



.....for when it matters most

Quality Account 2011 - 2012

Care Quality Commission Report:

Staff were described as 'excellent, absolutely marvellous and the best'

(Inspector quoting a patient's comments)

Chief Executive's Statement

On behalf of the Board of Trustees I thank all staff, volunteers and supporters for their excellent achievements over the last twelve months and for their detailed preparations for the forthcoming year.

Despite the severe economic climate and uncertainty surrounding the Health & Social Care Bill, St Catherine's has continued to provide an increasing range of high quality services for the people of Central Lancashire, whilst remaining financially sustainable.

Quality is an extremely high priority for St Catherine's, not only because it is vitally important for the wellbeing of patients, carers and families, but also because the Hospice has built its reputation on quality and attention to detail.

The Care Quality Commission made an unannounced visit in August 2011 and they stated that the care provided by St Catherine's is of high quality:

'St Catherine's Hospice (Lancashire) was meeting all the essential standards of quality and safety'.

The Hospice has a sound governance structure that includes a Patient Care Committee that meets quarterly and a Clinical Governance Committee that meets monthly. This culture of continuous quality monitoring includes red, amber and green reports, key performance indicators and information produced by the Hospice's electronic patient record system, SystemOne. The Board also conducts two 'Provider Visits' each year.

'You can get lost in medical terms, especially where your treatment is concerned but here the doctors and nurses explain what the treatment will be and what to expect and include me in their discussions'

(Care Quality commission Inspector quoting a patient's comments, page 8)

The safety and wellbeing of Hospice patients, carers, visitors, colleagues and contractors is of paramount importance.

Stephen Greenhalgh
Chief Executive

13 June 2012

Part 1

1.1 Priorities for Improvement 2012-13

St Catherine's Hospice is compliant with the Health and Social Care Act (2008), (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. As such, the Board did not have any areas of shortfall to include in priorities for improvement for 2012-13.

For 2012-13 the Board has laid a strong emphasis on quality and this can be seen in the business plan for 2012-13 that is attached to this document. The business plan is prepared through a programme of interaction with patients, staff, volunteers and local healthcare colleagues, work commences in September and the plan is approved by the Board in March. Key priorities for 2012-13 relating to quality are as follows:

Future Planning Priority 1

Appointment of Patient Safety & Quality Officer

To ensure that the increasing requirement to enhance and demonstrate that safety and quality are achieved the Hospice is investing in a new post of Patient Safety & Quality Officer. This senior post will be managed by the Director of Care and will be responsible for ensuring that evidence is collated and readily accessible for a range of quality standards. These include Quality Markers, Clinical Governance, Care Quality Commission regulatory requirements, information governance, peer review, health and safety. The post will work closely with all managers, including the Health & Safety lead, as well as with individual staff and volunteers because service quality is everyone's responsibility.

Future Planning Priority 2

Refurbishment of In-Patient Unit and Chapel

To enhance the quality of patient care, the Hospice developed a building master-plan in 2006 called 'Changing the Context of Care'. This ambitious plan has required £3m of investment through 3 phases. In 2012, St Catherine's has been successful in winning funds from the Social Enterprise Investment Fund (SEIF) to carry out Phase 3c, which includes the creation of a new patient room with full ensuite facilities and space for a relative to stay overnight, the conversion of a slightly cramped 3 bed room into a double room with separate ensuite facilities, the refurbishment of 2 quiet rooms and the chapel. A platform lift is also being installed to benefit Day Therapy patients. The bid for SEIF funding succeeded partly because these improvements to the quality of the care environment will help to reduce unplanned hospital admissions. The refurbishment of the chapel improves access to people of all beliefs, including atheism, because it makes the transition from a formal religious setting to a room of reflection.

Future Planning Priority 3

Achieve CQC safeguarding adults' requirements -

The Safeguarding Adults policy and procedure has been fully revised, taking into account national and local guidelines.

The Education Team's 'topic of the month' for April focuses on safeguarding and aims to raise awareness amongst all staff (clinical and non-clinical).

All staff will complete mandatory study workbooks and assessments by the end of April 2012; this includes safeguarding training. The individual's manager, supported by the education team, will address any gaps in knowledge.

1.2 Priorities for Improvement 2011-2012

St Catherine's Hospice (SCH) is compliant with the (Health and Social Care Act (2008). As such, the Board did not have any areas of shortfall to include in priorities for improvement for 2011-12.

The Hospice had a series of initiatives to enhance the range and quality of services, whilst maintaining financial sustainability. All plans are based on needs assessment and direct patient involvement.

The quality improvement priorities for 2011-12 were as follows:

Improvement Priority 1

Information Governance

SCH has made a significant investment into the introduction and embedding of a new electronic patient record system, SystemOne. This has included Clinical Nurse Specialists working in the community as well as staff based in the Hospice. The project is proving to be extremely beneficial and ongoing improvement is a priority.

The introduction of SystemOne brought a Hospice review of information governance standards. The Director of Care led the work and additional investment was made for a supporting officer. All staff have become involved in the project which has included on-line learning modules, new policies, procedures and working practices. The Hospice exceeded the required score of 66% within the set deadline.

Improvement Priority 2

Paediatric Lymphoedema Service

SCH recently made a significant investment into its Lymphoedema Service by building a new facility: The Woodside Clinic. This was purpose built to greatly enhance the care environment and enabled the service to move to a new level. The appointment of a new Head of Lymphoedema in 2010 brought a step-change in working practices and the introduction of new developments including laser treatment.

In 2011, SCH was in a position to consider the unmet need of paediatric Lymphoedema. Assessment and discussion with patients identified the fact that there is no provision for paediatric lymphoedema patients in the Northwest of England.

A paediatric Lymphoedema service has been successfully established by St Catherine's and registered with the Care Quality Commission.

Improvement Priority 3

Commissioning for Quality and Innovation Project (CQUIN)

As part of St Catherine's commitment to continuous improvement, an agreement was reached with Central Lancashire PCT for a CQUIN project for the Hospice for 2011-12. The idea of a CQUIN was suggested because it gave SCH a new opportunity for an independent 'set of eyes' to look into the work of the Hospice and assist in quality improvement. The project was agreed through the PCT Commissioner and included regular performance monitoring throughout the year. The CQUIN was based on the Liverpool Care Pathway and Preferred Priorities for Care.

The PCT was satisfied with the quality of the CQUIN project and funded SCH as agreed.

Improvement Priority 4

Community 7 Day Working

Assessment of need and discussion with patients has made it clear that 7-day working would be helpful to patients being cared for by Community Nurse Specialists from the Hospice. Funding for the CNS has been provided by the PCT and funding for administrative cover has been provided by the Hospice. The project has been successful with clear examples of how unplanned hospital admissions have been avoided and preferred priorities for care and place of death achieved.

Part 2

Statements of Assurance from the Board

The following are a series of statements that all providers must include in their Quality Account. Some of these statements are not directly applicable to specialised palliative care.

1.1 Review of Services

During 2011-12, St Catherine's Hospice provided the following NHS services:

- In-Patient Unit
- Day Therapy
- Outpatients including Lymphoedema
- Community Service: Clinical Nurse Specialists

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

1.2 Income Generated

The income generated by the NHS services reviewed in 2011-12 represents 100% of the total income generated from the provision of NHS services by SCH for the reporting period 2011-12.

In total, the income generated from the NHS represents approximately 26% of the overall revenue cost of running these services and the remaining 74% is funded primarily by charitable means.

2. Participation in Clinical Audits

During 2011-12, no national clinical audits and no confidential enquiries covered NHS services relating to palliative care. The only services provided by St Catherine's Hospice are palliative care and specialised lymphoedema care.

2.1-5 In 2011-12 SCH, was not eligible to participate in any national clinical audits and national confidential enquiries. There is, therefore, no list 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 the audit or enquiry.

2.6-8 Local Clinical Audits

The Hospice Clinical Audit Calendar is overseen by the Medical Director and is coordinated by the Education Department to ensure the timely completion of

audits. An audit calendar and priorities are set before the start of each calendar year with a lead person and support assigned to each audit. Clinical audits are discussed at the monthly Clinical Governance meetings to track progress of the audit, review findings, agree actions and sign off audits as completed. The Clinical Governance meetings are attended by all the senior clinicians in the Hospice.

Audits completed 2011/12:

1. The Discharge Pathway
2. Referrals to the service
3. Accountable Officer / Controlled Drugs
4. PPC Documentation
5. Staff ID badges
6. Uniform policy
7. Patient ID bands 2011
8. Management of bowel obstruction
9. Use of steroids
10. CNS recording of bereavement care
11. Requests for admission/responsiveness - linked to audit 'Referrals to the service'
12. Pharmacy Store
13. Use of patient dependency tool
14. Bereavement Therapy Group
15. Patient ID bands 2012

Ongoing Audits:

1. Clostridium difficile root cause analysis
2. Advice Line
3. Serious falls root cause analysis
4. Compliments and complaints re. EOLC
5. Staff participation in Mandatory Training

3. Research

Patient Research undertaken by St Catherine's Hospice April 2011-June 2012

St Catherine's Hospice recruited 5 patients and 3 carers to the Manchester University Study looking at Patients and Carers' views on what is quality palliative and supportive care provided by district nurses. It has recruited one patient to the Cancer Research UK funded 'Ketamine in Pain Study' so far and is still open to recruit to this study.

St Catherine's has just opened as a site for the Sativex pain control study (National Cancer Research Network 197 and 154 studies) and is now promoting this study among appropriate patient groups as well as health professionals .

4. Quality Improvement and Innovation agreed with PCT Commissioners

4.1-2 A CQUIN project was agreed with Central Lancashire PCT for 1½% of SCH's NHS income for 2011-12. SCH satisfied the performance standard set by the PCT and received payment.

5. What others say about St Catherine's Hospice

SCH is registered with the Care Quality Commission and its current registration status is unconditional. SCH has no conditions on registration. The CQC has not taken any enforcement action against SCH during 2011-12.

6. Periodic Reviews by CQC

SCH is subject to periodic reviews by the CQC and its last unannounced inspection was August 2011.

The Hospice was fully compliant and rated as low risk. Actions taken by SCH following the inspection were to strengthen safeguarding arrangements and knowledge, and enhance formal care planning.

7. Reviews and Investigations by CQC

SCH has not participated in any special reviews or investigations by the CQC during the reporting period 2011-12.

Part 3

Quality Overview

(1) Patient and Family Involvement in shaping Hospice Services

(a) Patient Surveys

The Hospice took part in the Help the Hospice's Patient Satisfaction Survey. All patients discharged from the inpatient unit and those attending day therapy services were provided with a questionnaire. The response rate was 65%.

(b) Provider Visit

Feedback from the two Provider Visits during the year was extremely positive.

"The grounds are so very peaceful. It's a marvellous place with marvellous people. It's opened my eyes" (patient's comments, April 2011)

"The hygiene and cleanliness is top notch" (comment made by a patient's family member. April 2011).

"Staff take every opportunity to involve mum and us in her care. We are always listened to" (comment made by a patient's family members. April 2011)

(c) Patient Groups

The Hospice is grateful to the Service Users' and Carers' Groups for their support and advice in relation to the Garden Project and the production of new patient rooms.

**(2) The National Council for Palliative Care:
Minimum Data Sets (MDS) Summary**

St Catherine's Hospice, Lancashire - MDS	
In-Patient Unit (19 beds)	
Total number of patients for 2011-12	327
Average length of stay	14 days
% Occupancy	76% ¹
% New Patients	88% (287)
% Cancer (New Patients)	*90% (258)
% Non-Cancer (New Patients)	*1% (27)
*Discrepancy due to dual diagnoses and the 8 patients registered without a recorded diagnosis.	
Day Therapy	
Total number of patients for 2011-12	308
% New Patients	98% (302)
% Cancer (New Patients)	*79% (238)
% Non-Cancer (New Patients)	*11% (33)
Community	-
*Discrepancy due to dual diagnoses and the 41 patients registered without a recorded diagnosis.	
Community Service	
Total number of patients for 2011-12	762
% New patients	93% (710)
% Cancer (New Patients)	76% (541)
% Non-Cancer (New patients)	10% (68)
*Discrepancy due to dual diagnoses and the 118 patients registered without a recorded diagnosis.	
Outpatients: Lymphoedema	
Total number of patients for 2011-12	521
% New patients	91% (475)
% Malignant	49% (231)
% Non-Malignant	44% (208)
*Discrepancy due to dual diagnoses and the 69 patients registered without a recorded diagnosis.	

(a) In-Patient Unit

¹ Please note that 100% occupancy is not possible because admitting patients on the same day that beds become available is rarely possible.

The inpatient unit has 19 beds for patients who need to stay in the hospice. People are admitted to review symptoms (e.g. pain, nausea, anxiety) and provide specialist treatments. Some people are admitted for end of life care.

(b) Day Therapy

This unit provides an eight-week programme of care to support / enable people to cope with their individual situation. Treatments are varied and include medical and nursing assessments, blood transfusions, complementary therapies, artwork, anxiety management, etc.

(c) Clinical Nurse Specialist Team (Community)

This team comprises of highly skilled and knowledgeable nurses who work very closely with the Consultant in Palliative Medicine. They provide support to patients and those close to them. In addition, they make assessments of patients' symptoms and work directly with GPs and district nurses to provide optimum relief and comfort.

(d) Outpatients: Lymphoedema

Lymphoedema describes an abnormal swelling and is a life-long condition. This service makes assessments of those referred and provides initial treatments and advice to GPs and district nurses on ongoing management. The lymphoedema team also help patients develop the skills and techniques to manage their condition themselves.

(e) Other Hospice Services

- Family Support is provided by qualified social workers and includes bereavement care.
- Chaplaincy is provided by a Hospice Chaplain with a team of voluntary chaplains from different faith groups.
- Allied Health Professionals include a qualified Physiotherapist and Occupational Therapist.
- 24hr professional advice line.
- Education Service that has included training in local care homes.

(3) Quality Markers

In addition to the limited number of suitable quality measures in the national data set for palliative care, we have chosen to measure our performance against a number of quality markers. A summary is below:

St Catherine's Hospice, Lancashire - Quality Markers	
Complaints	
Total number of complaints received	11
Total number of complaints responded to within policy timeline	9
Total number of complaints upheld in full	6
Total number of complaints upheld in part	4

(4) Staff Survey

The Hospice participates every other year in a national staff survey of Hospices and charities conducted by an organisation called Birdsong. The survey provides direct feedback and helpful benchmarking. Information is provided in percentage format with additional anonymous qualitative comments.

(5) Statement from NHS Lancashire (Commissioners)

St Catherine's Hospice is a fundamental partner in delivering care and support to the population of Central Lancashire especially palliative care patients and those at the end of their lives. Hospice staff fulfil a key role in ensuring coordinated care is provided across a range of services to safeguard preferred priorities of care supporting people in their choices.

From the perspective of commissioners of health care, St Catherine's Hospice can be relied upon to deliver high quality services in an area of health care where there is a need to deliver care compassionately and sensitively responding to the fluctuating needs of the patients and their families. The Hospice management have demonstrated they are able to respond in a positive and flexible manner in this constantly changing and challenging climate.

(6) Statement from Care Quality Commission Inspection 2011

The following quotes are taken from the Review of Compliance report (September 2011). The full report may be accessed via <http://www.cqc.org.uk/directory/1-126365065>.

We were told all the staff team were very good. They were considered as being professional and very caring and knew what they were doing. Staff were described as 'excellent, absolutely marvellous and the best' (inspector quoting a patient's comments, page 4).

"You can get lost in medical terms, especially where your treatment is concerned but here the doctors and nurses explain what the treatment will be and what to expect and include me in their discussions" (inspector quoting a patient's comments, page 8).

"... patient privacy is guaranteed and staff are trained on the Human Rights Act (comment made by the inspector, page 9).

"Staff told us they received plenty of training" (comment made by the inspector, page 18).

"Staff told us they were supervised very well and they knew their responsibilities" (comment made by the inspector, page 18).