



**St Wilfrid's Hospice**

Reaching out to transform  
end of life care

# Quality Accounts 2017-18



# Table of contents

<b>Part 1</b>	<b>Chief Executive's summary</b>	<b>03</b>
<b>Part 2</b>	<b>Quality improvement priorities</b>	<b>04</b>
2.1	Priorities for improvement 2018/19	04
2.1.1	To improve our approach to managing medicines	04
2.1.2	To strengthen our approach to Information Governance	04
2.1.3	To improve the equity of access to hospice care	05
2.1.4	To improve on our approach to Advance Care Planning (ACP)	06
2.2	Feedback on priorities for improvement 2017/18	06
2.2.1	To reduce falls activity	06
2.2.2	To improve our approach to equality and diversity	06
2.2.3	To ensure meaningful outcomes of care	07
2.2.4	To develop our approach to spiritual care	09
2.2.5	To review our process of managing referrals and triage	10
2.3	Statements of assurance from the Board relating to the quality of NHS services provided	10
2.3.1	Review of services	10
2.3.2	Participation in clinical audits	12
2.3.3	Accountable officer for controlled drugs	16
2.3.4	Research	16
2.4	Summary of published audit, research or academic studies during 2017/18	16
2.4.1	Research	16
2.4.2	Summary of research engagement and activity	16
2.4.3	Research studies	16
2.4.4	Presentations at research meetings	17
2.4.5	Research publications	18
2.4.6	Staff members involved in external teaching on research degrees 2017/18	18
2.4.7	Other related research activities	18
2.5	Statements from the Care Quality commission (CQC)	18
2.6	Registered provider visits	18
2.7	Data quality	18
<b>Part 3</b>	<b>Review of quality performance</b>	<b>19</b>
3.1	Maintaining a strong clinical governance structure	19
3.1.2	Clinical risk	19
3.1.3	Clinical effectiveness	19
3.1.4	Patient experience/people with personal experience	20
3.1.5	Infection control	20
3.1.6	Medicines management	21
3.1.7	Complaints	21
3.1.8	Health and safety	22
3.1.9	Information governance	22
3.1.10	Psychosocial care	22
3.1.11	Staff support	23
3.1.12	Learning and development	23
3.2	Patient safety	24
3.3	Patient experience/people with personal experience	30
3.3.1	CQC comments	31
3.3.2	Comments from Clinical Commissioning Group	31
3.3.3	Feedback from those who experience care provided by St Wilfrid's Hospice	31

# Part 1

## Chief Executive's summary

1



**St Wilfrid's Hospice is a charity founded in 1982. Our purpose is to provide palliative and end of life care to the population of Eastbourne, Seaford, Hailsham, Uckfield, Heathfield, Pevensey and all points in between – a total of 235,000 people in an area of some 300 square miles.**

The charity's mission is 'reaching out to transform end of life care'. Over 2,000 patients with life limiting illness and their carers were supported by St Wilfrid's in the past year, with a 22% uplift on the previous year in direct patient care. The hospice seeks to offer a holistic service to meet clinical, psychosocial and spiritual need, through a multi-disciplinary team comprising consultants and specialty doctors in palliative medicine, specialist nurses, physiotherapists, occupational therapists, social workers and spiritual support workers. The staff team is enhanced by almost 600 volunteers who bring a wide range of practical and life skills.

Services provided in the hospice and in the community include an inpatient unit of 20 beds; a 7-day community nursing service; a night sitting service; a 24/7 nurse-led advice and support helpline; a rehabilitative Wellbeing Centre; a counselling, bereavement and spiritual support service; and personal care in the home through our new Care at Home service. Our services were rated as outstanding by the Care Quality Commission at its last inspection.

These Quality Accounts were prepared by senior clinicians leading the patient safety, patient experience and clinical effectiveness work streams that make up the hospice's clinical governance framework. They have been approved by the Clinical Governance Committee, a sub-committee of the St Wilfrid's Board of Trustees. To the best of my knowledge, the information presented in this set of Quality Accounts is a fair and accurate representation of the care provided by St Wilfrid's, Eastbourne.

David Scott-Ralphs  
Chief Executive

## Part 2

# Quality improvement priorities

St Wilfrid's Hospice has declared itself compliant as part of the registration process with the Care Quality Commission (CQC) to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In February 2015 the hospice was awarded a rating of outstanding by the Care Quality Commission following an unannounced inspection in August 2014.

### 2.1 Priorities for improvement 2018/19

#### 2.1.1 To improve our approach to managing medicines

##### Why

- Changes in the service provider of medicines to the hospice.
- Introduction of a new Clinical Pharmacist role at the hospice.
- We want to reduce the number of medication incidents.
- We want to demonstrate continuous quality improvement on safety.

##### How

- Ensure our medication incidents remain below the average number of medication incidents being reported in the Hospice UK benchmarking for hospices with similar bed capacity.
- Ensure the level of harm to patients following a medication incident remains below the average being reported in the Hospice UK benchmarking for hospices of similar bed capacity.
- Promote a culture of learning from incidents through staff attending clinical risk forums.
- Clearer identification of near miss reporting.
- For all clinical staff to have had medicines management training and have completed their related competencies.
- Review Medicines Management Policy and Procedure.
- Undertake, as a minimum, one clinical audit against agreed standards to demonstrate our practice in medicines management.

#### 2.1.2 To strengthen our approach to Information Governance

##### Why

- We want to ensure the hospice is fully compliant with the new General Data Protection Regulations (GDPR) as they are phased in.
- We are planning to review our information technology systems and agree a new system which optimises security.

##### How

- Complete a review of our clinical electronic patient record (Crosscare) to improve user experience and increase clinical effectiveness.
- Achieve compliance with the NHS Data Security and Protection Toolkit by 31 March 2019 to ensure compliance with Information Governance policies and standards.
- Strengthen the role of IG Lead, or assign a Data Protection Officer if required
- Review of Information Governance Policies and Procedures.
- For 85% or above of staff for whom their role requires to successfully complete Information Governance online training modules.
- Introduce a new process of gaining consent from patients on their first face-to-face contact at the hospice.



- Undertake an internal audit on Information Governance from a consultancy company (TIAA).
- Undertake as a minimum one audit against agreed standards to demonstrate our practice in Information Governance.

### 2.1.3 To improve the equity of access to hospice care

#### Why

- The hospice has a mission to reach more people at the end of life and needs to improve access to its services.
- There is under representation for some hard to reach communities in hospice care nationally (eg homeless, lesbian, gay, bisexual and transgender (LGBT) groups, people with dementia and diseases other than cancer).
- We want to build on our developments to improve our approach to equality and diversity.
- We do not fully and confidently understand the demographics of our service users.

#### How

- Continue with the work agreed within the Equal Access Steering Group by developing links with faith groups, hard to reach groups and for their engagement with the hospice to be measured.
- Improve data capturing of the demographics for service users.
- Develop or strengthen links with learning disabilities, dementia, and frailty teams.
- Review our process of referral and acceptance to hospice services to broaden access.
- Increase the number of people known to the service with non-malignant conditions.
- Raise the profile and awareness of the hard to reach groups through delivering education sessions to the hospice staff.
- Undertake, as a minimum, one clinical audit against agreed standards to demonstrate our practice in equity of access to hospice care.
- Increase community engagement and awareness of ways in which members of the community can get involved in supporting the hospice through volunteering, spreading the word about hospice care, and fundraising.



## 2.1.4 To improve on our approach to Advance Care Planning (ACP)

### Why

- Complaints received from service users in year highlighted the need for further training for staff on ACP.
- Awareness in Multi Disciplinary Team meetings that the ACP process is not timely and effective.
- Introduction of new approach to advance care planning (Recommended Summary Plan for Emergency Care and Treatment) (ReSPECT).

### How

- Deliver mandatory training on ACP for clinical staff.
- For a dedicated ACP caseload to be developed on Crosscare and implemented to ensure that ACP discussions are initiated and followed up in a timely and appropriate manner.
- Target a reduction in the number of ACP related complaints compared to previous year.
- Achieve successful implementation and roll out of the ReSPECT form in all clinical settings
- Ensure as a minimum one audit against an agreed standard to demonstrate practice within our ACP process.

## 2.2 Feedback on priorities for improvement 2017/18

### 2.2.1 To reduce falls activity

- A Falls Prevention and Management Working Group led by the Quality Improvement lead met monthly. The working group looked at processes and reviewed current approaches and activities to reduce the number of falls and the level of harm in patients identified as high risk.
- Each month the Falls Prevention and Management Working Group looked at the number of falls and level of harm to the individual. The group also looked at trends, learning opportunities and how the patient experience could be enhanced.
- There was a 5.3% reduction in the number of falls on the Inpatient Unit (IPU) compared to 2016/17.
- In 2017/18 St Wilfrid's did not report fewer falls compared to the national benchmarking of similar sized hospices. The level of harm sustained illustrates 97% of the falls were either no harm or low harm. There were no falls related incidents reported to the CQC.
- The Falls Management Policy and Procedure was revised and approved by the Clinical Governance Committee.
- The compliance of an audit on the completion times of risk assessments that followed an incident where a patient sustained moderate harm within 24 hours of admission was poor. A revised risk assessment and a flow chart with time scales for completion and review were implemented in March 2018 with a planned follow up audit in May 2018.
- Falls were reported as a clinical Key Performance Indicator (KPI) in 2017/18 and were closely scrutinized by clinical leaders and the members of the Clinical Governance Committee. In addition, clinical managers discussed the information with their teams.
- The Falls Prevention and Management Working Group held a falls prevention awareness event open to all staff, patients, carers and members of the public at the hospice. Falls activity within the clinical settings was displayed including the level of harm and changes in practice. A display of different products which could be used to prevent falls in the home and clinical environment was also available.

### 2.2.2 To improve our approach to equality and diversity

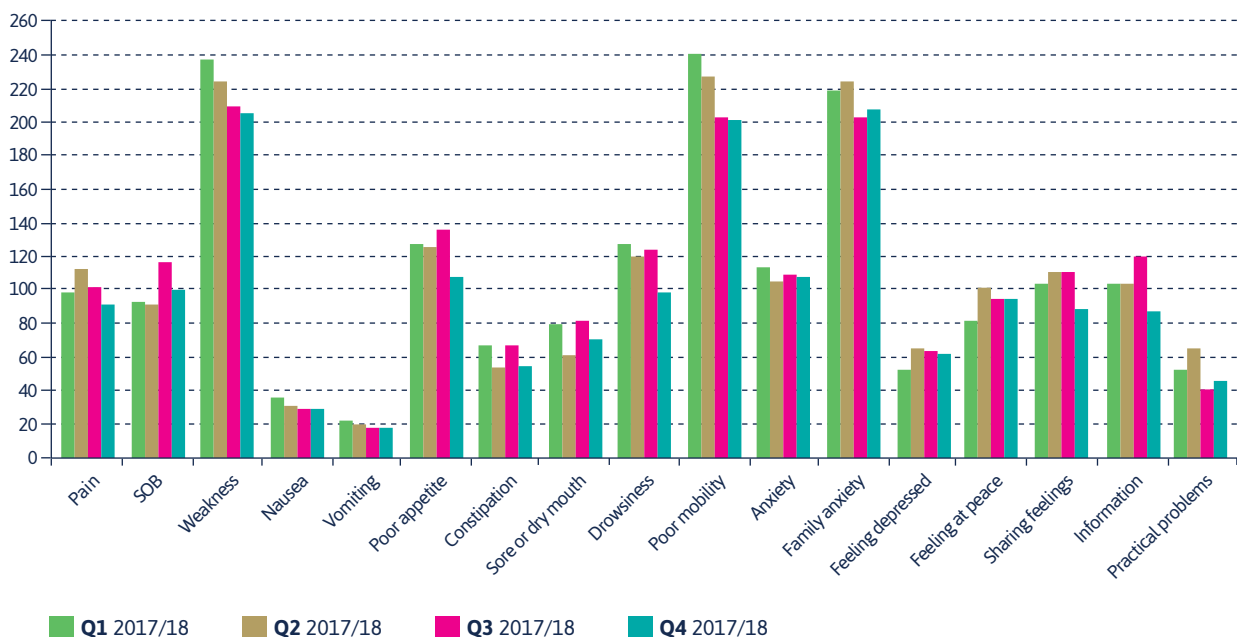
- In 2017/18 we introduced Equality and Diversity training for staff for the first time. This comprised a taught session from the Head of People and an on line training module. The evaluation has been highly positive. At the end of the reporting year the annual clinical mandatory training cycle was 7 months in and 68% of all staff had attended the taught sessions at that point.

- We focused on exploring how we could make links with communities which we had not previously reached. Our approach was to meet with groups and organisations who had already established links or understanding of groups ranging from people affected by homelessness, LGBT plus communities, different faith groups and gypsy and traveller communities. We met with local statutory agencies as well as charities and support groups. This has paved the way for the next stage of our work during this year as a further Quality Improvement Priority to broaden access to our care and support.
- We did not undertake a distinct piece of work to examine who we are currently reaching by way of under-represented communities. Again this will be followed up in this year's QIPs.

### 2.2.3 To ensure meaningful outcomes of care

- We have re-established the Outcome Measures Group (OMG) co-chaired by the IPU Nurse Manager and a Team Leader, comprising of a multi-disciplinary membership.
- The OMG now meets six weekly. The purpose of the group is to review current practice across all clinical areas and see how the multi-disciplinary team (MDT) can improve practice, share information to achieve meaningful measures of patient care and experience.
- Members of the OMG have linked into the Outcome Assessment and Complexity Collaborative (OACC) community of practice group via Hospice UK, enabling the hospice to share knowledge and engage in national research.
- An OACC measures window on the clinical database has been devised and implemented which incorporates an overview of patients' Integrated Palliative Care Outcome Scale (IPOS), Australian Karnofsky Performance Status (AKPS) and phase of illness so patients' care needs can be reviewed and assessed more efficiently and effectively.
- We have monitored IPOS, AKPS and phase of illness in all clinical areas throughout the year. These outcome measures have been reviewed and discussed quarterly at the People with Personal Experience (PPE) and Clinical Effectiveness Group. There was an opportunity to look at trends, identify any unmet training needs and develop action plans. This task has now been passed onto the OMG since the relaunch.

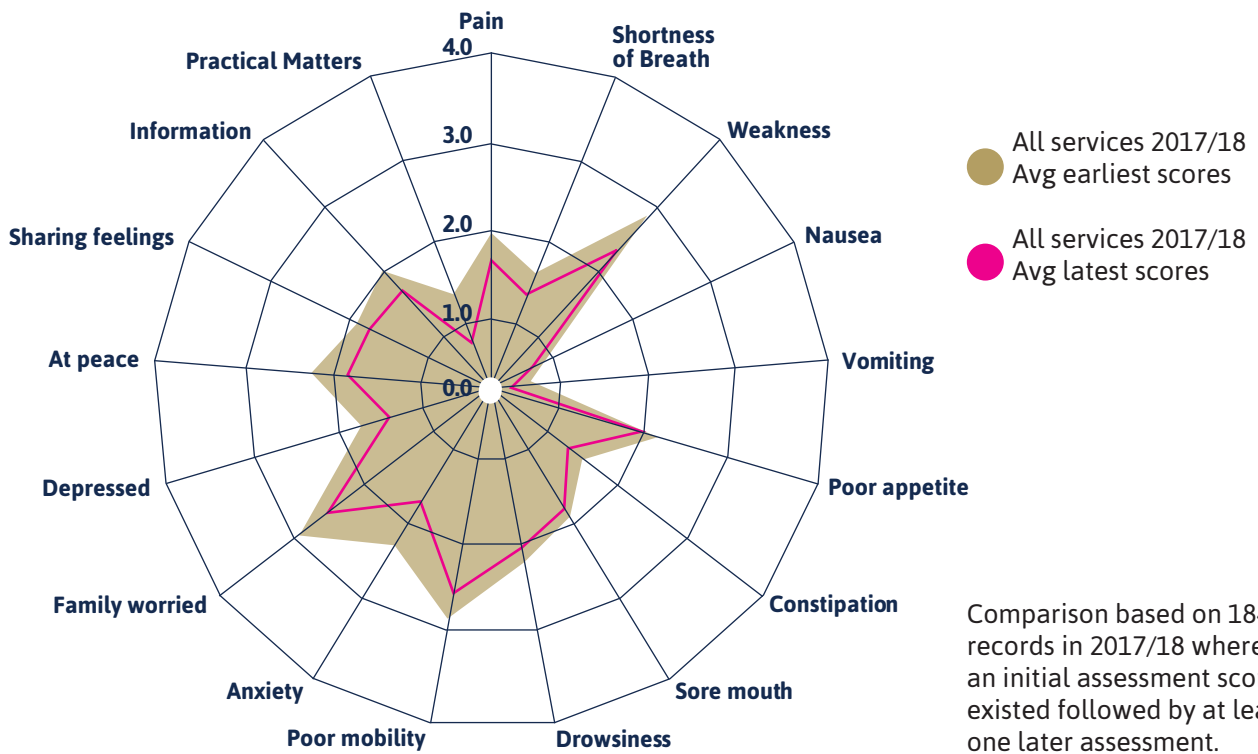
IPOS (all services) 2017/18 comparison for elements scores high (3 or 4)







**All services 2017/18 IPOS Average Score Comparison**





- We set the percentage of new patients known to Wellbeing who had both an initial and follow up IPOS as a KPI. We did not meet the target set and work will continue with this change of practice for Wellbeing patients.
- Following a pilot of its use in IPU in 2016/17, the Views on Care measure has been introduced as standard practice in the IPU. The community services adopted its use in November 2017.
- A review of the clinical database has taken place with significant changes made. The number of care types from April 2018 will be consolidated into two – IPU and Community. This should avoid duplicate IPOS assessments that have been identified and improve on our numbers of follow up measures in the community setting.
- Patients' IPOS, AKPS and phase of illness are now used routinely in the IPU ward rounds and Multidisciplinary Team (MDT) discussions. These outcome and complexity measures are also utilised when completing applications for Continuing Health Care (CHC) and Adult Social Care funding.
- In conjunction with a neighbouring hospice we have reviewed our referral form and have created a single page document incorporating AKPS and phase of illness which will be piloted in 2018/19.
- Outcome and complexity measures are now being used in other service developments. Demonstration of this was in two projects led by Dr F Malik on:
  1. "Are there differences in hospice inpatient initial needs and outcomes depending on where the patient is admitted from?"
  2. "What are the Specialist Palliative Care needs; outcomes of patients admitted from hospital to hospice IPU and could their needs have been met by hospice admission at outset?"

The outcome and complexity measures were analysed as part of both these pieces of work, this is an excellent example of how data used on a day-to-day basis for named patients can then be used in a broader way to review and develop services.

#### 2.2.4 To develop our approach to spiritual care

- Following the resignation of our previous chaplain and then a broad stakeholder review of spiritual care in the previous reporting year, we recruited this year to a post of Spiritual Support Lead rather than chaplain, with a brief to ensure that spiritual support provided by hospice staff and volunteers becomes everyone's business.
- In collaboration between the new post holder, senior managers, clinical managers and Trustees, we debated and agreed a spiritual support statement for the hospice, based on the stakeholder review, which will underpin future developments:
  - Our vision and ambition for spiritual support at St Wilfrid's is that it responds to the pursuit of meaning, purpose and connectedness for each of our patients and those they are close to.
  - We believe that an individual's spirituality is discovered and supported by attention to their life story, a story told as the individual chooses, and a story encouraged by open questioning and generous listening.
  - We see spiritual support as distinct from, although inclusive of, religious support.
  - Our aim at St Wilfrid's is for spiritual support to become 'everybody's business': part of the normal practice of all staff and volunteers, across settings.
  - Our deliberate focus is on 'spiritual support' rather than 'spiritual care' as this reinforces that we can only assist someone on their spiritual journey: spiritual support is something to be done with people rather than to them.
  - An individual's spirituality often does not exist in isolation and we therefore intend to work in partnership with our community, and its faiths and beliefs.

- Based on the above, a plan for roll out of spiritual support for 2018/19 has been put in place.
- A series of world festival events are being held in the 'Retreat' area of the hospice, encouraging staff, patient and family and community engagement.
- A series of master class events has commenced for all staff and volunteers to explore end of life in the context of different faith and belief traditions.
- A teaching slot on spiritual support has been part of mandatory training for all clinical staff, again encouraging enquiry and curiosity regarding spiritual support and working towards the notion of 'spiritual support as everyone's business'.
- Our traditional events such as 'Time to Remember', led by the spiritual support team, have continued as has the one-to-one support offered to individuals and families.
- The team of spiritual support volunteers has evolved into a more diverse group, including a Humanist and a Buddhist, with a focus on all spiritual need which include religious need.

### 2.2.5 To review our process of managing referrals and triage

- We extensively reviewed our MDT meetings during the reporting year. This resulted in agreement to implement significant changes from April 2018 to the MDT meetings where community patients are discussed, consolidating two meetings into one. This will achieve efficiencies in time and also a broader MDT discussion with a greater breadth of professionals involved. The IPU MDT meeting was unchanged in year and the use of OACC measures to guide discussion is not yet embedded during the practice. This will be further explored in 2018/19.
- A multi-disciplinary working group was formed and met throughout the year to review the referral and triage processes for the hospice. A key outcome of the group was to take forward a project to significantly review the set up of the referral and triage process for the hospice in 2018/19, as described above in this year's Quality Improvement Priorities.
- One outcome from this group was an audit of the current referral form used. The audit, undertaken by one of the Specialty Doctors was in collaboration with a neighbouring hospice in the same health locality, looked at the completion by referrers. The results identified that in most cases the current form was not completed, and the most reliably filled section was the comments section. This culminated in a new, simplified referral form being created which will be piloted from April 2018 and will incorporate outcome and complexity measures.

## 2.3 Statements of assurance from the Board relating to the quality of NHS services provided

The following is a series of statements that all providers must include in their Quality Accounts. Not all of these statements are directly applicable to specialist palliative care, including hospice providers.

### 2.3.1 Review of services

St Wilfrid's Hospice launched its new five year strategy in the reporting year, called Closer to You. This aims to help more people who need support to live well until the end of their lives through redesign of our current care and creation of new services. This is as a direct recognition that one third of people who would benefit from hospice care in the catchment area are not currently accessing the care they need. The strategy was created through extensive stakeholder involvement, which included a large 'magic wall' in the hospice where anyone could write their ideas and wishes for future hospice care.

During 2017/18 the hospice embedded a community Clinical Nurse Specialist team established in January 2017, and implemented a new domiciliary service called Care at Home. This service was a result of collaboration with NHS Continuing Health Care team to provide care for people at home



in their last days and weeks of life. This required implementation of a new business model and creation of a new role of Care Assistant. In its first year of development this service provided care for 101 people comprising of 6,980 home visits. Overall, there was a 22% increase in new patients to hospice services from the previous year, representing 1,559 patients.

Activity in our Inpatient Unit (IPU) saw an 11% increase on the previous year with 344 admissions. Average length of stay was 14 days. A key service development in year was the creation of new nurse-led care for people at the end of life who do not have complex symptoms requiring care from the full MDT but where hospice care would greatly benefit them. This was an initiative in collaboration with the local accountable care organisation who agreed to fund five beds to help manage the pressures on acute hospital beds locally.

The Wellbeing Service was reviewed during the year, starting on a 5 year strategy with the aim to provide support to more people at the right time, based on the principles of rehabilitative palliative care and independent living. Attendances at a variety of group programmes with a blend of activities under the three strands of specialist care, supportive care, advice and education have reached 2,839. Attendances at programmes under the community strand, including eg the Community Choir, have reached 1,385, bringing the overall attendances in Wellbeing to 4,224.

The Hospice at Home team provided care to 448 patients within their own home and usual place of residence, including care homes, through community services. This was an 11% reduction on the previous year due to significant staff shortages through long-term sickness.

The Community Nurse Specialist service, commenced in 2017, supported 1,065 patients through home visiting, outpatient visits and telephone support.

The hospice Nurse Line service saw a 19% increase in activity in the year with 12,818 calls handled. This service provides 24/7 telephone advice and support to patients, their relatives and carers, and health professionals.

### **Quality Improvement Lead role**

As part of a new nursing structure, the Quality Improvement Lead role was introduced in February 2017. This role has become embedded into day to day practice supporting an increased awareness and engagement in the following ways:

- With the organisation's Quality Improvement Priorities across the hospice.
- On improving the culture of safety by preventing and reducing harm, and improving the quality of care.
- Identification and discussion of lessons to be learnt from clinical incidents and complaints.
- To see how changes in practices can demonstrate continuous quality improvement and a reduction in the number of patient safety incidents.
- With outcome and complexity measures so patients' care needs can be reviewed and assessed more effectively.
- With the use of volunteers to gain feedback from patients to enhance the patient experience.
- With various initiatives to improve the standard of care within the organisation.

### **Quality Assurance Forum**

The Quality Improvement Lead has introduced a Quality Assurance Forum for all staff and volunteers. The purpose of the forum is to:

- To develop a culture of inquiry in all aspects of clinical and non-clinical hospice activity.
- To ensure high quality, safe and effective care is provided by the hospice.
- For all staff to actively engage in aspects of Clinical Governance.

The forum meets monthly and is based on a rotating programme of three different sessions:

- Audit and People with Personal Experience (PPE) Feedback. This includes the work where re-audits have taken place.
- Clinical risk.
- Evidence into practice.

The forum has enabled collaborative working across the organisation, encouraged reflective practice, lessons to be learnt and identified how changes in practice can demonstrate continuous improvement in safety.

## **2.3.2 Participation in clinical audits**

### **a. National audits and confidential enquiries**

There have been no national audits or confidential enquiries requiring the hospice to take part.

### **b. Local clinical audits**

Audits have been completed by a variety of clinical and non-clinical staff, as demonstrated in the table below. Audit findings have been presented at the quarterly Audit and People with Personal Experience (PPE) feedback sessions that form part of the Quality Assurance Forum.

The feedback sessions gave staff opportunities to:

- Have a greater understanding of the clinical audit process.
- Reflect on clinical practice and develop action plans.
- Identify areas for development and the evidence to support change in practice.
- Continuously focus on the quality improvement priorities set by the hospice.



<b>Audit subject</b>	<b>Outcome</b>
Completion of Falls Risk Assessments on the IPU	A revised falls risk assessment and a flow chart with time scales for completion and review have been both implemented. Planned re-audit in May 2018.
The completion of management plans for symptoms identified in a patients IPOS of score three and above	This audit was carried out across clinical areas and looked at IPOS problems which had a score of 3/4 and the correlation of a management plan being generated. The results showed that in all areas management plans were completed for the physical symptoms scoring 3/4 but not those for problems such as peace, family and friends anxiety, and information needs. Ongoing actions identified education for all staff regards devising management plans for the topics identified. Re-establishing the OMG helped identify clinical outcome measures champions and provide quarterly outcome measures training
Discharges from the IPU looking at the timescales and processes	On-going agenda item at the discharge planning group. Removal of the paper documentation discharge checklist as same information within clinical database (Crosscare). The ongoing care planning window incorporated within the discharge planning window on Crosscare. Further work being carried out on the effects of OACC measures on discharge times.
Equality and Diversity monitoring	Greater staff awareness, Training incorporated in the mandatory training for the year, plan to re-audit 2018.
Hospice UK Infection Prevention and Control - Patient areas	Overall compliance 85.5% with 100% compliance on IPU. Poor compliance in Wellbeing. Actions included: introduction of cleaning schedules and identifying staff in Wellbeing to work alongside the infection prevention and control team; decluttering on the art room in Wellbeing.
Hospice UK Infection and Control - Clinical rooms	86.9% Compliance Post audit - Fridge temperature checking is now allocated to individuals, new charts put in place to include contingency plans. Bins changed and liners being used.
Hospice UK Infection Prevention and Control - Hand washing	96.2% compliance - due to the lack of posters - now displayed in sluice.
Hospice UK Infection Prevention and Control - Patient toilets	100% compliance.
Hospice UK Infection Prevention and Control - Sluice and dirty area	93.5% compliance. General wear and tear and everyday usage - resolved with facilities. Need to ensure the correct bags are being used when linen is extensively soiled.
Hospice UK Infection Prevention and Control - Domestic rooms	68.8% compliance. The need to keep these rooms clean and tidy has been highlighted and improvements have been made post audit.
Hospice UK Infection Prevention and Control - sharps	97% compliance. Stock levels of sharps bins to be maintained. New progress introduced.
Hospice UK Infection Prevention and Control - Personal protective equipment audit	84.2% compliance. Costings are being explored to consider using apron dispensers in the clinical areas.

<b>Audit subject</b>	<b>Outcome</b>
Hospice UK Infection Prevention and Control - Kitchen areas (excluding the main kitchen) audit	59.5% Compliance general update of environment and the importance of maintaining cleanliness are being highlighted to all staff. Dishwasher has been installed in the staff dining room. Plan to re-audit in June 2018 due to the poor compliance.
Hospice UK Infection Prevention and Control - Public Areas audit	100% compliance.
Hospice UK Infection Prevention and Control - Toilets in Public Areas	84.4%. Compliance New toilet paper dispensers in use, bins now have disposable liners and toilets are checked at least once a day.
Hospice UK Infection Prevention and Control - Offices within clinical areas audit	75.7%. Compliance A novel venture of cleaning fairies and desk police has been introduced to encourage staff to engage in the cleaning of their work space. Training has been adapted and there is now also spot training with staff. Common areas that are found to be most dusty are highlighted for cleaning.
Hospice UK Infection Prevention and Control - Visitors accommodation audit	90.9% compliance. Post audit: - environment has been painted and general maintenance completed to improve compliance.
Hospice UK Infection Prevention and Control - Patient bathrooms and toilets audit	93.5% compliance. Areas have now be decluttered and unused items removed.
Hospice UK Infection Prevention and Control - Policies and procedures audit	100% compliance.
Hospice UK Infection Prevention and Control - Care of the deceased audit.	96.3% compliance. Body bags to continue to be provided by the undertakers.
Environmental audit	Ongoing monthly audit with compliance ranging from 83%-97%. Improved procedures for storage of food and patient aids. New fridges in clinical areas.
Proprietary vs generic prescribing on medication charts	This audit showed 84% compliance against medication being prescribed using the generic prescription. A list of medication names which are acceptable to be prescribed by using the proprietary name has been devised and is in use. Re-audit demonstrated an increase in compliance.
The correct documentation of allergies and recording of patient details on medication charts (ongoing audit cycle)	This was a repeat audit to look at the documentation of allergies and NHS number on the medication chart. Post audit: - prompt alerts on clinical data system, importance of practice in medicines management updates and inductions for medical staff.
Hospice UK Controlled drugs audit	Demonstrated good compliance with storage and disposal of controlled drugs. Changes in practices implemented following audit included the Controlled Drug (CD) stock levels to be completed every quarter by the Accountable Officer. In addition, the controlled drug stock level checks now have the time recorded, a list of approved signatories for Registered Nurses, Doctors and Pharmacist is in place and there is more concise documentation of errors in the CD register.

<b>Audit subject</b>	<b>Outcome</b>
Mental capacity care plans	60% Compliance but sample size was small. Training need identified, updating of mental capacity policy and procedure. For display best examples of care plan documentation.
TTA (to take away) prescribing, cost implication and wastage	This audit was generated as it was identified that TTA medication was being ordered several times for patients prior to discharge. It was identified that in 75% of discharges there was over ordering of medication. Changes in practices included the introduction of an ordering template for the TTAs within an allocated medication ordering book. The documentation and audit trail was made much clearer with stickers in use. The use of patients' own 'just in case' (JIC) drugs encouraged the written indication on patient medication chart and has prompted staff to use before re-ordering.
Prescribing of oxygen on IPU (reaudit)	100% compliance
Hospice UK - Medical Gases	90% compliance, changes in policy, unmet training needs, now incorporated in mandatory training and induction.
Prescribing Steroids on the IPU	New flow chart to be introduced and re-audit once documentation implemented.
Glucose monitoring when taking steroids	New documentation introduced to increase compliance.
Consent is obtained when recording clinical activity	Smarter process in recording on Crosscare.
Hospice UK - Prevention, management and reporting of pressure ulcers on the IPU	Post Audit - Implementation of a Pressure Ulcer Management Policy and Procedure. A change to the discharge summary now includes skin integrity, photos of all pressure ulcers taken on discharge. Implementation of Purpose T and changes to the skin assessment documentation. Re-audit planned April 2018.
The completion of the consent window for the bereavement support service	Re-audit compliance increased to 91%. MDT teams to ensure consent before first contact. Re-audit along side GDPR regulations.
Follow up phone calls from patients that did not attend gym classes (re audit cycle)	Training given to staff in this area, to ensure that patients who do not attend sessions are contacted.

### 2.3.3 Accountable Officer for controlled drugs

During the reporting year the Accountable Officer (AO) role was transferred to the Quality Improvement Lead, with the Nursing Director identified as Deputy AO. Both individuals have undertaken formal training on the AO role. There has been quarterly attendance at the Local Intelligence Network (LIN) by the AO and the quarterly occurrence reports of CD incidents have been submitted. The AO has undertaken or commissioned regular audits of stock and patient named controlled drugs to ensure they are correct and used in accordance with national protocols. The hospice holds a valid T28 certificate to permit the denaturing of controlled drugs on the hospice premises. Contact has continued with the Controlled Drug Liaison Officer for Sussex Police who destroys all controlled drugs which are no longer required and advises on environmental aspects of controlled drug storage.

### 2.3.4 Research

No patients receiving NHS services provided or sub-contracted by St Wilfrid's Hospice in 2017/18 were recruited during that period to participate in research approved by a research ethics committee.

St Wilfrid's Hospice is committed to evidence based care and during the reporting period has reviewed and strengthened its approach to ensuring evidenced based care is embedded within the hospice, through the clinical governance structure and the introduction of the Quality Assurance Forums by the Quality Improvement Lead.

## 2.4 Summary of published audit, research or academic studies during 2017/18

### 2.4.1 Research

St Wilfrid's Hospice has not recruited patients to any National Portfolio Research studies between April 2017 and March 2018.

### 2.4.2 Summary of research engagement and activity

St Wilfrid's Hospice endeavoured to further its interest in undertaking palliative care research during 2017/18. There has been engagement from staff in knowledge sharing where they engage with research projects through the Putting Evidence into Practice sessions which form part of the Quality Assurance Forum.

During the reporting year the hospice took part in the HOLISTIC (Hospice Led Innovation Study To Improve Care) study. This was a national study Hospice UK undertook, commissioned by NHS England, to examine the effect of hospice-led interventions on the use of acute resources and outcomes for people at the end of life. The researchers looked at our Nurse Line service. The study is due to report during summer 2018.

### 2.4.3 Research studies

Work has commenced with two volunteers from the Office for National Statistics. The aim of their involvement is to provide qualitative data evidence to support the development of a volunteer programme in helping to reduce isolation and offering practical support to people who live alone or as a form of respite for the carer.

#### Individual research

Eirian Levell (Head of Community Nursing) is in the process of completing her dissertation for her Masters in Leadership and Management in Health at Kingston-Upon-Thames University. The dissertation is based on exploring the psychological impact on staff of change management within a small charitable organisation.



David Knight (Spiritual Support Lead) is undertaking a PhD with the University of Warwick, exploring the variety in end of life care choices, and the possible reasons for the variety. David aims to complete his PhD within 2018/19.

Lara Cowley (Therapies Team Manager) has successfully completed her Psychology degree in July 2017 and a Masters in Physiotherapy in March 2018. Lara's dissertation was based on providing ongoing breathing exercises when patients are discharged from a Fatigue and Breathlessness (FAB) clinic held at the hospice.

Olivia Beeney-Bennett (Registered Nurse) has completed her Masters in Nursing at Kings College, London. Olivia's dissertation was based on exploring the understanding and views of healthcare professionals working within specialist palliative care settings towards the concept of rehabilitative palliative care.

#### 2.4.4 Presentations at research meetings

Conferences attended/Poster and Oral Presentations.

##### The APM Supportive and Palliative Care National Conference

March 2018, Bournemouth, UK

Four posters were presented:

- Malik F A, Clarke S, Barclay D **"A tale of two settings: Are there differences in hospice inpatient initial needs and outcomes depending on where the patient is admitted from?"**
- Malik F A, Free S L, Barclay D **"From here to there: What are the SPC needs; outcomes of patients admitted from hospital to hospice IPU and could their needs have been met by hospice admission at outset?"**
- Winter J, Malik F A, Barclay D **"A new start redesigning a novel supportive and palliative care service in an acute hospital trust"**
- Thorpe J, Winter J, Malik F A **"Making things better? Implementing the last days of life personalized care plan within an acute hospital trust"**

##### Point of Care Foundation Schwartz Round Annual Community Conference

January 2018, London, UK.

An oral presentation:

- Bacon R, Cook L, and Wheeler R **"Involving Volunteers in Schwartz Rounds"**

One poster was presented:

- Bacon R, Cook L, and Wheeler R **"One Team, One Hospice: Involving Volunteers in Schwartz Rounds"**

##### Hospice UK National Conference – November 2017, Liverpool, UK

An oral presentation:

- Dechamps, A, **"Driving Culture Change – Cross-organisational engagement with people with personal experience"**

Three posters were presented:

- Cowley L, Dechamps A, Kent A, Panteli A and Young A **"Building the evidence base for complementary therapy in hospices"**.
- Bacon R, Free S L, Barclay D, Johnston, M **"Individualised care plan for dying patients – audits to improve practice"**
- Bacon R, Levell E, Schrikker T, Stocks S, Twomey C **"Engaging staff to develop capabilities in a hospice workforce"**

### 2.4.5 Research publications

No staff members were involved in research publications.

### 2.4.6 Staff members involved in external teaching on research degrees 2017/18

No staff members were involved in external teaching on research degrees this year.

### 2.4.7 Other related research related activities

Dr F Malik (Consultant) is an external examiner to the MSc in Palliative Care at Kings College, based at the Cicely Saunders Institute, London.

## 2.5 Statements from the Care Quality Commission (CQC)

St Wilfrid's Hospice is required to register with the Care Quality Commission and its current status is as registered to provide treatment of disease, disorder or injury and diagnostic and screening procedures. The CQC has not taken enforcement action against St Wilfrid's Hospice during 2017/18. St Wilfrid's Hospice was inspected by the CQC in August 2014 under the new model of inspection and awarded an outstanding rating. This is broken down to the five key areas as follows: safe – good; caring – good; effective – good; responsive – outstanding; well-led – outstanding.

## 2.6 Registered provider visits

No formal registered provider visits have been undertaken in the reporting year. The Chair of the Trustees is active in the hospice's Schwartz Rounds which are held on a monthly basis, and is also a member of the Clinical Governance Committee. During the year the Chair for the Clinical Governance Committee was changed and one of the Trustees now takes this role. Trustees form membership of the hospice's Audit Committee and Remuneration and Appointments Committee. There is also trustee representation on the Health & Safety Committee.

## 2.7 Data quality

Good data quality underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. St Wilfrid's is committed to ensuring high standard data as a key business objective. During 2017/18 we have continued to monitor and scrutinise data quality through our Clinical Leaders Forum and clinical governance structure. The hospice submitted a satisfactory Information Governance toolkit assessment in March 2018.

The National Minimum Data Set (MDS) previously administered by the National Council for Palliative Care, underwent a period of change in the year. The hospice submitted a MDS but there is lack of clarity as to the future national reporting structure. The hospice maintained its accreditation to access and has maintained an N3 community of interest network (COIN) connection which required the satisfaction of 20 requirements as specified in the NHS Information Governance toolkit for voluntary services.

# Part 3

## Review of quality performance

# 3

### 3.1 Maintaining a strong clinical governance structure

St Wilfrid's Hospice has a well-established clinical governance structure. This comprises a Clinical Governance Committee with three sub-groups: Patient Safety, People with Personal Experience and Clinical Effectiveness. During the reporting year the hospice had a change of Chief Executive. During 2017/18 a Trustee was appointed as Chair of the Clinical Governance Committee. Each sub-group is chaired by a Clinical Director and comprises multi-disciplinary membership from across all departments of the hospice. In addition to the sub-groups, there are several working groups which feed in to the structure: medicines management, information governance, infection control, nutrition and safe discharge. The hospice has further demonstrated its strong commitment to clinical governance by implementing the new role of Quality Improvement Lead in the reporting year.

The clinical governance framework in the hospice covers all areas focusing on patient and family carer support, as described in the following section.

#### 3.1.2 Clinical risk

St Wilfrid's Hospice has a strong process of managing accidents, incidents and near misses (AINM). The introduction of the quarterly clinical risk sessions has enabled staff to:

- Collectively discuss clinical incidents.
- Explore and be involved in the cycle of Accident, Incident and Near Miss reporting.
- Analyse and scrutinise clinical incidents.
- Identify trends and undertake root cause analyses of clinical incidents.
- Identify lessons to be learnt from clinical incidents
- Discuss and plan pilots of new practices.
- Identify how changes in practices can demonstrate continuous quality improvement.

Patient safety data is reported in detail in section 3.2.

The hospice has a Safeguarding Lead and policies and procedures in place to guide practice surrounding Deprivation of Liberty Safeguards and the Mental Capacity Act.

#### 3.1.3 Clinical effectiveness

To gain focus and engagement from staff on the QIPs for the reporting year, the Clinical Effectiveness Group developed a work plan for the individual QIPs. The work plan was a running agenda item within each meeting. Progress on each QIP was provided, it gave the opportunity for outcomes to be discussed and addressed to provide assurance the QIPs were achievable at the end of the reporting year.

Oversight of audit is incorporated within the Clinical Effectiveness Group. The review of outcomes of care was embedded in day-to-day practice at the hospice, as described in section 2.2.3. The relaunch of the Outcomes Measures Group (OMG) will continue to review current practice across all clinical areas and identify ways to improve practice and share information, so meaningful measures of patient care and experience are achieved and maintained.



### 3.1.4 Patient experience/people with personal experience (PPE)

A quality and feedback volunteer is a member of the PPE group to strengthen the involvement of people with personal experience from across the hospice. There has been engagement from all clinical areas being involved in at least one PPE initiative. Further work is required in the engagement with the non-clinical staff on the completion of PPE initiatives. Oversight of the PPE initiatives is incorporated within the PPE Group.

### 3.1.5 Infection control

The hospice's Infection Control Group guides work in this area. Membership includes clinical representation from all clinical areas and non-clinical staff. Members of the group have attended study days and conferences throughout the year on infection prevention and control.

There have been 16 Hospice UK infection control audits completed in 2017/18. This practice provides assurance that the most current practices and legislation are being adhered to. Compliance and findings from all the infection control audits were discussed at infection control meetings and action plans agreed. An overview of the infection control audits have been presented at an audit and PPE feedback session. The compliance and outcomes of the audits have been described in section 2.3.2.

'The Principles of Infection Control' are presented at mandatory clinical training with positive evaluations. To increase engagement with clinical staff, infection control updates are circulated following the infection control meeting, outlining a summary of the meeting, new developments, changes in practices and information on infection control-related policies and procedures which have been revised, renewed and agreed. To encourage further engagement across the hospice, spot training for staff has commenced which has been positively received.

The hospice participated in the Patient Led Assessment of the Care Environment (PLACE). Feedback on the cleanliness of the Inpatient Unit and the Wellbeing Centre was above the national average.

St Wilfrid's has reported a total of two infection control related incidents, a decrease compared to 2016/17 (refer to section 3.2). None of the reported incidents were related to hospice-acquired infections during the reporting year.



### 3.1.6 Medicines management

The hospice's Medicines Management Group comprises of a multi-disciplinary membership and has terms of reference to oversee practice across the hospice. 2017/18 has seen an increase in the number of drug-related incidents compared to 2016/17. A large proportion of the reported incidents were either documentation errors or incidents which resulted in no adverse affect to the patient. One of the QIP's in 2018/19 is to improve our approach to managing medicines.

Clinical Managers raise awareness of the drug-related incidents at clinical departmental meetings. Inclusion of discussion regarding medication incident trends within clinical mandatory training has enabled staff to discuss incidents openly. Through peer support staff have been able to look at adopting new practices with an aim of mitigating the risk of medication incidents. The focus of learning from incidents is one of the core principles within the clinical risk sessions which have been introduced in 2017/18.

St Wilfrid's Hospice has budgetary control and responsibility for drugs delegated from Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG). The Medicines Management Group provides scrutiny of the budget.

St Wilfrid's Hospice continues to be part of Hospice UK's national benchmarking for medication incidents. A summary for 2017/18 patient safety activity related to medicines management is reported in section 3.2.

### 3.1.7 Complaints

There have been nine clinical complaints throughout this year. This compares to five complaints in 2016/17 and nine in 2015/16. The year saw a 22% growth in people supported by hospice services and significant changes in clinical teams representing 1,559 people. This included the establishment of a Clinical Nurse specialist team and a Care@Home service to provide domiciliary care. Complaints are discussed bi-monthly at Board meetings with Trustees and monthly at Director's business meetings. They are also reported to the Clinical Governance Committee quarterly and disseminated in monthly team meetings.

Eight complaints were from relatives with one from East Sussex Healthcare NHS Trust (ESHT). Of the complaints from relatives, seven were received post bereavement. The key themes identified across complaints can be summarised as:

- Communication
- Expectations of hospice care
- Co-ordination of care
- Individual staff competency.

#### 1. Communication

As a fundamental skill required across all functions of the hospice, this area is of particular importance. In one complaint it was clear an individual member of staff had not communicated in an acceptable way and this was dealt with through one to one reflection and a remedial action plan to revisit communication skills. Some of the issues raised could be described under the umbrella term of customer care, as they were not necessarily due to lack of skill or competence but more a style or approach to managing communication.

**ACTIONS:** We will continue to include communication skills in our mandatory training programme and look for opportunities to improve capabilities across the organisation. One of our Quality Improvement Priorities (QIP) is to improve advance care planning and communication is key to the success of this. We will introduce a survey for the bereaved this year which will give a greater breadth of information about the care experience.

## 2. Expectations of hospice care and co-ordination of care

These complaints identified the constant requirement to be clear and honest about what our hospice services can provide and how our processes work. The expectation that once a person is accepted for care the hospice will lead and manage all aspects of care was evident. Statutory services continue to be challenged in their provision and this inevitably has an effect on hospice care.

**ACTIONS:** Awareness of this issue while extending our services is key to ensure clear and prompt communication to patients, relatives and health and social care partners. The objective to look at customer care will also encompass this issue. We have training planned for May to ensure the Clinical Nurse Specialists (CNS) are competent to complete Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. We have already changed the working practices for CNS to implement a duty CNS who will triage and prioritise patient needs and have a QIP which looks to extend and evolve this service.

## 3. Individual staff competency

As identified above, there were incidents where a staff member either demonstrated less than acceptable communication, or was not able to complete an aspect of clinical care (ie DNACPR). Through the hospice's procedure to investigate complaints, individual staff members involved are interviewed. Deep reflection takes place which is developmental in itself. Further training where indicated is planned.

### 3.1.8 Health and safety

The hospice has a well-established Health and Safety Committee chaired by the Chief Executive which meets on a quarterly basis. Fire prevention and procedures have been a key focus during the reporting year with a review of the Fire Evacuation Policy and Procedure, and implementation of multiple fire drills to support staff to be familiar with the procedure. The Patient Safety Group also reviews and monitors non-clinical incident reporting quarterly. The hospice's Business Continuity Policy and Procedure has been reviewed extensively in the reporting year, including training for key staff on their response in a major incident.

### 3.1.9 Information governance

Information governance refresher training is mandatory for all clinical staff and volunteers with access to confidential information. The GDPR has been a major focus for the hospice during the year and a group was formed to guide the review of information governance and data processing across all functions of the hospice. This functioned to increase engagement and understanding across the organisation. Information governance and GDPR will be a key focus in 2018/19 and forms one of the QIPs.

### 3.1.10 Psychosocial care

This reporting year has seen a continued focus on the development of communication skills across the clinical team, with a particular emphasis on the management of psychosocial risk, including suicide, self-harm and safeguarding. Increasing staff confidence and competence with regards to mental capacity has been a priority, with the introduction of new mental capacity care plans and related training. The resignation of the hospice chaplain from his role provided the opportunity for a wide-ranging review of spiritual support, including broad stakeholder engagement. The review has significantly influenced the recruitment to a new Spiritual Support Lead role.

### 3.1.11 Staff support

St Wilfrid's Hospice recognises the value of staff support and development in order to provide safe, effective care. Schwartz Rounds continued monthly in the reporting year, under the guidance of the Point of Care Foundation. The purpose of these regularly scheduled meetings is to explore the emotional and social impact on staff and volunteers of delivering services and care in the hospice. It is a staff support mechanism and fosters overall organisational cohesion, communication and emotional intelligence across clinical and non-clinical areas.

In addition, two groups providing clinical supervision to clinical staff continued. Other staff groups receive supervision from external supervisors. The Head of People commenced in April 2017 and spent time in reviewing the structure for human resources and new roles will be implemented in 2018/19 to strengthen this function.

### 3.1.12 Learning and development

The hospice provided a learning environment for both its internal clinical staff and health and social care professionals working in the local community. For internal staff there was a yearly two-day mandatory training programme which includes a mix of interactive, practical and theoretical sessions along with an ongoing programme of on line modules in Information Governance, Safeguarding, The Mental Capacity Act, and Health and Safety modules.

To ensure continuous professional development across teams, a learning and development programme was delivered for hospice staff covering a range of subjects, including sexuality in palliative care and different faiths and religions.

The hospice continued as a Gold Standards Framework registered regional centre for care homes for part of the reporting year, but has now stepped away from this in favour of developing a model to meet local need. Workshops were commissioned from the local authority in end of life care for staff working in Adult Social Care.

The hospice had a service level agreement with the University of Brighton to deliver a module on End of Life Care for people with long term conditions for health professionals. This was co-delivered with a neighbouring hospice. A focused education programme for external health and social care professionals working in community settings was delivered.

Throughout the year study days were provided for Medical Students from Brighton and Sussex University Medical School as part of a service level agreement.

A work placement programme was also offered for medical, nursing and Allied Healthcare Professional students. The hospice took a significant lead in local plans for the new approach to advance care planning required in the national implementation process of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) which will be implemented in 2018.

The next stage following a learning and development review commenced which included the development of a new role of Practice Educator to be established in 2018/19.

## 3.2 Patient safety

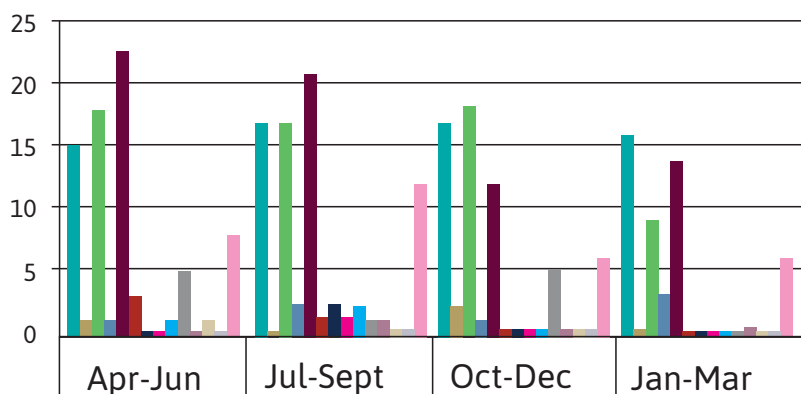
Patient safety is a key domain of quality and when patients receive care from St Wilfrid's Hospice there is a commitment to ensure a safe environment which causes no harm. The hospice has a culture of openness and transparency and encourages reporting of accidents, incidents and near misses. These are investigated to ensure lessons are learned, recommendations made and all appropriate actions implemented.

St Wilfrid's Hospice participated in the Hospice UK national benchmarking on quality measures for medication and falls incidents enabling comparison with national hospice care. This is based on the National Patient Safety Agency incident reporting. One of the hospice's QIPs for 2017/18 was to reduce falls activity to ensure that it remained below the average number of falls documented for category C in the Hospice UK benchmarking for 2016/17.

The following section provides:

- An overview of the all the clinical accident, incident and near miss data reported to patient’s safety and clinical governance in 2017/18.
- A summary of the trends that have been identified within each reporting category.
- An overview of the change in practices, work that have been completed or in progress to mitigate the risk of incidents re occurring.
- A yearly comparison of data activity for each reporting category.

### Quarterly Clinical Accident, Incident and Near Miss Reports

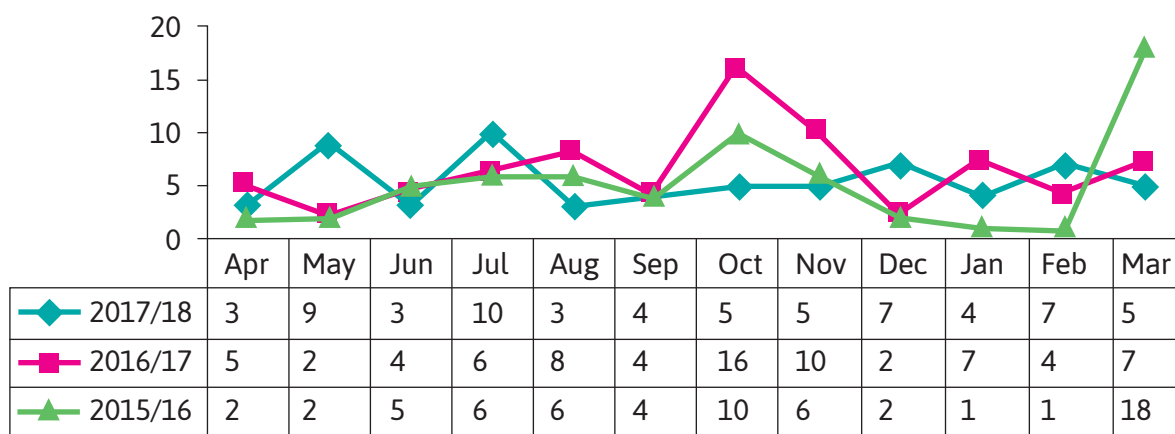


	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar
Falls (IPU)	15	17	17	16
Falls (Other)	1	0	2	0
Medications (IPU)	18	17	18	9
Medications (Other)	1	2	1	3
Pressure ulcer	23	21	12	13
IG	3	1	0	1
Building	0	2	0	0
Medical devices	0	1	0	0
Staffing	1	2	0	0
Injury	5	1	5	0
Infection control	0	1	0	1
Security	1	0	0	0
Fire	0	0	0	0
Other	8	12	6	6

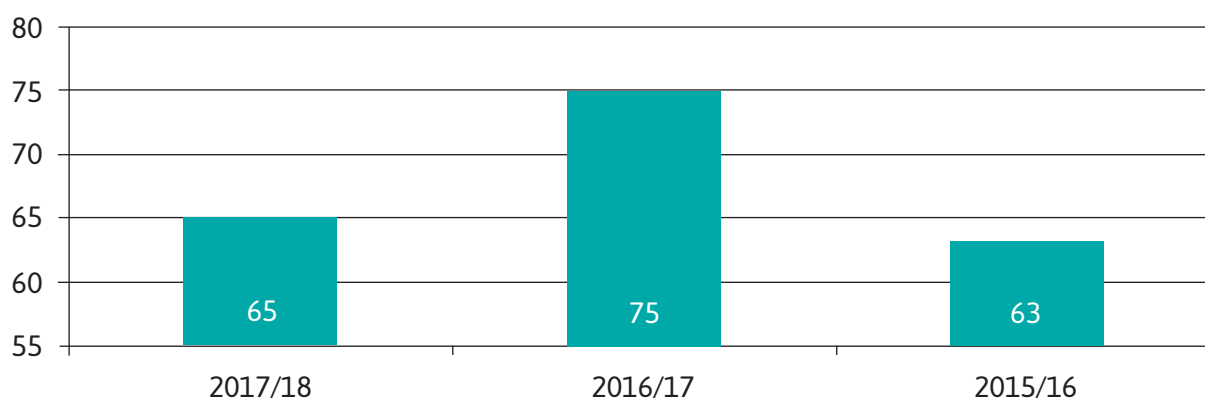


## Falls

Yearly IPU Falls Incident Comparison



Yearly IPU Falls Incident Comparison



### Summary for 2017/18

Following an increase in falls activity in 2016/17 compared to previous years one of the Quality Improvement Priorities (QIP) for 2017/18 was to reduce falls activity. There has been a 13% reduction in the number of falls at the hospice in 2017/18 compared to 2016/17, with a 5.3% reduction in the number IPU patients admitted who fell during their admission. This was on the background of an 11% increase in patient numbers on IPU.

St Wilfrid's Hospice has reported a slightly higher number of falls to the Hospice UK benchmarking compared to hospices of similar size. 97% of falls resulted in either no or low harm. There were no fall related incidents notified to the CQC. The patient group present particular challenges due to rapid changes in condition and cognitive impairment. While safety is of prime importance it should be balanced at all times against patient dignity and independence.

The Falls Management Policy and Procedure has been revised and approved by the Clinical Governance Committee. The compliance of an audit on the completion times of risk assessments that followed an incident where a patient sustained moderate harm within 24 hours of admission was poor. A revised risk assessment and a flow chart with time scales for completion and review have been implemented.

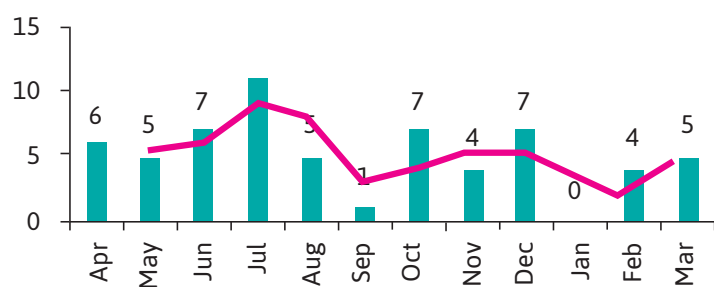
A total of 54 patients fell on the IPU with 8 patients falling twice, 2 patients falling three times and 1 patient falling four times. The patient who fell 4 times was confused on admission and reversible causes were ruled out. The family was involved in the decision making for falls prevention from the onset.

A falls prevention awareness event open to all staff, patients, carers and members of the public took place at the hospice. Falls activity was displayed including the level of harm and changes in practices that have been implemented. Numerous devices which could be used to prevent falls recurring in the home and clinical environment were also on display.

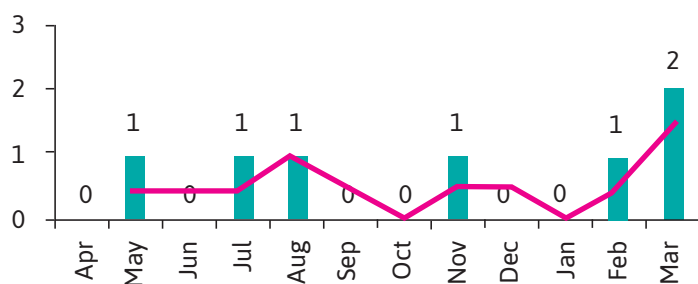
Falls prevention information and data have been displayed on the Quality Matters Boards throughout the hospice encouraging engagement and awareness from staff and volunteers.

## Medications

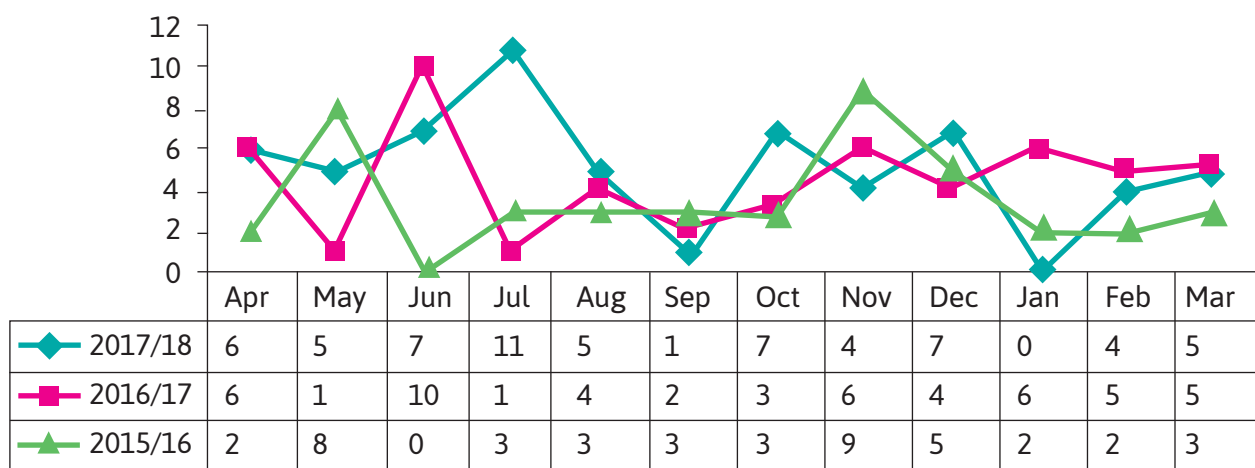
Medicine Management (IPU) 2017/18



Medicine Management (Other) 2017/18



Yearly Medication Incident Comparison



## Summary for 2017/18

There have been a total of 62 hospice related medication incidents which is an increase of 10 compared to 2016/17. In response to this and other changes in medicines management, this area will form the focus of a QIP in 2018/19. There has been quarterly attendance at the Local Intelligence Network (LIN) by the Accountable Officer. All controlled drug related incidents have been reported quarterly to NHS England via the LIN.

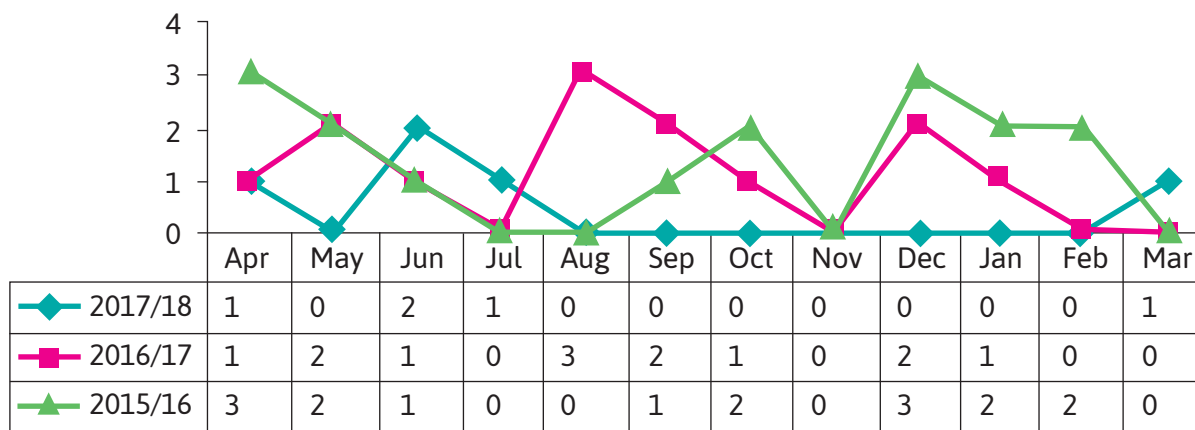
A large proportion of the medication incidents (95%) were a combination of documentation related (47%) or incidents which resulted in no adverse affect to the patient. The increase in Patient Own Drug (POD) documentation related incidents prompted a review of the paperwork. Staff involved in the incidents took part in reviewing the paperwork as part of their learning.

In Quarter 1 and 2 there were three (5%) incidents when patients required extra observations, fortunately there were no changes in the patients' clinical status. Staff have found completing personal reflective accounts for their Continuous Professional Development (CPD) beneficial and valuable. Personal reflective accounts can be very process-driven reflections, highlighting how the individual will change their practice by changing the process they currently follow to mitigate the risk of an incident occurring.

The IPU has seen the implementation of the dose ranges for syringe drivers prescribing enabling Registered Nurses to enrich the patient experience by responding to a patient's symptom in a timely manner. There has been a reduction in the number of prescribing errors from FY2 Doctors. A contributing factor could have been the prescribing guidance provided by the pharmacist to the individuals in their induction.

## Confidentiality/IT

### Confidentiality/IT Comparison

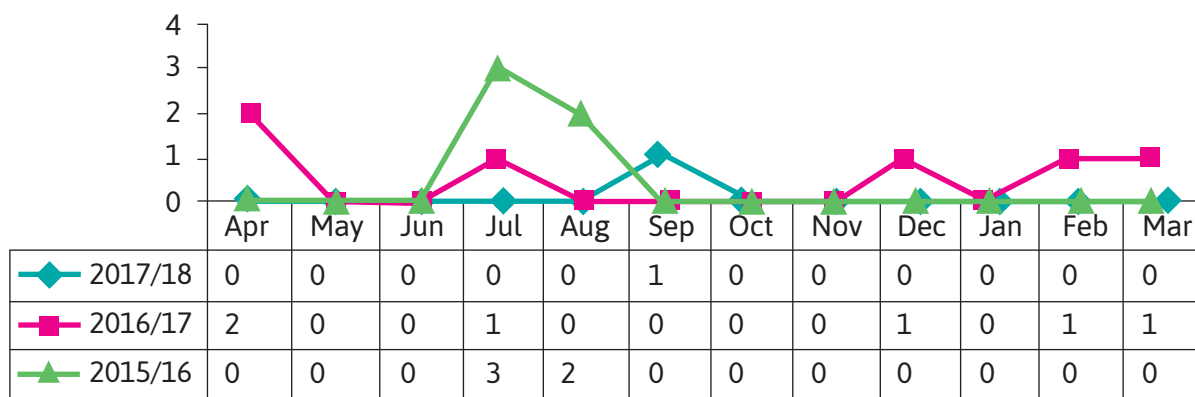


## Summary for 2017/18

There has been a reduction in the number of Information Governance (IG) related incidents. There was increased awareness around IG in preparation for GDPR. All staff are mandated to complete an online IG training module as part of their induction, as well as annual IG refresher training. The hospice has completed and successfully submitted the self-assessment IG Toolkit at level two – providing assurance and compliance against whether information is handled correctly and protected from unauthorised access, loss damage and destruction.

## Medical devices

### Equipment/Medical Device Incidents Comparison

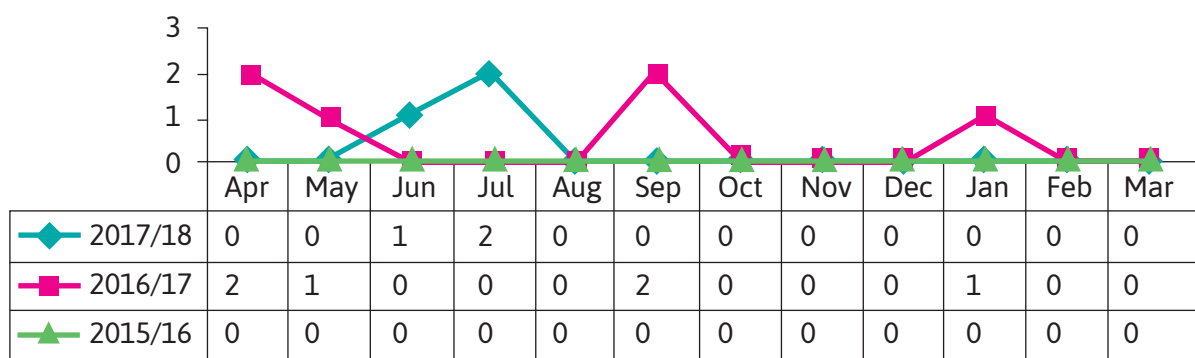


### Summary for 2017/18

Patient safety alerts received including Central Alerting system Alerts (CAS) and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts have been logged by the Quality Improvement Lead with the summary of the problem and the actions taken for each alert received. All the patient safety alerts have been reported into the Patient Safety Group. The process for reporting an adverse incident involving a device is incorporated within the Accident, Incident and Near Miss Policy and Procedure. All electrical medical equipment has been routinely checked and serviced by the local NHS trust.

## Staffing

### Comparison of staffing incidents



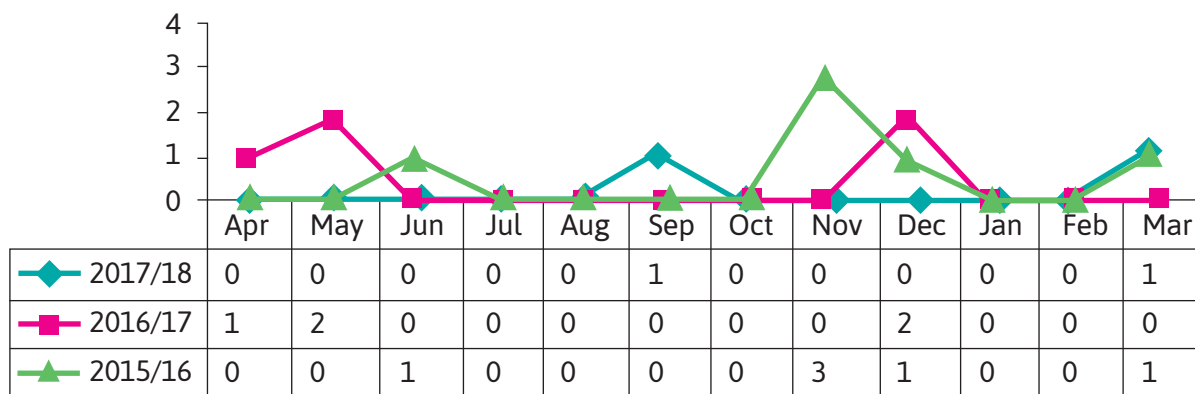
### Summary for 2017/18

The dependency tool used within the IPU enabled staff to assess staffing needs. With the increase in bed capacity of the IPU, the nursing staff has been expanded to reflect the increased patients care needs. All staff participated in an induction programme at the beginning of their contract. Staff have competency-based skills to complete relevant to their roles demonstrating they are proficient and confident to perform roles, skills and tasks within their specific job description.



## Infection control

### Infection Control Comparison

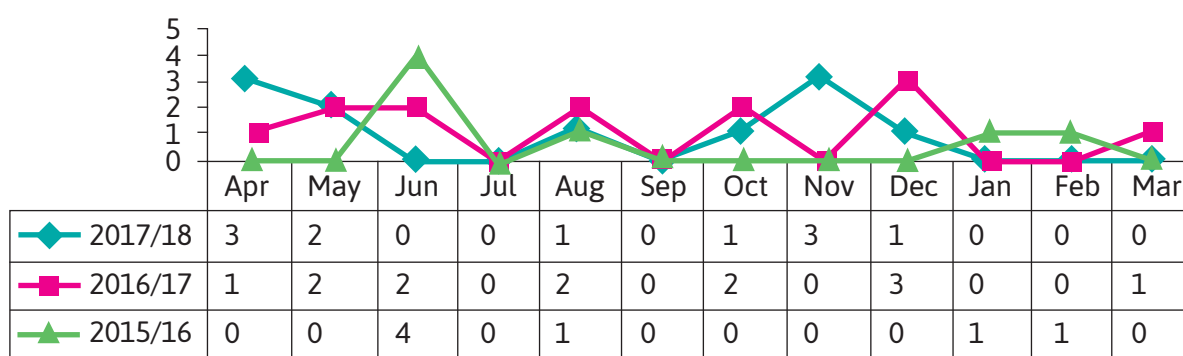


### Summary for 2017/18

There has been a reduction in the number of infection control-related incidents for the second consecutive year. Members of the Infection Control Group took on the responsibility to complete 16 Hospice UK infection control audits. Staff actively encouraged other team members to participate in the audit for a clearer understanding of the process. Action plans were devised when compliance was not fully met. Findings have been presented at the audit and People with Personal Experience (PPE) feedback session.

## Injury

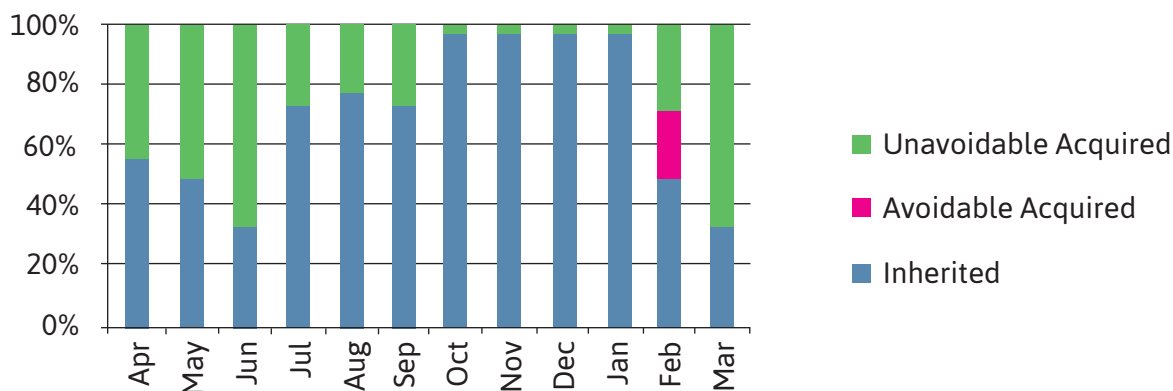
### Injuries Incidents Comparison



### Summary for 2017/18

All patients who were admitted with a pressure ulcer grade 2 or above were reported as inherited pressure ulcers. There have been a significant reduction in the number of acquired pressure ulcers in the second part of 2017/18 (25 compared to 44 in Quarters 1 and 2).

## Pressure Ulcers Incidents Report 2017/18



The implementation of the PURPOSE pressure ulcer risk assessment in September 2017, re-engaged staff in the importance of completing and reviewing risk and skin assessments. This may have contributed to the reduction in acquired pressure ulcers from September 2017. We plan to re-audit the prevention, management and reporting of pressure ulcers in May 2018 using the Hospice UK national audit tool.

The reported avoidable acquired pressure ulcer demonstrated the vulnerability of a patient's skin. The risk to the independent patient developing a pressure ulcer could have been reduced or avoided if the patient had a skin assessment completed daily. The clinical incident was discussed as a case study within a team meeting based on the concept of an action learning set.

Following the review of the Hospice UK benchmarking safety metrics, St Wilfrid's will recommence the reporting of acquired avoidable and unavoidable pressure ulcers using the European Pressure Ulcer Advisory Panel EPUAP classification system from April 2018. Staff will be completing a recognised risk-assessment tool to determine if the acquired pressure ulcer was avoidable or unavoidable.

## Fire

### Summary for 2017/18

There have been no fire-related incidents reported. Fire training continues to be part of mandatory training. Fire evacuation practices have taken place and feedback provided to staff following the events enabling them to reflect on their own personal involvement. Processes have been implemented on the IPU to ensure all patients during their admission have a Personal Emergency Evacuation Plan (PEEP) in place. Wellbeing is continuing to implement the process and aim for full implementation by the end of April 2018.

### 3.3 Patient experience/people with personal experience (PPE)

Patient questionnaires are collated monthly and service managers required to respond to comments with actions where indicated. Throughout 2017/18, 195 questionnaires were completed representing a 33.74% return rate. This demonstrates an overall percentage increase in responses, with a significant increase in Wellbeing and a reduction in IPU and Hospice at Home. The increase in Wellbeing is due to change in process. However, often questionnaires are returned with very little information. There has been a general weariness amongst patients reported anecdotally by staff in relation to too many questionnaires.

## General comments received from the questionnaires

- *The cheerful ambience of the whole hospice was a pleasant surprise to our visitors, putting their minds at rest and making them good ambassadors for the hospice.*
- *Keep up the fabulous work you are doing already.*
- *I was very grateful and humbled by the help I received, especially in the last few years before my wife died at home.*
- *I would like to say how much I appreciated the informative leaflets we were given. They were very helpful and I shall take advantage.*
- *Such a wonderful environment and such a happy place. Everybody gives their all. Well done.*

A new role of Quality and Feedback volunteer was introduced in 2017/18. The volunteers collect community patients' feedback on the care the hospice provides by using the views on care outcome measure. To ensure a more independent and objective approach to gaining feedback the volunteers will start completing the views on care with IPU patients from April 2018, a practice which is currently being done by nursing staff. The word cloud below shows how patients describe the care received by the hospice.

### 3.3.1 CQC comments

The report of the CQC inspection undertaken in August 2014 includes many highly positive comments and can be viewed in full at: <http://www.cqc.org.uk/location/1-999808672#accordion-1>

### 3.3.2 Comments from Clinical Commissioning Groups (CCGs)

Eastbourne, Hailsham and Seaford and Hastings and Rother CCGs are pleased to comment on St Wilfrid's Quality Accounts for 2017/18.

The CCGs are pleased to see that the hospice is helping more patients each year and has introduced the new Care at Home service that, in the first year, helped 101 patients. It is also good to see that through its 5 year strategy Closer to You, the hospice is working to reach the significant number of people who would benefit from hospice input but are currently not accessing it.

The CCGs are looking forward to continuing to work with the hospice as part of the East Sussex Better Together Alliance and continue to support people who require palliative and end of life care. We would also like to recognise the significant contribution volunteers make to support the clinical team.

### 3.3.3 Feedback from those who experience care provided by St Wilfrid's Hospice

A few final comments:

#### IPU

- *I can never thank you enough for all the love, care and dedication shown by ALL the staff whilst my husband was an Inpatient.*
- *Staff sitting with me at all hours of the day and night, talking and encouraging me through darkest moments. I will never forget these times. Thank you everyone.*
- *I felt 'safe' whilst in the hospice and I can't thank all staff and volunteers for their extreme kindness shown to me and my family.*

#### Wellbeing

- *I think the work that St Wilfrid's do is amazing. They take very sick people with very little to look forward to and they give them a purpose. Well done St Wilfrid's and thank you.*
- *A cancer diagnosis is not an instant death sentence. It is a wake up call to change your life in a positive way and to appreciate those you love and those who love you.*

# Views on Care: making a difference



**St Wilfrid's Hospice**  
Reaching out to transform end of life care

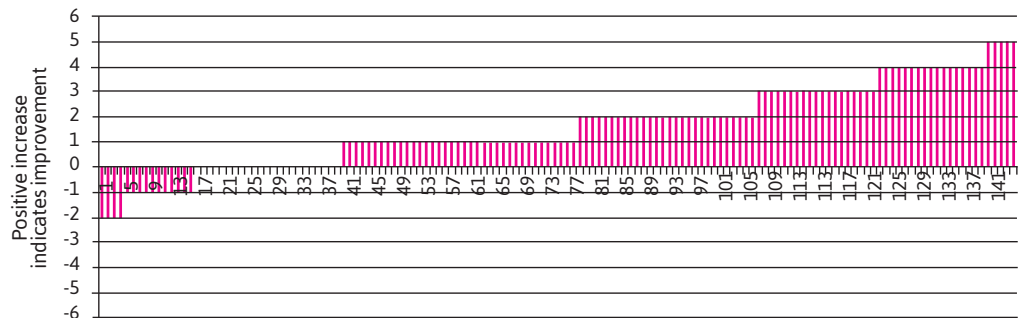
We have been capturing patients' opinions on the care we provide using the 'Views On Care' outcome measure, part of the outcome Assessment and Complexity Collaborative (OACC) suite of measures<sup>1</sup>. This is a short questionnaire assessing patients' own ratings of their overall wellbeing. It was introduced firstly on the Inpatient unit (IPU) and has now been extended to capture the views of patients being cared for in the community. This year, in a novel venture, we have recruited and trained volunteers to collect the results from those patients in the community.



Patients are also invited to add further comments, if they wish, and these themes have been collated into this word cloud.

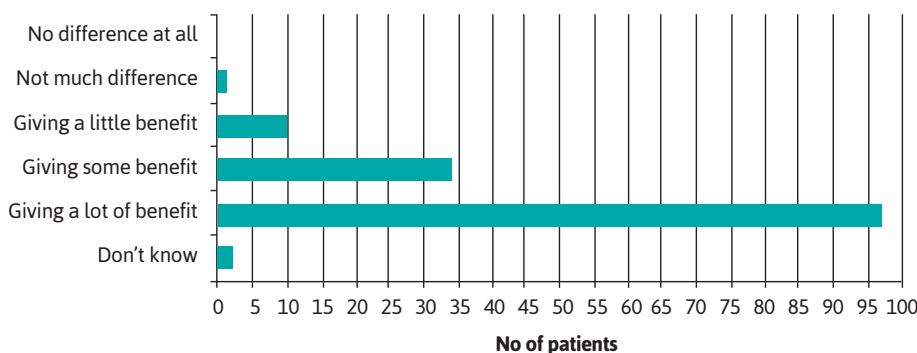
Analysis of the 144 questionnaires completed in 2017/18 from both the IPU and the community showed the positive effect of hospice interventions. This data helps us to develop and further improve the service we provide.

**Change in Quality of Life scores (2017/18)**



**74% stated they had an improved quality of life from hospice interventions**

**Is the Hospice team making a difference? 2017/18**



**91% stated they are gaining benefit (some or a lot) from hospice services**

Data collated and produced by Steve Clarke, Information and Insight Manager and Dr Charlotte Harrison, Locum Consultant in Palliative Medicine. April 2018

<sup>1</sup>Outcome Assessment and Complexity Collaborative (OACC), Cecily Saunders Institute, Kings College London

### **Hospice at Home and Nurse Line**

- *I have found the Hospice at Home Service caters for all my needs at the moment. The phone number for Nurse Line is on my fridge and bedside table at all times. Thank you so much.*
- *When my husband was eventually sent home under the care of the Hospice at Home team, I can never thank you enough for the help you gave me to enable him to have that final weekend at home with me before he sadly passed away. You helped me to grant him his last wish to come home. Thank you.*

### **Care at Home**

- *Continue your care to as many people as possible and thank you and your team for all the help I received.*

**These accounts have been authored by Colin Twomey, Nursing Director and Tara Schrikker, Quality Improvement Lead with direct contribution from:**

- Dr David Barclay, Medical Director
- Andrea Dechamps, Patient and Family Support Director
- Ruth Bacon, Inpatient Unit Nurse Manager
- Dr Farida Malik, Consultant in Palliative Medicine
- Susan Stocks, Learning and Development Manager
- Steve Clarke, Insight and Information Manager

Completed June 2018







**St Wilfrid's Hospice**

Reaching out to transform  
end of life care

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