St Cuthbert's Hospice

Quality Account 2017-18

Our Mission

To make every day count for those affected by life-limiting illnesses.

Our Vision

To be a centre of excellence within our community and to provide all-embracing, compassionate and individualised care to all those affected by life-limiting illnesses, at a time and a place that is right for them.

Our Values

- Integrity
- Professionalism
- Choice
- Reputation

Our Philosophy of Care

St Cuthbert's Hospice acknowledges the single focus of our services is to ensure that we provide a safe environment in which to deliver excellent care for every individual who uses our services. We recognise that care must be delivered to reflect the individual's unique needs and that they and their loved ones must be treated with courtesy, respect and dignity. Our aim is to support each person and their family and friends to make informed choices about their care and decisions affecting their lives.

Care is planned to support the total well-being of each person, taking into account his or her physical, psychological, social and spiritual needs.

We will work together to provide a warm and welcoming atmosphere that accommodates diverse cultures and lifestyles within a calm and compassionate environment. As a team, we will strive to provide care of the highest standard by ensuring staff are up to date with current research, practice development and training.

We are aware of the valuable work undertaken by individuals and agencies in the community and we will work in partnership with them to provide excellent services for the people of Durham.

We see life – and death – as a journey to be made in the company of others. We are rooted in our local community and we approach life and death through a philosophy based on support and hospitality.

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PART 1

Quality Statement

Welcome to our Quality Account for 2017-18. This report is for our patients, their families and friends, the general public and the local NHS organisations that give us forty six per cent of our costs. The remainder of money required to pay for our services is raised through fundraising, legacies and our nine shops.

The aim of this report is to give clear information about the quality of our services so that our patients can feel safe and well cared for, their families and friends are reassured that all of our services are of a very high standard, and that the NHS is receiving very good value for money. It also underlines our commitment to continually review our services, finding ways to improve them and ensuring patients remain at the centre of what services we provide and how we provide them.

In this document we give an account of how we have maintained our high standards, followed through on ways in which we can raise those standards even higher, and, very often, exceeded the expectations of those who have used our services. We also identify some priorities for continuing our progress towards excellence during the coming year.

We could not give such high standards of care without our hardworking staff and our volunteers, and together with the Board of Trustees, I would like to thank them all for their support.

The Account also details a number of initiatives that have taken place during the year to improve the quality of the service we offer. It is pleasing to see that the work being done in County Durham is attracting national and international recognition.

Our Clinical Services Manager is responsible for the preparation of this report and its contents. To the best of my knowledge, the information in the Quality Account is accurate and a fair representation of the quality of health care services provided by St Cuthbert's Hospice.

Paul Marriott

Chief Executive

PART 2

Key aspirations for improvement during the period 1st April 2018 – 31st March 2019

St Cuthbert's Hospice will continue to strengthen processes, across all levels of the organisation, that support and demonstrate an ethos of continuous clinical quality assurance and enhancement. We aspire to provide excellent care to all our service users provided by qualified and well-trained medical, nursing, allied health, counselling and social care staff that is underpinned by research evidence and sector leading best practice in an environment and culture that supports compassionate person centred care.

We take our '*duty of candour*' seriously. We therefore aspire to reduce risk, prevent harm and promote safety as the foundation for providing excellent and responsive care services that meet the unique needs of each of our service users. We will openly and honestly identify any shortfalls in our services to individuals in our care. We commit to act promptly to address or resolve such shortfalls and where necessary report them and our actions to resolve them to relevant partners or regulatory agencies.

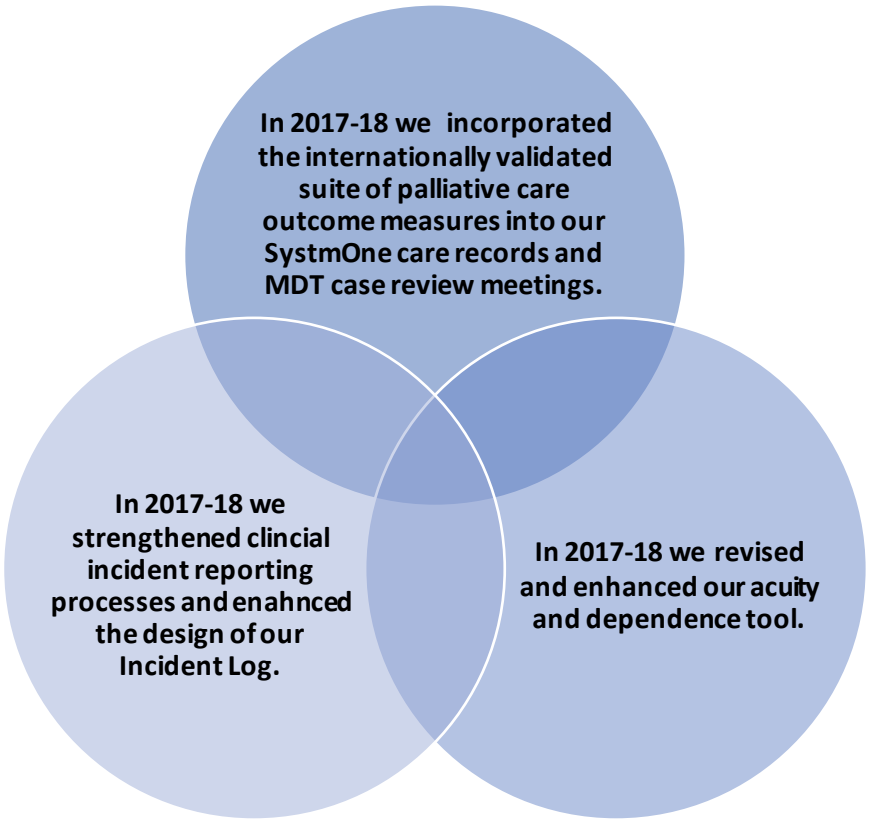
Our service users need to know that they will be treated with compassion, dignity and respect in clean and safe care settings that are effectively managed to protect them from the known harms, avoidable accidents, recognised clinical risks (such as pressure ulcers, falls, and acquired infections) associated with health systems. They need to be confident that clinical interventions identified to meet their unique needs will be underpinned by research and sector leading best practice such as National Institute for Health and Clinical Excellence (NICE) guidance that aims to make every day count and enhance their quality of life.

We are progressing work to meet the requirements agreed with our Clinical Commissioning Group for our 2017-18 and 2018-19 CQUIN's which were:

- **CQUIN 1**: Developing the effectiveness of palliative and end of life care multidisciplinary team (MDT) meetings. Met in 2017-18.
- **CQUIN 2**: Development and implementation of an effective 'link' nurse/practitioner framework. This CQUIN runs over 2017-18 and 2018-19.
- **CQUIN 3**: Development and implementation of the Impact Chain framework, including areas within the National End of Life Care Intelligence Network Palliative care clinical data set. This CQUIN runs over 2017-18 and 2018-19

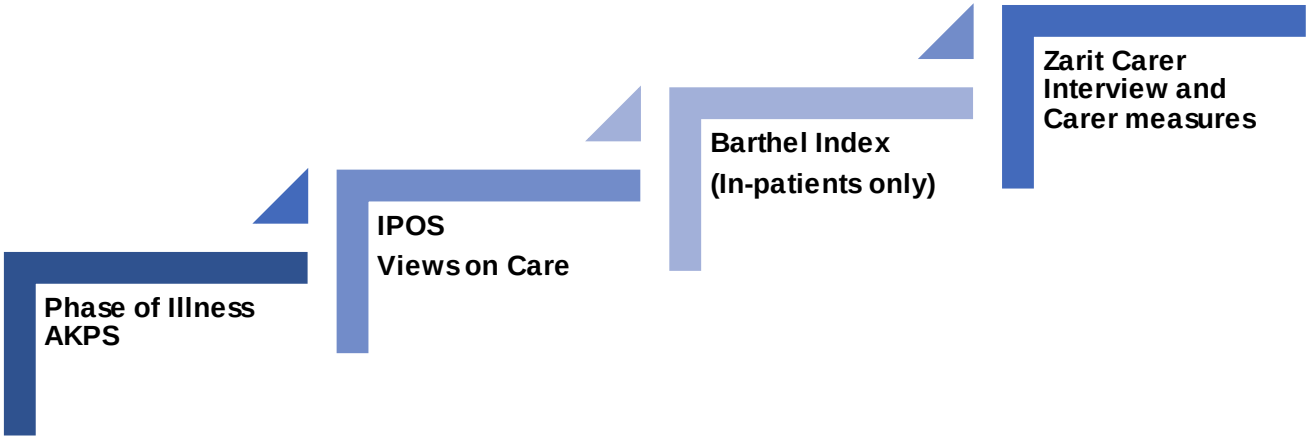
We believe we have made significant progress in strengthening clinical governance at St Cuthbert's Hospice see **Figure 1**.

Figure 1 – Strengthening Clinical Governance.



During 2017 we fully implemented the suite of internationally validated palliative care outcome measures including Phase of Illness, Australia Modified Karnofsky Performance Score (AKPS), Integrated Palliative Outcome Score (IPOS), Views on Care, Barthel Index, Zarit and Carer Measures see **Figure 2**.

Figure 2 – Palliative Care Outcome Measures



During 2017-18, we embedded the internationally validated suite of palliative care outcome measures into our SystmOne care records and now routinely use them as the basis for care review at our multi-disciplinary team meetings and in shift handover reports.

To support us in reporting on palliative care outcomes data we use R Script for report generation of the palliative care outcome measure findings please see Embedded PDF 1 below an annual report of findings for 2017-18. In 2018-19, we aim to strengthen reporting processes by purchasing bespoke IPOS outcome report generation software.

Embedded PDF 1

In 2016 we developed our own In-Patient Unit (IPU) dependency and acuity tool designed around the principles outlined in the Safer Care Nursing Care Tool as recommended by NICE. https://www.nice.org.uk/news/press-and-media/first-toolkit-endorsed-by-nice-for-safe-staffing. In the design we included Phase of Illness, AKPS and adopted the palliative care modified Richmond Agitation-Sedation Scale, RASS-PAL as proxy measures of acuity and dependence.

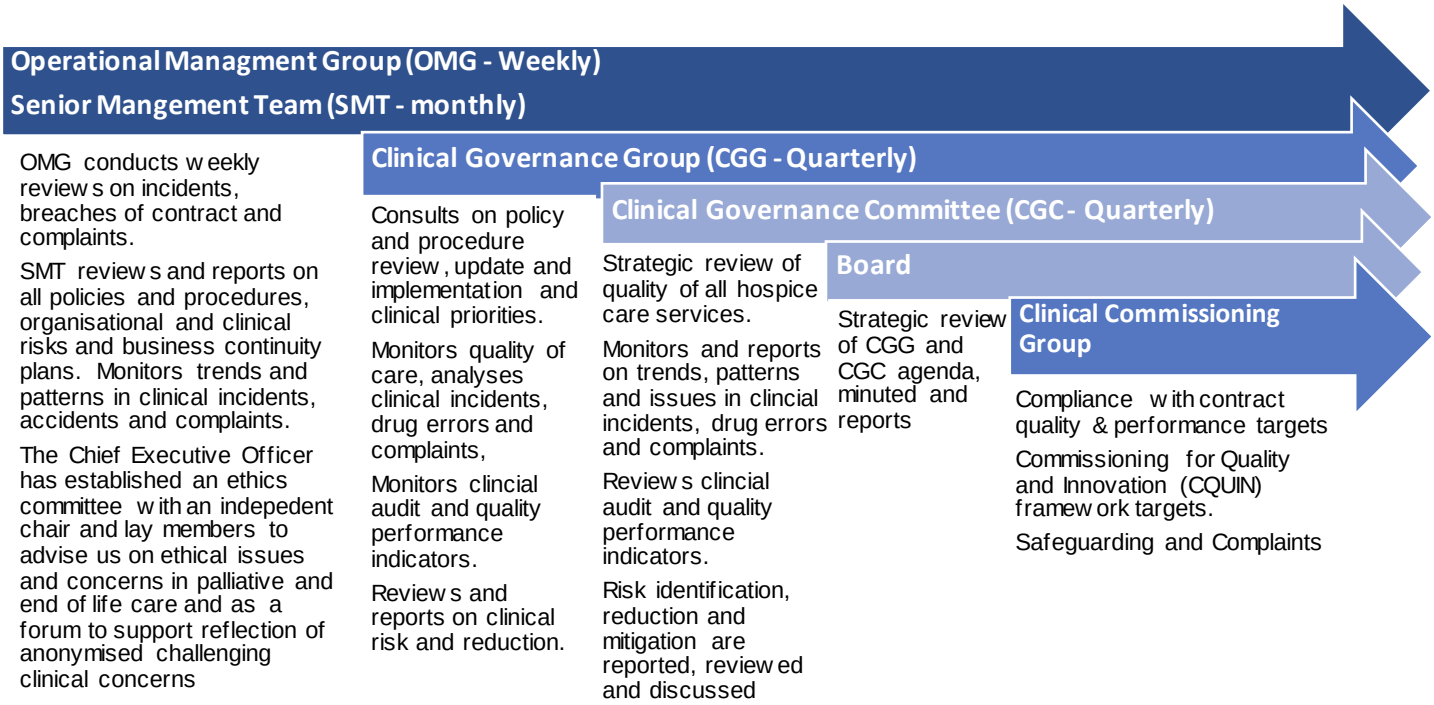
'Richmond Agitation-Sedation Scale modified for palliative care inpatients (RASS-PAL): a pilot study exploring validity and feasibility in clinical practice.' Bush SH, Grassau PA, Yarmo MN, Zhang T, Zinkie SJ, Pereira JL. *BMC Palliative Care*. March 2014.

We have now gathered two years' worth of data from our acuity and dependence tool and are analysing this data to identify / explore correlations between clinical incidents trends and staffing ratios and skills mix. We have also been able to use the data to produce future workforce projections in modelling plans for the development of a larger in-patient unit. In 2017, we conducted a comprehensive review of acuity measures enhancing the acuity and dependence tool in 2017-18, implementing a revised version in April 2018.

In 2017-18, we again worked with a Business Analyst/Solution Designer from Durham University to strengthen our incident log and our capacity to provide detailed incident analysis and reporting including dashboard reporting of clinical incident trends and patterns to our internal clinical governance structures and processes and external partners.

St Cuthbert's Hospice accepts it is accountable for the standards of care it provides and has developed robust systems and processes to monitor, review, report and act in response to all clinical issues and incidences as outlined in **Figure 3** below.

Figure 3 – Organisational processes and approaches to monitoring and responding to care service delivery.



We have met or made substantial progress in meeting all of our key aspirations for improvement as outlined in our 2017-18 Quality Account. However, we recognise that to maintain and continually improve our care services we must ensure that the knowledge, skills, and competence of our staff and volunteers and the evidence that underpins our practice is updated in line with current best practice and research. To reflect best practice we have adopted the following NICE Guidance or Standards to inform both policy development and procedures and enhance our practice:

- *Improving supportive and palliative care for adults with cancer*. NICE Cancer service guideline [CSG4] March 2004.
- *Nutritional support in adults: oral nutritional support, enteral tube feeding and parenteral nutritiona*l. (NICE) Clinical Guidance 32 (2006): www.nice.org.uk/Guidance/CG32.
- *Pressure ulcers: prevention and management.* NICE Clinical guideline [CG179] April 2014.
- *Care of dying adults in the last days of life.* NICE guideline [NG31] December 2015.
- *Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes*. NICE guideline [NG5] March 2015.
- *Controlled drugs: safe use and management.* NICE guideline [NG46] Published date: April 2016.

- *Palliative care for adults: strong opioids for pain relief.* NICE Clinical guideline [CG140] May 2012. Last updated: Aug 2016.

- *Falls in older people*. NICE Quality standard [QS86] Published March 2015. Last updated January 2017.

During 2017-18 our Board of Directors (Trustees), the Clinical Governance Sub-Committee, Senior Management Team, Clinical Governance Group and Clinical Commissioning Group received and reviewed comprehensive quarterly progress reports about care delivery, clinical audit, incidents, accidents, investigations and complaints. Each group has been rigorous in monitoring and critically reviewing the evidence provided about the safety and quality of care services and where necessary approved detailed action plans to support a culture of continuous service development and quality improvement.

We consider feedback from service users as being central in helping to ensure we are responsive to the needs of those who access and use our services. We routinely collect '*Friends and Family Test*' feedback as part of our specific service user questionnaires. The summary of findings can be seen at Appendices 4.

During 2017-18, St Cuthbert's Hospice was not subject to external inspection by the Care Quality Commission (CQC). In September 2017, North Durham Clinical Commissioning Group (CCG) quality assurance team conducted a service provider quality assurance review.

The report did highlight some minor recommendations for improvement as follows:

- A staff member was able to give examples of abuse however was not aware of the three new categories of abuse introduced by The Care Act 2014
    - Refresh staff awareness regarding the local social services department (social care direct) lead on all safeguarding issues and can be contacted 24/7. Staff need to be clear of this as well as their internal reporting process.

    - Recommendation is that the Hospice ensures that staff are up to date with safeguarding children training requirements and all are aware on how to report concerns.
- Also required is a refresh on the Mental Capacity Act and the five key principles. All staff must consider MCA when working with any individual who has lost capacity and, if decisions are being made in a person's best interests; a formal capacity test must be documented before a best interest decision can be made.

An action plan outlining our response in addressing these recommendations was forwarded to the CCG in October 2017

Following the major transformation of our day care services that had historically evolved around a social model of hospice day care, we embarked upon a comprehensive refurbishment of the in-patient unit.

During December 2016 the CCG lead for Infection Prevention and Control conducted an external 'infection control inspection' of the hospice care settings and found no concerns and reported no requirements for remedial action.

Awards.

In 2017-18 St Cuthbert's Hospice is proud to announce that the work of our Human Resources team was been recognised through the award:

- North East Better Health at Work '*Gold Award'* 2017

As part of our NHS contract requirements St Cuthbert's Hospice provides North Durham CCG with quarterly Service Contract Quality Performance Reports and six-monthly Workforce Assurance Reports. These are available on the website (www.stcuthbertshospice.com) Publication of these reports helps fulfil our duty of candour and enables our service users and those who support the Hospice to view and measure the quality of our performance over each quarter.

We were fully compliant with the one year, and are on target for our two years, Commissioning for Quality and Innovation framework (CQUIN) goals for 2017-18 that included;

> **CQUIN 1**: Developing the effectiveness of palliative and end of life care multidisciplinary team (MDT) meetings. Met in 2017-18.
> **CQUIN 2**: Development and implementation of an effective 'link' nurse/practitioner framework. This CQUIN runs over 2017-18 and 2018-19.
> **CQUIN 3**: Development and implementation of the Impact Chain framework, including areas within the National End of Life Care Intelligence Network Palliative care clinical data set. This CQUIN runs over 2017-18 and 2018-19

The views of service users, staff, volunteers and were taken into account in determining the Hospice's aspirations for improvement in the period 1st April 2017 to 31st March 2018 as outlined below.

Future planning aspirations for 2018-19

Safety

We have strengthened our clinical governance processes to monitor our patients' symptom load as recorded in palliative care outcomes and the data from our acuity and dependence tool to better match our workforce and skill mix to clinical need and the impact that that might have on reducing trends in clinical incidents.

ASPIRATION 1: REDUCING FALLS, PRESSURE ULCERS (PUs), URINARY TRACT INFECTIONS (UTIs) AND THROMBOEMBOLISMS

Rationale for choosing this aspiration.

St Cuthbert's Hospice continues to view harm-free care for patients as an important priority. The principles outlined in the NHS Patient Safety Thermometer remain an effective method for surveying patient harms and analysing results via completion of an electronic spreadsheet for one day on a monthly basis. This measures harm in relation to four key areas: falls,

pressure ulcers and for in-patients with catheters acquired urinary tract infections (UTIs) and incidence of thromboembolism VTE assessment, see **Table 1**.

Although no longer required to report via the national patient safety thermometers spreadsheet we continue to collect and monitor information on known harms associated with health care. This includes all falls as and when they occur, the incidence of acquired / deteriorating pressure ulcers, UTIs and thromboembolism VTE assessment during and following admission and on a weekly basis thereafter. Table 1 below provides a summary of our progress in reducing known harms incidents.

Table 1: Safe care targets and achievement.

Safe Care Measures	Actual 2015-16	Actual for 2016-17	Actual for 2017-18	Target for 2018-19
Avoidable falls	We reported 38 avoidable falls of which (11 falls were recorded for 1 patient*)	We reported 17 avoidable falls. This reflects a reduction of 21 or 55% over 2015-16	We report 11[#] avoidable falls. This represents a reduction of 6 or 35% over 2016-17	Zero incidence of avoidable falls
Pressure ulcers (PUs) developed or deteriorated during stay in the Hospice	We reported 12 PUs (10 acquired and 2 deteriorating after admission)	We reported 6 PU's deteriorating post admission and 1 PU acquired after admission. This reflects a reduction of 6 (40%) and 1 (50%) respectively over 2015-16.	We report 7 PU's acquired post admission with 0 PU's deteriorating post admission. This represents an increase of one case.	Zero incidence of PU's developing or deteriorating post admission
Urinary tract infections (UTI)	We reported zero incidence of acquired UTI	We again report a zero incidence of acquired UTI	We again report a zero incidence of acquired UTI	Zero incidence of hospice acquired UTI.
Thromboembolism Assessments (VTE)	We reported 80.2% of patients as having had a VTE assessment completed within 24hrs of admission	We report 84.3% of patients had a VTE assessment completed with 24 hours of admission. For the last six months of the reporting period we achieved 100%.	100% of patients had a VTE assessment within 24 hours of admission	100% of patients will have a VTE assessment within 24 hours of admission

**** The patients identified above had full falls risk assessments complete but having 'capacity' and knowing the increased risk of falling continued to exercise their independence in mobilising.***

[#] Although we reduced the incidence of falls we had two separate clusters of falls that resulted in serious harm to service users and required us to notify either CQC, HSE and NHS England Serious Incident Reporting Framework. We undertook a comprehensive review including root cause analysis and produced a detailed action plan to further improve how we prevent and manage falls. In fulfilling our *duty of candour*, patients and relatives were informed and we have shared the review and our action plan with CQC and commissioners.

What will we do to achieve this aspiration?

Falls:

We again aspire to have a zero rate of avoidable falls and to help us achieve this on admission all patients will be assessed for their individual risk of falls using a Falls Risk Assessment

Tool (FRAT) and where appropriate a falls risk care plans is put in place to try and reduce the incidence of avoidable falls. In spite of this falls can and still do occur. Many of our patients have limited mobility or are frail as a consequence of their illness, but retain 'capacity' and express their wish to remain as independently mobile as possible. In respecting patient preferences we also have to balance the need to keep our patients safe with the need to respect and promote their independence. In such situations some falls remain unavoidable.

Actions proposed for 2018-19 are:

- We now conduct on admission, and periodically review, falls risk and mobility assessment. We document findings and actions in our revised SystmOne care record.
- We have introduced and will continue to use 'Call avoid the fall signs'
- We will place known falls risk patients under close observation near to the nurses' station to ensure prompt responses to the Nurse Call system.
- We will continue to use the new state of the art ultra-low profile bed (purchased in May 2016). We will purchase a second such bed in 2018.
- During 2017-18 we increased our stock of '*chair, bed, floor and remote sensor*' movement alarms and we will continue to deploy them in the coming year.
- We have made available falls crash mats.
- We will conduct formal falls review for every patient at our weekly multi-disciplinary team meeting.
- One of our physiotherapists acts as our 'falls' link practitioner.
- To encourage increased reporting of "near-misses" – where a fall did not occur but might have done.
- Following an update of the Falls Prevention Policy and Procedure we now include and use in practice a 'close observation monitoring chart to ensure close supervision of those deemed at high risk of falls
- We will investigate the feasibility of installing a new nurse call system to enhance remote monitoring of patient movement and early detection of falls.

Pressure ulcers:

We again set an ambitious target of zero incidence of pressure ulcers (PUs) being acquired or deteriorating following admission for 2018-19. We recognise the challenges associated in meeting this ambitious target. It is clear there is a growing body of evidence about the sudden and unexpected emergence of a specific type of PU, the Kennedy Ulcer, at end of life. Findings from independent studies highlight that preventing pressure ulcer occurrence may be difficult to achieve in patients at end of life. The literature describes the experience of '*3.30pm syndrome*' where there is no evidence of pressure damage then some 4-6 hours later there is the unexpected discovery of un-gradable pressure ulcers.

This type PU has been described as a '*Kennedy Terminal Ulcer*' (KTU) and can occur at up to six weeks out from death in end of life care patients. Ref: '*Kennedy Terminal Ulcer: the "Ah-Ha!" Moment and Diagnosis*'. Joy E. Schank. Ostomy Wound Management 2009; 55 (9):40–44. The literature also accounts for multiple associated morbidity factors at end of life such as, haemodynamic instability, tissue degradation, impact of chemo and radio therapies and poly-pharmacy that increase the likelihood of pressure damage occurring in the dying patient.

We also recognise the difficulty in balancing the rights of those patients, with capacity and or of their loved ones who, after being made aware of the risk of harm still decline positional change regimes or pressure relieving equipment in the final stages of end of life care against the goal of preventing avoidable injury or harm.

Consequently, there will continue to be occasions when despite the implementation of a pressure ulcer risk reduction care plan unavoidable pressure damage may still occur. Such measures include, risk assessment, the use of pressure relieving equipment, regular positional changes, pressure prevention monitoring and the use of measures to protect the integrity of skin over bony prominences.

In 2017-18 we continued to apply NICE Guidance to support monitoring, management of PU's and to promote best practice we implemented a number of measures including:

- Risk assessment with validated tool 'Waterlow Risk Assessment tool', pressure area mapping charts and rounding charts in patient rooms to record regular positional change regimes.

- Incident reporting and photographing, with consent all pressure ulcers graded at 2 or above noted on initial admission assessment or acquired following admission as an in-patient.

- Implementation of a revised policy for the prevention and management of pressure ulcers that adopts the best practice as outlined by NICE '*Pressure ulcers: prevention and management of pressure ulcers*'. Issued: April 2014 NICE clinical guideline 179. http://.guidance.nice.org.uk/cg179.

- We have adopted the Hospice UK (released April 2016) pressure ulcer audit tool to our clinical audit schedule and continued to audit using this tool over 2017-18.

We will continue these interventions over 2018-19

Prevent health care acquired urinary tract infections:

We again report a zero incidence of acquired urinary tract infections for 2017-18. One of our senior staff nurses acts as our link practitioner for infection control and conducts quarterly infection control audits as outlined in our audit schedule that are reviewed by an infection control group and then reported to our Clinical Governance Committee. We again aspire to maintain a zero incidence for 2018-19 and to maintain the effective best practice established and maintained since 2015.

Conducting VTE Assessments on patients admitted to IPU:

In December 2014 we commenced formal VTE (Venous Thromboembolism) assessments on patients to evidence decisions made with regard anticoagulation therapy.

Percentage of patients achieving VTE assessment within 24 hours of admission			
2015-16	**2016-17**	**2017-18**	**2018-19**
82% of our patients had a VTE assessment recorded within 24 hours of admission.	Over the first six months of 2016 84.3% of our patients had a VTE assessment recorded within 24 hours of admission. Following amendment to SystmOne we report 100% compliance over the second half of the reporting year.	100% of our patients had a VTE assessment recorded within 24 hours of admission.	We aim to maintain 100% of our patients having a VTE assessment completed within the first 24 hours after admission.

How will these aspiration be measured?

- All falls, pressure ulcers acquired or deteriorating following admission, acquired urinary tract infections and failures to complete a VTE assessment will be reported and recorded as clinical incidents.

- All falls, acquired or deteriorating pressure ulcers, will be recorded on our incident log and investigated and any lessons learned will be reviewed with staff.

- Results will be reported and monitored quarterly to the;

    - Clinical Governance Sub-Committee (CGSC)
    - The Clinical Governance Group (CGG)
    - Senior Management Team (SMT) and to our
    - Clinical Commissioning Group in our quarterly Contract Quality Performance Reports for 2018-19 and made publicly available on the Hospice website.

- All pressure ulcers acquired or deteriorating following admission and graded at 3 or above and any falls that results in serious harm to a patient will be:

    - Internally investigated adopting root-cause analysis methodology and a report compiled for SMT and CGSC.
    - Statutorily notified to CQC by completion of 'Statutory Notification of Injury to a Service User form'.
    - Reported to the Commissioners via North East Commissioning Support Unit (NECS) in line with NHS England's Serious Incidents framework.

ASPIRATION 2: PREVENT ERRORS ASSOCIATED WITH THE ADMINISTRATION OF CONTROLLED DRUGS.

Rationale for choosing this aspiration

St Cuthbert's Hospice offers symptom control and end of life care in its In-patient unit (IPU). Drug therapy is an important part of this care and we prescribe and administer a variety of

drugs, including controlled drugs (CDs). Errors in CD administration are extremely rare but because of the nature of the drugs and dosages involved, such errors can have serious unintended outcomes.

During 2017-18 we had no controlled drug administration errors involving maladministration of controlled drugs. We again aspire to achieve a zero incidence of controlled drug administration errors this for 2018-19.

What will we do to achieve this aspiration?

Actions proposed for 2018-19 are:

- We have appointed under a service level agreement a qualified pharmacist on a professional activity session basis to assist us to:
    - Achieve improved clinical and cost effective prescribing.
    - Conduct review of stock drug holdings and prescribing practice.
    - Support our medical prescribers.
    - Provide expert medicines advice to colleagues at multi-disciplinary team meetings.
    - Conduct audits of prescribing and administration practice.
    - Review policy and procedure used to record and manage administrations of controlled drugs.
- Report all incidences of CD mal-administration and or incorrect stock control tallies to our CD Local Intelligence Network.
- Internally investigate any CD misadministration errors adopting root-cause analysis techniques and report to CGSC.
- Implement quarterly audit adopting the Hospice UK CD Audit Tool.
- To record and review medication near misses.
- We assess the drug calculation competence of our nursing staff on an annual basis.

How will this aspiration be measured?

- We will be able to demonstrate that all staff have had the opportunity to comment on the existing policy and procedure that is used to administer controlled drugs, and make suggestions for improving it, prior to completing the review.
- Clinical staff involved in CD administration will pass the annual drug calculation assessment with a 100% pass mark.
- We will undertake:
    - Weekly CD stock audit and review of CD registers against stock levels
    - Four ‘administration of controlled drugs’ audits using a recognised audit tool.
    - The reports of the audit, and actions arising from them, will be reported to all stakeholders.

ASPIRATION 3: PREVENT AVOIDABLE HARM FROM USE OF MEDICAL EQUIPMENT, DEVICES WITH KNOWN FAULTS OR DRUG QUALITY TAINTED OR COMPROMISED IN PRODUCTION.

The risk of harm to patients and staff through incorrect use of, or using medical equipment and devices known to be faulty and or tainted / compromised drugs, is well recognised, ever present and avoidable. St Cuthbert’s Hospice receives medical equipment device and drug alerts from NHS central alerting systems and will respond promptly to all alerts these include:

- Department of Health CAS https://www.cas.dh.gov.uk/Home.aspx
- Medicines & Healthcare products Regulatory Agency
- https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency
- From the Local Intelligence Network
-

What we will do to achieve this aspiration?

We aim to prevent avoidable harm to our patients and staff associated with the use of faulty medical equipment and devices and tainted / compromised drugs. We have developed a robust procedure to minimise such risks by:

- Communicating all electronic alerts to all medical, nursing and allied health professional staff via email with, open and read receipts to confirm that staff have read the alerts
- Printing off, producing and updating of '**Alert Files**' one available in both IPU and day hospice.
- Recording of an alert action log for those alerts that impact on medical equipment, devices and or drugs used in our services.
    - We now also receive estates related alerts and action these via our estates team.
- Recording 'Alert update' as a standing agenda item on the IPU ward team meeting.
- Alert update and action logs are a standing agenda item for CGSC and CGG.

How will this aspiration be measured?

- Action logs will record any such medical equipment / device fault alerts and/or drug alerts pertaining to products used by our services and what has been done to respond as per procedure.
- There will be no reported incidences of harm to patients and staff as a result of incorrect use of or using faulty medical equipment, devices and or tainted / compromised drugs.
- All incident alerts that require action and recording in the alert log will be reported to CGSC.

Effectiveness

ASPIRATION 4: MEASURE THE EFFECTIVENESS OF OUR CARE, PALLIATIVE CARE INTERVENTIONS AND OUTCOMES

Rationale for choosing this aspiration

Those who use our services need to know that the interventions and care we implement to meet their individual needs is responsive, informed by evidence and best practice and makes a difference to their symptoms and quality of life.

We want people to feel confident to discuss their health needs with staff. This is important to ensure that people are regularly involved in monitoring changes in their health status or needs

and that these are fully discussed with them. Review of care plans already happens on a regular basis. The implementation of palliative care outcome measures will better inform us and the patient about the clinical effectiveness of our care and interventions.

Over 2017-18 we continued to collect and collate the set of data from the suite of palliative care outcome measures These included Phase of Illness, Australia Modified Karnofsky Performance Status (AKPS), Integrated Palliative Outcome Score (IPOS) and 'Views on Care'.

In 2016-17 we developed our capacity to construct palliative care outcome measure reports and include a summary of findings for 2017-18 as an embedded PDF 1 on page *.

We shared our findings with other Hospice partners and provided advice and support on setting up palliative care outcome measure in SystmOne and use of R Script to generate reports.

How will we achieve this aspiration?

Action proposed for 2018-19:

- To continue data collection, analysis and interpretation for the outcome measures already implemented.
- Share our findings with sector colleagues, our CGSC and those who use our services.
- Appointment of a data analyst.

How will this aspiration be measured?

- We will be better able to evidence our care interventions for the outcome measure(s) implemented to date.
- We will provide detailed reports to CGSC, CGG, SMT and Commissioners of outcomes measures achieved.

ASPIRATION 5: MEASURING PATIENT DEPENDENCY AND ACUITY TO BETTER INFORM OUR WORKFORCE PLANNING

Rationale for choosing this aspiration

The Board of Trustees and Senior Management Team (SMT) of St Cuthbert's Hospice recognise that patient numbers, levels of dependency and acuity of care need impact on the number and skill mix of care staff needed at any one time to meet care needs. They also acknowledge that patient dependency changes dynamically and the care needs of patient and their loved ones changes over time.

St Cuthbert's Hospice aspires to incrementally increase the number of beds open to admissions on in-patient unit from ten to thirteen and thus better data about the impact of acuity and dependency will enhance our workforce planning and modelling.

During autumn of 2015-16 we implemented a new in-patient unit (IPU) dependency and acuity tool. The tool has been designed and adapted from the principles of the Shelford Group NHS 'Safer Care Nursing Care Tool' as recommended by NICE.

https://www.nice.org.uk/news/press-and-media/first-toolkit-endorsed-by-nice-for-safe-staffing

We have also adapted the Richmond Agitation-Sedation Scale modified for palliative care inpatients (RASS-PAL): to acknowledge the known increasing levels of dependency and acuity associated with terminal agitation in the dying patient.

How will we achieve this aspiration?

Action proposed for 2018-19:

- Complete sense check on how effective the tool is at measuring dependency / acuity and revise too or make adjustments where needed.
- Continue data collection, analysis and interpretation from the Dependency / Acuity tool.
- Review finding against data obtained from palliative care outcome measures.

How will this aspiration be measured?

- We will be better able to use dependency / acuity data to review / predict our workforce modelling and needs.
- Review dependency and acuity data over time and review how effective our current shift patterns are in meeting care needs.
- We will be able to provide detailed reports to CGSC, CGG, SMT and Commissioners of acuity as measured against palliative outcomes measures.

ASPIRATION 6: TO REDUCE THE NUMBER OF SERIOUS INCIDENTS AND PREVENT ANY AVOIDABLE INCIDENTS OCCURRING

Rationale for choosing this aspiration

St Cuthbert's Hospice takes the provision of safe care seriously and recognises there is no room for complacency. During 2017-18 in fulfilling our duty of candour, we reported five serious incidents see Table 6 page 31.

We have established robust processes for incident reporting using a standard incident report form and recording all details on a central spreadsheet incident reporting log. Hospice staff are diligent and professional in ensuring all incident reports are completed in a timely manner and that appropriate follow-up actions are logged as and when they occur.

However, to be more proactive in anticipating and minimising the risk of incidents occurring, we will continue to ensure comprehensive reporting of 'near-misses' – in other words, incidents that could have developed into an accident but for a fortunate break in the chain of events.

What will we do to achieve this aspiration?

Actions proposed for 2018-19:

- We will continually review our incident reporting policy in light of lessons learned from near misses and reported incidents.
- Create a consolidated electronic version of our accident and incident reporting forms.
- Design a new database that is automatically completed when staff use our electronic accident and incident form to record accidents / incidents.

How will this aspiration be measured?

- The re-designed database will allow us to establish comprehensive baseline data for the number and severity of incidents or near-misses reported.
- Review the database quarterly and use this for reflective sessions with staff to identify any further steps the Hospice can take to improve safety.
- We will report trends and patterns to CGSC, CGG, SMT and Commissioners and on progress towards increasing the number of near-misses reported and whether this leads to a reduction in the number of incidents occurring.

PART 3

Review of Quality Improvement during the period 1st April 2017 - 31st March 2018.

Opened in 1988 St Cuthbert's Hospice provides specialist medical and nursing care for the people of North Durham living with life-limiting conditions. The Hospice is based in the historic Park House, close to Durham city centre. Patients and relatives are welcome to enjoy the several acres of beautiful grounds with views across the Durham countryside.

Our team of highly qualified and trained staff and volunteers work together to provide individual, high-quality care in a peaceful environment, and to provide care and support for relatives and carers.

St. Cuthbert's Hospice provides:

- A medically supported 10 bedded in-patient unit, plus 1 respite care bed offering 24-hour care with the capacity to increase to thirteen.
- A new rehabilitative day care service in our refurbished Living Well Centre that offers:
    - Social work advice and support.
    - Care support including: physiotherapy, occupational therapy and complementary therapies.
    - Specific care interventions including lymphoedema clinic and day care treatments such as intravenous infusions for blood transfusions and bisphosphonates;
    - Community support, including specialist Dementia support;
- Family Support Team providing pre- and post-bereavement counselling as well as social support for patients, families and carers.
- In 2017-18 we successfully bid for and secured the contract from County Council of Durham top provide a children and young person's bereavement service for those bereaved as a consequence of suicide or sudden unexpected and traumatic death.

3.1 Report on Key Aspirations for Improvement during the period 1st April 2017 to 31st March 2018

Aspiration 1: Implement principles of the Safety Thermometer

During 2016-17 we saw a significant reduction in the number of falls in IPU we report a zero incidence of avoidable falls and 17* unavoidable falls. This reflects a reduction of 21 or 45% over the incidence of falls that we reported in 2015-16.

Over 2017-18 we continued to see an overall reduction in the number of falls down from 17 in 2016-17 to 11 in 2017-18 with no incidences of avoidable falls. Of concern however were two clusters of falls across the year that resulted in serious harm occurring to five patients, the remainder of the falls resulting in no harm occurring. In fulfilling our duty of candour for the fie falls resulting in serious harm we reported these incidences to North Durham CCG via the STEIS serious incident reporting process, CQC via statutory notification of harm to a service user processes and to HSE as incidents resulting in injury to services users.

All report all falls to our Commissioners in our quarterly 'contract quality performance reports' and discussed with them at our quarterly meetings and we will continue implementing all measures outlined on page 8 above.

Other actions included:

- Review of record keeping and NMC Code of Conduct re record keeping.
- Implementation of body mapping and rounding charts – incorporated into SystmOne electronic care records.
- Review of Pressure ulcer prevention and management policy and procedure including NICE Pressure ulcers: prevention and management of pressure ulcers. Issued: April 2014 NICE clinical guideline 179. https://www.nice.org.uk/guidance/cg179
- Adoption of European Pressure Ulcer Advisory Panel (EPUAP) pressure ulcer grading guidelines.
- Photography of all grade two pressure ulcers on admission and or acquired in St Cuthbert's Hospice.
- We will include Hospice UK recently released (April 2016) pressure ulcer audit in our schedule for clinical audit over 2018-19.
- To fulfil our duty of candour we reported these incidents to CQC using the 'Statutory Notification of Injury to a Service User form' and reported to the Commissioners via North East Commissioning Support Unit (NECS) in line with NHS England's Serious Incidents framework.
- We will continue to meet regularly with clinical leads from other Hospices to identify if there are other things we can learn or do to reduce the number of falls and pressure ulcers from these discussions.

Aspiration 2: Friends and Family Test.

In 2016-17 we redesigned St Cuthbert's Hospice service user questionnaire feedback forms to incorporate as a standard item the Friends and Family Test questions and proposed to report in 2017-18 on the feedback we received. See charts and comments Appendix 4.

Aspiration 3: Additional training and support for Health Care Assistants.

We recognise the important role that Health Care Assistants, in particular, play in delivering high quality care and we are committed to ensuring that staff receive the training, supervision and support they need to provide care of the highest quality. All of our health care assistants (HCAs) are qualified to NVQ level 2 in care. We recruited internally a new HCA apprentice who is currently undertaking NVQ level three in care. Over the autumn of 2017 we trained our HCA's to adopt the role of second checkers for the administration of medicines and a robust programme or preparation in medicine management and administration, practice competence and passing a drug calculations assessment was introduce to this role.

We acknowledge the importance of staff completing mandatory training and the value of annual appraisal in identifying future training needs see Table 2 below.

Table 2 – Human Resources – staff training and support measures

Training and Support Elements	2015-16	2016-17	2017-18	Change
Percentage of staff completing mandatory training	**82%**	**96%**	**81%**	**15%** ↓
Percentage of staff receiving an annual appraisal	**96%**	**96%**	**93%**	**3%** ↓

The figure for staff completing mandatory training has fallen to an overall average of 81% from 96% last year. This is as a result of a number of reasons. The training session for March 2018 had to be cancelled due to severe weather conditions. Had this taken place the Hospice would have reported an overall average of 86% which remains lower than our target of 100%. Sessions have been rescheduled and training is ongoing. The total average has also been affected by a low percentage rate of staff completing safeguarding children's level 2 and 3. One, out of a total of 4 staff completed level 3 (i.e. 25%), 4/8 completed the safeguarding children's level 2 (i.e. 50%) which has brought the overall percentage down. It is noteworthy that the member of staff working with children has completed all the appropriate safeguarding training. Those staff who are required to complete level 3 children's are senior managers not directly working with children. As a provider of adult services the Hospice focused on staff completing safeguarding adults training and safeguarding children's training for those staff involved with direct care. Work is ongoing to ensure all staff are trained at the appropriate level relevant to their role. In reviewing the 19 mandatory training sessions the majority of these achieved 90% or over completion rates.

We have maintained a high level of staff receiving an annual appraisal reporting 93%. We aspired to achieve a 100% in each area of staff support and development. We will be rolling our staff access to e-learning in the coming year which will provide greater opportunity and flexibility in satisfying some of the mandatory training modules with protected time to complete this.

Aspiration 4: To increase the capacity of our In-patient Unit.

We reaffirm our intention to increase availability of beds from 10 (2013) to 13 in our in-patient unit. We had planned to do this through an incremental approach, planned to take our occupancy from 10 to 11 over 2014-15 and to 13 by 2017. However, due to reduced palliative

care consultant and middle grade medical cover, and in the interest of patient safety, we had not been able to increase occupancy beyond 11 beds up to 2017-18.

We have also now introduced a new acuity dependency tool to help us monitoring the number of nurses and skills mix required on each shift, relative to the number of patients on IPU to help us better predict and model our workforce needs as and when we do increase bed numbers. We recognise that it can be as challenging and demanding to nurse 5 highly complex and dependent patients as it is to nurse 10 less dependent patients and wish to assure our patients and staff that we can be responsive to changing need in ensuring we have the right skill mix, competency and staff number to meet care needs..

Given the ongoing issue with palliative care consultant (PCC) cover we are unable to confirm when we can safely move to 13 beds capacity for in-patient unit and our capacity will for the time being remain at 11 beds although in the continued absence of PCC cover we have temporarily reduced the level at 10 beds .

Aspiration 5: Improving the experience of patients, carers and families

We continue to issue service user / carer feedback questionnaires and this year including Friends & Family Test and feedback continues to be extremely positive. The detailed responses are reported and analysed every quarter and reported in our CCG quarterly contract quality performance reports and published on the Hospice website.

Feedback from our service users and or their carers reassures us that we offer care that is responsive to need and treats those using our services with courtesy, dignity and respect. Please see below Table 3. Other comprehensive feedback '*verbatim*' comments and summary charts from service users are available in Appendix 3

Table 3 Service user / carer or their loved ones feedback.

Question	2015-16	2016-17	2017-18	Change
Did staff provide explanations about treatment and care provided to your loved one?	87	**88**	**92**	↑
Did you have the opportunity to ask questions when you wanted to?	92	**94**	**100**	↑
Did our staff try to meet your individual needs and preferences?	95	**96**	**100**	↑
During their access to Hospice services, did your loved ones get enough help to meet their individual needs? (*This question not included in this years questionnaire*)	93	**93**	**Not recorded this year**	–
Was your loved one always treated with respect and dignity?	95	**94**	**100**	↑
Did you feel you were treated with courtesy?	95	**96**	**100**	↑

Carers are invited to add comments to the questionnaires. A summary of comments made between April 2017 and March 2018 can be found at Appendix 3.

Aspiration 6: Improving the experience of staff and volunteers

On alternate years we conduct either an annual staff or volunteers' survey. These are completed anonymously. In 2017/18 we conducted a staff survey. Table 4(a) demonstrates the increase in response rate over the last three surveys conducted.

Table 4(a)

2014	2016	2018
45% 42 staff members	65% 51 staff members	**71%** **63** staff members

The survey covers 6 categories listed below:

- Work (area of work, type of contract, hours and length of service)
- Organisation and Communication
- People Management/Working Relationships
- The Job
- Personal Development
- Health, Wellbeing and Safety at Work

Table 4(b) demonstrates a sample of the staff survey responses for the period 2017 to 2018, conducted in January 2018.

Tables 4 (b)
Organisation and Communication

Questions/Statements	2014	2016	2018	change
The Hospice's Strategic goals are very realistic	93	89	94	↑
I understand how my work impacts on the Hospice's strategic goals	94	98	97	↓
I feel I am adequately consulted on proposed changes & developments in the Hospice	63	70	84	↑
I feel able to voice my concerns or views	76	86	89	↑
Communication between different teams/depts. is effective	62	60	62	↑
Communication between senior management & staff is effective	71	73.5	84	↑
We have the right number of staff with the right skills to deliver an effective service	71	64	75	↑
The senior management team is effective	82	81	81	–
The Trustee Board is effective	89	89	85	↓
I feel I am treated fairly and with respect	94	89	95	↑
I am proud to work in this Hospice	91	100	96	↓
I would recommend this Hospice as a care provider	93	100	100	–

People Management and Working Relationships

Questions/Statements	2014	2016	2018	Change
I am clear about what is expected of me in my role	93	96	99	↑
The expectations of me in my role are realistic	91	94	97	↑
I receive useful feedback on how I am performing	93	84	91	↑
Volunteers are used effectively to support my team/dept	87	86.5	92	↑
The SMT try to involve staff in important decisions	51	67	79	↑
The SMT act on staff feedback	58	77	85	↑

Senior managers are committed to patient care	86	90	91	↑
I feel empowered to make decisions that are relevant to my role	86	86	91	↑

The Job

Questions/Statements	2014	2016	2018	Change
I have clear planned goals and objectives for my job	93	90	95	↑
I am involved in the decision making process regarding any changes to my work area /team/dept	67	75	92	↑
I am able to make improvements happen in my area of work	84	79	92	↑
I have adequate materials, supplies and equipment to do my work	93	83	94	↑
I am able to deliver the patient care/customer service that I aspire to	57	96	98	↑
I feel that my role makes a difference	91	98	98	–

Personal Development

Questions/Statements	2014	2016	2018	change
I receive sufficient training/development to enable me to do my role	86	83	92	↑
I have adequate opportunity to satisfy mandatory training needs	93	94	98	↑
My training, learning and development has helped me to deliver a better patient/customer service	72	85	96	↑
My annual appraisal/probationary review helped me to improve how I do my job	51	77	90	↑
My line manager supported me to receive any training, learning or development needs identified at my appraisal/probationary meeting	53	81	91	↑

Health, Wellbeing and Safety at Work

Questions/Statements	2014	2016	2018	change
I enjoy the work I do	95	98	98	–
The Hospice's procedures and provisions for security measures are adequate – new	-	82	87	↑
I rarely work more than my contracted hours in a week	57	65	71	↑
My line manager takes a positive interest in my health and wellbeing	93	94	90	↓
The Hospice encourages staff to report errors, near misses or incidents	79	98	95	↓
I know how to report a fraud, safeguarding, malpractice or wrong doing in the Hospice	86	94	95	↑
I feel able to raise any concerns regarding fraud, safeguarding, malpractice or wrong doing	90	94	95	↑

I feel confident that the Hospice would address my concerns regarding fraud, safeguarding, malpractice or wrong doing	93	92	93	⬆

The full survey results are available on our website at http://www.stcuthbertshospice.com.

We believe it important to acknowledge the significant improvement in the staff's perception of the impact of the annual appraisal process and that they feel their training, learning and development has helped them deliver a better patient/customer service. It is equally important to highlight their continued view in the care services offered in that 100% would recommend the Hospice as a care provider and 96% are proud to work here.

We monitor and compare year-on-year key human resource performance indicators for staff see **Table 5**. These are reported to the Board of Trustees and Human Resources sub-committee quarterly. Although there is an increase in turnover exit questionnaires have been analysed throughout the year and this has not highlighted any material concerns. Of the 18 staff leavers, 7 were clinical across various disciplines ie, Allied Health Professionals, Staff Nurse, Counsellor. Three of these left as a result of career development and one held a fixed term contract.

The table demonstrates a rise in sickness absence at 6.8%. This has been due to the number of staff experiencing long term absence primarily stress and/or depression connected to personal reasons rather than work. The Hospice proactively manages absence within a supportive culture and implemented a number of initiatives to support staff with stress, depression and anxiety. Mental health awareness now forms part of induction as well as dementia training and staff and managers have accessed additional training such as Mental Health First Aid and the 5 Ways to Wellbeing. Other initiatives include an Employee Assistance Programme which is now well established with staff who have accessed it recommending it to others, hence the increased take up and range of services accessed. Staff's mental wellbeing is promoted and supported with the introduction of a Wellness Action Plan (WAP) – a tool developed by MIND. All staff are encouraged to complete one and it forms part of the Hospice induction process. It appears reasonable to suggest the majority of staff are comfortable talking about their mental wellbeing and trained to notice changes in their colleagues and offer support where appropriate. Factored into the policy review timetable is a Bereavement Policy and Flexible Working Policy aimed to support staff, improve attendance as well as productivity, engagement and retention. To support business continuity changes to terms and conditions are also being proposed to reduce the maximum amount of occupational sick pay offered from 6 months full pay followed by 6 months half pay to 3 months full pay followed by 3 months half pay with flexibility and discretion built in.

Table 5 – Key human resources performance indicators

Key performance indicator	2015-16	2016-17	2017-18	Change
Staff turnover	8.2%	**14.2%**	**20%**	⬆
Staff sickness absence	4.18%	**4.1%**	**6.8%**	⬆
Staff involved in disciplinary procedures	4	**6**	**4**	⬇
Staff involved in grievance procedures	0	**0**	**1**	⬆
Staff involved in capability procedures	3	**0**	**1**	⬆

3.2 New Service Developments during the period 1st April 2017 to 31st March 2018

Carer Strategy
During 2017 the Board of Trustees approved a Carer Strategy during the year and implementation will commence in 2018/19. We have strengthened our social work team and the new social work lead supported by our specialist dementia nurse and Namaste project worker will lead on the implementation of the carer strategy.

MyPals
The development of an innovative online platform to improve outcomes for people with life-limiting illnesses was designed during the year, with input for patients, carers, volunteers and health and social care professionals. A prototype website has been built and will be subject to beta testing during early 2018. The project aims to provide a web based platform to link those with life limiting illness in the community who have care needs to a range of volunteers who can provide help, support and companionship.

Namaste Care
In 2017, our Admiral Nurse resigned after securing a regional nurse consultant post with Dementia UK. To maintain our dementia service we recruited an experienced specialist dementia nurse and secured funds from two Trusts to maintain for a further year our Namaste Care Service. We recruited an experienced lead and to date six volunteers have been trained in the principles and practice of Namaste care and are now developing their caseload of new patients in the community living with Dementia. We secured additional funding to o continue the project into 2019.

Children and Young Persons Bereavement Service
In 2016-17 we bid for and secured a new commission from Durham County Council for a one year delivery of a Children and Young Persons (CYP) bereavement service for those bereaved through suicide and sudden / unexpected traumatic death. Due to the impact of our work and without being required to retender for the service the commissioners of the service extended the contract with St Cuthbert's Hospice for a further year into 2018-19.

Strengthening clinical care
Following negotiations with our CCG we have secured funding to support the recruitment of a palliative care consultant and aim to recruit to this post in 2018. Following a review of our family support team, we identified a need for additional qualified social worker input to improve our existing resource. We will recruit a senior social worker to lead a re-configured family support team with greater social work resources. We are extending the skill set of our cohort of senior nurses to be trained and non-medical prescribers. We believe the addition of these new team members and enhancing and extending the knowledge, skill and competence of our nursing team will strengthen clinical care and enable us to better meet the needs of those with life limiting illness access our Hospice services. The strengthening of our clinical team will mean we can offer for example consultant led outpatient services, work out into the community and better plan for and support discharge for those rehabilitated to cope better with life limiting illness.

Improving effectiveness through performance management
In 2018-19 we aim to further enhance organisational effectiveness by developing our strategy for and approach to performance management. We will develop and implement a suite of

performance management tools and resources. To assist us during 2018-19 we aim to recruit a data analyst to help us better understand the extensive range of data sets we produce. This will help inform and strengthen evidence of performance of our services and the impact these have on those who use our services.

Strengthening Internal Governance

The Hospice has continued to improve internal governance. Notable this year has been the development of auditable governance standards. The standards have been developed taking into account good practice in the public, voluntary and private sectors.

The Trustees and Senior Management have continued to develop the Hospice's approach to the identification and management of risks which, in turn, makes the Hospice a safer place to work and receive services as well as more resilient in the face of adverse incidents.

New appointments

During the year, we accepted the resignation of one Trustee

During the year we made a number of important nursing, allied health staff and support post appointment to replace posts vacated due to people leaving or retiring from St Cuthbert's Hospice. We increased staffing in the Living Well Centre and have agreed to increase staffing in the Family Support Team.

Collaboration and engagement with other providers

We continue to host the Marie Curie Rapid Response Team at St Cuthbert's Hospice. This service aims to prevent avoidable hospital admissions and provides support at home to help patients in their preferred place of care.

We have jointly developed a 'memorandum of cooperation' and procedures and processes with Durham Prisons to manage access to hospice care for prisoners at end of life and during 2017-18 cared for an end of life care patient under these arrangements. We also provided placement experience in palliative and end of life care setting for a number of Prison Health staff nurses.

We engage regularly with colleagues in other Hospices in our region and nationally, to share good practice and support one another's continuing commitment to quality and practice / service development. St Cuthbert's Hospice hosts the quarterly Hospice UK northern region Executive Clinical Leads in Palliative Health Care (ECLiPH) and the annual Hospice UK Annual Roadshow for the northeast. We are an active member of a formally agreed Collaborative between the 10 independent Hospices in the region.

We have been active members of the Countywide strategic Palliative and End of Life Care Group, which is a sub-group of the Durham Health and Well-Being Board. As part of this group we have been able to support developments to provide more 'joined-up care, identify and meet unmet needs and promote good practice. .During 2017/18 this Group has reviewed out of hours cover and medical cover across the County, resulting in the commissioning of an out of hours service from Marie Curie in Newcastle and an agreement that St Cuthbert's could advertise for one of the vacant Consultant posts in the County in 2018/19..

We continue to develop our partnership with Northumbria University to support achievement of goal three on page 14 of our *Strategic Plan 2016-2021 "Outstanding Palliative Care"*: …*'to create a high quality learning and research programme*.'

We continue to have two funded research projects in collaboration with Northumbria University; one evaluating our Namaste Care Project and the second an impact evaluation of our community project Everything in Place. We have joined the Hospice UK network of research active hospices to begin to raise our profile and presence in presenting at conferences and increasing professional publications in the palliative care literature.

The clinical services manager attended the Local Children's Safeguarding Board and completed level three adult and children safeguarding training.

Our senior management team and senior medical, nursing and allied health professionals attended a Sue Ryder facilities training day on the Human Rights Act in palliative and end of life care.

Service Improvements for 1st April 2017 to 31st March 2018

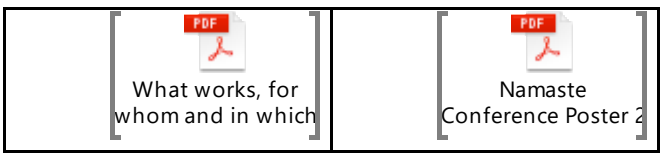
We began to hold multi-disciplinary team meetings for Day Hospice guests as part of a planned move towards a more rehabilitative and therapeutic model of Day Hospice support.

We revised and updated a number of our key clinical policies and procedures to reflect emergent best practice i.e. from NICE or to comply with statutory or legislative changes. We have improved the processes governing the approval and sign off and dissemination of revised and updated or new policies and procedures.

We welcomed a number of medical and nursing students into the Hospice for practice placement learning and exposure to palliative and end of life care.

A number of staff involved in either innovative practice or new service development and delivery have had posters accepted at national and international conferences:

Embedded PDF's of posters presented at national conferences.



Conference speakers:

George Bell Clinical Services Manager Speaker 'Delivering personalised care to end of life patients' Nursing Event in Practice Conference Hardwick Hall G. June 2017.

Sharron Tolman & Nicola Kendall conference presentation '*Namaste Care in the community*' Dementia Conference in Edinburgh 18th April 2018.

Publications:

Dalkin S, Lhussier M, Atkinson J, Kendall N, Tolman S. What works, for whom and in which circumstances when implementing the Namaste advanced dementia care programme in the home setting? *BMJ Supportive & Palliative Care*. 2017;7(3):A351-A2.

Nursing Older People. 'A relationship-centred approach to managing pain in dementia' Sharron Tolman Admiral Nurse, St Cuthbert's Hospice, Durham, England Karen Harrison Dening Head of research and publications, Dementia UK, London, England. Accessed 4 April. 2018.https://journals.rcni.com/nursing-older-people/arelationshipcentred-approach-to-managing-pain-in-dementianop.2018.e985

Commissioned book Author Nicola Kendall: 'Namaste Care for people living with advanced dementia: A practical guide for carers and professionals.' Jessica Kingsley Publication due out 2019.

3.3 Statement of Assurance from the Board of Directors

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to Hospices and therefore they are included at Appendix 1 where further clarification is provided as appropriate.

During the period 1 April 2017 to 31 March 2018 St Cuthbert's Hospice provided the following services:

- A 10 bedded In-patient Unit offering 24-hour care.
- Day care in our Living Well Centre offering treatment, advice, support and activities. Including:
    - Physiotherapy, Occupational Therapy, social care, counselling and a wide range of cognitive therapy and memory work, arts and crafts, exercise and breathlessness groups, fatigue management sessions and complementary therapies
- Community Support – Everything in Place project
- Family Support Team providing pre- and post-bereavement counselling as well as expert social care support for patients, families and carers.
- The Children and Young Persons bereavement service commissioned by Durham County Council

During the period 1 April 2017 to 31 March 2018 St Cuthbert's Hospice provided or sub-contracted four NHS services (no funding was received for Lymphoedema or Complementary Therapy services). We have suspended our Lymphoedema service since the last report.

Since the last report, we secured a separately funded Durham County Council tender to provide bereavement services for young children and persons bereaved as a consequence of sudden traumatic such as suicide, trauma and drowning. We have secured second year funding into 2018-19 for the continuation of this service.

The income generated by the NHS services received in 2017-18 represents 100 per cent of the total income generated from the provision of NHS services by St Cuthbert's Hospice, Durham for 2017-18. The income generated represents approximately 46% per cent of the overall costs of running these services.

What this means

St Cuthbert's Hospice is funded by both NHS income and by Fundraising Activity. The grants allocated by the NHS funding contribute to approximately 46% per cent of Hospice total income needed to provide these services.

This means that all services are partly funded by the NHS and partly by Charitable Funds. For the accounting period 2017-18 St Cuthbert's Hospice signed an NHS contract for the provision of these services.

Goals agreed with Commissioners

A proportion of St Cuthbert's income in 2017-18 was conditional on achieving quality improvement and innovation goals agreed between St Cuthbert's Hospice and 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.

In the accounting period 2017-18 CQUIN measures within the NHS contract we were set three goals:

> **CQUIN 1**: Developing the effectiveness of palliative and end of life care multidisciplinary team (MDT) meetings. Met in 2017-18.
> **CQUIN 2**: Development and implementation of an effective 'link' nurse/practitioner framework. This CQUIN runs over 2017-18 and 2018-19.
> **CQUIN 3**: Development and implementation of the Impact Chain framework, including areas within the National End of Life Care Intelligence Network Palliative care clinical data set. This CQUIN runs over 2017-18 and 2018-19

St Cuthbert's Hospice met or made progress against the requirements for the CQUIN goals identified above for the period 1 April 2017 to 31 March 2018.

The Clinical Commissioning Group are again adopting the Commissioning for Quality and Innovation (CQUIN) framework for some of our contract payment 2019-19.

National Initiatives

St Cuthbert's Hospice is required to register with the Care Quality Commission and its current registration status is for the following regulated activities:

- Diagnostics and screening procedures.
- Services for everyone.
- Treatment of disease, disorder or injury.

The Care Quality Commission has not taken enforcement action against St Cuthbert's Hospice during the period 1 April 2017 to 31 March 2018.

St Cuthbert's Hospice has not participated in any special reviews or investigations since registering with the Care Quality Commission in 2010.

St Cuthbert's Hospice has not been subject to an unplanned inspection by the Care Quality Commission over 2017-18.

Data Quality

A Service Quality Performance Report was submitted to the Commissioners in each of the four quarters within the period 2017-18. Information relating to patient datasets, Hospice quality and performance indicators (key performance indicators) as well as the data collection for CQUIN measures has been included in these reports. This information has been collected from several sources extracted from SystmOne (our clinical recording system) with additional back-up using Excel spread sheets.

St Cuthbert's Hospice has complied with submitting data and for the reporting of incidences in accordance with local quality requirements.

Information Governance Toolkit Attainment.

St Cuthbert's Hospice has complied with the standards outlined in the NHS Information Governance Toolkit at Level Two for the reporting period 2017-18 and has made significant progress in achieving the standards required to meet level 3 compliance.

3.4 Review of Service Quality Performance during the period 1st April 2017 to 31st March 2018

St Cuthbert's Hospice opened in 1988. It provides specialist medical and nursing care for people with life-limiting conditions from across County Durham.

The Hospice is based in the historic Park House, close to the centre of Durham. Patients and relatives are welcome to enjoy the several acres of beautiful grounds with views across the Durham countryside.

Our team of highly qualified and trained staff and volunteers work together to provide individual, high-quality care in a peaceful environment, and to provide care and support for relatives and carers.

The purpose of sharing the review of our Quality Performance during the period 1 April 2017 to 31 March 2018 is to demonstrate what we are doing well as well as to identify the areas that need improvement and how this will be achieved. The review considers safety, clinical effectiveness and patient/carer user experience.

St Cuthbert's Hospice views harm-free care for patients as an important priority. We adopt the principles of the Safety Thermometer along with the collection of other internal data outlined above allows us to record details of patient harm so that the evidence can be analysed in order to identify if any measures can be implemented in order to minimise the risk of harm for patients in our care.

Performance – Patient Safety

In order to measure how safe our service was during the period 1 April 2017 to 31 March 2018, we adopted the principles of the former Safety Thermometer. This measures harm in

relation to three key areas: falls, pressure ulcers and urinary infection In-patients with catheters. Whilst we are no longer required to submit this data on a monthly and quarterly basis, we still routinely collect data internally on **all** falls including slips and trips as and when they occur.

Health Care Associated Infection (HCAI)

We recognise that there are a high number of factors that can increase the risk of acquiring an infection, but seek to minimise the risk of occurrence by ensuring high standards of infection control practice. This will ensure that residents are cared for in a safe, clean environment by addressing any deficits in standards requiring further action.

We have adopted the following systems and processes for Infection Prevention and Control within the Hospice

A nominated Senior Nurse acts as our link practitioner for Infection Prevention and Control across all clinical and non-clinical areas within the Hospice.

The Infection Control Group continued to meet during 2017-18 and reported to the Clinical Governance Committee on a quarterly basis

The Infection Control Group is represented by clinical and non-clinical members including a recently retired Consultant Medical Microbiologist

The terms of reference for this group are as follows:

- To review existing polices and ensure that these are updated as required.
- To develop new policies in line with national guidelines and submit to the Clinical Governance Sub Committee (CGSC) on a quarterly basis for approval.
- To hold quarterly Infection Control Meetings and submit minutes to the infection control lead for the CCG on a quarterly basis.
- To promote and raise awareness of Infection Prevention and Control across all areas of the Hospice e.g. signage for hand hygiene.
- To undertake Infection Prevention and Control Audits from Help the Hospices. Audits from Help the Hospice are carried out on a three-monthly basis across clinical and non-clinical areas. This enables the Hospice to be compliant with legislative and regulatory requirements from the Care Quality Commission, Department of Health and the Code of Practice for health and social care (on the prevention and control of infections under the Health and Social Care Act 2008).
- Audits are submitted to the Audit Group meetings and are also submitted to the infection control lead at the CCG on a quarterly basis.
- Lead Nurse to participate an annual audit for Infection Control from external auditor and act on recommendations.

We have established close links with the Lead Infection Prevention and Control Nurse from North Durham Clinical Commissioning Group. External Lead Nurse has undertaken an external Infection Prevention and Control Audit at the Hospice on an annual basis and we have requested that this should continue for 2018-19.

Infection Prevention and Control is a mandatory training requirement for staff and volunteers and is delivered twice annually. We also use e-learning and workbooks in relation to Infection Control, for staff and volunteers who have been unable to attend the mandatory training.

A county-wide Infection Prevention and Control Audit has been carried out by an external Senior Lead Nurse for Infection Control from Durham County Council at our request. This audit is comprehensive covering thirteen domains requiring compliance. This enables our organisation to monitor our compliance and put systems in place with infection control standards and policies where this has not previously been the case, thereby reducing the risks of healthcare-associated infections. We have achieved and met the standards required.

Clinical Incidents during the period 1 April 2017 to 31 March 2018

St Cuthbert's Hospice had no "Never" events during 2017-18. The following five serious incidents were reported during 20107-18:

Table 6: Summary of serious / potentially serious incidents and complaints.							
Incident log number	**Brief details of incident / ~~complaint~~**	**Reported to**	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
2017/0028	Patient fell after getting out of reclining chair without calling for assistance and was found near to sink in room 9 did not recall why he was getting out of the chair. No witness present in the room at time of fall. Falls risk assessment had been conducted on admission but patient wished to maintain independence. Later on checking with family, it became apparent that the patient had a recent history of 5 falls in the week before admission, which was not communicated by the referrer.	CQC	**X**		**26/5/17**	**2017/14326**	CQC, NECS and HSE notified on 26 May 2017. Patient transferred to UHND and internal fixation of #neck of left femur completed patient transferred back to St Cuthbert's Hospice for on-going end of life care. The patient subsequently died on 1 June 2017. RCA convened and report forwarded to NECS. Action plan completed all actions since met. CSM to meet referring Macmillan team to discuss referrals. **NECS confirmed closed**
		NECS	**X**		**26/5/17**		
		Safeguarding		**X**			
		~~CGC~~ / SMT	**X**		**26/517**		
Incident log number	**Brief details of incident / ~~complaint~~**	**Reported to**	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
2017/0029	At 08:45 am nurse call alarm sounded patient found on bathroom floor in room 8. Patient had attempted to put the light on but was found on the floor with her underwear around her ankles and this may have contributed to fall. On examination shortened and externally rotated right leg query # femur, claims to have bumped head, no loss of consciousness and no visible cuts, lumps or bruising.	CQC	**X**		**12/6/17**	**2017/15042**	CQC, NECS and HSE notified on 12 June 2017. Patient transferred to UHND diagnosed # neck of right femur, no surgical intervention as patient is EofL and has sepsis. Patient transferred back to St Cuthbert's Hospice for on-going end of life care. The patient subsequently died on 13 June 2017. RCA convened and report forwarded to NECS. Action plan completed all actions since met **NECS confirmed closed**
		NECS	**X**		**12/6/17**		
		Safeguarding		**X**			
		~~CGC~~ / SMT	**X**		**12/6/17**		
2018/0114	**A patient who is fiercely independent and fearing the commode was likely to overflow got off commode without calling for help or assistance. This resulted in a fall to the floor.**	**CQC**	**X**		**26/1/18**	**2018/2480**	**CQC, NECS and HSE notified on 26/01/2018 Patient transferred to UHND diagnosed # neck of right femur, no surgical intervention as patient is End of Life. Patient transferred back to St Cuthbert's Hospice for ongoing end of life care. The patient subsequently died on 29th June 2018. RCA convened and report forwarded to NECS. Action plan completed all actions since met**
		NECS	X		26/1/18		
		Safeguarding		X			
		~~CGC~~ / SMT			**26/1/18**		

Incident log number	Brief details of incident / complaint	Reported to	Yes / No		Date	STEIS Number	Outcome
2018/0105	Confused patient was assisted to the toilet by 2 members of staff, they stood outside the bathroom door in order to give the patient some privacy. Nurses heard the patient move and witnessed fall on entering the bathroom.	CQC	X		13/3/18	2018/6313	CQC, NECS and HSE notified on 13/03/2018 Patient transferred to UHND diagnosed # neck of right femur, internal fixation completed and patient returned to St Cuthbert's Hospice for future care. Patient discharged to Nursing home 22/3/2018. RCA convened and report forwarded to NECS. Action plan completed all actions since met
		NECS	X		13/3/18		
		Safeguarding		X			
		~~**CGC**~~ / SMT	**X**		**13/3/18**		
Incident log number	**Brief details of incident / complaint**	Reported to	Yes / No		Date	STEIS Number	Outcome
2018/0112	Patient climbed over cot sides resulting in fall to the floor	CQC	X		19/3/18	2018/7101	CQC, NECS and HSE notified on 19/3/2018 Patient transferred to UHND diagnosed # neck of Left femur, no surgical intervention, as patient is end of life. Patient transferred back to St Cuthbert's Hospice for ongoing end of life care. The patient subsequently died on 29th June 2017. RCA convened and report forwarded to NECS. Action plan completed all actions since met
		NECS	X		19/3/18		
		Safeguarding		X			
		~~**CGC**~~ / SMT					

Performance - Clinical Effectiveness

The purpose of sharing the review of our Quality Performance during the period 1st April 2017 to 31st March 2018 is to demonstrate what we are doing well as well as to identify the areas that need improvement and how this will be achieved.

Measuring clinical effectiveness is important to St Cuthbert's Hospice as it enables us to have an accurate picture and understanding at all levels of activity across all the services provided. This helps us to identify areas for improvement and demonstrate to members of the community that we serve that the Hospice is meeting its goals.

Full data reports have been submitted in accordance with data set requirements to the Commissioners. Specific key performance indicators (KPIs) with threshold targets allow our goals to be measured on a quarterly basis.

We have submitted the full data sets from 1 April 2017 to 31 March 2018 so that comparisons can be made within the specified period. Where we have not met the threshold target, this has been highlighted in red and a summary below the box highlights the reasons why these targets have not been met.

Although the National Minimum Dataset (MDS) is no longer formally collected following the merger between Hospice UK and the National Council for Palliative Care (NCPC) on an annual basis we have continued to collect a similar dataset please see Table 8 page 39.

MDS groups returns from individual units against number of beds and number of patients seen across the different services provided, so that comparisons can be made like for like. We have been included as a small category since we have fewer than 11 beds on the In-patient Unit. All other services have been included as medium categories due to the total number of patients seen.

The KPIs highlighted below in the Table 7 page 37 and reported to our Commissioners provide one method for measuring clinical effectiveness within our organisation to identify areas for improvement as well as benefitting the Hospice and the community we serve that our services are achieving what we intended to achieve.

Please note that those KPIs that have not been met are clearly identified and the reasons why are explained in the comments column of the Table concerned

Table 7 - Results of Key Performance Indicators during the period 1 April 2017 to 31 March 2018

Table 7 – Hospice activity 2017-18									
		End of Year.		2017-18 quarterly performance.					
MEASURES.	Threshold	2016-17	Met – Not met	Q 1.	Q 2.	Q 3.	Q 4.	End of year	Comments: Year 2017-18 Performance
In-Patient Unit (IPU)									
Number of Inpatients who have been offered an Advance Care Plan (ACP)	90%	**95.5**	**Met**	91.2	91.6	97.3	97	**94.2 Not met**	Quarter 2. Three patients were not offered an advanced care plan as they suffered from Alzheimer's and Psychosis.
Inpatient bed availability	95%	**95**	**Met**	96.3	94.3^	92.8	94.4	**94.5 Not met**	Quarter 2. ^ This accounts for a number of occasion with no doctor cover and no admissions.
Inpatient bed occupancy.	85%	**77.6***	**Not met**	80.1^	69.3^	82	74.1	76.8	^ influenced by reduced number of referrals.
Proportion of people who died in the Hospice and have place of death recorded	98%	**96.6**	**Not met**	91.4^	88.8^	95.2	96	**92.8 Not met**	Quarter 2. ^ We were unable to discuss place of death with three patients
Proportion of people who died at the Hospice who stated their preferred place of death and achieve it.	85%	**94.6**	**Met**	93.8	92.5	90.8	100	**94.2 Met**	Quarter 2. ^ Two patients did not achieve preferred place of death as they were too ill on admission.
Total Number of Patients admitted to IPU		**191**		**53**	**36**	**37**	**36**	**162**	NB Despite a fall in admissions it is notable that the number of occupied bed days increased for 2464 to 2684 The IPU Length of Spell ≤ 15 days (%) also increased over the previous year from 31.7% in 2016-17 to 41.6% in 2017-18
Living Well Centre (LWC) - Day Care Services									
% of Living Well Centre patients / Outpatients receiving a care plan	100%	**100**	**Met**	100	100	100	100	**100 met**	
Time from LWC / Outpatient referral to assessment >=90% within 7 days									
Living Well Centre (100%)	90%	**84.6**	**Not met**	81^	65*	79	72	**74.2 Not met**	^Impacted by arranging / coordinating and timing home visits that are convenient for patients and carers.

									*Reduced staffing and problems arranging visits to assess 41 new referrals.
Cumulative number of clients attending LWC per quarter		**133**	**-**	**113**	97	**98**	**108**	**416**	This refers to number of clients attending per quarter including repeat attendance not actual referred patient numbers is 200
Lymphoedema (100%)	Within 15 days	**97.2**	**Met**	0^	0^	0^	0^	0	^Continued suspension of Lymphoedema service.
Total Number of clients attending lymphoedema		**258**	**-**	0^	0^	0^	0^	**0**	^ Continued suspension of Lymphoedema service.
Physiotherapy (100%)		**100**	**Met**	100	100	100	100	100	
Admiral Nurse (100%) Note as only one practitioner 15 days more realistic	Within 15 days	**93**	**Not met**	80.8^	100	100	94.1	**93.7 Not met**	^Impacted by arranging / coordinating and timing home visits that are convenient for patients and carers. Our Admiral Nurse has resigned and we have recruited a Specialist Dementia Nurse who commences duty with us In April 2018.
Total number of patients/clients attending dementia services		**114**	**-**	**55**	**54**	**57**	**44**	**210***	*This includes new client accessing Namaste care service
Family Support Service									
FST / Bereavement – client to be contacted within 7 working days of receipt of referral	>=95%	**79.8**	**Not met**	48.2^	61.9	100	100	**77.5 Not met**	^Long term team manager and counsellor absence and a waiting list for external referrals to access the service.
FST / Bereavement- client assessment to commence within 15 working days of receipt of referral	>=95%	**76**	**Not met**	60.7^	52.4^	29.4*	28	**42.6 Not met**	^Due to high demand from external referrers, we have been managing a waiting list for access to the service. Team aware more work need to be done to meet this target. *Following consultation with FS team senior management are looking to new team leadership arrangements
FST / Bereavement- written assessment of needs and action plan agreed with client	100%	**100**	**Met**	100	100	100	100	**100 Met**	
Total number of clients accessing FST		**172**	**-**	**120**	**73**	**66**	**76**	**335***	*Includes CYP contract

Table 8 - Comparing St Cuthbert's Hospice Minimum Dataset to National Minimum Dataset Individual Reports 2017-2018

Service Area	Indicator	Hospice 2016-17	Hospice 2017-18
Inpatient Services	Total Number of Patients within a year treated	191	162
Inpatient Services	Total New Patients	167	140
Inpatient Services	Re-referred Patients	24	22
Inpatient Services	Average Bed Occupancy (%) NB Length of Spell greater than 15 days increased year from 31.7% in 16-17 to 41.6% in 17-18	77.4%	82.1%
Inpatient Services	Cancer Diagnosis (%)	82%	83%
Inpatient Services	Non Cancer Diagnosis (%)	18%	17%
Inpatient Services	Average Length of Stay (days)	14.7	16.6
Inpatient Services	Died in Hospice (%)	66.9%	62.3%
Inpatient Services	Discharge Care Home (%)	3.6%	4.4%
Inpatient Services	Discharge Acute (%)	0	1.3%
Inpatient Services	Discharge Home (%)	29.5%	32%
Inpatient Services	Discharge Hospice (%)	0	0
Day Hospice	Total Number of Patients Treated	151	200
Day Hospice	Number of New Patients	62	130
Day Hospice	Total Available Places	4392	3600
Day Hospice	Total Places Attended	2390	3139
Day Hospice	Total Booked Places DNA	966	1412
Day Hospice	Average length of care (Days)	285	212
Day Hospice	Cancer Diagnosis (%)	35.8%	44.5%
Day Hospice	Non-Cancer Diagnosis (%)	64.2%	55.5%
Day Hospice	Access to Physiotherapist (total number of Hospices in UK)	Yes	Yes
Day Hospice	Access to Medical Consultant (total number of Hospices in UK)	Yes	Yes
Day Hospice	Access to Occupational Therapist (total number of Hospices in UK)	Yes	Yes
Day Hospice	Access to Spiritual Support Worker (total number of Hospices in UK)	Yes	Yes
Day Hospice	Access to Complementary Therapist (total number of Hospices UK)	Yes	Yes
Bereavement Services[1]	Total number of patients seen within year	172	228
Bereavement Services[1]	Total new patients	116	172
Bereavement Services[1]	Total continuing patients	127	56
Bereavement Services[1]	Face-to-face by trained & professionally accredited counsellor	1093	1171

Hospice Quality and Key Performance Indicators

Information relating to patient datasets, Hospice quality, performance indicators and CQUIN targets has been submitted to the Commissioners on a quarterly basis during the period 1 April 2017 to 31 March 2018. This information has been collected from several sources extracted from SystmOne with additional back-up using Excel spreadsheets.

Clinical Audits

Clinical Audit is defined as "a quality assurance and enhancement process". It is a means of reviewing performance to ensure that what should be done is being done, and provides a framework to enable improvements to be made.

A comprehensive programme of clinical audits have been undertaken over the period 1 April 2017 – 31st March 2018. This audit timetable will be repeated over 2018-19 with the addition of Hospice UK Pressure Ulcer audit. An overview of clinical audits undertaken 2017-18 is included at Appendix Two at the end of this document. See Table 10 page 50.

Patient and Carer Experience

Safety, experience and positive outcomes are of vital importance to our Hospice and it is essential that our environment and the delivery of high quality care meet the needs, wishes and preferences for all our patients, carer and service users. We deal with all complaints as per our Complaints Policy and Procedure and over 2017-18 dealt with one formal complaint the finding and outcome are summarised in Table 9 page 41.

We value the feedback of patients, carers and visitors about their experiences, whether this is positive or not, which will not only provide a framework against which we can gauge our current performance but also serve as a basis from which to continuously improve our services. Analysis of the data which we collect from a variety of sources allows us to identify areas where we are recognised as providing an optimal service (so we can ensure that standards are maintained), and to make progress in areas where this is not the case.

This year we include Friends and Family Test service user feedback collated for all services please see Appendix 3. Analysis and evaluation of data collated during the period 1 April 2017 to 31 March 2018 has provided valuable information in order to continue our commitment to continually develop our services. During this period we have used a range of methods (questionnaires as well as interviews) to collect information from patients and carers across the range of services including the In-patient Unit, day services in our Living Well Centre, Family Support Team and our dementia and Namaste services.

We collect service user feedback from a variety of different sources including comments made in questionnaires, from one to one interviews and comments made in letters and cards received during the period 1 April 2017 to 31 March 2018. In order to facilitate further improvements for engaging with patients, families, carers and friends we have updated our website to make this more interactive and have increased the use of social media to include Facebook and Twitter and have suggestion boxes which are left in communal areas across the Hospice. The comments made in the suggestion boxes are attached as Appendix 3.

Complaints

We received one formal complaints during 2016-17.

Incident log number	Brief details of ~~incident~~ / complaint	Reported to	Yes / No		Date	STEIS Number	Outcome
20170041	Young person referred to Children & Young People (CYP) for bereavement counselling became aggressive and verbally abusive to his mother in reception. Informed volunteer counsellor he did not wish counselling either at hospice or in school	CQC					CEO notified about complaint and incident form and log updated to record situation. Investigation carried out into complaint letter to client's mother informing her of the outcome of the investigation. Review of referral criteria to identify early any potential risk factors that might indicate that client not appropriate for our services. **Closed**

3.5 The Board of Directors' Statement

It is my pleasure to endorse the Quality Account for St Cuthbert's Hospice for 2017-18. It will be evident to all our patients, their families and carers that Quality remains at the centre of everything that we do and the Board of Directors has a commitment to ensure that the highest standard of palliative care is delivered to those in need of our services. This incorporates clinical, corporate and information governance. It was an added assurance that several members of the Board have spent time in clinical services on "back to the floor days" which has given the Board a good insight into the high quality of work doe and added reassurance that the reports from Management are truly reflective of the day to day experience of our patients, staff and volunteers.
Whilst targets and objectives are an important element in the service we provide, it is the human service that is such an integral part of our mission, particularly ensuring that patients are treated with respect, compassion and dignity.

Our vision remains the same:

To be a centre of excellence within our community and to provide all-embracing, compassionate and individualised care to all those affected by life-limiting illnesses, at a time and a place that is right for them

We will remain focussed on achieving this vision by a continued focus on quality and by continuing to listen to the community we serve.

Angela Lamb
Chairman, Board of Directors of St Cuthbert's Hospice, Durham

3.6 Statement of Assurance from North Durham Clinical Commissioning Group Need 2017-18 letter

NHS
North Durham
Clinical Commissioning Group

Statement from North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups, for the St Cuthbert's Hospice Quality Account 2017/18.

North Durham and Durham Dales, Easington and Sedgefield CCGs are pleased to have had the opportunity to review and comment on the Quality Account for St Cuthbert's Hospice for 2017/18.

The CCGs felt that the report was well written and presented in a meaningful way for both stakeholders and users. The CCGs would like to commend the hospice on its achievements in 2017/18, particularly the continued structured approach to quality improvement. The report provides an open account of where improvements in priorities have been made.

St Cuthbert's has had a high degree of engagement with commissioners over the last 12 months, demonstrating a willingness to strengthen the commissioning and contractual relationship between parties. In this year, the CCGs have had the opportunity to visit the hospice, meet the staff and directly observe the service and care to patients. Therefore, the CCGs can confirm that this document is an accurate representation of the services provided and improvements made during 2017/18 within St Cuthbert's.

We recognise that significant improvements continue to be made to patient care and experience. The structured approach to governance, audit and quality improvement at the hospice is reflective of the desire to further improve the quality of care and innovation, not only through their internal quality systems but also through making best use of the Commissioning for Quality and Innovation (CQUIN) scheme. Although the NHS Safety Thermometer was not developed directly for hospices, St Cuthbert's continue to embrace the principles of the Safety Thermometer, which are reflected as further improvement priorities for 2018/19.

The CCGs welcome the specific quality priorities for 2018/19 highlighted in the report and feel that they are appropriate areas to target for continued improvement and look forward to continuing to work in partnership with the hospice to assure the quality of services commissioned in 2018/19.

Gillian Findley
Director of Nursing and Quality
North Durham Clinical Commissioning Group (CCG)
Signed in consultation with:
North Durham CCG and Durham Dales,
Easington and Sedgefield (DDES) CCG

Appendix 1

Mandatory Statements that are not relevant to St Cuthbert's Hospice

The following are statements that all providers must include in their Quality Account but which are not directly applicable to Hospices and are therefore included as an appendix (Appendix 1) with clarification provided.

Participation in Clinical Audits

During 2017-18 no national clinical audits and no national confidential enquiries covered NHS services provided by St Cuthbert's Hospice.

During 2017-18 St Cuthbert's Hospice did not participate in any national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Consequently, the national clinical audits and national confidential enquiries that St Cuthbert's Hospice was eligible to participate in during 2017-18 are not listed below.

St Cuthbert's Hospice was not eligible to participate and therefore there is no information or data to list or submit.

St Cuthbert's has not reviewed any national audits during 2017-18 and therefore has no actions to implement.

Research

The number of patients receiving NHS services provided or sub-contracted by St Cuthbert's Hospice in 2017-18 that were recruited during that period to participate in research approved by a research ethics committee was none.

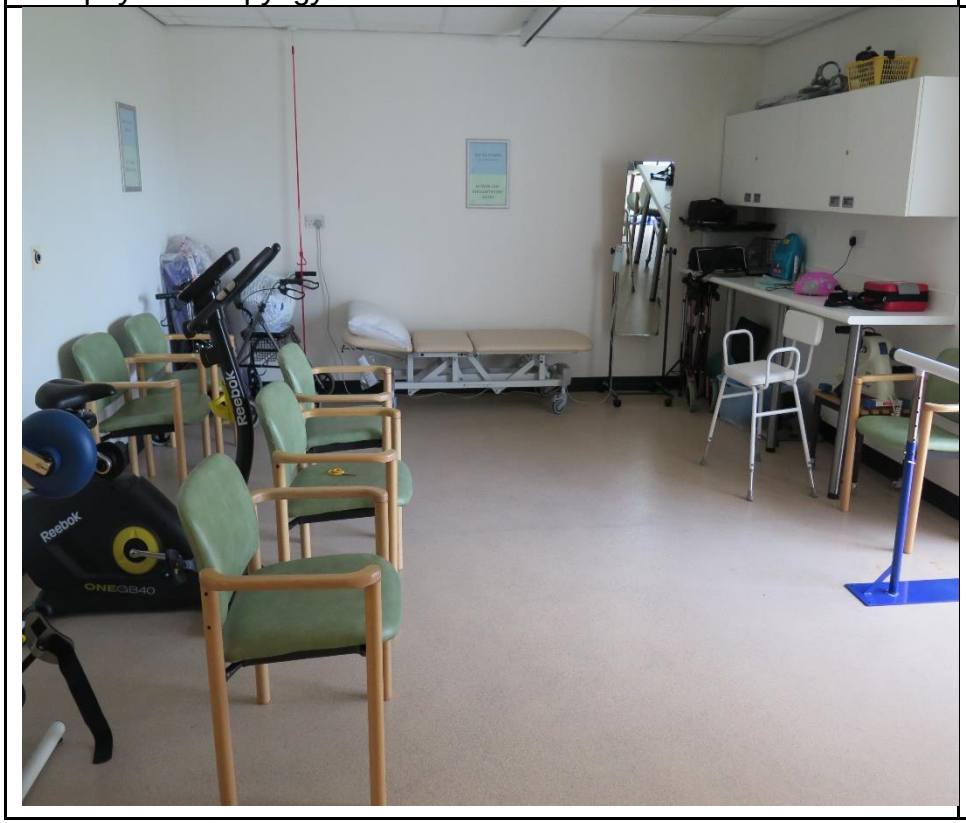
There were no appropriate, nationally, ethically approved research studies in palliative care in which St Cuthbert's Hospice could participate.

In 2017-18 As part of our continuing commitment to improving the quality of facilities in our care environments we embarked a programme of enhancing the quality of patient rooms, the food servery and developing improved counselling facilities on the inpatient unit:

Example of in patient room before refurbishment

Example of in patient room after refurbishment

Our refurbished in-patient food servery	
	

Our physiotherapy gym	Occupational therapy activities of living assessment area
	

Our in-patient unit confidential counselling space	
	

Appendix 2

Table 10 - Annual Clinical Audit Schedule														
Audit tool	**Source**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	Person responsible for audit and reporting
Patient/Carer experience	CCG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	FSTM / EC
Controlled Drugs	Hospice UK				✓						✓			CSM / PSM
Day Hospice admission	Hospice UK	✓				✓				✓				PSM / DHM/N
In-patient Admission	Hospice UK					✓						✓		PSM
Medicines management	Hospice UK				✓						✓			PSM / SSN
Nutrition	Hospice UK		✓				✓				✓			PSM / SSN
Pain	Hospice UK			✓						✓				PSM
Infection Control (4 per quarter)	Hospice UK			✓			✓			✓			✓	SSN / DHN / GSM
Bereavement	Internal			✓						✓				FSTM
Mattress	Internal	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	HCAs
Pressure Ulcer (new April 2016)	Hospice UK				✓			✓			✓			PSM / SSN

Appendix 3

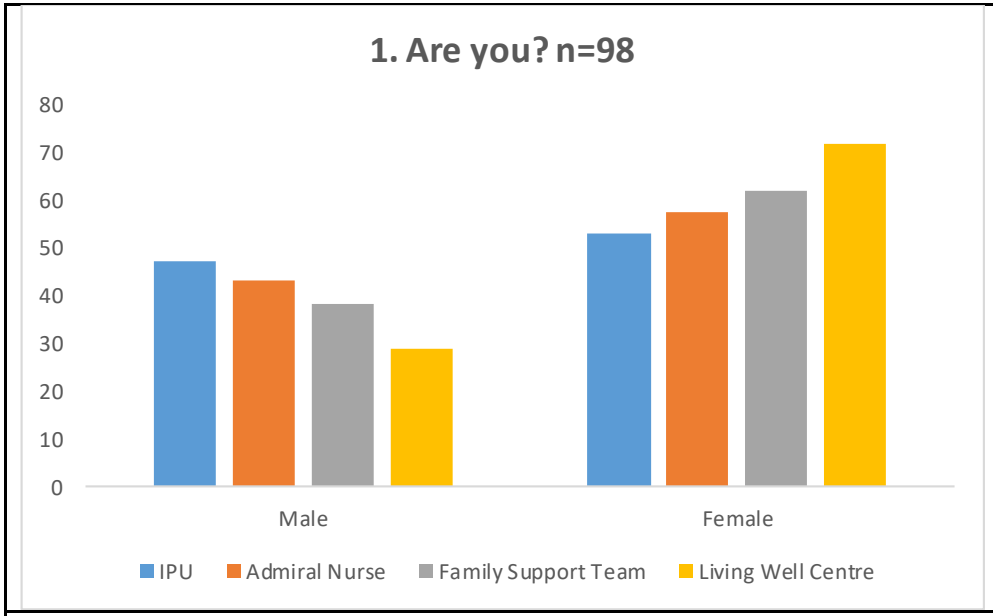
Summary of suggestion box comments April 1 2017- 31 March 2018.						
2017-18	**Source**	**Individual**	**Idea**	**Benefits**	**Additional comments**	**Action**
Quarter 1						
April	Reception	Supporter	Baby changing and breast feeding facilities	Encourage people to use coffee shop		Baby changing facilities are available in the toilets and visitors are welcome to breast feed in the coffee shop or request a more private area.
	Reception	Supporter	On gift aid envelopes add section asking if you'd like to receive a thank you letter	Less cost to hospice		When a donation is received with accompanying donor contact details our standard procedure is to post an acknowledgement letter. As well as thanking the donor the correspondence also acts as a receipt which informs the donor that the donation has been received by the Hospice and the amount received. On fundraising correspondences where we ask for contact details (such as the Gift Aid donation envelopes) we provide the contact details of the Fundraising Team to enable donors to contact us and update their communication preferences. If a donor contacted us and specified that they did not want to be thanked for a particular donation, or for future donations, then we are able to record & honour this preference on the database.
	IPU	Staff member	Shredder available on IPU	Shred confidential waste during evening or quiet times, prevent staff leaving IPU to shred upstairs		Actioned
	Living Well Centre	Volunteer	Baby changing facilities and some mothers may like a private breast feeding area	Inclusive to community and visitors		As above

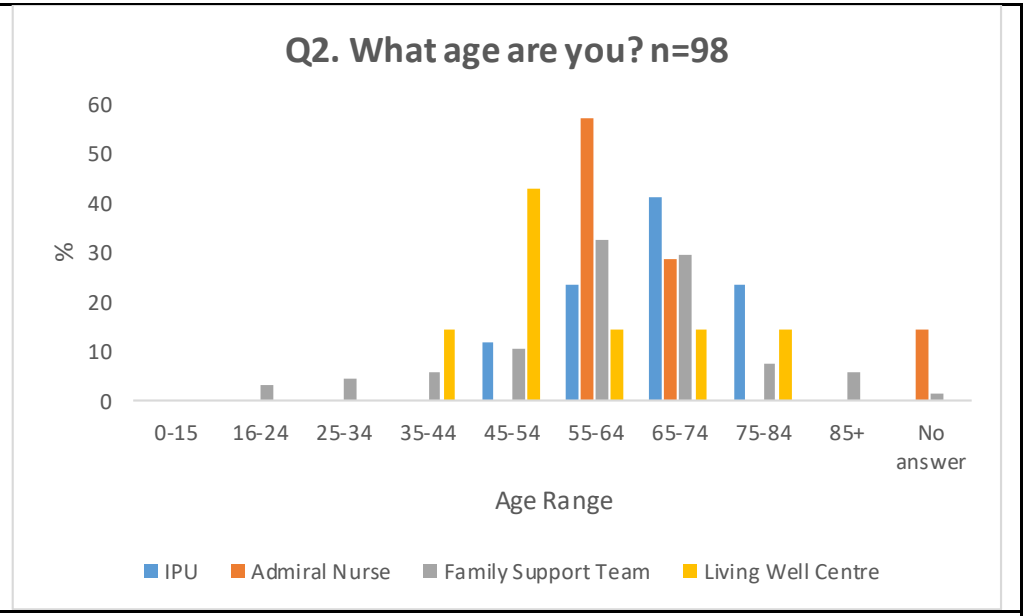
May	IPU	Anonymous	I think hanging hooks on the wall would be a good idea to personalise rooms with pictures of loved ones.			It is felt that hooks would not be practical as they would need to cater for several frame types/hanging methods, and would detract from the décor when empty. However small bookcases with a fruit bowl and vase for each room have now been added to the wish list for when funding becomes available. These would be visible from beds to enable patients to display their own pictures and items from home.
	IPU	Staff member	Polo T-shirts for staff in hot weather	Happier and healthier staff. More hygienic.	12 hour shifts are testing at the best of times and a heat wave and uniforms which are non -breathable is unbearable especially on the IPU which has no air con.	Staff consultation took place and a choice of uniforms including cooler polo shirts are now available
June	**No suggestions over June**					
Quarter 2						
July	IPU	Member of staff	Viewing room made brighter and more warming. Not very nice room.	Family/friends will feel more comfortable		Room 12 has temporarily been refurbished as a new viewing room this is a much more pleasant and peaceful environment for bereaved relative to visit their loved ones.
	IPU	Member of staff	There is no room for staff	Staff could have a staff room to have breaks in		Following a donation, we have consulted with all staff and refurbished the upstairs dining room to a very high standard. This is now in use and was be officially opened by our generous donors in November
August	Reception	Unknown	Hot filling for jacket pots. Hot sandwiches bacon/sausage. Varied fillings for sandwiches	More choice for visitors/staff	It would be nice for visitors and staff to have a wider choice of food. Staff/visitors using café every day get bored with same things week after week.	This was launched in November with hot fillings for jacket potatoes.

September	Reception	Volunteer	Provision of a restroom on the ground floor for volunteers - somewhere to have a break, eat lunch etc.	As mentioned above. Many volunteers work quite long shifts and should be catered for appropriately.	I and other volunteers do not feel comfortable going to the staff room upstairs. A staff room is for staff, it is not fair on them or us. There should be a separate place for volunteers.	This is very difficult to accommodate given the limited accommodation available and the newly refurbished dinning and rest area is open to volunteers
Quarter 3						
October	Service User	IPU	Much needed security lights outside from entrance to car park and around car park	People's safety and stop people getting injured or falling over	It is so dark and visitors are scared to visit in the dark. My niece was scared to leave cos of no lighting	Estates reviewing lighting and LED bulb replacement options to resolve this
	Reception	Not stated	A waste bin to be placed in the foyer	Visitors are then able to get rid of rubbish keeping the place clean and tidy		This is now provided
	Reception	Not stated	Perhaps we could have an area set aside for volunteers - to have their lunch or take a break on a 6hr shift	Harmony!	I appreciate that there is a staff room, but often nurses/staff are having a professional talk or debate. It's not suitable for volunteer interruption or hearing	The staff room has been refurbished for all staff and volunteers to take a break from work/tasks. We will ensure volunteers are aware they are welcome to use this facility and reiterate to staff that this facility is for them to take a break from their day to day work.
	Reception	Volunteer	A staff room where volunteers can go to eat their lunch, or for break times	Volunteers can get together to talk as we are like ships that pass in the night	I won't use staff room as when you go in all conversations stop, and you feel like you're intruding.	As above
November	**No suggestions over November**					
December	Reception	Volunteer and Supporter	A display board about Hospice events, fundraisers. Put display board in reception area so all can see.	Spread the word to support St. Cuthbert's. People of a certain age don't all use computers, access Facebook etc.	Also there should be some info/history of the Hospice building before it became a Hospice. People do ask about	We already have the electronic display screens in the reception area which are updated regularly and display information about Hospice events. We also have ad-hoc displays in reception

					this, especially when walking around the grounds and chat to the Garden team	promoting various events together with the leaflets and brochures available. Information on the history of the building is available on the internet, within the Hospice narrative (available on the intranet within the document section) and also within the 30th anniversary brochure available from 2018.
Quarter 4						
January	**No suggestions over January**					
February	February	Reception	Staff	Put a notice in the kitchen for patients' visitors to say how much has been collected in the box placed there. Replace the stained paper on the front of the box.	Visitors making their own tea after café closing hours are aware every little helps and may be encouraged to make a donation each time they use the facilities.	The paper has been replaced and we will aim to provide monthly updates on what has been collected
	February	IPU		I think there should be more shelving in the toilets for patients needs	Nurses are amazing and deserve a pay rise. The management should take the time to come onto the ward from time to time and see what they do.	This has been reviewed and more shelving will be provided in those rooms that are lacking. An annual cost of living pay rise together with incremental pay uplifts have been awarded each year. There is an active programme in place where Senior Managers and Trustees have worked alongside staff in a number of departments including IPU to better understand their roles.
March	**No suggestions over March**					

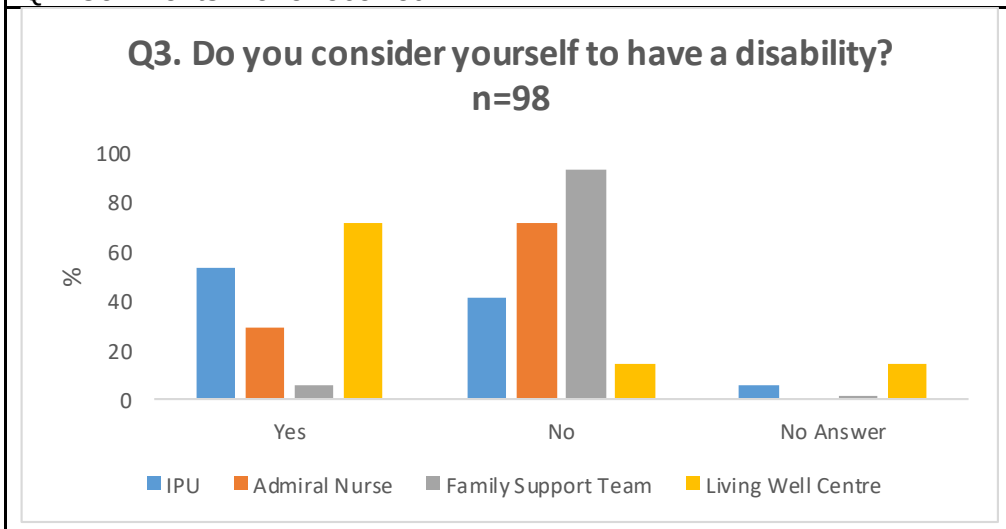
Friends and Family test feedback 2017-18 Appendix 3

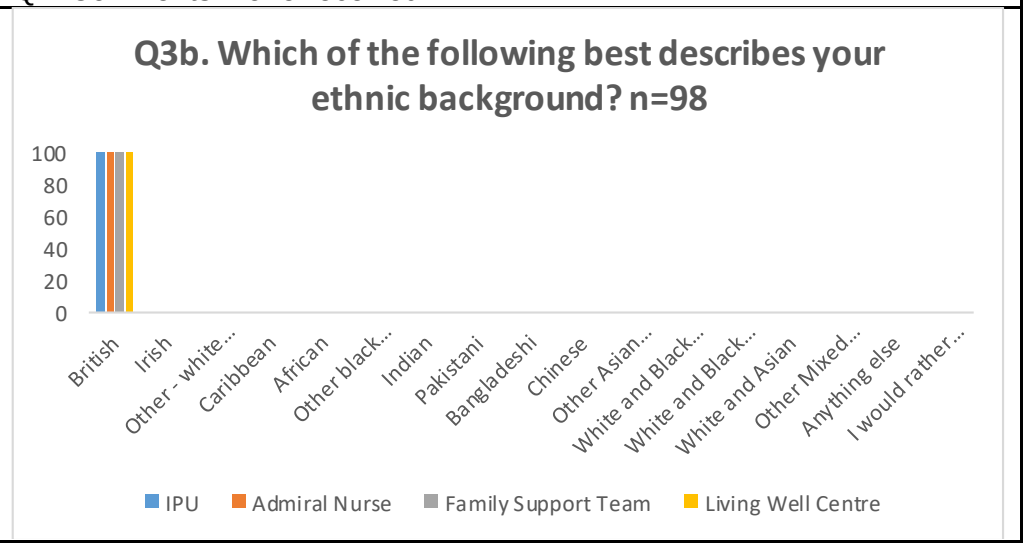




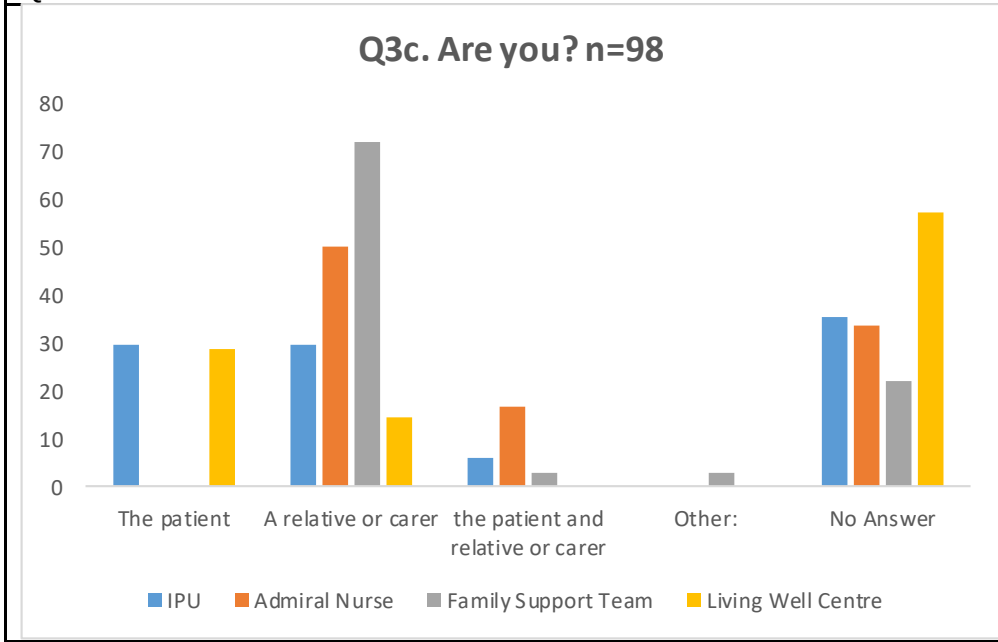
Q1: Comments: None received.

Q2: Comments: None received.

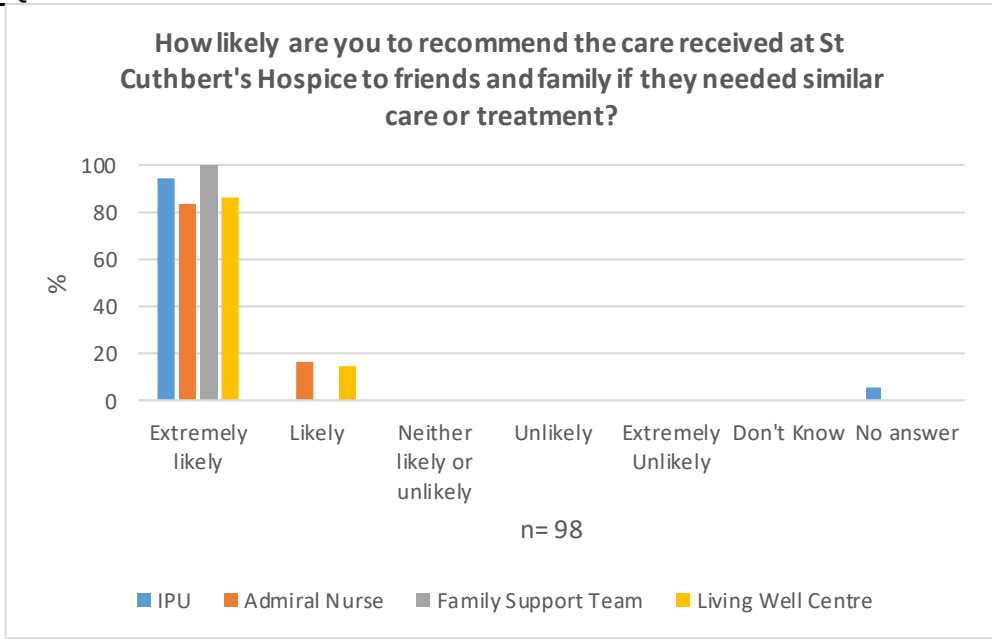




Q3: Comments: None received.



Q3b: Comments: None received.



Q3c: Comments: None received.

Comments Q 4:

Thinking about your response to this question, what is the main reason why you feel this way?

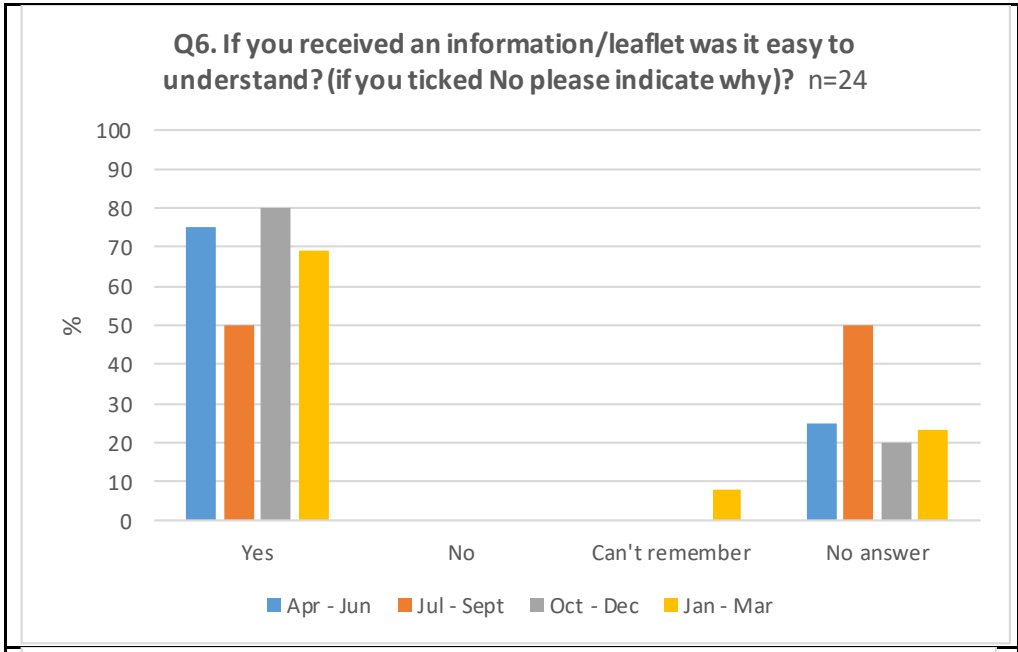
Questionnaire - IP 1: Lovely building, gardens. Rooms, excellent staff.
Questionnaire - IP 2: When my husband was admitted he was very ill. With the care and attention he received he recovered so much that unfortunately he could not stay any longer. I therefore had to have him placed into a nursing home.
Questionnaire - IP 4: Care was very good, Staff very friendly, Everything was superb
Questionnaire - IP 5: Care was of an extremely high standard in every respect. The calm atmosphere and lovely gardens helped to create a very pleasant feeling in difficult circumstances
Questionnaire - IP 8: Excellent staff and service, faultless and professional care.
Questionnaire - IP 9: Everyone was wonderful, helpful, considerate and caring.
Questionnaire - IP11: Because my husband was so poorly when they discharged him from Sunderland Royal Hospital. The difference in him with the care he received at St Cuthbert's was amazing.
Questionnaire - IP12: Excellent treatment and lovely staff
Questionnaire - IP 14: The staff could not be faulted; they were extremely efficient and helpful, from the cleaner to the nurses and doctors.
Questionnaire - IP 15: Staff extremely helpful and responsive, pleasant environment and location, dignified treatment and respect per individual, Excellent food.
Questionnaire - IP 16: Well looked after and cared for. Staff kept same routine and treatment as home. Staff very helpful, caring, polite and understanding. Offered complementary therapies to patients wife.
Questionnaire - IP 17: My reason for my answer is because the care I received was second to none. Everyone is just so caring.
Questionnaire - AN 1: Support is fantastic!! Fabulous staff. Caring
Questionnaire - AN 2: Because the Admiral Nurse I had was excellent

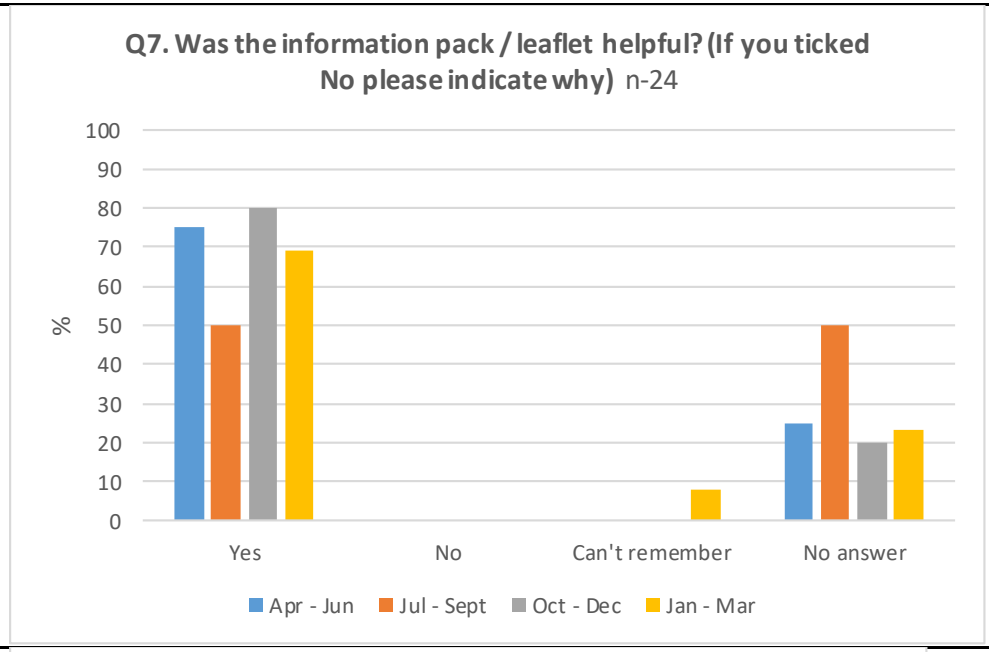
Questionnaire - AN 3: Friendly, caring, professional
Questionnaire - AN 4: The support received from the Admiral Nurse has been enormous
Questionnaire - AN 5: The friendly and helpful staff and the lovely surroundings
Questionnaire - NM2: Any respite or additional help is useful, as a main carer and having to care 24/7 can be difficult especially when the patient is a spouse.
Questionnaire - FST 1: The hospice itself is very tranquil, the surroundings, gardens etc. When you are on the IPU it doesn't feel or smell like a medical/hospital surrounding. Everything in there is very good quality from the furniture, bed linen to the food served. The nursing staff are brilliant not only with the patients but the families of the patients. The nurses give time and attention to patients and they are treated with dignity.
Questionnaire - FST 2: My husband **** passed away at the hospice on 14th March, he was transferred from the Freeman Hospital when we were told nothing more medically could be done for him. He had very good care at the Freeman, but I found it very distressing as he was confused and entering the terminal agitation stage. When he came to the hospice my memories of him were being calm, peaceful and in no pain, which was a great help to me and his family. The medical staff were amazing nothing was too much trouble, they were respectful, kind and caring and I was so pleased **** passed away in such a peaceful place.
Questionnaire - FST 3: Everyone is very considerate and caring
Questionnaire - FST 4: Experience received.
Questionnaire - FST 5: Everyone very friendly and helpful. Very comfortable environment and surroundings. Best place for my dad to have spent his last 3 weeks of his life.
Questionnaire - FST 6: The care to my husband couldn't be faulted. As a family we felt we were all cared for. We felt safe in the knowledge he had the best care. Absolutely fabulous staff who constantly went the extra mile
Questionnaire - FST 7: Although my mother was in St Cuthbert's Hospice for three days the care she received was both professional and considerate.
Questionnaire - FST 8: I cannot fault a single thing - lovely place, excellent staff, cannot have felt more looked after. The staff took care of me along with my dad.
Questionnaire - FST 9: We received excellent care and support from the inpatient service, before and after our recent loss have received excellent care from the family support service. Julie Wells has been excellent.
Questionnaire - FST 10: The hospice cared for my wife in a wonderful way, I will be forever grateful for the way they did it.
Questionnaire - FST 11: The staff were extremely friendly and helpful and knowledgeable
Questionnaire - FST 12: Wonderful care my wife received at St Cuthbert's Hospice. Staff were marvellous.
Questionnaire - FST 13: The staff were very helpful at all times. Kind and caring. The family were made very welcome and nothing was a trouble for them. Pleasant rooms with a lovely outlook. Satisfaction for everyone. Could not fault anything.
Questionnaire - FST 14: The attitude of the staff and facilities
Questionnaire - FST 15: Mother and myself and family treated with compassion. Mother was well looked after. Staff looked after her with dignity and compassion.
Questionnaire - FST 16: Nothing was a bother and staff treated you with respect it was very calming.
Questionnaire - FST 17: I cannot thank St Cuthbert's staff enough for all they did for me and my dad in the IPU. At such a difficult time, staff made the IPU a positive/happy environment. The staff not only cared for my dad at the end of his life but also cared for me and supported me throughout. I felt part of the team, at such a difficult time, I enjoyed the time me and dad spent together at the hospice. Staff are amazing, so loving and kind.
Questionnaire - FST 18: Being supported by kind, caring, professional, dedicated staff in a wonderful environment meant the world to me, and helped us as a family come to terms with sad passing of my father. It was my father's final wish to pass away at St Cuthbert's. Thank you eternally.
Questionnaire - FST 19: All the staff at St Cuthbert's are such caring, dedicated from care assistants, nursing staff, sisters and not least admin. Been a pleasure to meet such wonderful, caring people. If I can do anything to help I would gladly will.
Questionnaire - FST 20: Very peaceful and tranquil setting. Mum had a beautiful view onto the fields and garden. Caring staff made mum feel safe and able to relax. Patient and understanding of how mum felt.
Questionnaire - FST 21: My wife was treated with the utmost care and respect. St Cuthbert's made her final days as comfortable as was possible and supported the entire family. A thank you does not convey the gratitude we feel.
Questionnaire - FST 22: Fantastic service, how lucky we are to have such a wonderful place in Durham. Not only are the grounds and hospice setting beautiful, the staff here are second to none. They provided amazing care to my mum when she had respite a year ago and again at her end of life. She prayed to return to the hospice to die and she got her wish. They are angels - the whole team do a great job and I just cannot find the words to put on paper how me and my family feel about the care. They are the best! - Also amazing care to us all.
Questionnaire - FST 23: Excellent care of my wife, mental and physical
Questionnaire - FST 24: My husband seemed very settled coming into St Cuthbert's Hospice, looking after him so caringly, nothing too much trouble for staff and us as a family support was wonderful - many thanks to all

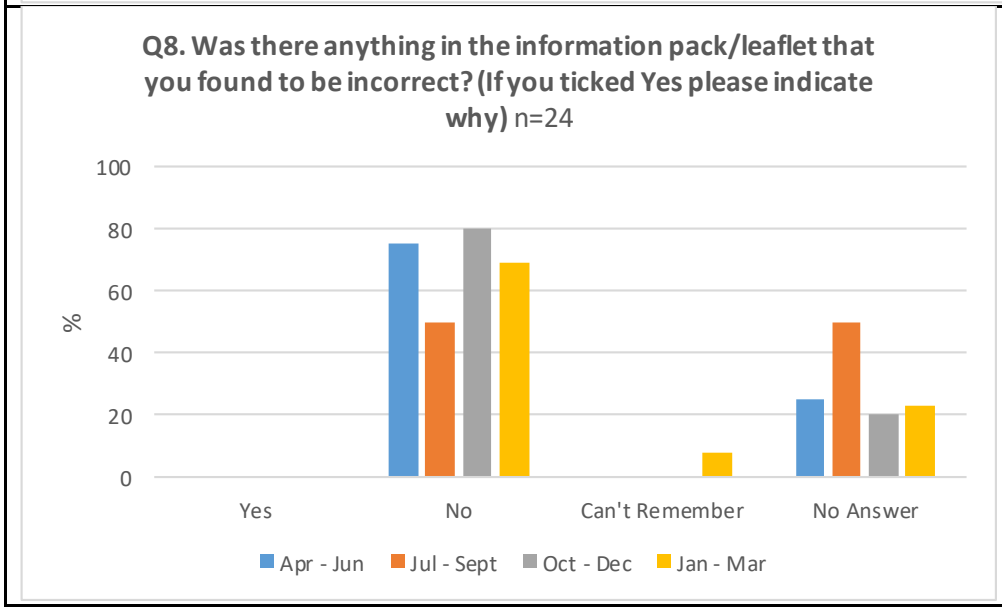
Questionnaire - FST 25: Because the care of my wife was excellent and could not be faulted.
Questionnaire - FST 26: The way my mother was looked after.
Questionnaire - FST 27: St Cuthbert's Hospice is the most beautiful, tranquil place to be when a person is in the most difficult and trying time in their lives and their families are looked after and cared for as much as the patient, with professional care and dignity. All members of staff and volunteers are to be commended for their professional care and compassion.
Questionnaire - FST 28: Both my parents have been cared for and died in hospice, the care you have given them is very comforting and you have also been there for supporting myself and children which means a lot.
Questionnaire - FST 29: Everyone was very approachable and answered all questions. The nurses were more than nurses, they were very caring and did more than their nursing/care duties.
Questionnaire - FST 30: The nurses provided amazing care to my grandmother in the weeks she was at the inpatient unit. Also the facilities are fantastic and the staff could not of been more helpful.
Questionnaire - FST 31: While my partner was in the hospice he received excellent care and support. As did the family receive support.
Questionnaire - FST 32: The care my husband received was exceptional from all personnel. Could not have done more for him. Not only that they did the same for our family. Nothing was too much trouble, we cannot praise them enough. Everyone we met volunteers included were always friendly and happy to help.
Questionnaire - FST 33: My wife **** was a patient at the hospice for almost three weeks. The treatment she received during her stay was exemplary. Every member of staff treated **** with the utmost care and dedication. You were made welcome from arriving until leaving. Nothing was ever a chore. All of the staff went out of their way to provide a service second to none.
Questionnaire - FST 34: We feel dad was very well looked after which took away all the worries about if dad was ok. We all were made to feel as ease with what was happening around us. It was a lovely place to be with all the staff very capable and lovely.
Questionnaire - FST 35: (Totally amazing staff). During mam's stay in hospice we can't thank you all enough for everything that you all did for my mam it was outstanding and the love and support you all gave **** my dad and us as a family was incredible. You are all angels. Words can't describe how grateful we all are. Lots of love **** and Family. Thank you all from the bottom of our hearts.
Questionnaire - FST 36: My wife was in day care initially. Later for some 2 weeks she was in the hospice. Her care by all was first class. I have no hesitation in recommending St Cuthbert's Hospice to anyone. She died in your wonderful setting.
Questionnaire - FST 37: **** received the very best of care, support and assistance. He was able in the last week of his life to spend wonderful, special times with his family as we were able to be with him constantly. Everyone that we had contact with at the hospice were outstanding - but I must highlight the amazing, wonderful care given by the nursing staff and the doctors. No one could have done more to ensure **** was comfortable, pain free and rested. We were also looked after and made to feel so welcome. Just incredible.
Questionnaire - FST 38: Kindness and care given by the staff at all levels. The support they gave was incredible, especially at the end of my mother's life. I will always be grateful.
Questionnaire - FST 39: The care and love my dad received whilst in the hospice was excellent. The staff are amazing, the surroundings are wonderful. We could not have asked for better care for dad. Thank you.
Questionnaire - FST 40: The hospice made the worst 24 hours of my life (during which my mother died) bearable. I could not have wished for a better way and environment for my mother's terminal illness to come to an end. The staff were respectful, yet friendly and comforting and the environment was calm, clean and the views were beautiful. My whole family felt extremely lucky to be at the hospice at such a critical time.
Questionnaire - FST 42: I couldn't have wished for better care from Doctor, nurses, reception, coffee shop, everyone who I came into contact with who looked after my sister-in-law were very caring, this also included relatives and friends, nothing was a trouble.
Questionnaire - FST 43: Every member of staff from doctors, nurses and cleaners were very kind, loving and caring, with the exception of one, in a lilac dress whom I came into contact with on three occasions and she did not acknowledge me once not even as my husband passed away. However we feel privileged to have had access to the wonderful care from St Cuthbert's Hospice and wish to thank each and every one of staff and volunteers. The loving care my husband received at the end of his life, has been of great comfort to me and my family during the grieving process.
Questionnaire - FST 44: They were very approachable - easy to talk to.
Questionnaire - FST 45: Because of the care and attention of the staff. I had peace of mind knowing my wife was getting the very best of care that was possible, thank you to all.
Questionnaire - FST 46: Very helpful staff and nothing was too much.
Questionnaire - FST 47: The care was impeccable.
Questionnaire - FST 48: The caring and helpful way the staff and nurses looked after my wife in her final days.
Questionnaire - FST 49: Friendly, homely, caring atmosphere. Nothing was too much trouble for staff. Face to face meeting with doctors and family support team was excellent.

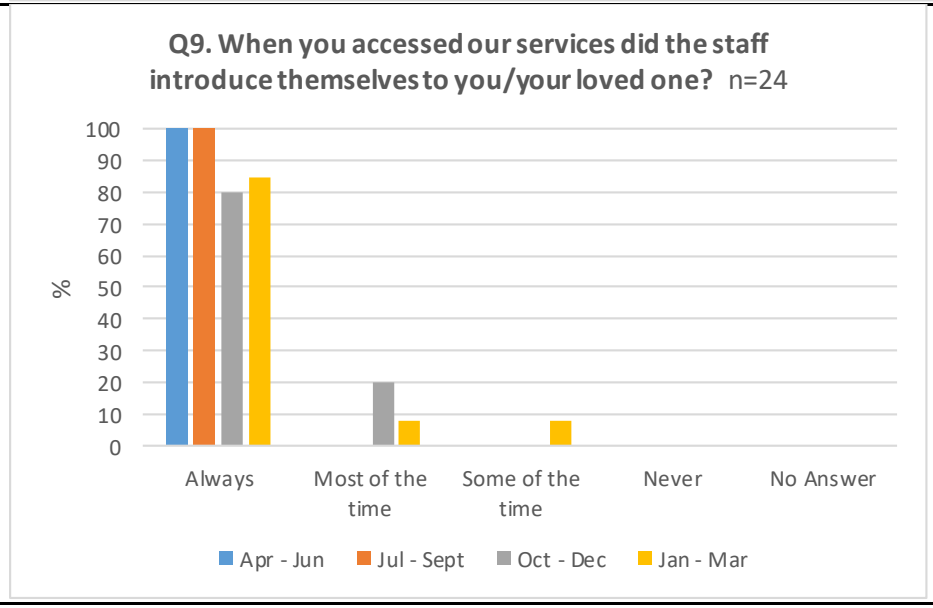
Questionnaire - FST 50: My mother **** spent the last 5 weeks of her life in St Cuthbert's Hospice, the care she received there was second to none. I cannot think of what we would have done without this fantastic service. Every member of staff gave my mam the care she needed.
Questionnaire - FST 51: My dad's condition was a difficult one - causing pain and loss of dignity. He was referred from NHS hospital to St Cuthbert's by a 'Macmillan nurse' who knew it would provide the necessary care. I saw this for myself. My dad told me he was happy and content and I am convinced he could not have been in better hands.
Questionnaire - FST 52: Staff were excellent, looked after my wife so well. The staff were very caring, I couldn't thank them enough. Such a lovely place to spend your final days.
Questionnaire - FST 53: Lovely caring helpful friendly staff. Very peaceful environment.
Questionnaire - FST 54: Staff are second to none. It felt that they always made time to speak and put your mind at ease even if they were really busy. It wasn't just a job, but the impression was they genuinely wanted to be there to help and care. Staff also very knowledgeable.
Questionnaire - FST 55: The professional care and empathy from all staff and volunteers was excellent, taking a lot of the worry from my shoulders.
Questionnaire - FST 56: The staff are wonderful I was so pleased **** spent his last days in the hospice.
Questionnaire - FST 57: The staff were fantastic and the whole setting was excellent.
Questionnaire - FST 58: The care my father received was second to none. The immediacy of dealing with any requests and ensuring he was comfortable was very good. Also the care and support given to my brother and I as dad died was brilliant.
Questionnaire - FST 59: St Cuthbert's supported myself, partner and family more than words can say, in a very difficult time.
Questionnaire - FST 60: A calm, peaceful environment with caring people.
Questionnaire - FST 62: Staff and facilities were amazing and very different to NHS
Questionnaire - FST 63: Very caring, thoughtful and considerate - all staff. We were most impressed with the room, facilities and care received though it was only for 5 half hours between entry and death.
Questionnaire - FST 64: The staff were amazing, kind, friendly, approachable but always professional, also the building itself, the patient's rooms and surrounding gardens are perfect for end of life care.
Questionnaire - FST 65: The hospice provided excellent care for my dad during the last few weeks of his life. I don't think we would have coped without their support. We have not used any of the services provided by the hospice since dad passed away but we are aware that support is available.
Questionnaire - FST 66: My husband and I were very impressed with the professional care and kindness my mother received during her stay at St Cuthbert's. We also felt cared for and do appreciate all the help we too received. Many thanks to all at St Cuthbert's.
Questionnaire - FST 67: Kind and friendly staff
Questionnaire - FST 68: An exceptional and outstanding experience throughout received from all members of staff. Their immense understanding, compassion, care, empathy, warmth, cheerfulness and professionalism in such extenuating circumstances to both my husband and myself will remain with me forever.
Questionnaire LWC2: My mum used to come here and accessed both the day unit and the inpatient unit. It was a very positive experience so had no hesitation coming into the hospice.
Questionnaire LWC 3: St Cuthbert's is an amazing service as it offers an holistic service. They supported me from all angles. I was most appreciative of the Jigsaw service which has been offered to support my daughter and my girlfriend, for support with bereavement. I used the day service mostly, they offered me some time away from home, a couple of days a week. My girlfriend also appreciated some space while I was there.
Questionnaire LWC 4: Because it has done so much for me and I can see it doing so much for others. It's a community.
Questionnaire LWC 5: Warmth and friendship.
Questionnaire LWC 6: Staff very understanding and helpful all the time I have been at the hospice.
Questionnaire LWC 7: Our experience of the inpatient unit was unsettling from not knowing it was going to be cancelled. There is a lot of work to be done for the carer preparing from cancelling care agencies, sorting clothes and belongings and medication with the GP and pharmacy. In the end it was a rush and I had one day to sort out all the tasks to get my partner in to the inpatient unit. I do feel the respite care is essential and without this I feel I was very close to a breakdown.

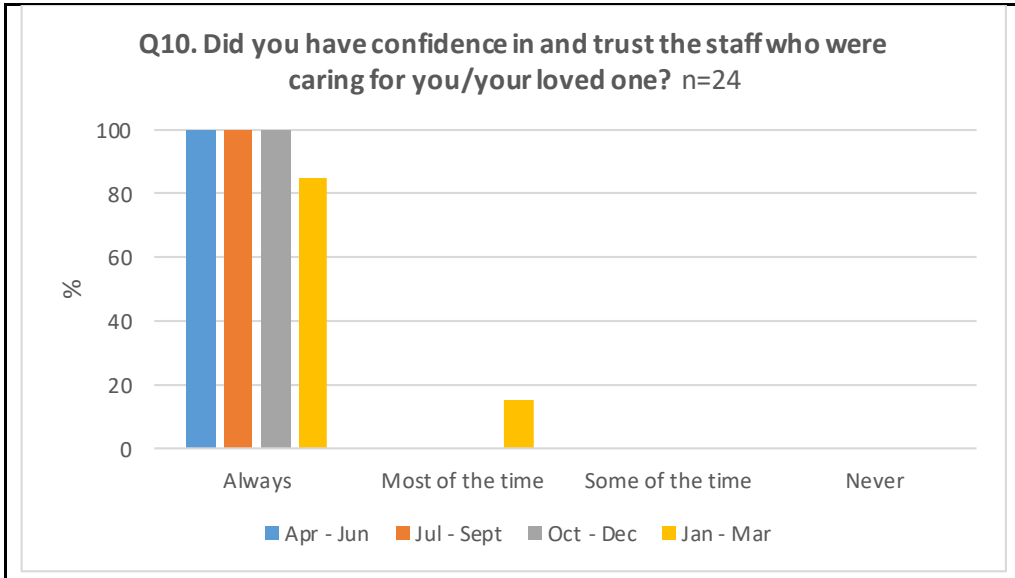
IPU and Living Well Centre service user questionnaire feedback 2017-18

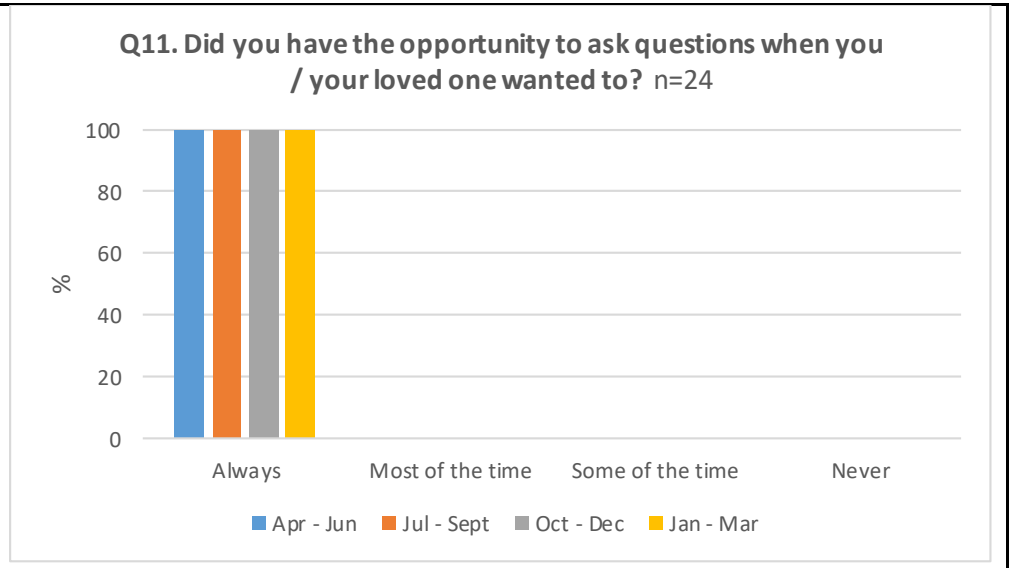

Q6. If you received an information/leaflet was it easy to understand? (if you ticked No please indicate why)? n=24
100
90
80
70
60
50
40
30
20
10
0
%
Yes
No
Can't remember
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

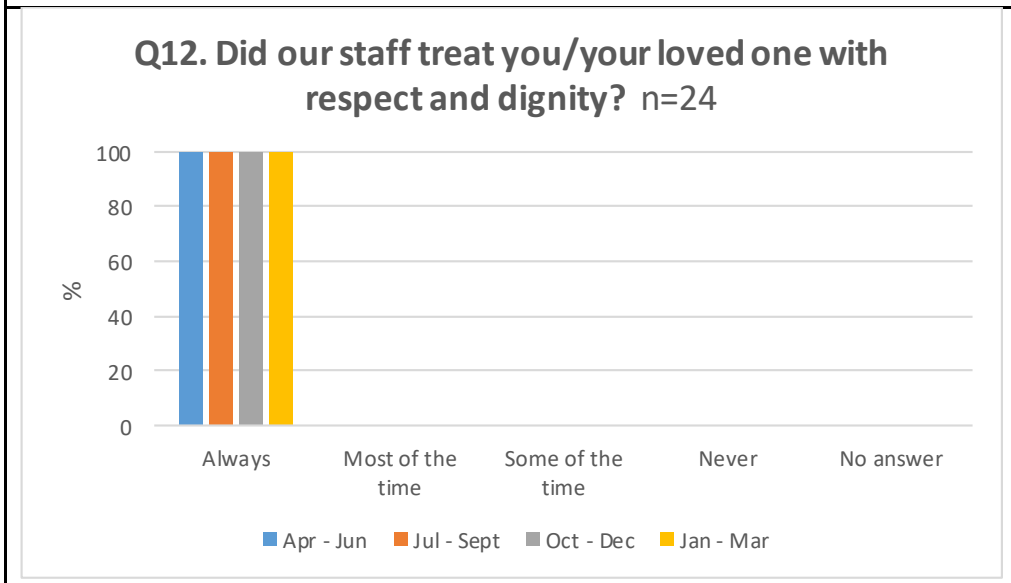

Q7. Was the information pack / leaflet helpful? (If you ticked No please indicate why) n-24
100
90
80
70
60
50
40
30
20
10
0
%
Yes
No
Can't remember
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

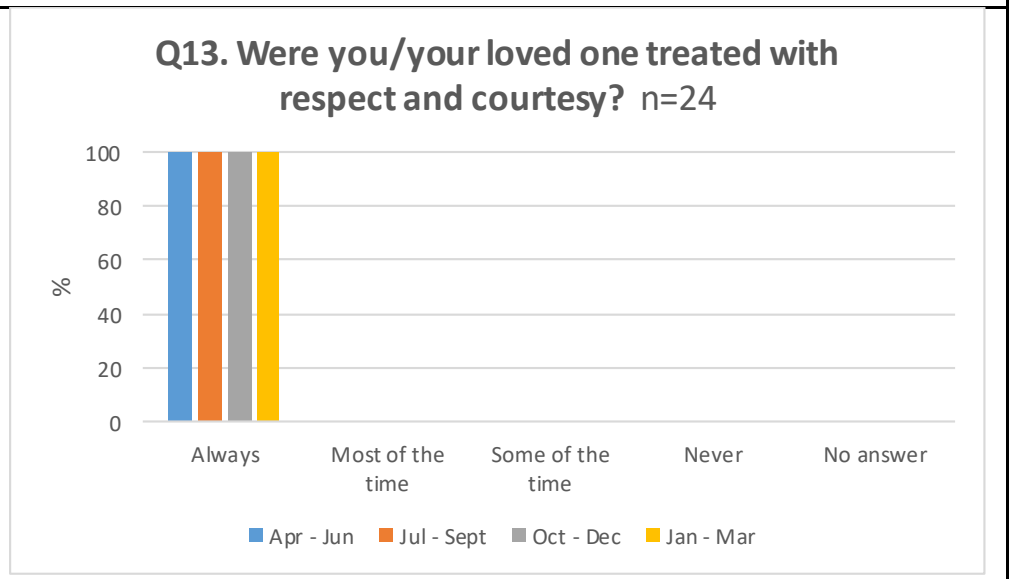

Q8. Was there anything in the information pack/leaflet that you found to be incorrect? (If you ticked Yes please indicate why) n=24
100
80
60
40
20
0
%
Yes
No
Can't Remember
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

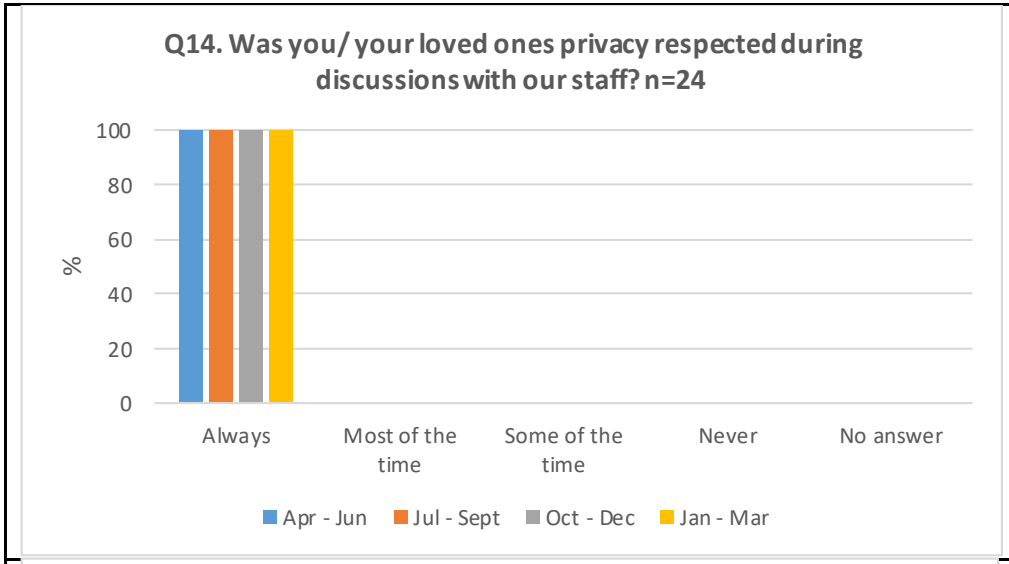

Q9. When you accessed our services did the staff introduce themselves to you/your loved one? n=24
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q10. Did you have confidence in and trust the staff who were caring for you/your loved one? n=24
100
80
60
40
20
0
%
Always
Most of the time
Some of the time
Never
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q11. Did you have the opportunity to ask questions when you / your loved one wanted to? n=24
100
80
60
40
20
0
%
Always
Most of the time
Some of the time
Never
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

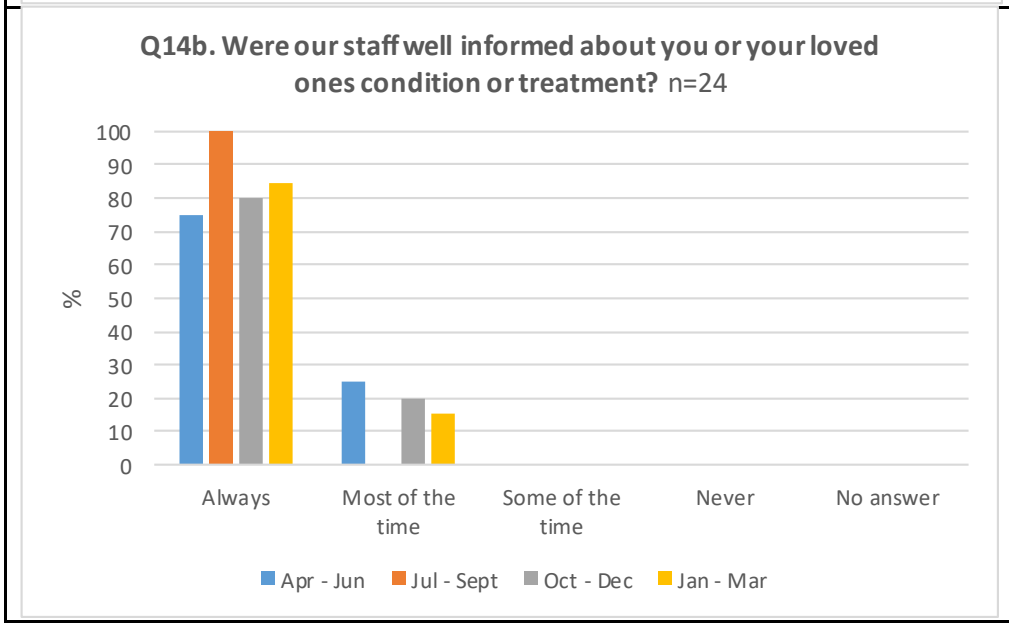

Q12. Did our staff treat you/your loved one with respect and dignity? n=24
100
80
60
40
20
0
%
Always
Most of the time
Some of the time
Never
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

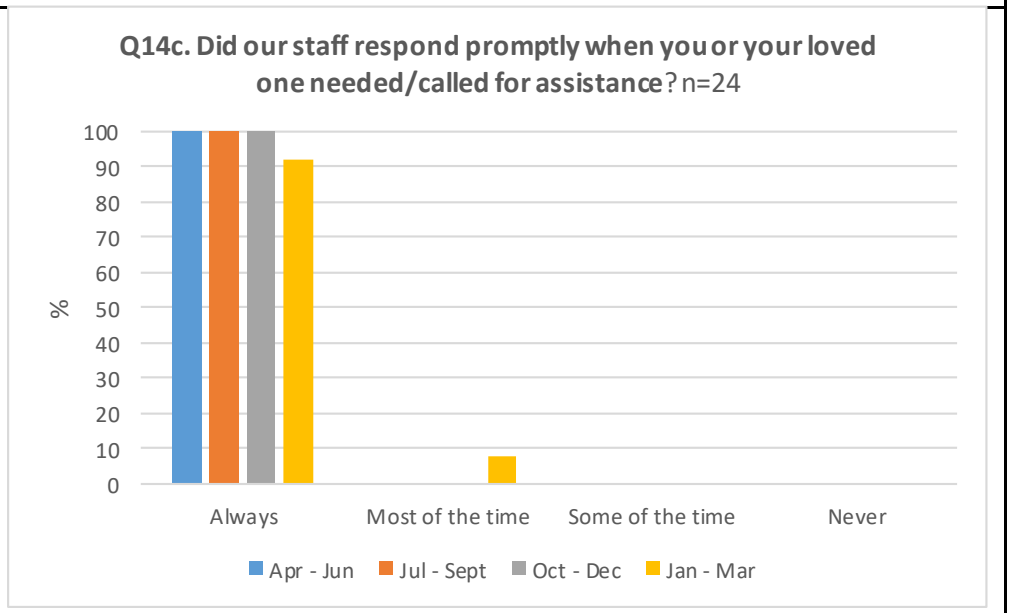

Q13. Were you/your loved one treated with respect and courtesy? n=24
100
80
60
40
20
0
%
Always
Most of the time
Some of the time
Never
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

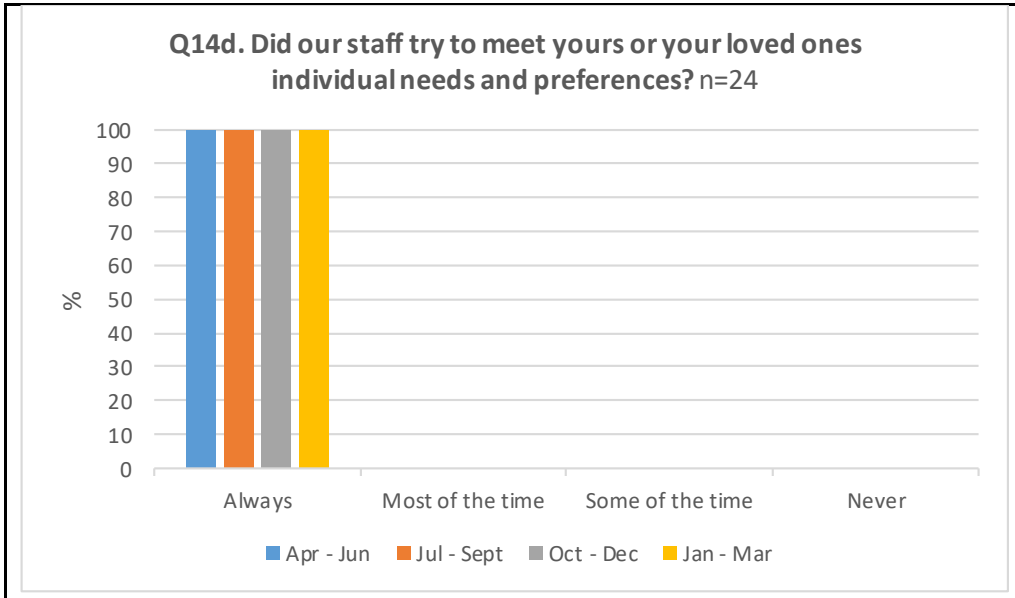


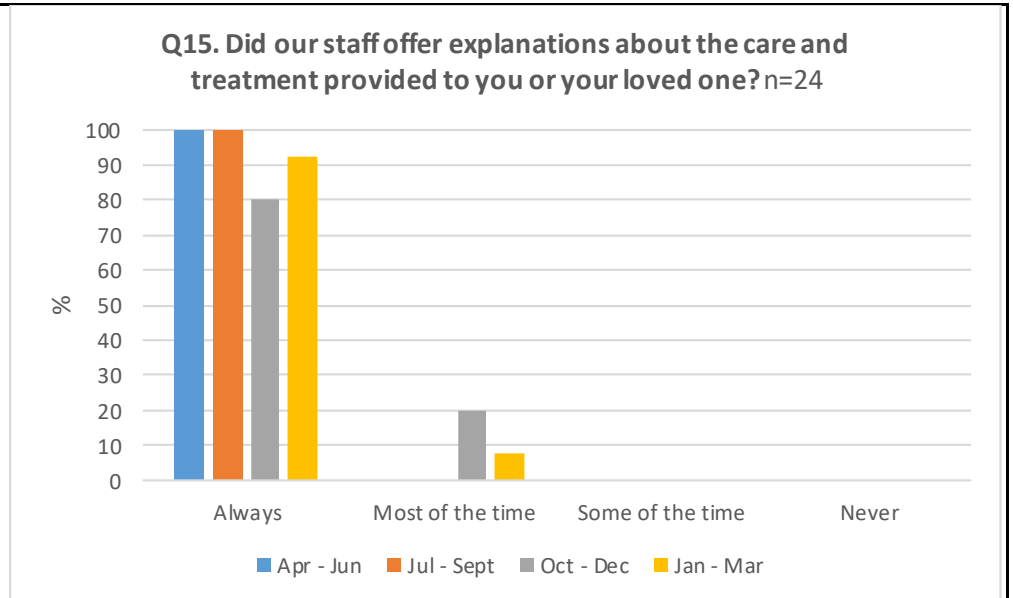
Do you have any further comments you would like to make?

Questionnaire - IP 1: Excellent care.
Questionnaire - IP 5: Staff could wear badges to identify them. After the first few nurses it was hard to remember who was who.
Questionnaire - IP 17: Everyone made us feel welcome from the start, made to feel as though no question was a problem.
Questionnaire - LWC 1: All staff were excellent
Questionnaire - LWC 2: Couldn't fault staff and volunteers - excellent.
Questionnaire - LWC 6: I would like to say the staff are very welcoming and you feel people understand you.



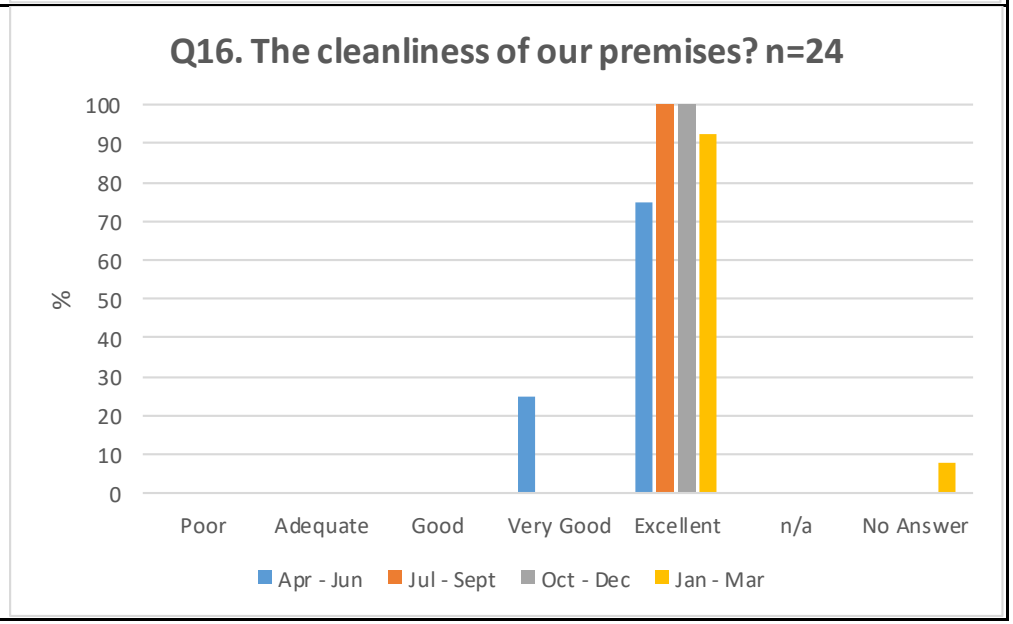


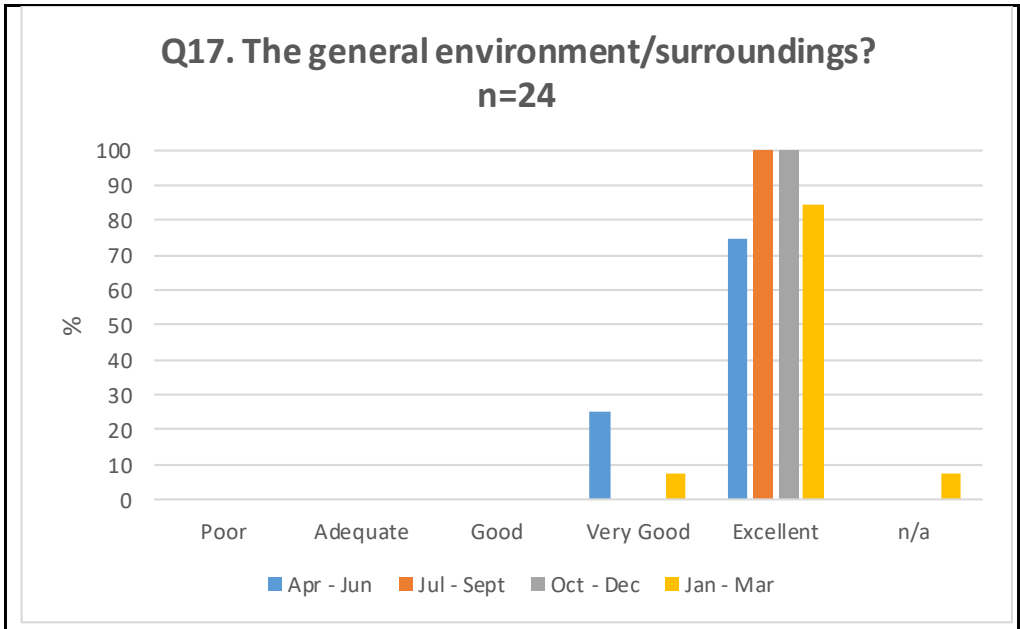


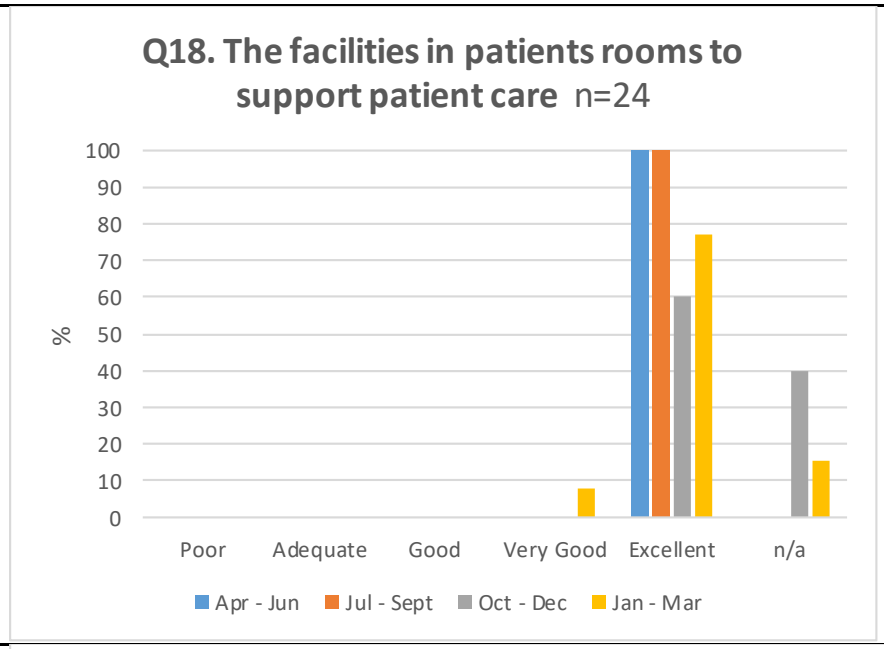


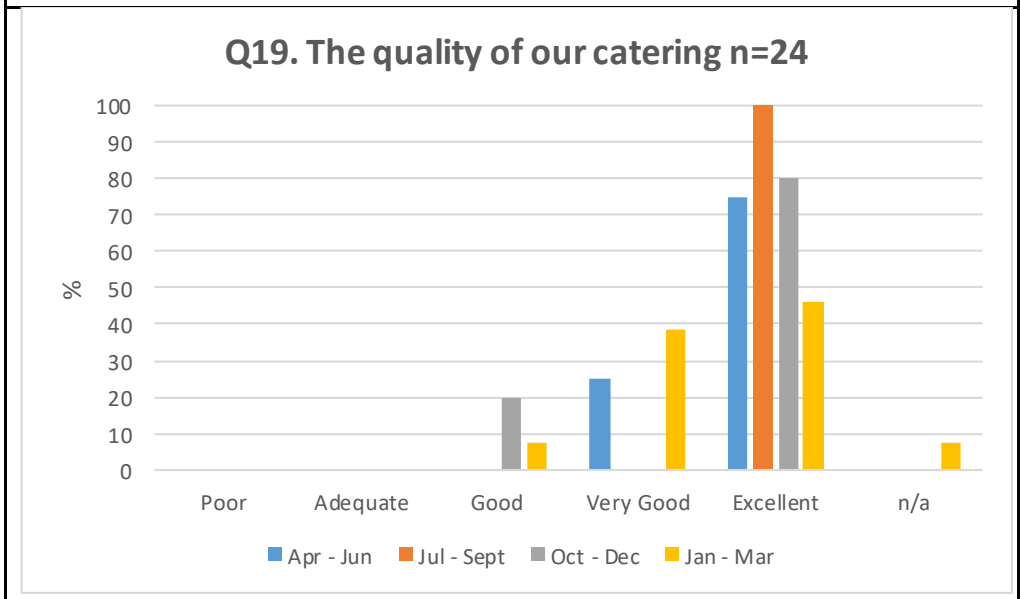
Q15: Do you have any further comments you would like to make?

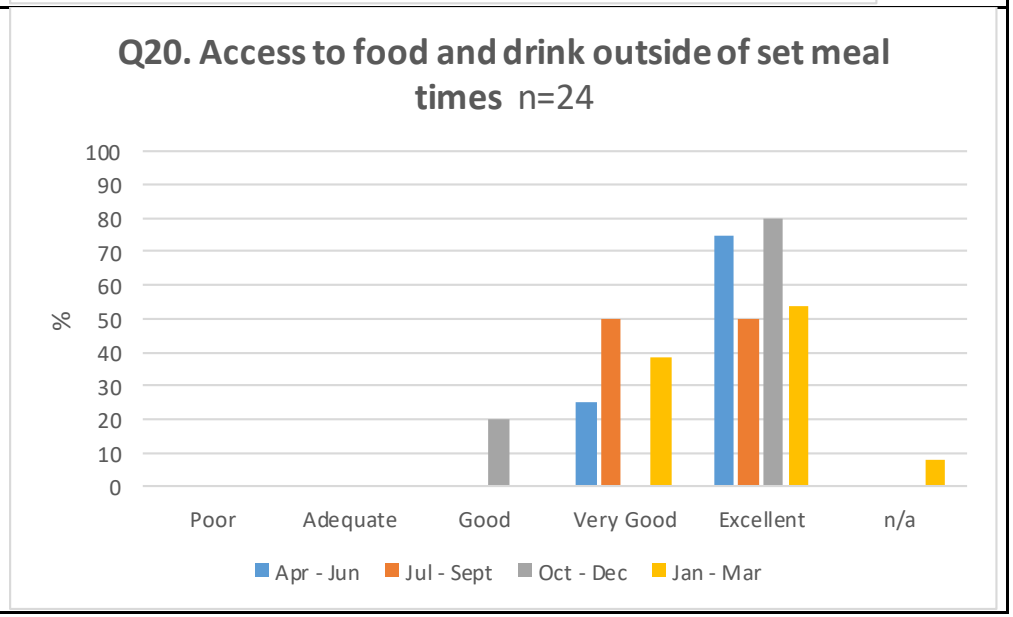
Questionnaire - IP 1: Treatment and care whilst in hospice improved his pain relief.
Questionnaire - IP 15: The staff are amazing, the food is excellent, would have no hesitation coming back for respite.

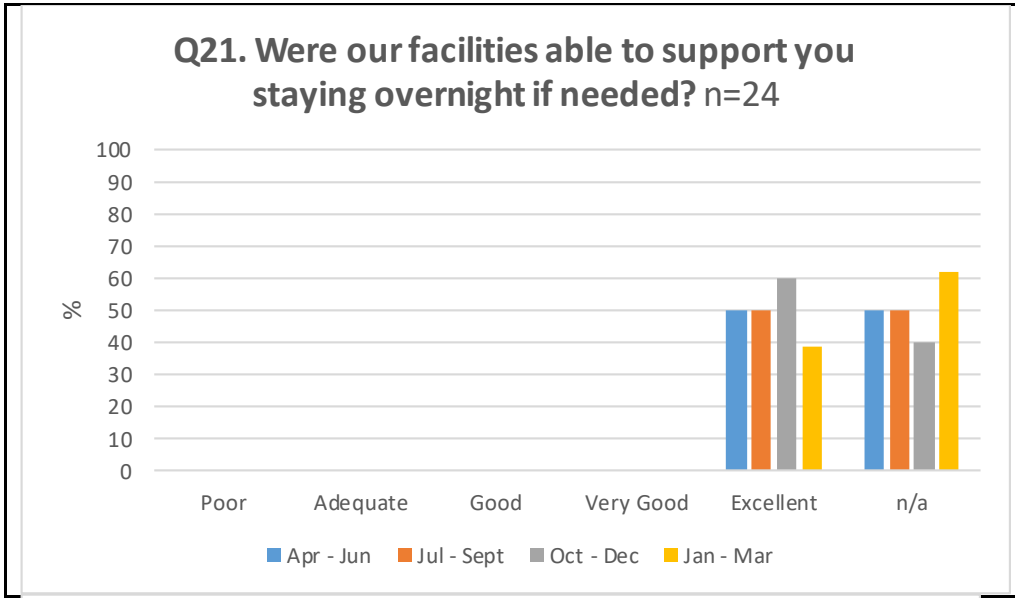



Q17. The general environment/surroundings? n=24
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

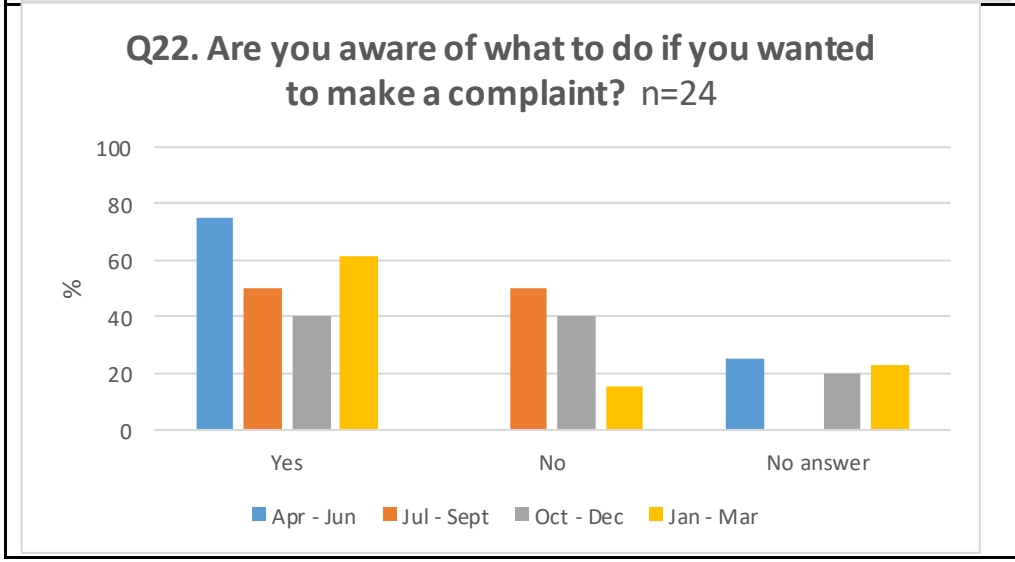

Q18. The facilities in patients rooms to support patient care n=24
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q19. The quality of our catering n=24
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q20. Access to food and drink outside of set meal times n=24
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar



Q21: Do you have any further comments you would like to make?
Questionnaire - IP 5: The visitors tearoom is appreciated but this is really limited in scope once the café is closed.
Questionnaire - IP 6: The whole experience was a positive one for me and I am grateful to all involved in my care.
Questionnaire - IP14: I could not thank the staff enough for all the care and attention they gave to me and my family.
Questionnaire - IP15: Very hospitable, attention to needs very caring and compassionate staff and Doctor.
Questionnaire - IP16: Excellent facilities, lovely surroundings, very clean and well maintained, rooms comfortable and well equipped, lovely café.
Questionnaire - LWC 2: Atmosphere very welcoming and friendly. Staff were excellent.



Appendix 5

Embedded Excel Spreadsheets - Service user feedback questionnaire charts and comments 2017-18.

IPU Carer Questionairre Analy	Friends and Family Test LWC - 2017 201	Friends and Family Test FST - 2017 2018	Friends and Family Test Admiral Nurse -