



QUALITY ACCOUNT

2017- 18

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by a healthcare organisation. Quality Accounts aim to increase public accountability and drive improvements. Our Quality Accounts look back on how well we have done in the past year in achieving our goals and look forward to the year ahead, defining what our priorities for quality improvements will be and how we expect to achieve and monitor them. The report covers Trinity Hospice, including Brian House Children's Hospice.

Introduction – Key Messages: Trinity Hospice

Trinity Hospice is a local registered charity providing compassionate care on the journey towards the end of life for the people of the Fylde Coast.

We work alongside others to care for people in their own homes, in care homes, in nursing homes and hospital. We always ensure people feel they are cared for as an individual, rather than as 'just another patient'.

We work hard to ensure everyone who dies on the Fylde Coast gets the best care possible in the months, weeks or days before they die.

We encourage everyone in our local community to talk honestly and openly about death and dying.

We touch the lives of around 8,000 people every year, supporting them physically, emotionally and spiritually.

Family, carers and close friends have needs too; we are here for them with support and advice at every stage of illness and after bereavement.

Working or volunteering for the hospice is rewarding and fulfilling and we share our knowledge to help others deliver excellent end of life care too.

It costs over £7.5 million every year to run Trinity's services - over £5 million of that must come from voluntary donations and all our care is given free.

Trinity relies on the trust and goodwill of the local community and would never undermine that by using inappropriate fundraising tactics. Our approach is to inspire people to give, rather than make them feel in any way compelled.

We are about living life to the full and living well to the very end.

Key Messages: Brian House Children's Hospice

Because some lives are too short – every child or young person with a terminal, life-limiting or life threatening condition deserves exceptional all round care, to enjoy the time they have got and, with help, live life to the full – making the most of every day.

Children and their families are at the very centre of what we do.

Brian House is not a sad place - but a place full of happiness and hope.

We support both children and young adults, from babies up to 24 years.

We cover Blackpool, Fylde and Wyre – a children's hospice for local people.

Brian House is the only children's hospice on the Fylde Coast.

We provide a fun and engaged setting, full of warmth for families.

We understand the breadth of highly complex medical conditions.

We provide support to a parent, siblings and loved ones through tough times.

Much-needed respite is provided for parents, so they can get a good night's rest.

A child's final days in Brian House are memorable and special.

Brian House requires £1.2 million to keep its doors open, most of which isn't funded.

The services available at Brian House are provided to families free of charge.

Part One

Statement of Quality from our Chief Executive:

We all want great care, for ourselves, our loved ones and those close to us. But what is great care and what are the foundations that must be in place to enable it to happen? Too often, we hear in the news of examples which seem to highlight what it isn't and what factors make it harder to achieve – too little resource, over stretched and demoralised staff, a lack of compassion and care. In some ways, creating experiences of great care is a bit like baking that award winning creation on the Great British Bake Off – it requires a tantalising mix of ingredients, brought together at the right time, and topped with a little something special or different – and that difference is passion.

For all of us who've tried to bake, we know we can sometimes get it wrong despite our best efforts – we are all human after all. But, it is in gathering together the best of ingredients (our staff and volunteers), mixing them together with love and care (our culture and approach), and flavouring our creation with a real understanding of our patients and their families (our holistic patient-centred care), that we regularly deliver award winning results that deservedly gained an "Overall Outstanding" rating by the Care Quality Commission in 2016. This remains a testament to the passion, commitment and hard-work exemplified by every member of staff here as we recognise that we only have 'one chance to get it right'.

This report highlights our work during 2017-18 to keep our focus on Quality outstanding. In addition to reading this report, I encourage you to visit our new website which goes live in the summer of 2018. It reflects an approach that endeavours to place quality at the heart of everything we do and will showcase our work to that effect. Take the time to also visit and read the many examples of our patient feedback at www.iwantgreatcare.org/search and type in 'Trinity Hospice Blackpool'. We continue to score extremely high levels of patient and family satisfaction.

2017-18 saw us focussing on improving complex symptom management for children in Brian House; helping patients undergoing palliative care chemotherapy and radiotherapy with risk of sepsis; improving our understanding and management of increasingly complex patients through the introduction of the 'Outcome Assessment Complexity Collaborative (OACC)' framework; and placing an even greater focus on person-centred care enabling patients and those close to them to easily express 'what matters to you' and for staff to mindfully consider these in every decision.

Our particular focus for 2018-19 will be:

- Enhancing Care Plans in patients usual place of residence;
- A further focus on reducing the risk and impact of falls amongst our most vulnerable patients;
- Introducing some new and innovative approaches to nutrition and hydration;
- Developing enhancements to our approach to assessing mental capacity and best-interests decision making for our children & young people in Brian House so they are even more able to participate in decisions about their care;
- Developing a tool to enhance the identification of appropriate support for parents and carers of children in Brian House;
- Embedding our new OACC assessment framework within a new MDT operating approach;
- Enhancing support for those with dementia with the introduction of an Admiral Nurse;
- Enabling families to feel more confident and competent through a new confident carers programme;
- Further enhancing our music therapy opportunities within Brian House;
- Mapping out our existing partnership opportunities to improve their effectiveness.

As always, at the heart of our work are our values. Trinity 'cares' by being 'caring', 'adaptable', 'responsible', promoting 'excellence', and being 'socially engaged' and these values flow through our approach to quality. I hope you will agree that you can see all these ingredients in this year's creation.

Thank you for your on-going support. Without it, we could not make the difference we do and we do so because everyone deserves access to good end of life care.

David Houston
Chief Executive

Statement of Assurance from the Board of Trustees

The Board of Trustees has ultimate accountability for the quality of care provided within Trinity Hospice, which includes Brian House Children's Hospice

In addition to Board meetings, which take place every two months, a number of sub-committees focus specifically on our Clinical Governance, both in Trinity and in Brian House, and within the community.

We also undertake Trustee [previously known as provider] visits during the year, which allows trustees to see first-hand the operation of our clinical teams and to interact with patients and their loved ones. We regularly receive reports focusing on quality, including approving our Quality Strategy, and take particular interest in the feedback from patients and those close to them through our anonymous 'iwantgreatcare' surveys.

We were extremely pleased in 2016 to note the achievement of an 'Overall Outstanding' rating from the Care Quality Commission. This came on top of high clinical audit ratings from Blackpool and Fylde & Wyre Clinical Commissioning Groups (CCGs) who oversee health provision on the Fylde Coast. The trustees strive in their role to assist our medical and clinical staff to maintain that finding.

Considerable credit goes to the officers' Clinical Review Group which meets monthly and sets annual objectives to continuously improve quality. We are indebted to the staff passion and commitment to get it right first time.

Looking forward, Trinity is keen to build on that overall outstanding rating, securing the CQC inspection areas in which it excelled – 'care' and 'well-led' and further improving those areas recognised as good – 'safe', 'responsive' and 'effective'. These goals are set out in our 2017-2020 Business Plan published in June 2017 and reflect a key value, that of promoting 'excellence'.

We are now very much a 'hospice without walls' with a significant proportion of our work out in the community through Hospice at Home.

We look forward to further expanding our support across the Fylde Coast and continuing to ensure the experience at Trinity Hospice remains 'world-class'.

Nigel Law
CHAIRMAN

27/04/2018

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Part Two

Looking forward: Our improvements for 2018/19

These Quality Accounts link to our Quality Strategy and are supported and approved by our Board of Trustees. The following areas have been identified for development/ improvement in 2018/19 by the Clinical Quality Improvement Group, under the following headings: Patient Safety, Clinical Effectiveness and Patient Experience. They have also been included in each department's Business Plans and Objectives.

Patient Safety – Community Clinical Nurse Specialist Team – Care Plan

How was this identified as priority?

Following a complaint, it was identified in the investigation that despite patients increasingly having palliative care plans online from health and social care professionals to refer to, there was a lack of 'hard copy' specific to palliative care documentation /plan left in the patient's house by palliative care professionals. This has the potential to lead to a breakdown in communication for all involved, including:

- Not always able to get access to EMIS records.
- What has been tried before and /or what the specialist team feel is the next treatment to try
- Patients and carer may not fully understand what has been said during assessment.
- Patients are often distressed during visits and don't always remember what has been said, therefore having a simple plan of action can alleviate this.
- Carers who aren't present at the time of assessment can see what the plan is.

What do we want to achieve?

- Produce a 'hard copy' care plan to leave in the patient's home.
- This will inform the patient, carers and healthcare professionals of the decisions made following assessment of the patient's symptoms.
- Improved patient safety.
- It will identify what has been discussed and when/why the plan should be reviewed.
- Patient, carers and healthcare professionals made fully aware of plan.

How will progress be monitored and reported?

- Via the Case Review by the Team Leader and reports to the Clinical Director.

Patient Safety – In-Patient Unit – Falls

How was this identified as priority?

We undertake full risk assessments for all patients and employ appropriate interventions to reduce the risks of falls.

Nevertheless we have been monitoring the number of falls closely, and though we saw a reduction in previous years we have noticed an increase over the last 12 months. Although the majority could be condition-related we wanted to ensure we have revisited and implemented new interventions to try to further reduce the incidence.

What do we want to achieve?

- Trial and audit new "touch lighting" to enable our patients to easily see when they are mobilising overnight.

- Introduce training to all our non-qualified staff around falls prevention.
- Continue the NVQ 3 rotation programme to develop new skills and awareness of posture, mobility and equipment.

How will progress be monitored and reported?

- Falls will be monitored and investigated in more depth on completion of an incident form.
- Discuss at monthly Clinical Quality Improvement Group.

Patient Safety – In-Patient Unit – Improving nutrition

How was this identified as priority?

Hydration and nutrition in palliative care are both emotive topics. Our patient demographics and reasons for admission have changed over the last five years; access to appropriate assessment and collaboration across departments is seen as a priority to improve the patient's experience and support greater wellbeing in a healing environment.

What do we want to achieve?

- Develop a cross-hospice resource group that focuses on nutrition in partnership with catering and practice development of all clinical staff.
- Develop a ward-based resource file.
- Train link staff to support appropriate swallowing assessments.
- Undertake tele-swallowing assessments.
- Develop a new Admissions Kitchen Information Sheet and also a menu to be given to the patients on admission, so that they know they can order mid-morning and mid-afternoon snacks and alternative meals.

How will progress be monitored and reported?

- Discuss at monthly Clinical Quality Improvement Group.

Patient Safety – Brian House

Review the policy, procedure and documentation around the assessment of mental capacity for young people cared for in Brian House to ensure they effectively, as far as they are able to, participate in decisions about their care.

How was this identified as priority?

Brian House has always worked in partnership with the children and young people it cares for, and their parents. They are involved in all aspects of decision making around their care. Children and young people are supported to be involved using their familiar method of communication.

Brian House works with other agencies as a young person approaches transition and, if appropriate, supports them to move to adult services. As a result, the number of children over 18 years cared for at Brian House is small and mental capacity assessments are rarely undertaken.

However, regardless of number, we feel improved documentation would further enable and evidence the capacity of the young people we care for and demonstrate how best interest decisions are made on their behalf if they lack capacity, to ensure they effectively, as far as they are able, participate in decisions about their care.

What do we want to achieve?

- Review organisational policy and procedure to ensure it is explicit and that it applies to Brian House as well as the rest of the organisation.
- Review documentation in place to ensure it evidences that the young people cared for in Brian House participate as much as they are able to in decisions around their care.
- Ensure all team members complete mandatory training on this topic and understand their roles and responsibilities in this area.
- Determine mental capacity assessments and 'best interests' decision documentation for young people in Brian House.
- Incorporate this work into transition so parents are fully aware how this will affect their child.
- Consider writing a leaflet to explain these processes to the young people receiving care at Brian House.

How will progress be monitored and reported?

- Inclusion in Business Plan.
- Review of documentation used to record the assessment of the mental capacity of those cared for in Brian House and its outcome.
- Review of documentation for best interest decisions of those who do not have capacity.
- Progress will be monitored via the Clinical Quality Improvement Group and shared with clinical teams.

Clinical Effectiveness – Brian House

Develop a tool for use within Brian House that assesses the needs of parents and carers

How was this identified as a priority?

Parents and carers of those children who are cared for in Brian House face many different challenges on a daily basis. Brian House strives to provide holistic care for the whole family, including parents and carers. Integral to this is supporting and enabling them, where possible, to cope with the demands of caring for a child with life-limiting condition and their complex needs.

Following an audit of the "referral and first admission" process in Brian House, it became clear that although we support parents and carers on an ad hoc basis and when it becomes apparent they need additional support, a more formal process for doing this would improve our effectiveness in supporting them and allow a more proactive approach.

What do we want to achieve?

- Gather information from a variety of sources to see how others assess carer/parent need.
- Consult with our parents and carers to see how they feel this support can most effectively be provided.
- Consult with Blackpool Carers to seek advice and support.
- Consider within this work the impact on young carers of living with a sibling who has a life-limiting condition.
- Consult the Outcome Assessment and Complexity Collaborative (OACC) suite to see whether the carers assessment tool is appropriate for our use.
- Having gained this information, devise a family/carers assessment form that allows us to proactively and regularly assess the needs of parents and carers.

- Compile a portfolio of information of different sources of support that parents/carers can access recognising that working together with other agencies in our locality will provide more effective support.
- In reviewing this work, consider whether a designated family support worker role would be a worthwhile and viable role within Brian House.

How will progress be monitored and reported?

- Inclusion in the Business Plan.
- Creation of a parents/ carers assessment form with guidelines on how and when it should be used.
- Progress will be monitored via the Clinical Quality Improvement Group and shared with clinical teams.

Clinical Effectiveness – Improvement to the weekly Multi-disciplinary meeting

How was this identified as a priority?

Following on from our work last year implementing the Outcome Assessment Complexity Collaborative (OACC) tool across services and completion of staff training and use of the tool, we now want to embed the OACC tool into the multi-disciplinary team (MDT) meeting process for patients known to specialist palliative care services across the Fylde Coast. This has identified a need to change the current MDT format to enable additional time to concentrate on newly identified aspects of patients' holistic symptoms that are defined as 'overwhelming' by OACC, and to enhance the MDT approach to enabling person-centred care.

What do we want to achieve?

- The goal is to introduce implementation of patient level outcome measures (OACC) to measure across the Fylde Coast and improve palliative care for patients and their families, concentrating on the aspects of patients' holistic symptoms that are 'overwhelming' to enhance the MDT approach to enabling person-centred care.
- We will use the following measures:
 - Phase of illness
 - Australia – modified Karnofsky Performance Status (AKPS)
 - Integrated Palliative Outcome Scale (IPOS)
 - Views on Care
 - Barthel Index (In-Patient Unit only)
 - Zart Carer Interview (As part of carers programme)
- Develop an In-Patient Unit MDT that incorporates the IPOS questionnaire to enable the focus of discussion to be about what's important to the patient in relation to identified symptoms, both physical and emotional.
- Using OACC will enable a common language to be used and defined across the hospice.
- Implement a nursing board round* so senior level nurses critique and review care weekly to ensure best outcomes for patients from a nursing perspective and to ensure all aspects of the patient identified issues are addressed in a truly person-centred way and use the best clinician to ensure positive outcomes.

(* Board Rounds are a review of patients around 'a whiteboard' with a list of patients instead of at the patient's bedside, board rounds can give an opportunity to summarise key points of patient care, to plan for the patient and decide what actions need to be taken that day.)

How will progress be monitored and reported?

Progress will be reported via the operational and peer review process for the MDT.

Patient Experience – Appointment in partnership with Dementia UK of an Admiral Nurse

How was this identified as a priority?

Dementia is one of the most difficult long term terminal illnesses for families to cope with due to the nature of the condition and the effect it can have on the very essence of a person and what makes us who we are: losing memories, being unable to recognise people, difficulties forming or keeping relationships.

Trinity Hospice works with people with a wide range of serious illnesses. However, it has not traditionally cared for people with dementia other than when someone has dementia in addition to another life-limiting illness. By working in partnership with Dementia UK to introduce Admiral Nursing, the hospice aims to develop its services and offer its specialist, outstanding rated palliative care to people and families living with dementia.

There are an estimated 850,000 people with dementia in the UK. In Lancashire alone, it is estimated that in the next four years there will be over 18,000 people living with the condition in the County, impacting on 18,000 families.

What do we want to achieve?

- Provide direct clinical care and support to people with advanced dementia and their families, assessing their needs – physical, psychological, behavioural, social and spiritual. Our additional work will influence, recommend and provide a range of effective, evidence-based psychological and social interventions. This will include supporting families affected by dementia to develop skills in understanding and coping with the challenges and difficulties they may face.
- The Admiral Nurse will provide expert training, advice and support across the hospice and community, especially within mental health services. They will facilitate improvements in the way people with dementia and their families are identified and supported, and ensure they receive appropriate hospice and other care. They will provide highly specialised advice and supervision to other members of the multi-disciplinary hospice in-patient, hospital, and community teams regarding management of people with dementia and their carers. Their in-depth knowledge of dementia will ensure they can advise the health care team on the options for achieving control of symptoms, especially pain.

How will progress be monitored and reported?

- Via the operational group that will be implemented to oversee the development of the service. One-to-one support of the Clinical Director and monitoring of objectives for the service set.
- Written report to be submitted via the Clinical Director to the Trinity Management Team Executive.

Patient Experience – Community Services – Confident Carers project

How was this identified as a priority?

Feedback was received from both clinical teams out in the community (Clinical Nurse Specialist Team and Hospice at Home team) and patients and their families. Informal caring is often a role that's given as opposed to chosen, and the skills required to undertake the role confidently - especially in the end of life phase - are not always evident. This lack of practical skills and awareness about the end of life phase can mean that some patients end up in hospital unnecessarily. Caring can be lonely and isolating and have a devastating effect on health and wellbeing, and a need for further medical intervention.

What do we want to achieve?

- The course is a practical based six week programme to enable carers to have practical skills and tools to support the delivery of care to their loved ones.
 - Setting boundaries, goals and achievements
 - Information and services within local areas – support networks
 - Nutrition, medication, spiritual care
 - Personal care
 - Practical – catheter care, hospital beds, changing sheets and clothing, positioning.
 - What to expect, syringe drivers.
- Working in partnership with Blackpool Carers, over 1500 people are currently caring for someone with a life-limiting illness.
- The aim is to bring people together to provide support whilst learning new skills in a safe environment. Giving them an opportunity to explore the dying process, with the aim that this pre-bereavement support equips them with skills and new support mechanisms in the post-bereavement phase.
- Launch event June 2018.
- Commence programme July 2018.
- This project will be formally evaluated and researched.

How will progress be monitored and reported?

Operational Group with key stakeholders will monitor progress alongside both formal and informal evaluations which will include pre- and post-course analysis.

Patient Experience – Brian House

Increase the scope of play and music therapy for those receiving care at Brian House

How was this identified as a priority?

Both play and music therapy provide fun and enjoyment for the children as well as having the ability to provide therapeutic benefits. Both are specialised roles and contribute to the high standard of care we provide. They are integral in ensuring the children have a great time whilst in Brian House.

The play worker role has increased tremendously since it was created. Recently we have been fortunate in securing funding for the next three years for an additional part time play worker, which will ensure that a play worker works seven days a week in Brian House. We have also secured additional hours funding for our music therapist. The increase in hours for both roles is a real opportunity to enhance the scope of play and music therapy in Brian House.

What do we want to achieve?

- Appoint to the additional post of play worker, ensuring an effective induction enabling both play workers to enhance the existing provision for play with Brian House.
- Consider ways in which both play and music therapy can be provided in the community for those children we care for.
- Play workers to continue to attend children's hospice network meetings to develop and enhance existing links.
- Facilitate play workers to enhance and further develop existing links with special schools in the locality, developing a specific network, using the opportunity to inform them about the work of a children's hospice.
- Embrace the opportunity for music and play to work alongside each other and plan accordingly.

How will progress be monitored and reported?

- Inclusion in the Business Plan
- Appointment of an additional play worker with effective integration into the team
- Progress will be monitored via the Clinical Quality Improvement Group and shared with clinical teams

Patient Experience – Partners map

We want to work in partnership across all clinical and non-clinical services to map out the extent of our work across the Fylde Coast with partner agencies and organisations.

How was this identified as a priority?

We have discussed the concept of “Hospice without walls” many times and following on from a presentation at the Hospice UK conference this idea was born; we wanted to show in a visual format to our patients and families the breadth of how we influence “hospice care” outside of our hospice building.

What do we want to achieve?

- A pictorial view across our services of who we link and partner with to increase the experiences and opportunities for our patients and families.
- An opportunity to demonstrate how clinical and non-clinical services have an intrinsic link.
- Cross-collaborative working and understanding of our services and the many agencies we work with.

How will progress be monitored and reported?

- Via the Clinical Quality Improvement Group

Looking back: Priorities for Improvement identified in our Quality Accounts for 2017-18 and progress made

Patient Safety – Brian House Children’s Hospice

Effective assessment and management of symptoms of children cared for in Brian House

Our aim was:

We recognise that children and young people cared for in Brian House can present with a core group of symptoms, both on a daily basis and at the end of life. Management of these symptoms is usually instigated by the child’s paediatrician, whilst caring for a child at the end of life occurs infrequently. In aiming to provide the highest standard of care we wanted to ensure that all the team were confident and had the knowledge, appropriate to their role, to competently and effectively manage the wide variety of symptoms children can present with at any stage of their life.

What we did:

- We wrote a symptom management teaching pack for all staff to complete. It enabled them to develop their own personal knowledge appropriate to their role. It included pain assessment tools and recognition, assessment and management of pain, particularly in non-verbal children. It also included information about the drugs commonly used to treat specific symptoms that may arise during a child’s life and at the end of it.
- Our care plan has been re-written and includes a revised section on communication so staff can refer to it and use the most appropriate method for that child. In addition, each child has a “what matters to me” one page profile that provides important information on caring for that child, their symptoms being integral to that.
- Brian House has guidelines on the assessment and management of pain which are regularly reviewed and reflect current best practice.
- A training day contained two sessions; one provided by our paediatrician on managing common daily symptoms and another, provided by our Medical Director, on drugs used at the end of life.
- Symptom management is included in new team members’ induction programme as part of achieving the clinical competencies required for that role.

What was the outcome?

Effective symptom management and quality of life are intertwined whether day to day or at the end of life. The actions undertaken have increased the knowledge and skills of staff and subsequently the confidence of staff in managing those symptoms. Work on this important topic will continue and an extension of this work will be included in our business plan next year.

Patient Safety – Clinical Nurse Specialist Team – Red Card

Our aim was:

The Red Card idea came about following a complaint from the wife of a gentleman who was receiving chemotherapy through NHS services.

Prior to and during treatment, patients are given both verbal and written advice. More and more of our patients are receiving symptom management treatment at the end of life. Therefore it is important that families and healthcare professionals are aware of the need to investigate any conditions that are reversible, especially when having treatment, for example. Health care professionals often mistake sepsis as a sign that the patient is dying from their illness and not as an associated medical emergency brought on during immune suppressant side-effects of chemotherapy or radiotherapy treatment. It is important that as

people are living longer having palliative treatments, we need to raise the awareness of sepsis and other reversible causes.

The Clinical Nurse Specialist Team is aware that the oncology team give the patient written information and contact details, but don't routinely check this. Therefore as a team, we decided to create a safety net to safeguard patients, their families and health care professionals caring for them.

The plan was to develop a 'Red Card' to alert patients to signs and symptoms of sepsis, to ensure that patients had the best chance to act on symptoms which may be reversible.

What we did:

Looked at local and national protocols for neutropenic sepsis

- NICE guidelines for management of neutropenic sepsis.
- Lancashire and South Cumbria Palliative and End of Life Care Guidelines 2017.
- Lancashire and South Cumbria Acute Oncology Initial Management Guidelines.
- North West Coast Strategic Clinical Networks Clinical Practice Summary August 2017.
- FACTS pack given to chemo patients.
- Key information gathered from these documents.

Obtained information cards currently given to chemo patients in Blackpool (obtained within FACTS packs) and

Macmillan information cards for neutropenic sepsis.

Gained experience from working on the acute oncology helpline.

- Patients often felt they hadn't been given information about what to do if they became unwell. "Knew they had been given a pack – not sure what it is about" "Looks confusing". "Too much information."
- Often people didn't know about the effect painkillers can have on temperature (paracetamol and ibuprofen etc.)
- People panic when unwell – unable to recall information given, or where info is.

Discussed with patients about how the support to them could be improved.

- Need information to be clear, easily accessible and easy to take around with them.

What was the outcome?

- The card is currently in its draft format.
- Create mock-up of card. No bigger than A5 size (Stored on fridge door) Able to take in bag.
- One sided.
- Red background to make it stand out.
- Trinity and hospital logo in partnership
- Contain key important points.

Clinical Effectiveness – Brian House Children's Hospice

Develop and extend our work with neonates within the multi-disciplinary team

Our aim was:

Every year 80,000 babies in the UK are admitted to a specialist neonatal unit for care. Some of them can benefit from palliative care and the care provided by a children's hospice. Our aim was to increase our

involvement with the neonatal and midwifery units at Blackpool Teaching Hospital and Royal Preston Hospital to make them aware of how Brian House may be able to provide support to some of the children and families they care for who are resident on the Fylde Coast, thus enabling families to have greater choice in the care available for their baby.

What we did:

- A lead nurse was identified to progress this working with two other interested nurses to do this.
- Attendance at the children's hospices neonatal link group, to compare practice and share ideas.
- Developed knowledge in this area by attendance at a specific neonatal conference and various workshops at other educational events.
- Developed the knowledge of the team around caring for neonates by inviting the neonatal unit manager from Blackpool Teaching Hospital to speak at our Training Day.
- Visited the midwifery and neonatal unit at Blackpool Teaching Hospital with our spiritual care coordinator, as he has existing links with these areas.
- We continue to work with the ante-natal multi-disciplinary team enabling us to offer our support, if parents wish, if their baby is expected to be born unwell, prematurely or to die soon after birth. We meet with them six-monthly to share practice and discuss ways of increasing our work together. This includes bereavement support and how we can support a family after a child's death.
- We continue to inform obstetricians and midwives about the work of a children's hospice and the potential for us to work together at every opportunity and in different ways. We have attended the paediatricians' and obstetricians' audit meeting at Blackpool Teaching Hospital.
- Working together was discussed at our yearly meeting with the paediatricians from Blackpool and received their support for our work.
- Attendance at neonatal ward rounds is arranged through their manager and the nurse working on outreach will attend when appropriate.

What was the outcome?

Relationships with the neonatal unit at Blackpool Teaching Hospital have increased and developed as has the knowledge of the team about this aspect of our work. This is a topic on which progress has clearly been made in a number of ways, but there is the potential to develop our relationship and increase our work further, particularly with the units at Royal Preston Hospital. This can be done in a number of ways so will continue to be part of our Business Plan.

Clinical Effectiveness – All services

Measuring outcomes to improve care – Outcome Assessment Complexity Collaborative (OACC)

Our aim was:

To introduce the Outcome Assessment Complexity Collaborative (OACC) into our clinical practice to provide valuable information to improve care for individuals and families, as well as supporting service improvement and development.

What we did:

- We appointed a project manager to support the implementation of the project.
- We developed a project plan to support the implementation of the measures.
- We identified champions to formulate a task and finish group from the various departments to undertake a planned rollout of the programme over a period of 18 months – two years.
- Steady progress has been made, with training complete and the following measures implemented into clinical practice:

- Phase of illness
 - Karnofsky Performance Status (KPS)
 - Integrated Palliative Care Outcome Scale (IPOS)
- Currently developing a new approach to an In-Patient Multidisciplinary Team meeting which incorporates the OACC measures and is used as the format for discussion about how the patient feels about their symptoms and subsequent treatments.

What was the outcome?

We are now able to monitor patients' progress and respond to their needs more appropriately and be more patient-centred.

Patient Experience – In-Patient Unit, Day Therapy Unit and Brian House

Patient-centred care

Our aim was:

Our aim was to further enhance our patient –centred care with the introduction and use of individual patient memo boards to promote and empower patients. The memo boards enable patients and families to communicate at a very difficult time, to leave messages for each other but also allow families advocating for patients to ensure the staff understand the things that are important to that individual if they are unable to do this for themselves. Messages such as "patient A wishes to have her hair washed, or nails done", alongside messages of support.

What we did:

- On the 6^h June 2017 national 'What Matters to You' day we launched the concept to staff.
- We displayed leaflets and one page staff profiles promoting the concept.
- Staffs were invited to wear badges 'Tell Me What Matters to You'.
- As part of daily routine staff encourage patients to use memo boards and Patient Journey booklets

What was the outcome?

We have supported and encouraged meaningful conversations between the people who we care for and the families and carers who are important to our patients. These conversations have often led to patients achieving special occasion's eg:

- Speed boat trip
- Supporting a young lady with her 'Prom' event with her Mum who was a patient on the In-Patient Unit so she felt part of the preparation, makeup, hair and dress and marked the event with pictures.
- A trip and overnight stay in Southport.
- A personal video message from Alfie Boe.

Patient-centred care – Day Therapy Unit

Our aim was:

To introduce Patient Individual Journey booklets to patients attending the Day Therapy Unit 16 week programme to monitor progress. This captures the patient's goals, 'what matters to them' and 'who matters to them' and enables us to try to tailor our support of the patient to achieve the best possible outcome. This

documentation is used to measure progress and completed on discharge, along with any photographs of their time in the day unit.

What we did:

- A visit to the zoo
- Afternoon tea at the Tower
- Ride on a vintage tram

What was the outcome?

Both patients and have staff have found the booklet useful to reflect on the progress of goals met.

Person-centred care – Brian House

Our aim was:

To further enhance our child and family-centred care with the introduction and use of individual “what matters to me” one page profiles to be displayed in the child’s bedroom each time they are admitted for overnight care. They are intended to be used as a source of information for volunteers and students on placement about any of our children, providing an initial insight of information that is important to know when caring for one of the children. We want to understand the things that are really important in children’s lives, as this has an impact on the quality and effectiveness of care.

What we did:

- Consult the child, where possible, parents and schools to devise a child friendly “what matters to me” one page profile. Each “what matters to me” contains:
 - What people like and admire about me
 - What makes me happy
 - How I like to be supported.
- Inform all the team about the project and gain their involvement in writing them and subsequently using them on a daily basis.

What was the outcome?

Those caring for a child can very quickly gain an insight into their personality and what is important to them, which can then be reflected in the care that is provided, demonstrating that each child is recognised as a unique individual.

Review of Service

During 2017/18, Trinity Hospice provided the following services in conjunction with Blackpool NHS Clinical Commissioning Group and Fylde and Wyre NHS Clinical Commissioning Group with regard to the provision of specialist palliative care services.

- In-Patient Unit with 20 beds offering 24 hour care for the most complex patients and their families.
- Community Nurse Specialist Team supporting patients and their primary care teams in the community.
- Hospital Nurse Specialist Team supporting patients and colleagues within the hospital.
- Day Therapy Unit supporting patients through a 16 week programme to live with and manage their illness build self-confidence and maximise quality of life.
- Lymphoedema Service supporting patients, adults and children, with both primary and secondary lymphoedema.

- Bereavement and counselling services run from the Linden Centre supporting adults and children, individually or in groups. We also run a Schools Link Service, helping schools to support children experiencing bereavement.
- Quarterly bereavement and annual bereavement events i.e. Light up a Life.
- Psychology services.
- Complementary Therapy offering patients and carers a range of complementary therapies.
- Physiotherapy – supporting discharge, promoting independence and improving quality of life.
- Social worker helping patients to stay in their own homes and supporting discharge planning for the In-Patient Unit.
- Spiritual care and support by our Spiritual Co-ordinator and chaplains.
- Hospice at Home overnight service, seven nights per week, supporting people in their own homes, working with out of hours medical services, District Nursing teams and ambulance service.
- End of life Care Facilitator – working to support nursing/care homes and domiciliary agencies to deliver end of life care training.
- Education and training – a recent appointment of a Clinical Educator.
- Hospice Neighbours scheme with trained volunteers supporting patients in the community by visiting them, taking them to the shops, appointments etc.
- Volunteers – all aspects of the above services are supported by over 850 volunteers.
- Brian House Children’s Hospice supporting children and young people and their families with respite and end of life care (mainly funded by charity’s monies with a small emergency grant from the Department of Health).
- Medical and nursing student training.

Trinity Hospice is an independent charity which provides all services free of charge. The income generated from the NHS in 2017/18 represents 35% of the overall costs of service delivery with the remaining income to fund our services coming from the voluntary charitable donations, legacies, events, corporate and community fundraising, hospice shops and lottery.

Care Quality Commission - OUTSTANDING

The Care Quality Commission regulates Trinity Hospice for the following regulated activities:

- Diagnostic and screening procedures.
- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.

During this period we have not had an inspection by the Care Quality Commission so we currently retain the following rating from our inspection in July 2016:

• OVERALL RATING FOR THIS SERVICE	Outstanding
• Is the service safe?	Good
• Is the service effective?	Good
• Is the service caring?	Outstanding
• Is the service responsive?	Good
• Is the service well-led?	Outstanding

What they said about

Is the Service Safe?

- The service was safe.
- Staffing levels were sufficient to meet people's needs and individuals we spoke with said there were enough staff to keep them safe. The management team had not always followed their recruitment systems, but took immediate action to address this.
- Staff had a good awareness of safeguarding principles and who to report concerns to if people were at risk of harm or injury.
- We observed people receiving their medicines on time and when required. Staff were skilled and managed medicines carefully.

Is the Service Effective?

- The service was effective.
- People told us they felt staff were experienced and skilled. Staff files we saw showed they received a wide range of training.
- Care files contained nutritional risk assessments and control measures to minimise the risk of malnutrition.
- Staff receive training about MCA and DOLs. People told us they were supported to make decisions.
- Staff worked with other healthcare services to monitor people's on-going physical and mental health.

Is the Service Caring?

- The service was exceptionally caring.
- Without exception, people and their relatives spoke extremely highly of staff and their experiences of care. We found staff were passionate about providing a non-discriminatory service.
- We toured the service and found it was exceptionally tranquil, warm, happy and welcoming atmosphere throughout. People said this enabled them to feel exceptionally comfortable and relaxed.
- The registered manager worked with other healthcare services to provide relatives with dignified end of life care. Care planning was highly personalised and held details about the person's preferences and how they wished to be supported.

Was the Service Responsive?

- The service was responsive.
- Care planning was personalised and gave staff precise direction to care. People told us that staff were efficient at responding to them and their requirements.
- The provider maintained the environment to a very high standard to enhance people's wellbeing and stimulation. This included a range of activities, facilities and holistic therapies.
- We saw that the registered manager dealt with complaints competently.

Is the Service Well Led?

- The service was extremely well led.
- The registered manager acted with other agencies to develop best practice and foster excellent partnership relationships. They worked with the local hospital to influence and improve best practice and national- policy making. We found this had a major impact upon people's care, safety and welfare.
- Staff, people and visitors said the service was organised and managed to an extremely high standard. They told us the registered manager was very active in supporting and understanding their requirements.
- The management team excelled at managing change in a coherent and cohesive approach. Staff said they felt fully involved in Trinity's on-going development. They added the management team was extremely supportive and approachable.
- We found people were at the heart of Trinity's quality assurance programme. They fed back they would not hesitate to recommend the hospice to others. The registered manager had remarkable oversight of care provision, service quality and everybody's safety.

Trinity's Values and Ways of Working

Trinity's Values and Ways of working are embedded throughout the organisation and staff are expected to act in accordance with them.

Trinity C.A.R.E.S

Caring

Provide care with skill and compassion that is person and family centred.

Truly listen in order to provide appropriate, warm hearted and honest support that meets physical, psychological and spiritual needs.

Place 'caring for patients and those important to them' at the heart of our actions.

Respect and value individual differences

Support colleagues and volunteers at all times.

Share our knowledge and expertise with others involved in the care of people with progressive life-limiting illnesses.

Adaptable

Respond positively, appropriately and flexibly to challenges.

Constantly strive to ensure all we do is high quality and compliant (safe and risk assessed) in accordance with changing regulations.

Work across sectors (voluntary, public and private) to maximise our collective impact.

Develop effective external collaborations based on mutual respect and trust.

Responsible

Clearly communicate expectations so that staff members and volunteers know what is required of them.

Demonstrate a 'can do' attitude and be accountable for our individual actions.

Investigate adverse comments and complaints carefully and honestly, to ensure learning and continuous improvement.

Share compliments and celebrate successes to learn from good practice.

Ensure effective teaching and provide exceptional learning opportunities around end of life care.

Maximise our impact by effective team working.

Excellence

Constantly develop and apply our professional expertise in palliative care.

Encourage others to share ideas and learning.

Aspire to provide exceptional professional performance in all roles.

Promote learning and development for all those providing and needing our services.

Recruit capable and committed volunteers.

Strive for improvement every day as everyone makes a difference.

Continuously challenge assumptions and strive for cutting edge solutions.

Add new knowledge around end of life care through high quality audit and research.

Socially Engaged

Work in partnership with our community to achieve high quality care at the end of life, for all who need it.

Provide meaningful and satisfying employment and volunteering opportunities.

Fund our services through ethical and transparent fundraising.

Share Trinity's expertise to benefit the wider Hospice and Palliative Care community as well as other care providers.

Speak up/ advocate for vulnerable individuals or disadvantaged groups who need palliative care.

Endeavour to be environmentally and financially sustainable to benefit future generations.

Use available resources well, to maximise our shared compassionate cause.

Staff experience of working at Trinity Hospice

The annual staff survey carried out by Birdsong on behalf of UK Hospices and charities was opened to staff and volunteers in June and July 2017. In 2016, the response rate was 82% which was extremely high and probably the highest response ever. In 2017, the response rate was 75% which is very good and considered statistically sound in terms of result, analysis and trends. Although slightly less than 2016's exceptional response rate, 75% remains excellent and this alone is a strong indicator of the continued engagement amongst staff.

Across the UK, 40 hospices participated along with three years of data from 300 UK charities, resulting in over 7,500 individual responses submitted and considered.

- Overall (staff and volunteers) Trinity scored higher than the hospice UK average and charity sector average in all 47 questions.
- When the volunteer responses are removed and a comparison of paid staff only is made against UK hospices average, Trinity scored higher in all 47 questions.
- When the responses of Trinity's paid staff are compared against the UK charity sector's scores, Trinity scored higher in all 47 questions.

The key element of a successful staff survey is the 'so what?' question and being able to assess any messages which staff are relaying via their responses. For example, in 2014, a detailed analysis of the results identified issues around engagement in clinical areas compared to non-clinical. As a result an action plan was put in place and three years later, the 2017 results show that those efforts are paying off. This links to the need then to focus on 'In-Patient Unit transformation and engagement'.

Question	Clinical 2017	Clinical 2016	Clinical 2015	Clinical 2014	3 Year Increase
It is safe to challenge the way things are done here	58	59	45	26	32
My views are listened to and valued	68	64	50	35	33
I have recently received praise for my work	78	71	65	51	27
I have confidence in the senior management team	70	66	53	48	22
I feel appreciated	76	72	60	56	20
I receive useful feedback on how I am performing	81	63	50	48	33
Communication between staff and senior management is effective	54	44	29	33	21

Staff Development

Trinity Hospice prides itself on supporting staff to undertake professional development. For nursing staff and allied health care professionals this is an important part of demonstrating their fitness to practice. Revalidation supports nurses to capture their learning and more importantly how they have applied this to patient care.

Over the last three years we have supported a wide range of staff to develop their skills to improve the care they provide for patients and families. Clinical services celebrate this success and congratulate individuals and teams for their achievements.

Healthcare Assistants NVQ 3

Over the last twelve months we have developed in partnership with our allied health care professional colleagues an NVQ rotational programme. A team member rotates into our physio service to spend three months working alongside them to learn the skills, undertake assessments and suggest treatment plans. The benefits are being seen with a seven day rehabilitation service being available instead of a four day service, thus reducing bed days and increasing empowerment for patients.

Healthcare Assistants

Our Healthcare Assistants NVQ3 staff have undertaken further study to enable them to perform some traditional nursing tasks, these have been around catheterisation, injections and vital sign monitoring, increasing their confidence and improving access to timely interventions for patients. This has also released qualified nursing time.

Healthcare Assistants have embarked on a study day to empower them to perform therapeutic treatments to assist in the sense of wellbeing. This will include some talking therapies, clinical skills, and complementary therapy and simple massage skills for lymphatic drainage.

Registered General Nurses

We have supported qualified staff across the organisation to undertake further study. We have had several staff complete their degrees this year, undertaking workplace projects as part of this to review and refine an area of care which could be improved. This has included remote technology, pain assessment for patients with cognitive impairment, use of a pain diary to support symptom management and the development of a confident carers programme. Other staff have been supported to undertake stand-alone modules which have included tissue viability, advanced pain assessment, mentorship, moving and handling, and cancer care. The clinical teams have participated in away days looking at personal and team development and self-awareness and we commenced in-service development to enable staff to work alongside colleagues in other parts of the clinical directorate to enhance working relationships and to understand the issues faced in different environments that deliver "palliative care".

Non-Medical Prescribing (NMP) (Health Education North West)

We have continued to support the development of non-medical prescribers across the organisation. We now have 11 who are able to provide timely intervention to patients and reduce the need for other health care professionals to be involved. NMP saves GP hours in both prescribing, medicines management and assessment of patients.

Management and Leadership

Since 2015 we have focused on the development of the leadership and management capacity of our middle managers and management team, which commenced with an internal leadership and management programme in 2014/15. Trinity then joined a collaboration of other North West Hospice to develop a hospice-specific Leading and Management programme, which commenced in 2016 to present day and has now run five cohorts with staff from Trinity across all departments being nominated to attend.

Feedback from the last programme was: "AB in particular rose to the challenge, showed how he has developed over the programme and demonstrated his influence when questioned by a particularly robust chief executive! JC has always had great leadership skills and is now more confident in using them".

Celebrating Success

In March 2018, the staff at Trinity had the opportunity celebrate the achievements of colleagues who had achieved 1,5,10,15,20,25 and 30 years of service, and to thank them for their commitment. It was also the opportunity to recognise members of staff in each of the categories who had gone 'above and beyond' in living the Trinity Values.

Investors in People Gold

Following the award of the Investor in People Silver accreditation in December 2015, the ambition was to achieve Gold accreditation. In December 2016, another assessment visit took place during which a number of employees were interviewed and numerous documents, policies and procedures were reviewed,

with the outcome being the successful achievement of Gold accreditation, joining the top 13% of accredited organisations across the UK who believe in realising the potential of their people. This was important to our organisation as investing in our people is paramount. It takes a particular type of person to work in a hospice, someone who not only has the technical skills and expertise to deliver their job, but more importantly also has the right personality, character and attitude to do so. As part of our work towards achieving liP Gold we have put a great deal of emphasis on our values and ways of working, so 'how' someone goes about their daily work and the positive behaviours that they display are critical.

Paul Devoy, Head of Investors in People, said: "We congratulate Trinity on their Gold standard. Such a high level of accreditation is the sign of great people management practice, and demonstrates a commitment to staff development and shows an organisation committed to being the very best it can be. Trinity Hospice should be extremely proud of this achievement".

Part Three: Review of Quality Performance

Trinity Hospice and Palliative Care Services

In-Patient Unit Service	2016/17	2017/18
Total number of new admissions	306	291
Total number of admissions	336	333
% Bed Occupancy	73%	78%
Number of patients discharged	101	80
Number of deceased patients	237	252

Day Therapy Unit	2016/17	2017/18
Total number of patients referred	305	295
Total number of patients started 16 week programme	135	134
% of non-malignant disease	41%	49%

Clinical Nurse Specialist Team Community	2016/17	2017/18
Total number of patients referred	1016	1113
% of patients with a non-malignant disease	14%	20%
% of patients who died outside hospital	90%	94%
% of patients that died in stated PPD	83%	82%

Clinical Nurse Specialist Hospital	2016/17	2017/18
Total number of patients referred	1051	1227
% of patients with a non-malignant disease	37%	43%
Number of discharges	651	732
Number of deaths in hospital	372	436

Lymphoedema Service	2016/17	2017/18
Total number of new referrals	267	304

Hospice at Home	2016/17	2017/18
Total number of patients referred to the service	857	916
Total number of new patients known to Trinity	444	537
Total number of new patients not known to Trinity	378	417
Face to face contact	1805	2152
Telephone advice	4572	5838
% with malignant primary diagnosis	59%	61%
% with non-malignant diagnosis	41%	47%

Brian House Children's Hospice	2016/17	2017/18
Number of new children assessed	21	8
Children discharged from service or deceased	7	7
Bed occupancy	86.9%	87%
% Day Care attendances	75.9%	78.3%
Number of days use of Butterfly Suite	28	12

Our Participation in Clinical Audit

Clinical audit within the organisation continues to play an integral part in ensuring it constantly strives to improve and provide the highest standard of care by auditing our practice against agreed policies or standards. An action plan that may be required as a result of audit allows us to rectify or improve service provision. Re-audit then ensures any necessary changes have had an effect.

Improvement in practice must be embedded into all aspects of Trinity Hospice and Palliative Care Services but specifically patient safety, patient experience and effectiveness of care. In doing so we strive to comply with all aspects of clinical governance and meet the standards required by our regulatory body the Care Quality Commission.

Membership of the audit group continues to comprise a representative from each area of the clinical directorate, the medical directorate and services. The group continues to meet monthly and the policy and procedure for carrying out clinical audit, written last year as the group reformed, is now fully embedded in its work. The programme of audit carried out across the organisation, April 2017 to March 2018, has been separated into three sections: national, regional and local audits. The tools used were provided by a combination of national or regional audit tools and bespoke ones.

It is noticeable this year that the breadth of audit across the organisation has widened with a keenness within the group to share with colleagues the need for and benefits to practice of robust audit.

Safeguarding

Effective training in safeguarding children and adults is vital throughout the organisation to ensure that the safety and wellbeing of those who receive care is of paramount importance with any concerns are responded to in a timely manner. This audit sought to determine the completion rate of four new mandatory safeguarding online modules, introduced in September 2017.

- Domestic abuse
- Female genital mutilation (FGM) (clinical staff only, including Linden Centre employed staff)
- Prevent
- Human trafficking

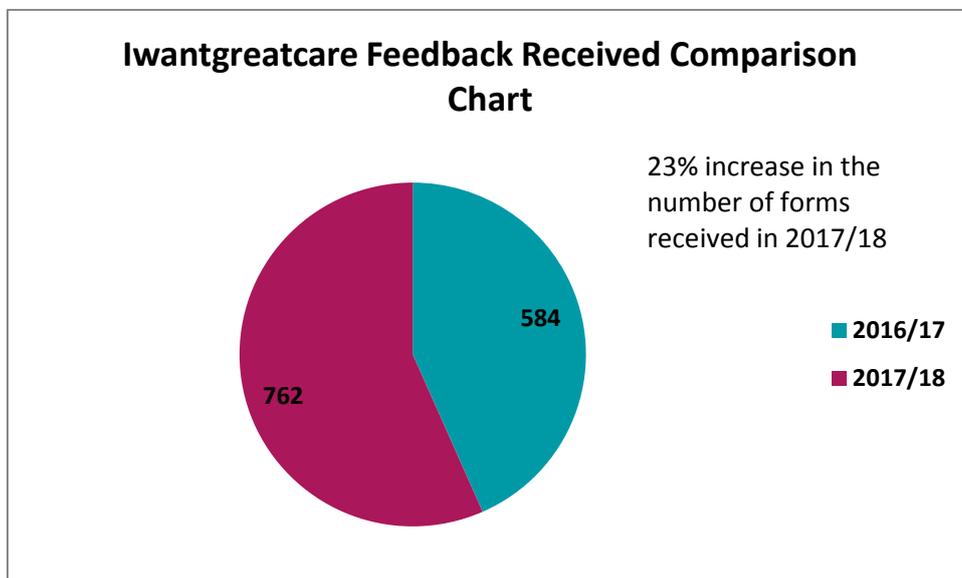
Data was also collected regarding the additional safeguarding mandatory training and is presented here to enable a complete picture to be presented of safeguarding training undertaken throughout the organisation.

Training	Total No. Staff Compliant to date	Total No. Staff Still to Attend to date	Total % Compliance Year to date
Mental Capacity Act	120	7	94%
Safeguarding vulnerable adults	201	14	93%
Safeguarding children	202	13	94%
Domestic abuse	201	14	93%
FGM	123	3	98%
Prevent	203	12	94%
Human trafficking	199	17	92%

‘Iwantgreatcare’

What patients say about us?

Each department undertakes evaluation of their service which entails seeking views, comments and suggestions of patients and their families and carers who use the service. Feedback is gathered using ‘iwantgreatcare’, thank you cards, letters and comments and learning from complaints. We have seen a 23% increase in ‘iwantgreatcare’ feedback.



In-Patient Unit – A total of 135 ‘iwantgreatcare’ feedback forms completed during this period.

How likely are you to recommend our services?	100%
Average score for year for all questions	4.94

These are just a few comments received:

- Very attentive caring, compassionate.
- From the moment we arrived the care from everyone was fantastic. This included doctors, nurses, support staff and volunteers. The culture the team spirit shines through and is exemplary. Whilst there will always be the opportunity for improvement I feel it is more to maintain the excellent standard of care currently being offered.
- The care and compassion shown by everybody is amazing. I have already spoke to family and friends and told them about the care and warmth felt by everyone you meet – very personal. The grounds, building and all facilities are well kept and clean. Volunteer staff are fab, do an amazing job. Food and drink 1st class.

Day Therapy Unit – A total of 110 ‘iwantgreatcare’ feedback forms completed during this period.

How likely are you to recommend our services?	100%
Average score for year for all questions	4.93

These are just a few comments received:

- Every aspect of my illness has been acted on with various talks and therapists. I have more of an understanding with my illness.
- It has given me some confidence in myself etc. It’s really a wonderful place to be and I will truly miss everyone and all the things we do when my 16 weeks are over.
- The staff and volunteers are so warm welcoming. It feels like an extended family. I love coming here and I wouldn’t change a thing about the care absolutely amazing people here

Hospice at Home – A total of 234 'iwantgreatcare' feedback forms completed during this period.

How likely are you to recommend our services?	99.7%
Average score for year for all questions	4.96

These are just a few comments received:

- Husband thought Hospice at Home team and service was excellent. Came very promptly, very supportive as it is very scary in the night, vary caring and compassionate.
- Very happy with the service. Nothing too much trouble, very proficient, great to know they are there in the night as you feel so alone.
- Felt fully supported at nights with regular calls from them. Very grateful for the service and wishes that we had a day time team as well.

Community Clinical Nurse Specialist Team – A total of 82 'iwantgreatcare' feedback forms completed during this period.

How likely are you to recommend our services?	100%
Average score for year for all questions	4.91

These are just a few comments received:

- The care and advice I received today related to pain control. I have had one home visit- the nurse arrived within the agreed time frame. She listened to my concerns/details without interruption, and then discussed a proposed drug for my consideration. Following further discussion and explanation they contacted my GP to arrange a prescription. Since my initial appointment I have received two follow-up calls and have been supplied with a contact phone number. All greatly appreciated. I can also report that to date the pain does seem to be under control. I cannot suggest any improvements. The help I have been given has been excellent. I am most grateful.
- Once spoken to the nurse my wife and I felt that we were no longer alone in fighting my cancer.
- One to one talk (+ wife) in our time when 5 mins is all you get at the doctors. Covered all our questions, offered much help and discussed future needs.

Lymphoedema– A total of 52 'iwantgreatcare' feedback forms completed during this period.

How likely are you to recommend our services?	100%
Average score for year for all questions	4.99

These are just a few comments received:

- The care I received over a period of time has been beneficial in many ways more so dealing with condition and learning to treat myself. I feel I have been treated as an individual not part of a process.
- No matter who you see you are always treated with respect and care.
- Extremely empathetic and thorough. Meticulous in what they did and reassuring throughout the whole process. Great care and experience.

Brian House – A total of 77 'iwantgreatcare' feedback forms completed during this period.

How likely are you to recommend our services?	100%
Average score for year for all questions	4.98

These are just a few comments received:	
<ul style="list-style-type: none"> • Excellent care and staff. • Staff are amazing. I was able to stay with my child until we were both happy, came straight from a hospital discharge. Know all about my child and her needs. I was also given a drink and chocolate that's a bonus point. • Staff are very friendly and helpful. They make us feel very welcome and at ease. It is comforting knowing that we are leaving our daughter in the care of kind and caring people. 	

Linden Centre Counselling and Support– A total of 106 'iwantgreatcare' feedback forms completed during this period.

How likely are you to recommend our services?	100%
Average score for year for all questions	4.94

These are just a few comments received:	
<ul style="list-style-type: none"> • The counsellor took lots of time to let me talk. She was extremely patient and totally understood my situation. I have difficulty with my speech and I was never rushed, she patiently waited for me to explain my feelings, which sometimes takes a very long time. • It gave me a quiet, safe place to express my feelings without being judged. My counsellor listened and showed sympathy. There was no feeling of being rushed and I felt totally at ease and free to express my feelings. By the end of the counselling I am feeling more positive and forward thinking. Thank you to all staff you are great. • To be able to just be listened to, non-judgemental, was able to cry, plenty of tissues, a cup of tea and empathy. 	

Key Quality Indicators

Quality care is essential to patient care, to ensure patient safety and promoting a positive patient experience. The hospice promotes an open reporting system, recognising that patient safety is everybody's business. It supports and upholds the Duty of Candour, and will continue to inform and involve patients and families in understanding any error or incident that have resulted in patient harm under hospice care.

Complaints

Trinity Hospice welcomes both positive and negative feedback from patients and families about their experience of our services. Negative feedback enables us to reflect and consider what we could have done differently. It is only through valuable feedback that we are able to understand and improve the care we provide. All complaints received are dealt with as per policy and procedure. This includes an apology, investigation, an outcome and actions put in place from lessons learnt. During this period we received a total of 19; 17 x adverse/verbal, 2 x formal complaints. Though this was a slight increase on the previous year it was comparable with 2015/16 year when we received 17. During this period we have seen an increase in both the number of patients using our services and an increase in positive feedback.

Of the two formal complaints received one was requested by Fylde and Wyre Clinical Commissioning Group to respond to a complaint received by them that involved several of our teams, hospital, community and Hospice at Home and other healthcare professionals involved in the care of this patient. Due to the number of health professionals involved this was by nature a complex complaint.

An investigation was undertaken by Julie Huttley, Clinical Director, Nicky Parkes, Clinical Manager, and Sarah Roberts, Team Manager for Hospital, Community and Hospice at Home Services. A full response to the families' questions was submitted to the Clinical Commissioning Group. This currently remains outstanding.

The second formal complaint was dealt with by Nicky Parkes, Clinical Director, and Helen Moran, In-Patient Unit Manager. Following the complaint an investigation was undertaken, having met with the complainant twice to understand the issues raised. From these meetings a debrief and reflection opportunity was undertaken with staff to look at ways of improving the service and enhancing outcomes for patients and those important to them. Several changes to clinical practice have been made since which included:

- Additional training for staff in advanced communication skills
- Additional training in the management of symptoms
- Changes to our handover process between shifts to ensure important information is passed on in a comprehensive way
- A planned rotation of our night team onto days so that they gain a wider understanding and knowledge base by undertaking ward rounds with our Medical Director and team of doctors
- Implementing a nursing board round to have senior nurse oversight of the care provided
- Made changes to our doctor on-call rota to enable staff to speak with a doctor more readily
- Staff development days for the night team are in progress

Nicky Parkes, Clinical Director, met again with the family and has achieved a successful outcome.

The 17 adverse comments were all dealt with at the time. Themes included:

- Waiting time for counselling.
- Response time to Hospice at Home request for visit.
- Discharge planning for patient on the In-Patient Unit.
- Care/ communication issues

All complaints are discussed at the Clinical Quality Improvement Group and staff involved in the complaint are kept fully involved in the investigation and any lessons learnt. Following our investigation of adverse/verbal comments and formal complaints a number of actions have been implemented as follows:

- New process to refer to Community Clinical Nurse Specialist Team any patient who has been attending the Day Unit who is not now able due to deteriorating condition.
- Counselling service – clients regularly contacted while on the waiting list and if required a holding appointment will be offered.
- Communications training programme run for staff to upskill on communication with families and patients.
- Review of en-suite showers to reduce water ingress and hand rails fitted.
- Discussion with out of hours service around communication if Hospice at Home team busy and may be a delay in visiting patient.
- More case conferences around complex discharge planning.

It is important to review all feedback, not just ones that are logged as complaints or adverse comments, to support continuous service improvement.

Part Four – Statements from the Clinical Commissioning Groups

Blackpool Clinical Commissioning Group

Blackpool CCG welcomes the opportunity to comment on the 2017/18 Quality Accounts for Trinity Hospice.

The Account is very clear and concise, with the outcomes of the Quality Improvements identified as priorities in 2016/17 Quality Accounts being clearly described. It is very pleasing to note not only the progress and achievements against these improvements but also the positive outcomes.

The Quality account evidences the way in which Trinity Hospice places patients and families at the heart of everything they do, patient, family and staff feedback is clearly valued and acted upon, indeed this forms the basis for some of the Quality Improvements identified for the coming year.

The CCG is pleased to note the sustained focus on quality improvement and is committed to continue to support the excellent, high quality services provided by the hospice through the grant agreement already in place.

Fylde and Wyre Clinical Commissioning Group

NHS Fylde and Wyre Clinical Commissioning Group (CCG) hold a contract with Trinity Palliative Care Services and welcome the opportunity to comment on the 2017/18 Quality Account. The CCG commends the readability of the Account, particularly the clear structure of the document, outlining the how, what and why of both the previous year's and next year's priorities and progress.

The CCG also commends Trinity for being awarded an "Overall Outstanding" rating by the Care Quality Commission (CQC) in July 2016, notes this rating is retained for 17/18 and Trinity is continuing to build on the CQC areas of 'safe, responsive and effectiveness'.

It is pleasing to note Trinity's existing Quality Account objectives set out in last year's report, such as:

- Improving the competency and confidence of staff managing symptoms of children cared for in Brian House;
- Increase involvement of Brian House with neonatal care units, supporting families with babies born unwell, prematurely or die soon after birth
- The development of the 'Red card' safety net to alert palliative care patients to the signs and symptoms of sepsis
- The introduction of Patient Journey booklets.

The CCG is pleased to see that Trinity continues to score high levels of patient and family satisfaction with the support and services provided.

The CCG looks forward to exploring the new website due to 'go live' in June 18.

The CCG notes the on-going commitment from Trinity to quality improvement, through both its Quality Strategy and the priorities set for 2018/19. The priorities outlined provide a strong foundation for continuing improvement through building relationships, patient focused care and innovative approaches to service delivery. The introduction of an Admiral Nurse to support people with Dementia is a positive development to improve patient and family experience.

Whilst, as in all areas of healthcare, the coming year will continue to be challenging, the CCG looks forward to continuing its close working relationship with Trinity throughout 2018/19 to achieve high quality care for people at the end of their life, their families and carers.