



SPRINGHILL  
HOSPICE

*Making every moment count*



# **SPRINGHILL HOSPICE**

## **QUALITY ACCOUNT**

### **2017 - 2018**

Springhill Hospice (Rochdale)  
Broad Lane  
Rochdale  
OL16 4PZ

Registered Charity No: 701798  
[www.springhill.org.uk](http://www.springhill.org.uk)  
Incorporated as a Company Limited by Guarantee No 2325905



# **Springhill Hospice**

## ***"Making every moment count"***

*"I just wanted to write a few words to say how grateful we all were for the wonderful way my wife was cared for during her last few weeks.*

*It was an enormous comfort to all of our family to know that she was being looked after in such calm, tranquil surroundings and by such dedicated and caring people."*

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## **STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE**

I am delighted to present this Quality Account for Springhill Hospice.

As an organisation, we continually strive to offer the best possible service to our patients and their families at all times ensuring a high quality and individualised approach.

As in previous years, 2017/18 has seen a strong focus on learning from results of audits, incidents, complaints, and service evaluations across both clinical and corporate areas, to ensure that the services we deliver are of an extremely high quality, and reflect the needs and wishes of those we serve. Examples of this learning can be seen within this report.

You will read of our commitment to the ongoing education and development of our staff, which in turn, improves the quality of service we provide to our patients and their families, but also ensures that the staff delivering services, feel confident and able in their abilities and skills.

It is testament to the hard work and dedication of Trustees, Staff and Volunteers who deliver our services that we have met our key priorities for the previous year, which has attracted funding and support from Health Education England, and also private financial donations to support improvements to the quality of our premises.

This quality account is intended to demonstrate to all who read it, that our Hospice provides a high quality service, where patients and their families will receive the very best standards of care possible.

I confirm that to the best of my knowledge, the information contained within this Quality Account is a true and accurate reflection of quality at Springhill Hospice.

**Julie Halliwell**  
Chief Executive

## **ABOUT US**

Springhill Hospice offers specialist palliative care services to patients with life-limiting illnesses and emotional and psychological support for their families. Hospice services include a 16-bed Inpatient Unit, where patients are admitted for end-of-life care, symptom management and respite; Day Hospice where patients can access psychological, complementary and creative therapies; Lymphoedema Clinic, Counselling and Bereavement services and a 24 hour specialist palliative care advice line for patients, families and healthcare professionals. We also offer Specialist Palliative Care and End-of-Life Community Services consisting of a Clinical Specialist led Medical service, Specialist Nursing service, Hospice at Home service for patients at the end of life, a Night sitting service, Physiotherapy, Social Work, Counselling and Spiritual Support.

## **STATEMENT OF PHILOSOPHY**

As a specialist palliative care unit, Springhill Hospice:-

- provides the highest standard of physical, psychological, emotional and spiritual care for patients and their families, friends and carers.
- encourages patients to maintain independence and control, and to make informed choices, whilst respecting privacy and dignity.
- offers advice and support from the time of referral, throughout the illness and into the bereavement period.
- offers post bereavement therapies, psychotherapy and counselling.
- offers information and education to patients, families, friends, carers and professionals, to promote a high standard of palliative care across the community.
- respects all cultural, religious and personal beliefs, placing the emphasis of care on individual need.
- audits and reviews the services it provides to ensure appropriate clinical standards are maintained and services are delivered effectively.

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## **PRIORITIES FOR IMPROVEMENT 2018/19**

Springhill Hospice is fully compliant with the Care Quality Commission Fundamental Standards and with the Health and Social Care Act, 2008. As such, the Board did not have any areas of shortfall to include in its priorities for improvement for 2018/19

The Board and Executive Management Team have identified several key priorities for 2018/19 as follows:

### **Future Planning Priority 1**

#### **Develop New Income Generation Strategies**

During early 2018, a Fundraising and Communications strategy has been developed to align with the overarching Hospice Strategy 2017-2022. Further planning will take place to ensure we are able to measure the effectiveness of all of our income generation strategies, ensuring effective return on investment, to maximise income, with an aim of reducing forecast deficits.

### **Future Planning Priority 2**

#### **Strengthen Partnership Working**

During 2018, we have signed an agreement to work in collaboration with seven other Greater Manchester Hospices. We have jointly funded a project manager who will represent Greater Manchester Hospices (GMH) in influencing the Greater Manchester Health & Social Care Partnership (GMHSCP) agenda, to promote the inclusion, assimilation and commissioning of specialist palliative and end-of-life care provided by hospices.

### **Future Planning Priority 3**

#### **Quality and Development Lead post**

In March 2018 we successfully recruited into a new post of Quality and Development Lead. A need for this post had been identified, certainly over the last 12 months, due to the significant increase in the requirement to produce reports, both in relation to the NHS Standard Contracts we hold for the Clinical Commissioning Groups and the quarterly CQUIN

reports but also in relation to the increase in legislative requirements with regard to the new Care Quality Commission frameworks for inspection and provider information returns, Safeguarding self-assessments, the new GDPR regulations and other statutory requirements. The postholder will work closely with the Chief Executive and the Director of Clinical Services to ensure full compliance with all statutory and legislative requirements and will work across the Hospice, in all Clinical and Non-clinical areas, working with managers and staff with a focus on improving quality across the organisation.

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## **PROGRESS ON PRIORITIES FOR IMPROVEMENT 2017/18**

The following areas were identified as Key Priorities for 2017/18:

### **Key Priority 1**

#### **Improving engagement with 'Hard to Reach' Groups**

Springhill Hospice aims to ensure that all patients are able to access our services and we will continue employ innovative means of engaging patients from hard to reach and under-represented groups in our community.

In February 2018 Springhill Hospice, in collaboration with St Ann's Hospice, Heald Green, submitted a proposal to Health Education England (HEE), for funding to support a joint initiative to facilitate/deliver training and awareness sessions to vulnerable populations across the Greater Manchester and Eastern Cheshire footprint.

We are delighted to report that this joint proposal has been successful and funding from Health Education England has been made available to support the project. Springhill Hospice Education team will be working closely with St Ann's Hospice to launch this initiative in May 2018.

### **Key Priority 2**

#### **Developing our Workforce**

This year will see 2 Trainee Assistant Practitioners graduate from the Foundation Level degree programme, becoming Assistant Practitioners in their area of work, one on the Hospice inpatient unit and one working with the Specialist Nursing team in the community. The programme has been funded by Health Education England.

In addition, a senior staff nurse on the inpatient unit, having completed the Independent Prescriber programme and Clinical Assessment module and is now working as a Specialist Nurse on the Hospice inpatient unit and a further member of our nursing team who has completed her practice as an Associate Specialist Nurse within the Community has now taken on the role of Specialist Palliative Care nurse within the service.

### **Key Priority 3**

#### **Partnership Working**

Springhill Hospice continue to work in partnership with the team from Continuing Health Care (CHC) in the delivery of our Night Sitting service. CHC commission packages of care for patients who have been assessed as having significant and complex health needs. Traditionally these packages of care have been commissioned from local Domiciliary Care Agencies. CHC are now commissioning some night sits from Springhill Hospice where the patient has been 'fast-tracked' for end of life care. All our night sitters have qualifications in end of life care and Hospice experience. This guarantees the patient a high standard of service and continuity and Springhill are able to deliver the services at a significantly lower rate as a not-for-profit organisation.

### **Key Priority 4**

#### **Improving the Environment for Patients and Families**

During 2017 we undertook a significant refurbishment project of a number of Hospice areas, improving the environment for patients and families. A number of bedrooms and corridors on the inpatient unit have had new carpets, decoration and fire-retardant curtains. Each of the bedrooms has had new bedside cabinets fitted. The patient's bathroom and toilet has been re-painted to give a warm and relaxing feel and the bathroom has new LED soft coloured lighting installed. A 'virtual window' has been installed in the patient's bathroom, to make the area more tranquil and relaxing. The Rose room and adjoining family room (a quiet private area for family members to spend time with deceased patients) has been refurbished with new furniture, curtains and pictures for the walls.

## **STATEMENT OF ASSURANCE FROM THE BOARD**

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

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## **REVIEW OF SERVICES**

During 2017/18 Springhill Hospice has provided the following NHS services:

Inpatient services

Day Hospice services

Outpatient services

Psychological & Supportive Care services including Counselling service and Bereavement service

Community Specialist Palliative Care Medical and Nursing services

Community Physiotherapy, Social Work, Counselling and Spiritual Care services

Hospice at Home service

Night Sitting service

Lymphoedema service

Bereavement service

24 hour Advice Line service

Springhill Hospice has reviewed all the data available on the quality of care in all of these services.

Springhill Hospice Specialist Palliative Care and End of Life integrated Community Service receives 100% funding from Heywood, Middleton and Rochdale Clinical Commissioning Group. The service is currently subject to a Standard NHS Contract for 2 years to June 2019.

For other Hospice services, the income generated by a variety of contracts and agreements with the NHS represents 24.7% of the total income generated to enable the provision of these services by Springhill Hospice. Total income is up by more than £1 million for 2017/18 due to the high value of legacies received within this year. The remaining funds were generated through fundraising and the Hospice's own subsidiary companies working with the local community.

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## **DUTY OF CANDOUR**

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

Springhill Hospice have implemented a Duty of Candour policy which all staff are familiar with. The policy can be seen at Appendix A

## RESEARCH

Springhill Hospice has not participated in any research studies in 2017/18.

## PARTICIPATION IN CLINICAL AUDITS

Springhill Hospice has not participated in any regional or national Clinical Audits in 2017/18

During 2017/18 there were no national clinical audits or national confidential enquiries covering NHS services relating to palliative care. Springhill Hospice only provides palliative care services.

### Internal audits undertaken:

During 2017/18 Springhill Hospice undertook a number of audits across the organisation. Audit tools are developed to measure compliance with Hospice policy and Standard Operational Procedures, which in turn reflect our commitment to ensure compliance with the Care Quality Commission Fundamental Standards.

Audit Subject	Outcome	Learning from audits
<p><b>Absence from Work, September 2017:</b> To ensure employees are safeguarded during times of illness, to protect the interests of the organisation by controlling unnecessary absences and to identify problems and initiate actions to resolve them.</p>	<p>5 standards fully met 5 standards partially met. 10 staff files checked:</p> <ul style="list-style-type: none"> <li>• Absence reporting slips missing for 2/10 files checked</li> <li>• No rationale documented for 2 staff members on long-term sick leave who had not been referred for Occupational Health assessment</li> <li>• In 2 instances frequent short term sickness absence meetings had not taken place – no rationale to explain why this had not happened</li> <li>• Staff welfare proformas completed in only 3/5 cases identified</li> </ul>	<p>All managers reminded of the process to follow relating to the management of long term sick leave, special leave, welfare meetings and the management of frequent short-term absences.</p> <p>To remain on the annual audit calendar.</p>

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	<ul style="list-style-type: none"> <li>Special leave forms not completed in 2/5 cases</li> </ul>	
<p><b>Administration of Medicines (Inpatient Unit), September 2017:</b> To ensure the administration of medication on the Hospice inpatient unit complies with Hospice policy and CQC Guidelines for the Management of Medicines.</p>	All standards fully met in respect of this audit	Audit result indicates a high standard of professional practice and compliance with policy.
<p><b>Administration of Medication via a Syringe Driver, May 2017:</b> To ensure the administration of all medicines via a Syringe Driver complies with Hospice Policies and legislative requirements</p>	All 7 standards from this audit fully met.	<p>A very pleasing result from this audit demonstrating a high level of clinical practice.</p> <p>No changes identified to policy or practice.</p>
<p><b>Assessment of Patients' Nutritional Status, August 2017:</b> To ensure the patients nutritional needs as appropriately met.</p>	<p>9/10 standards fully met. 1 standard partially met. Audit identified patients' dietary needs forms updated only once a day. Standard indicates a requirement to update twice daily</p>	<p>Ward staff reminded to update dietary need forms twice a day.</p> <p>To remain on annual audit calendar.</p>
<p><b>Clinical Documentation (Community), May 2017:</b> To ensure that all community services documentation complies with Hospice policy, NMC guidance for record keeping and CQC standards</p>	<p>Specialist Nursing case notes: 8 standards fully met 2 standards partially met 2 standards not met.</p> <p>iCare patient record 14 standards fully met</p>	<p>Changes to practice implemented:</p> <ul style="list-style-type: none"> <li>To ensure all patient documentation identified with patient ID label</li> <li>Community liaison sheet amended to include section for signature, date &amp; time</li> <li>When iCare smart forms are printed off to ensure they are signed, dated and timed before filing in nursing case notes</li> </ul> <p>Signatory sheets to be signed by all professionals involved in patient's care</p>
<p><b>Complaints, May 2017:</b> To ensure that all complaints received are actioned as per the Hospice complaints policy</p>	<p>4 standards fully met. 2 standards partially met. In the majority of cases evidence available to demonstrate that complaints have been fully investigated and appropriate feedback given to the complainant in a timely way.</p> <ul style="list-style-type: none"> <li>One instance where evidence was not available of any</li> </ul>	<p>Change to policy implemented incorporating a 'sign-off' from CEO or Deputy then subsequent reporting through Governance &amp; Audit Committee.</p>

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	<p>feedback to complainant.</p> <p>Some lack of consistency in the reporting of complaints through Operational Management Team meetings but evidence they had been reported to the Trustees via the Governance &amp; Audit committee.</p>	
<p><b>Disposal of medicines, January 2018:</b></p> <p>To ensure the disposal of medicines within Springhill Hospice complies with hospice policies and legislative requirement relating to the management of medicines.</p>	<p>9/10 standards fully met. 1 standard, relating to the disposal of cytotoxic drugs, not applicable at the time of this audit.</p>	<p>A very pleasing result from this audit with all standards met.</p>
<p><b>Education, Training &amp; Development, February 2018:</b></p> <p>To monitor systems and processes in place for recording Education and Training and to monitor compliance with requirements for mandatory training.</p>	<p>8/13 standards pertaining to this audit fully met. 4 standards partially met. 1 standard not met.</p> <ul style="list-style-type: none"> <li>• From Staff Care records, in relation to attendance at taught mandatory training sessions, attendance rate 87.56%.</li> <li>• Insufficient evidence of action taken by managers when staff had not attended required taught mandatory sessions.</li> <li>• 5 examples looked at where staff had attended external training: In one instance this was not supported by a completed application form, manager approval or completed repayment of course fees form</li> </ul>	<p>Reverted back to previous system where non-attendance at required training results in a letter from the Director of Clinical Services, stating that a note of concern has been put on file and that disciplinary action will be taken in repeated instance of non-attendance.</p> <p>Managers reminded of the need to ensure completed application forms and repayment of course fees forms are received for staff attendance at external training sessions.</p>
<p><b>Falls, September 2017:</b></p> <p>To audit the completion and ongoing review of Falls Risk Assessment documentation</p>	<p>All 7 standards within this audit fully met</p>	<p>Slight amendment has been made to the "Investigation of Patient fall" form to make it more 'user-friendly'.</p>
<p><b>Fire Safety, November 2017:</b></p> <p>To ensure the welfare of patients, visitors, staff &amp;</p>	<p>6/10 standards fully met. 4 standards partially met.</p> <ul style="list-style-type: none"> <li>• 6 Staff personnel files checked for evidence</li> </ul>	<p>Administrator informed of the failings relating to staff induction forms.</p>

<p>volunteers is safeguarded in the event of a fire and to ensure that all Hospice staff and volunteers are compliant with policy requirements and procedures relating to fire risk management, fire safety advice and evacuation.</p>	<p>of induction. One file did not contain and induction checklist and one other file held an indication checklist but the Fire Safety section had not been signed off by the staff member.</p> <ul style="list-style-type: none"> <li>• Fire alarm log book not signed by Engineer following regular maintenance of fire alarm system.</li> <li>• For the period checked for this audit, there had been 2 incidents where the fire alarm had been activated. For one of these incidents observations and comments had been documented in the Fire Alarm Log book. In respect of the second incident the log book was only partially completed.</li> <li>• Fire drill are to be carried out at least every 6 months and a plan in place. At the time of this audit there was no written record of the plan for future fire drills</li> </ul>	<p>Head Steward reminded of the requirement to fully complete the Fire alarm Log Book when the alarm is activated and to document dates for future planned fire drills.</p> <p>Off-site Engineer requested to attend to complete the Log book in respect of the annual Fire Alarm maintenance.</p> <p>A documented plan is now in place for future fire drills.</p>
<p><b>Food Safety (1), May 2017:</b> To ensure compliance with legislation and continuous improvement within the catering service</p>	<p>6/10 standards fully met. 3 standards partially met 1 standard not met. Audit identified:</p> <ul style="list-style-type: none"> <li>• one member of the catering team had not completed required food Hygiene training</li> <li>• 3 members of the team did not have current certificates of training in their personnel files</li> </ul>	<p>All staff involved immediately undertook required training programmes and current certificates of achievement now in personnel files. System now in place to 'flag up' when training is due to be undertaken.</p> <p>New catering manager to review audit form and to include new standard relating to allergens: Food allergen labelling and requirements under the EU food information for consumers, Food Standards Agency 2015</p>
<p><b>Food Safety (2), March 2018:</b> To ensure compliance with legislation and continuous</p>	<p>7/10 standards fully met 4 standards partially met Audit identified:</p>	<p>New standard in relation to allergens successfully achieved and demonstrating safe practice.</p>

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<p>improvement within the catering service</p>	<ul style="list-style-type: none"> <li>• “Opening and closing kitchen” sheets dated and signed but no checklist of what staff should be checking.</li> <li>• Fridge temperature checks – a number of entries show out of target range recordings but no evidence if this had been reported.</li> <li>• Daily cleaning schedules completed but unable to determine if weekly, or less frequent, cleaning not completed or not recorded.</li> <li>• Majority of foods found to be in original packaging or had stickers with day of the week to identify when opened. A small number of dry products decanted without retaining original packaging.</li> </ul>	<p>Staff had not always recorded if required checks completed. Inconsistent record keeping addressed with improved communication and continuous monitoring.</p> <p>Laminated checklist now available for staff to sign against on a daily basis.</p> <p>Staff reminded to report any anomalies (fridge temps) to the catering manager.</p> <p>Staff reminded of the importance of retaining products in original packaging or correctly labelling decanted products.</p>
<p><b>Giving References for Current and Previous Employees, October 2017:</b> To ensure references are completed as per Hospice policy.</p>	<p>7/8 standards pertaining to this audit fully met. 1 standard not applicable at this time.</p>	<p>An excellent result from this audit indicating full compliance with policy.</p>
<p><b>Infection Prevention and Control, October 2017:</b> To ensure that Infection Control measure are in place across the Hospice which comply with hospice policy and legislative requirements.</p>	<p>10 standards pertaining to this audit fully met. 2 standards partially met.</p> <ul style="list-style-type: none"> <li>• When checking the schedules for decontamination of clinical equipment some signatures missing from the schedule.</li> <li>• When checking patient bathrooms for appropriate IPC equipment, found that some bathrooms did not contain hand decontamination gel.</li> </ul>	<p>Issues identified were rectified immediately at time of audit and inpatient unit staff reminded of correct procedures to follow.</p>

<p><b>Information Management and Security, January 2018:</b> Annual audit is a requirement of the Information Governance Toolkit</p>	<p>11/12 standards fully met. 1 standard partially met.</p> <ul style="list-style-type: none"> <li>When patient information sent to GP practices by fax, policy states a telephone call should be made to ensure the fax has been received. This was found to not be happening in some cases.</li> </ul>	<p>Community nursing staff having some difficulties contacting GP practices by telephone. From discussions with the team this function has now been passed to the Community Medical Secretary.</p>
<p><b>Maintenance of Medical/Clinical Equipment, February 2018:</b> To ensure that all medical and clinical equipment is serviced and maintained in accordance with Hospice policy and legislative requirements.</p>	<p>All standards pertaining to this audit fully met.</p>	<p>During the audit it was observed that 2 patients' recliner chairs had Hospice PAT testing labels on. These chairs are PAT tested by the maintenance company and do not need to be PAT tested by the Hospice – Hospice Stewards reminded of this.</p>
<p><b>Ordering and Receipt of Medication, July 2017:</b> To ensure the practices of ordering and receiving medication complies with hospice policies and CQC standards.</p>	<p>All 6 standards pertaining to this audit fully met.</p>	<p>A very pleasing result from this audit, indicating full compliance.</p>
<p><b>Patient Transport, September 2017:</b> To ensure compliance with the Patient Transport policy</p>	<p>3 standards pertaining to this policy fully met. 3 standards partially met.</p> <ul style="list-style-type: none"> <li>12 records checked. 10/12 records contained information regarding mode of transport for admission. 2 records did not contain this information</li> <li>9/12 records contained information relating to mode of transport on discharge. 3 records did not contain this information.</li> <li>In one instance relating to volunteer drivers (Day hospice) the Volunteer Co-ordinator had not indicated the issue of an emergency kit to</li> </ul>	<p>Reminder sent to all relevant staff to include details of mode of transport for admission and discharge of patients, on the iCare patient record.</p> <p>Volunteer Co-ordinator reminded of the importance of completing relevant documentation.</p>

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	the driver (although this had, in fact, been issued).	
<p><b>Professional Registration and Re-registration for Health Professionals, May 2017:</b> to check that effective procedures are in place to ensure professional registrations are up-to-date</p>	All standards fully met	Excellent result from audit demonstrating full compliance with policy requirements
<p><b>Storage of medicines (IPU), November 2017:</b> To ensure the storage of medicines complies with Hospice standards and legislative requirements relating to the management of medicines.</p>	All 7 standards pertaining to this audit found to be fully met.	<p>No changes to policy or practice indicated.</p> <p>To remain on the annual audit calendar.</p>

## LEARNING FROM CLINICAL INCIDENTS

Springhill Hospice encourages an open approach to reporting all incidents, both clinical and non-clinical. All incidents are reported, investigated and managed immediately and incident reports subsequently collated and reported through the Hospice Risk Management sub committee and Governance Committee. All incidents are categorised according to the incident area and level of risk. Where the incident involves a patient fall, this will then be subject to a risk assessment and appropriate action taken. Any significant injury will be reported appropriately to the Care Quality Commission as a statutory notification and reported to the Health and Safety Executive (RIDDOR) as appropriate. All incidents relating to controlled drugs will be reported by the Hospice Accountable officer for Controlled Drugs (AO) to the Accountable Officer of the CCG via the Local Intelligence Network.

Reported incidents are often the catalyst for change, both in clinical practice and in policy.

The following incidents were reported in 2017/18:

Category	Indicator	No of incidents
<b>Clinical incidents</b>		<b>77</b>
A1	Directly affects patient either by action or omission	32
A2	Potential to affect patient	40
A3	No potential to affect patient	5
<b>Falls/injuries</b>		<b>103</b>
B1	Significant injury - patient	1
B2	Minor injury	64
B3	No injury sustained	38
<b>Other incidents</b>		<b>131</b>
C1	Direct affect to individual/organisation ie theft, damage	43
C2	Potential to affect individual/organisation	81
C3	No potential risk identified	7
<b>Drug incidents</b>		<b>57</b>
D1	Directly affects patient either by action or omission	16
D2	Potential to affect patient	23
D3	No potential risk to patient but deviation from policy	18
<b>Pressure ulcers</b>		<b>1</b>
P1	Hospice acquired pressure ulcer	0
P2	Community/hospital acquired pressure ulcer identified on admission	1
	<b>Total number of reported incidents</b>	<b>369</b>

Reported incidents are often the catalyst for change, both in clinical practice and in policy. Evidence of this can be seen in the following examples:

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1	<p>Patient informed nursing staff that her fentanyl patch had come off her arm. Nurses replaced the fentanyl patch. It subsequently transpired that the previous patch had not come off but was in place on the patients shoulder.</p> <p>Learning from this incident resulted in an amendment to the Fentanyl chart which now includes a section for checking/ensuring previous patch has been removed.</p>
2	<p>Finance department. Invoice paid twice. This incident occurred as an invoice had been printed in the finance department but also in the retail department and sent to finance for payment.</p> <p>Learning from this incident resulted in the finance department printing invoices in colour and only these invoices presented for payment.</p>
3	<p>Youths causing a disturbance in one of the Charity's retail outlets. One paid staff member and one volunteer on duty.</p> <p>Learning from this incident resulted in all staff working in retail or fundraising now carry Skyguard personal safety devices.</p>
4	<p>Of the 103 injuries reported, 33 of these relate to patient falls incidents on the inpatient unit. Patients referred to the hospice inpatient unit, by the very nature of their disease and the medications they may be prescribed to manage symptoms, are more at risk of sustaining a fall while they are in our care.</p> <p>Over the last 2 years we have reviewed the way we assess patients in relation to their falls risk and the use of safety rails on patients beds and how we manage this risk. Admission documentation and falls risk assessment documentation has been reviewed and amended over the last 12 months and we have purchased a range of equipment including low beds and pressure mats/alarms etc which we can use where the patients are assessed to be at risk of falling. Where possible patients with a high risk of falls are nursed in areas where they can be closely supervised and, on occasion, we have provided staffing on a one-to-one basis to maintain the patient's safety.</p>

## MANAGEMENT OF COMPLAINTS, CONCERNS, COMMENTS AND SUGGESTIONS

Springhill Hospice encourages feedback in a variety of ways from patients, families, staff, volunteers and visitors.

Comments/suggestions boxes are available in the Reception area, Inpatient Unit and Day Hospice unit. Comments and suggestions are reported through the Operational Management team meetings.

Feedback from patients and families are also encouraged through a variety of feedback cards, satisfaction surveys and questionnaires, reported through the Clinical Standards sub committee and Governance Committee.

Complaints are managed through policy and an annual audit of the complaints procedure is undertaken. All complaints received are taken extremely seriously, thoroughly investigated and a response to the complainant made in writing. Even in cases where the complaint has not been upheld we strongly believe that we can always learn from the experiences of others where their perception of Hospice services is less than satisfactory. The Hospice received the following complaints in 2017/18:

Total number of complaints received	23
Total number of clinical complaints	4
Total number of non-clinical complaints	19
Total number of complaints resolved within timeframe	23

### Learning from Complaints

Managing complaints received is seen as an opportunity to consider and review the quality of services we provide and can often be a catalyst for change:

Evidence of this can be seen in the following examples:

1	<p>Complaint received from the wife of a patient who had been admitted onto the Hospice inpatient unit relating to a number of issues which had occurred. These issues related to communication prior to admission, communication between the patient's family and the medical team and the treatment and care delivered.</p> <p>The complaint was investigated by the Director of Clinical Services who dealt with each issue with the relevant member of staff concerned. The investigation resulted in the implementation of several changes to processes in order to improve the patient/family experience. The complainant was fully satisfied with the response received and the proposed actions to be taken.</p>
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2	<p>Complainants (2 relatives of 2 inpatients) expressed concerns at the way a Staff Nurse had spoken to them to other staff members. They felt the Staff member lacked professionalism and behaved inappropriately.</p> <p>This complaint was investigated by the ward sister, following which a letter of concern was issued to the staff member. However, further concerns came to light after this incident relating to the behaviour of this particular staff member, who was subsequently dismissed.</p>
3	<p>Complainant upset by the quality of food being served on the inpatient unit, at tea time, on Saturdays and Sundays.</p> <p>Investigation carried out by the Chief Executive. This resulted in the weekend cook being seen by the Corporate Services manager and instructed, with immediate effect, to make several changes to ensure our patients received the same quality service at weekends as they receive during the week.</p>
4	<p>Complainant concerned by the 'pressurising' attitude of a Hospice Lottery Canvasser who called at her house. Another member of the household already had two active lottery numbers but this didn't deter the Canvasser from pursuing the complainant in a manner she found unacceptable.</p> <p>Complaint dealt with by SEC Fundraising Ltd who employ the Hospice's lottery Canvassers and the following action has been taken:</p> <ul style="list-style-type: none"> <li>• SEC to improve the Advisor Compliant Handbook in line with the new fundraising rules and include more information about how to interact with people who cannot afford to join the Lottery;</li> <li>• SEC to closely monitor the practice of the Canvasser in question</li> </ul>

## STAFF TRAINING

Springhill Hospice is committed to the ongoing education and development of staff in order to ensure services are delivered in a safe, effective manner to the highest possible standard.

Training and education, including mandatory training is delivered in a way that is meaningful and best suited to the learning needs of the individual staff member.

## MANDATORY TRAINING

Mandatory training is delivered using an online training package. Mandatory training subjects are delivered over a 2 year rolling programme.

Online training completed over the 2 year period 1<sup>st</sup> January 2016 to 31<sup>st</sup> December 2017 is as follows:

Course completed	No of staff completed
Challenging Behaviour	143
Communicating Effectively	155
Confidentiality	128
Diversity & Equality	121
Fire Training	157
Health & Safety	154
Infection Control	150
Mental Capacity	91
Moving & Handling theory	148
Food Hygiene	71
Record Keeping	78
Safe Administration of Medicines	53
Safeguarding	123
Data Awareness Training	131

## FURTHER TRAINING

In addition to the mandatory training programme, we deliver education and training relevant to staff roles by means of taught sessions and/or training workbooks. The following additional training has been delivered to Hospice staff from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018:

<b>Course completed</b>	<b>No of staff completed</b>
Advice line training – Agitation and Secretions	5
Advice line training – Breathlessness	13
Breathless Management Training	14
Medical Gases	16
Advice line training – Breathlessness/anaphylaxis	12
Male Catheterisation	11
Continuous Positive Airways Pressure training	17
Carer Support Needs Assessment Tool	19
Drug Calculations	11
First Aid training	20
Fatigue management	4
Fire Safety (Hospice specific)	134
Mental Capacity Update	4
Metastatic Spinal Cord Compression	4
Moving & Handling Practical training	94
Advice Line training – Palliative Care Emergencies	19
Prostate Cancer	7
Personal Safety Training	46
Resuscitation	85
Advice Line training – Nausea & Vomiting	11
Skyguard (personal safety device) training	12
Heart Failure	6

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## GOALS AGREED WITH COMMISSIONERS

### Use of the CQUIN payment framework

Under the terms of the NHS Standard Contract, Springhill Hospice income in 2017/18 is conditional on achieving identified Key Performance Indicators (KPIs) relating to activity and quality standards agreed with Commissioners and is also conditional on evidence of achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Quarterly reports on quality and activity data are submitted to Commissioners

In addition, for the year 2017/18, a CQUIN scheme has been agreed with Commissioners relating to Advance Care Planning:

### Springhill Hospice CQUIN proposal – 2017/18

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#### Advance Care Planning project

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##### Introduction

Since 2014 Springhill Hospice teams have worked towards educating staff, volunteers and our patients, and their families, on the benefits of Advance Care Planning (ACP). This work is one of many of the initiatives Springhill have generated and we were pleased that the release of the document 'Ambitions for Palliative and End of Life Care' (2015-2020) corresponded with the hospice ethos. ACP is integral to supporting the six ambitions named as:

- **Each person is seen as an individual** - By ACP discussions we can understand what is important to each individual
- **Each person gets fair access to care** – By raising awareness of ACP we can work towards fair access to care including minority groups and non-malignant diseases, which is also highlighted in the CQC report 'A Different Ending' (2016)
- **Maximising comfort and wellbeing** – in order for ACP to take place there needs to be discussions around the support that is available locally for end of life care, including symptom management and psychological care for the dying person and their loved ones
- **Care is coordinated** - once completed ACP decisions should be appropriately shared so that services can work together to achieve the wishes of the individual
- **All staff are prepared to care** – By understanding those we care for and their particular requests helps staff to see them as a person, an individual, which generates compassion and empathy
- **Each community is prepared to help** - The volunteering workforce has long been associated with hospice care, and these volunteers often have a wide variety of knowledge and expertise that can be utilised for the benefit of the local community.

In order to achieve these ambitions it is essential we collaborate, cooperate and find new ways of raising awareness within the communities and encourage all health and social care staff to think of the wider issues relating to palliative and end of life care.

Our education team has introduced the concept of Advance Care Planning within programmes of Education for Health & Social Care Practitioners across the Borough.

Patients under the care of our Specialist Palliative Care Team, both within the Hospice and in the Community, are encouraged, where this is appropriate, to consider their wishes, choices and preferences for their care at the end of life. Patients are encouraged, where this is appropriate, to share this with their families and to create an Advance Care Plan document which records their wishes and which could be used if the patient became unable to verbalise their personal choices.

Advance Care Planning, means different things to different people and is specific and individual to that person. Advance Care Planning is also more than producing a document. It is introducing a concept to patients and their families, where they can start to think about what is important to them and to initiate these difficult discussions with professional caregivers and members of their family.

All our Specialist Palliative Care Nurse are involved in Advance Care Planning discussions with their patients. This may, or may not, lead to the production of an Advance Care Plan document but encourages patients to think about and share their thoughts on what is important to them.

Advance Care Planning choices can include, but are not limited to:

- Where the patient may want to be cared for at the end of life
- Where the patient may want to be when he/she dies
- DNACPR discussions
- Treatment choices
- Wishes for their funeral
- Wishes around personal care when they can no longer verbalise this
- Choices in respect of their environment when they can no longer verbalise this

All the above are discussed at length in Education programmes delivered at Springhill Hospice.

Programmes incorporating ACP training include:

- Springhill Palliative Care Education Passport (SPCEP)
- Finding the Words training
- Dementia workshops
- Learning disability workshops

### **The Project**

The plan for engaging in further work, as a CQUIN, would mean taking this work forward. This would be achieved by the implementation of a multi-level project which would combine recommendations not only from the Ambitions document but also more specific reports which will be noted at the side of each element of the project:

## 1. Raising awareness

Education team and Specialist Palliative Care Team taking a programme of training out to other groups in the community.

- Solicitors
  - South Asian community (Bridging the gap 2015)
  - Mental Health - Rochdale Borough wide User Forum (RBUF) see report 'A Different Ending (2016)
    - Butterflies Outreach (Transgender Community)
    - LGBT Coffee Mornings
    - Asian Men's Gay & Bisexual Group
- } See report "Hiding who I am" (2017)
- African community see report 'Palliative and End of Life Care for the Black and Asian community' (2013)
  - RBC Education – Social Workers & Occupational Therapists
  - GP surgeries – see report 'Triggers for Palliative Care - Improving access to care for people with diseases other than cancer' (2015)
    - GP patient groups
    - Bitesize flyer – ACP
    - Video messaging on screens at GP surgeries
  - Rochdale Infirmary
    - Wed afternoon – Coffee & Cake group (Patients in receipt of intermediate care)
    - Information Stand – ACP – Wolstenholme ward & possibly the Oasis unit

NB: All attendees at the above groups and any posters/flyers would be given Springhill Hospice contact number for further information and signposting to Compassion in Dying website and ACP documentation

## 2. Volunteer service

A team of volunteers trained to assist with completion of ACPs for patients known to Springhill Specialist Palliative Care service.

Specialist palliative Care team will have initial discussion with patient/family and, where the patient indicates he/she would like to complete an ACP, a trained volunteer will be available to visit the patient/family to go through this with them.

- Volunteers trained by the team at Springhill Hospice
- Clear Guidelines for Practice
- Risk assessments and Safety as a high consideration

### **3. Improved data reporting on patients known to the service.**

Currently data is reported to HMR CCG on a quarterly basis, as per agreed Key Performance Indicators (KPIs). This includes the reporting of all possible variables in respect of Advance Care Planning:

- Patient has formal Advance Care Plan document
- Patient has verbalised Advance Care Plan preferences
- Patient has discussed Advance Care Planning – under consideration
- Patient does not have Advance Care Plan
- Patient declined
- Not appropriate at this time

Within this CQUIN we would like to look at improving the quality of this data to include, not only the numbers of patients where ACP discussions have taken place but to look at what these discussions have focused on, what quality elements were important to the patient and where there were any barriers to the process.

This can be done by utilising the Springhill Hospice iCare patient information system to capture both the data, as previously reported, but also the richer qualitative data.

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#### **From the above Advance Care Planning project we would hope to be able to report:**

##### **Raising awareness:**

The number of ACP sessions delivered, to which groups and attendance figures

The number of contacts we have received from these sessions in respect of further information

##### **Volunteer ACP service:**

The number of ACP documents completed by our volunteers with patients

##### **Improved reporting:**

In addition to the current data report, to report on qualitative data from Specialist Palliative Care Team discussions with existing patients in the last 12 months of life:

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Quarterly 'milestone' reports have been submitted to Heywood, Middleton and Rochdale CCG at the end of each quarter, indicating achievement of expected outcomes at each milestone. A clear outcome from the work so far is a greater understanding, for Hospice staff and other Health and Social Care professionals across the borough, of the benefits for patients and families of Advance Care Planning leading to honest and open discussions and how this can impact upon the quality of care provided.

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## WHAT OTHERS SAY ABOUT SPRINGHILL HOSPICE

### Statements from the CQC

Springhill Hospice is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against Springhill Hospice during 2017/18.

Springhill Hospice has not participated in any special reviews or investigations by the CQC during the reporting period.

Springhill Hospice was subject to a routine inspection by the Care Quality Commission in August 2016. From this inspection the Care Quality Commission have issued Springhill Hospice with the following overall rating for the services provided:



Springhill Hospice  
(Rochdale)

**CQC overall rating**

**Good**

22 December 2016

### 1. Is the service safe?

*"All areas of the Hospice were secure, well maintained and accessible for people with limited mobility. In addition good infection control procedures were in place, making it a safe environment for people to live and work in.*

*Sufficient suitably qualified and competent staff that had been safely recruited were available at all times to meet people's needs. Suitable arrangements were in place to help safeguard people from abuse.*

*Medicines were not always given as prescribed, appropriate systems were not in place for the management of medicines requiring refrigeration and relevant information to enable staff to administer 'when required' medicine safely was not in place."*

### 2. Is the service effective?

*"Staff were passionate about the need to spread awareness and knowledge of end of life care by introducing an innovative and creative programme of training for staff caring for people in care homes. The education provided by the Hospice also extended to other*

*professionals in the community caring for people with a life limiting illness; helping to ensure the best possible care for people and for their families."*

*Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were involved in making decisions about all aspects of their treatment and care.*

*People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met. People were supported to eat and drink and maintain a balanced diet"*

### **3. Is the service caring?**

*"People told us they received the care they needed when they needed it and that staff were knowledgeable and committed. People spoke highly of the kindness and caring attitude of the staff. People were care for with the utmost compassion, kindness, dignity and respect.*

*People were supported at the end of their life to have a comfortable, dignified and pain-free death. The nursing and medical staff showed they were highly skilled in pain and symptom control and provided outstanding end of life care"*

### **4. Is the service responsive?**

*"The care records showed people were involved in the assessment of their needs. A person's preferred place of care at all stages of their illness and the arrangements in the event of their death was documented.*

*Staff were skilled in recognising when a person was in the last days of life and were able to provide the appropriate care.*

*Suitable arrangements were in place for reporting and responding to any complaints or concerns."*

### **5. Is the service well-led?**

*"The service had a manager in post who was registered with the CQC.*

*Clear lines of accountability and effective methods of communication were in place to ensure people received the best possible service. Systems were in place to monitor the quality of the service provided to help ensure that people received safe, effective care and support.*

*Accidents of incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe."*

### **Action taken from Inspection:**

- *A process has been put in place to ensure that, where the clinical refrigerator exceeds the maximum temperature (8°C) this will be reported promptly and appropriate action taken.*
  - *The 'as required' medication chart has been reviewed and amended to ensure sufficient information and instruction is available to staff administering medication*
-

## STATEMENTS FROM OTHERS WE WORK WITH

*"I have worked as a GP in Rochdale for 25 years. Springhill Hospice is thought of very highly by GPs and with good reason. I have lost count of the number of patients who have been helped by the wonderful caring team at Springhill and I know that when I refer a patient I can rely on a highly professional approach from all the staff, delivered in a uniquely personable fashion. The role of the Hospice has expanded over the years and my patients have benefited from the Day Hospice, from the Specialist Community Nursing Team and from the Bereavement service. I know also that I can call at any time for expert advice from the clinical team. The commitment to continual excellence and improvement is evident in the educational programme which is much appreciated by local GPs. This helps to maintain vital links between professionals working to help the patient – who is of course central to all our strivings."*

Dr Jennifer Ransome  
General Practitioner  
Stonefield Street Surgery  
NHS Heywood, Middleton & Rochdale

*"I have worked as a nurse based in general practice at Longford Street Medical Centre in Heywood since 2006.*

*Throughout my time spent in the role as a practice nurse there I have been proactive in the development of the of the palliative care services that are delivered to our patients with a terminal prognosis as a result of a life limiting illness.*

*As a consequence of this I have been extremely privileged to work closely with the highly commendable members of staff working through a multitude of disciplines and competencies at Springhill Hospice.*

*The care that they deliver is fundamental to the quality of care that ultimately our patients receive throughout their journey both within the community and hospice setting. The individual members of staff always maintain a professional and holistic approach to the patient and their loved ones and ensure that they are treated with the greatest possible respect, ensuring their dignity is always conserved.*

*By virtue of their clinical expertise and ongoing education the staff never fail to provide an exceptionally high standard of care to our patients and they are always on hand to offer invaluable advice, guidance and support to us to assist in our deliverance of gold standard of care."*

Michele Corcoran RN  
Practice Nurse  
Longford St Medical Centre  
Heywood, Middleton & Rochdale

*"I came to Springhill Hospice to do my practice hours as part of my 'Return to Practice course'. I had been out of nursing for twelve years so was understandably nervous about coming back onto a ward to work. Also, my background is in elderly care, not palliative care, so this was a totally new area to me. However, the experience I gained in the Hospice was amazing. I was overwhelmed with the support I received from all the nursing staff, carers and doctors, who were very approachable and willing to teach.*

*The standard of nursing care is extremely high and no question felt too trivial to ask. I had a welcome pack on arrival and worked with my mentor for 90% of my placement. This gave me continuity and confidence to nurse all patients with a passion, and practically, to complete my drugs assessment and areas of competency I needed. This enabled me to complete my placement in a third of the predicted time allowed.*

*I have not only gained my confidence as a nurse during this placement, but a wealth of knowledge that I will be using/applying in the coming days as I practice, once again, as a registered nurse.*

*Thank you to all the staff at Springhill Hospice who made my placement such a pleasurable experience.*

Judith Roberts  
Return to Practice Nurse

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## **DATA QUALITY**

Springhill Hospice is not required to and did not submit records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Springhill Hospice was not subject to Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

Springhill Hospice undertakes to ensure that information is managed appropriately with regard to confidentiality, and privacy of individuals, in line with statutory requirements including, but not limited to, the Data Protection Act 1998 and GDPR due May 2018.

The Hospice complies with all requirements made by the Care Quality Commission and other statutory bodies requiring information to contribute to national health care studies and data sets. In line with these requirements, an Information Sharing Protocol is in place with The Christie NHS Foundation Trust, Pennine Care NHS Foundation Trust, Heywood, Middleton and Rochdale CCG, Bury CCG, Oldham CCG, Manchester University NHS foundation Trust (MFT) to include all organisations with MFT, East Lancashire CCG, Rochdale Borough Council (Adult Care) and Bury & Rochdale Doctors on Call (BARDOC) for secure information sharing. The signed documentation is held in a central file by the IT / Data Officer.

The Hospice actively completes the Health and Social Care Information Centre Managed Information Governance Toolkit annual assessment. For the 2017/18 (Version 14) assessment the Hospice approved and submitted an attainment of 74% (satisfactory), which included the achievement of at least the minimum level two compliance for all criteria.

The Hospice ensures that records are retained for the required statutory periods, including health records, employment records and financial records.

## **Compliance with Statutory Requirements**

Care Quality Commission C29, C31

Data Protection Act 1998

GDPR (Due May 2018)

Records Management Code of Practice for Health and Social Care 2016

The Public Records Act 1958

Access to Health Records Act 1990 (with regard to information held about patients who are deceased)

Caldicott Committee Report (December 1997)

The Hospice undertakes annual audits of documentation and information management and security to ensure data integrity.

All staff are required to undertake annual training in Information Management & Confidentiality, this includes NHS Digital Data & Security Awareness Training.

## SAFEGUARDING

In accordance with the NHS contract, Springhill Hospice has submitted the Safeguarding self-assessment toolkit with Rochdale Borough Safeguarding Adults Board (RBSAB), demonstrating full compliance across all areas for 2017/18.

All Hospice staff have received training in respect of Safeguarding Vulnerable Adults, Mental Capacity and Deprivation of Liberty Safeguarding.

## QUALITY OVERVIEW

Springhill Hospice uses the iCare patient information system. The iCare system is used for recording medical, demographic and statistical information which is shared between professionals involved in the patient's care and used to evaluate services. All clinical staff have access to, and contribute to, the system. iCare is also used to collate patient data in terms of reports for our Commissioners and for Minimum Data set recording for the National Council for Palliative Care.

For the year 1.4.17 – 31.3.18 activity as follows:

<b>INPATIENT UNIT</b>	<b>1 April 2017 – 31 March 2018</b>
Total number of admissions	359
Total number of discharges	183
Total number of deaths in Hospice	176

<b>MEDICAL OUT-PATIENTS</b>	<b>1 April 2017 – 31 March 2018</b>
Total number of patients referred	11
Total number of contacts	18

<b>DAY HOSPICE</b>	<b>1 April 2017 – 31 March 2018</b>
Total number of patients referred	204

<b>SPECIALIST COMMUNITY SERVICE</b>	<b>1 April 2017 – 31 March 2018</b>
Total number of patients referred	633
Doctor visits	156
Specialist Nurse visits	3291
Physiotherapy visits	379
Social Worker visits	114
Counsellor visits	34
Chaplain visits	53
Complementary Therapist visits	120
SPC Support Worker visits	499
Current caseload	254 (+ 175 'on hold')

QUALITY ACCOUNT 2017 - 2018

<b>HOSPICE AT HOME</b>	<b>1 April 2017 – 31 March 2018</b>
Total number of patients/families referred	247
Total number of H@H team visits	1891

<b>NIGHT SITTING SERVICE</b>	<b>1 April 2017 – 31 March 2018</b>
Total number of referrals	86
Total number of Hospice night sits	731
Total number of Marie Curie night sits	467

<b>24 HOUR SPECIALIST PALLIATIVE CARE ADVICE LINE</b>	<b>1 April 2017 – 31 March 2018</b>
Total number of calls received	167

<b>LYMPHOEDEMA SERVICE</b>	<b>1 April 2017 – 31 March 2018</b>
Total number of referrals to service	25
Total number of interventions	139
Current caseload	99

<b>PSYCHOLOGICAL SERVICES</b>	<b>1 April 2017 – 31 March 2018</b>
Total number of referrals to services	280
Number of counselling interventions (1-2-1)	412
Number of bereavement interventions (1-2-1)	987
Number of clients attended Ber. Group	1546
Number of Bereavement home visits	94

## **WHAT OUR PATIENTS AND THEIR FAMILIES SAY ABOUT SPRINGHILL HOSPICE**

Springhill Hospice's feedback programme is designed to elicit information about the care and services received by patients and families from their individual perspective. A variety of feedback cards have been developed to capture the experience of patients and their relatives and friends, across the Inpatient unit, Day hospice unit and community service settings. The cards, based on the concept of the 'family and friends test' have been designed to be easy to complete and to capture, from the perspective of the patient or family member ... "What did we do well?" and "What could we do better?"

### **Inpatient Unit & Day Hospice**

Feedback cards are given out to, and made available to, our patients and their relatives and friends.

### **Specialist Community Services (including Specialist Nursing, Hospice at Home and Night Sitting service)**

Feedback cards are sent out on a monthly basis to a random sample of current Community patients. Cards are posted out to the family members of patients who have died whilst under the care of our Hospice at Home service and also to patients in receipt of our Night Sitting service.

### **Counselling and Bereavement services**

As part of our ongoing evaluation of services, periodic satisfaction questionnaires are sent out to clients who been in receipt of the Counselling service and Bereavement service.

### **Letters of Support from Families and Thank You Cards**

In addition to periodic surveys and questionnaires we also continue to receive many cards of thanks and support from patients and families across all services.

#### **Community services:**

*"I would like to thank you for your help and support during my husband's illness. It really makes a difference knowing you are there for advice, or just to listen."*

*"I just want to pass on my heartfelt thanks to you and all the team at the Hospice who have given their help and advice over the past few months. I has been so reassuring to have had your support during Mum's illness and I am so grateful that she was able to stay in her home and to end her life there peacefully."*

*"Thank you for all you did for our family; from looking after mum to supporting us all, you made it that little bit easier, knowing we had you."*

*"I just wanted to write a few words to say how grateful we all were for the wonderful way my wife was cared for during her last few weeks. It was an enormous comfort to all of our family to know that she was being looked after in such calm, tranquil surroundings and by such dedicated and caring people."*

*"Words cannot express our gratitude for the care and support our Mother received from all the staff and volunteers at the hospice. You are all very special people and we will never ever forget."*

#### **Inpatient Unit & Day Hospice:**

*"To all the staff, Doctors, Nurses and Volunteers. The care you have shown me has been first class whilst I have been here at Springhill. You are all very caring and professional people. God bless you all."*

*"Thank you to all the staff and volunteers at Springhill for the care, compassion and kindness shown to myself and my family during my stay here at Springhill."*

*"Thank you for helping, caring and making our Mum laugh in her last year. She loved coming to the Hospice to see everyone."*

*"Thanks to all the Hospice staff and Hospice at Home nurses for all the care and help given to our Mum during the last weeks of her life. It was a great comfort to us to know she was being cared for by such caring people."*

*"To all the amazing staff. Just want to say a huge 'thank you' for the love and care you have given my wife over the past weeks. You have made her feel like a person again and have put the twinkle back in her eyes."*

*"We would like to thank you for the care and understanding you have shown both to my Mother and to the whole family. The staff and volunteers do such amazing work which creates a well-run, caring and professional environment, which helps so many in difficult and emotional times."*

*"Amazing place. You helped my Mum until the day she died and even when she passed away, made the family so comfortable."*

**Counselling service:**

*"I really appreciated that I had someone to help me through this awful time. Counselling helped me through the dark times, so now I feel stronger than I did."*

*"Invaluable – probably saved my life."*

*"I felt that I had learned a great deal about having coping strategies."*

*"I feel much more hopeful for the future."*

*"Much more in control of my emotions. Able to cope and plan."*

*"I never thought I would get my head around losing someone but the counselling has helped."*

*"I now believe I am a stronger person and I am really ready to face things."*

*"I am more accepting of my Mother's condition and better able to accept her failing health and death."*

*"I have regained my confidence and logical thinking."*

**Bereavement support:**

*"I can look forward with an improved interest in everyday life."*

*"To accept what I cannot change"*

*"I don't think you ever get over your loss, after so many years together, but it helps to give you inner strength to cope better with life."*

*"Thank you for helping me become me again!"*

*"It helped me realise that what I am feeling is normal."*

*"Adapting to my new life slowly."*

*"Starting to be able to not blame myself and feeling more 'normal' again."*

## **SUBMISSIONS FOR COMMENT**

**Springhill Hospice Quality Account 2017/18 has been forwarded to the following bodies for comment:**

- **Heywood, Middleton and Rochdale Clinical Commissioning Group (CCG)**  
*Submitted to HMR CCG. Comment received from Alison Kelly, Lead Designated Nurse Safeguarding (Appendix B)*

- **Healthwatch Rochdale**

Comment received:

*"Healthwatch Rochdale confirm receipt of Springhill Hospice Quality Accounts 2017/2018. Healthwatch Rochdale have noted the contents of the report and have no further comments to make."*

Kate Jones  
CEO

- **Overview and Scrutiny Committee, Rochdale Borough Council**  
*On the agenda for the meeting of the committee on 27<sup>th</sup> June 2018*

## Appendix A



### SPRINGHILL HOSPICE POLICY DERIVED BY CLINICAL STANDARDS SUB GROUP

#### TITLE: DUTY OF CANDOUR POLICY

#### **Policy Statement**

It is the policy of Springhill Hospice that all staff act in an open and transparent way with all relevant persons in relation to the care and treatment provided to service users. Springhill Hospice promotes a culture that encourages candour, openness and honesty at all levels. This is an integral part of a culture of safety that supports organisational and personal learning.

#### **Related Springhill Hospice policies/procedures:**

All Clinical Standards Policies  
Incident/Accident Policy

#### **Responsibility/Accountability**

**Chief Executive (Responsible person)**  
**Director of Clinical Services (Registered person)**  
**and all staff**

#### **Ultimate Responsibility held by:**

- Chief Executive Officer

#### **First line responsibility held by:**

- Director of Clinical Services
- Individual members of the clinical team, doctors, nurses, therapists and care staff
- Support services staff providing catering, cleaning and stewardship, admin services
- Education and training department

**All staff and volunteers are responsible for the service they offer to patients and their relatives.**

### **Requirements of policy**

#### **1. All staff will act in an open and transparent way with all relevant persons in relation to care and treatment provided to patients and their families.**

- Springhill Hospice promotes a culture that encourages candour, openness and honesty at all levels. This is an integral part of a culture of safety that supports organisational and personal learning. There is a commitment to being open and transparent throughout the Governance process and at board level.
- Springhill Hospice has policies and procedures in place to support a culture of openness and transparency, and ensures that all staff follow them.
- Springhill Hospice takes action to tackle bullying and harassment in relation to duty of candour, and investigates any instances where a member of staff may have obstructed another in exercising their duty of candour.
- Springhill Hospice has a system in place to identify and deal with possible breaches of the professional duty of candour by staff who are professionally registered, including the obstruction of another in their professional duty of candour. This is likely to include an investigation and escalation process that may lead to referral to their professional regulator or other relevant body.
- Springhill Hospice makes all reasonable efforts to ensure that staff operating at all levels within the organisation operate within a culture of openness and transparency, understand their individual responsibilities in relation to the duty of candour, and are supported to be open and honest with patients and apologise when things go wrong.
- Staff receive appropriate training, and there are arrangements in place to support staff who are involved in a notifiable safety incident.
- In cases where Senior staff are made aware that something untoward has happened, they will treat the allegation seriously, immediately consider whether this is a notifiable safety incident and take appropriate action.

#### **2. As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred the registered person will notify the relevant person that the incident has occurred.**

- The notification to be given in person by one or more representatives of the registered person.
  - The person making the notification will provide an account, which to the best of their knowledge is true, of all the facts the registered person knows about the incident as at the date of the notification.
  - Advise what further enquiries into the incident are appropriate.
  - include an apology.
  - Make a written record which will be kept securely by the registered person.
- 
- When a notifiable safety incident has occurred, the relevant person must be informed as soon as reasonably practicable after the incident has been identified. Springhill Hospice

is subject to the NHS Standard Contract and, as such, should be aware that the standard contract requires that the notification must be made within 10 working days of the incident being reported to local systems, and sooner where possible.

- All staff working for Springhill Hospice have responsibility to adhere to the Hospice's policies and procedures around duty of candour, regardless of seniority or permanency.
- A notifiable incident includes incidents that, in the reasonable opinion of a healthcare professional, could result in, or appear to have resulted in, the death of the person using the service or severe harm, moderate harm, or prolonged psychological harm.
- Where the degree of harm is not yet clear but may fall into the above categories in future, the relevant person must be informed of the notifiable safety incident.
- Springhill Hospice is not required by the regulation to inform a person using the service when a 'near miss' has occurred, and the incident has resulted in no harm to that person.

**3. There are appropriate arrangements in place to notify the patient who is affected by an incident if they lack the mental capacity to make a decision about their care or treatment, including ensuring that a person acting lawfully on their behalf is notified as the relevant person.**

- A person acting lawfully on behalf of the person using the service will be notified as the relevant person where the patient lacks the mental capacity to make a decision regarding their care or treatment.
- A person acting lawfully on behalf of the person using the service will be notified as the relevant person, upon the death of the person using the service.
- Other than the situations outlined above, information will only be disclosed to family members or carers where the person using the service has given their express or implied consent when they had mental capacity to do so.
- A step-by-step account of all relevant facts known about the incident at the time will be given, in person, by one or more senior members of staff. This will include as much or as little information as the relevant person wants to hear, be jargon free and explain any complicated terms.
- The account of the facts will be given in a manner that the relevant person can understand. For example, Springhill Hospice will consider whether interpreters, advocates, or other communication aids should be used, while being conscious of any potential breaches of confidentiality in doing so.
- Springhill Hospice will also explain to the relevant person what further enquires they will make.
- Springhill Hospice will ensure that one or more appropriate representatives of the Hospice gives a meaningful apology, in person, to relevant persons
- In making a decision about who is most appropriate to provide the notification and/or apology, the Springhill Hospice will consider seniority, relationship to the person using the service, and experience and expertise in the type of notifiable incident that has occurred.

**4. As soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred the registered person will provide reasonable support to**

**the relevant person in relation to the incident, including when giving such notification.**

- Springhill Hospice will give the relevant person all reasonable support necessary to help overcome the physical, psychological and emotional impact of the incident. This could include all or some of the following:
  - Treating them with respect, consideration and empathy.
  - Offering the option of direct emotional support during the notifications, for example from a family member, a friend, a care professional or a trained advocate.
  - Offering help to understand what is being said, for example, through an interpreter, non-verbal communication aids, written information, Braille etc.
  - Providing access to any necessary treatment and care to recover from or minimise the harm caused where appropriate.
  - Providing the relevant person with details of specialist independent sources of practical advice and support or emotional support/counselling.
  - Providing the relevant person with information about available impartial advocacy and support services, their local Healthwatch and other relevant support groups, for example Cruse Bereavement Care and Action against Medical Accidents (AvMA), to help them deal with the outcome of the incident.
  - Arranging for care and treatment from another professional, team or provider if this is possible, if the relevant person wishes.
  - Providing support to access the complaints procedure.

**5. The notification given (verbally) will be followed by a written notification given or sent to the relevant person containing:**

- **the information provided.**
  - **details of any enquiries to be undertaken.**
  - **the results of any further enquiries into the incident.**
  - **an apology.**
- Springhill Hospice will ensure that they give written notification to the relevant person following the notification that was given in person, even though enquiries may not yet be complete.
  - The written notification will contain all the information that was provided in person, including an apology, as well as the results of any enquiries that have been made since the notification in person.
  - The outcomes or results of any further enquiries and investigations must also be provided in writing to the relevant person through further written notifications, if they wish to receive them.

**6. If the relevant person cannot be contacted in person or declines to speak to the representative of the registered person a written record will be kept of attempts to contact or to speak to the relevant person. Springhill Hospice will keep a copy of all correspondence with the relevant person.**

- Springhill Hospice will make every reasonable attempt to contact the relevant person through all available means of communication. All attempts to contact the relevant person will be documented.
- If the relevant person does not wish to communicate with the Springhill Hospice, their wishes will be respected and a record of this will be kept.
- If the relevant person has died and there is nobody who can lawfully act on their behalf, a record of this will be kept.
  
- Springhill Hospice will keep a record of the written notification, along with any enquiries and investigations and the outcome or results of the enquiries or investigations.
- Any correspondence from the relevant person relating to the incident will be responded to in an appropriate manner and a record of communications will be kept

## Appendix B



**Heywood, Middleton  
and Rochdale**  
Clinical Commissioning Group

Postal address: NHS HMR CCG  
PO Box 100  
Rochdale  
OL16 9NP

Springhill Hospice  
Broad Lane  
Rochdale  
Lancashire  
OL16 4PZ

Location address: Number One Riverside  
Smith Street  
Rochdale  
Lancashire  
OL16 1XU

Tel: 01706 652203  
[hmrccg.safeguarding@nhs.net](mailto:hmrccg.safeguarding@nhs.net)

15<sup>th</sup> May 2018

Dear Sir or Madam,

Thank you for asking for comment on your Quality Account 2017/18.

This affords Heywood Middleton and Rochdale Clinical Commissioning Group (CCG) the opportunity to comment upon the delivery of quality services that aim to be clinically effective and well led, delivering good patient experience and best outcomes. The account lays down your achievements in 2017/18 and future initiatives for consideration. The account is a means of providing assurance to the CCG.

Quality and safety are of paramount importance to the CCG in all its commissioned services and therefore we welcome the opportunity to provide feedback.

The CCG believe this is an extremely positive account of quality achievements during 2017/18. The continued success in this arena is acknowledged and noted.

The Hospice identified 4 priority areas for improvement in 2017/18 the CCG is happy to acknowledge the organisations success in these areas.

- Improving engagement with 'hard to reach' groups- The CCG look forward to receiving evaluation from the joint training with ST Ann's Hospice.
- Developing our workforce- The enhancement of the team via the various posts now in place is celebrated by the CCG and it would be interesting to see how this impacts on outcomes over the next 12 months.
- Partnership working-There is good evidence of this within the document and how this enhances quality of service.
- Improving the Environment for Patients and Families- Environmental improvement has been made which can only enhance experience for patients and their families.

The assurance statement from the Board gives a good oversight into the funding received outside of the NHS contract and it is noted that the Hospice remains tenacious in its fundraising endeavours.

The Duty of Candour Policy is welcomed.

The program of internal audit is impressive and provides an evidence base for the good work within the Hospice.

Clinical incidents can be difficult and the Hospice's transparent approach and willingness to learn is noted. This also applies to the management of complaints.

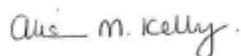
It can be seen that the Hospice values staff training including mandatory training. This in turn ensures a fully equipped work force.

The Hospice has embraced the CQUIN program providing an innovative and fit for purpose project which is indeed quality driven. It is hoped all CQUIN goals will be met by the end of the project.

It would be useful to see 'Safeguarding' as a link throughout the document. The engagement with Section 11 and Adult self-assessment is duly noted. However there is little evidence of application of MCA and DoLS theory or of the LeDeR program being visible within the Hospice.

The CCG would like to endorse the Quality Account and commend the continued good work of the Hospice. The CCG looks forward to supporting further Quality initiatives.

Regards,



**Mrs Alison Kelly**  
**Lead Designated Nurse Safeguarding**  
**Heywood Middleton and Rochdale**  
**Clinical Commissioning Group**