



# ST CATHERINE'S HOSPICE

## Quality Account 2017/18

Inspected and rated

Outstanding ☆



CareQuality  
Commission

Accredited by



CHKS  
Insight for better healthcare

## Introduction

As Chair of Trustees of St Catherine's Hospice, it gives me great pleasure to introduce this year's Quality Account.

St Catherine's has always enjoyed an excellent reputation locally as a provider of high quality end of life services and we continue to receive strong affirmation from our patients and those close to them about the care we provide. This document reports on some of the key steps we have taken this year to ensure we maintain a focus on quality in all that we do. We were proud to be awarded accreditation to CHKS standards for hospice services this year, a recognition of St Catherine's commitment to continuous quality improvement.

At the same time, we know that we need to do more to extend our reach so that we can be there for people in West Sussex and East Surrey, providing them with expert hospice care when and where they need us most. We have developed a new strategy to ensure that we can harness the resources that we need and use them as effectively as possible to deliver on our ambition: to help *everyone* face death informed, supported and pain free. After all, we want to be there for everyone when life comes full circle.

The priorities for St Catherine's will need to enable the delivery of our new strategy ensuring that we:

- have a service proposition that meets the local need underpinned by effective processes to continue to improve our practice and standards
- have the right people with the right skills to effectively run our services
- build leadership and share our expertise to support and galvanise the local community to plan for end of life
- have premises that provide the space and facilities to deliver the support to people, when and how they need it
- raise the financial resources required to meet the needs of our community - now and in the future.

Key to our strategy is working effectively with others - our community and local healthcare partners in the delivery of end of life care. We have sought to build closer and closer links with regional NHS bodies and our Chief Executive and Medical Director are engaged in our local Sustainability and Transformation Partnership board helping to give a stronger profile to end of life care. Through working on agreed priorities with our partners, St Catherine's will ensure that the patient's voice is always heard.

Many people and a wide range of stakeholders choose to support St Catherine's, so I'd like to take this opportunity to wholeheartedly thank you for your ongoing support and for helping us to deliver outstanding care to local people across Sussex and Surrey.

Terry O'Leary  
Chair of Trustees

## **Part One - Report on 2017/18 improvements**

In June 2017, following assessment by a team of external senior healthcare professionals, St Catherine's was awarded accreditation to the CHKS standards for hospice services<sup>1</sup>. This means the hospice's processes and standards meet internationally-recognised best practice, legislation and regulatory requirements. It recognises St Catherine's commitment to continuous quality improvement.

### **Integrated quality and risk management**

St Catherine's is committed to the delivery of high quality care and recognises that this requires the effective commitment of every part of the organisation. We will continue to participate in the CHKS accreditation programme, using it to help us embed an ethos of continuous quality improvement. We have created a framework that brings together risk and quality management, acknowledging that evidence of compliance with quality standards provides assurance that risks are being managed. Responsibility for managing risk at different levels within the organisation has been established and more streamlined reporting has been introduced. Work continues to ensure a fully integrated approach is deployed across the organisation.

### **Reorganisation of our Outreach and Community service**

In response to increasing need, and in order to bolster our frontline services, we have set up a fully resourced telephone advice line (staffed by a team of qualified nurses). The advice line is open 8am-8pm 7 days a week. We have completed the preparatory work for the forthcoming launch of an associated rapid response service, so that on receiving a request for help, we can respond to people in the community who have urgent needs at end of life. Both of these service developments have been designed following discussions with the NHS - to ensure the best possible integration with NHS out of hours services.

### **Research**

St Catherine's continues to be a research-active hospice, recognising that proactive involvement in research makes an important contribution to developing and maintaining a quality focussed organisation. We have ensured that appropriate resources are in place to support our research activity, including a nominated research lead, a senior research nurse and a pan-organisation research group that includes two service users.

During 2017/18 we were involved in three studies: Prognosis in Palliative care Study (PiPS) II, Prevalence and impact of alcohol-related problems in cancer patients and their non-professional caregivers, and TONiC study (signposting study for neurological conditions). In addition, St Catherine's worked with another hospice to set up a study to explore the experience of personal bereavement for nurses working in a palliative care setting. There was a very positive response to recruitment to this study and results are currently being analysed. Work on the proposed research exploring the burden for carers managing medications continues and there will be news on when this will open to recruitment during 2018/19.

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<sup>1</sup> [www.CHKS.co.uk](http://www.CHKS.co.uk)

**New accommodation**

St Catherine's has been based at our site in Crawley for nearly 40 years, since the founding of the hospice. These premises have been much extended, improved and adapted over the years but there is a limit to what can be achieved. For some time, it has been recognised that the site is not going to be viable to provide for the needs of our beneficiaries in the long term given an aging population and in a changing end of life environment.

During 2017/18 we have been able to develop our plans for a new hospice at Pease Pottage, making use of 5 acres of land that has been generously gifted to the charity. Securing full planning permission in late 2017 has enabled us to make real progress with the designs for the new facility and how we will use it to extend our reach and benefit many more patients over the years to come. Clearly, we will need to utilise a considerable proportion of the hospice's reserves to realise this major project and run an appeal to meet the full cost.

In the meantime, alongside our plans for Pease Pottage, we are continuing to work with a property expert to investigate suitable day hospice facilities in the north of our patch in East Surrey to give patients maximum flexibility and choice.

## **Part Two - Priorities for improvement 2018/19**

Key improvement initiatives that we will be working on in 2018/19 are:

### **Measuring outcomes**

It is important for St Catherine's to be able to demonstrate that we are meeting the needs of individual patients; and that we are making a measurable and positive difference to the people (and their families) who receive our care.

In order to have robust evidence of the difference that we make to people at end of life, we will pilot a set of agreed outcome measures. We will draw on resources developed within the sector – the OACC project<sup>2</sup> - which is a set of measures designed specifically for use in end of life care settings. We will plan how best to introduce these at St Catherine's, taking into account planned service changes and any training needs that might need to be addressed.

### **Single point of access**

We want to make sure that the people who need us can reach us - to get the support they need, or the answers to any questions about care and treatment they may have - as easily as possible. We will be setting up a Single Point of Access service that will provide one route for referrers, patients and carers to access a range of information and services. The service will be nurse-led and will operate 8am-8pm, 7 days a week. It is anticipated that this service will help improve the coordination of care and support for patients and their carers, and will enable more responsive out-of-hours care for people in the community.

### **Support for carers**

Following feedback from family members, we recognise that there is more we can do to ensure they have the skills and knowledge they need in their role as carers. A programme will be developed that will help carers to develop practical skills (for example around moving and handling), to enhance their knowledge (for example around meeting the nutritional needs of their loved one), and to build their own resilience to better cope with the challenges that the caring role can bring. The programme will be run over six weeks from St Catherine's main site in Crawley, and will be offered to all carers.

### **Increasing capacity of our Education Team**

We will be increasing the capacity of our Education Team, with the creation of a new externally-facing, clinically-focused post. This will enable the hospice to share its specialist knowledge and expertise more widely, to support more healthcare professionals - across the disciplines - to increase their ability to deliver high quality end of life care (in all settings).

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<sup>2</sup> <https://www.kcl.ac.uk/nursing/departments/cicelysaunders/attachments/OACC-Booklet-2015---The-OACC-Suite-of-Measures---.pdf>

### **Updating data protection**

The General Data Protection Regulation is a new set of EU regulations (a replacement to the existing Data Protection Act) that concern data protection and the privacy of all individuals. These come into force in May 2018. St Catherine's has undertaken a comprehensive data mapping exercise to ensure that we can be compliant with the requirements of GDPR. We will be making some changes to the way we manage data to ensure that we can robustly meet the new regulations, and will be providing training so that staff are aware of all the changes and the reasons for them.

### **Fundraising Appeal**

St Catherine's has a clear vision to reach everyone who needs us when life comes full circle. The only sure way to achieve this goal is for St Catherine's to increase its income. We have exciting plans in place to raise more charitable income for the hospice. The Full Circle Appeal will help us achieve our goals now *and* in the future, as we look to raise more money to deliver ongoing services alongside the £5million needed to build our larger hospice. Our plans involve our wider community, including those who already support us with the gift of time, donations or goods for our shops. And of course, we will continue to work with our partners in the NHS and social care, ensuring we can be there for everyone when life comes full circle.

### **Volunteer-led support**

We will be developing a new five year volunteering strategy to augment our People strategy which will focus on enhancing our services, reaching further into our community, and recruiting the right people for the right roles. The strategy will focus on three key objectives:

- ensuring all volunteers feel safe, supported, valued and involved
- ensuring the hospice benefits from and is supported by volunteers, enabling the hospice to make best use of its human resources
- ensuring that the support we provide to patients and carers is responsive and consistent and helps them to feel human, connected and cared for.

Key new initiatives that we will explore include community-based volunteering (for example befriending and non-clinical support in people's homes) and volunteer-led services (such as training volunteers to run services, for example training carers to be able to train other carers).

## Part Three - Partnership, Collaboration and Influence

At St Catherine's we recognise the importance of collaboration in improving the care and experience of the people we seek to support. Working effectively with others helps increase the number of people we reach and makes their journey easier to navigate.

We continue to play an important role working with and influencing the NHS. Our Medical Director is the Clinical Lead for a number of our local clinical commissioning groups, and also represents Sussex hospices on our local Sustainability and Transformation Partnership Clinical Board. This means that St Catherine's is at the centre of how the NHS plans services, and in the future will have a real voice to speak directly about our patients' needs. Together with our NHS partners, we have agreed priorities for improving end of life care as the start of a local end of life care clinical strategy. These are:

- Identifying more people who are approaching the end of life and giving them the chance to discuss and share their wishes
- Providing better coordinated care, proactively and in a crisis
- Ensuring everyone who needs it has access to specialist palliative care and that experts in the area can support and educate other care providers
- Encouraging the whole community to support people who are facing bereavement.

Our clinicians continue to work with palliative care colleagues at Surrey and Sussex Healthcare NHS Trust, and with colleagues from other local hospices to improve coordination of services in the region. St Catherine's user group (the *Voices of Experience*) have played a key role in this regard, using their experience and insight to make valuable contributions to strategy, surveys and training materials being developed by the organisations we work alongside.

We have been working with the West Sussex Continuing Healthcare Team since 2016 to provide practical support to patients in their own homes. This year we have been part of a pilot, alongside other hospices in West Sussex, to explore how best to ensure that personal care provided to patients in the community at end of life is of a consistently high standard.

In 2017/18 we entered into contracts with Surrey Continuing Healthcare Team to deliver practical support, and also to provide occupational therapy services.

We work closely with our Clinical Commissioning Groups and are grateful for the support and collaboration they offer St Catherine's Hospice:

- NHS Coastal West Sussex
- NHS Crawley
- NHS East Surrey
- NHS High Weald Lewes Havens
- NHS Horsham and Mid Sussex
- NHS Surrey Downs

We continue to deliver our patient-centred lymphoedema services on behalf of a number of CCGs. During the year we provided support to 529 patients.

Helping others to develop their skills, knowledge and expertise, in order to collectively improve standards of care at end of life, remains a priority for St Catherine's. This year we have delivered courses to a range of health professionals (including trainee GPs and district nurses) on

communication, compassion awareness, dementia awareness and verification of death. For the first time this year, we provided a placement for a Foundation Year 2 doctor. Such arrangements provide, at an early stage in their career, a valuable introduction to palliative care to those not previously exposed to this field of medicine. The 2017/18 placement evaluated very well and we will be looking to run more.

St Catherine's recognises the value of research in improving end of life care. Two important contributions made by the hospice this year include:

- Our senior research nurse has been appointed to the role of Supportive and Palliative Care & Psychological Survivorship Sub-speciality Lead for the NIHR across Kent, Surrey and Sussex. This position is alongside and complementary to her role at St Catherine's. Via this appointment she has presented at several national conferences on the contribution hospices can and do make to research.
- A medical student, on placement with St Catherine's during 2016/17, received an award for the audit and review on pain management that he undertook on behalf of the hospice. The Joanna Mugridge Research Award for best systematic review was presented to him at a Royal Society of Medicine conference.



## Part Four - Monitoring Activity

Hospice figures:	2017/18	Notes
<b>Reach</b>		
Total number of people on caseload	2,122	
<b>Referrals</b>		
Specialist palliative care referrals		
- Received	1,498	
- Accepted	1,348	
% Cancer	68%	Information not available for a small number of patients
% Non cancer	31%	
<b>Inpatient Unit</b>		
Bed occupancy	85%	Based on average number of beds available across the year
Average length of stay	15.2 days	
Number of patients cared for on IPU	328	Some patients had more than one stay as an inpatient
Number of deaths	225	
Number of discharges	106	
Number of patient stays	347	
<b>Day Hospice</b>		
Number of patients cared for	217	
Number of individual patient sessions delivered	1,524	
<b>Community and Outreach</b>		
Number of visits	8,522	Home visits made by St Catherine's clinicians (doctors, nurses and therapists)
Number of appointments	4,305	Face to face appointments with individual patients/carers at the hospice
Number of telephone calls	64,322	Calls made by St Catherine's clinicians to patients or

		carers
Patients supported by West Sussex and Surrey Continuing Healthcare	99	
Patients seen by lymphoedema service	529	

## Commentary

### Referrals

- Referral numbers have seen little variation year on year over past few years.
- Split between cancer/non-cancer has remained stable in recent years.

### Inpatient unit

- The increasingly complex needs of patients admitted to IPU are having an impact on the average length of stay (15.2 days in 17/18 compared with 14.6 in previous year) and in turn on the number of patient stays. With an increased number of beds, the hospice would be able to care for more patients on the inpatient unit.

### Day Hospice

- We note the small decrease in the number of people attending traditional day hospice days. We are reviewing peoples' needs and preferences to ensure the service we offer is as relevant and appropriate as patient need requires.

### Community and Outreach

- The changing proportions of visits, appointments and telephone calls may reflect our more proactive approach to caseload management, and the fact that many people prefer to call us when they require our input, rather than have planned routine visits. Further investment and development of our telephone advice line is a direct consequence of this.
- We are aware that our limited outpatient facilities, and current lack of an East Surrey base, place constraints on our ability to offer a greater number of outpatient appointments. We are actively exploring securing an East Surrey base.

### Lymphoedema

- There has been a 4% increase on the number of patients seen from the previous year.

“ The whole experience was amazing - I felt like I had been wrapped up in a lovely security blanket. Thank you. Caring at its best.”

**Patient cared for on IPU**

“ I cannot thank everyone who was involved with my wife’s care enough. If I was the richest man on earth, I could not have got better.”

**Family member of patient**

“ Holistic care is second to none - relaxed, person-centred care at all times. Left feeling cared for and deeply relaxed. I would 100% recommend all complementary therapies to anyone struggling to relax and accept diagnosis.”

**Day hospice patient**

“ I can’t find the words to express our thanks. To die with dignity was all Mum wanted and you made that possible. You held us when we couldn’t hold ourselves, you guided us down an unknown and terrifying path with love, compassion and wisdom. Thank you all.”

**Daughter of patient cared for at home and on IPU**

“ The community nurse was phenomenal. Kind, knowledgeable, understanding and compassionate. I feel she ‘got’ us as a family.”

**Family member of patient cared for at home**



“ Excellent care from exceptional nurses. Looked forward to their daily visits – they were so kind and compassionate. We felt free to laugh and cry together. They were simply wonderful.”

**Wife of patient cared for at home**

## ST CATHERINE’S HOSPICE

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