

**Quality  
Account  
2017-2018**



Find out more at  
**StBarnabasHospice.co.uk**

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Registered Charity No. 1053814

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**Acknowledgements**

Thank you for the following St Barnabas Hospice staff who have contributed to this Quality Account:

- |                      |                                    |
|----------------------|------------------------------------|
| Mr Robert Neilans    | Chair of Trustees                  |
| Mr Chris Wheway      | Chief Executive                    |
| Mrs Michelle Webb    | Director of Patient Care           |
| Miss Joy Fairweather | Governance Lead                    |
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| Mrs Mandy Irons      | Head of Wellbeing                  |
| Miss Jo Wright       | Clinical Systems Lead              |
| Mrs Mandy Tapfield   | Administration and Support         |

## **Part 1:**

### **Introductory Statement by the Chief Executive Officer Mr Chris Wheway**

On behalf of the Executive Management Team it gives me great pleasure to present the Quality Account for St Barnabas Hospice. The account looks back on progress that we have made during 2017/18, and outlines some of our key priorities for improvements to services for patients and families in 2018/19.

St Barnabas Hospice is highly respected and has an excellent reputation in the Community, it has outstanding public and business support and is well regarded by the health and social care communities in Lincolnshire. The strength of St Barnabas Hospice is 'the team', and together with our Board of Trustees I would like to thank the clinical and support teams for their contribution to continuing to providing outstanding patient care and for ensuring that our excellent reputation continues.

Our key priority here at the Hospice is to ensure high quality, safe and effective care for all patients and their families and we pride ourselves on the excellent standards achieved on a consistent basis, I am confident the priorities we set for 2017/18 have impacted positively for our patient and families and our staff.

The work to improve patient safety on our Inpatient Unit has been embedded into clinical practise and supported improvements to clinical and nursing care on our inpatient Unit.

The Integrated Palliative Care Outcome Scale has been adopted by our clinical teams to assess the effectiveness of the clinical interventions our Doctors and Nurse provide, and has supported individualised care planning and ensured that what matters most to patients and families, is central to everything we do.

The wellbeing of patients and families accessing the Hospice services is as important as physical health and we have over the year developed a wellbeing strategy that will see our clinical and wellbeing services deliver integrated care and support.

Our Allied Health Professionals have worked hard this year and our Team of five Occupational Therapists and three Physiotherapists have received a total of 837 referrals for patients with life limiting conditions. The work of the Team has supported patients to achieve their goals enabling those patients with life limiting conditions to live life to the full through delivery of a Palliative Rehabilitation approach, which our priority has strengthened.

Here at St Barnabas Hospice we are proud to uphold a culture of honesty and partnership working with our patients and their families. We are continually working to monitor and improve the quality of the care we provide. We actively seek feedback from our patients and their families and staff are encouraged to make suggestions and feedback to members of the Executive Team

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

Our ability to offer our hospice services including hospice at home and day therapy services is possible thanks to our dedicated staff and the commitment of over 1,000 volunteers.

To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by St Barnabas Hospice.

A handwritten signature in black ink, appearing to be 'C Wheway', written in a cursive style.

**Chris Wheway, Chief Executive**



## Trust Board Chairman's Statement

On behalf of the Board of Trustees I am delighted to endorse our Quality Account for the year 2017/2018. It has been another busy but successful year for the Hospice and this Quality Account gives an insight into our achievements over the last year and our commitment to the priorities for the forthcoming year.

Quality continues to be core to the Hospice vision and we strive to improve the services we offer to the people who access our care.

Integral to this has been our work with our 2017/2018 priority of leadership and education to support our staff to provide exemplary care and provide professional development opportunities for those who work at the Hospice.

I am pleased to report that our clinical and well-being services will be working more closely in a cohesive partnership to deliver holistic care to patients and families, and I am confident project ECHO will support the delivery of specialist knowledge to the wider healthcare community. The project will utilise new technology in this rural and widespread County, to democratise specialist knowledge to our partners, and thus benefit more patients, and families to access palliative care.

St Barnabas continues to work proactively with the Sustainability and Transformation Partnership and is actively engaged in supporting Integrated Neighbourhood Team working across the County. I believe the priorities for 2018/19 will also positively contribute to enhanced partnership working within the County for benefit of both patients and staff working in the local health economy.

The Trust Board would like to extend its gratitude to the individuals, businesses and organisations who unreservedly support St Barnabas to ensure the continuation of high quality palliative and end of life care for the people for Lincolnshire.



A handwritten signature in black ink, appearing to be 'R Neilans', written in a cursive style.

Mr Robert Neilans  
**Chairman of the Board of Trustees**



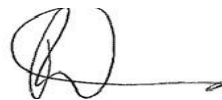
## Trust Board Endorsement of the Quality Account

We, the Trust Board of St Barnabas Lincolnshire Hospice, are pleased to endorse the content of the Quality Account and, to the best of our knowledge the information contained therein is accurate.

### Trustee

### Signature

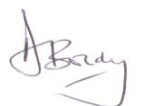
**Mr Robert Neilans**



**Mr Paul Banton**



**Dr David Boldy**



**Mr Graham Dawson**



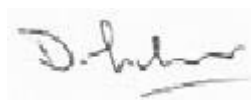
**Mr Phillip Hoskins**



**Mrs Amanda Legate**



**Mr David Libiszewski**



**Mr Anthony Maltby**



**Mrs Karen Rossdale**







## Introduction

Welcome to St Barnabas Hospice quality account report which we have written to provide information on the quality of the care we provide to our patients and their families. The report will evidence the high quality of care and the acknowledgment of the work we do in collaboration and partnership with others.

## St Barnabas Vision, Mission and Values



# St Barnabas

Hospice • Care • Support

### OUR VISION

Our vision is a world where dying with dignity, compassion and having choices is a fundamental part of a life.

### OUR MISSION

Our Mission is to ensure all individuals facing the end of their life in Lincolnshire receive dignified, compassionate care when they require it and where they ask for it.

### OUR VALUES

#### Aiming High

We reach for excellence and set the standard for others to follow. Celebrating individual and collective success and actively looking for ways to be even better.

#### Being Courageous

We push boundaries and provide challenge – standing up for what is right and supporting others to make a difference across all aspects of our work.

#### Working Better Together

We recognise the power of community; building connections and relationships which help us make a positive contribution. Respecting and valuing all contributions - we are ONE team, united and inspired by our common purpose.

#### Having Heart

People are at the centre of all we do. We're proud of our ability to work in tough situations with resilience, empathy and kindness.

#### Doing It Right

We are ethical, honest and use resources respectfully. Taking responsibility for our actions and doing what we say we'll do – we challenge others to do the same.

In this quality account, we focus on the quality of care we provide for patients and their families, reflecting back on our most recent year of operation and look forward to our plans for 2018-2019. We will continue to deliver our objectives as detailed in our five year clinical strategy.



Clinical  
Strategy  
2017-2022

Find out more at  
[StBarnabasHospice.co.uk](http://StBarnabasHospice.co.uk)  
[@stbarnabasinc](#) [stbarnabasinc](#)

Registered Charity No. 1053814

### **Our clinical objectives for the next five years are:**

1. Achieve an “Outstanding” Care Quality Commission rating and ensure that in all we do we strive to exceed the expectations of those we serve.
2. Ensure that the hospice approach to care and support is understood by, and available to, more people wherever they may be, working always to reach the people who are disenfranchised and disadvantaged. We will work with, and lead, partner organisations to ensure that care is connected and co-ordinated.
3. Engage, enable and support our workforce to develop the skills, knowledge, competence and resilience, developing new roles and professional pathways to be exemplars in innovative models of palliative and end of life care.
4. Utilise co-design and an evidence based and innovative approach to co-ordinate and connect services that are fit for the people of Lincolnshire in the future.
5. Develop therapeutic relationships with patients and their families to maximise comfort and wellbeing to each individual, maximising professional contact, whilst always promoting self and family care.
6. Deliver services that are value for money and achieve positive outcomes for patients, families, communities and the wider health and social care economy.
7. Empower communities across Lincolnshire to become more resilient and to feel confident to identify and support those at end of life.
8. Generate sustainable income streams by working in partnership across the health and social care system to support the sustainability of the organisation.





## Part 2

### Priorities for Improvement and Statements of Assurance from the Board (in regulations)

#### Priorities for Improvement 2017 – 2018

##### Priority 1

*Introduction of a preceptorship programme for new staff to the Trust with limited palliative care experience and to develop the Trust programme of leadership for clinical teams*

##### What we wanted to achieve

To introduce a preceptorship programme for new staff to the Trust with limited experience in palliative care and develop our programme of leadership training for our clinical teams.

##### What we have achieved

##### Preceptorship

A preceptorship programme has been developed with a focus on twelve core areas of learning within clinical practice. This will support staff to develop the core skills and confidence within a structured framework to deliver effective palliative care. The programme follows on from their probationary period and be completed in a maximum of twelve months.

Guidance has also been developed for mentors to support new staff through the programme.

Further work is in process to mirror this framework for other clinical staff groups to provide a development programme of learning and professional development.

New starters are trialling the pathway and an evaluation is planned through staff feedback to refine the programme if required.



## Leadership Training Programme

A programme of leadership training has been delivered over the last twelve months with almost 100 staff attending a variety of forums. This has included internally facilitated training led by the Trust People Development Team both for new line managers and as a refresher for existing staff and included seminars on recruitment, retention, budgeting and managing performance and absence. Staff have also attended external training including the Mary Seole Leadership Programme through the NHS Leadership Academy, and Helen Sanderson training. Staff are also undertaking the Lincolnshire Sustainability and Transformation Partnership Coaching Programme.

Overall the leadership training programme has evaluated well and has empowered staff with new knowledge and skills to be effective leaders and line managers to improve service delivery for patients, families and staff.

Support for staff and leadership training will continue be a core element of the Trust education and training strategy.

## Priority Two

*Continuation of the project work identified from 2016/2017 of the two deep dive investigations into the Inpatient falls and acquired pressure damage.*

### What we wanted to achieve

We wanted to evaluate and further progress the project work streams identified in our 2016/2017 priority from the two deep dive investigations into reducing Inpatient falls and Inpatient acquired pressure damage.

### What we have achieved

The key quality improvement measures completed this year include:-

### Inpatient acquired pressure damage

Data from the last twelve months has indicated a reduction in acquired pressure damage from 22 reported incidents during 2016/2017 to 16 reported incidents 2017/2018. Investigation confirmed that assessment and all measures were in place to minimise pressure damage risk and all were assessed as unavoidable pressure damage.

<b>Grade of pressure damage</b>	<b>15/16</b>	<b>16/17</b>	<b>17/18</b>
Grade 1	13	1	5
Grade 2	23	17	8
Grade 3	7	3	2
Grade 4	1	0	0
Deep Tissue Injury	0	1	1
<b>Total</b>	<b>44</b>	<b>22</b>	<b>16</b>

- SSKIN, a five step model for pressure ulcer prevention has been introduced to clinical teams through a series of workshops and this framework is now embedded in practice across our Inpatient and Community teams. An audit programme is in place to monitor the effectiveness of the new framework. Initial audit results from our community teams during December 2017 were positive showing a strengthened holistic recording framework including individualised skin care assessment, care planning and evaluation. Feedback from the audit has been shared with teams and a plan is in place to support staff with ongoing training in relation to skin assessment and pressure area grading and management.
- The reintroduction of a patient repositioning chart and wound care booklet at the Inpatient Unit has contributed to strengthening monitoring of pressure area care.
- New dynamic air mattresses and seated pressure relief cushions have been purchased as part of a planned quality improvement programme.
- Trial of a nutritional screening tool specifically for palliative patients has been undertaken and the results are in the process of being evaluated.

### Inpatient falls

- Data from the last twelve months has indicated a rise in patient falls. (This may in part be due to a 30% increase in admissions to the Unit over the last year).
- A “Call Don’t Fall” poster campaign has been instigated together with a Falls Prevention display board for patients and carers.
- Our falls assessment and care plan have been revised to simplify collection of information and enable effective care planning.
- Implementation of falls management flow chart.
- Management of the fallen patient has been strengthened including practical sessions as part of annual moving and handling training.
- A new patient call bell system has been scoped and will be included in our planned estates review.
- Continued multidisciplinary working to support falls prevention education for patients, families and staff.





In conclusion, the “deep dive” project has been an invaluable quality improvement measure with a significant positive impact on the quality and safety of patient care. Staff confidence and awareness has grown from engaging in both deep dives has been a key factor to the success of the project through their contribution of ideas and suggestions and supporting change. Some of the changes have been significant such as the introduction of the SSKIN model but equally some of the smaller improvements have had a valuable impact on daily practice for patients and staff. Work will continue to sustain and further progress this project work. A programme of audit will be integral to monitoring practice to assure the continued effectiveness of the quality improvements made.



## Priority Three

### *International Integrated Palliative Outcomes Scale (IPOS)*

*IPOS is a national qualitative patient reported measure of the effectiveness of clinical interventions. During the forthcoming year the Hospice is committed to developing the use of the tool by clinicians to further engage patients in the planning of care.*

#### **What we wanted to achieve**

We wanted to use IPOS to support the holistic first assessment for patients, and to assess the effectiveness of our clinical interventions through the re-assessment of patients as their clinical condition changes. IPOS has been used to achieve a greater understanding at assessment of the patient's concerns, to support individualised care planning by using patient reported feedback to achieve effective symptom control, and to support patients to live as well as possible for as long as possible.

#### **What we have achieved**

The clinical teams at the hospice have been embedding the use of the IPOS tool across all of our services, and the Specialist Nurse Practitioners are leading the work to develop the way clinical teams use IPOS information within the plan for every patient framework. The teams are also developing the use of an extraction tool which allows staff to discuss with patients the effectiveness of interventions over time and support ongoing care planning.

The Clinical Service Business Team is supporting the collection and extrapolation of the data.

<b>Clinical Services / % of Patients Offered IPOS 2017/2018</b>	<b>April - September 2017</b>	<b>October 2017 – March 2018</b>
Hospice at Home	43%	45%
Inpatient Unit	60%	75%
Day Therapy	42%	80%

Senior clinical managers are leading on this project to ensure the IPOS measure is used consistently by the clinical teams, through training, sharing experience and information with other Hospices.

St Barnabas is working with other providers to support the implementation of IPOS in Lincolnshire.

## **Priority Four**

### *Health and Well-being in palliative and end of life care*

#### **What we wanted to achieve**

Our aim was to establish an evidence based wellbeing service that integrated psychological, complementary therapies, welfare and benefits advice, spiritual care and bereavement care.

#### **What we have achieved**

Wellbeing comprises an individual's experience of life, their physical health, psychosocial and spiritual needs, financial security and family relationships. Looking after health and wellbeing is important for people living with a terminal or life-limiting illness and the development of an integrated wellbeing service which provides accessible holistic care is integral to our clinical strategy.

#### Integration of Service Leads

Service leads from the Welfare and Benefits Team, Family Support Service, Spiritual Support Team, Lead Complementary Therapist, and Community Development Lead were co-located to form a Wellbeing Senior Team. This quickly established new ways of working, improved information sharing and a review of referral processes, case and data management. Wider consultation with the team and the Trust Board established the 'four pillars of wellbeing' and the wellbeing strategy setting out the delivery framework and action plan for the service over the next five years is now complete.

#### Data Management

A common data management system has been identified and migration of data is underway enabling shared clients to be identified, case review processes put in place and data management to be improved. Ensuring the system is compliant with the General Data Protection Regulations (2018) has delayed completion, however once complete the service will be able to identify all wellbeing interventions in a wellbeing plan that can be identified and shared with clinical colleagues. Further work to embed the wellbeing plan within the S1 holistic template is underway.

#### Promoting identification and early access

Working with community partners, including Carers First, Age UK, and Talk, Eat, Drink Organisation, we have piloted Wellbeing 'Drop In' centres on the East Coast. These provide a four weekly programme of events – one for each pillar of wellbeing - aimed at promoting the service, supporting early identification of patients in local communities, and encouraging local people to access Hospice services.

We have also restructured our bereavement care model to create a new more flexible community based approach. This enables people to 'drop in' for informal support and establish wider social networks more quickly following bereavement. Indications are that this identifies the burden of social isolation and psychosocial distress much more quickly and improves the wellbeing of bereaved people in the community. The re-structure was completed following a full consultation with Family Support Volunteers, who have been engaged and proactive in developing the new model.

We have also reviewed governance processes around the service and introduced more robust mandatory supervision requirements for counselling volunteers. We continue to support Counsellors in training and have developed a positive reputation for providing high quality training placements.

We are active members of the health and wellbeing networks and have established positive relationships with Neighbourhood Team Leads and the social prescribing project in the Gainsborough area to promote our services and support early identification of palliative patients, carers, and bereaved people. We are now in discussions with partner agencies to develop volunteer networks around the Neighbourhood Teams providing community support to aid the reduction of admission to acute care.

### Consistent Companion Model

Our Consistent Companions service has continued to grow, supported by a robust training programme and client/volunteer matching process, which encourages our patients to maintain their health and wellbeing in the home, and develops confidence in accessing other local community groups with the support of a volunteer. We have also extended the access criteria to provide support for bereaved clients of the service – for e.g. short term interventions to accompany clients to support groups in their community.



## Priority 5

*Development of palliative rehabilitation within the Inpatient Unit to ensure patients and their families are able to achieve the best quality of life for as long as possible when living with a life-limiting illness*

### What we wanted to achieve

We wanted to establish a programme of palliative rehabilitation across our clinical services led by our Allied Health Professional Team.

Rehabilitation is the process of helping a person to reach the fullest physical, psychological, social, vocational and educational potential consistent with his or her physiological or anatomical impairment, environmental limitations, desires and life plans. **Javier, N.S. and Montagnini, M.L. (2011) Rehabilitation of the Hospice and Palliative Care Patient. Journal of Palliative Medicine, 14, 638-648.**

### What we have achieved

The Allied Health Professional Team has expanded with the addition of new team members delivering a wider range of rehabilitative interventions over five days compared to the previous three. The team have the capacity to now offer clinics, This has provided a greater opportunity to champion palliative rehabilitation across the Organisation working more flexibly and providing a responsive service to individual patients and families enabling patients to live well as long as possible. Included in the work is St Barnabas contribution and input to the Lincolnshire frailty pathway which has enabled the team to contribute to the importance of palliative rehabilitation for the future of healthcare in Lincolnshire.

### Increased Referrals

This year our Team has received a total of 837 new referrals for patients with life limiting conditions, across the Clinical Services .This has supported patients in achieving their goals and enabling those patients with life limiting conditions to live life to the full through delivery of a Palliative Rehabilitation approach.

### Next Steps

The concept of Palliative Rehabilitation will continue to grow in the Organisation and within the County. Patients are living longer with life limiting conditions and we will require a workforce that can enable our patients to live life to the full and deliver this service County-Wide. Working in Partnership with other organisations and developing improved Pathways into the Service whilst ensuring the interventions we deliver are patient centred and effective will be key.

Informally the feedback from patients and families in respect of our strengthened allied health professional services has been well evaluated; we plan to formally develop a feedback mechanism for the Service.





## Part 3

### **Priorities for improvement and statements of assurance from the Board (in regulations)**

This section of the quality account looks forward to our priorities for 2018/19.

#### **Priorities for improvement 2018-2019**

The Board of Trustees and our clinical teams are committed to a culture of continuous development and improvement and will continue to ensure that services evolve to meet patient and carer needs and to widening access to palliative and end of life care for all, in a rural county with many diverse challenges.

The priorities for quality improvement we have identified for 2018/19 are set out below. These priorities have been identified in conjunction with patients and carers, staff and stakeholders. The priorities we have selected will impact directly on each of the four priority areas; patient safety, clinical effectiveness, staff development and patient experience.

Our links with the wider Lincolnshire health and social care economy, together with strong regional and national relationships will support the ongoing development of our services and enable us to achieve the ambitions identified for 2018/19.



Louth Hospice

## Priority 1: Implementation of project Echo

### **Clinical Effectiveness**

#### **How has this priority been identified?**

Project Echo is an established not for profit on line mentoring project that enables the delivery of training and education by video site links. The aim of the project is to share knowledge and equip clinical teams to deliver best practice.

Project ECHO will improve palliative care. The goal is to improve decision-making by collaborative problem solving. At the heart of the ECHO model is its hub-and-spoke knowledge-sharing networks, of generalist and specialist clinicians to create Communities of practice who share a passion for palliative care and who interact to learn how to do it better. The meetings use virtual technology to reduce travel. Relationships are built to enable teams to learn from each other

St Barnabas is working on this exciting new project with Hospice UK. It will be launched across Lincolnshire later this year, and will benefit the whole health economy.

#### **How will this priority be achieved?**

This priority will be achieved by:

1. A dedicated project Echo team has been established by the hospice and will consist of a general practitioner with a special interest in palliative and end of life care, a nurse consultant, a specialist nurse practitioner and a project lead.
2. The project team will undertake Hospice UK accredited training and the appropriate technological infrastructure will be supported by the hospice Information and Management Team. Integral to the training programme for the project team will be the robust embedding of consistent learning outcomes and quality of training provision.
3. Engagement with twelve pilot site GP surgeries across Lincolnshire through the delivery of bespoke on line education by hospice specialists.

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

Progress will monitored through the Trust Project Management Board and progress reports to the Clinical Governance Committee and Patient Care Executive.

Evaluation of system users will also be reviewed to inform and shape future work with Project Echo.



## Priority 2: Patient and Public Engagement

### **Patient Experience**

#### **How has this priority been identified?**

Many people are reluctant to think and talk about death and dying and the type of treatment and care they may want at the end of their lives. National and local research demonstrates a need for more open conversations around death, dying and end of life care amongst both professionals and the general public. Lack of communication around death and dying means people are not dying in their preferred place. This can often increase anxiety in families and friends who may need to make important and difficult decisions with a person as they approach the end of their life, which, in our experience causes unnecessary distress affecting individuals and families into bereavement. Encouraging conversations in communities about death and dying in a positive and productive way is an important way of engaging and involving people, shaping end of life services along the principles of co-design, promoting advance care planning and breaking down the taboos that exist in talking about death dying and bereavement.

#### **How will this priority be achieved?**

We will achieve this priority through a portfolio of projects aimed at engaging and involving local communities in shaping services and promoting advance care planning. By involving and engaging with local people in creative and positive ways we aim to increase community conversations about end of life care and bereavement support

#### Projects include:

- Schools engagement offer through lessons, assemblies, workshops, and fundraising years.
- Consistent Companions Volunteers modelling what “prepared to help” looks like in the community.
- Training for Consistent Companions and other volunteers who are trusted by patients to encourage family conversations.
- Death Café as part of Dying Matters Week.
- Relaunch of The Good Goodbye, conversation starter application, (app).
- Wellbeing drop in/Help Point sessions – working with local partners to increase awareness, support, advice and help with planning - supporting community conversations.
- Public Engagement through shops - pilot in development.
- Volunteer Networks aligned to Neighbourhood teams to support palliative patients and their families and promote family conversations about end of life care.

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

The Patient and Public engagement Programme will be monitored monthly through Clinical Governance Committee and a quarterly report to the Patient Care Committee.

## Priority 3: Improving handover of information about patient care

### **Patient Safety**

#### **How has this priority been identified?**

This priority has been identified through feedback from staff regarding the efficiency of the current handover processes and review of best practice in respect of the safe transfer of patient information between professionals.

#### **How will this priority be achieved?**

1. Multi professional task and finish group will lead on this priority to review current Inpatient handover processes and ask staff to participate in a survey staff of what a good handover should consist of.
2. To ensure the review is inclusive of discharge information to other healthcare providers
3. Explore options for working more efficiently, to enable maximum time to care.
4. Explore the use of a recognised nursing handover tool, and pilot the use.
5. Engage patients and families to identify how they would prefer their information shared.
6. Assure all information governance standards are maintained with regards to the secure management of patient information.
7. Support staff with any practice changes to embed new processes.
8. A programme of audit will be integral to ensuring the safety and effectiveness of any new handover processes.

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

The priority will be monitored on an ongoing basis through regular engagement with staff at staff meetings and Clinical Governance Committee and a quarterly report to the Patient Care Committee.

## Priority 4: Pain Management

### Clinical effectiveness

#### How has this priority been identified?

Holistic pain management is pivotal to the provision of specialist palliative care.

“Research shows that one of the things people fear most at the end of their life is being in pain, Hospice UK 2017. The ambition of St Barnabas Hospice as a specialist palliative care provider is to assure that all patients receive equitable, effective and individualised pain control to meet their needs at end of life.

St Barnabas Hospice wishes to quality assure current practice across our services and identify any areas for development, including additional education to support high quality symptom management for patients at end of life.

#### How will this priority be achieved?

#### Project Plan

##### Year 1

Quarter 1	<p><b>Scoping</b></p> <ul style="list-style-type: none"> <li>• Project group to be established to lead the pain management review and to confirm the focus and terms of reference for this priority.</li> <li>• Seek approval through Clinical Cabinet, Clinical Governance Committee and Quality Improvement and Research Group.</li> </ul>
Quarter 2	<p><b>Implement baseline assessment</b></p> <ul style="list-style-type: none"> <li>• Baseline evaluation of current practice with a focus on community teams with reference to best practice guidance through a staff survey to include all health professionals and Wellbeing Service.</li> <li>• Patient experience through review of Datix, Complaints, Incidents and patient and relatives surveys</li> </ul>
Quarter 3	<p><b>Review and action plan</b></p> <ul style="list-style-type: none"> <li>• Develop a robust quality improvement action plan based on review of current practice.</li> <li>• Prioritise actions identified and target implementation dates.</li> <li>• Develop priorities for learning and education and consideration of any specific commissioned training needs</li> </ul>
Quarter 4	<p><b>Implement / evaluate action plan</b></p> <ul style="list-style-type: none"> <li>• Deliver identified actions</li> <li>• Evaluate actions and progress</li> </ul>

## Year 2

Quarter1	<b>Design and seek approval for audit</b> <ul style="list-style-type: none"><li>• Identify multi-disciplinary clinicians with appropriate skill to support the delivery of a robust audit</li><li>• Undertake audit using Hospice UK audit tool to inform baseline</li></ul>
Quarter 2 /3	<b>Commence Audit</b> <ul style="list-style-type: none"><li>• Audit to include a representative staple of patient records and any associated documentation across all clinical services</li><li>• Collation of results to be supported by Quality team and Consultant nurse</li></ul>
Quarter 4	<b>Feedback and action plan</b> <ul style="list-style-type: none"><li>• Results to inform quality improvement patient care and clinical practice</li></ul>

### How will progress be monitored and reported?

This priority will be monitored through review of patient and relative feedback, pain evaluation and feedback from the multidisciplinary team.

The progress of the priority will be reviewed monthly through the designated project group, Clinical Governance Committee and as part of the Trust Medicines Management Committee.



## Priority 5: Enhancing support for young people

### **Clinical Effectiveness**

#### **How has this priority been identified?**

St Barnabas Hospice has an outstanding track record in providing bereavement support for adults in Lincolnshire, ranging from one-to-one counselling services to bereavement support groups. We are organisational members of the British Association of Counselling and Psychotherapy, and the leading providers of volunteer-led bereavement care in the county. However, the average demographic of bereavement groups tends to be retired women and men aged 60 and above. Complex grief and depression are common among bereaved young adults. Feelings may include separation anxiety, anger, insecurity, and loneliness with an increased need to express their feelings and gain support from others. The withdrawal of peer networks is a common experience of young bereaved people leaving them feeling socially isolated and abnormal, struggling to cope with their feelings of loss and grief and their own anxieties about death, often leading to an increase in risk-taking behaviours. Children and Young People up to the age of 18 are better provided for, however there is no provision for young adults to connect and support each other locally. Lincolnshire has more than 10 higher/further education establishments and whilst students are able to access pastoral care through individual counselling services, none provides the opportunity for students to meet other bereaved young adults and to benefit from group support while continuing their academic studies.

#### **How will this priority be achieved?**

Our project will create bereavement groups designed to meet the specific needs of young adults in the county of Lincolnshire. The group content will be co-designed with service users but will potentially include:

- Making sense of grief and loss.
- Working through overwhelming feelings including psychological and somatic impact.
- Coming to terms with life changes; coping with family occasions; remembering the person who has died.
- Changing roles – e.g. loss of caring responsibilities, changing friendships and relationships.
- Coping strategies to manage stress, build confidence, self-expression and self-compassion.
- Mindfulness for stress management.
- Continuing bonds – commemorating and connecting with the person who has died.
- Planning: future hopes and aspirations.



Our intention is to fully involve service users in the design of the programme, including length of sessions therefore the above content is indicative. We anticipate the programme will be delivered over eight to ten weeks with time to address specific issues as they arise. Groups will be facilitated by a minimum of two volunteers, one of who will be a trained counsellor to ensure that group members who may require time out from a session can be supported.

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

This priority will be monitored monthly through Clinical Governance Committee and a quarterly report to the Patient Care Committee. This project will also be monitored through the Trust Project Management Board.



## **Part 4:**

Mandatory statements relating to the quality of the NHS service provided

### **1. Statement Of Assurance From The Board**

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers, and therefore explanations of what these statements mean are also given.

#### **2a. Review of Services**

During 2017/18 St Barnabas Lincolnshire Hospice supported the Lincolnshire's four NHS Clinical Commissioning Group priorities with regard to the provision of local specialist palliative care by providing the following services:

- Hospice at Home
- Inpatient Unit
- Hospice in the Hospital (Grantham)
- Palliative Care Co-ordination Centre
- Day therapy

In addition the Trust has provided the following services through charitable funding:

- Welfare Benefits
- Occupational Therapy
- Physiotherapy
- Lymphoedema
- Family Support Services, including bereavement support services

During the reporting period 2017/18 St Barnabas Lincolnshire Hospice provided four NHS services. St Barnabas Lincolnshire Hospice has reviewed all the data available to them on the quality of care in all of these NHS services.

#### **2b. Funding of Services**

The income generated by the NHS services reviewed in 2017/18 represents 51 percent of the total income generated from the provision of NHS services by St Barnabas Lincolnshire Hospice.

(St Barnabas Lincolnshire Hospice receives NHS funding, through the National Community Contract, for the Hospice at Home service and Palliative Care Co-ordination Centre and partial funding for the Inpatient unit and Day Therapy services. The remaining income, to support the delivery of Day Therapy, Occupational and Physiotherapy and the Lymphoedema service, Family Support Services (including bereavement) and Welfare is generated through fundraising, shops and lottery activity and investment income.



## **2c. Participation in National Clinical Audit**

During 2017/2018 St Barnabas Hospice Inpatient Unit participated in the National Comparative Audit of Red Blood Cell Transfusion in Hospices. The audit was undertaken concurrently during the period of October – December 2016 and the results submitted in January 2017. We are now awaiting the results.

## **2d. Research**

St Barnabas Hospice is contributing to a project on the impact of hospice care. This HOLISTIC project will analyse the impact on patients' care of hospice-led innovations using nationally collected hospital episode data. The hospital records associated with cohorts of patients who died between 2010 and 2017, and could have been impacted by these care innovations, will form the basis of this evaluation. The focus will be on measuring where people die, and their usage of hospital services in the last 90 days of life, with the aim of measuring the reduction in hospital bed usage that these care innovations have made. The overall study, is still being evaluated and work is ongoing to navigate NHS Digital to access the data that is required to bring the project to a conclusion.

Research is integral to the ambitions to our five year clinical strategy. The appointment to a nurse consultant post will provide opportunities to support research activity over the coming year and links have been established with the local university.

## **2e. Use of the CQUIN Payment Framework**

A proportion of St Barnabas Lincolnshire Hospice income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between St Barnabas Hospice and commissioners, or any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2017/18 CQUIN payments and for the following 12-month period 2018/19 are available electronically at:

[www.stbarnabashospice.co.uk](http://www.stbarnabashospice.co.uk)

## 2f. Statement from the Care Quality Commission (CQC)

St Barnabas Lincolnshire Hospice is required to register with the Care Quality Commission and is currently registered to carry out the regulated activity: **Treatment of disease, disorder or injury.**

“St Barnabas Lincolnshire Hospice has the following conditions on registration:

- *The registered provider must ensure that the regulated activity, ‘treatment for disorder or injury’ is managed by an individual who is registered as a manager in respect of the activity as carried on at or from a Specialist Palliative Care Unit.”*

### **Statement of Reasons**

*The registration of the provider of this regulated activity is subject to a registered manager condition under Regulation 5 of the Care Quality Commission (Registration) Regulations 200.*

- *The Registered Provider must only accommodate a maximum of 11 patients at Specialist Palliative Care Unit.*

### **Statement of Reasons**

*We are imposing this condition because your service is set up to accommodate 11 persons. The premises, management or staffing provided at this location are suitable only for a maximum of 11 persons.*

- *The Registered Provider must not treat persons under 18 years in respect of the regulated activity ‘Treatment for disorder or injury’ at or from Specialist Palliative Care Unit.*

### **Statement of Reasons**

*We are imposing this condition because your service is set up to accommodate persons aged 18 years or over. The premises, management or staffing provided at this location are suitable only for persons aged 18 years or over.*

- *This Regulated Activity may only be carried on at the following locations:  
**Specialist Palliative Care Unit**, 36 Nettleham Road, Lincoln, LN2 1RE*

The Care Quality Commission has not taken any enforcement action against St Barnabas Lincolnshire Hospice during 2017/18.

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2017/18.

The Care Quality Commission undertook an unannounced inspection in March 2016. The report is available on the CQC website: [www.cqc.org.uk/directory/1-140658893](http://www.cqc.org.uk/directory/1-140658893) and also on the St Barnabas Hospice website: [www.stbarnabashospice.co.uk](http://www.stbarnabashospice.co.uk)

St Barnabas Hospice Trust (Lincolnshire)

## St Barnabas Hospice - Specialist Palliative Care Unit

### Inspection summary

CQC carried out an inspection of this care service on 29 March 2016. This is a summary of what we found.

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

We inspected St Barnabas Hospice – Specialist Palliative Care Unit on 29 March 2016. The inspection was unannounced. St Barnabas Hospice is a registered charity covering the county of Lincolnshire.

St Barnabas Hospice – Specialist Palliative Care Unit provides a wide range of services for people who have advanced, progressive illnesses and where the focus is on palliative and end of life care. The services are provided within four settings; an in-patient unit, a day therapy centre, hospice at home services and a palliative care co-ordination centre. Holistic services are delivered by a team of medical, nursing and social work staff, occupational and physiotherapists, counsellors, and chaplains.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection no-one using the services had any legal restrictions placed upon freedom. We saw that where this had been a necessary action prior to the inspection the provider had acted in accordance with legal guidance in order to protect people's rights.

People were unanimously positive about the services they received from St Barnabas Hospice – Specialist Palliative Care Unit. Without exception they praised the staff for their personalised and caring approach.

People were the focus of and at the heart of the service. They were central to the planning and reviewing of their care packages and those who were important to them were fully consulted. Support for people's spiritual, cultural and emotional needs was an integral part of their care package.

People privacy and dignity were respected in all of the hospice care settings. Their consent was sought before any care was provided. Their views and those of people who were important to them were respected and used to help improve the quality of the services people received.

Staff understood people's needs, preferences and wishes and provided support that took all of these things into account. Staff were well trained and supported to provide care and treatment that was sensitive, warm and respectful. They were knowledgeable about their specialist field of care and took account of how a person's wider medical needs impacted upon their life limiting diagnosis. They were supported to keep up to date with current good practice and research within their specialist field of care

People were supported to stay safe by staff who knew how to recognise and report signs of abuse. Staff also knew how to assess and manage risk in a way that did not limit a person's lifestyle.

People received all of the healthcare support they required. Doctors and therapists who specialised in palliative and end of life care provided support alongside people's GP, community nurses and NHS Trusts. People's nutritional needs met in a personalised way that took account of their preferences and wishes.

People who used the service and those who were important to them praised the way the service was run. Effective leadership and management systems supported a culture of openness and close team working. There was a strong emphasis on providing care that was based on current good practice guidance and relevant research. There was also an emphasis on continuous service improvement which was supported by effective quality assurance systems, close liaison with partner agencies and the local community.

**You can ask your care service for the full report, or find it on our website at [www.cqc.org.uk](http://www.cqc.org.uk) or by telephoning 03000 616161**

## 2g. Data Quality

Statement of relevance of Data Quality and your actions to improve Data Quality.

St Barnabas Lincolnshire 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.

St Barnabas Lincolnshire Hospice is not eligible to participate in this scheme. However, in the absence of this we have our own system in place for monitoring the quality of data and the use of the electronic patient information system, SystemOne. This is important because, with the patients' consent, we share data with other health professionals to support the care of patients in the community.

## 2h. Information Governance Toolkit Attainment Levels

St Barnabas Lincolnshire Hospice Information Governance Assessment Report score for 2017/18 was:

Assessment	Stage	Total	Overall Score
Version 14.1 (2017-2018)	Published	66%	Satisfactory

Satisfactory means that we have attained 100% Level 2 or above compliance, which is the requirement for any organisation to access the NHS's network. Organisations are graded either satisfactory or unsatisfactory.

## 2i. Clinical Coding

St Barnabas Lincolnshire Hospice was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission. This is because St Barnabas Hospice receives payment under a block contract and not through tariff and therefore clinical coding is not relevant.

## Part 5: Review of Activity and Outcomes

### St Barnabas Lincolnshire Hospice

The following tables demonstrate our performance activity during 2017/18. Also included is some comparative data for the clinical services we deliver.

#### Palliative Care Co-ordination Centre

	Total Number New Patient Referrals	Re-referrals	Percentage of non-cancer referrals	Incoming calls	Outbound calls
2017/18	1733	2148	32%	24,948	40,080

#### Specialist Inpatient Unit Services - Lincoln

	2014/15	2015/16	2016/17	2017/18
Total number of Admissions	162	169	156	<b>203</b>
% New patients	97%	93%	93%	<b>87%</b>
% Admissions from patient's own home	63%	69%	59%	<b>56%</b>
% Admission from acute hospital	36%	27%	37%	<b>44%</b>
% Occupancy	83%	80%	75%	<b>75%</b>
% Patients discharged to their home	39%	35%	37%	<b>35%</b>
Average length of stay – cancer	18 days	20.1 days	17.4 days	<b>14.7 days</b>
Average length of stay – non-cancer	22 days	20.6 days	22 days	<b>17.7 days</b>

#### Specialist Palliative Care Outpatients

	2014/15	2015/16	2016/17	2017/18
Total number of patients	319	272	294	<b>252</b>
% New patients	100%	94.5%	90%	<b>90%</b>
% Re-referred patients	0%	0.7%	0.3%	<b>0</b>
% Continuing patients	0%	4.8%	10.2%	<b>9.9%</b>

**Day Therapy (AHP Numbers shown separately below for 2017/18)**

	2014/15	2015/16	2016/17	2017/18
Total number of patients	1802	2073	2377	<b>*1264</b>
% New patients	60%	63%	62%	<b>61%</b>
% Re-referred patients	5%	4%	7%	<b>2%</b>
% of places booked but not used	10.2%	13.3%	10.4%	<b>12.8%</b>
Average length of care	159 days	160 days	201 days	<b>220 days</b>

\*The 2017/18 data totals for day therapy is reduced due to the separation of allied health professional contacts into a specific table detailed below. A significant amount of allied health professional work is undertaken in day therapy.

**Allied Health Professionals (Occupational Therapists/Physiotherapists)**

Total Patients	992
New Referrals 2017/18	837

**Hospice at Home**

	2014/15	2015/16	2016/17	2017/18
Total number of patients	1718	2073	2144	<b>2013</b>
% New patients	89%	86%	86%	<b>87%</b>
% Re-referred patients	7%	6%	9%	<b>6%</b>
% of patients who died at home	80%	84%	85%	<b>85%</b>
% of patients who died in acute hospital	6%	6%	5.8%	<b>6.4%</b>
Average length of care	40 days	30 days	26 days	<b>26.9 days</b>



<b>Family Support Services</b>				
	2014/15	2015/16	2016/17	<b>2017/18</b>
Client Referrals	421	694	760	<b>656</b>

<b>Welfare Benefits Service</b>				
	2014/15	2015/16	2016/17	<b>2017/18</b>
Total Clients	3754	3817	4037	<b>4020</b>
New Clients	1864	1952	2185	<b>2138</b>
Re-referred Clients	1890	1865	1852	<b>1882</b>
<b>Total money claimed on behalf of clients</b>	£7,111,426	£7,746,006	£8,077,862	<b>£8,016,259</b>

<b>Hospice in a Hospital</b>													
	Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Total
Admissions	12	12	13	13	10	11	18	12	11	13	12	15	152
<i>Admissions Last Year</i>	12	15	10	11	12	18	13	9	16	20	13	18	167
Beds Available	180	186	180	186	186	180	186	180	186	186	168	186	2190
Beds Occupied	121	146	137	127	95	152	113	131	145	128	106	135	1536
% Occupancy	67%	78%	76%	68%	51%	84%	61%	73%	78%	69%	63%	73%	70%
<i>Last Year %</i>	66%	66%	83%	66%	54%	78%	80%	84%	80%	74%	79%	75%	74%

## Part 6

### Patient Safety Indicators that we have chosen to monitor 2017-2018

Patient safety and the provision of high quality of care for patients and families is our highest priority and integral to all our clinical services. Standards are continually monitored by Line Managers and the Governance and Quality team.

The Trust has a Duty of Candour policy in accordance with the Statutory Duty of Candour for Health and Social Care Providers (Department of Health 2014) and CQC (Regulation 20). The Trust embraces the need for an honest, open culture whereby candour can flourish, individual and team learning takes place and apologies are given to patients and families when incidents occur.

There have been no serious incidents or never events and no occasions when Duty of Candour has been required to be invoked during 2017/2018.

#### a. Medication Incidents

Level	Type of incident	15/16	16/17	17/18
1	Error occurred with no adverse effect to patient	0	1	3
2	Error occurred increased monitoring of patient required but no change in clinical condition	10	15	11
3	Error occurred and some change in clinical condition noted	5	0	0
4	Error occurred and additional treatment required	0	0	0
5	Error occurred and permanent harm to patient	0	0	0
6	Error occurred and resulted in patient death	0	0	0
<b>Total</b>		<b>15</b>	<b>16</b>	<b>14</b>

#### b. Acquired Pressure Damage Inpatient Unit

Level	Grade of pressure damage	15/16	16/17	17/18
Grade 1		13	1	5
Grade 2		23	17	8
Grade 3		7	3	2
Grade 4		*1	0	0
Deep Tissue Injury		0	1	1
<b>Total</b>		<b>44</b>	<b>22</b>	<b>16</b>

\* Investigation of all pressure damage reports has confirmed that full assessment and all measures were in place to minimise risk for patients and that the acquired damage was unavoidable, with the exception of one incident in 2015/16 which was fully investigated and reported.

### c. Patient Falls Inpatient Unit

Level of Harm	15/16	16/17	17/18
<b>Harm Level</b>			
<b>None</b>	0	1	23
<b>Low</b>	25	13	2
<b>Moderate</b>	0	2	0
<b>Severe</b>	0	0	0
<b>Total</b>	25	16	25

The increase in falls noted in year, 2017/18 may in part be attributed to the significant increase in admissions (30%) to the Unit and the particular patient group over the last twelve months.

### d. Infection Prevention and Control

Infection	15/16	16/17	17/18
The number of patients known to have a MRSA bacteraemia on admission to the Inpatient Unit	0	0	0
The number of patients who acquired a MRSA bacteraemia whilst on the Inpatient Unit	0	0	0
The number of patients admitted to the Inpatient Unit with Clostridium difficile	0	0	0
The number of patients who acquired Clostridium difficile whilst in the Inpatient Unit	0	0	0
Avoidable Catheter Associated Urinary Tract Infections (CAUTI)	0	0	0

### e. Complaints Clinical Services

	Upheld	Partially Upheld	Not upheld	Pending investigation
<b>2016/2017</b>	0	1	1	1
<b>2017/2018</b>	2	1	0	1

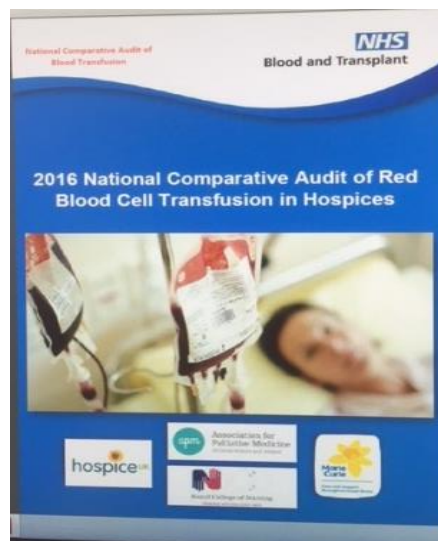
### f. Sign up to Safety

St Barnabas Hospice is registered with the NHS England Sign up to Safety campaign. Continued participation in this project will be integral to our work streams 2018/19.

## Part 7: Clinical Audit and Quality Improvement

Clinical audits and service evaluation projects are managed by the Quality Improvement and Research Group.

Twenty audit and quality improvement projects were completed during 2017-18 including participation in the 'National Comparative Audit of Red Blood Cell Transfusion in Hospices' and included a review of all blood transfusions during the designated audit period of three months. This is the first national audit specifically aimed at hospices and there will be more in the future. St Barnabas practice will be compared to other hospices and recommendations instigated as required following review and consideration by the medical team. The audit data was submitted in 2016-17 and the national results are under review by our medical team.



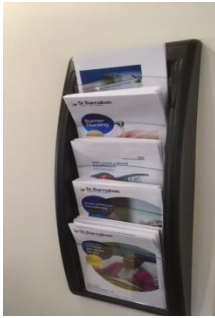
A selection of non-mandatory clinical quality improvement projects performed in 2017-18 examples of which are listed below:

- Patient-led assessment of the care environment (PLACE)
- Effectiveness of Clinical Supervision
- Management of Trust Reusable Medical Devices
- Analysis of average length of stay of in-patients
- Assessment of Trust compliance to the Lincolnshire Unified DNACPR policy
- Medicines management including controlled drugs
- A programme of infection control / environmental cleanliness audits

Completion of Datix incident /risk and complaints reports is reviewed on a monthly basis; any issues with completing these reports are addressed contemporaneously by the Governance Lead.

Action plans were developed as required following audit and quality improvement projects and changes to practice implemented as necessary. These changes can vary from simple improvements to more significant changes such as reviewing the ward layout to improve ways of working, introduction of revised care plans and monitoring forms and introduction of new patient and staff information leaflets. The Trust also monitors action plans through the Clinical Governance Committee to track progress of work.

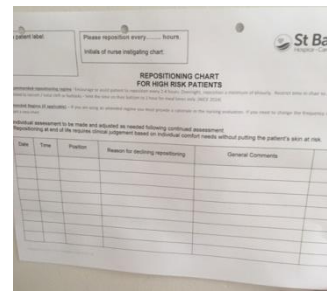
New information leaflet rack



Staff poster for all bases



Patient repositioning chart



In addition, root cause analysis performed on all pressure damage (acquired or inherited) in the Inpatient unit, there were three specific audits performed during 2017-18 which have produced valuable lessons learned:

- Attempted Inappropriate Resuscitation - community
- Multi-resistant Urinary Tract Infection - Inpatient Unit
- E-coli Sepsis - Inpatient Unit

These provided opportunity for multi-disciplinary review, and lessons learned including good practice, have been shared and discussed with teams.

Integral to any quality improvement work are 'lessons learned' which provide a framework for learning by reflecting on what went right, what went wrong and what could be done better. 'Lessons learned' forms part of any project performed and provides opportunity for team members to discuss issues and plan changes if required through team meetings and Trust forums.

# What our patients and families say about St Barnabas Hospice

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*“Thank you, thank you, and thank you for caring both for XXX & I with great compassion and professionalism”*

Card to Inpatient Unit

*“The nurses have made me feel that I will have someone to turn to for help and I feel that there is nothing else they can do to make things better. They are the best already”*

Received via real-time reporting to Hospice at Home Team

*“You provided comfort and support in our time of greatest need”*

Feedback via ‘It’s the small things that make a difference’  
March 2018

*“The hospice was amazing and provided a home from home for my husband and I. In his final weeks the care was exceptional and I am forever grateful for the support I received”*

Feedback from a bereaved relative survey Hospice in the Hospital

*“Food was great, always looked appetising. My husband looked forward to his meals and spoke very highly of it”*

Feedback received via bereaved relative survey

*“The Doctor in charge did a very thorough interview with my mother just after her arrival. I appreciated the fact that they considered all possible outcomes – i.e. death, or possible recovery and discharge to a nursing*

Comment from a bereaved relative survey

*Great service.  
Would highly recommend”*

Comment via Friends and Family Test



***We would like to thank all of the nurses and carers for all the care they have given mum- they really could not do anymore for mum or for us and nothing has been too much trouble. Their support for our family and the care for mum has been wonderful.***

Received via Real-time reporting to Hospice at Home Team

***"Thank you very much, it has been really beneficial and I felt the energy in the last session"***

Received by the Complementary Therapy Team

***"We would like to thank you for all the help & advice you have given us. It was very much appreciated"***

Feedback to the Welfare Team

***"The help and support we received from the St Barnabas team has been outstanding and we cannot thank you enough"***

Real-time reporting feedback

***"Many, many thanks for your help in completing the PIP form"***

Feedback to the Welfare Team

***Everyone showed dedication, compassion and kindness and we can't thank you enough***

Feedback via 'It's the small things that make a difference

***'It was extremely relaxing and enjoyable. XXX was excellent and helpful'***

Received by the Complementary Therapy Team

## Feedback from Patients and their Families

Ideas to improve the quality of care provided to patients are always welcome. Surveys are given to patients and their families to encourage suggestions and comments. On receipt of completed surveys the Quality Improvement Officer contacts the responder, if requested to do so, to obtain further information.

All suggestions are passed to the relevant team for discussion and consideration, and changes are instigated where appropriate.

### **Inpatient Unit**

Surveys are given to patients on their discharge and to bereaved relatives of patients who have died in the Inpatient Unit.

Responses are collated into 6 monthly reports which are displayed within the ward, on staff notice boards and are available on the St Barnabas Hospice website.

### **Hospice at Home**

Real-time surveys are given to Hospice at Home patients throughout the 4 quadrants (South West, South East, North West, and North East) for patients to complete. These surveys, being real-time, are invaluable in providing information regarding the current care which the patients are receiving. Any issues can be reviewed and addressed in a timely manner.

### **It's the small things.....**

**"It's the small things which make a difference"** cards are available at our bases. These cards are useful for patients and/or families and friends to jot down a sentence or two without the need to complete a full survey.

### **Friends and Family Test**

These cards are given to patients on discharge from the hospice services, and ask if they would or wouldn't recommend the particular service they received to their friends and family. In addition, there is opportunity to comment on ***'what could have made your care experience better'*** on the card.

## Statement of Directors' Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

29 June 2018



Chair

29 June 2018



Chief Executive

<b>ABBREVIATIONS</b>		
<b>Abbreviation</b>	<b>Long form</b>	<b>Meaning</b>
IPOS	International Integrated Palliative Outcomes Scale.	The IPOS measures patients' physical symptoms, psychological, emotional and spiritual, and information and support needs.
Project ECHO	Project ECHO helps open up hospice care to more people by making use of technology.	Project echo supports the delivery of specialist knowledge to the wider healthcare community.
CQUIN	Commissioning for Quality and Innovation.	A framework which supports improvements in the quality of services and the creation of new, improved patterns of care.
SSKIN	Surface skin keep moving incontinence nutrition.	A 5 step model for pressure ulcer prevention
S1	SystemOne	Electronic patient record system.
DATIX		Electronic risk management software.

## Lincolnshire West Clinical Commissioning Group

NHS Lincolnshire West Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the St Barnabas (the organisation) Draft Annual Quality Account 2017 – 18.

The Quality Account provides very comprehensive information on the quality priorities the trust has focussed on during the year. It is pleasing to see the organisation took a holistic approach in developing the priorities to ensure they all contributed to patient care, this included:

- Staff training in palliative care for new members of staff and leadership training for the managers of the organisation
- Clinical care was placed at the centre of the work with
  - deep dives being undertaken on patient falls and pressure ulcers to understand the reasons and endeavour to prevent occurrences in the future
  - Palliative Care in rehabilitation
  - And Health & Wellbeing in End of Life Care
- The effectiveness of the clinical interventions above were then measured using the internationally recognised IPSOS International Integrated Palliative Outcomes Scale

Looking forward to the 2018 – 19 Quality Priorities the commissioner is assured that the approach above is continuing with a new set of quality priorities which link into the previous year's and build upon the work undertaken, with:

- Project Echo a mentoring, education, knowledge sharing and decision making system to continue developing the staff using video and other IT based technologies
- Enhancing clinical care by further developing the Handover of Patient Care and Pain Management
- Understanding the needs of patients and relatives with an extensive programme of Patient & Public Involvement reaching out into non clinical environments which is innovative

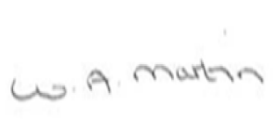
The commissioner is supportive of all of the above however the Enhancing Support for Young People is particularly noteworthy.

The Quality Report has numerous examples of the good work undertaken by the organisation over the past year but the commissioner believes the patient feedback stories on page 41 demonstrate the quality of care delivered by all within the organisation.

The commissioner confirms that to the best of our knowledge the accuracy of the information presented within the working draft of the Quality Account submitted is a true reflection of the quality delivered by St Barnabas based upon the information submitted to the Quality Contract Meetings.

The commissioner can confirm that this Quality Report has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017 and 2018. The results of this appraisal have been issued to the trust.

The commissioner looks forward to working with the organisation over the coming year to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.



Wendy Martin  
Executive Nurse  
NHS Lincolnshire West Clinical Commissioning Group

## **St Barnabas Quality Account**

*Healthwatch Lincolnshire Quality Account Working Group: Sarah Fletcher (CEO), John Bains (Board Chair), Clive Green (Trustee), Pauline Mountain (Trustee), Pam Royales (PA Administrator)*

Healthwatch Lincolnshire would like to thank St Barnabas for sharing your Quality Account with Healthwatch Lincolnshire for our representative's consideration and comment.

Overall we considered this to be a well presented and easy to understand report. We believe your inclusion of the vision for the next 5 years demonstrates an organisation that is addressing forward planning needs which gives reassurance to patients with regards to longevity and continuity of service.

### **Priorities for 2018/19**

Healthwatch Lincolnshire supports all of your priorities planned for the forthcoming year. We are particularly pleased to see focus on priority 4, pain management and priority 5 with the focus on support for young people.

### **Priorities for 2017/18**

This provides a good overview of achievements against your priorities. We are particularly pleased to see the development of the work carried out over the past few years on the reduction of graded pressure damage, and note the continued reduction in 2017/18 demonstrating the tangible impact of this particular priority on patient care and harm. Other areas that we feel are positive include staff training and continuation of work for priority 2.

We are aware that rise in falls across all services is a continued problem, particularly where it results in serious harm to patient. Your deep dive into reasons for rise in falls and subsequent work should be commended.

### **Other comments**

Going forward we would like to formalise closer working relationships with St Barnabas. For instance, we may be able to support you with your patient and public engagement plans for 2018/19.

We look forward to the opportunity to discuss your monitoring of these Quality Accounts over the next 12 months.



**Sarah Fletcher, Chief Executive Officer**



## Our contact details

If you wish to give feedback or comment on this Quality Account please contact:

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**St Barnabas**  
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