



Wirral Hospice St John's Quality Account 2017/2018

Help Wirral Hospice keep serving our community

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Section 1

Statement on Quality from the Chief Executive

Welcome to Wirral Hospice St John's 2017-18 provider report that focuses on the quality of the services we provide for patients and families living in Wirral and West Cheshire (Wirral, Neston & Willaston) communities, supporting the National Six Ambitions for Palliative & End of Life Care (2015-20) and Nice Guidance for End of Life Care for adults (2018).

Wirral Hospice St Johns is an independent charity (registered no. 510643), constituted as a company limited by guarantee. The hospice is governed by a Board of Trustees and run by the Chief Executive and Senior Management Team (Director of Operations, Medical Director, Head of Finance, Head of Clinical Services and Head of Fundraising & Marketing).

We provide Specialist Palliative Care and support for adults with life limiting illness with complex physical, psychological, spiritual, and social or carer needs, where curative treatment is no longer possible. Through integrated provision with Wirral University Teaching Hospital NHS Foundation Trust and Wirral Community Foundation Trust, we pride ourselves on providing high quality services to meet the needs of our patients, carers and their loved ones without discrimination.

As a Hospice we are continuously exploring ways in which we can develop our service to ensure we continue to meet the needs of those we serve whilst enhancing our patient, family, carer and visitor experience. Delivering high quality care is important to us. Quality is monitored and reported upon via a robust governance framework. The Board of Trustees delegate responsibility to Governance Sub-Groups, our Clinical Governance Committee is one of them. Trustees actively engage with staff, volunteers and services users, monitoring the standard of services provided. We encourage an open and honest culture and continuously seek the views of our service users through a variety of media. Liverpool University have recently completed a service blueprint exercise to review each element of our service (March 2018).

All feedback is welcomed and reviewed, discussed and acted upon to enhance our care delivery. During 2017/18 excellent progress has been achieved through our three priorities for improvement: Patient Safety: Tissue Viability, Clinical Effectiveness: Measuring palliative care outcomes and Patient Experience: A review of spiritual and faith support.

As a Hospice, the Trustees, Chief Executive, Senior Management Team, our staff and volunteers remain totally committed to the delivery of compassionate, quality care for our patients, their families and friends, upholding our values. We commend this report to you as evidence of the quality & compassion embedded in all that we do.

I confirm that to the best of my knowledge, the information contained within this Quality Account is a true and accurate account of quality at Wirral Hospice St John's.



Helen Knight
Chief Executive

Philosophy of Care

The **aim** of Wirral Hospice St John's is to warmly welcome people with progressive illness which has failed to respond to curative treatment, into the quiet calm of a highly professional, caring atmosphere which 'comforts always' both them and those who are important to them.

Core Values

1. Promoting mutual **respect** for everybody, maintaining **dignity** at all times and ensuring the strictest confidentiality.
2. Developing relationships built on **trust** and acting with the utmost **integrity** in everything that we do.
3. **Encouraging open, clear communication** throughout the Hospice, ensuring that everybody feels they are being listened to and their opinions respected.
4. **Recognising that we are one team** made up of committed, dedicated employees and volunteers who are working together to ensure the highest standards of care.

The Core Values are underpinned by the Hospice's obligation to uphold all legal and regulatory requirements.



Our Strategy 2015-2019

Wirral Hospice St John's 4 year Strategy is supported with an annual operating plan approved by our Trustees. The operating plan outlined the aims and objectives across all departments linking with our key stakeholders and partners to progress our work programmes.

Our Strategic aims are:

Clinical and Medical Services: To work with Wirral Clinical Commissioners and our health and social care colleagues continuing to deliver and develop high quality integrated services across Wirral responding to the changing needs of our community.

Governance: To ensure that every department meets or exceeds the relevant legislative, regulatory and government requirements.

Training, Development and Audit: To broaden the knowledge base of professionals and volunteers both internally and externally providing access to education, learning and development prompting high quality Palliative and End of Life Care. Our Education Department is committed to the delivery of advance care planning to all health and social care professionals on the Wirral through a collaborative multi-model delivery ensuring greater accessibility for all. They will continue their work with various community groups which supports and facilitates a greater understanding of Palliative and End of Life Care across the Wirral.

Financial Management: The financial management of the Hospice is designed to ensure its viability as it endeavours to achieve its defined aims set out in the Statement of Purpose.

Operational Services: Operational Services supports the development and ongoing delivery of all the Hospice's services including Human Resources, Facilities, Clinical Support Team, Housekeeping & Catering, Volunteers and Information technology.

Fundraising and Marketing: The Hospice is committed to raising money by implementing a varied Fundraising Plan through lively and inclusive fundraising programmes, encouraging community engagement, building links with individuals and businesses, improving communications with our supporters.

Section 2

Priorities for Improvement 2018 - 2019

Priority 1

Patient Safety: Reducing the negative impact on patient care resulting from the volume of patients admitted with Infection Alerts

How was this identified as a priority?

During 2017/18 there had been an increasing number of patients transferred and admitted to our Inpatient Department identified as positive or exposed to alert organisms. This resulted in an increased demand for isolation and side-room use for infection control purposes. Consequence of this included side-rooms being unavailable for patients that required the need for privacy and dignity whilst dying or experiencing psychological distress. This also resulted in reduced flexibility of the use of side-rooms for accommodating the fluctuating needs and gender mix of patients affecting the ability to admit.

The impact for patient and family care:

Will help ensure that patients get the opportunity to be cared for in the most appropriate environment be that a bay or side-room.

Patients will not be isolated in side-rooms unnecessarily.

Will have the potential to reduce delays in admissions.

This priority for improvement will be achieved by:-

1. Review of policy, procedures and guidance tailoring these to Specialist Palliative Care. Providing education for Clinical Administration and Inpatient Department staff.
2. A review of Hospice Screening to ensure procedures are robust.
3. Improved liaison with referring organisations to ensure proactive pre admission screening takes place prior to patient admission or transfer.

Priority 2

Clinical Effectiveness: Development of Person Centred Care

How was this identified as a priority?

The need for outcome measures in Inpatient care has been identified following similar work within our Day Therapy Unit. There is also recognition of the research that identifies that care can be more effective if patient goals and priorities are clearly identified and kept at the centre of patient care plans and multi disciplinary discussions.

The impact for patient and family care:

Assessments and Care plans are individually tailored respecting patients choice and values. Ensuring the patients voice is heard throughout their care and this forms the basis of discussion in multi disciplinary team (MDT) meetings.

This priority for improvement will be achieved by:-

1. The effective use of Integrated Palliative Outcome Scale (IPOS) is explored and instigated for Inpatients in conjunction with the existing use of Phase of Illness and Karnofsky Scale measurement tools.
2. Reviewing current assessments and care plans.
3. Reviewing the structure, discussion and recording of weekly MDT meetings.

Priority 3

Patient Family Experience: To increase the scope and capacity of psychological support for patients and for families (adults and children) pre and post bereavement

How was this identified as a priority?

Internal feedback reports and participation in external surveys that gathered data from patient and families had identified a weakness in the provision of psychological support. Staff had also identified the lack of access to specific support for children and families.

Personnel changes in the Patient and Family Support team have given rise to an opportunity to alter the skill mix and resources available for the delivery of psychological support, encompassing both pre and post bereavement care.

The impact for patient and family care:

Improved response time for access to counselling support for patients and carers.

Increased skills in supporting family units and possibly direct work with children.

Greater availability within the bereavement services of access to paid staff and volunteer support.

This priority for improvement will be achieved by:-

1. Recruitment of appropriately skilled staff to the roles of Bereavement Services Coordinator and Counsellor.
2. Recruitment of additional volunteers to support the services.
3. Development of necessary structures to support student counsellor placements.

Statement of Assurance from the Board



The Board of Trustees supports the Quality Objectives agreed for 2018-19. The Board is committed to high quality care for patients and their families throughout all areas of the Hospice.

The Trustees link closely with all departments often visiting unannounced, linking with staff and volunteers. During visits they take the opportunity to meet with patients and their families, welcoming feedback on service provision. These visits provide a valuable insight for Trustees to gain a greater knowledge and understanding of the clinical services provided giving assurance on the quality of care. New Trustee inductions involve spending time in all clinical areas meeting staff and service users.

Trustees utilise the Care Quality Commission (CQC) key lines of enquiry when undertaking their observational visits – Safe, Effective, Caring, Responsive and Well-led. Visits throughout the year have been very positive with no concerns raised or actions required.

The Board of Trustees monitor progress against the priorities for improvement, in conjunction with our quality monitoring processes including key performance indicators, patient and family engagement programme, complaints, incident monitoring and the clinical risk register through our quarterly Clinical Governance Committee and bi-monthly Board Meetings.

Dr P.J.R. Cuthbertson MBE

Chairman of the Board of Trustees

Review of Services

During 2017/18, Wirral Hospice St John's provided the following services:-

- **Inpatient Service** (16 beds – providing 24 hour care and support).
- **Outpatient Services:**
 - Clinics
 - Domiciliary Visits
 - Day Therapy (12 places on 4 days a week)
 - Interventional Pain Clinic



- **Hospice at Home**
- **Professional's Palliative Advice and Information Line (PAIL)**
- **Patient Carer and Family Advice and Information Line**

- **Multi-Disciplinary Team:**
 - Medical Consultants and Doctors (including medical students)
 - Clinical Management Team
 - Nurses & Healthcare Assistants (including nursing students)
 - Specialist Palliative Care Pharmacist
 - Infection Prevention & Control Nurse
 - Physiotherapist
 - Occupational Therapist
 - Dietician Support
 - Aromatherapist
 - Creative Therapy Coordinator
 - Clinical Psychologist
 - Social Worker
 - Spiritual Care Coordinator
 - Counsellor
 - Bereavement Service Coordinator
 - Housekeeping & Catering Team
 - Maintenance Team
 - Volunteers Service

Wirral Hospice has reviewed all of the data available to them on the quality of care in all of these services.

Participation in Clinical Audits

Wirral Hospice St John's participates annually in the Palliative Care Regional Audit programme and has also participated in national clinical audits. The Hospice clinical audit programme for 2017/18 is detailed in Section 3.

Research

The number of patients receiving services provided by Wirral Hospice St John's in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was **15**.

Research and audit is a key element of any specialist health care service. It is included in our organisational strategy that research awareness and utilisation is heightened and audit is part of our everyday work.

Quality Improvement and Innovation goals agreed with our commissioners

Wirral Hospice's income in 2017/18 was not conditional on achieving quality improvement and innovation goals through the commissioning for quality and innovation framework. The Hospice is a third sector organisation therefore it was not able to take part.

Data Quality

Wirral Hospice is not required to submit records to the Secondary Uses service for inclusion in the Hospital Episode Statistics. Hospice data is submitted to the Wirral and West Cheshire Clinical Commissioning Groups (CCGs), reviewed monthly by the Senior Management Team, Clinical Forum and quarterly by the Board of Trustees and Clinical Governance Committee.

Financial

The income received from the NHS services in 2017/18 represents 38.0% of the total income generated by Wirral Hospice St John's for 2017/18. The income generated from the NHS represents approximately 46.6% of the overall running costs of the Hospice. The Hospice receives funding from Wirral and West Cheshire Clinical Commissioning Groups as a contribution to the overall cost of service provision. 100% of the financial support from the NHS goes towards patient services. All services are reviewed on an on-going basis to ensure we are providing them as efficiently as possible.



Latest Care Quality Commission Inspection



Wirral Hospice St John's is subject to periodic review by the Care Quality Commission (CQC). The CQC has not taken any enforcement action against Wirral Hospice St John's during 2017/18.

The CQC carried out an announced inspection of Wirral Hospice during 2015-16 in March 2016. We received an overall rating for our service as 'GOOD'. We scored 'Good' in all the Key Lines of Enquiry. The full report can be found upon the CQC and Hospice website and within Hospice Departments.



CQC is the independent regulator of all health and social care in England. We are given powers by the government to register, monitor and inspect all health and care services.

Wirral Hospice St John's
Wirral Hospice St John's

Inspection summary
CQC carried out an inspection of this care service on 22 March 2016 and 23 March 2016. This is a summary of what we found.

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

During our visits we saw that the premises were safe and clean and a programme of regular planned maintenance was in place. We observed that medicines were stored, checked, administered, recorded and disposed of safely.

Staff and volunteers received annual mandatory training and were supported in their roles by the management team. People who used the service had a choice of nutritious meals and every effort was made to accommodate individual dietary needs and preferences. People's capacity to make decisions and give consent was assessed and recorded.

People were treated with kindness, compassion and respect. The specialist professional advisor commented 'General observations of interactions between staff, patients, and family members during the visit demonstrated caring, trusting relationships built on genuine respect, and person centred care was being delivered. Patients openly praised staff during introductions and interactions observed, and spoke very highly of the care they received. They all said they felt safe at the hospice and symptom management was effective.'

The quality of the service was assessed and monitored regularly by a series of external and internal auditing tools. People who used the service, and their families, were encouraged to give feedback and their observations and comments were acted on.

Section 3

Priorities for Improvement 2017 – 2018 Progress

Wirral Hospice set 3 priorities in 2017/18. The following highlights the significant progress in which the organisation has demonstrated and improved the quality of care for patients and their families.

Priority 1

Patient Safety: Tissue Viability, the development of an audit tool

How was this identified as a priority?

During 2016 –17 significant progress was made via the works of the Tissue Viability Governance Group, our Lead Nurse, the introduction of a new policy and delivery of mandatory training. During 2017-18 we wished to introduce an audit tool that could be utilised within our Inpatient Unit to monitor care related to the prevention and management of wounds.

Progress to date:

The Pressure Ulcer Audit Tool was produced, agreed by the Tissue Viability Group and was implemented within the Inpatient Unit. The aim of the audit was to measure compliance with the Wirral Hospice Prevention & Management of Pressure Ulcers Policy. An audit of patient records yielded positive results scoring 100% in areas. The audit also highlighted areas for documentation improvement. Recommendations were made and communicated to staff which included improved skin integrity risk assessments, policy additions, nutritional and pain care plans.

A new Pressure Ulcer Patient and Family Education Leaflet was produced which provides information to patients upon admission of the causes, risks and repositioning advice. We have reviewed our Hospice Care Plans to ensure improved documentation and evidence of the care that we provide. The process relating to photography of ulcers/ wounds is embedded in practice and has improved the assessment and evidence of wound care. Staff have attended the National Conference and our Link Nurses continue to liaise with the Community Tissue Viability Team on a monthly basis.

The impact for patient and family care:

Leaflet provides additional education, information and awareness to patients and their carers so that they can make informed choices and assist nursing staff in the prevention and management of pressure ulcers.

Recommendations that have been actioned will improve the quality of documentation, communication of patients care and evidence of the care that we provide.

Continued networking with Tissue Viability ensures that staff are appropriately skilled to educate and care for patients.

How will progress continue to be monitored and reported?

- Re- audit will take place during 2018-19.
- Progress will be monitored and reported via the Tissue Viability Clinical Governance Group.
- Clinical audit of Prevention and Management of Pressure Ulcers Policy.
- Training & Development Records.

How was this identified as a priority?

It is increasingly important to evidence the impact of palliative care and the experience of patients and their families. Outcome Assessment and Complexity Collaborative Measures (OACC) is a validated frequently used tool within palliative care. The use of some of the suite of measures were already embedded within our Inpatient and Outpatient Day Therapy Department, we wished to continue to drive quality improvements and therefore chose this as a priority for 2017/18.

Progress to date:

Implementation of the Integrated Palliative Care Outcome Scale (IPOS) measurements.

Wirral Hospice had been investigating the potential for the Electronic Health Care Record SystemOne to support the use of the IPOS questionnaire. This has been successfully installed upon the system and will become part of clinical assessment throughout 2018-19.

SystemOne administrators attended a national User Group Meeting gaining knowledge of programmes capable of retrieving the information from the electronic IPOS questionnaires.

Templates are available to use upon the system.

The Direct Access to Day Therapy Project originated due to delays in accessing Day Therapy. Patients were reviewed in Outpatient Clinic prior to attending Day Therapy. This often caused a delay in Day Therapy attendance and had an impact upon the number of Outpatient Clinic appointments and waiting times. The overall aim of the project was to develop a pathway for direct access to Day Therapy services. A working group met with the plan to improve the access to Day Therapy for patients referred by the Community Specialist Palliative Care Team. Part of this assessment would be IPOS completed by the patient. The project included: agreed number of patients to trial, referral criteria, assessment processes, assessment of patient goals, evaluation of success, managing expectations, information and communication. Guidance and Flow Charts were produced and agreed. The project trial was successful and Direct Access to Day Therapy is now embedded and continues to work well.

The IPOS is currently used within Day Therapy and as part of the Physiotherapist assessment for the Breathlessness Group. Their experience of using the tool will support its development into other Hospice areas.

The impact for patient and family care:

- Improved quality of patient assessments, tailoring care plans to patient specific needs and wishes.
- Staff are educated in the use and application of IPOS within the electronic care record SystemOne.

How will progress continue to be monitored and reported?

- Collation and interpretation of electronic data in order to demonstrate we are making a measurable and positive difference to our patients and their families.
- Continued staff education and communication of outcome findings.

How was this identified as a priority?

During 2016-17 Patient and Carer Satisfaction and Post Bereavement Survey responses identified a common theme that 60% of respondents identify themselves as not having a specific faith. An opportunity to change our current structure had arisen. The feedback we repeatedly received raised the question '*Does spiritual support in the Hospice need to be led by a minister of faith as has been our Hospice tradition?*'.

Progress to date:

During 2017-18 a new Wirral Hospice Spiritual Care Coordinator was employed. Responsibilities include: to coordinate, develop and deliver a high quality spiritual care service that is supportive of people with any faith or who are secular. To develop and coordinate a team of spiritual care volunteers who can support patients in a similar manner when they are not available, and establish links with faith leaders to ensure specific faith needs are met. To deliver pastoral care, communicate with and support people of differing faiths or who are secular and to have an understanding of the spiritual, emotional and practical challenges experienced by patients and families cared for by the Hospice. Greater clarification on the role of the spiritual care lead in performing funeral services and decisions regarding this will be taken on an individual case basis with mindfulness on the impact on the service to current patients and families.

The Hospice satisfaction surveys provide means of monitoring the impact this new role will have for our patients and their families. Recent patient and carer survey results continue to evidence that up to 88% believe that Faith and Religious Beliefs are not applicable to them. This proves how crucial the new Spiritual Care Coordinator role is in ensuring that our patients, who the majority class themselves as areligious, receive appropriate spiritual support. We will continue to monitor patient and family feedback regarding the benefits of this new role throughout 2018-19.

The impact for patient and family care since employment:

This new role has enabled increased support for both patient and families including secular and faith support. It has also enabled the provision of one placement trainee Minister, with a further placement to be agreed. Links are being established with the Director of Studies for Ordinands Diocese of Chester for further placements enabling local clergy trainees to experience palliative care.

Increased recognition of patients spiritual care needs within MDT discussion and in care planning. Review of bi-monthly memorial service to a more secular evening of remembrance to ensure inclusive to all.

Increased support for Chaplaincy Volunteers.

Anticipated future impacts include stronger element of teaching and support for the Hospice Staff to enable them to deepen their understanding and competencies in supporting patients who experience spiritual distress.

How will progress continue to be monitored and reported?

- Patient Carer and Family Satisfaction Survey Data.
- Engagement and Information Governance Group.

Review of Quality Performance

Duty of Candour



Wirral Hospice St John's endorses the recommendations of being open and candid. The aim of the regulation is to ensure that the Hospice is open and honest with patients or those acting on their behalf when things go wrong with their care and treatment.

The Board of Trustees and Senior Managers play a crucial role in ensuring the Being Open framework and principles are embedded in the organisation. Being Open is at the core of the organisation's values and culture. The Being Open Principles are embedded within the Hospice Core Values ensuring they relate to all patients, family members, carers, staff and volunteers.

The Hospice has a Being Open- Duty of Candour Policy and other Hospice related policies and procedures in place. From recognition that an incident has occurred, procedures are followed to identify and openly report internally and externally via our statutory notifications process.

These principles were included within mandatory training for staff and volunteers.

Communicating effectively with patients and those close to them is a vital part of dealing with patient-related incidents and robust policies are in place to support those involved in this process.

General Data Protection Regulations (GDPR)

GDPR replaced the Data Protection Act 1998 on the 25th May 2018. As an organisation Wirral Hospice St Johns has always worked hard to protect patient's, staff and supporters personal information in line with legislation and has robust policies and process in place to do so. The changes to the regulations has prompted a review of those processes across all areas of the Hospice. Staff have been updated in relation to the impact of the changes to regulation and patient and supporter information updated accordingly.

One of the biggest changes is around obtaining consent to use personal data. The new requirement will impact on how the Hospice attains consent but the GDPR also introduces the need to record the details for auditing purposes.

The Hospice Website will have a more detailed summary of the changes to the way we use people's personal data as a result of the GDPR.

Monitoring Activity - Hospice Data

Hospice data is submitted to the Wirral and West Cheshire Clinical Commissioning Groups CCGs. This data is also reviewed monthly by the Senior Management Team, Clinical Forum and quarterly by the Board of Trustees and Clinical Governance Committee.

Outpatient Clinics are provided for patients under the care of their General Practitioner (GP) and the Community Team who require medical access to multi professional specialist palliative care service through the specialist palliative care Multi-Disciplinary Team.

Outpatient Clinics	2016-17	2017-18
Total number of referrals	600	599
New appointments	433	450

Interventional Pain Service is an Outpatient service for patients with cancer-related pain who are not responding to conventional treatment and patients with life-limiting illnesses who are suffering from chronic pain.

Interventional Pain Clinics	2016-17	2017-18
Total number of referrals	100	120
New appointments	68	113

Day Therapy Service is provided by a specialist multi-professional team, working alongside patients and their families to enable them to live well with a life-limiting disease. Patients attend Day Therapy for a maximum of 8 weekly sessions introducing them to a rehabilitative model of care encouraging them to maximise their potential within the constraints of their illness.

Day Therapy (48 places per week)	2016-17	2017-18
Total number of available places	2508	2448
Total number of allocated places	2552	2749
% attendance of available places	64%	69%
Mean length of stay (sessions)	8	9

Inpatient Unit. Wirral Hospice St John's has 16 Inpatient beds, of which 7 are single rooms and there are three, 3 bedded bays. Patients are admitted for short term interventions following assessment by the MDT whose needs cannot be met by specialist palliative care providers elsewhere. Patients are admitted under the care of the Palliative Care Consultant.

Inpatients (16 beds)	2016-17	2017-18
Total number of admissions	224	232
% Occupancy	92%	87%
Mean Length of stay (Days)	23	21
Total number of discharges	93 (42%)	113 (48%)

Hospice at Home Service. Wirral Clinical Commissioning Group continued to support the Hospice in 2017/18 in the delivery of Hospice at Home services for all Wirral residents. A partnership arrangement with Marie Curie Nursing service provides a more co-ordinated night sitting service.

The Hospice at Home team continues to provide quality end of life care to patients wishing to remain at home providing practical and emotional support to patients, families and carers in a variety of ways. Evaluation from service users, families and healthcare professionals provides positive qualitative feedback.

Hospice at Home	2016-17	2017-18
Total number of referrals	405	365
Accompanied Discharge	0	0
Hospice at Day	2336	1908
Hospice at night	489	573
Total number of deaths	239	241
Total number of deaths at home	215 (90%)	202 (84%)

Clinical Audit

To ensure that we are continually meeting standards and providing a consistently high quality service, Wirral Hospice St John's has an annual Audit Plan which includes clinical and non-clinical audits. Our audit programme reviews the effectiveness of the clinical care that we provide.

A sample of clinical audits completed over the last 12 months:

Audit subject	Outcome of Audit	Actions/recommendations
<p>PLACE assessment</p> <p>Patient Led Assessment of the Care Environment takes place every year, with the involvement of Healthwatch. Results are reported publicly to help drive improvements in the care environment, and show how we are performing nationally and locally.</p>	<p>Audit carried out by patient representatives and Healthwatch.</p> <p><u>Audit findings:</u></p> <p>Cleanliness 100%</p> <p>Inpatient Food: 92%</p> <p>Condition, appearance and maintenance: 91%</p> <p>Privacy, Dignity and Well-being: 90%</p> <p>Dementia: 83%</p>	<p>Wirral Hospice scored above national average in 5 out of 7 areas.</p> <p>Actions will be mainly focused on: signage, consideration of additional seating, additional dementia friendly initiatives.</p> <p>Re-audit 12 months.</p>
<p>Infection Prevention and Control-compliance with code of practice and policy</p>	<p>Monthly audits carried out against all 23 infection prevention and control policies have highlighted the following improvements required in:-</p> <p>Alert Organism Monitoring and compliance</p> <p>Bare below the elbow</p>	<p>Staff communication via Team Brief.</p> <p>New Infection Prevention and Control Lead provided education sessions to staff and volunteers.</p> <p>Continue to audit monthly.</p>

Audit subject	Outcome of Audit	Actions/recommendations
<p>Controlled Drug Accountable Officer (CDAO) annual self-assessment</p>	<p>Quarterly audit of CD management processes against legislation, standards and policies undertaken by CDAO.</p> <p>Utilised the CQC and Hospices UK audit tool.</p> <p>100% in all areas of Standard Operating Procedures.</p>	<p>Overall compliance against legislation, standards and policy</p> <p>Minor recommendations communicated to staff of need to annotate form of each drug.</p>
<p>Prescription Clarity Audit</p> <p>Management of Medicines</p>	<p>Aim of audits is to make prescribers more aware of the areas where improved prescription clarity can impact on patient safety. These audits are performed regularly and a comprehensive summary of Pharmaceutical Clinical Interventions is provided by the Palliative Care Pharmacist.</p>	<p>Recommendations communicated included: Medication Reconciliation on Hospice admission, Venous thromboembolism (VTE) assessment, Prescription rewrite process and Antibiotic Prescribing.</p> <p>The summary of interventions is communicated to Medical and Nursing staff and is an agenda item upon the Drugs and Therapeutics Governance Group.</p>
<p>Nutritional Assessment Audit</p>	<p>Nutritional Assessment Audit performed of all Inpatient patients electronic care records. Nutritional Risk Assessments and Care plans reviewed.</p> <p>100% Compliance.</p>	<p>No recommendations.</p>

Audit subject	Outcome of Audit	Actions/recommendations
<p>Prevention and Management of Falls Audit & Patient Electronic Care Records Audit</p> <p>Managed by the Falls Prevention Lead. Repeated 6 monthly.</p>	<p>Falls audit undertaken within the Inpatient Unit and has allowed us to gain clear percentages regarding documentation, environment and governance compliance.</p> <p>Documentation = 67%</p> <p>Environment = 75%</p> <p>Governance = 89%</p> <p>Audit of slip, trip and falls related incidents related to harm category. Patients electronic records were analysed from admission to discharge looking at the processes before, during and after the fall.</p> <p>Action plan was produced and recommendations made. Many new initiatives and improvements have been introduced by the Falls Prevention Group since this audit was performed.</p>	<p>Examples of actions and improvements:</p> <p>New Safety Huddle Multi-professional meetings set up twice daily to increase communication and assessment of patients safety and quality of care.</p> <p>New Grab Bags designed in house and introduced with the aim to reduce potential patient falls that occur in toilets and bathrooms.</p> <p>Careplans and risk assessments reviewed and amended to enhance documentation evidence of care provided.</p>
<p>Outpatient Department Referral Audit</p> <p>Aim was to establish the proportion of patients with non-malignant diagnoses, reasons for referral, use the Gold Standard Framework prognostic indicators to ascertain if the patients with non-malignant illnesses were being appropriately referred by clinicians.</p>	<p>31.4% of patients referred had a non-malignant diagnosis, heart failure with COPD being the most common disease. This increase in referrals means that more patients are utilising the outpatient services available.</p> <p>Only 6 of the 33 patients (18.2%) had outcomes that matched the initial reason for referral as indicated by the clinician in the referral documentation. Due to the difficulties found when identifying these patients' prognostic criteria, this highlights the need for improved referral documentation.</p>	<p>Audit highlighted the need for improved referral documentation which would aid clinical assessment in determining the appropriateness of patient referrals.</p> <p>Actions have included: improved communications via our Monthly Breakfast Multi-professional Meetings and Hospice Referral Form review.</p>

Key Performance (Quality) Indicators

Key Performance (Quality) Indicators	2016-17	2017-18
Clinical Complaints		
Total number of Clinical complaints	2 actual 3 (potential)	2 actual 0 (potential)
Patient Safety		
Number of Medicine Incidents directly related to patient care	31	43
Number of Medicine Incidents not directly related to patient care	151	135
Number of slips, trips and falls	52	70
Pressure Ulcers		
Number of avoidable pressure ulcers Grade 2 or above	0	0
Number of unavoidable pressure ulcers Grade 2 or above	10	12
Infection Prevention and Control		
Number of patients who developed MRSA during admission	0	0
Number of patients who developed Clostridium Difficile during admission	1	1
Number of patients admitted with MRSA	5	5
Number of patients admitted with Clostridium Difficile	0	3

Patient, Carer, Family & Visitor Experience

Our Engagement and Experience Strategy includes all the means by which we gain the views and suggestions from our patients, families, carers and visitors. This process includes Satisfaction Surveys which are provided to every patient or their family member/carer to complete and Comments and Suggestions Leaflets and Comments Boxes. All comments and suggestions are logged so that they can be monitored for themes or actioned in a timely manner. These comments are very well received as they are utilised to improve our Hospice practice and environment.

The following pages contain a sample of the numerous positive comments that we received during 2017/18.

100% of patients would recommend Wirral Hospice St John's.

“ They are there and do it right all the time”



“ Couldn't get better care, have been in four times, everything is brilliant ”

PATIENT STORY: “I was closing down and curling up inside, when space was found in the Hospice. At first I thought this is a place to die and I now realise coming here has saved my life...”

“ Over the moon, it's absolutely beautiful ”

“Never in entire life been in such a clean environment!”

“Amazing Service I did not have any help until the Hospice Team came. I can not thank them enough”

“ Rate this place second to none - in half a second of pressing button I get relief ”

“Has changed her view on her future, it is about living and moving forward”

“As a visitor felt safe and cared for, always kept informed”

“ 5 star with a Michelin star as well ”

“Awesome”

“Everyone has time to listen, extra few minutes makes a big difference”

“ Everything I eat here is usually what I want and always adequate. I've got things, from the fridge, outside mealtimes. Quality great - I'm amazed at this place ”

“ This service is so needed for end of life. I needed sleep and it gave me a chance of relaxing for a bit ...I wasn't on my own which helped enormously, given the situation ”

Statement from Wirral Clinical Commissioning Group

NHS Wirral CCG is committed to commissioning high quality services from Wirral Hospice St Johns. We take very seriously our responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened and acted upon.

We are very pleased to receive the quality account and would commend people to read. We believe this account reflects quality performance in 2017/18 and clearly sets out the direction regarding quality for the 2018/19.

The priorities for improvement identified for 2018/19 are appropriate, as they have been identified through patient feedback and organisation demand. With regard to Health Care Acquired Infections, it is imperative that Wirral Hospice St Johns works with other providers to reduce harm and impact as this is system priority. NHS Wirral CCG looks forward to working with the Hospice in the forthcoming year in relation to these priorities and will monitor the progress made through the year.

With regard to quality performance in 2017/18 we note the increase in trips, slips and falls this has now been for the second consecutive year. Focussed work is required within this area in order to ensure that the number of avoidable falls is reduced and impact minimised.

NHS Wirral CCG welcomes the Infection Prevention and Control audits that Wirral Hospice St Johns have undertaken. These have identified some themes and which will have affected performance against the Infection Prevention Control quality indicators and operational difficulties.

We believe that this quality account gives a high profile to continuous quality improvements in Wirral St Johns and the monitoring of the priorities for 2017/18. NHS Wirral Clinical Commissioning Group looks forward to continuing to work in partnership with the Hospice to assure the quality of services commissioned over the forthcoming year.

Dr Sue Wells
Chair
Wirral CCG

Quality Account Commentary for Wirral Hospice St John's provided by Healthwatch Wirral CIC May 2018

Healthwatch Wirral would like to thank Wirral Hospice St John's for the opportunity to comment on their Quality Account for 2017/2018.

The Hospice philosophy of care and core values were noted and relevant. It was pleasing to read that the Hospice recognises that they have a team of dedicated staff and volunteers who work together to ensure that they provide highest standards of care.

Priorities for Improvement 2018 - 2019

The account detailed the priorities with clear rationale and outlined the Hospice's commitment to them.

The 3 priorities were noted.

Priority 1 Reducing the negative impact on patient care resulting from the volume of patients admitted with infection alerts

Priority 2 Development of Person Centred Care

Priority 3 Patient Family Experience

Healthwatch Wirral look forward to receiving quarterly reviews on progress against the priorities.

Review of Quality Priorities in 2017-2018

Priority 1 Patient Safety - Tissue Viability. The development of an audit tool.

Priority 2 Clinical Effectiveness - Measuring palliative care outcomes.

Priority 3 Patient Experience - Review of spiritual and faith support across Hospice services.

It was positive to note that excellent progress had been achieved in the 3 priorities.

Key Performance Indicators

These were noted.

Healthwatch Wirral noted that the number of medicine incidents directly related to patient care had increased since the previous year.

We look forward to seeing outcomes or improvements in next year's Quality Account

Healthwatch have also noted the number of slips, trips and falls had increased since the previous year and hope that the new initiatives and improvements introduced by the Falls Prevention Group may help to improve the incidence of falls in the coming year.

Clinical Audit

Healthwatch noted the sample of audits completed along with the outcomes and actions/recommendations.

Healthwatch Wirral look forward to receiving quarterly reviews during 2018-2019.

Patient, Carer, Family and Visitor Experience Surveys

Healthwatch congratulate the Hospice in achieving 100% of patients who would recommend Wirral Hospice St John's.

It is commendable that comments received by the Hospice are utilised to improve practice and the environment.

Overall, the Quality Account was positive.

Healthwatch look forward to working with the Hospice to support the implementation of the Quality Account and strategic plans.

Karen Prior

Healthwatch Wirral Chief Officer

On behalf of Healthwatch Wirral

Further Information



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