Increased Family Support for Pre Bereavement Care Planning.

(Addressing clinical effectiveness and patient experience)

Standard

Day Therapy Services complement traditional Day Hospice attendance to enhance quality of life, health and well-being for patients diagnosed with cancer or other life limiting illness for which there is no curative treatment.

Hearts and Minds Café:
To provide a therapeutic service for patients who have cognitive decline. This service will encompass support for the care giver with practical and emotional support in managing this memory loss and looking for ways to improve relationships/understanding of the illness.

Art Therapy:
To extend and complement our counselling for adults and pre and post bereavement support for adults and children where a significant loved one has died from a palliative condition.

To extend and rename our Carer Support Group to "Family and Friends Support" (for pre bereavement care planning). This will encompass the whole family and friends.

How will this priority be achieved?

1. Scoping exercise across the organisation and with partner agencies to look at the numbers of patients and their families who would benefit from these services and what activities should take place at each session, for example the patient to attend with their care giver/family member so skills and coping mechanisms can be shared. This will include consideration of Diversional Therapy.
2. To develop a project plan by visiting other mental health café's in Rotherham to learn what makes their group a success.
3. Training of current health care assistants in Day Therapies and the introduction of a counsellor with art therapy qualification.
4. We will look to advertise this with our partner agencies and internally to encourage attendance and identify families who would benefit from a family support session.

How was this priority identified?

Hearts and Minds Café:
Although there are already numerous support networks in Rotherham for people with mental illness and Dementia (memory and dementia cafes, singing for the brain etc.). It appears that there is a deficit in provision for patients with glioma's and other long term conditions where cognitive decline is or will become evident.

Art Therapy:
The Adults and Children's Bereavement Support has identified several families and individuals who require more than talking to gain understanding of their grief and family situations.

Family support for Pre Bereavement Care Planning.
We have facilitated a Carer Support Group but attendance numbers have declined and local research has identified lots of other carer support groups throughout Rotherham. Also past attendees have stated that they don't see themselves a 'carer' as this 'labels' them and suggests that just one person can be THE carer.

Monitoring and reporting methods

We will review the service activity data, referral and attendance numbers and utilise service user feedback.

We will measure patient, family and staff experience and patient/family and organisation outcome measures.

This data will be collected and presented on a monthly basis to the Quality and Clinical Governance Group to allow the service to be further developed in a way that continues to meet the needs of its users.

It must be noted that with any psychological interventions qualitative data is generally more useful than quantitative and hence it may take some time to formulate robust evidence of success or need for change.

Creating Emotional Resilience

Promoting emotional resilience is a key issue in Hospice Care to maintain wellbeing in a rewarding but delicate and challenging environment.

Providing support for Patients, Families, Carers, Staff and Volunteers is therefore vital.

Background

Historically Rotherham Hospice provided support for counselling and psychology through the provision of clinical psychologist providing one to one support to all counselling and psychology patients at all levels.

Bereavement Services were delivered only through a volunteer befriending service which did not historically have a robust or consistent method of providing supervision and support to volunteers.

In 2012 the Hospice began to provide Children's Bereavement Support in the form of a group session running once a month.

In 2014 the Hospice looked at a whole service redesign and suggested recommendations to change the way that Counselling and Psychology Services were delivered whilst maintaining core Hospice values and integrating "compassionate caring" principles into all service provision.

It was also seen as essential to provide appropriate supervision and reflection for all staff and volunteers involved in delivering these services

Aim and implementation

This service redesign saw the formal introduction of a tiered Psychology and Counselling Service, providing appropriate support to patients and their families across levels 1- 4. These 4 levels provide tiered support ensuring patients are seen at the right time by the most appropriate person.

Level 1

General awareness of all clinical workforce ensuring patients and family members are cared for with an acknowledgement of their emotional and psychological wellbeing.

Level 2

Basic principles of addressing emotional deficits are built into mainstream nursing roles, embedding consistent principles into methods to support anxiety, agitation, distress and bereavement preparation.

Level 3

This requires the individual to be focusing on counselling and psychology as the key part of their role. The role delivers all of the above and support broader level 2 services and staff.

Level 4

Only patients who have not been able to be or cannot be supported successfully through levels 2 and 3 are escalated to level 4. Level 4 also provides supervision, training and reflection to level 2 and 3 staff as well as providing Schwartz Round facilitation.

It also saw the introduction of a formal training, supervision and reflection process for all bereavement befriending volunteers.

Finally in 2015, the Hospice introduced "Schwartz Rounds" to allow an increased focus on staff emotional well-being as well as patients, families and carers. Schwartz Rounds are monthly meetings for staff and volunteers to come together in a safe environment to think and talk about how it feels to do the work we do. They are not education sessions and they are not used for problem solving, but purely for reflection on emotions and resilience. Each month we will focus on a different case or theme.

Outcomes

These changes provided a skilled and dedicated workforce with increased ability to engage in complex communication with patients and families. They also allowed for robust governance in this area, providing supervision and reflection in line with Best Practice.

By introducing allocated counselling and carer support time, improved outcomes for carers and families was also achieved.

The new service structure has seen increased access to bereavement and counselling services in general with a demand that still continues to outgrow capacity in certain areas.

Likert scaling tools are used in some areas to allow outcomes to be measured.

It is often the case that children withdraw or experience behavioural issues when they are dealing with difficult emotions. We have found that teachers report improvements in children's general wellbeing, interaction with others, and performance when they have been attending Sunbeams. Children and young people also say that attending Sunbeams has a positive effect.

Staff and volunteers report positive feedback form Schwartz rounds attendances and measures in relation to sickness and absence will also be monitored in the future.

Further information

Throughout the last 2 years Rotherham Hospice has driven forward emotional support for patients, their families, carer's staff and volunteers. Some areas of support we offer are:

Child Bereavement Support Service (Sunbeams), Counselling and Psychology Service, Adult Pre and Post Bereavement Service and Schwartz Rounds.

Part 3 Statements of Assurance from the Board of Trustees

3.1 Statements of Assurance from the Board

The following are a series of statements that all providers must include in their Quality Account. It is important to note that many of these statements are not directly applicable to Specialist Palliative Care or End of Life Care providers, especially Hospices.

3.2 Review of Services

During 2017/18 Rotherham Hospice provided the following services:

- Inpatient Unit - consisting of 14 single inpatient bedrooms all with en-suite facilities including capacity for bariatric care
- Day Services - providing a minimum of 15 places a day, 4 days a week (excluding bank holidays) for traditional "Holistic Day Care" and 2 days a week providing Day Therapies, including Lymphoedema, Transfusion services, Medical Outpatients, Nursing Assessment and Triage, and Health and Well-Being Groups
- Transport for patients to and from the Hospice is also provided
- Hospice Community Team including Clinical Nurse Specialist Services and Hospice at Home (Rapid Response) services.
- End of Life Care, Domiciliary Services.
- Bereavement services, Carers Support and Chaplaincy Services
- Therapy Services, including, Complementary, Physiotherapy and Occupational therapy and Psychological Support Services

Rotherham Hospice has reviewed all the data available to them on the quality of care and efficiency across all of these services and used this information to facilitate service improvements and or demonstrate commissioner and regulatory compliance.

3.3 Income Generation

Rotherham Hospice is commissioned via the NHS Standard Contract, to deliver NHS End of Life Care and Specialist Palliative Care Services on behalf of Rotherham Clinical Commissioning Group. The income generated by the NHS services reviewed in 2016/17 represents 100% of the total income generated from the provision of NHS services by Rotherham Hospice for 2017/18. The overall income generated from the NHS contract represents 53% income for the Hospice for the same year.

3.4 Participation in Clinical Audits

National Clinical Audits and National Confidential Enquiries

For the first time during 2017/18 Rotherham Hospice was eligible to participate in two formal national clinical audits. However, although the Hospice participated in these national clinical audits and national confidential enquiries there is no list or number of cases submitted to either audit or enquiry due to the methodology of the studies used.

These included the National Evaluation of Schwartz Rounds 2017 and the National Comparative Audit of Blood Transfusions 2018.

The findings of these audits have been used to influence local practice and form a wider alliance of "Resilience" and support for staff. This work has been shared nationally at the Hospice UK conference 2017 and is planned again for the Hospice @ Home conference (The true cost of caring) in 2018.

In addition to formal audits the Hospice also conducted16 internal clinical audits. These included participation in national audit programs such as "Safety Thermometer", Patient Led Assessment of the Care Environment (PLACE) and the Hospice UK National Benchmarking Audits for IPU Bed occupancy and outcomes, (Falls and Medication Incidents). Locally agreed audits included evaluation of Nutrition and Hydration, Record keeping, CD audits, External Environment audits and Essential Steps (Infection Control).

These audits have then informed local action or service improvements plans and assisted in identifying key priority areas for the coming year.

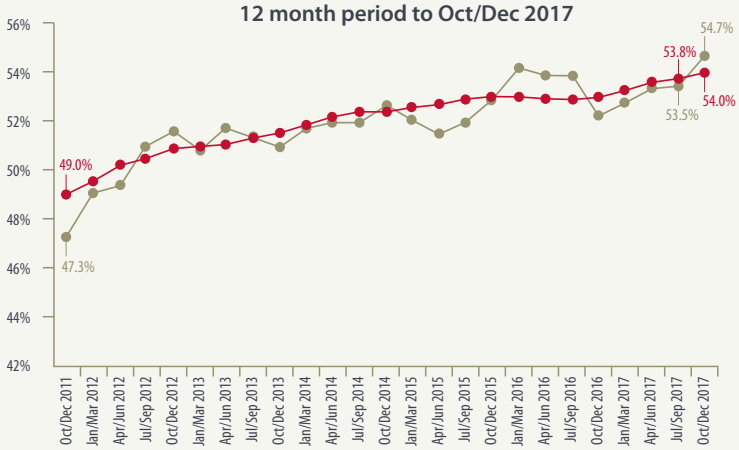
Additional Audit from external parties also demonstrates the Hospices effectiveness as part of the wider Palliative Care and End of Life Care agenda. This is evident from the annual Deaths at Home Audit conducted by Public Health England.

Focus on:

Audit of deaths outside hospital and % of H@H patients who remain to die at home:
Annual data from Public Health England shows that the Rotherham percentage of deaths outside hospital increased markedly between the 12 months to Oct/Dec 2011 (47.3%) and to Oct/Dec 2012 (51.6%). Data fluctuated over the next 4 periods to Oct/Dec 2013 (51.0%) The percentage then increased again to Oct/Dec 2014 (52.7%) reaching its highest point so far and better than England average (52.4%)
Between Oct/Dec 2014 (52.7%) and Oct/Dec 2016 (52.3%) data fluctuated again and ended virtually unchanged. However, between Oct/Dec 2016 and Oct/Dec 2017 (54.7%) the percentage increased significantly again and went above England average (54.0%).

This is in line with the 1662 saved avoidable admissions for 2016/17.

Percentage deaths not in hospital (based on death registrations) Rotherhams residents compared to england by rolling 12 month period to Oct/Dec 2017



Statement from External IPC Lead

I can confirm that Rotherham Hospice had zero cases of MRSA bacteraemia or Clostridium difficile in 2017/18.
There have been no reported outbreaks at the Hospice in 2017/18, even though this year saw both Regionally and Nationally high levels of Influenza and numerous cases of Norovirus or Rotavirus gastroenteritis.
Mandatory training and hand hygiene updates are provided on a monthly basis by the Foundation Trust Infection Prevention and Control Nurses (IPCNs) (2017/18 saw 75% of staff attend this training.).
The Inpatient, Day Unit and Hospice @ Home teams complete "Essential Steps" audits on a monthly basis which includes observational audits of hand hygiene, compliance with bare below the elbows, Urinary Catheter Care and Enteral Feeding.
Environmental audits are carried out by the IPCNs with the Unit Manager for Inpatients and the Day Unit on a quarterly basis with consistently excellent findings.

Hygiene Code: Statement of Compliance for 2017/18

Section 21 of the Health and Social Care Act 2008, places a statutory requirement on organisations to comply with the regulatory requirements for Cleanliness and Infection Control (Regulation 12 HSCA – Revised 2010). The regulatory requirements cover 10 specific areas and form the Code of Practice to which Health and Social Care Organisations should adhere. The following is Rotherham Hospices, statement of compliance against the 10 criteria listed in the code:

Compliance Criteria	Performance against criteria
1.	The Hospice routinely screens all patients admitted to the Inpatient Unit for MRSA and uses an Inter-Trust Transfer Form to allow identification of any patients moving within the local healthcare system. We have full electronic access to receive laboratory reports from other trusts and have 24 hour access to laboratory services for screening and assessment.
2.	The Hospice has a number of processes in place for assessing cleanliness and infection control processes including the annual PLACE assessment, monthly self-assessments and quarterly external cleanliness audits. All of these have been positive across the year. This has seen 0% infections acquired at the Hospice during 2017/18. The Hospice uses cleaning materials in line with ISO 13485 that is effective in killing 99.9% of pathogens presents. These materials also provide a secondary barrier for resistance to re infection between cleaning episodes.
3.	Information on hand hygiene and the need for good infection control processes is visible in all areas, particularly the Inpatient and Day Units. Information on Barrier Nursing or other appropriate information is given to families as required. Ensuring appropriate antibiotic use for patients as required ensures optimal outcomes for Hospice patients and also reduces the risk of adverse events and anti-microbial resistance.
4.	Appropriate signage is used to identify where infected patients are being Barrier Nursed (in line with local identification policies). Staff discuss any IPC requirements for individual patients at both the daily nursing and broader MDT meetings. Suitable patient and family level information is provided to service users and visitors on the prevention of and control of infections.
5.	MRSA screening is performed on all patients on admission (unless they are too unwell – EOLC). 83% of patients were routinely screened during 2017/18. The Hospice has access to electronic laboratory reports and medical cover so all patients can have timely review and any treatment can be made as required. Any patients with the potential for developing infections have their individual IPC requirements discussed at both the daily nursing and broader MDT meetings. All patients who have an infection are barrier nursed (in line with local policies) and protective barrier nursing equipment is provided to match the requirements of the infection.
6.	All staff and volunteers are aware of the importance of Infection Control and this is emphasised through training and development processes. These include audit and compliance processes, annual staff training and staff workbooks. Infection Control is also highlighted as an integral part of staff contracts.
7.	All patients on the Inpatient Unit are nursed in single rooms. Therapies on the Day Unit are provided in clinical rooms as required. A separate "Transfusion room" is provided in Day Therapies and Treatment rooms and Complementary Therapy suites are kept separate at all times. However day patients who are infectious should not be brought into the Hospice for treatment if barrier nursing was required.
8.	The Hospice has a contractual agreement with the local Foundation Trust for the supply of Laboratory Services. This includes the collection and transportation of samples from the Hospice, twice daily.
9.	The Hospice works to policies and procedures developed and agreed in line with national and local guidance. It also has a contractual agreement with the local Foundation Trust for the supply of services related to infection prevention and control. The Hospice conducts individual patient risk assessments and formulises personal care plans to support patients and their families as required.
10.	All staff at the Hospice receive appropriate Occupational Health Screening prior to employment. For clinical staff this includes antibody screening and inoculations as required. Ongoing staff requirements are managed through a service level agreement with the local Foundation trust for Staff Health and Wellbeing Services. The Hospice also offers staff flu jabs annually and 77 staff received these in 2017. The Hospice Sickness and Absence policy requires 48 hours infection free before return to work.

3.5 Research

No patients receiving NHS services provided or sub-contracted by Rotherham Hospice in 2017/18 were recruited during that period to participate in formal research approved by a Research Ethics Committee.

3.6 Quality Improvement and Innovation Goals agreed with our Commissioners/ CQUIN Payment Framework

Rotherham Hospice NHS income in 2017/18 was conditional on achieving Quality Improvement and Innovation Goals through the Commissioning for Quality and Innovation Payment Framework.

National CQUINS
CQUIN 1 (National CQUIN 4)
Staff Health and Wellbeing

This CQUIN requires the Hospice to demonstrate how it supports staff overall health and wellbeing as well as specific measures in relation to the provision of support to maintain a healthy work environment.

2017/18 achievements:
All staff have access to healthy foods and have the ability to make healthy choices in relation to improved health and wellbeing. Work places have been assessed and provided safely in line with HSE requirements and reasonable adjustments have been made for individual staff where required.

Schwartz Rounds to improve emotional and psychological wellbeing were provided in 2017/18 however these were not been delivered for a few months due to the change of trained staff. As these evaluated extremely well by all staff attending, they will commence again in April 2018. Throughout the gap in delivery, individual staff support has been provided through Best Practice Sessions and 1-2-1 supervision.

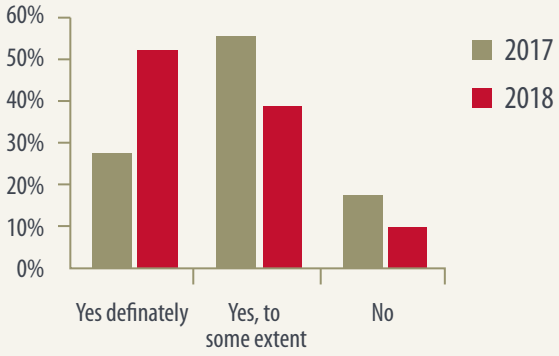
All staff have access to an organisational program for counselling support as required. This has seen 2 staff accessing support from a variety of settings across the Hospice.

All staff have supportive access to Occupational Health as required. This has seen 12 staff referred for assessment as follows:

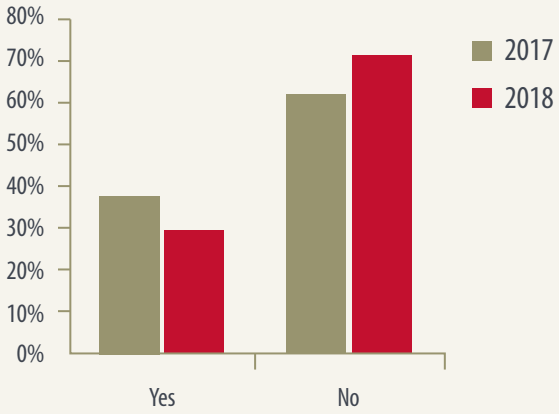
In addition 71 staff received the Influenza Vaccination via Hospice clinics.

The annual Hospice staff survey does not directly address the NHS CQUIN questions, therefore these have been asked separately in 2017/18 via Survey Monkey. The responses were as follows:

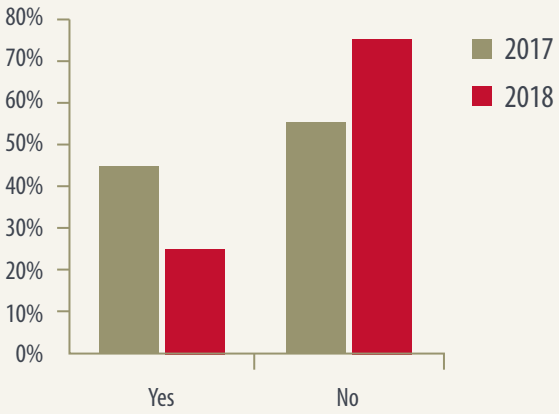
Q1.Does your organisation take positive action on health and well-being?



Q2.In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



Q3.During the last 12 months have you felt unwell as a result of work related stress?



3.7 What others say about us

As a learning organisation, Rotherham Hospice is keen to engage all Service Users and Key Stakeholders in feedback to support service improvement and increase quality and experience. With this in mind the organisation has robust networking systems in place with local strategic partners to ensure we receive feedback which can facilitate service improvement by strengthening what we do well and learning from situations where we did not meet expectation.

The Hospice also has a number of working groups which include representation from external organisations these include our Patient and Public Engagement Group, MND Working Group, Out Of Hours Rapid Response Steering Group and Care Home Engagement Group.

Feedback is also sought in the form of service user satisfaction surveys helping us to gain information from patients, family members and carers about the care that they received and their experience overall. These surveys have helped us to understand how our services are perceived by th people who use them. Learning from the comments made has enabled us to acknowledge where shortfalls in service provision exist and make positive service changes for the future. The Hospice also participates in the national "Friends and Family Test" feedback program.

Throughout 2017/18 feedback has been received and responded to as follows:

Bereavement Services 97.8% average positive feedback Inpatient Unit 99% average positive feedback (100% Friends and Family Test) Day Unit 98% average positive feedback (100% Friends and Family Test) Hospice @ Home 96.5% average positive feedback (100% Friends and Family Test)

Overall the Hospice has received an average of 98.4% positive experience feedback throughout 2017/18. This is alongside a tremendous 99.75% Friends and Family Test result.

Selections of the supporting comments are listed below:

From Hospice @ Home and Community CNS Team;

We would like to thank you all so much for your support during Mums illness it meant so much to us all the kindness you showed to myself and the family whilst making Mum so comfortable we cannot thank you enough. With much appreciation Family X

To all the girls who looked after husband X and got me through the days he was ill me and my family would like to thank you very much and just to say you all are a credit to the hospice team – Family X

Thank you for helping X and I through all the last few months. You were all a very special team which I would have loved to work with. You will be always special to me. Thank you once again X.

From Day Hospice/Day Therapies;

Thank you on behalf of our mum for all the care and support in her final days, love from the family.

To the staff and helpers for being there and being helpful and making my 12 weeks go too fast, love from X.

To all the fantastic staff on the Day Ward, you are all kind, considerate and fabulous, nothing is too much trouble. Think the world of you all and thank you for everything you do for me and everyone else. Will really miss you all love from X.

From Inpatient Unit;

Thank you all so much. You do an amazing job.

Thank you for giving my mum a peaceful end.

With our heartfelt thanks to you all for getting our 'Man Mountain' back on his feet. We are truly humbled and touched by the care and attention.

Thanks for caring for our mum with dignity and compassion.

A huge thank you for caring for our dad. We will never forget.

My Step-Father recently passed away after a few days in the hospice. What a fantastic place - the staff are, without exception, absolutely brilliant. Thank you for the care you gave to my Step-Father and the support and care you gave to my Mother whilst at his bedside.

It gave us peace of mind to know that X spent the last few weeks of her life amongst such special people.

We just wanted to say thank you for taking care of X. You made a difficult time more bearable.

From Bereavement Support Service;

An incredibly supportive process. Structured and efficient and delivered in an incredibly professional manner. This has been productive in sign posting myself to additional services via the Psychologist to further address my needs. My profound and heartfelt thanks to Rotherham Hospice and X. An exceptional service.

I found it soothing and comfortable when I saw X, she listened to me and I felt at ease with her. After 2 sessions I felt most confident to carry on. Before I saw her I was very low. Thank you for your help. The Hospice is the most calming place I have ever visited.

The counselling with X has been extremely helpful and I am benefiting from her guidance. X got to understand me quickly and made me seek other help, which I would not have done without her help, she is amazing and an asset to the Rotherham Hospice.

Thank you for your support and motivation in helping me reach this day, you gave me your time – the most thoughtful gift of all. Many thanks X.

Dear X, my counselling is coming to an end and I would like to give a huge thank you to the Rotherham Hospice and yourself for all your support, kindness and thoughts that you have got me through the most difficult time of my life losing my husband of 50 years. I have found the counselling sessions very helpful. Thank you, you have given me the strength to get on with my life. With best wishes X.

From Sunbeams – the children's feedback ;

Coming to Sunbeams has helped me remember all the happy memories about my mum.

The group is a fantastic service for the kids and has helped them a little along the way to coming to terms with what has happened. I am extremely grateful the group exists.

From Sunbeams – the adults feedback;

The group has helped him realise he can think about Mum a little and he doesn't have to occupy himself constantly to 'forget' or 'ignore' what has happened.

Yes. She has definitely come out of her shell and occasionally says something about her mum. X has enjoyed the group – it has given her time to think about mum while doing other activities.

I can't thank you enough for all the help you gave X and X with the bereavement of their Grandad. We hope this helps other children as much as your kindness helped them.

From other professional at Bluebell Wood Children's Hospice;
Thank you so much for letting me come along to your group, I found it so beneficial to see how your group runs and the structure of your plans. I came away with so many exciting ideas and ways to develop our own groups.

Denise Holyhead – Day Hospice Patient

Denise loves life – she is a fun loving wife and mother and is looking forward to her youngest son's wedding in January 2018.

As Denise was putting away her Christmas tree back in January 2016 she needed to do some work on the computer. She tapped out some words and thought they looked strange, she didn't give it much more thought and went back to putting her tree away. Later that day she was back at the computer and all seemed fine. Over the next couple of weeks she was struggling to remember words so she decided a visit to the doctors was needed. On January 27th she visited her GP who referred her for a brain scan. Within the week she was in hospital being operated on after being found to have 3 brain tumours. The larger one was removed but the other 2 are still there. She has had an aggressive course of radiotherapy and is constantly undergoing chemotherapy.

Towards the end of 2016 Denise came to Rotherham Hospice as a day patient. She has made so many friends and renewed her love of painting and knitting. Julie one of the HCSW gave her a bag of wool and said "here you go, why don't you make a blanket" and then showed Denise how to knit the perfect square. The result is the fabulous blanket in the picture along with HCSW Karen Done. Denise's sister put the backing on the blanket for her and Ella Bella at Bramley embroidered the Hospice logo in the middle.

Denise say's "the Day Hospice is marvellous and saved me. It also gives my husband a break for the day as he is my full time carer". All throughout her treatments she has remained positive and says she has some wonderful people in her life and wants to do as much as she can and have as much fun as possible.

From Cake and Coffee Bereavement Networking Group;

The first time I've been and everyone was very welcoming. A very good experience.

Thank you so much. Wonderful cakes, nice surroundings. A positive time to reminisce about X and talk over the fun times, the good times and think about a wonderful person. Thanks for the amazing care she was given and for assisting her to stay at home. Without your support we could not have kept her at home.

Enjoyed sharing my time with people at the Hospice who have lost loved ones same as me, had a lot in common. Look forward to the next one.

It was nice to see the people who were in our bereavement group and see how they were getting along and meet new faces and just to eat that lovely cake. Thank you.

Meeting everyone who has lost someone was a great help.

Finally, Rotherham Hospice receives excellent feedback from robust engagement with all our community partners ensuring we demonstrate a high level of social responsibility in line with organisational Best Practice and the requirements of the NHS Equality Delivery System (2).

3.8 Care Quality Commission (CQC)

Rotherham Hospice is registered with and regulated by the Care Quality Commission and its current registration status is approved and unconditional. Rotherham Hospice has no conditions on registration and registration is approved as follows:

Rotherham Hospice Trust is registered in respect of 4 Regulated Activities:

- Accommodation for persons who require nursing or personal care
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Regulation also states that:

- Services can only be provided to people 18 years of age and over (with exception for children's bereavement support only)
- A maximum number of 14 patients can reside in the Inpatient Unit at any one time

Rotherham Hospice has not received a re inspection by the Care Quality Commission in 2017/18 but has carried out many pieces of work including self-assessment of our current compliance and audits relating to our previous areas of requires improvement aiming to improve its rating to one of Good or Outstanding overall.

Focus on compliance:
In the absence of a CQC formal review or re inspection, the Board and Executive Team have driven forward a program of internal self-assessments to demonstrate our compliance across all 11 fundamental standards and 5 Key Lines of enquiry. This is in addition to the proactive management of quality services including a robust program of audits and clinical risk management.

In conjunction with our internal audit program, these self-assessments have enabled us to evidence the quality of compliance that we achieve whilst also identifying any areas of learning that can be applied. In line with a culture of continuous learning and improvement, these findings have been built into priorities and wider work streams for 2018/19.

Increased staff engagement has allowed us to build the staff voice into our planned improvements moving to increasing staff confidence and understanding in relation to "Quality and Best Practice" in order to achieve compliance.

Wider reviews include
During 2017/18 The Board as conducted 4 unannounced visits to clinical areas including, Inpatient Unit, Day Unit, Hospice Community Services and Patient and Family Support Services. In addition a visit was also conducted to consider Medicines Management. Each of these visits explored both staff, volunteer and service user experience alongside service, activity, risk management processes and learning that could be applied. All visits were extremely positive and well received by staff.

Rotherham Clinical Commissioning Group conducted a Quality Visit early in 2017/18 which explored the quality of services provided with a specific focus on the findings of the previous CQC inspection. This inspection was very positive overall with many areas of Best Practice identified. It also assisted in informing our self-assessment process and audit program throughout the year, particularly in relation to the management of medicines.

The Board of Trustees commissioned an external peer review to consider compliance against the 11 fundamental standards of the Health and Social Care Act (2014) and the evidence of Best Practice against the 5 Key Lines of Enquiry. This is planned for April 2018.

3.9 Data Quality

Rotherham Hospice did not submit records during 2017/18 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is due to ineligibility to take part in the scheme.

However, in the absence of this we have a local system in place for monitoring the quality of data and the use of the electronic Patient Information System, SystmOne. This provides monthly information on data quality and ensures accuracy in recording and reporting mechanisms.

Monthly data quality performance for 2017/18 is as follows:

Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
97.3%	97.5%	98.2%	98.2%	98.5%	98.0%
Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
97.5%	96.7%	96.9%	97.2%	96.4%	96.6%

NHS commissioning data quality targets stand at 90%. Therefore an annual average of 97.4% means that compliance has been consistently achieved throughout the year.

3.10 Information Governance Toolkit Attainment Levels

Throughout 2017/18 the Hospice has maintained the relevant framework documentation, polices, training, and security infrastructure to be able to demonstrate an attainment of 69% (Satisfactory) level 2 compliance with NHS Connecting for Health's Information Governance standards, ensuring we provide service users, key stakeholders, staff and others with an interest in the organisation with the confidence that their information is dealt with efficiently, safely and securely.

The Hospice has completed and submitted its annual Information Governance Statement of Compliance in accordance with National Information Standards and CQC requirements.

In addition the Hospice has revised its Information Governance Framework, undertaking a gap analysis and identifying an action plan of work for 2018/19. This incorporates further work to ensure that the requirements of the new General Data Protection Regulations and the revised NHS Information Governance Guidance, ensuring that revised ways of working are consistently embedded in all clinical and none clinical practices.

The outcome of this work will be further reported as part of next year's Quality Account.

Work to date includes:

- Staff training
- Improving Consent across all areas, particularly for the introduction of a Joint Rotherham Health Record
- Data process mapping
- Privacy Notices and statements
- Revised information for patients, families partners and supporters.

3.11 Clinical Coding Error Rate

Rotherham Hospice was not subject to the Audit Commissions, Payment by Results Clinical Coding Audit during 2017/18.

Part 4 - NHS Framework Domains 1 - 5

The core indicators are listed in the table below. The numbering scheme used in the table corresponds with the numbering of the indicators in the Regulation 4 Schedule within the Quality Accounts Regulations.

Some of the indicators are not relevant to the Hospice. Trusts are only required to report on indicators that are relevant to the services that they provide or sub-contract in the reporting period therefore some areas have been shaded as not relevant.

	Prescribed information	Achievement	Response
	Regulations 12-18 (Domains 1-3) are not applicable to Rotherham Hospice for the reporting period 2017/18.		
19.	The percentage of patients aged: (i) 0 to 14; and (ii) 15 or over, readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	9.52% (29) patients were readmitted to the IPU over 36 episodes, within 28 days of a previous discharge, in the 2017/18 year. This is an increase of 0.22% from 2016/17 where the figure was 9.3%.	Rotherham Hospice considers that this data is as described for the following reasons: Changes in patient conditions and the issues with procuring appropriate community provision for some patients on discharge. The Rotherham Hospice has taken the following actions to improve this and so the quality of its services, by: The continuation of 48 hour emergency discharge cover from the Hospice @ Home service to ensure all discharges are safe and effective in the patients home environment. This also includes patients who are leaving the NHS Foundation Trust to die at home.
20.	The trust's responsiveness to the personal needs of its patients during the reporting period.	The Hospice does not have actual % data on its responsiveness to patients and their families. However the Hospice can evidence its ability to assess, plan and coordinate care in a responsive manner. This is also evident from the organisations response to incidents and complaints, ensuring learning and service improvement occurs as a result of its findings.	Rotherham Hospice considers that this data is as described for the following reasons: The Hospice is not required to submit this data to the HSCIC as routine reporting.
21.	The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	2017 staff survey suggests 98% of staff would recommend the trust as a provider of care to their family or friends.	Rotherham Hospice considers that this data is as described for the following reasons: Staff are happy with the type and quality of services that the trust provides.
21.1	This indicator is not a statutory requirement. The trust's score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.	IPU – annual average 100% Day Therapies – annual average 100% CNS Service – annual average 100% H@H – annual average 100% Reception Token Boxes – 98.8%	Rotherham Hospice considers that this data is as described for the following reasons: Patients and families are generally happy with the care and support that they receive. Where individual responses were received that highlight improvements to be made, Rotherham Hospice has taken the following actions to improve this and so the quality of its services.

	Prescribed information	Achievement	Response
Regulations 22-23 (Domains 2,4 &5) are not applicable to Rotherham Hospice for the reporting period 2017/18			
24.	The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	1 patient was admitted to IPU with a known C Difficile infection but no patients were reported to have acquired a C.difficile infection at the Hospice during 2017/18.	Rotherham Hospice considers that this data is as described for the following reasons: High value is placed on infection control principles and all patients are nursed in single rooms. Please see our statement re the Hygiene Code in section 3.4)
25.	The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	The trust reported the following clinical incidents overall in 2017/18. Q1: 20 Q2: 25 Q3: 23 Q4: 24 1 incident required escalation under the serious incident framework. No incidents required Coroner's involvement due to the nature of injury sustained and or the time of death following the incident.	Rotherham Hospice considers that this data is as described for the following reasons: Although the numbers seem very high for clinical incidents it is important acknowledge that these are not all Hospice incidents but incidents escalated by the Hospice in relation to concerns found whilst working in the community or through medicines being wrongly dispensed from pharmacy or the hospital. The Rotherham Hospice has taken the following actions to improve this and so the quality of its services, by: All of these are reported and recorded so we can ensure that robust joint working reduces these incidents for the future.

It is not possible for the Hospice to report comparatively as it does not submit data to NHS Digital

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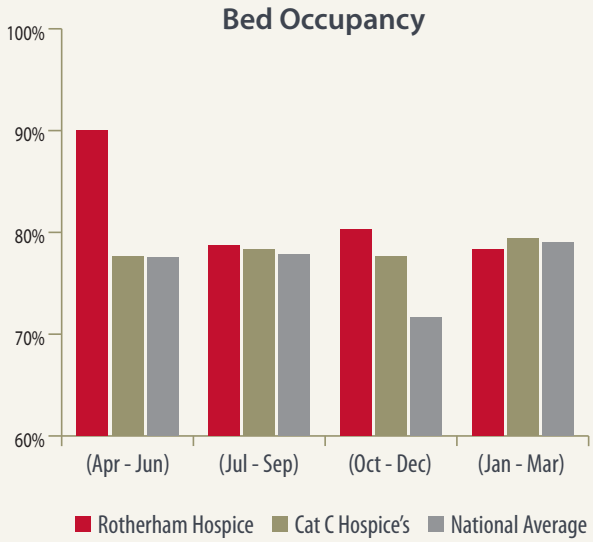
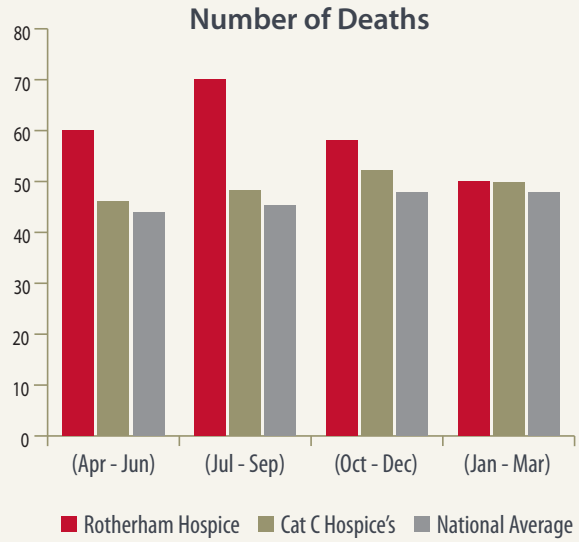
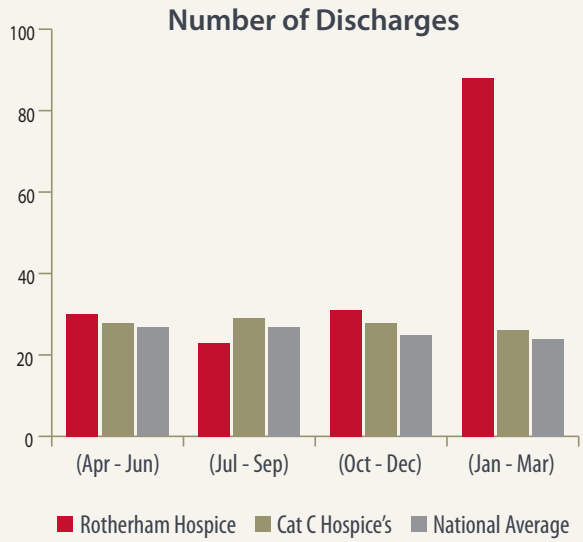
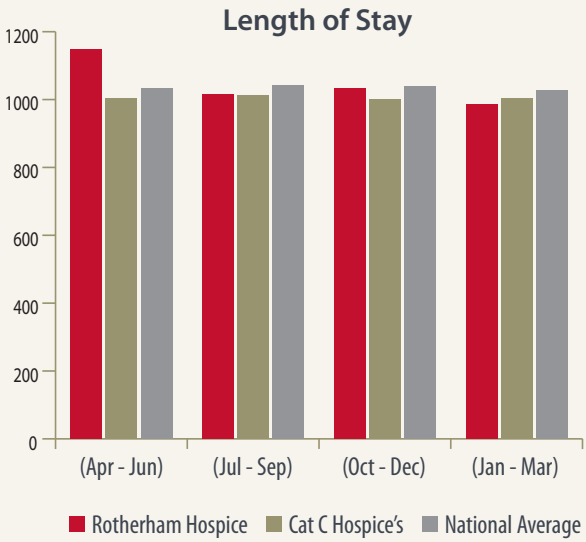
Focus on Responsive (section 20):
Although Rotherham Hospice cannot demonstrate its responsiveness through HSCIC level data, it can evidence its ability to plan, assess, deliver and coordinate the highest standard of patient care in a responsive manner. The information below shows the bed occupancy, number of deaths, number of discharges and length of stay for the Hospices IPU during 2017/18. This combined with the 1072 patients and families supported in the community and a total of 1,662 saved avoidable admissions, shows our ability to work collaboratively across all services to responsively meet patient and family need.









Focus on Patient Safety and Clinical Incidents (section 25):

Rotherham Hospice has recorded and reported 92 incidents throughout 2017/18. Of this 92 it is important to note that 14 were non clinical incidents and 24 were clinical incidents outside the Hospice care delivery.

Of the remaining 54 incidents, 19 were not related to patient care, leaving a total of 35 patient related clinical incidents.

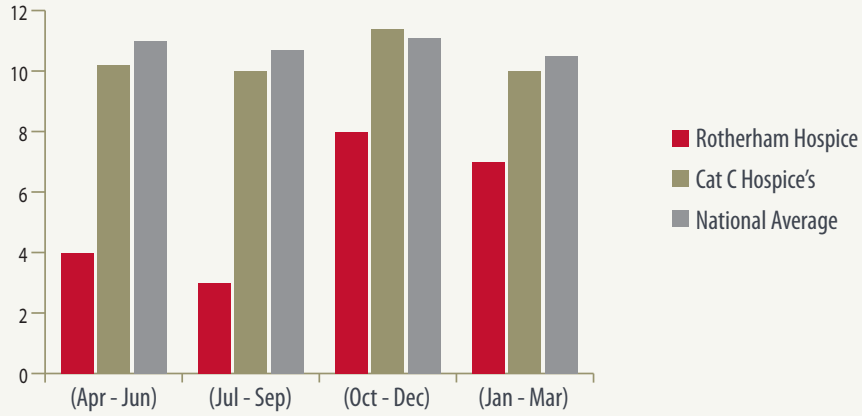
There were 21 "No harm" or "Low harm" falls and only one fall that resulted in moderate injury or harm.

There were 12 medication incidents at levels 0 or 2 and only one incident graded at level 3, requiring escalation under the NHS Serious Incident Framework.

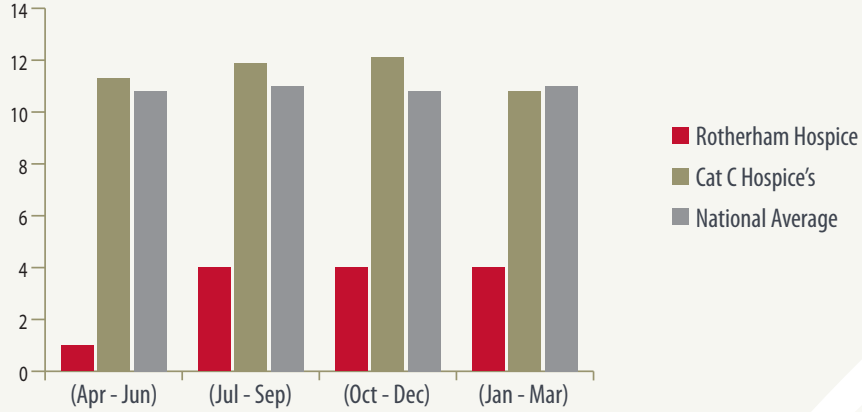
To consider these numbers in context and to understand their impact on quality and safety overall, it is important to consider them against Hospice performances nationally for the same time period.

The charts/graphs below show the number of falls and medication incidents that occurred on Rotherham Hospice's IPU during 2017/18 and the comparative numbers reported by Hospices nationally as part of Hospice UK national Bench marking Program.

Number of Falls



Medication Incidents



"How people die remains in the memory of those who live on"

Dame Cicely Saunders

5.1 Rotherham Clinical Commissioning Group (Rotherham CCG)

Rotherham CCG (RCCG) continues to work closely with Rotherham Hospice, both through strategic development and routine commissioning of hospice provision. RCCG is therefore well placed to comment on the quality of service provided by the Rotherham Hospice.

The Rotherham Hospice has continued to evidence good quality improvements in 2017-18 related to the key identified quality priorities. There has been focus on Indivualised Care Planning and also around Community Care with a focus on Care Home support. The CCG welcomes the three key quality improvement priorities that the Hospice has identified for 2018/19, which will continue to develop high quality provision for all patients accessing the Rotherham Hospice services.

The CCG looks forward to a continued positive relationship with the Hospice over the coming year.

Dr Avanthi Gunasekera
GP EOLC Commissioning Lead
Rotherham CCG

5.2 Rotherham Health and Wellbeing Board

As chair of the Rotherham Health and Wellbeing Board I appreciate the work The Rotherham Hospice carries out for local residents, and how this is contributing to our local Health and Wellbeing Strategy 2018-25. This long-term strategy, published in March 2018 includes a life-course approach ensuring effective interventions for people from the start to the end of their life, and the work of the Hospice plays an important part in this by providing a service to people and their families at a difficult time – and it is welcoming to see the positive feedback received from staff and service users about some of the improvements that have been made.

Councillor David Roche
Chair of the Rotherham
Health & Wellbeing Board

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Registered Address: Broom Road, Rotherham, S60 2SW
Company Registration No: 2234222
Registered Charity No: 700356

Our care places the patient *at the centre of everything we do.*