

Quality Account 2015/16



Contents

Part 1: Statement of Quality

Statement on Quality from the Chief Executive Officer.....	1
Statement on Quality from the Board of Trustees.....	2

Part 2: Priorities for Improvement

Introduction.....	3
Priorities for Improvement during 2015/16.....	4
Priorities for Improvement achieved during 2014/15.....	5
Review of Services.....	8
Financial Considerations.....	8
Participation in Clinical Audits.....	9
Participation in Clinical Research.....	9
CQUIN Framework.....	9
Registration with the Care Quality Commission.....	9
Data Quality.....	9
Clinical Coding Error Rate.....	10
Information Governance Toolkit.....	10

Part 3: Review of Quality Performance

Minimum Data Set Activity.....	10
Complaints.....	14
Compliments and Safety Information.....	14
Local Audits.....	15
Other Quality Initiatives.....	16
Statements from External Stakeholders.....	18
How to Provide Feedback.....	22

Part 1: Statement on Quality from the Chief Executive Officer

I am delighted to present this Quality Account for St Clare Hospice. As an organisation we are continually striving to ensure we learn from the feedback we receive from our patients and families who use St Clare services, and to embrace the ideas shared by the staff and volunteers within our organisation. It is through listening, learning and being responsive to change, that we are enabled to provide quality-driven and individualised care to the community of West Essex and the borders of East Hertfordshire. Quality is at the forefront of all we do here, in every aspect of our operational and strategic work.

Each and every year we continue to develop St Clare Hospice in order to serve our local community – building upon our solid foundations and adopting an approach that is forward-thinking, reactive and flexible. With both the national and local health and social care environments rapidly changing, it is more important than ever to work together across the sector. By collaborating and working in partnership within the healthcare sector we are enabled to successfully drive improvement and to ensure maximum efficiency. Most importantly of all, this enables us to deliver quality services for our patients and their families – the people who are at the heart of all we do.

Throughout the past year we have continued to work collaboratively with a wide range of stakeholders in order to deliver the best quality services – sharing knowledge, experience and resources for the benefit of local people. Crucially, we have also continued to actively involve those who use St Clare services in the development of our care. This has allowed us to gain an enormous amount of positive and constructive feedback on how we can shape our services for the future.

The past twelve months have provided even more opportunities for the strengthening of our clinical services – enabling us to provide individualised care for more patients and families. We have been working on a development plan for the Hospice site, creating a purpose built administration and storage facility. By creating this, it will allow for the possibility of housing our expanding clinical teams in the main Hospice building and to future-proof the organisation allowing for further growth in the coming years.

Our Hospice at Home and Community teams are caring for more patients in their own homes than ever before and it continues to be a pleasure to work with our NHS and social care colleagues in delivering this. It is a huge privilege to be able to offer people the choice of where they wish to be cared for – and to allow them to choose where they prefer to die. We know being cared for within your own home makes an incredible difference and it is an honour to be able to offer this choice to our patients. There is still much more work to do – but with relationships strong, and with the patient and family at the heart of all we do, I feel confident the coming year will bring further opportunities for development.

This Quality Account is the product of our team's hard work and commitment to delivering quality care and developing services with the people they care for. I am pleased to present this Quality Account for 2015/16 and to the best of my knowledge the information contained therein is accurate.



Tanya Curry, Chief Executive

Statement on Quality from the Board of Trustees

As we come to the end of the third year of our five year strategy, it is with pleasure that I can report that St Clare has continued to strengthen and develop its services for people with life-limiting illnesses and their families living in West Essex and East Hertfordshire. The developments over the last 12 months have been an honour to witness, and an astounding amount of work and development has taken place.

From developing many aspects of St Clare Hospice we can continue to grow and strengthen the care we provide in the community – we face the future with great strength and readiness for the challenges ahead of us that we know a complex healthcare system will bring.

Providing the highest quality of care and support for patients and their loved ones during one of life's most difficult journeys continues to be the driving force behind everything we do. Over the past year our clinical teams have continued to be focused on providing person-centred care and the introduction of our 'one-page profiles' is another step to ensuring that each patient receives care which is tailored to their personal wishes. We are also delighted to be able to give our patients the choice of where they wish to be cared for – either in the Hospice itself or in their own homes. It is an honour for our Community Teams to be able to provide personalised care, 24 hours a day, 365 days a year, in people's own homes. St Clare is truly able to support patients and their families when they need it most and in a place of their choice.

Along with providing quality-driven and individualised care, we are continually working hard to develop and plan for the future. We have been working on developing the Hospice infrastructure to ensure all of our Hospice teams have the resources to undertake their roles and support even more people over the coming years. During the year we have developed the Hospice at Home service, and have been reviewing all the education and training needs of all our staff. It is vital that whilst ensuring excellence in all we do, our staff are supported with education and training opportunities to further individual and Hospice development. As Trustees, we wish to ensure that the Hospice operates in a safe and professional manner in all areas of its work. We never stop developing our data collection, reporting and governance structures, which I believe is demonstrated throughout the course of this Quality Account. This enables us to use the information positively in order to learn, develop and improve, striving for excellence in all that St Clare does.

The team has continued to work hard throughout the year to cultivate relationships with a wide range of stakeholders across the health and social care sectors. This has allowed St Clare to not only take part in, but to be a key leader, in discussions and sharing of best practice around end of life care.

As Chairman of the Board I am pleased to support this Quality Account.



Patrick Foster, Chairman

Part 2 - Priorities for improvement

Introduction

This Quality Account demonstrates St Clare's on-going commitment to delivering skilled and compassionate specialist palliative care for our local community. It also reflects our vision to ensure that people with life limiting illnesses have timely access to skilled, compassionate and sensitive care. We will support patients and their families to maintain dignity and quality of life by providing exceptional care in a place of their choice. As a centre of excellence we will continue to lead in the development of specialist palliative care services for the population of West Essex and East and North Hertfordshire.

Our values are fundamental to the delivery of specialist palliative care and underpin everything we do:

- Care:** We treat patients and families the way we want to be treated – with kindness, compassion and respect
- Teamwork:** We value the unique contribution that all our staff and volunteers make in the delivery of excellent care for our local community
- Quality:** We are passionate in our pursuit of excellence and dedicate ourselves to achieving the highest standard in all aspects of our work
- Integrity:** We are honest and ethical in everything we do and accept the responsibility for the trust placed in us

The priorities for quality improvement identified for 2016/17 are set out below and impact directly on each of the three domains of quality; patient safety, clinical effectiveness and patient and family experience.

Priorities for improvement – 2016/17

At St Clare Hospice we continually review our services and seek to improve and develop them. Clinical and support teams are fundamental to the delivery of our strategy and business plans. This is achieved through effective communication between front line teams and the Hospice Leadership Team and Board of Trustees.

The Hospice will monitor our achievements in respect of the following priorities by reporting progress through our Clinical Governance Working Group, Clinical Governance Committee, Governance Committee and, ultimately, through the Board of Trustees

Patient Safety

Priority	How Identified	How Achieved	Monitoring
Infection prevention and control	CQC outcomes	Training Regular KPI auditing	Clinical Directorate Meetings
Rehabilitation and Enablement in Day Therapy	Hospice Strategy	Review undertaken by Director of Patient Care	Clinical Governance Working Group
E-Learning	Hospice Strategy	Review by Head of Education and Training	Director of Organisational Development
A full review of our Documentation	Hospice Strategy	Review undertaken by Director of Patient Care	Clinical Governance Working Group

Clinical Effectiveness

Priority	How Identified	How Achieved	Monitoring
SystemOne (S1) electronic patient records	Hospice Strategy	Training Regular KPI auditing	Clinical Governance Working Group
Nurse Revalidation	NMC	Review by Senior HR Advisor	Director of Organisational Development

Using the Outcome Assessment and Complexity Collaborative (OACC) tools	CQUIN	Monitor KPI	Clinical Governance Working Group
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Patient and Family Experience

Priority	How Identified	How Achieved	Monitoring
Patient Centred Care	CQC outcomes	Holistic notes audit	Clinical Governance Working Group
Child Bereavement Service	Hospice Strategy	Service Manager	Clinical Governance Working Group
Carer's Survey	CQUIN	Monitor KPI	Clinical Governance Working Group

Priorities for improvement achieved during 2015/16

The aim of the Quality Account is to not only set future priority improvements but to also evidence achievements on priorities for improvement from the previous year.

In last year's report we set out priorities for improvements for our services under the areas of patient safety, clinical effectiveness and patient and family experience. Each area was identified for the impact on the care of our patients and families received, either through improvement patient safety, clinical effectiveness or the patient's experience.

Patient Safety

Priority	How Achieved	Monitoring	Outcome
Implement an Infection Prevention and Control programme	Training Regular KPI auditing	Clinical Governance Working Group Quarterly CCG meetings	Completed

Revise the mandatory training programme	Review by Head of Education and Training	Clinical Governance Working Group Management Group Directors Team Board of Trustees	Completed
Introduce Nurse Revalidation	Review by HR	Clinical Governance Working Group Quarterly CCG meetings Quarterly HR meetings	Completed
Revise our comfort charts for inpatients	IPU manager	Clinical Directorate Meetings	Completed

Clinical Effectiveness

Priority	How Achieved	Monitoring	Outcome
Expand our Hospice at Home to include a night service	Monitor KPI	Clinical Governance Working Group Quarterly CCG meetings Directors Team	Completed
Revise our mandatory training programme	Review by Head of Education and Training	Clinical Governance Working Group Management Group Directors Team Board of Trustees	Completed
Embed the ESAS tool in clinical teams	Holistic notes audit	Clinical Governance Working Group Quarterly CCG meetings	Replaced by OACC Tool
Introduce a nutrition assessment tool	Holistic notes audit	Clinical Governance Working Group Quarterly CCG meetings	Completed

Introduce clinical supervision for clinical staff	Clinical Supervision Co-ordinator	Clinical Directorate Meetings	Completed
Introduce reflection for non-clinical staff interacting with patients		Clinical Directorate Meetings	Completed
Review of our staff appraisal system to ensure they are aligned to Hospice Strategy	Review by Head of Education and Training	Director of Organisational Development	Completed
Review of the Quality Improvement Framework	Review by Head of Quality and Audit	Director of Organisational Development	Completed

Patient and Family Experience

Priority	How Achieved	Monitoring	Outcome
Review and revise feedback forms	Review by Head of Quality and Audit	Clinical Governance Working Group Quarterly CCG meetings Directors Team	Completed
Revise our mandatory training programme	Review by Head of Education and Training	Clinical Governance Working Group Management Group Directors Team Board of Trustees	Completed
Facilitate critical incident meetings at PAH	Monitor KPI	Clinical Governance Working Group	Completed
Undertake an out of hours bereavement pilot project	Service Manager	Clinical Directorate Meetings	Not completed due to user feedback

Development of a Youth Involvement Initiative	Volunteers Manager	Director of Organisational Development	Completed
Undertake a Leadership Development Programme	Director of Organisational Development	Directors Team	Completed

Review of Services

During 2015/16 St. Clare Hospice provided the following services

- In-Patient Unit, which provides 24 hour care and support by a team of specialist staff
- Day Therapy, which gives patients extra support to manage symptoms, gain confidence at home and maximise quality of life
- Outpatient Service, which provides specialist support and advice in a patient's home and at the hospice
- Community Service, which provides specialist support and advice in a patient's home
- A 24 Hour Hospice at Home Service
- Therapies to support independence and promote comfort including:
 - Physiotherapy
 - Occupational therapy
 - Complementary therapy
- Social workers provide specialist emotional, practical and psycho-social support
- Bereavement services for adults
- Spiritual Care service supporting patients, their families and also friends

Financial Considerations

The income from our Clinical Commissioning Groups in 2015/16 represented 43% of our total expenditure.

The running costs of St. Clare are forecast to be £4.5 million in 2016/17. The majority of this has to be raised through donations, legacies, fundraising initiatives and our chain of charity shops

We review all our services on an on-going basis to ensure we are delivering them as efficiently as we can. Expert care for our patients and their families remains our priority.

Participation in Clinical Audits

During 2015/16 St Clare Hospice was not eligible to participate in any national clinical audits or national confidential enquiries and therefore there is no information to submit.

Participation in Clinical Research

The number of patients receiving NHS services provided by St Clare Hospice that were recruited during that period to participate in research approved by a research ethics committee was 11, 10 were recruited in IPU and 1 in Day Therapies.

Use of CQUIN payment framework

St Clare Hospice received a small amount of additional funding during 2015/16 on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

St Clare achieved full compliance with the following CQUIN targets:

- End of Life Discharge Liaison Nurse CQUIN including Critical Incident Analysis (CIA) meetings
- Advance care planning and Comprehensive needs assessment
- Preferred place of death

The Care Quality Commission (CQC)

St Clare Hospice is required to register with the Care Quality Commission and its current registration has no conditions attached to it. The Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2015/16.

Data Quality

St Clare Hospice submits data to the Minimum Data Set (MDS) for Specialist Palliative Care Services collected by National Council of Palliative Care on a yearly

basis, with the aim of providing an accurate picture of hospice and specialist palliative care service activity.

All clinical data; performance and quality are collated, analysed and verified with clinical managers and the clinical governance committee.

Clinical coding error rate

St Clare Hospice was not subject to the Payment by Results clinical coding audit during 2015/16 by the Audit Commission

Information Governance Toolkit

We have completed the NHS Information Governance toolkit for 2015 – 16 as a registered Voluntary Organisation submitting for Level 3 Information Governance. Our Information Governance Steering Group ensures we remain compliant with the requirements and oversees the implementation of new policies and training.

Part 3 - Review of Quality Performance

The National Council for Palliative Care: Minimum Data Sets for Inpatient Units 2013/14, 2014/15 and 2015/16.

All Service Users

	2013/14	2014/15	2015/16
Total patients	209	218	238
New patients	193	203	219
Re-referred patients	8	7	12

Diagnosis

	2013/14	2014/15	2015/16
Cancer (% new referrals)	173 (89)	170 (84)	182(83)
Non-Cancer (% new referrals)	20 (10)	32 (16)	35(17)

Bed Usage

	2013/14	2014/15	2015/16
Available Bed Days	2920	2920	2928
Cancer Average stay	10.2	11.0	9.7
Non-cancer average stay	10.3	10.8	7.6
% occupancy	85	90	84%

The National Council for Palliative Care: Minimum Data Sets for Day Therapy 2012/13, 2013/14 and 2014/15

All Service Users

	2013/14	2014/15	2015/16
Total patients	157	242	245
New patients	101	173	153
Re-referred patients	18	32	13

Diagnosis

	2013/14	2014/15	2015/16
Cancer (% new referrals)	68 (67)	78 (45)	77(50)
Non-Cancer (% new referrals)	33 (33)	92 (53)	74(48)

The National Council for Palliative Care: Minimum Data Sets for Outpatients 2012/13, 2013/14 and 2014/15.

All Service Users

	2013/14	2014/15	2015/16
Total patients	170	99	67
New patients	124	59	41
Re-referred patients	11	6	6

Diagnosis

	2013/14	2014/15	2015/16
Cancer (% new referrals)	43 (35)	22 (37)	25(61)
Non-Cancer (% new referrals)	81 (65)	36 (61)	16(49)

The National Council for Palliative Care: Minimum Data Sets for Community Team (Home Care) 2012/13, 2013/14 and 2014/15.

All Service Users

	2013/14	2014/15	2015/16
Total patients	757	816	761
New patients	573	594	589
Re-referred patients	80	76	78
Continuing patients	104	146	94
Re-referrals within year	165	249	313
Cancer diagnoses (new)	501	508	498
Non-cancer diagnoses (new)	69	83	77
Deaths and discharges	776	966	978
Deaths	293	333	177
Average length of care (days)	47.5	50.6	33.9

The National Council for Palliative Care: Minimum Data Sets for Bereavement Services 2012/13, 2013/14 and 2014/15.

All Service Users

	2013/14	2014/15	2015/16
Total service users	144	164	110
New service users	83	85	75
Re-referred service users	0	0	0

Contact with service users

	2013/14	2014/15	2015/16
Total contacts	518	531	625
Contacts per service user	3.6	3.2	5.6
Average support (days)	225.4	349	140.8

Other Quality Markers

In addition to the limited number of suitable quality measures in the national dataset for palliative care, we have chosen to measure our performance against the following indicators that were measured and reported on during 2015/16

Quality Marker	Quarter ending			
	Jun 15	Sep 15	Dec 15	Mar 16
Written complaints	5	4	6	7
Verbal complaints	2	2	1	3
Serious untoward incidents	0	0	0	0
Medication errors - patient harm	1	0	0	0
Medication errors - all other including near miss	1	1	0	4
Slips, trips and falls	4	2	9	3
Pressure ulcers-attributable/non-attributable	0/3	0/2	0/1	0/0
MRSA - attributable/non-attributable	0/0	0/0	0/0	0/0
C. Diff - attributable/non-attributable	0/0	0/0	0/0	0/0
Safeguarding Incidents - attributable/non	0/2	0/4	0/1	0/1
Other clinical incidents	7	6	2	4
Other non clinical incidents	3	15	14	9

Complaints

A total of 30 complaints were received. Nine complaints were related to clinical care, three of which were upheld totally or in part. All complaints received were fully investigated, appropriate action taken and shared with the Directors and with the Governance and Clinical Governance Committees.

Safety Information

The clinical team reported a total of 54 incidents and accidents in 2015/16, the most common cause of incidents was slips, trips and falls (10).

Seven medication errors were reported, one of which were assessed as causing or likely to cause patient harm. All controlled drug incidents are reported to our Accountable Officer.

Compliments 2015/16

Compliments are received in a variety of ways at St Clare, including from feedback surveys in the In-Patient Unit, Day Therapy, Bereavement, Hospice at Home and Community teams, as well as letters.

A selection received in 2015/16:

Day Therapy	"It has made me feel human again, I've been accepted by everyone and I like that and people have listened. Everyone has listened when I have spoken."
Community team	"I can only speak most highly of your services you give to all you deal with. Thank you seems so little to say but most sincere of all."
Bereavement service	"Losing my husband is the hardest thing imaginable and I felt completely lost without him and at one stage unable to bear a future in which he was not a part. you helped me to see how to see a future."
Inpatient unit	"I don't feel it needs any improvement, me and my family were pleasantly surprised how warm and caring the staff were, bright and friendly."

Hospice at Home “The person who came was extremely good, the first person to offer any practical assistance to relieve a terrible situation”

Local Audits

Clinical audits have taken place within the Hospice as part of our overall Quality Action Plan. The monitoring, reporting and actions following these audits ensure care delivery that is safe and effective and are recorded in our Audit Action Plan Tracker and reviewed on a regular basis. In order to ensure a high quality of services a variety of audits were undertaken using nationally agreed formats often specifically developed for Hospice care as well as locally developed audit tools. This has enabled us to monitor the quality of services and make improvement where needed.

During 2015/16 St Clare Hospice’s Clinical Governance Working Group and Information Governance Working Group reviewed the results of 27 audits, a selection of which are tabulated below

Subject Area	Standard
Information Governance	Breaches of record confidentiality, are recorded as security incidents and managed appropriately
	All staff store confidential materials properly
	All staff have access to an appropriate shredder for disposal of sensitive information
Patient Safety	To ensure patient areas are clean in order to reduce the risk of microbial infection
	To ensure that all clinical equipment is free from damage and secure
	To ensure that the Hospice adhere to the Hospice hand washing procedure
	Public areas are kept clean to reduce the risk of microbial infection
Clinical Effectiveness	All applicable IPU patients under the care of the Hospice will have a fully complete Do Not Attempt Resuscitation order
	All patients have the holistic section of their notes completed
	All IPU patients will have a full comfort check every 2 hours

Patient and Family Experience	The patient's mental capacity is documented at each written entry in section 3 of the holistic notes by putting a Y/N in end column
	Where a patient requires assessment under the Mental Capacity Act this is done and the required fully forms completed.
	All patients under the care of the hospice will have their plan of care reviewed regularly and documented in section 2 (Multi-disciplinary care plan) of the clinical notes
	Where a patient has been assessed as a priority they are seen within the recommended timescales

Where necessary changes or improvement to practice is identified and is implemented at an individual, team or service level.

Other Quality Initiatives

Newsletter and website

St Clare News is published three times per year for all stakeholders. Along with our website it provides information on our services and celebrates the achievements of all aspects of the Hospice. They also provide an opportunity for patients, carers, staff and volunteers to comment on the work of the Hospice. Internal communication cascades are also in place.

What have carers and users said about St Clare Hospice?

User Feedback Questionnaires

At St Clare Hospice every service user has the opportunity to provide feedback on their experience of the service. Information is collected using a service questionnaire and then collated. The feedback is shared with staff on a quarterly basis; key themes are highlighted, with an action plan completed. A quarterly summary is produced and shared with our commissioners. The Hospice team receive all data as well as an annual agreed action plan detailing priorities for improvement.

The action plan is a live document, reviewed every quarter to ensure as an organisation we are responsive to feedback and proactive in our work. Displays around the Hospice building showing a summary of feedback received and the action taken were implemented in 2012. These displays will be refreshed and updated two months.

Comment Card Feedback

Comment cards are available at St Clare Hospice and in the St Clare Hospice retail shops. As with the User Feedback Questionnaires, the feedback from the comment cards is used to help improve services provided by St Clare Hospice. Feedback relating to compliments and complaints is shared with the management team at the hospice's risk management meeting. This is in turn shared with wider team members and the Board of Trustees through the governance structure.

User Involvement Forum

The forum is chaired by a member of the User Involvement Forum with support from the Chief Executive and Quality Lead the group is made up of members of the public or relatives who have received care or those who are currently receiving care from St Clare Hospice. Meetings are held every two months with the group being very active and supportive in all areas of Hospice development. The ultimate aim is to always improve Hospice services using valuable feedback and the experience of service users.

Statements from External Stakeholders

NHS West Essex Clinical Commissioning Group's Response to the Quality Account provided by St Clare Hospice

Statement from West Essex Clinical Commissioning Group

West Essex Clinical Commissioning Group is responsible for commissioning hospice care from St Clare's hospice for people with life limiting illness in west Essex.

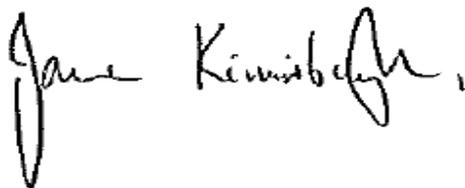
Completion of a Quality Account can be challenging for hospices as some of the required information is data collated for acute hospitals. However there are other data sets that can be used to reflect the hospice service.

West Essex CCG works closely with St Clare as an essential partner in care for people with life limiting illness and their families. St Clare's involvement in supporting people's timely discharge from hospital to their preferred place of care is invaluable.

We confirm that we have reviewed the information contained within the Account and checked this against data sources where these are available and it is accurate in relation to the services provided. Some of the data that is required to include a comparison of the organisations results to the highest and lowest scores of other organisations has not been included; this is likely to be due to the hospice needing to use The National Council for Palliative Care data set.

We have reviewed the content of the account; it complies, on the whole, with the prescribed information as set out in legislation and by the Department of Health.

West Essex CCG is looking forward to continuing to work with St Clare in the year ahead.



Jane Kinniburgh

Director of Nursing and Quality

West Essex Clinical Commissioning Group.

NHS East and North Herts Clinical Commissioning Group's Response to the Quality Account provided by St Clare Hospice

East and North Herts CCG (ENHCCG) has reviewed the information provided by St Clare Hospice and we believe this is a true reflection of performance during 2015/16, based on the information submitted during the year as part of the on-going quality monitoring process.

During 2015/16, St Clare Hospice continued to deliver high quality care to the Hertfordshire population accessing the service. The Quality Account clearly sets out achievement against the priorities set for 2015/16 and demonstrates continued quality improvement and greater access for service users.

The Hospice continues to ensure the service user's feedback and involvement is key in supporting all areas of service development, and service user feedback is actively sought through feedback questionnaires, comment cards and the user involvement forum.

The priorities set out for 2016/17 build upon the successes of 2015/16 and demonstrate a commitment to developing services further whilst maintaining a focus on improving quality as well as staff and patient experience. The priorities are also supported by St Clare's 5 year strategy.

During 2016/17 the CCG looks forward to building on the relationship already developed, and working with St Clare Hospice to ensure continued quality improvement through the hospices on-going engagement with the End of Life Forum.

Beverley Flowers, Chief Executive Officer, June 2016

St Clare Hospice User Involvement Forum Response to the Quality Account provided by St Clare Hospice

The User Involvement Forum (UIF) is a group of volunteers who have an association with the hospice. The group meets periodically to review how strategy and operational projects are progressing and provides feedback and support to the hospice staff where requested. The group is now poised to develop a more strategic and focused role in developing and delivering the strategic plan.

The UIF have representatives who carry out the Trustee visits which include working very closely with staff and Trustees. The feedback from provider visits has also helped influence ways of working within the hospice. UIF members further assist directly in fundraising and working in a St Clare shop.

The Quality Account provides the UIF with an opportunity to monitor and analyse performance in the context of delivering the five year strategic plan annual targets and strategic priorities in the year. It enables the UIF to see how the aspirations and vision of the hospice is translated into performance, priorities and targets necessary to deliver the hospice vision.

The Quality Account clearly sets out the priorities and outcomes. It includes details of how they will be achieved and monitored. This clarity enables non experts to easily assess, scrutinise and analyse the effectiveness of the performance in the context of the strategic objectives and priorities and the regulatory, funding and business requirements.

The hospice captures feedback from a wide range of sources including service users and their families across all hospice services. This is utilised to focus attention on improving services for patients and their families. The concept of feedback 'you said we did' is a model used by the hospice which clearly demonstrates how the hospice strives to achieving continuous improvement. It is clear that the hospice values feedback from all sources.

Madeleine Glaisher (UIF member)

[Essex Health Overview and Scrutiny Committee Response to the Quality Account provided by St Clare Hospice](#)

The Essex Health Overview and Scrutiny Committee were offered the opportunity to comment on the draft version of the Quality Accounts however a decision was made due to other pressures not to provide a comment on Quality Accounts from Non Acute Providers.

[Response to St Clare Hospice Quality Account 2015-16 from Healthwatch Essex](#)

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived

experience to improve services. Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that Quality Accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people’s voice and lived experience – that is relevant to the quality of services delivered by St Clare Hospice. In this case, we have received limited feedback about services provided by the Hospice, and so offer only the following comments on the St Clare Hospice Quality Account.

It is pleasing to see the Hospice actively engages in capturing and appraising feedback from service users and families, through user feedback questionnaires, comment card feedback, and verbal comments. Displays around the Hospice show some of the feedback received and action taken as a result. These get updated every two months so that staff, patients and their families can see that the Hospice is responsive to feedback. St Clare Hospice has not received feedback through the [iwantgreatcare](#) website or our online Feedback centre, so the Hospice may consider promoting these as alternative and independent way to gather people’s experiences.

The Hospice supports the existence of a User Involvement Forum, and it would be interesting to better understand what input this Forum has had into various working groups around the improvement priorities, and what impact of service user and relatives lived experience has had on service improvement.

Listening to the voice and lived experience of patients, service users, carers, and the wider community, is a vital component of providing good quality care and by working hard to evidence that lived experience we hope we can continue to support the encouraging work of St Clare Hospice.

Dr Tom Nutt, Chief Executive Officer, Healthwatch Essex

June 2016

How to provide feedback to St Clare Hospice on this report or any of our services

We would like to encourage you to contact us with questions, comments or suggestions following reading this report or from your experience of St Clare Hospice. Contact details can be found below:

Tanya Curry

Chief Executive Officer

St Clare Hospice,

Hastingwood Road,

Hastingwood

CM17 9JX

or email:tanya.curry@stclarehospice.org.uk