

Quality Account 2016/17



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## **Part 1: Statement on Quality from the Chief Executive Officer and Board of Trustees**

We are delighted to present this Quality Account for St Clare Hospice. As an organisation we continually strive 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. It is through listening, learning and being responsive to change, that we are able to provide quality-driven care to the community of West Essex and the borders of East Hertfordshire.

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 the national and local health and social care environments rapidly changing, it is more important than ever to work together across the sector. 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. Most importantly of all, this enables us to deliver quality services for our patients and their families – the people at the heart of all we do.

The past twelve months have provided even more opportunities for the strengthening of our clinical services. We were delighted to officially open our new purpose built administration and storage facility, the Taylor Centre, in April 2016 which has enabled us to future-proof the organisation and allow for further growth in the coming years. The new facility has allowed us to accommodate our expanding clinical teams within the main hospice building, and ensure that we can continue to develop our community team and patient and family support service, to meet the growing need.

A highlight of this year was the launching of our new Children's Bereavement Service in April 2017, which was funded by a major grant from Children in Need and bolstered by additional gifts from Clara E Burgess Trust and Charles S French Trust. The development of a specialist bereavement service for children, young people and their families has been a long-held ambition of the organisation and so we are delighted to be able to expand the current service delivered by our Patient and Family Support team. The dedicated children's bereavement service will enable us to

offer a truly holistic service for every patient and their whole circle of family and loved ones.

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. We are pleased to present this Quality Account for 2016/17 and to the best of our knowledge the information contained therein is accurate.

A handwritten signature in black ink, appearing to read "Sarah Thompson". The signature is fluid and cursive, with a long horizontal tail stroke.

Sarah Thompson, Chief Executive

A handwritten signature in black ink, appearing to read "Patrick Foster". The signature is more stylized and compact than the one to its left, with a prominent loop and a long horizontal tail stroke.

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 2017/18 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 – 2017/18

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**

<b>Priority</b>	<b>How Identified</b>	<b>How Achieved</b>	<b>Monitoring</b>
<b>Review the 24 hour service offer provided by our community team</b>	Hospice Strategy	Community Manager to undertake review	Clinical Governance Working Group
<b>To scope a two tier medical on call model</b>	Hospice Strategy	Medical Director	Directors
<b>To collaborate with local NHS providers to develop end of life champions locally.</b>	Hospice Strategy	Director of Patient Care	Clinical Governance Working Group
<b>Infection prevention and control</b>	KPI	Training Regular KPI auditing	Clinical Directorate Meetings

### **Clinical Effectiveness**

<b>Priority</b>	<b>How Identified</b>	<b>How Achieved</b>	<b>Monitoring</b>
<b>Undertake an evaluation of our 24 hour advice line</b>	Hospice Strategy	Head of Quality and Audit to undertake evaluation.	Clinical Governance Working Group
<b>Internal review of referral triage</b>	Hospice Strategy	Director of Patient Care to review	Clinical Governance Working Group
<b>Review of IPU Bed availability</b>	Hospice Strategy	Head of Quality and Audit to undertake regular monitoring.	Directors

## Patient and Family Experience

Priority	How Identified	How Achieved	Monitoring
<b>Review the carers support programme and move this under the Patient and Family Support Team</b>	Hospice Strategy	Patient and Family Support Manager to undertake review	Clinical Governance Working Group
<b>Increase social worker and bereavement counsellor time.</b>	Hospice Strategy	Director of Patient Care to assess required need	Clinical Governance Working Group
<b>To analyse Outcome Assessment and Complexity Collaborative (OACC) data to support the patient experience within the hospice</b>	Clinical Data Development Need	Head of Quality and Audit to undertake review	Director of Patient Care

### Priorities for improvement achieved during 2016/17

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 of patient safety, clinical effectiveness or the patient's experience.

### Patient Safety

Priority	How Achieved	Monitoring	Outcome
<b>Infection prevention and control</b>	Training Regular KPI auditing	Clinical Directorate Meetings	Fully Completed

<b>Rehabilitation and Enablement in Day Therapy</b>	Review undertaken by Director of Patient Care	Clinical Governance Working Group	Fully Completed
<b>E-Learning</b>	Review by Head of Education and Training	Director of Organisational Development	Fully Completed
<b>A full review of our Clinical Documentation</b>	Review undertaken by Director of Patient Care	Clinical Governance Working Group	Fully Completed

### Clinical Effectiveness

Priority	How Achieved	Monitoring	Outcome
<b>SystemOne electronic patient records</b>	Training Regular KPI auditing	Clinical Governance Working Group	Fully Completed
<b>Nurse Revalidation</b>	Review by Senior HR Advisor	Director of Organisational Development	Fully Completed
<b>Using the Outcome Assessment and Complexity Collaborative (OACC) tools</b>	Monitor KPI	Clinical Governance Working Group	Fully Completed

### Patient and Family Experience

Priority	How Achieved	Monitoring	Outcome
<b>Patient Centred Care</b>	Holistic notes audit	Clinical Governance Working Group	Fully Completed
<b>Child Bereavement Service</b>	Service Manager	Clinical Governance Working Group	Partially Completed – for

			completion in July 2017
<b>Carer's Survey</b>	Monitor KPI	Clinical Governance Working Group	Fully Completed

## Review of Services

During 2016/17 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 2016/17 represented 46% of our total expenditure.

The running costs of St. Clare are forecast to be £4.7 million in 2017/18. 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 2016/17 St Clare Hospice was eligible to participate in one national clinical audit, however did not submit data as no blood transfusions took place during the specified period.

### **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 3, these patients were recruited for a qualitative exploration of distress associated with episodic breathlessness in advanced lung cancer. During 2016/17 there were no appropriate national, ethically approved, research studies in palliative care in which we could participate.

### **Use of CQUIN payment framework**

St Clare Hospice received a small amount of additional funding during 2016/17 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 was inspected in 2016/17 and was rated as good in all categories.

The inspection for the hospice took place on 17 October 2016 and was unannounced. Feedback about hospice at home and day services was obtained from people and their relatives on 18 and 20 October 2016. The service delivers

physical, emotional, spiritual and holistic care through teams of nurses, doctors, counsellors and other professionals including therapists.

### Data Quality

All clinical data; performance and quality are collated, analysed and verified with clinical managers and the clinical governance committee and reviewed by our director team.

### Clinical coding error rate

St Clare Hospice was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission

### Information Governance Toolkit

We have completed the NHS Information Governance toolkit for 2016–17 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 and investigates any Information Governance Issues that may arise.

### Part 3 - Review of Quality Performance

#### Data collected in line with the National Council for Palliative Care: Minimum Data Sets for Inpatient Units 2014/15, 2015/16 and 2016/17.

All Service Users

	2014/15	2015/16	2016/17
Total patients	218	238	247
New patients	203	219	233
Re-referred patients	7	12	6

Diagnosis

	2014/15	2015/16	2016/17
Cancer (% new referrals)	170 (84)	182(83)	188(85)
Non-Cancer (% new referrals)	32 (16)	35(17)	33(15)

## Bed Usage

	2014/15	2015/16	2016/17
Available Bed Days	2920	2928	2672
Cancer Average stay	11.0	9.7	8.9
Non-cancer average stay	10.8	7.6	10.2
% occupancy	90	84%	81%

## The National Council for Palliative Care: Minimum Data Sets for Day Therapy 2014/15, 2015/16 and 2016/17

### All Service Users

	2014/15	2015/16	2016/17
Total patients	242	245	217
New patients	173	153	128
Re-referred patients	32	13	20

### Diagnosis

	2014/15	2015/16	2016/17
Cancer (% new referrals)	78 (45)	77(50)	51 (47)
Non-Cancer (% new referrals)	92 (53)	74(48)	56 (53)

## The National Council for Palliative Care: Minimum Data Sets for Outpatients 2014/15, 2015/16 and 2016/17

### All Service Users

	2014/15	2015/16	2016/17
Total patients	99	67	52
New patients	59	41	35
Re-referred patients	6	6	5

### Diagnosis

	2014/15	2015/16	2016/17
Cancer (% new referrals)	22 (37)	25(61)	22(63)
Non-Cancer (% new referrals)	36 (61)	16(39)	13(37)

**The National Council for Palliative Care: Minimum Data Sets for Community Team (Home Care) 2014/15, 2015/16 and 2016/17.**

All Service Users

	2014/15	2015/16	2016/17
Total patients	816	761	882
New patients	594	589	684
Re-referred patients	76	78	88
Continuing patients	146	94	110
Non-cancer diagnoses (new)	83	77	126
Cancer diagnoses (new)	508	498	507
Deaths	333	177	298
Deaths and discharges	966	978	1119

**The National Council for Palliative Care: Minimum Data Sets for Bereavement Services 2014/15, 2015/16 and 2016/17.**

All Service Users

	2014/15	2015/16	2016/17
Total service users	164	110	108
New service users	85	75	56
Re-referred service users	0	0	1

Contact with service users

	2014/15	2015/16	2016/17
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Total contacts	531	625	530
Contacts per service user	3.2	5.6	4.9

## 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 2016/17.

Quality Marker	Quarter ending			
	Jun 16	Sep 16	Dec 16	Mar 17
Written complaints	3	4	3	3
Verbal complaints	0	3	1	0
Serious untoward incidents	0	0	0	0
Medication errors - patient harm	0	0	0	0
Medication errors - all other including near miss	2	2	0	1
Slips, trips and falls	5	8	3	5
Pressure ulcers-attributable/non-attributable	1/6	0/7	0/5	0/2
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	0/2	0/6	0/1
Other clinical incidents	9	7	7	4
Other non clinical incidents	13	8	6	9

## Complaints

A total of 17 complaints were received. Four complaints were related to clinical care, two 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 56 incidents and accidents in 2016/17, the most common cause of incidents was slips, trips and falls (11).

Nine medication errors were reported, one of which were assessed as causing or likely to cause patient harm however this did not occur at St Clare. All controlled drug incidents are reported to our Accountable Officer.

## Compliments 2016/17

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 2016/17:

Day Therapy	“Made me feel at ease and learnt so much from staff and others in group”
Community team	“your service is first class.”
Bereavement service	” Beverley has been a great help to me and made me feel a lot better and understand my feelings. It has made me stronger to deal with feeling of loss and the process of bereavement.”
Inpatient unit	“The Hospice were really excellent, they got my Mum’s pain under control in the two and a half weeks she was there. We didn’t think that she would move anywhere else but she has now moved to a nursing home in Thorley. Keep doing the excellent work that you all do.”
Hospice at Home	“Also, I would like to say that not knowing about St Clare Hospice before, what Dad has received in help and advice for

me has been amazing. I never knew what to expect, but every single person has been brilliant. Thank you so very much”

## 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 2016/17 St Clare Hospice’s Clinical Governance Working Group and Information Governance Working Group reviewed the results of 25 audits, a selection of which are tabulated below

Subject Area	Standard
<b>Information Governance</b>	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
<b>Patient Safety</b>	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
<b>Clinical Effectiveness</b>	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

<b>Patient and Family Experience</b>	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 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 2017. These displays are refreshed and updated every 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 Head of Quality and Audit. 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

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's 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.

St Clare's have included progress on their priorities from last year, whilst they have achieved 10 (one to be completed in July) out of 10 of these priorities, the information is not detailed and does not explain exactly what was achieved or how this benefited patients and their families.

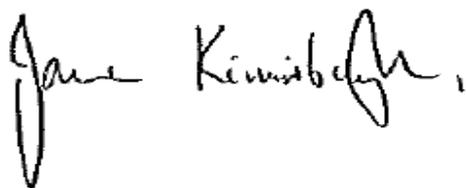
The priorities for the year ahead have been listed and it is clear which group/committee will monitor progress, so the governance in relation to the Quality Account is easier to understand. It would have been useful to understand why these particular priorities have been chosen for 2017/18 and whether the members of their user involvement forum were involved in the decisions.

It is disappointing that St Claire's did not provide details in the Account in relation to the changes they have made to practice, as a result of local audits.

There is little evidence of the specific learning from incidents, complaints and other forms of feedback and how this has affected care.

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. The inclusion of benchmarking information in relation to this data and an explanation of why the St Clare data is thought to be as it is in relation to the benchmark would have been useful.

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. The account would benefit from inclusion of the following elements: any Hospice UK audits the teams were involved in, details of changes made to care/clinical practice as a result of any audits (local and Hospice UK), feedback from staff on whether they would recommend the hospice as a place to work, any other notable activities that have taken place over the year.



Jane Kinniburgh

**Director of Nursing and Quality**

**West Essex Clinical Commissioning Group**

June 2017

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

As ENHCCG have now moved to becoming an associate commissioner to WECCG we shall not be writing a statement for the quality account.

Response to St Clare Hospice Quality Account from Healthwatch Essex



**Response to St Clare Hospice Quality Account 2016-17 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 encouraging to see that families and patient experience is being seen as a high priority in this quality account. It is always good to see how the Hospice actively engages in capturing and appraising feedback from service users and families, through user feedback questionnaires,

comment card feedback, and verbal comments. We would hope this high level of engagement continues and is central to the core work delivered by the hospice.

Healthwatch Essex recognises the level of continued and consistent work needed over the past 12 months and the future 12 months to continue the hospices role of being a centre of excellence who will continue to lead in the development of specialist palliative care services for the population of West Essex and East and North Hertfordshire. In an ever changing Health & Social care environment it is important that the work delivered to the patients of Essex and their Carers and families is of the highest standard.

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 David Sollis*

*Chief Executive Officer, Healthwatch Essex*

*June 2017*

[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:

Chief Executive Officer

St Clare Hospice,

Hastingwood Road,

Hastingwood

CM17 9JX

or email: