

Quality Account
April 2011 – March 2012

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Report from the Clinical Director

Introduction

This has been another successful year in delivering services for our patients, children and families. We have seen an increase in activity levels in all services despite internal and external challenges.

Adult Services

The redesign of our Day Care Services to form Keech Palliative Care Centre has been a great success. The Centre has attracted not only an increase in the number of patients using the service but an interest from other Hospices who wish to adopt this model. We have increase the number of clinical therapies which are available and this in itself will reduce unnecessary admissions to hospital and our own inpatient beds.

The Adult Inpatient Service has increased the number of patients receiving the service with an increased focus on symptom control and a slight reduction in terminal care. We hope this means that patients who wish to die at home are achieving this wish. We are supporting this agenda though our telephone advice line and Out-of-Hours service.

Staffing levels remain satisfactory but we are aware of impending resignations and this will always be an area we wish to monitor. Externally in our community there is a shortage of Macmillan Nurses and this will always have an impact on referrals to us because Macmillan Nurses are a frequent point of referral. We are monitoring the situation closely.

Recently the hospital conducted an audit of cancer patients admitted for emergency reasons to the hospital via A&E. Whilst they expected to find that the primary reason for admission was due to crisis episodes it in fact showed that many of these patients were admitted for palliative reasons (73%), and 50% were not known to the community service and therefore the hospice. The main reason for this is thought to be that they were still early in their disease process but needing interventions to help them. This presents a challenge for the wider Palliative Care Partnership, including ourselves, in identifying those patients. It is up to the Partnership to work closely with specialist units to ensure these patients are not 'lost' to the local system. These results could suggest that the increased attention on end of life care may be distracting awareness from people with a cancer diagnosis who need palliative care early in their journey.

We continue to support patients on the Liverpool Care Pathway and to ensure that they have Advanced Care Plans.

Children's Services

Again we continue to increase the numbers of children and families we support. Our Day Care services are being used more and more and add a valuable dimension to our support. Interestingly only 3 children used our inpatient unit alone emphasising the need for a range of services required to support them.

We have been piloting a care pathway for neonatal babies at the end of life. This has been a very successful project so far. Many families find themselves in very acute special care baby units even though they know that sadly the prognosis is poor. We are welcoming these families to the hospice following a visit to offer end of life care in a supportive environment. We continue to support families with our bereavement services.

Staffing continues to be an issue in Children's Services. This is a national problem in recruiting Children's Nurses. Discussions with the Hospital are underway to explore the possibility of some joint posts, and collaborative recruitment activity. In addition an advert has been placed in the National Paediatric Journal, Nursing Bulletin and Standard. Hopefully this will bring forward the nurses we need. Currently we are looking at the nature of Specialist Palliative Care for Children's Services with Dr Justin to enable us to self-assess and identify any gaps we may have for the future.

Community services go from strength to strength.

Medical Services

The Medical Team and the Clinical Director are working together to review the new structural arrangements. On reflection the Medical Team have decided they would like a Lead Doctor role and Mary has offered to take this role. We are currently looking at the role description. I believe this will offer a robust approach to both clinical leadership and management support.

We now have to comply with new arrangements for medical revalidation and appraisal. Doctors now need to have objectives, development plans and appraisals in place. These documents must be scrutinised and evidence based in order for Doctors to remain registered. Over any 5 year period this annual appraisal requirement must include a 360 degree feedback activity.

I have agreed through an SLA with the L&D Hospital that we will access their appraisal system. This means they will supply us with a Dr (Responsible Officer) to conduct appraisal here for our Doctors jointly with the Clinical Director. We now feature in the hospitals policy for appraisals and revalidation. We also have access to their 360 degree feedback appraisal through an independent company.

I have recently completed an Organisational Readiness Assessment for the Eastern Region and I am pleased to report that I was able to answer all the questions positively. I hope this means we will be RAG rated Green this time round.

I meet twice monthly with the Medical team and have held a series of 1-1 meetings. I will be meeting individually again over the next month. Commissioning Arrangements.

Inspection and Accreditation

We are due to have a monitoring visit from the Health Accreditation and Quality Unit (HAQU) in April 2012, this is a requirement of our extended accreditation. We will have a full review in November 2012.

We have not received an inspection from the Care Quality Commission during this reporting period however we have been working with the Outcomes of Essential Standards of Quality and Safety in preparation for an unannounced visit which we anticipate to be imminent.

Strategy

The new Care Strategy covering the next 5 years is underway. A consultation exercise is in place to seek opinions from Commissioners, National Leaders and our staff. Five main headings for the Strategy have been proposed:

- Better Care
- Wider Reach
- Right Choices
- Value for Money
- Together

We will be looking at what our services might offer in each of these areas and in every setting. I look forward to progressing this work with the committee.

Liz Searle
Clinical Director

Priorities for improvement and statements of assurance from the board (in regulations)

1. Improvement

The Council of Management is committed to the delivery of high quality care that is safe, effective and provides patients and carers with a positive experience.

The priorities that we have identified for 2012/13 are set out below. We have selected these to impact on patient safety, clinical effectiveness and patient experience.

Priorities for improvement in 2012 – 2013

Patient Experience	
Priority 1:	To increase the number of referrals and total beneficiaries to our service
Target:	It is planned that by end 2012/13 the number of referrals to our service has increased in total by 10%. To develop at least two new community-based services by the end of the financial year that are fully funded.
How was this identified as a priority?	This was identified as a priority through the Charity's Care Strategy
How will this priority be achieved?	This will be achieved raising our profile and communicating our services through meetings held with the Primary Care Commissioning Groups, communicating our services throughout the community we serve and through working with acute hospitals
How will progress be monitored?	Progress will be monitored through reporting at management meetings, including Clinical Governance Committee by reviewing statistics on the number of referrals/beneficiaries recorded and regular progress reports on new services developed.

Patient Safety, Patient Experience and Clinical Effectiveness	
Priority 2:	To assure the quality of the services we provide.
Target:	<p>To develop 3 outcomes measure for Children's Services and successfully achieve adult outcome measures.</p> <p>To continue to produce a Quality Report which shows trends staying the same or decreasing.</p> <p>Annual user satisfaction survey has better response and higher levels of satisfaction.</p> <p>All targets are met and CQUIN is awarded for NSH Contracts.</p>
How was this identified as a priority?	This was identified as a priority through the Charity's Care Strategy
How will this priority be achieved?	<p>To continue to work with and develop the use of the Care Quality Commission Outcome Measures</p> <p>Through successfully maintaining our status of Accredited Hospice with CHKS (part of the Capita Group)</p> <p>To monitor the nature and number of incidents, accidents, complaints and near misses that occur while implementing safeguards to reduce the risk of repetition and by identifying trends.</p> <p>Ensure that satisfaction surveys are made available to all patients, carers and relatives. Explore various options of obtaining user feedback.</p> <p>Achievement of service targets within contracts.</p>
How will progress be monitored?	Progress will be monitored through reporting at management meetings, including Clinical Governance Committee of all incidents, accidents, complaints and near misses.

Clinical Effectiveness	
Priority 3:	To develop formal links with an education/research institute
Target:	To have an education and research plan developed and completed.
How was this identified as a priority?	This was identified as a priority through the Charity's Care Strategy
How will this priority be achieved?	We will achieve this priority through meetings that have been arranged with the University of Bedfordshire and the University of Nottingham and with Help the Hospices and the development of subsequent plans.
How will progress be monitored?	Progress will be monitored through reporting at management meetings, including Clinical Governance Committee of progress made against this priority.

Patient Safety, Patient Experience and Clinical Effectiveness	
Priority 4:	To develop a new 5 year care strategy
Target:	To have a completed strategy and implementation plan in place by the end of quarter 3 2012/13
How was this identified as a priority?	This was identified as a priority through the Charity's Care Strategy
How will this priority be achieved?	Though consultation with stakeholders and staff.
How will progress be monitored?	Progress will be monitored through reporting at management meetings, including Clinical Governance Committee of progress made against strategy.

Statement of assurance from the Board

The following are statements that all providers must include in their Quality Account.

2a. Review of services

During 2011/12 Keech Hospice Care provided the following specialist palliative care services to the NHS:

Adult Service

- Inpatient unit
- Palliative Care Centre

Children's Service

- Inpatient unit
- Day Care
- Community Nursing Team

In addition we have also provided the following services through Charitable funding:

- Hospice at Home
- Complementary Therapy
- Music Therapy
- Family and Carer support
- Bereavement Care
- Spiritual Care

2b. Participation in Clinical Audit

- During 2011/12 no national clinical audits or confidential enquiries covered NHS services that Keech Hospice Care provides

- During that period Keech Hospice Care participated in no national clinical audits and no confidential enquiries of the national clinical audits and national confidential enquiries as it was not eligible to participate in. However we ensured that key audits were completed using nationally recognised excellence audit tools for hospices developed by Help the Hospices.
- The national clinical audits and national confidential enquiries that Keech Hospice Care participated in during 2011/12 are as follows:
N/A
- The national clinical audits and national confidential enquiries that Keech Hospice Care participated in and for which data collection was completed during 2011/12 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry: N/A
- The reports of 0 national clinical audits were reviewed by the provider in 2011/12. this is because there were no national clinical audits relevant to the work of Keech Hospice Care.
- Keech Hospice Care was not eligible in 2011/12 to participate in any national clinical audits or national confidential enquiries and therefore there is no information to submit.
- The local clinical audits that were reviewed in 2011/12 are listed in section below along with proposed actions required to improve the quality of healthcare provided.
- Keech Hospice Care submits an annual National Minimum Data Set to the National Council of Palliative Care (see section 3A) and uses nationally approved audit tools (Help the Hospices) to audit Infection Control, General Medication and Controlled Drugs. In 2009 we achieved the status of accredited Hospice with CHKS. This is a quality assurance accreditation which is tailored to Hospice services. Our accreditation is due to expire in November 2012 when we will undergo another external survey in order to keep our accreditation.

2c. Research – add to research section of Quality report

The number of patients receiving NHS services provided or sub-contracted by Keech Hospice Care in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was NONE.

2d. Use of CQUIN payment framework

A proportion of Keech Hospice Care income in 2011/12 was conditional on achieving quality improvement and innovation goals as specified by our Commissioning Partners

2e. Statement on the Care Quality Commission – in Quality Report

Keech Hospice Care is required to register with the Care Quality Commission and is currently registered to carry out the regulated activities:

- Treatment of disease, disorder or injury
- Accommodation for persons who require nursing or personal care
- Nursing Care
- Personal Care

There are no restrictions on our registration.

The Care Quality Commission has not taken any enforcement action against Keech Hospice Care in 2011/12.

Keech Hospice Care has not participated in any special reviews or investigations by the Care Quality Commission in 2011/12.

2f. Data Quality

Keech Hospice Care did not submit records during 2011/12 to the Secondary Users Services for inclusion in the Hospital Episodes Statistics which are included in the latest published date because it is not eligible to participate in this scheme. We do however have our own system for monitoring the quality of data.

2g. Information Governance Toolkit

Keech Hospice Care Information Governance Assessment Report score for 2011/12 was:

- Level 0 = 0
- Level 1 = 0

- Level 2 = 96%
- Level 3 = 4%
- Not relevant = 0

2h. Clinical coding error rate

Keech Hospice Care was not subject to the Payment by results clinical coding audit during 2011/12 by the Audit Commission.

ADULT SERVICES

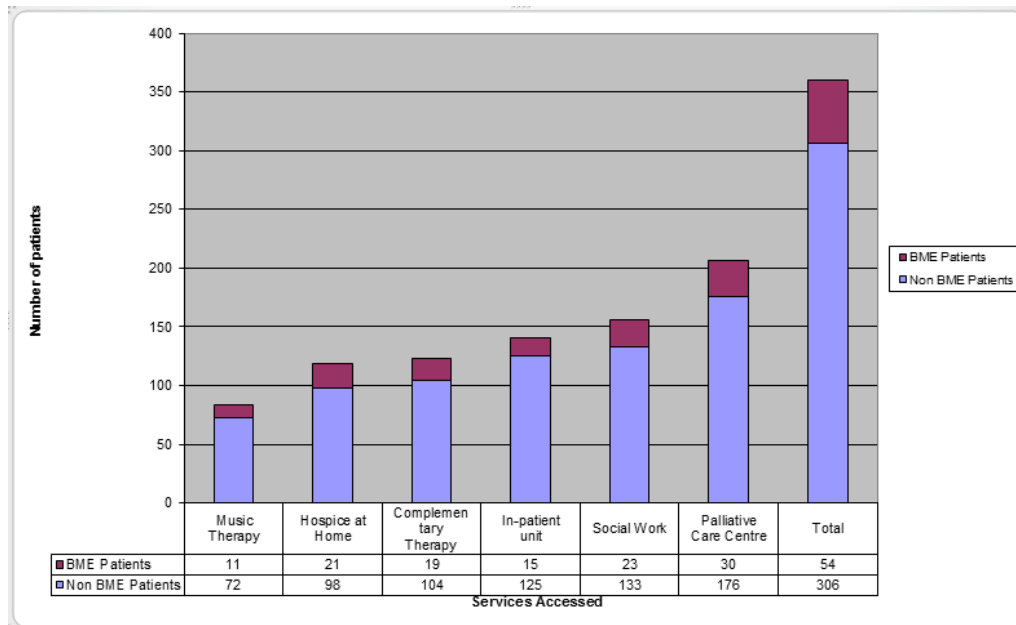
Adult Service Statistics

Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Strategy and PCT	Patient Numbers	Total Referrals received	LY = 317	20	26	29	37	38	25	31	23	32	28	32	40	361
		Total Referrals accepted	LY = 306	20	25	28	37	38	25	31	23	32	28	32	40	359
		Total patients who have used the adult service	LY = 266	62	53	82	74	80	127	124	126	126	118	137	142	360

Number of patients from September has increased partly due to the fact that we have just started to count Hospice at Home patients

Breakdown of patients using the service in 2011/12

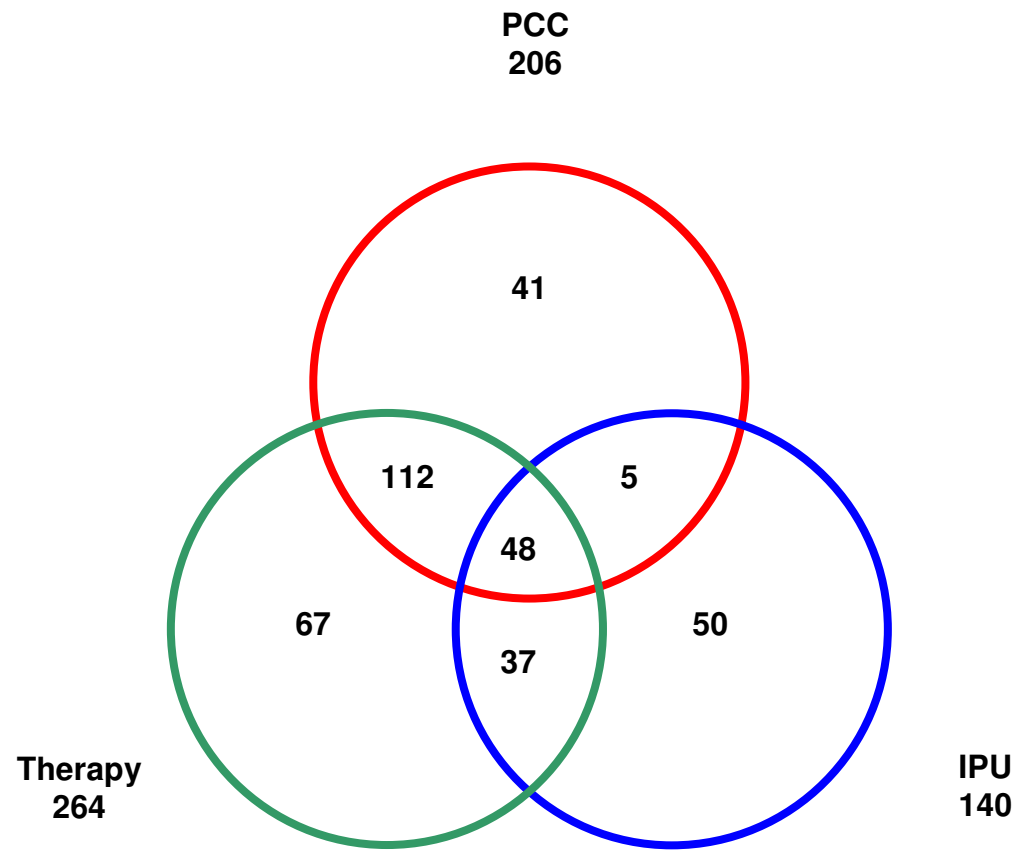
Out of the 360 patients who have accessed our service year to date the graph below gives a breakdown of the services they used:



Total BME 2011/12 = 15%

Total BME this time last year = 11 %

This diagram shows where patients have accessed more than one service



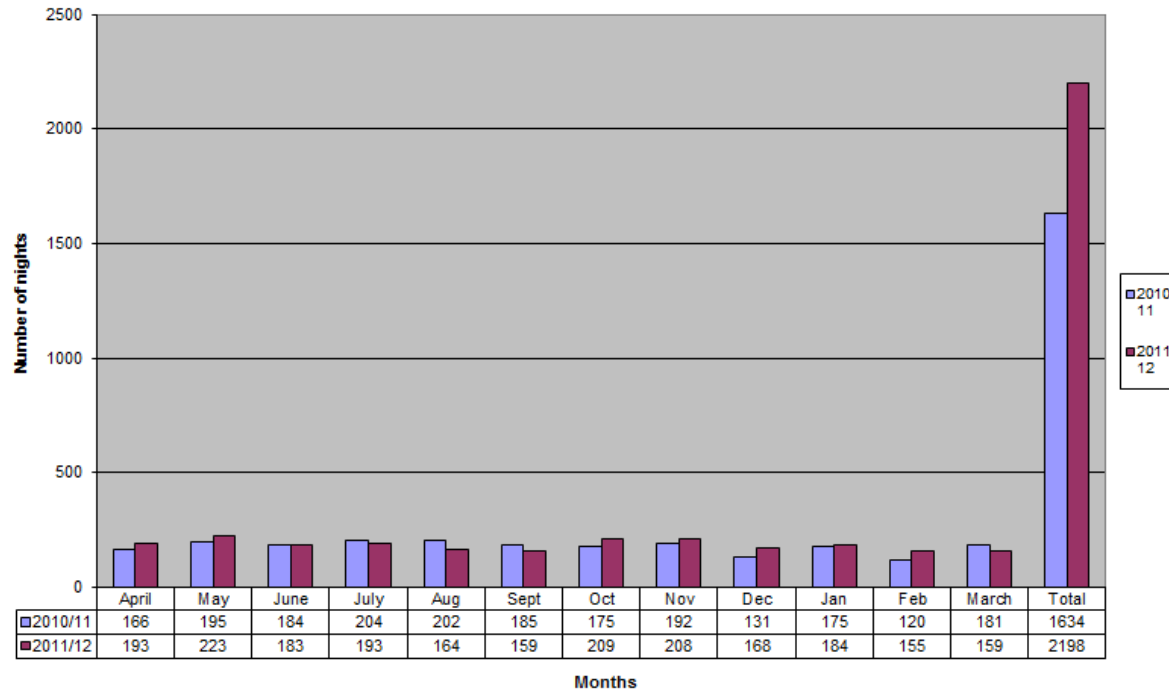
(Therapy includes Music Therapy, Complementary Therapy, Social Work and Hospice at Home)

Adult Inpatient Unit Activity

Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
PCT	Patients	Patients at beginning of month	-	5	8	5	6	2	8	7	6	7	5	4	3	-	
		Admissions in month	Total LY = 191	17	10	14	9	13	14	13	12	11	14	12	14	14	153
		Total patients	Total LY = 170	22	18	18	15	15	22	20	18	18	19	15	17	17	140
	Bednight Activity	Total Bed nights used	Total LY = 2110	193	223	183	193	164	159	209	208	168	184	155	159	159	2198
		% occupancy	Target = 80%	80%	90%	78%	80%	70%	66%	84%	86%	68%	76%	81%	64%	77%	77%
	Outcome	Died on unit	Total LY = 118	9	7	6	8	5	11	7	5	4	8	9	7	7	86
		Discharged Home	Total LY = 66	2	5	5	4	1	3	4	6	7	5	3	4	4	49
		Discharged to Hospital	Total LY = 2	3	0	0	0	0	0	0	0	1	0	0	0	0	4
		Discharged to Care Home	Total LY = 5	0	1	1	1	1	1	3	0	1	2	0	0	0	11
		Patients on unit at end of month	-	8	5	6	2	8	7	6	7	5	4	3	6	6	-
	Advance Care Planning (ACP)	Number of patients with an ACP	-	19	11	11	10	14	19	19	19	15	11	16	12	13	107
		% patients with an ACP	Target = 80%	86%	61%	61%	67%	93%	86%	95%	83%	61%	84%	80%	76%	76%	76%
	Liverpool Care Pathway (LCP)	Number of RIP patients on LCP	Total LY = 109	6	7	6	8	5	10	7	4	4	6	9	5	5	77
		% of RIP patients on LCP	Target = 92%	67%	100%	100%	100%	100%	91%	100%	80%	100%	75%	100%	71%	90%	90%

The graph on the next page shows the increase in bed nights used between 2010 and 2011

Comparison of bed nights used in the same period for 2010/11 and 2011/12

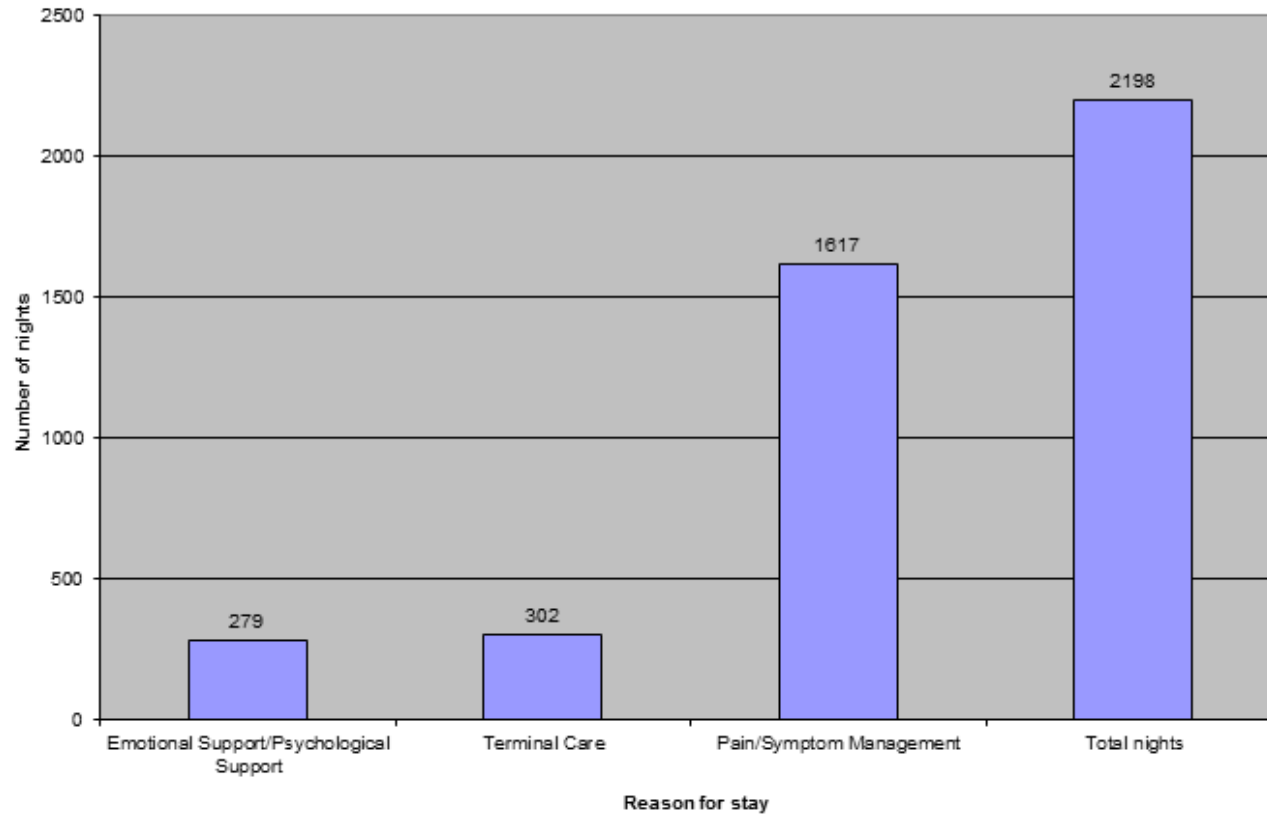


**Bed nights 2010 = 2110
Bed nights 2011 = 2198**

**Occupancy 2010 = 73%
Occupancy 2011 = 77%**

**Average length of stay year to date = 14 nights
Length of stay 2010/11 = 11 nights**

The graph below shows a breakdown of the reasons for overnight stays:



Out of 140 patients who used in-house services:

- 18 patients have had 2 residential stays
- 122 patients have had 1 residential stay

Out of the 86 patients who died on the In-patient Unit:

- 5 were referred for emotional support
- 51 were referred for pain/symptom management
- 30 were referred for terminal care

In total 36 patients were referred for terminal care out of these:

- 30 died on the unit (as shown above)
- 5 were discharged home (although 1 came in at a later date and died and is included in the 30 above)
- 2 were discharged to a care home
- The patients who did not die on the unit but who were referred for terminal care were here for a total of 127 nights

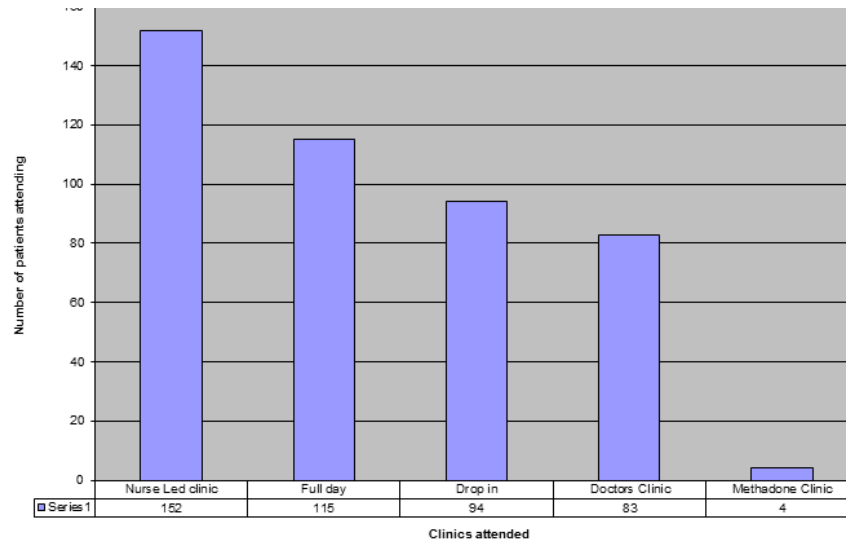
Out of 140 patients who had an overnight stay:

96% had a cancer diagnosis
4% had a non cancer diagnosis

Keech Palliative Care Centre - Patients

Required For			LY/target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PCT	Patients	Total patients using PCC in month	LY = 145	39	34	61	59	60	57	53	60	65	57	68	73	206
	Activity	Attendance at Palliative Care Centre	LY = 1836	94	58	170	157	185	182	174	191	186	212	191	255	2055
GCG	Outcome	Patient died	LY = 58	0	4	3	3	5	2	1	2	5	4	1	4	34
		Patient discharged	LY = 9	0	2	4	3	5	4	0	0	0	1	0	1	20
		Ave length of time reg with service (months)	LY = 6	0	8	8	21	8	9	1	12.5	2	11	1	1.5	7

The graph below shows which Palliative Care Centre services the patients have been attending:



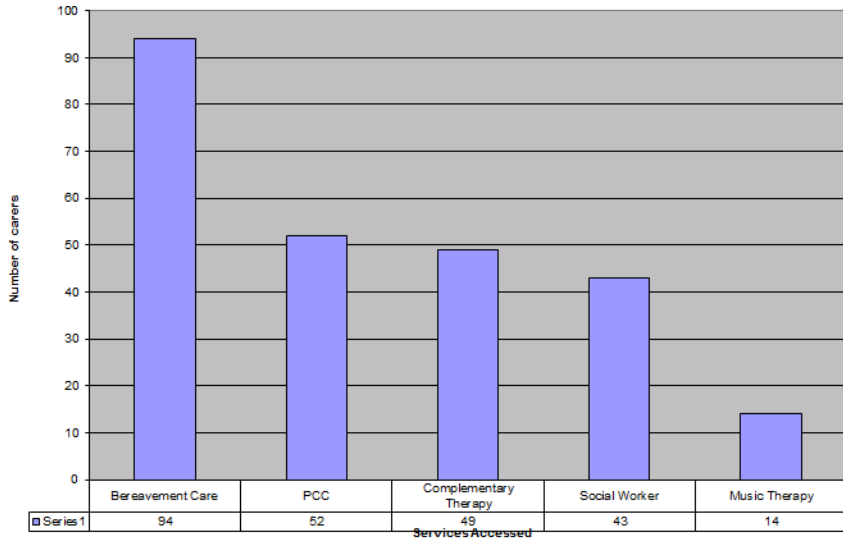
Out of 206 patients who attended the Palliative Care Centre year to date:

- 59 accessed 1 clinic
- 67 accessed 2 clinics
- 60 accessed 3 clinics
- 19 accessed 4 clinics
- 1 accessed all 5 clinics

Carer Activity

Required For			LY/target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Strategy	Carers	Total carers supported	LY = 184	31	42	42	52	44	49	43	42	50	36	36	35	181

The graph below shows which services have been accessed by relatives and carers so far this year.



Out of 181 carers:

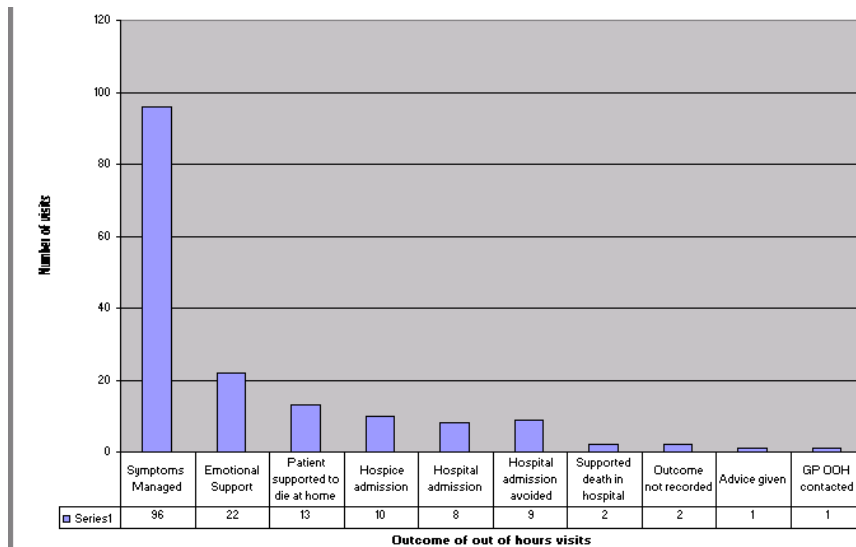
- 137 accessed 1 service
- 24 accessed 2 services
- 13 accessed 3 services
- 7 accessed 4 services

Other activity undertaken by the Adult Service

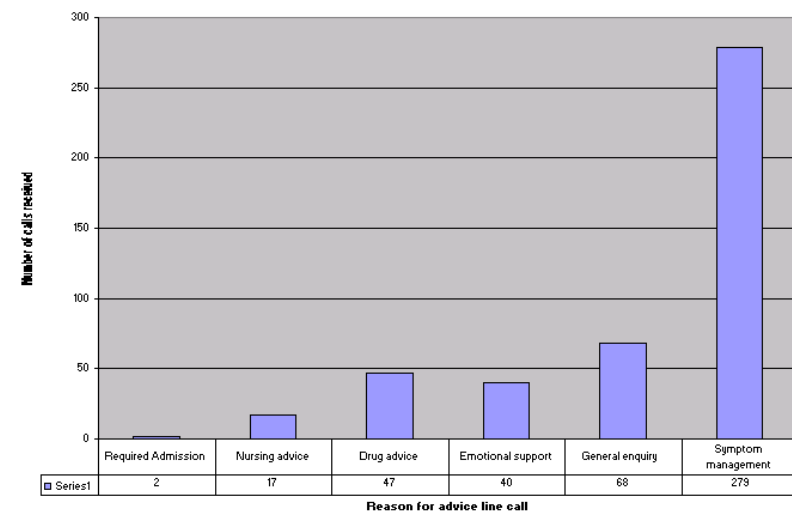
Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PCT	Out of Hours visits	Out-of-Hours nursing visits carried out	No target*	18	14	13	8	31	25	10	15	10	12	4	4	164
Network	Advice Line	Number of calls received on advice line	LY = 291	43	41	30	30	50	36	51	40	30	42	27	33	453

* Whilst there is no contractual target for the number of Out-of-Hours visits we carry out, we are targeted on our response time. We are currently achieving 100% against this target.

The graph below shows the outcomes achieved by the out of hours nursing visits:



The graph below shows the categories of advice given on the out of hours advice line:



Accidents, Incidents, Complaints and Compliments (Adult Service)

Accidents

Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
PCT/CQC	Patient accidents	Adult In-patient Unit	LY = 21	1	0	4	3	0	0	4	1	1	4	3	1	22	
		Palliative Care Centre	LY = 0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
		Reported to RIDDOR	LY = 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff accidents	Number of care staff accidents	LY = 6	1	0	2	2	0	1	1	2	1	1	0	0	0	11
		Reported to RIDOOR	LY = 1	0	0	1	0	0	0	0	0	0	0	0	0	0	1

Incidents

Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PCT/CQC	Incidents	Number of incidents involving patients	LY = 13	0	0	2	0	1	0	2	0	0	0	1	1	7
		Number of incidents involving adult service	LY = 6	2	0	2	1	1	1	0	1	0	2	0	0	0
	Medication Incidents	Number of Medication Incidents Reported	LY = 7	0	1	1	0	0	0	0	2	0	0	0	1	5

Complaints

Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PCT/CQC	Complaints	Number of verbal complaints made by a patient	LY = 2	0	0	0	0	0	0	0	0	0	0	0	0	0
		Number of written complaints made by a patient	LY = 0	0	0	0	0	1	0	0	0	0	0	0	0	0

Compliments received about the adult service

Listed below are a selection of compliments received about the adult service:

- Many thanks for your wonderful care, time and support looking after XX, we couldn't have wished for a better place to spend her final few weeks. You made it feel like home from home.
- Words cannot express our gratitude at the care you took of a very, very dear friend who spoke of staff who showed such great respect and 'love'.
- Thank you for all the support, comfort and care you have given us, I do not know how I could have managed without you.
- Thank you for looking after our mum. She came to you on Thursdays and always looked forward to her visit and would tell us of all the fun activities and lovely meals she had. She was treated so kindly by all the staff.
- Thank you for all your comfort and kind support you gave me during my music therapy sessions.
- Thank-you for your time yesterday allowing us to come and see both your Hospices in action! We were both impressed with the calm atmosphere and welcoming cheerful staff! Your new "day unit" is great credit to your staff - allowing many more patients and carers access to much needed specialist services! (received from colleagues from another hospice who came to visit)
- Thank you for all the help and support you gave to all of us during XX's stay at Keech. There were some pretty odd events to circumvent and you handled them with professional ease and a huge eagerness to be of help.
- Please tell the doctor that he was the biggest part of XX's care because of who he is. No medicine however effective could have given him the confidence and trust he found in his honesty and integrity!
- I would like to thank everyone at Keech who has helped me over the last 12 months..... I don't know how I would have coped without you. Silver Lining is a great help and I would like to say thank you to all the staff and volunteers in that group.

Infection Control

Infection Control Data 1 st April 2011 – 31 st March 2012	
The number of patients known to be infected with MRSA on admission to the in-patient unit	0
The number of patients known to be infected with MRSA whilst on the in-patient unit (if known)	0
The number of patients admitted to the in-patient unit with C-difficile	0
The number of patients infected with C-difficile while in the in-patient unit (if known)	0
The number of patients known to be infected with an alert organism for example Staph aureus, pseudomonas aeruginosa, ESBL, Klebsiella and Streptococcus pneumoniae on admission	0
The number of patients who contracted these infections whilst on the unit (if known)	0

Report from the Adult Services Manager on progress made against the Quality Improvement Plan for 2011/12

Work with our statutory colleagues to design and implement their local and national palliative and End of Life strategies

NHS Luton has now completed their End of Life strategy. We have been on the team of stakeholders to write the document and our services and future plans are well documented.

In Bedfordshire we have been involved in the development of the PEPS (Bedfordshire Partnership for Excellence) an end of life care co ordination and advice service.

Work with others to expand community hospice services to give people more choice

The out of hours service continues to provide excellent specialist palliative care, face to face assessment and support to patients in their own care settings at weekends and bank holidays. The team have many experiences now of supporting patients to remain at home for their end of life care therefore avoiding admission to hospital.

We have been successful in our bid to Macmillan Cancer Relief to fund a social work assistant to support the development of the social work services. The assistant started in April 2012 and will also support the Bereavement Manager with families with low level bereavement needs.

Hospice at home supports 60 – 70 patients a month, and received a record 16 referrals in March. Training and support for the volunteers is on going.

We are working with the Luton and Dunstable Hospital radiographer, physicians, oncologists, and Macmillan Palliative Care Consultant to develop an ascitic pathway for patients who are performance status 0 – 2 (i.e. are mobile and self caring). The proposal is that these patients will come to the palliative care centre as an out-patient rather than have 1 - 2 nights hospital stays. We have a business plan with commissioners currently for this service.

The clinical development lead is working with colleagues on two specific non malignant pathways. These are MND and COPD patients. She has successfully set up meetings with all professionals involved including consultants, specialist nurse, AHP and commissioners. We are currently working with these partners to identify the gaps and consider service developments.

Continue to provide our core care services (IPU, Day Care and Community) to the highest quality and best efficiency

As a service we have been aiming over the last year to increase the number of referrals coming in to us. I am pleased to say that referrals received in 2011/12 reached 361 patients (44 more than the previous year).

Adult IPU has an annual occupancy for 2011/12 of 77% which is an increase on the previous year, we have seen a slight decrease in the number of patients who have stayed however the patients who have stayed have stayed longer. As the use of the Palliative Care Centre increases we will need to monitor it's effect on bed usage.

Percentage of ACP discussion was low in the month in December but has returned to 80% as required. Patients normally are cared for at the end of life on the LCP and any figure lower than 100% is examined by the unit sister. These are usually cases where patients have been admitted and died quickly or who have deteriorated quickly and died.

The Palliative Care Centre and supportive therapies are also achieving a higher activity and we are working hard to make sure our services are accessible to all. We are finding patients are being assessed with very complex needs and the team are actively working as their key worker to co ordinate care for them. We continue to offer full and part day visits, Dr and nurse assessment clinics, as well as a range of 1:1 and groups sessions to support the patients. The carers support group continues to be offered as well as 1:1 appointments with all professionals depending on need.

The Mount Vernon Cancer Network has produced a bereavement pathway. We have mapped ourselves against this pathway and are developing a work plan for the developments required.

We have benefited greatly from an art therapy student placement. We are exploring having further student placements and recruiting an art therapy volunteer.

We are continuing to offer essential training to all adult service volunteers and also have offer in house training days for all the nurses, this covered ACP, symptom control, team working and the distress thermometer.

We will demonstrate the valuable outcomes of our work

We are continuing to conduct patient and carer experience surveys quarterly in order for us to ensure we capture as many patient and carer views as possible. A copy of the results for 2011/12 patient and carer surveys can be found on page 40 of this report.

Within the Palliative Care Centre we are currently mapping what other hospices do with regard to monitoring patient outcome measures. We hope to find a suitable validated palliative care outcome measure tool that we can adopt for use in our service, it is anticipated that a decision will be made on which tool to use by September/October 2012.

The Complementary Therapy Coordinator has introduced pre and post therapy quality of life scores to measure the impact of the therapy on patients. The data collected from this ongoing exercise will help towards influencing/advising on future clinical practice.

We are currently working with NHS colleagues to be ready for the specialist palliative care peer review which is due to take place in July 2012. The National Cancer Action Team reviews all multi-disciplinary cancer and specialist palliative care teams and looks at the entire specialist palliative care pathway from referral through to services received and on to bereavement. As we are members of Luton and South Beds multi-disciplinary team we are required to take part in this review.

Elaine Tolliday
Adult Services Manager

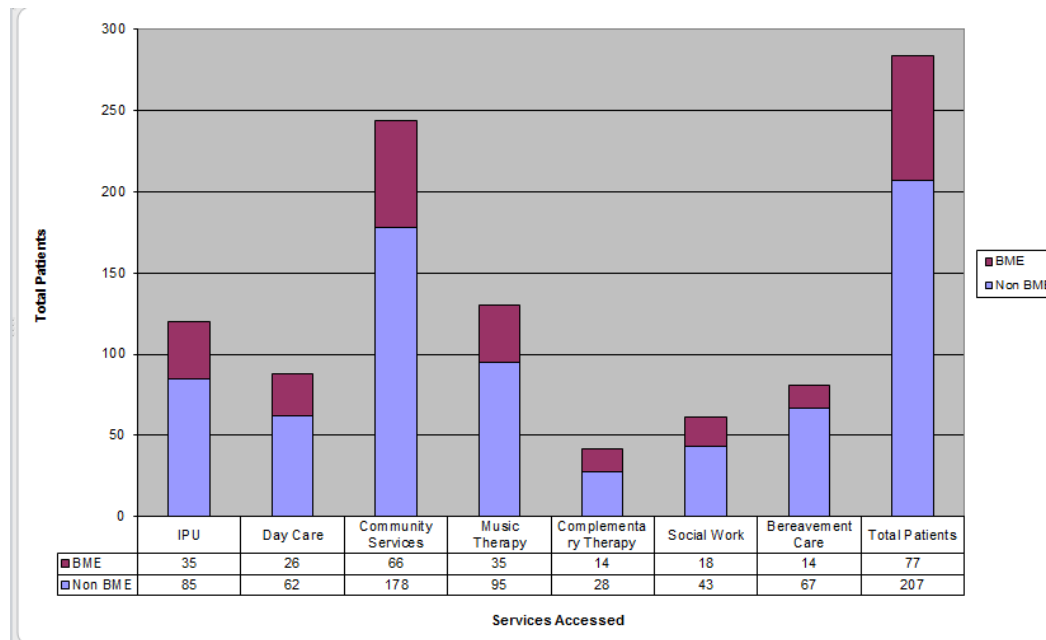
CHILDREN'S SERVICES

Children's Service Statistics

Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
Strategy and PCT	Patient Numbers	Total referrals received in month	Total LY = 67	6	8	4	7	10	4	5	2	9	5	4	5	69	
		Total referrals accepted in month	Total LY = 59	6	8	4	5	9	4	5	2	9	4	4	5	65	
		Total referrals declined in month	Total LY = 8	0	0	0	2	1	0	0	0	0	0	1	0	0	4
		Discharges	Total LY = 28	1	0	1	4	3	3	5	5	1	3	1	4	31	
		Deaths	Total LY = 26	1	2	5	1	1	3	3	3	3	5	1	2	0	27
		Total Families supported in month	Total LY = 258	157	181	150	151	152	161	166	132	137	157	154	156	284	

Breakdown of patients using the service year to date

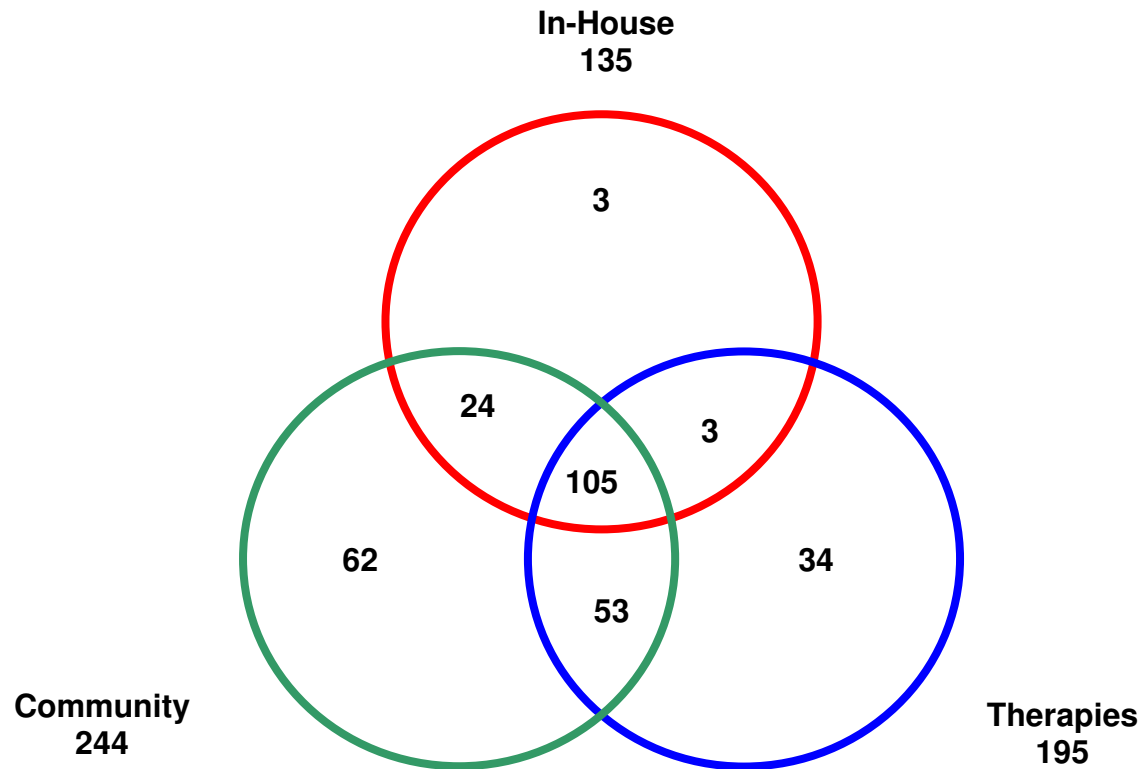
Out of the 284 families who have accessed our service year to date the graph below gives a breakdown of the services they used:



Total BME 2011/12 = 27%

Total BME 2010/11 = 29%

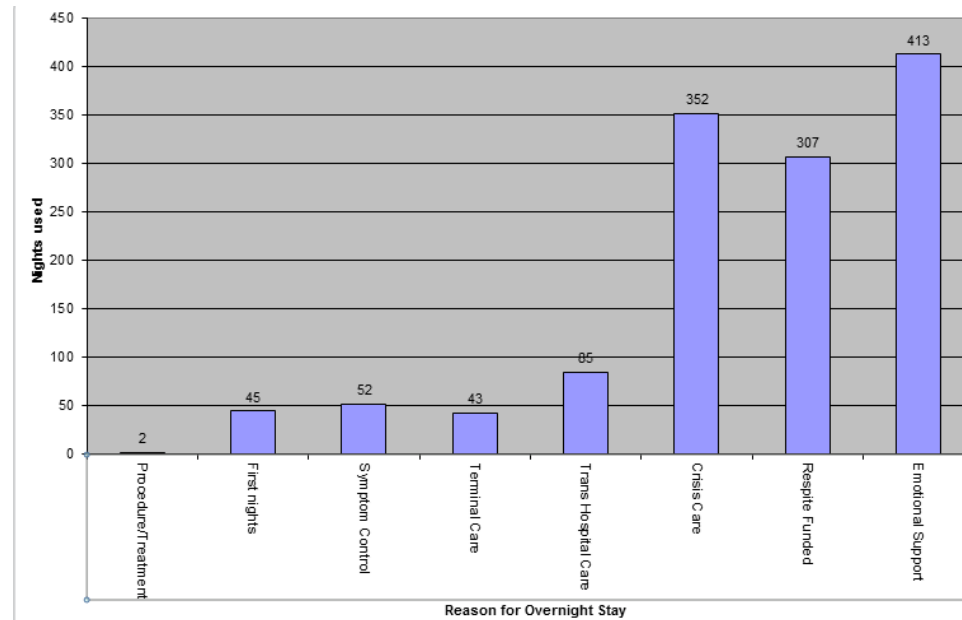
This diagram shows where patients have accessed more than one service



Children's In-house Activity

Required For			LY/target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PCT/Strategy	Patients	Total Patients in-house and day care	Total LY = 113	48	55	51	58	56	52	56	49	55	54	44	51	135
	Bed night activity	Total bed nights used	Total LY = 1134	95	110	117	122	106	98	107	103	100	138	89	114	1299
		% Occupancy	Target = 80%	63%	71%	78%	79%	68%	67%	69%	68%	65%	89%	63.5%	73.5%	71%
		Average length of stay (nights)	Total LY = 2.6	4	3	3	3	2.7	3.3	2.1	2.2	2.1	2.6	2.1	2	2.4
Deaths	Deaths in-house	Total LY = 4	0	1	1	0	1	1	0	0	1	0	0	0	5	
Day care	Day care attendances	Total LY = 358	77	79	70	66	93	62	62	73	73	65	61	85	866	

The graph below shows a breakdown of the reasons for overnight stays:



Out of 135 patients who used in-house services 120 stayed overnight out of these:

2 have had 18 stays
 13 have had between 10-15 stays
 27 have had between 5-9 stays
 12 have had 4 stays
 11 have had 3 stays
 20 have had 2 stays
 35 have had 1 stay

The 307 respite funded nights were made up of 147 stays for 25 families.

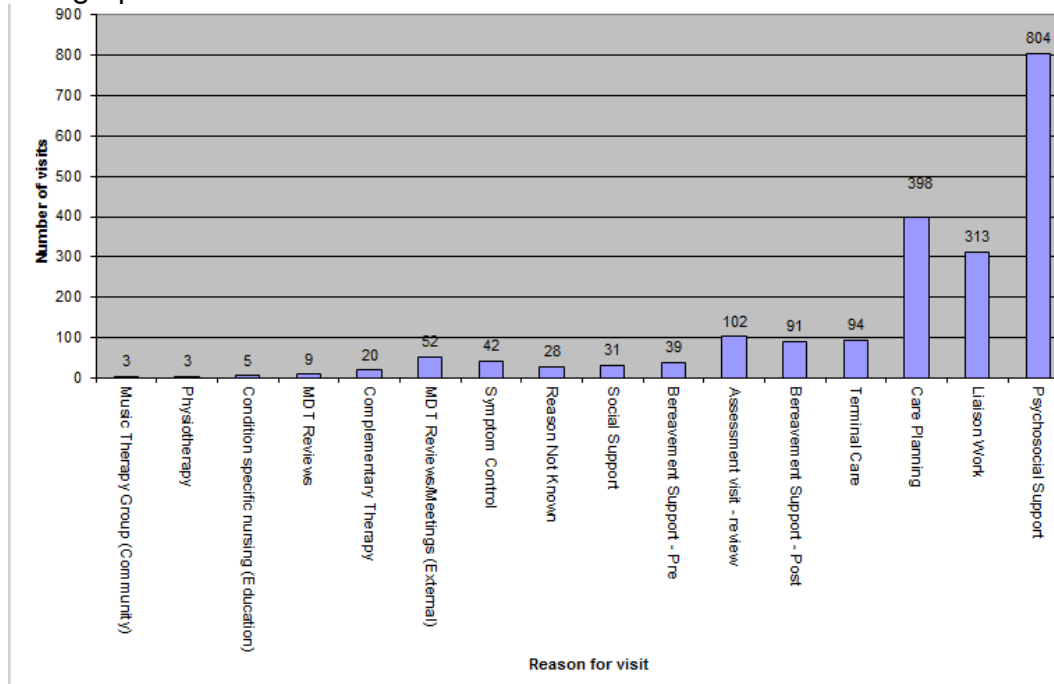
Out of the 120 patients who had an overnight stay:

4% had a cancer diagnosis
 96% had a non cancer diagnosis

Children's Community Activity

Required For			LY/target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Strategy	Patients	Total families supported	Total LY = 234	134	139	123	127	129	135	137	101	102	134	119	131	244
	Activity	Number of visits	Total LY = 1902	175	201	215	175	158	176	153	159	168	178	138	138	2034
		Number of phone calls	Total LY =2464	256	233	303	226	277	237	253	225	177	284	226	234	2931
	Deaths	Deaths supported in the community	Total LY = 22	1	1	4	1	0	2	3	3	4	1	2	0	22

The graph below shows the reason for the visits conducted YTD:



Out of 244 families supported by the Community team:

7 received more than 30 visits
 20 received between 20-29 visits
 52 received between 10-19 visits
 75 received between 5-9 visits
 58 received between 2-4 visits
 18 received 1 visit

14 were contacted by phone only

Accidents, Incidents, Complaints and Compliments (Children's Service)

Accidents

Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD	
PCT/CQC	Patient accidents	Number of patient accidents (in-house)	LY = 11	1	0	1	3	3	0	0	0	0	0	0	1	9	
		Number of patient accidents (community)	LY = 0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
		Reported to RIDDOR	LY = 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Staff accidents	Number of care staff accidents	LY = 4	0	0	0	1	0	0	0	1	0	1	0	1	0	4
		Reported to RIDDOR	LY = 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Incidents

Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PCT/CQC	Incidents	Number of incidents involving patients	LY = 4	0	0	0	2	0	0	0	1	3	1	0	0	7
		Number of incidents involving the service	LY = 4	1	0	0	0	0	0	0	0	0	0	1	0	0
	Medication Incidents	Number of Medication Incidents Reported	LY = 19	0	5	1	0	1	2	1	0	0	4	1	1	16

Complaints

Required For			LY/Target	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	YTD
PCT/CQC	Complaints	Number of verbal complaints made by a family	LY = 4	3	0	1	1	0	0	0	0	0	0	0	0	5
		Number of written complaints made by a family	LY = 1	0	0	0	0	0	0	0	0	0	0	0	0	0

All patient accidents, incidents and complaints are reviewed in detail by the Clinical Governance Committee.

Compliments received about the children's service

Listed below are a selection of compliments received about the children's service:

- To all at Keech thank you very much for our Christmas presents
- Thank you for making us feel so welcome during our stay at Keech, my daughter and her sisters really enjoyed their time there.
- Thank you for all the help and support you have given me. The longer I am around you guys the more I realize that you are all caring and a blessing to every person who's life you touch (received from a student who was on a placement in the children's service)
- We cannot put into words how wonderful your team is, you have all made our stay with you feel like we were at home. You made us feel like real parents for the first time.
- I had fun here! (received from siblings who stayed at Keech)
- Thanks for singing with me and for doing lovely backing tracks. Hopefully when I come at Easter we can record it with my voice. You're the best musician ever. (received from one of our children about her music therapy sessions)
- I thought I would email you to say thank you for everything. I'm so sad to have left - there are no words to describe what an amazing experience and opportunity my placement at Keech has been, and I'm so privileged to have worked alongside such an amazing staff team, and amazing families. Keech was my first experience of hospice work, and I really have found work I am passionate about continuing, and really hope to find some work in a children's hospice sometime in the not too distant future. (received from a student who was on a placement in the children's service)

Infection Control

Infection Control Data 1st April 2011 – 31st March 2012	
The number of patients known to be infected with MRSA on admission to the in-patient unit	0
The number of patients known to be infected with MRSA whilst on the in-patient unit (if known)	0
The number of patients admitted to the in-patient unit with C-difficile	0
The number of patients infected with C-difficile while in the in-patient unit (if known)	0
The number of patients known to be infected with an alert organism for example Staph aureus, pseudomonas aeruginosa, ESBL, Klebisiella and Streptococcus pneumoniae on admission	0
The number of patients who contracted these infections whilst on the unit (if known)	0

In addition to the information in the tabled above the information below has also been recorded for the children's service for 2011/12 to demonstrate other infectious symptoms we have dealt with that are not included above:

Children with loose stools = 5

Children with vomiting = 1

Children with impetigo = 1 (in for 2 stays)

Report from the Children's Services Manager on progress made against the Quality Improvement Plan for 2011/12

Work with our statutory colleagues to design and implement their local and national palliative and End of Life strategies

We continue to be mindful and follow all relevant strategies and ensure we are providing the best possible services within our remit. We do this by attending all the local and regional palliative care network meetings and get involved in pilot opportunities as and when they arise.

Continue to provide our core care services (IPU, Day Care and Community) to the highest quality and best efficiency

Our final figures for the year show a small increase in our **bed occupancy** throughout the year. Based on keeping the 5th bed for emergencies and the complexities of the patients which often mean high levels of cancellations we managed to achieve 71% bed occupancy. The average length of stay changed, increasing from 2.6 last year to 3.5 nights this year.

Our **day care** services have really shown an increase and we had 866 attendees this year opposed to 358 last year. The outcomes and achievements also grew in day care and they produced publicity and brought in donations throughout the year as well as providing a first class service through education and activities to the patients. Parents also welcomed the short breaks they received and the stream of arts and crafts that they can take home and keep as memories and achievements by their children.

Our community team continue to work hard covering our very large areas and exceeded their total visits and phone calls from last year including supporting 22 deaths either in the home or in hospitals. Our Hertfordshire PCT commissioned our community team to do 845 visits this year and we managed to achieve this and actually do 955.

We supported 284 patients last year and accepted 65 new families into our service.

Other areas of improvements were **bereavement, social work and music therapy**. All of these services increased their output from last year and feedback from patients in these areas has always been very positive.

Our **groups** continue to grow and offer fantastic peer support to each other and education on all sorts of topics i.e independence, sexual health etc.

Our staffing throughout the last year has been an issue and we have been short staffed throughout so commend the remaining staff for their hard work and commitment to increasing our quantity and quality of care.

Work with others to expand community hospice services to give people more choice

We are still in consultation with the Luton PCT Commissioners to provide a Step-Down bed resource at Keech which will give patients a chance to move out of hospital and into the hospice before finally going home. Coming to the hospice will provide patients and their families with more facilities and resources and we will be able to work with the families to slowly integrate them back into their own environment and cope with the changes in their child's medical condition.

Work with others to improve palliative care in other settings

We are working more and more with foster carers supporting babies with end of life conditions due to early experiences of physical abuse. Although these cases can be very upsetting it is very rewarding to help foster carers cope with these children therefore being able to remain in the same placement and preventing more moves and different carers for these children.

We will demonstrate the valuable outcomes of our work

Throughout 2011/12 we have collected feedback from our families in the form of surveys and through comments and compliments received about the service. Evidence of the family feedback collated through surveys can be found on page 42 whilst compliments can be found on page 24.

In February of this year we took part in a successful provider visit which was conducted by the Commissioning Manager for Short Break Services on behalf of Bedford Borough Council. Throughout the visit the Commissioning Manager assessed our service through talking to staff as well as looking at our processes, policies and procedures. Particular attention was paid to our safeguarding policies.

In addition to this we have an increasing number of families that are putting on fundraising events following the death of their child to show us how grateful they are for the services we provide. One family in particular recently raised £5,000 from events run by themselves and their friends and families as they were so appreciative of the care we gave to their baby before and after she died. We are also seeing an increase in case studies where families want to tell their story which includes their positive experiences of the hospice.

Educate the public about death and dying

We continue to attend meetings, do presentations, and promote the hospice services on a regular basis and help the public to understand and talk more about death and dying where appropriate.

In October we hosted a national conference for Batten's Disease to raise awareness of the work of the hospice and support services available. The conference was a great success with over 45 delegates consisting of professionals as well as families who have children with this disease. It was an ideal opportunity to showcase services on offer from a children's hospice.

Key Points:

- Improvements in all areas from last year, despite reduced staffing
- New management structure which is now in place following the latest employment of a Community Team Leader.
- Clinical risk staffing shortages i.e less than 50% short of Nurses, from establishment.

Jeanette Farrow
Children's Services Manager

Quality and Compliance

Accreditation Report (CHKS/HAQU)

The renewal of our accreditation which was due in April 2012 has been postponed due to a delay in the new standards being issued to us.

The award of the CHKS Accreditation indicates that the service has been assessed by an independent team of surveyors and has successfully demonstrated compliance against standards essential for delivering high quality patient services.

Throughout 2011 CHKS was updating all the hospice standards to bring them in line with the new requirements of the Care Quality Commission. In August we were invited to take part in a consultation exercise for the new standards, this was a fantastic opportunity for us to have some input into the creation of the new standards with which we will be required to demonstrate our compliance. All hospice departments were involved in this exercise.

In November 2011 we were issued with the new standards and in order for us to have sufficient time to fully prepare for our external survey we applied for an extension on our existing accreditation. The extension was granted and we will be assessed in November 2012 by a team of external surveyors who are all healthcare providers with a wealth of experience in quality improvement in healthcare and who have appropriate skills and experience in hospice services.

We have recently taken part in a 'monitoring visit' which was a requirement of our extension being granted. The visit was successful and we were able to demonstrate our continued compliance with the accreditation requirements.

The hospice team are now preparing for our own internal survey which will take place between 11th – 22nd June. This will be conducted by a team of internal assessors who are made up of staff and volunteers who have received surveyor training.

Clinical Audit

The table below details audits conducted throughout 2011/12:

Audit	Adult or children's Service	Completed	Action Plan	Actions to be undertaken to improve practice	Action Plan Completed/To be Completed
General Audits					
Use of Moving and Handling (re-audit)	Children's service	Yes	Yes	Moving and handling form required modification. Incorporated into new care plans. All staff made aware.	Completed
Use of Pain Assessment forms (re-audit)	Children's service	Yes	Yes	Training to be given on new care plans which include pain assessment and management	Completed
Patient Accident Audit (annual audit)	Both adult and children's services	Yes	Yes	New incident /accident form to be drafted. Moving and handling care plans and risk assessments to be regularly updated on Crosscare. New mats have been purchased which alert staff when a patient has got out of bed.	Completed
Complementary Therapy Audit	Overall Complementary Therapy service	Yes	Yes	Maintain a goal orientated approach to complementary therapy. Educate volunteers on	Completed

Audit	Adult or children's Service	Completed	Action Plan	Actions to be undertaken to improve practice	Action Plan Completed/To be Completed
				effective record keeping.	
Admissions to the in-patient unit (re-audit)	Adult Service	Yes	Not required	n/a	n/a
Infection Control					
Infection Control Audit (annual audit)	Children's service	Yes	Yes	New, washable sofa beds to be purchased. Requirement for refurbishment highlighted Fabric tea towels removed from kitchen area	In progress

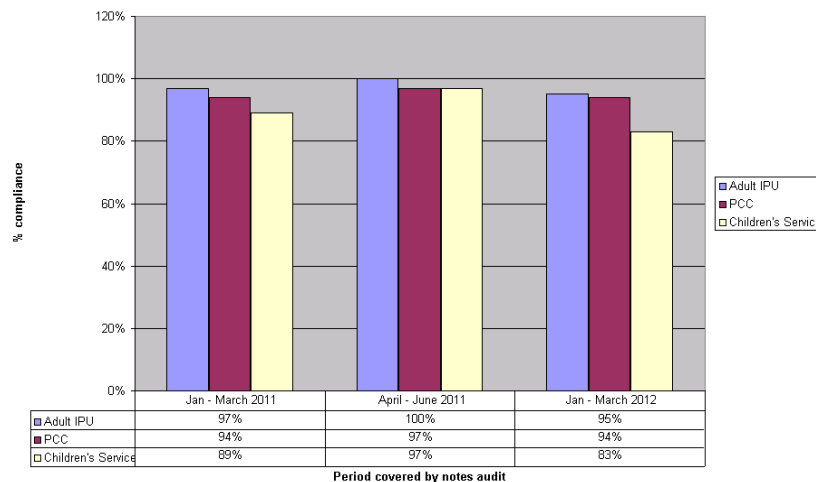
Audit	Adult or children's Service	Completed	Action Plan	Actions to be undertaken to improve practice	Action Plan Completed/To be Completed
Infection Control Audit (annual audit)	Adult Service	Yes	Yes	<p>Minor maintenance required including fixing a faulty recliner and cleaning of extractor fan.</p> <p>New colour coding system implemented for housekeeping equipment.</p> <p>Staff reminded to use the protective eye and face masks when there is a risk of any body fluids splashing in eyes.</p> <p>Tea towels removed from unit kitchen</p>	Complete

Audit	Adult or children's Service	Completed	Action Plan	Actions to be undertaken to improve practice	Action Plan Completed/To be Completed
Management of Medicines					
General Medicines Audit	Both adult and children's service	Yes	Yes	Policy and Procedure requires review to reflect recommendations made in audit including: <ul style="list-style-type: none"> • Covert administration • Storage of medicines • Review of appendices Various forms to be updated Anaphylaxis box to be mounted on wall	Completed
Controlled Drugs Audit	Both adult and children's service	Yes	Yes	Signature list updated Reminder to staff of quality of documentation	Complete
Parental Drug Chart Audit (re-audit)	Children's service	Yes	Yes	Nurses to be reminded of checking parental drug chart on each admission	Completed

In addition to the audits listed above we conduct a regular audit of patient records to ensure that each patient has an accurate and legible clinical record. The clinical record content enables the patient to receive effective continuing care and to be identified without risk of error.

The record enables the healthcare team to communicate effectively, facilitates the collection of data for research, education and audit and can be used in legal proceedings.

The graph below shows the results received in our record audit over the last year:



There was a gap in audits between July – December. This is because we were awaiting the arrival of the new audit tool which forms part of our accreditation. We were expecting to receive the audit tool in September however it did not arrive until November.

There is a slight dip in compliance for Jan – March this in part reflects the new criteria which have been added. We are working toward improving this in our next audit which will take place between April – June 2012.

Surveys

The table below details patient, carer and family surveys conducted throughout 2011/12:

Audit	Adult or children's Service	Completed	Action Plan	Actions to be undertaken to improve practice	Action Plan Completed/To be Completed
Patient satisfaction survey	Adult service	Yes	Not required	n/a	n/a
Carer satisfaction survey	Adult service	Yes	Not required	n/a	n/a

Audit	Adult or children's Service	Completed	Action Plan	Actions to be undertaken to improve practice	Action Plan Completed/To be Completed
Family and patient satisfaction survey	Children's service	Yes	Yes	<p>To offer appropriate support at bed time by updating care plans and meeting individual needs.</p> <p>Analyse quarterly stats to ensure equity in bed bookings.</p> <p>To produce an up to date 'Welcome to Keech' leaflet</p> <p>To revise the questionnaire to ensure it meets the requirements of the Care Quality Commission</p>	
Bereavement Care Satisfaction Survey	Adult service	Yes	Yes	Appropriate training for all Silver Lining (bereavement group) facilitators in enhanced group facilitation skills to be developed	Planned delivery October 2012

We value the feedback we receive from patients and families as this is a way we can identify issues, resolve problems and improve the quality of care we provide. The results of our surveys are collated into an annual report a copy of which can be found on our website.

Patient Survey – Adult Service

Throughout 2011/12, 103 questionnaires were distributed to adult service patients who used the In-patient Unit and the Palliative Care Centre, with 30 being returned (29% return rate).

Here is a selection of questions asked:

How satisfied are you with the information given to you on admission?

- 96% were very satisfied

How satisfied are you with the communication between yourself and the Hospice team?

- 96% were very satisfied

How satisfied are you with the information given to you by hospice staff about your medication?

- 90% were very satisfied

How satisfied are you with the information given to you by hospice staff about your treatment?

- 90% were very satisfied

How satisfied are/were you with the information given to you on discharge?

- 91% were very satisfied

How satisfied are you that you are able to talk to staff about any problems you or your family may be having?

- 96% were very satisfied

How satisfied are you that you, your family and friends are/were treated with courtesy and respect at all times?

- 100% were very satisfied

How satisfied are you with the cleanliness of the hospice?

- 93% were very satisfied

Did staff give you the opportunity to discuss your wishes for your future care?

- 96% said yes

Overall, patients have been *very satisfied* with the adult service. The aggregate satisfaction rating across all applicable questions is 88%.

There has recently been a catering review and we have consulted with patients and families regarding the meals and facilities. In response to this there are some changes being made on both the In-patient Unit and in the Palliative Care Centre regarding the menu, seating facilities and access to meals for families. These changes will come into effect from May.

Carer Survey - Adult Service

Throughout 2011/12, 32 questionnaires were distributed to the carers of adult service patients, with 12 being returned (38% return rate).

Here is a selection of questions asked:

Are you aware of the carers drop-in?

- 100% said yes

Have you attended the carers drop-in?

- 50% said yes

Those who said they had not attended the carers drop-in gave the following reasons:

- "Not local."
- "My time and energy is used up caring for my husband."
- "Husband in Hospice and wanted me by his side."
- "At this stage I am unable to make the time."
- "I don't feel I need this help at the moment."

How satisfied are you that you are able to talk to staff about any problems you or your family may be having?

- 91% said they were very satisfied

How satisfied are you that you, your family and friends are treated with courtesy and respect at all times?

- 91% said they were very satisfied

How satisfied are you with the quality of care received by you and your family?

- 100% said they were very satisfied

How satisfied are you that our facilities meet your individual cultural/faith requirements?

- 100% said they were very satisfied

Overall, carers have been *very satisfied* with the adult service. The aggregate satisfaction rating across all applicable questions is 90%.

Family Survey – Children’s Service

Throughout 2011/12 40 questionnaires have been collated from families who use the children’s service.

The family survey for the children’s survey did not have a graded scale as to how satisfied they were so it has not been possible to present the results in the same way as the adult service. To address the difficulties above, and with intent to enhance the value of future evaluations, it has been agreed that closed questions (e.g. tick-boxes) will be re-instated as the primary function of the form, with open questions (e.g. comments) being offered in supplement. This would aid data capture and analysis, whilst reducing the risk of misinterpretation (both of the question by the families and of the answer by the reporter).

In summary, 34 (85%) of the families surveyed had something positive to say about the children’s service.

Meanwhile, just 2 (5%) of the families had only negative things to say.

Teenagers ‘Weekend Stay’ Survey – Children’s Service

Feedback has generally been very good from the teenager weekend in-house stays. At no point was a negative comment given without a positive qualification.

On average, the female teenagers expressed a greater level of satisfaction than the male teenagers. When asked the question 'How was your weekend stay at Keech?' the girls answered along the lines of "It has been great and fun and I'd love to do it again" whereas the boys simply wrote 'fine'.

As with the family service evaluation, a move towards closed questions, with supplementary open questions, would greatly enhance the efficiency of this questionnaire.

Sparklers Survey – Children's Service

Sparklers is a sibling support group facilitated by the children's service for children aged between 5-12 years old

The results from this questionnaire suggest a generally positive appraisal of the Sparklers service. None of the comments were distinctly negative, although suggestions for improvement were made.

The sample unequivocally expressed a desire for the Sparklers group to remain at Keech rather than taking place at a community venue. A significant majority also wanted the group to start meeting every month instead of bi-monthly.

As with the previous two evaluations, a move towards closed questions within the questionnaire is recommended. The younger members of the Sparklers group would no doubt find it easier to tick an answer box than express their opinion in written sentences, for example.

Statement from the Hertfordshire Commissioning Lead for End of Life and Palliative Care

During 2011/12, Keech Hospice has continued to provide a high quality and much valued service to the young population within Hertfordshire. Their inpatient and community service continues to be an invaluable resource and the Hospice has contributed positively to the development of end of life and palliative care services during the past year.

The Hospice has remained enthusiastic participants of the wider review and development of palliative and end of life care services in the County and plays a vital part in contributing to the Countywide developing strategy for end of life care.

2012/13 presents new demands for all Hospices including Keech Hospice as well as establishing its compliance with new NICE guidelines, responding to a more comprehensive review of the service against agreed performance metrics and responding to the challenges of adapting to the new environment of clinical commissioning groups. The Hospices' positive and enthusiastic support for these initiatives and

willingness to be a partner for improvement will benefit those who need the general and specialised care and support services that the Hospice offers.