

Quality Account 2017/18



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Part 1: Statement on Quality from the Chief Executive Officer and Board of Trustees

We are delighted to present this Quality Account for St Clare Hospice. As an organisation we continually strive to work collaboratively with a wide range of partners and stakeholders in order to deliver the best quality services. In sharing knowledge, experience and resources we can benefit local people. It is through listening, learning and being agents of change, that we are able to provide responsive and quality-driven care to the communities of West Essex and the borders of East Hertfordshire.

We champion a model that is outward facing, flexible and responsive in order to best serve our local community. This model has afforded St Clare Hospice to become a key leader in the collaboration to deliver the highest quality care to patients and their families. We seek feedback from our service users as we believe wholeheartedly that the users of the hospice are most equipped to inform us of positive changes we can make

We are fully committed to respond to and embrace the changes that are synonymous with healthcare delivery. This commitment sees us strive to achieve strong partnership links with our stakeholders within both local and national health and social care sectors.

Our vision, underpinned by the new 3-year strategy set out by St Clare is to develop an ethos of 'hospice without walls' ensuring that the hospice services that we are committed to delivering is taken far and wide across the communities to the people that we serve, ensuring equity of our services for all patients.

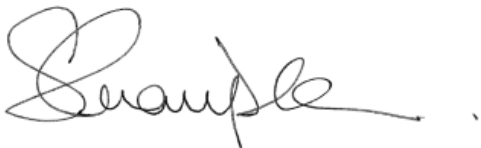
As part of this, we are in the process of developing a full clinical strategy that focuses on delivering the strategic principles set and agreed by the Board. It will focus on the services and care we provide for our patients, their families and the wider population across West Essex and East Hertfordshire.

A beacon of achievement for St Clare has been the launch of the 'Compassionate Neighbours' project in March 2018. As part of our strategy is to strengthen our engagement with the local community through the development and delivery of a programme that will build relationships, links and projects, this has been the prototype for this model. We are keen that this project will widen access for local communities

to St Clare services and support and help local communities better understand end of life issues.

Another highlight of this year was the launching of our new Children's Bereavement Service in April 2017, which was funded by a major grant from Children in Need and bolstered by additional gifts from Clara E Burgess Trust and Charles S French Trust. The development of a specialist bereavement service for children, young people and their families has been a long-held ambition of the organisation and so we are delighted to be able to expand the current service delivered by our Patient and Family Support team. The dedicated children's bereavement service has enabled us to offer a truly holistic service for every patient and their whole circle of family and loved ones. In the year ahead we have plans to work with our colleagues within schools to empower teachers and those who work with children to be able to support children who are bereaved, further sustaining the work that has been commenced

This Quality Account is the product of our team's hard work and steadfast commitment to delivering quality care and developing services with the people they care for. We are pleased to present this Quality Account for 2017-18 and to the best of our knowledge; the information contained therein is accurate.



Sarah Thompson, Chief Executive



Patrick Foster, Chairman

Part 2 - Priorities for improvement Introduction

This Quality Account demonstrates St Clare's on-going commitment to delivering skilled and compassionate specialist palliative care for our local community. It also reflects our vision to ensure that people with life limiting illnesses have timely access to skilled, compassionate and sensitive care. We will support patients and their families to maintain dignity and quality of life by providing exceptional care in a place of their choice. As the hospice who serves the community, we will continue to lead in the development of specialist palliative care services for the population of West Essex and East and North Hertfordshire.

Our values are fundamental to the delivery of specialist palliative care and underpin everything we do:

- Care:** We treat patients and families the way we want to be treated with kindness, compassion and respect
- Teamwork:** We value the unique contribution that all our staff and volunteers make in the delivery of excellent care for our local community
- Quality:** We are passionate in our pursuit of excellence and dedicate ourselves to achieving the highest standard in all aspects of our work
- Integrity:** We are honest and ethical in everything we do and accept the responsibility for the trust placed in us

The care that we deliver in the hospice is always underpinned by the KLOES set out by the CQC

The priorities for quality improvement identified for 2018/19 are set out below.

Priorities for improvement – 2018/19

At St Clare Hospice we continually review our services and seek to improve and develop them. We believe all teams across the hospice are fundamental to the delivery of our strategy and business plans. This is achieved through effective communication between front line teams and the Directors Team and Board of Trustees.

The Hospice will monitor our achievements in respect of the following priorities by reporting progress through our Clinical Governance Working Group, Clinical Governance Committee, Governance Committee and, ultimately, through the Board of Trustees.

Patient Safety

Priority	How Identified	How Achieved	Monitoring
Clinical Strategy to be created to highlight vision for 2018-2020	Hospice Strategy	Director of Patient Care (DOPC)	Clinical Governance Working Group Directors
Scope a 'Single Point of Access' (SPA) within St Clare	Hospice Strategy	DOPC alongside clinical managers	Clinical Governance Working Group
Review of current education packages offered by the hospice	Hospice Strategy	Director of Patient Care to review with Clinical Managers and Head of Education	Clinical Governance Working Group

Clinical Effectiveness

Priority	How Identified	How Achieved	Monitoring
To support care Care Homes within the communities we serve to have shared protocols on management of patients with palliative care needs	Hospice clinical Strategy	DOPC to work alongside Clinical Managers to scope plan	Clinical Governance Working Group
To collaborate with local NHS providers to develop ‘palliative care champions’ within community teams locally.	Hospice Clinical Strategy	DOPC with Clinical Managers and Community Engagement Manager	Clinical Governance Working Group
To fully implement Outcome Assessment and Complexity Collaborative (OACC) within the MDT to support the patient experience across hospice teams	Clinical Data Develop ment Need	Clinical Managers to implement	Clinical Governance Working Group

Patient and Family Experience

Priority	How Identified	How Achieved	Monitoring
Review the carers support programme offered	Hospice Strategy	Patient and Family Support Manager to undertake	Clinical Governance Working Group
Review the model used within the patient & family support team	Hospice Strategy	Manager to review with support of DOPC	Clinical Governance Working group

Priorities for improvement achieved during 2017/18

The aim of the Quality Account is to not only set future priority improvements but to also evidence achievements on priorities for improvement from the previous year.

In last year's report we set out priorities for improvements for our services under the areas of patient safety, clinical effectiveness and patient and family experience. Each area was identified for the impact on the care of our patients and families received, either through improvement of patient safety, clinical effectiveness or the patient's experience.

Patient Safety

Priority	How Achieved	Monitoring	Outcome
Review the 24 hour service offer provided by our community team	Hospice Strategy	Community Manager to undertake review	Completed
To scope a two tier medical on call model	Hospice Strategy	Medical Director	Completed

To collaborate with local NHS providers to develop end of life champions locally.	Continued Partnership with PAH. Implementation of a Mentoring Programme to help inspire	Director of Patient Care	Commenced
Infection prevention and control	KPI	Training Regular KPI auditing	Achieved

Clinical Effectiveness

Priority	How Identified	How Achieved	Outcome
Undertake an evaluation of our 24 hour advice line	Hospice Strategy	Development of Processes, Templates and Action plans	Commenced
Internal review of referral triage	Hospice Strategy	Ongoing discussion being had on referral mapping	Commenced
Review of IPU Bed availability	Hospice Strategy	Routine monthly review of Bed Occupancy	Achieved

Patient and Family Experience

Priority	How Identified	How Achieved	Outcome
Review the carers support programme and move this under the Patient and Family	Hospice Strategy	Patient and Family Support Manager undertook review	Achieved
Increase social worker and bereavement counsellor time.	Hospice Strategy	Two new recruitments within the department	Achieved

To analyse Outcome Assessment and Complexity Collaborative (OACC) data to support the patient experience within the hospice	Clinical Data Development Need	Audits completed by Head of Quality and Audit	Achieved
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Review of Services

During 2017/18 St. Clare Hospice provided the following services

- In-Patient Unit, which provides 24 hour care and support by a team of specialist staff
- Day Therapy, which gives patients extra support to manage symptoms, gain confidence at home and maximise quality of life
- Outpatient Service, which provides specialist support and advice in a patient's home and at the hospice
- Community Service, which provides specialist support and advice in a patient's home
- A 24 Hour Hospice at Home Service
- Therapies to support independence and promote comfort including:
 - Physiotherapy
 - Occupational therapy
 - Complementary therapy
 - A variety of patient groups including Breathlessness, Creative Writing, Neurological, Physio drop in
- Social workers provide specialist emotional, practical and psycho-social support
- Bereavement services for both adults and children
- Spiritual Care service supporting patients, their families and friends
- Compassionate neighbours for isolated people

Financial Considerations

The income from our Clinical Commissioning Groups in 2017/18 represented 41% of our total expenditure.

The running costs of St. Clare are forecast to be £5.1million in 2018/19. The majority of this has to be raised through donations, legacies, fundraising initiatives and our chain of charity shops

We review all our services on an on-going basis to ensure we are delivering them as efficiently as we can. Expert care for our patients and their families remains our priority.

Participation in Clinical Audits

During 2017/18 there were no national clinical audits or national confidential enquiries that related to palliative care in a Hospice setting.

The Hospice local clinical audit programme for 2017/18 included Medicine Management, Controlled Drug log book, Implementation of Phase 3 of the OACC Audit, Contact from St Clare Hospice to the Single Point of Access Team, Infection Control Equipment Audit, IPU delayed discharge Audit, IPU Comfort Round Audit, CPR Status for Hospice Audit, System 1 Audit, Hospice @Home Documentation Audit, we have continued to use the Hospice UK Audit tools where possible.

In addition to St Clare Hospice Audit Programme, we have also participated in a number of Regional Audits.

Participation in Clinical Research

St Clare Hospice participated in a Cluster randomised Trial of Alternative forms of Hydration in Cancer Patients in the last days of life. This was a feasibility Study, Data were collected and forwarded to Chief Investigator. The study is now published. An agreement has been made to recruit Patients for its definitive study. We also participated in an Observation study where we investigated the prevalence and impact of Alcohol –related problems in Cancer Patients and their caregivers. .

Use of CQUIN payment framework

St Clare Hospice received a small amount of additional funding during 2017-18 on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. St Clare achieved full compliance with the following CQUIN target:

- Neighbourhood support for EOL care for People with Dementia

The Care Quality Commission (CQC)

St Clare Hospice is required to register with the Care Quality Commission and its current registration has no conditions attached to it. The Hospice was not inspected in 2017/18. The last inspection took place in 2016/17 and rated as GOOD in all categories.

Data Quality

Data were used to support individual delivery and the wider development of services, as well as to inform process improvements and to evidence contract compliance. All performance and quality data were verified with clinical managers and then reviewed by the Directors with the Quality and Audit Lead, Board of Trustees and its Sub-Committees.

Clinical coding error rate

St Clare Hospice was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission

Information Governance Toolkit

We have completed the NHS Information Governance toolkit for 2017–18 as a registered Voluntary Organisation submitting for Level 3 Information Governance. Our Information Governance Steering Group ensures we remain compliant with the requirements and oversees the implementation of new policies and training and investigates any Information Governance Issues. All Policies have been submitted and approved by HSIC and Board. Additionally, staff are asked to sign a declaration, outlining terms of access to patient information, detailing their requirements in relation to confidentiality, data protection and access to information, and clinical staff.

All staff completed an online training course on Information Governance on an annual basis. A Caldecott guardian is in place.

Part 3 – Review of Quality Performance

All service users

	2015-16	2016-17	2017-18
Total Admitted IPU Patients	252	252	213
Available Bed Days	2928	2672	2920
% Occupancy in IPU	84%	81%	85%
Average Length of Stay in IPU	9.5	9.4	10.6
Total patients – Community	816	812	962
Total patients – Hospice @Home	798	595	773
Total Day Therapy Patients	2196	1471	1255
Bereavement Services	203	201	273

Other Quality Markers

Quality Marker	Quarter ending			
	June 17	Sep 17	Dec 17	Mar 18
Written complaints	2	0	3	3
Verbal complaints	0	0	0	0
Serious untoward incidents	0	0	0	0
Medication errors - patient harm	1	1	1	2
Medication errors - all other including near miss	0	0	0	0
Slips, trips and falls	4	3	5	6
Pressure ulcers-attributable/non-attributable	0/2	0/1	0/4	0/4
MRSA - attributable/non-attributable	0/0	0/0	0/0	0/0
C. Diff - attributable/non-attributable	0/0	0/0	0/0	0/0
Safeguarding Incidents - attributable/non	0/3	0/3	0/3	0/0
Other clinical incidents	4	1	1	2
Other non-clinical incidents	7	2	20	15

Complaints

There were eight clinical complaints , four of which were upheld totally or in part. All complaints received were fully investigated, appropriate action taken and shared with the Directors and with the Clinical Governance Committee and Commissioners.

Safety Information

The clinical team reported a total of 47 incidents and accidents in 2017-18, the most common cause of incidents was slips, trips and falls.

Five medication errors were reported.. All controlled drug incidents are reported to our Accountable Officer.

Compliments

Compliments are received in a variety of ways at St Clare, including from feedback surveys in the In-Patient Unit, Day Therapy, Bereavement, Hospice at Home and Community teams, as well as letters.

A selection received in in 2017-18:

- | | |
|---------------------|---|
| Day Therapy | <ul style="list-style-type: none">• “Very good, I wish to come every Tuesday, it has given me confidence” |
| Community team | <ul style="list-style-type: none">• “We were visited by one of your Community Care Team who arranged at home care daily, several night sitters. My husband was cared for with gentleness and professionalism. His dignity was maintained at all times. The support we were given eased the stress my son and I were under and enabled us to keep my husband at home which was his wish. We cannot thank them enough, eternally grateful.” |
| Bereavement service | <ul style="list-style-type: none">• Everyone was so friendly and as my husband did not want to go, he responded really well |
| Inpatient unit | <ul style="list-style-type: none">• There was an occasion where we began to question whether |

Hospice care was correct. Nicky arranged a meeting with the lead doctor who completely reassured us as a family took away any doubt

- Hospice at Home • Cannot fault any of the care or support provided. Each person visiting has been caring, understanding and patient. Excellent service provided.

Local Audits

St Clare audit programme for 2017/18 included Equality and Diversity, Infection prevention, OACC Assessment, and Advance care Planning audits. Hospice UK audit tools have been used where relevant as it enables performance to be benchmarked against other hospices. The monitoring, reporting and actions following these audits ensure care delivery that is safe and effective and are recorded in our Audit Action Plan Tracker and reviewed on a regular basis.

During 2017-18 St Clare Hospice's Clinical Governance Working Group and Information Governance Working Group reviewed the results of 25 audits, a selection of which are tabulated below

Subject Area	Standard
Information Governance	Breaches of record confidentiality, are recorded as security incidents and managed appropriately
	All staff store confidential materials properly
	All staff have access to an appropriate shredder for disposal of sensitive information
Patient Safety	To ensure patient areas are clean in order to reduce the risk of microbial infection
	To ensure that all clinical equipment is free from damage and secure
	To ensure that the Hospice adhere to the Hospice hand washing procedure
	Public areas are kept clean to reduce the risk of microbial infection
Clinical Effectiveness	All applicable IPU patients under the care of the Hospice will have a fully complete Do Not Attempt Resuscitation order
	All patients have the holistic section of their notes completed

	All IPU patients will have a full comfort check every 2 hours
Patient and Family Experience	The patient's mental capacity is documented at each written entry in section 3 of the holistic notes by putting a Y/N in end column
	Where a patient requires assessment under the Mental Capacity Act this is done and the required fully forms completed.
	All patients under the care of the hospice will have their plan of care reviewed regularly and documented in section 2 (Multi-disciplinary care plan) of the clinical notes

.Where necessary changes or improvement to practice is identified and is implemented at an individual, team or service level.

Other Quality Initiatives

Newsletter and website

St Clare News is published three times per year for all stakeholders. Along with our website it provides information on our services and celebrates the achievements of all aspects of the Hospice. They also provide an opportunity for patients, carers, staff and volunteers to comment on the work of the Hospice. Internal communication cascades are also in place.

What have carers and users said about St Clare Hospice?

User Feedback Questionnaires

At St Clare Hospice every service user has the opportunity to provide feedback on their experience of the service. Information is collected using a service questionnaire and then collated. The feedback is shared with staff on a quarterly basis; key themes are highlighted, with an action plan completed. A quarterly summary is produced and shared with our commissioners. The Hospice team receive all data as well as an annual agreed action plan detailing priorities for improvement.

The action plan is a live document, reviewed every quarter to ensure as an organisation we are responsive to feedback and proactive in our work. Displays around the Hospice building showing a summary of feedback received and the action taken were implemented in 2017. These displays are refreshed and updated every two months.

Comment Card Feedback

Comment cards are available at St Clare Hospice and in the St Clare Hospice retail shops. As with the User Feedback Questionnaires, the feedback from the comment cards is used to help improve services provided by St Clare Hospice. Feedback relating to compliments and complaints is shared with the management team at the hospice's risk management meeting. This is in turn shared with wider team members and the Board of Trustees through the governance structure.

June 2017

How to provide feedback to St Clare Hospice on this report or any of our services

We would like to encourage you to contact us with questions, comments or suggestions following reading this report or from your experience of St Clare Hospice. Contact details can be found below:

Chief Executive Officer

St Clare Hospice,

Hastingwood Road,

Hastingwood

CM17 9JX

or email: