

Quality Account

2017 - 2018

"Words will never cover what you all did for her over the years under your care. Kindness and compassion were given by everyone and she would not have enjoyed and extended her life without you all. St Elizabeth is a very special place with a very special team. On behalf of all the family I thank you from the bottom of my heart." Relative

**Our last Care Quality Commission visit was in October 2016
Our CQC rating is Outstanding.**

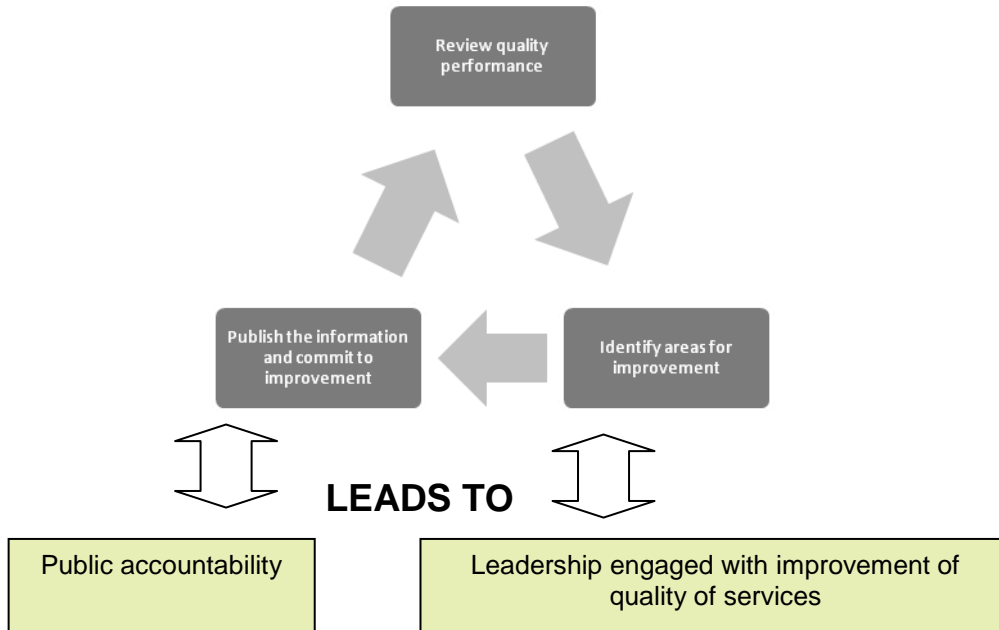


St Elizabeth Hospice
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Registered Charity Number: 289154

**This Quality Account was endorsed by the St Elizabeth Hospice board of trustees on
10th May 2018**

Framework for Quality Accounts

Quality Accounts aim to improve organisational accountability to the public and engage boards in the quality improvements agenda for an organisation.



There is a legal requirement under the Health Act 2009, for St Elizabeth Hospice, as a provider of NHS services, to produce a Quality Account.

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Part 1: Statement on quality

Our vision

"Improving life for people living with a progressive illness"

Objectives and activities

To further develop the high quality specialist and palliative care we provide for the people of Suffolk, Great Yarmouth, Waveney and surrounding areas.

Our statement of purpose is:

St Elizabeth Hospice aims to improve life for people living with a progressive illness by:

- Providing multi-disciplinary holistic specialist and dedicated palliative care services to patients, their families and carers.
- Working alongside other statutory and voluntary agencies to provide specialist and dedicated palliative care, in a timely manner, where the patient wishes to be.
- Acting as a resource to the local community regarding general and specialist palliative care to increase confidence and competence in improving life for people living with a progressive illness.
- Providing care that respects the choices made by patients and their families so that patients are treated in their preferred place and die in their place of choice where possible.
- Working towards equitable provision of all services, leading to increased use of services by people with a non-malignant progressive disease, and those from seldom-heard communities.

(full version to be found on our website.)

Statement from the Chief Executive



The whole team at St Elizabeth Hospice, staff and volunteers, continue to strive to offer the best that we can for our patients, their relatives and supporters. I believe that we have a strong system of audit and review led by Verity Jolly and her team. Equally important are the insights we receive from those we are trying to help, both directly and through our partnership group.

We try to be very much a listening organisation. As we approach our 30th anniversary in 2019, the chairman and I have been engaged in a listening exercise designed to both reflect on how St Elizabeth has developed over the last 30 years and to think about where we might go for the next 30.

Whilst that is still work in progress, what is clear is the importance everyone attaches to continuing to do what we do well as best as we possibly can.

We continue to be exercised about the number of people in our own area who suffer with life limiting illness without adequate support, particularly at end of life. We believe life is for living well right up to its end – Don't let death kill life – and are seeking to promote a far wider discussion about end of life care. It is neither compassionate nor efficient that nearly half of people will die in a hospital setting. Something only a tiny minority would wish for.

I am encouraged that more people and organisations appear to be willing to engage in this agenda and the traction it is beginning to have in wider system planning. We will need to continue to reflect on our contribution to specialised palliative care and in supporting those approaching the end of life through a more generalist palliative care offering, and what is for others to do.

In the meantime, we will do everything we can to provide our services as equitably as possible and always at the highest standard.

Mark Millar
CEO

Part 2 - Priorities for improvement and statements of assurance from the board

2.1 Priorities for improvement 2018-2019

Areas for improvement for 2018-19 are set out below.

They have been selected because of the impact they will have on patient safety, clinical effectiveness and patient experience.

Patient safety: Holistic assessment

Patient effectiveness: Cornea/tissue donation, cascade of education/training through the hospice

Patient experience: Better Care Funding project

2.1.1 Patient safety

Priority one

Topic - Holistic assessment

Explore and improve the process, documentation and implementation of the holistic assessment

An assessment forms a vital part of providing person centred care. A holistic needs assessment serves to identify the person's unmet needs and highlights where other professionals may need to be involved.

In January 2007 the first guidance was released on holistic assessments to support teams in implementing the National Institute for Clinical Excellence's recommendations for assessment, set out in its 2004 guidance on supportive and palliative care for adults with cancer. The End of Life Care Strategy, promoting high quality care for all adults at the end of life (Department of Health, 2008), then reviewed this to make it more appropriate to end of life patients. The strategy highlighted the importance of treating people individually, assessing their needs and supporting them in making choices about advanced care decisions.

A holistic needs assessment is a mandatory tool used for all new patients accepted to the service. We are keen to review this document, how it is used and who completes them. We are also looking at introducing a new electronic patient record system so this is an ideal opportunity to review and ensure our needs are compatible with a new IT system.

How the priority will be achieved

- It will be presented at PSG by a nurse consultant for peer review
- Training requirements will be addressed and formalised
- A clear process for how the documentation is used and who completes these assessments
- Staff competencies in holistic needs assessments
- Policies and procedures to be updated
- Incorporated into the planning for Systmone documentation

How progress will be monitored and reported

- Update on progress at PSG
- Appropriate use in all service areas
- Staff competencies
- Assessment suitability in all service areas
- Live, working document on electronic system

2.1.2 Patient effectiveness

Priority two

Topic - Cornea and tissue donation

Explore and improve the dissemination of information to patients and relatives, education to staff who are likely to do advance care planning or hear requests for donation, and develop a system for ensuring wishes are recorded and shared.

How was the priority decided?

Donation of tissue, particularly corneas, can transform the lives of patients with sight loss. There is a national shortage of donated corneas equating to approximately 500 per year, many fewer than the number of deaths within hospices. Evidence suggests patients are open to considering tissue donation but there are barriers to this, including staff misperceptions, lack of awareness about the options and lack of education about the process. Donating corneas should not interfere with the dying process or procedures after death. A recent study in a local hospice demonstrated that the majority of the patients were glad to have been informed of the option of donating their corneas and did not find it upsetting to discuss and plan.

How the priority will be achieved

- Development and delivery of education sessions for staff within all clinical areas of the hospice
- Development of patient information leaflet
- Review process for recording wishes regarding tissue and organ donation within advance care plans and the hospice electronic record, and communication with external providers where necessary

How progress will be monitored and reported

- Staff confidence in discussing tissue/organ donation – baseline and after training
- Baseline assessment of documentation of wishes about tissue/organ donation and rates of donation
- Increase in numbers of patients having documentation of their wishes about tissue/organ donation
- Increase in numbers of corneas donated

2.1.2 Patient effectiveness

Priority three

Topic – Cascade of education/training through hospice

To explore, improve and implement a structure to share the knowledge learned through education/ training across the hospice organisation.



How this priority was decided

As education and training are integral to the skills and knowledge and development of staff here at the hospice, we believe that cascading and sharing information acquired from courses and events is an area for improvement in 2018/19. We currently spend thousands of pounds on training without a clear mechanism for sharing this knowledge with other colleagues unable to attend the education/ training. This could result in a more value for money approach to education and training in departments and across the hospice as a whole. The education application form states: *I am also aware that I am required to either write a review to be shared with other professionals or deliver an info share session after completing the course.* We are keen to develop this element to create an ethos of sharing education/ training here at the hospice.

We are also looking at introducing a page on the new intranet to enable the sharing of reflection reviews across the hospice.

How the priority will be achieved

- Staff having attended education/ training will be contacted by the education team to ask for dates for an info session or the written review for publication (a timescale of 4 weeks will be suggested).
- A clear process will be developed to support staff to achieve this goal.
- Policies and procedures have been in place for some time but as yet have not been enforced. This is changing for 2018.

How progress will be monitored and reported

- Update on progress at PSG
- Increase in the number of info share sessions being delivered here at the hospice (numbers and subject to be shared with PSG).
- Staff evaluation of info share sessions
- Use of the newly created review section on the education page
- Sharing of links through get involved and the weekly updates

2.1.3 Patient experience

Priority four

Topic - Better Care Funding Project – Preferred place of care.

By working with other partners we can improve the way care is provided at the end of people's lives, which is responsive and supports their choice of where they die, which is usually home.

How was the priority decided?

Initiative springing from the End of Life Care Strategy of Ipswich Hospital, and which the hospice agrees should be about supporting patient choice at the end of their lives and making that choice possible. The main driver is that there will be a reduction of unwanted hospital deaths and that patients at the end of their lives can remain or return home/care home if that is their choice. The hospice will support this, through a successful Better Care funding bid, by increasing its capacity in the community and advice line, through an accreditation of care homes scheme and by working with partners to tackle the problems of enabling patients to make their wishes known and coordinate care.

How the priority will be achieved

An 18 month project, starting in January 2018. We will increase the capacity of the community healthcare assistant service, introduce new posts to support a coordinated approach, and enlist ten care homes onto our training programme which will be completed with an accreditation with the hospice and ongoing support.

How progress will be monitored and reported

Through the preferred place of care workshop and End of Life Programme Board, which is multi- agency and through the patient and family services group trustee meetings.

2.2 Achievement of priorities for improvement 2017-2018

2.2.1 Patient safety

Priority one

To assess the quality of opioid medication prescriptions and the provision of relevant patient information. To develop tools and strategies to address any required improvements.

2017-18 We:

- Audited the prescription of opioid medications at St Elizabeth Hospice
 - Opioids are widely prescribed in the hospice to patients mainly to improve pain control as well as to ease shortness of breath. In this audit, there was clear evidence of following [NICE guidelines](#) on prescribing opioids. This retrospective audit of opioid prescribing showed evidence of clear, accurate and considered prescribing in the majority of cases, with some areas for improvement.
 - Minor improvements are required in documentation of recording side effects of the specific opioid and the reason for changes of opioids; to have and clearly document the discussion with patients/carers about the benefits and potential side effects of opioids.
 - As a result of the audit it was decided a patient information leaflet should be produced.
- Reviewed current medication error reports and incidents looking at opioid related errors to inform learning
- Reviewed available literature for patients and relatives on opioids and their use to help inform leaflet development
- Produced a draft leaflet for patients and relatives and have involved Ipswich Hospital Pharmacy and the St Elizabeth medical team in reviewing the proposed leaflet

Did we achieve these improvements?

- We have clearly identified a baseline for assessment which already shows a high standard of clinical care.
- A review of medication errors, including those involving opioids has informed the development of a drug error prevention leaflet distributed to all prescribers at St Elizabeth Hospice.
- A draft leaflet has been produced in order to optimise information provision but the complexity of producing a comprehensive information leaflet with suitable language and structure for patients and relatives has meant that finalisation with external partners in the process (Ipswich Hospital Pharmacy) will now be completed in March 2018.
- Repeat audit of opioid prescription will need to be conducted after finalisation of the new leaflet and a short period of use.

Palliative care for adults: strong opioids for pain relief. National Institute for Clinical excellence (NICE) guideline CG140. Published 2012 (updated 2016). <https://www.nice.org.uk/guidance/cg140>

2.2.2 Patient experience and clinical effectiveness

Priority two

Palliative rehabilitation – Phase two

To ensure staff are well trained, patient documentation is suitable, there are clear goals for patients and the environment is suitable.

2017-18 We:

- Used 'How is your Hospice' outcome measure to rate our practice and highlighted several areas for improvement. This has been continued from the previous year into this year.
- Education:
 - Are now offering short workshops on breathlessness and discharge training to the multi-disciplinary staff.
 - We will be offering breathlessness to other providers within the education prospectus.
 - We are planning a palliative rehabilitation workshop creating a palliative rehabilitation community of practice with two half days a year (starting after April 2018).
 - We are planning a three hour training session on motivation dialogue for the team, dates to be agreed.
- Marketing:
 - We have completed draft versions of age appropriate literature for children to support emotional needs.
 - We are in the process of completing a draft bereavement support pack for patients and families.
 - Supporting information is available to patients attending the symptom support group.
- Goals – The emotional support team has a standardised form for documenting patient goals at the beginning of intervention and as a means of monitoring how therapy is going.
- Enablement group – new MDT symptom support group has been established and is running effectively. This is to provide support and encourage self-help for several common palliative symptoms.
- We have service criteria for all services within the therapy team that specifies the rehabilitation components of the service.

Did we achieve these improvements?

There are several educational opportunities and involvement in education for palliative rehabilitation so have made gains in upskilling stakeholders through education.

The symptom support group is running effectively with a good attendance rate. An audit on patient satisfaction feedback will be completed after a sufficient response rate.

The emotional wellbeing team is now using specific goal setting documentation to establish patient goals. These are reviewed during case management supervision.

There are several new volunteer roles that are contributing to palliative rehabilitation that are working effectively across the hospice.

The gym continues to provide a suitable environment for a range of palliative rehabilitative classes.

There is scope to explore our environment to see if this can contribute to providing an enabling environment. A repeat of the Hospice UK 'How rehabilitative is your hospice' survey needs to be completed to compare the overall outcome.

2.2.3 Patient experience

Priority three

Vocational/volunteer input by discharged day care patients and young adults. Explore and make available other opportunities which enrich patient's lives.

2017-18 We:

- Set up a work stream and considered existing local services and meaningful occupation, and the HR implications and boundary issues of being a volunteer as well as a patient.
- We reviewed individual circumstances when patients became volunteers.
- We set up a new drop-in day in the day unit, offering many leisure pursuits which enabled patients, who had been discharged from day care, to attend as they wish, to keep in touch and benefit from activities and companionship.
- We learnt that it was not appropriate for patients to become volunteers in the clinical patient areas, as it was challenging to keep boundaries.
- We did not have the capacity to explore the options around supporting young people in an occupation, at this time.

Did we achieve these improvements?

We provide a drop-in day for patients to come and go as they choose, that supports their independence, choice and enable them to partake in activities and keep connected to the hospice.

We have extended the drop-in day to a planned day (referred in) as well, for those patients who were stepping down from a clinical based day care day, to a day that focuses on well-being.

The new well-being day offers a therapeutic experience, incorporating the drop-in, and a new symptom support group, self-management and social interaction.

We intend to extend this new well-being day to two days/week, if there is a demand for it and it serves the need of patients.

2.3. Statement of assurance from the board of trustees

St Elizabeth Hospice is constantly aiming to improve quality of care and services to patients and their families. It demonstrates this through its governance structure. It has a culture of openness and learning by its mistakes and not apportioning blame.

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

2.3.1 Review of services

During 2017-2018 St Elizabeth Hospice provided the following services:

- Inpatient unit
- Day service unit
- Hospice at home
- Community clinical nurse specialists and healthcare assistant
- Family support services, including bereavement service, art and music therapists and chaplaincy team
- Therapy services, including, complementary, physiotherapy and occupational therapy
- Medical consultant led outpatient clinics and domiciliary visits

St Elizabeth Hospice has reviewed all the data available to it on the quality of care of these services.

The work of St Elizabeth Hospice is supported by a grant from the Ipswich and East Suffolk Clinical Commissioning Group. The income received from the NHS in relation to services reviewed in April 2017 - March 2018 represents 18% per cent of the total income generated for the provision of these services by St Elizabeth Hospice for that period.

2.3.2 Participation in national clinical audits

As a provider of specialist palliative care, St Elizabeth Hospice is not eligible to participate in any of the national clinical audits or national confidential enquiries as they did not relate to specialist palliative care. We will also not be participating in them next year for the same reason. (Mandatory statement).

2.3.3 Participation in local audits

The schedule below shows the local audits that St Elizabeth Hospice will carry out in 2018-19.

Audit diary chart 2018/19

Abbreviation Table	
SMT – Senior Management Team	CNS – Community Nurse Specialist
IPU- Inpatient Unit	MT – Medical Team
Edu – Education Department	
Coloured boxes with initials represent the members of staff in charge of audit	

2018/2019	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
In-Patient Unit (rolling)	AO			AO			AO			AO		
Drug (quarterly)	LL			LL			LL			LL		
Medical												
- Individualised care plans	MT											
- DNACPR (IPU)		MT										
- VTE prophylaxis	MT											
- Opioid use							MT					
- Ketamine		MT										
- Pre-emptive medication prescriptions on IPU	MT											
- Assess of the appropriateness of interventions on the IPU				MT								
Community Bereavement (rolling)	AO			AO			AO			AO		
Staff Survey (annual)				SMT								
Community Patient (rolling)	AO			AO			AO			AO		
Incidents – Patients (quarterly)	LL			LL			LL			LL		
Incidents – Non-patients (6 monthly)				AO						AO		
User Feedback (monthly)	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST	ST
Complaint & Compliment Review								LL				
Discharge (bi annual)									LL			
Documentation (6 monthly)				QAIG						QAIG		
Education/Training (annual)												Edu
Day Care (rolling)	AO			AO			AO			AO		
Controlled Drug Audit	VJ						VJ					
Onecall (24hr helpline)				CAJ								
Bereavement (Art Therapy) Feedback			AO									
Infection Control Report				LL			LL			LL		
Quality Account							VJ	Additional Audits may be necessary				
Diet & Nutrition				AO								
15 Step Challenge											LL	
Falls							LL					
Hospice UK – Quality Metrics (Falls, Pressure Ulcers, Medication Incidents)	LL			LL			LL			LL		

2.3.4. Research

There were no patients receiving NHS services provided or subcontracted by St Elizabeth Hospice in 2017-2018 recruited to participate in research approved by a research ethics committee. (Mandatory statement).

There have not been any national research projects in palliative care in which our patients were asked to participate.

2.3.5. Goals agreed with commissioners

St Elizabeth Hospice's income in 2017-2018 was not conditional on achieving quality improvement and innovation goals through the commissioning for quality and innovation payment framework because it is a third sector organisation. It was therefore not eligible to take part. (Mandatory statement).

2.3.6. What others say about St Elizabeth Hospice

2.3.6.1 CQC outstanding report

In October 2016 the CQC carried out an unannounced inspection and awarded us an 'outstanding' rating. In summary the CQC found ... the service was extremely caring and focused on providing a tailored service which people helped plan and develop. There were appropriate systems in place to ensure flexibility to people so their care needs could be met either at home, in the hospice or in the wider community.

People spoke overwhelmingly of the positive support, guidance and healthcare interventions they had received. People were full of praise of the staff in terms of their kindness, compassion and knowledge about end of life matters.

Excellent leadership and management was demonstrated at the service. The culture was open and inclusive which meant that people received a tailored service which was flexible to their needs. Staff were involved, listened to and empowered with training and support to offer excellent end of life healthcare and support.

2.3.7. Data quality

St Elizabeth Hospice did not submit records during 2017-2018 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data. (Mandatory statement).

This is because we are not required to submit data to this system.

2.3.7.1 Information governance

St Elizabeth Hospice did not hold a formal contract with NHS Suffolk for 2017-2018 for information quality and records management, assessed using the information governance toolkit version. (Mandatory statement). The hospice achieved level two compliance during the year.

2.3.7.2 Clinical coding

St Elizabeth Hospice was not subject to the payment by results clinical coding audit during 2017-2018 by the audit commission. (Mandatory statement).

Part 3 Review of quality performance

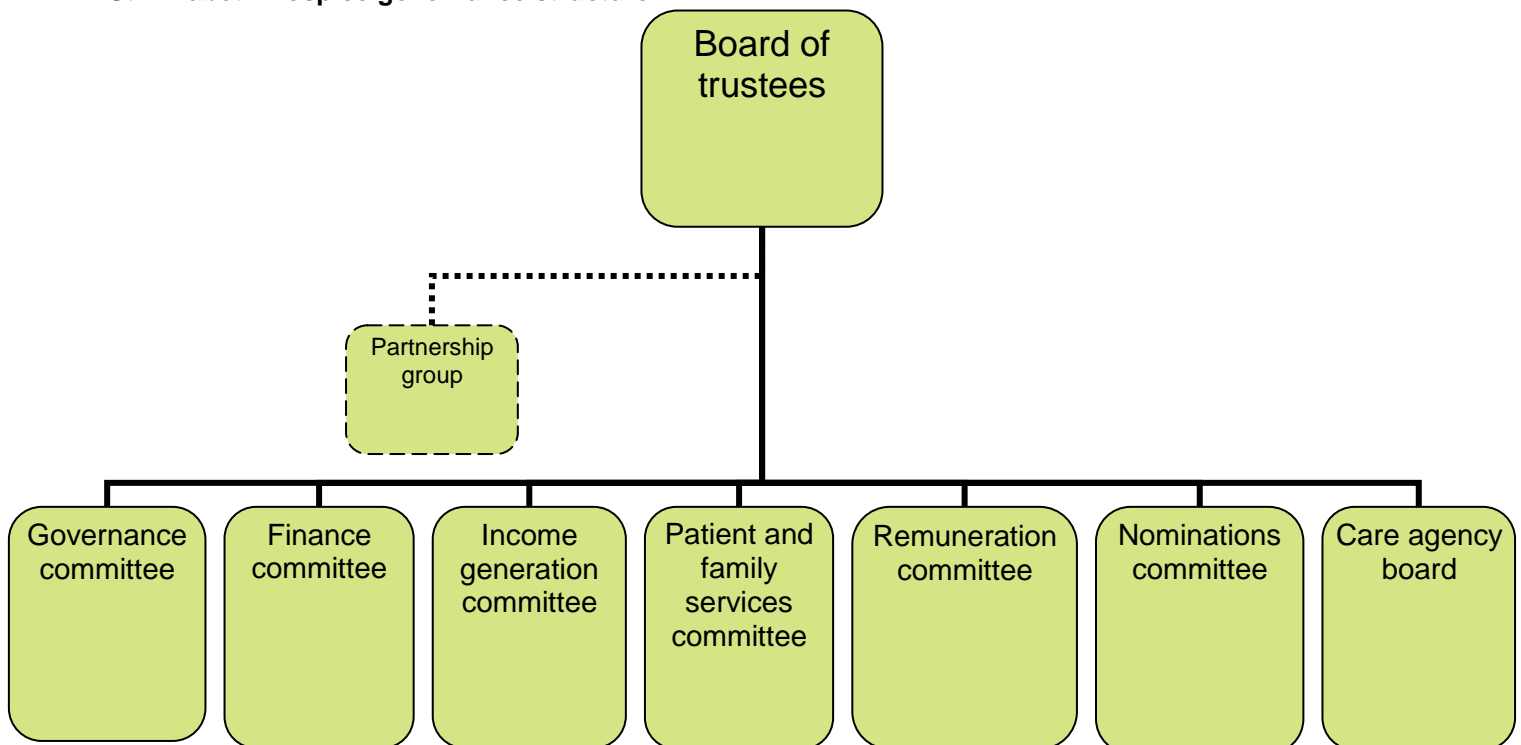
3.1 Quality overview

3.1.1 St Elizabeth Hospice governance policy statement:

The organisation aims to ensure the overall direction, effectiveness, supervision and accountability of the organisation by putting in place a system and processes which:

- achieve continuous quality improvements by identifying and instigating best practice, learning through mistakes, and creating an environment in which excellence can flourish
- ensures compliance with relevant regulations and legislation
- ensures efficacy and effectiveness
- ensures that the charity meets its objects as outlined in the memorandum of association.

St Elizabeth Hospice governance structure



The quality assurance and improvement group

The quality assurance and improvement group has a rolling audit programme as well as the ability to prioritise new audits if this response is required.

The partnership group

Chairperson's statement for the partnership group - summary

By Paul Seymour, chairman

Introduction

During the last year there were a number of changes to the membership which had at one point increased to 11 members. Recent resignations (including the previous chair and vice chair) and the loss of three other members has reduced the group to eight (not including staff representatives); however, there are currently three prospective new members looking to join. The group spent much of its time undergoing a review of its structures and modus operandi. This was undertaken by two working groups; one looking at communication and the other at the involvement of the Partnership Group at all levels within the hospice.

Changes in secretarial support impacted on the effectiveness of the group but we are delighted that this has now been satisfactorily resolved. Meetings have reverted to every two months in 2018.

Business

Much of the year was taken up with the working groups indicated above. Both groups have now concluded their work and updated leaflets; a re-generated notice board; information on the web site and feedback forms have all been completed.

The other working group "Be Involved" has undertaken a considerable amount of work, reviewing the various achievements over the past few years; looking at more efficient ways of interacting with the various areas of the hospice; and culminating in the production of a forward agenda which will enable the partnership group to get involved in reviews and audits which we hope will generate issues that we can take forward.

The group considered that the Terms of Reference (ToR), last reviewed in 2016, should again be updated and work is ongoing to produce a ToR that better articulates the outputs of the group.

A trustee is invited to attend each meeting on rotation and we are working towards identifying one specific trustee that will take on the role as our link. We continue to be well supported by the CEO and two members of staff (one clinical and one non-clinical). Our hospice "link" member of staff within the volunteer services department also changed during the year and this role was re-clarified.

Members of the partnership group attend the governance and three other sub-groups to maintain two-way communication across the hospice.

External Involvement

We receive regular information from Healthwatch Suffolk which is distributed to members of the group.

Achievements

With the nature of the last year being one of review and re-evaluation; together with the changes in chairman and vice-chairman, the group has no specific achievements to report that relate to improvements to the patient experience in the hospice as reported in previous years.

Despite changes in membership, the group has retained a strong membership, although it should be noted that many of the current membership have served on the group for a very short period.

Notwithstanding, all the tasks identified in the 2017 action plan have now been completed and the group is now in a stronger position to look forward and continue to undertake the key tasks that they were established to undertake.

Action Plan 2018

This year the group plans to re-engage with the staff and patients to identify areas of concern and improvement. We will use our forward agenda to engage in a structured manner and use of meetings as an opportunity to discuss and take forward areas where we can provide support and improvement to the hospice services.

We will maximize the use of the communications initiatives that we have developed and improved over the past year to ensure that our message is delivered to all using and involved in the hospice services.

The partnership group will continue to strive to promote proactive partnership with the hospice and provide a more effective listening ear in overcoming issues that we feel affect patients and carers who use hospice services.

Paul Seymour, chairman
partnership group
St Elizabeth Hospice

The accountable officer is also the registered manager and a member of the locality intelligence network group. She monitors drugs incidents, makes three monthly drug incident reports and assesses the storage, destruction and use of controlled drugs formally every six months.

Each directorate has a risk register which is updated regularly. Risk assessments and incidents are raised at the health and safety group.

The hospice has its own responsible officer, Dr Kelvin Bengtson. All doctors are now expected to be appraised on a regular annual basis and then revalidated every five years. All systems and processes are in place to ensure that this happens.

The Caldicott guardian is Dr Kelvin Bengtson.

3.1.2 Quality overview

In 2017-2018 St Elizabeth Hospice cared for 2418 patients and their families across the range of services.

This is a selection of patient and carer comments on our services:

Hospice community services audit

“My wife died peacefully surrounded by family. I wanted to write to thank your staff for the amazing care they gave over the past few months. From the initial consultation to support right at the end of her life the care was exemplary. The nurse was both kind and honest in our discussions and the care staff who visited twice a day could not have done more. You and your trustees should be very proud of your teams.”

“I am sending you this in memory of my wonderful husband who died a year ago today. He was so apprehensive about coming to the hospice, thinking it would be a dimly lit place full of hushed voices and sad faces. Imagine how pleased we both were to discover a place full of brightness, smiles and peace. He so enjoyed his daily Pimms in the beautiful garden.”

“Thanks to the fabulous care that he received from EVERYONE during his stay he was able to come home to his beloved farm where he spent the last few weeks of his life, still being cared for by the community team. The care you gave him, both inside the hospice itself and after he returned home was amazing. We can never thank you enough”

“I expect that you are already aware that our father passed away last Saturday. He died peacefully at home with his partner holding his hand. We would like to recognise the huge support and fantastic work that he received from you, J..... and the team at St Elizabeth, without which his last days would have been much tougher. We were so impressed by the sensitivity

and calmness of the team; whether it was providing a cup of tea (or a pint) at the hospice or providing care at the latter stages in the middle of the night. Thank you so much to you all.”

Day care survey

“I just wanted to say a big thank you to you all for your amazing support to my husband. He didn't have much to look forward to but he did look forward to his days with all of you and would come home a little bit brighter each time. To the staff thank you for all you do far beyond the call of duty; to the patients you support is so important and so appreciated.”

“A big thank you to all who work and volunteer in day care. I have spent many happy Wednesdays doing an art project chatting to Dr Margaret, nurses, staff and patients. Any little medical worry is always sorted. Lunch is always a highlight as is having a hair wash”.

“Without the support of the Dr and brilliant nursing team, I don't know where I would be now. Dr Margaret has prescribed all my medication and explained each stage clearly, whilst providing an invaluable source of information. If I have ever had any worries, I have always left the Hospice feeling positive and ready to face new challenges. The lunch provided at the hospice is excellent. All staff and volunteers work extremely hard and I am very appreciative for what they do. Thank you for providing an excellent service.”

Inpatient unit

“On behalf of myself and all the family I would like to say a huge thank you for your wonderful care of my daughter who died peacefully with you. It was a very sad occasion but you made it much easier by the care and consideration you all gave her, she was very happy there and that gave us all great comfort and her too.”

“The care and support you provide is truly inspirational. We could not have asked for more and were impressed and supported by the experienced, thoughtful and compassionate people that we met. Under such difficult circumstances you provided a guiding light to help us navigate through this transition. The display of patience and kindness was entirely heartfelt. You all work magic in providing the best care possible for a death with dignity. My family will be forever grateful”.

“Dear all, it is difficult to put into words how I feel about the amazing care and support you all gave me and my darling husband through our most difficult days. Your overwhelming care and support given to my husband, myself and family was second to none. You are a team that shows endless care and attention to everyone, going way above and beyond your duties. Every day for 16 days your professionalism, dedication and compassion allowed my husband to have dignity, comfort and security at all times. He felt totally safe in his amazing surroundings right to his very end. I will never be able to thank you all enough for the dignified love and support shown to us all every day. You are all an incredible team of professionals, from all the volunteers through to senior staff. You will never be forgotten. Your smiles and support will live with me forever”

“Please pass on my thanks to the in-patient staff. My friend died Friday 7.4.17. That day and the day before was the most glorious weather and what touched me most was that you wheeled her bed into the garden. The thought that she could feel the sun on her body that day is one of the things that stays with me and only highlights the very special care that she received whilst she was with you. Many many thanks”.

Complaints and compliments

All complaints received at St Elizabeth Hospice are taken seriously, fully investigated and processed as laid out in our complaints procedure.

We received 25 complaints throughout the year, covering all patient services.

In the same period we received 281 compliments, covering all patient services, retail, volunteers and support staff. Two extracts are reproduced below:

“A special note to the kitchen staff for the passion and love that is expressed through the food they provide. Dad has really enjoyed and tasted that passion and love in his final days and it meant a lot to him and me that he got to eat some delightful nutritious meals and desserts.”

“I contacted your head office to explain that I wished to make a purchase from your shop and they put me in touch with a contact from one of your shops. I live out of the area and needed to purchase just one Christmas card for a member of my family who lives near Ipswich. I had found your website via a search engine and it showed the card, old Ipswich. I was put in touch with Lynn who went out of her way to help. She sent me a card. I explained I would make a donation to your charity and have done. Please can you give Lynn the feedback as she went over and above her work to support my purchase and was so kind and thoughtful. Thank you.”

Quality markers we have chosen to measure

In order to inform the governance process St Elizabeth Hospice monitors outcomes across six different areas of the hospice work monthly, using recognised tools and national benchmarking data.

This enables the board to look at areas of development over a period of twelve months to monitor progress and identify actions for any areas of concern.

The hospice has outcome key performance indicators relating to inpatient unit and assessing outcome of pain, psychological, spiritual and social interventions. We also ask when collecting this data, if the patients feel they were treated as a person, and would recommend us to their families and friends.

Domain	Outcome	Tools
Patient experience	Relief of symptoms	- iPOS, OACC - patient surveys/questionnaires
	Meeting patient's needs	- audit of complaints and compliments
Patient choice	Achievement of preferred place for care	- audit of preferred priorities for care - audit of advance care plans - ensuring patients are part of the decision making process by checking capacity and obtaining consent for every intervention and documenting it - one page profile
Patient safety	Maintain a safe environment	- audit of patient incidents - audit of drug incidents - audit of hospice acquired infections audit of complaints, concerns and compliments - implementation of regulations regarding deprivation of liberty
Effective workforce	Employer of choice	- staff retention - working days lost due to sickness - investment in training and education - staff survey - no blame culture
Financial sustainability	Financial health	- audited accounts
Organisational effectiveness	Widening access	- increase in patients with non-cancer diagnosis - supporting patients to transition from children's to adult services
	Use of resources	- uptake of day care places - time in service

3.2 Who has been involved

- Chief executive officer
- Senior management team
 - Director of patient services

- Medical director
- Director of corporate services
- Director of income generation and marketing
- Director of human resources
- Quality and improvement group
- Partnership group
- Governance committee
- Patient and family services committee
- Board of trustees

3.3 Statements provided from commissioning CCG, Healthwatch and OSCS

The following statements were made in response to receiving this Quality Account.

Ipswich and East Suffolk Clinical Commissioning Group

Ipswich and East Suffolk Clinical Commissioning Group, as the commissioning organisation for St Elizabeth Hospice, confirm that the St Elizabeth Hospice has consulted and invited comment regarding the Quality Account for 2017/2018. This has occurred within the agreed timeframe and the CCG is satisfied that the Quality Account incorporates all the mandated elements required. The CCG has reviewed the Quality Account data to assess reliability and validity and to the best of our knowledge consider that the data is accurate. The information contained within the Quality Account is reflective of both the challenges and achievements within the Trust over the previous 12 month period. The priorities identified within the account for the year ahead reflect and support local priorities. Ipswich and East Suffolk Clinical Commissioning Group is currently working with clinicians and manager from St Elizabeth Hospice and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and good patient/care experience is delivered across the organisation.

This Quality Account demonstrates the commitment of the Trust to improve services. The Clinical Commissioning Group endorses the publication of this account.



Chief Nursing Officer

HealthWatch

Healthwatch Suffolk will not be providing a statement to the Quality Account this year. We do not have enough feedback to give a fair reflection of the service provided.

Please do send us the draft QA next year and if we can respond, we will.

Many thanks and kind regards

Jenny Dewey.



Don't let death kill life

Suffolk Health Scrutiny Committee

As has been the case in previous years, the Suffolk Health Scrutiny Committee does not intend to comment individually on NHS Quality Accounts for 2018. This should in no way be taken as a negative response. The Committee has, in the main, been content with the engagement of local healthcare providers in its work over the past year. The Committee has taken the view that it would be appropriate for Healthwatch Suffolk to consider the content of the Quality Accounts for this year, and comment accordingly.

County Councillor Michael Ladd

Chairman of the Suffolk Health Scrutiny Committee

If you have any feedback on this document, please email our enquiries line on enquiries@stelizabethhospice.org.uk or visit our website stelizabethhospice.org.uk and complete our form for comments, compliments or complaints, which is found in the contact us section.