



# St Barnabas Lincolnshire Hospice Quality Account 2010 – 2011

## Mission Statement

St Barnabas Lincolnshire Hospice will provide, for the people of Lincolnshire, the best possible specialist palliative care and, through provision, collaboration, innovation and education, support the wider delivery of supportive and palliative care.

St Barnabas Lincolnshire Hospice  
36, Nettleham Road, Lincoln LN2 1RE  
Registered Charity Number 1053814

## **Part 1:**

### **Trust Board Chairman's Statement**

It gives me great pleasure to present this, the second Quality Account for St Barnabas Hospice for 2010/11. Quality sits at the centre of all that the Hospice does and we evidence this through the Board's approach to both Corporate and Clinical Governance.

In Corporate Governance we install systems and processes to ensure that we grow as a viable and responsible organisation and ensure that our income streams are assured – without these funds we cannot offer the services that patient's so dearly need. Clinical Governance ensures that our services are of the highest quality and deliver the aspirations set out in our mission statement.

But our service is not just about achieving clinical targets – it is also a human service that embraces the patient and treats them as an individual. In our recent patient survey we achieved 97% or better in ensuring that patients received the right care, were treated with dignity, their privacy respected and that their environment was clean. If I may quote one relative who said - "My relative was only in your care for a few days and during that time I could not have asked for better care for them or my self and family. My relative died with dignity in a very caring and capable environment."

We have, following our merger with GIFTS hospice in Grantham and with support from the Department of Health, totally refurbished the Grantham Hospice building to the highest standard and this will serve, not only as a venue for patient care, but also as a focus for community groups in the locality.

Our service has expanded to cover the southwest of the county and a base for staff has been established in Stamford Hospital.

Some key quality markers are as follows:

- All new staff undertake a programmed period of training.
- Through the Palliative Care Co-ordination Centre all patients with high need are clinically prioritised to receive their care.
- Use of modern software to enhance clinical information flows.
- Reduction in patients dying in hospital and commensurate increase in patients dying at home.

- Increase in patients discharged to home from the inpatient unit.

I am pleased to present this Quality Account for 2010/11 and, to the best of my knowledge, the information contained therein is accurate.

A handwritten signature in black ink, consisting of a stylized 'R' followed by a horizontal line that ends in a small arrowhead.

Mr Robert Neilans  
Chairman of the Board of Trustees

## **Part 2: Priorities for improvement and statements of assurance from the Board (in regulations)**

### **1. IMPROVEMENT**

The Board of Trustees continues to support the continuous development and improvement of its services to ensure that the care and support it provides evolve to meet patient and carer needs.

The priorities for quality improvement we have identified for 2011/12 are set out below. These priorities have been identified in conjunction with patients and carers, staff and stakeholders. The priorities we have selected will impact directly on each of the three priority areas; patient safety, clinical effectiveness and patient experience.

#### **1a. Priorities for improvement 2011 – 2012**

##### **Patient Safety**

- **Priority One: All new clinical staff will complete a clinical portfolio within the first six months of employment.** The portfolio, which includes end of life care, medicines management, infection prevention and control and syringe driver competencies, will provide a systematic method of ensuring all new staff receive wide-ranging and high quality training through the probationary period.
- This will complement the comprehensive induction, mandatory and update training that is currently provided to all clinical staff.

##### **How was this identified as a priority?**

This was identified as a priority following feedback from newly appointed staff and a review of the skills of newly appointed staff during their probationary period.

##### **How will priority one be achieved?**

A pilot of the portfolio has already been completed with very positive feedback from both staff and managers. There was agreement that this should be extended to all clinical staff and include the end of life care competencies.

## **How will progress be monitored and reported?**

Progress will be monitored formally through the Trust probationary procedure and information reported by the human resource department. In addition individual competency will be monitored through the completion of the end of life competencies and the completion of a number of set work books and will be reported by the line manager.

## **Clinical Effectiveness**

**Priority Two: The Palliative Care Co-ordination Centre (PCCC) will trigger a review of patients receiving Continuing Health Care (CHC) fast track funding to ensure that their care needs are met and that they continue to receive the correct level of funding to meet that need.** This will also enable the PCCC to allocate that most appropriate health care worker to the patient.

## **How was the priority identified?**

The PCCC is housed within the Hospice building and its role is to manage packages of care prescribed by Community nurses and Case Manager for patients with end of life care needs who wish to stay at home. This means that they will access care from a number of different providers including St Barnabas, Marie Curie and Care Agencies.

This priority was identified as the result of an initiative by the health community to provide a more responsive night care service to patients whose needs had changed rapidly. Data collection identified that the four weekly review of fast track funding was not always undertaken and that some patients were continuing to receive care packages that had not been reviewed. This could mean that, because the persons need had changed, they were not receiving the level of care they required. This might mean that the person was receiving less care than required; equally it might mean that care is at a higher level than required. The aim is always to ensure that the care is allocated according to need and that patients with complex needs receive care that best meets the needs of patients.

## **How will priority two be achieved?**

This will be achieved by the PCCC triggering the review by the patient's Case manager / Complex case manager / Key worker and monitoring the response through information provided by the Continuing Health Care Team.

### **How will progress be monitored and reported?**

The PCCC will monitor and report the number of reviews they trigger and the responses they receive from the CHC.

### **Patient Experience**

**Priority Three: Patients will be able to access support through local Multidisciplinary Team (MDT) review at Lincoln, Grantham and Louth improving their experience of care by reducing the amount of travelling required. During the year we will also begin to scope the provision of an MDT at Boston in order to prepare a business case to support the recruitment of a Consultant in Palliative Medicine to lead this MDT.**

As a minimum the MDT will consist of a doctor, a specialist nurse and a physiotherapist or an occupational therapist.

### **How was the priority identified?**

Feed back from patients and carers and from stakeholders has identified that for many patients the thought of travelling to the Inpatient Unit at Lincoln to see a doctor is too much and some patients will choose not to make that journey.

### **How will priority three be achieved?**

Multidisciplinary out patient clinics will be set up at Lincoln and Grantham Hospice facilities and in a venue in Louth. Over the coming year we will also undertake a scoping exercise with regard to setting up a clinic in the Boston area.

### **How will progress be monitored and reported?**

Progress will be monitored through referral to and activity of the new service together with feed back from referring clinicians and patients. A base line of activity will be developed in the first year of this project so that ongoing monitoring and development of the service can take place during subsequent years.

## 1b. Priorities for improvement 2010 – 2011

### Patient Safety

#### Priority One: The prevention of urethral catheter related infections

##### Standards:

- Patients will only be catheterised if it is the most appropriate methods of managing their clinical need.
- All catheter interventions will be managed in accordance with the High Impact Intervention urinary catheter care guidance
- The duration of insertion will be minimised to reduce the potential for catheter related urinary tract infection.

- During the period April 2010 to March 2011 17% of patients (26) were admitted with a catheter and 17% of patients (26) were catheterised on the unit. This compares with the previous three month period January to March 2009 when 27% of patients were catheterised on the unit. This shows a significant reduction in the number of catheterisations on the unit. The most frequent reason for catheterisation was retention of urine (58%) and catheterisation was the only appropriate method to manage the patient's clinical need. In a small number of cases catheterisation was initially used to reduce pain and discomfort on movement but as pain was managed then the catheter was removed.
- Of all patients admitted with or catheterised on the unit 7 patients (15%) developed a urinary tract infection requiring antibiotic treatment. Of these three were catheterised on the unit and four had been catheterised prior to admission. In the same period 13 patients (8%) developed urinary tract infections not related to catheterisation.
- As a result of this initiative the catheter care plan has been rewritten to ensure that catheters are managed in line with the High Impact guidance demonstrating a clear rationale for catheterisation and including a daily schedule for reviewing catheter use and potential for removal of the catheter. This change has been underpinned with staff training. A review of the documentation indicates that there has been an increase in discussion regarding the need for catheters, a rationale for use is documented and the use of catheters is reviewed which has lead to an increase in trials to see if patients can manage without a catheter.

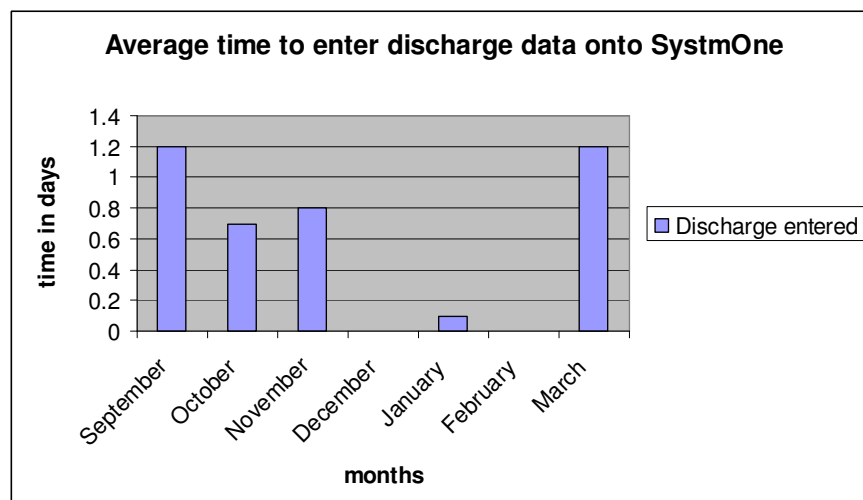
## Clinical Effectiveness

### Priority Two: The use of SystmOne to improve clinical communication

#### Standard:

- All patients discharged from the Inpatient Unit will have a discharge letter attached to SystmOne or, where the GP is not a SystmOne user, faxed to the GP surgery within 24 hours of discharge.

- SystmOne is a patient information system used to record the clinical treatments provided to a patients in a number of care settings including the Inpatient Unit and in GP surgeries. GPs who use this patient information system have access to all data recorded on to it.
- Information relating to the discharge or death of patients in the unit was entered onto SystmOne within 24 hours of the event in five of the seven months **Fig 1**.
- Sixty-six percent of the patients had a GP who was a SystmOne user.
- Of the 30 GPs who were not SystmOne users the average length of time for a notification of discharge by fax was 48 hours.
- The average length of time taken to complete the full discharge letter is six days.
- Therefore whilst communication through SystmOne and fax has improved there is still room to do better with regard to providing GPs who are not users of SystmOne with detailed clinical information.



**Fig 1: Average time taken (in days) to record discharge on to the SystmOne patient information system.**



## Patient Experience

### **Priority Three: Advance Care Planning (ACP) and Preferred Place of Care (PPC) and Death (PPD).**

#### **Standard:**

- All patients will be given the opportunity to discuss and complete an advance care plan and state their preferred place of care and death.

- The base line audit using the SystmOne patient information system showed that few patients were recorded as having an ACP in place was small.
- The audit also identified that at that time only preferred place of death could be reported because of the mechanism for recording.
- A document was devised and approved through the clinical governance group.
- A number of staff training sessions took place during the year led by clinical staff from within and outside of the organisation – these sessions were also made available to staff from Lincolnshire Community Health Service.
- The data collected shows that the number of patients provided with the opportunity to discuss an advance care plan has increased to 87 % across the Trust. Of these patients 72 % discussed and completed an ACP detailing as a minimum their preferred place of care.
- It had been hoped with the developing use of SystmOne that information regarding ACP could be easily attached to the SystmOne patient record. Fifty-one percent of patients had information regarding ACP recorded on SystmOne. This piece of work requires the support of the whole health community and work is still on-going to achieve this. In the meantime this information is available as a written document in patient's homes.
- Whilst there has been a significant improvement in the number of patients being supported to complete an ACP it is clear from the data that for many patients referred to the Hospice at Home service the opportunity has come too late for them to really enter into meaningful discussion. The earlier that ACP can be introduced and discussed with patients the more likely it is that patients will be able to participate fully.

- The IPU Co-ordinator contacts the GP practice to inform them that the information is on SystmOne.
- Ongoing monitoring of ACP will be enhanced with the newly introduced palliative information template which will provide information for clinicians and support better reporting.

## **Patient Experience**

### **Priority Four: Refurbishment of Grantham Hospice by March 2011**

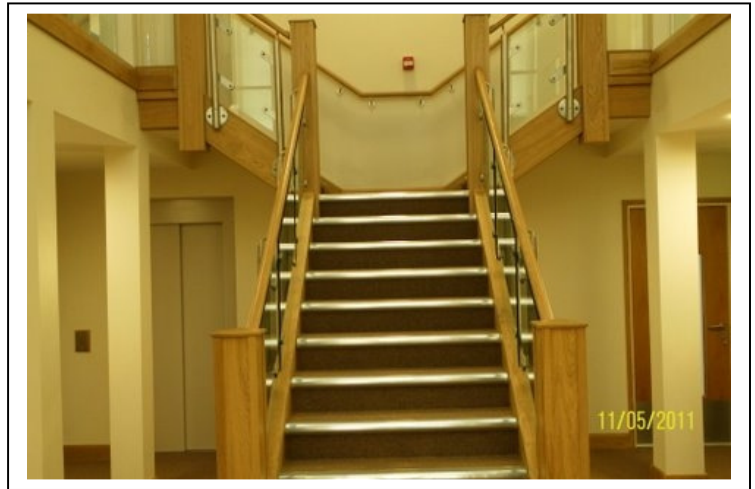
#### **Standard:**

- The facility will meet all statutory legislation and regulatory requirements.

- Grantham hospice is situated on Barrowby Road, Grantham. St Barnabas acquired the building as part of the merger with GIFTS Hospice in April 2010. The building had originally been a small hotel and retained its character, including sloping floors and wood panelling which were not suitable for a health care facility.
- The aim of the project was to develop an environment that could be used by patients, carers and community groups and services that would provide support to people with palliative care needs through information, access to clinical advice and day therapy and group support from specialist support groups.
- The refurbishment of the Grantham Hospice has been a significant project incorporating as it does not only the refurbishment of the current building but an extensive extension to the ground floor to provide a spacious lounge / meeting area, an art room, new reception area and new entrance as well as the redevelopment of rooms to provide clinical treatment and therapy rooms and lecture theatre and smaller education / meeting rooms. The building will also provide space for education and house the Hospice at Home team, the welfare service as well as providing rooms for community groups to meet.
- As a result of the very bad weather in December the building work is six weeks behind schedule and we now anticipate that the handover will now take place in the first week of May and that staff will move into the building the following week and some patient services will be delivered from the building in June.



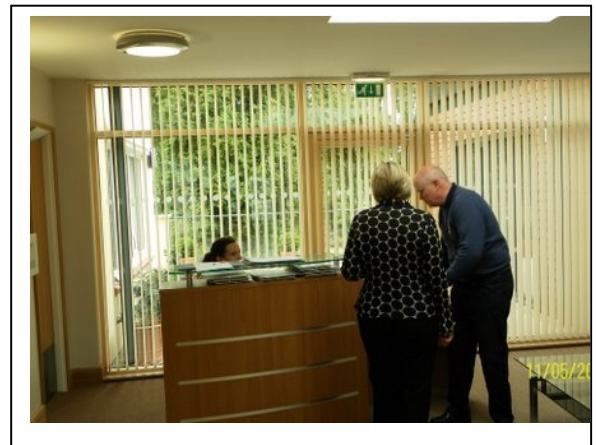
**Before**



**After**



**Day Therapy - Meeting Place  
with picture windows**



**New Reception Area**

## 2. STATEMENT OF ASSURANCE FROM THE BOARD

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers, and therefore explanations of what these statements mean are also given.

### 2a. Review of Services

- During 2010/11 St Barnabas Lincolnshire Hospice supported NHS Lincolnshire's commissioning priorities with regard to the provision of local specialist palliative care by providing:
  - Hospice at Home
  - Inpatient Unit
  - Welfare Benefits
  - Palliative Care Co-ordination Centre

In addition the Trust has provided the following services through charitable funding:

- Day Hospice
  - Occupational Therapy
  - Physiotherapy
  - Lymphoedema
  - Family Support Services, including bereavement support services
- During the reporting period 2010/11 St Barnabas Lincolnshire Hospice provided three NHS services. St Barnabas Lincolnshire hospice has reviewed all the data available to them on the quality of care in all of these NHS services.
  - The income generated by the NHS services reviewed in 2010/11 represents 56 per cent of the total income generated from the provision of NHS services by St Barnabas Lincolnshire Hospice for 2010/11.

#### **What this means:**

St Barnabas Lincolnshire Hospice was funded through an NHS grant and fundraising activity. From April 2010 the funding mechanism for NHS services changed significantly with the introduction of the National Contract (Community). This means that the money has been focussed to fund the hospice at home service and Palliative Care Co-ordination Centre and to partially fund the Inpatient unit and Welfare services. The Trust also has a small contract with Lincolnshire County Council for the provision of community Occupational Therapy services. The remaining income is generated through fundraising, shops and lottery activity and investments.

## **2b. Participation in Clinical Audit**

- During 2010/11 no national clinical audits or confidential enquiries covered NHS services provided by St Barnabas Lincolnshire Hospice.
- During that period St Barnabas Lincolnshire Hospice 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 any.
- The national clinical audits and national confidential enquiries that St Barnabas Lincolnshire Hospice was eligible to participate in during 2010/11 are as follows: NONE
- The national clinical audits and national confidential enquiries that St Barnabas Lincolnshire Hospice participated in during 2010/11 are as follows: Not applicable
- The national clinical audits and national confidential enquiries that St Barnabas Lincolnshire Hospice participated in and for which data collection was completed during 2010/11 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. Not applicable
- The reports of 0 national clinical audits were reviewed by the provider in 2010/11. This is because there were no national clinical audits relevant to the work of St Barnabas Lincolnshire Hospice.
- St Barnabas Lincolnshire Hospice was not eligible in 2010/11 to participate in any national clinical audits or national confidential enquiries and therefore there is no information to submit.

### **What this means:**

As a provider of specialist palliative care St Barnabas Lincolnshire Hospice is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2010/11 audits or enquiries related to specialist palliative care.

The Hospice will also not be eligible to take part in any national audit or confidential enquiry in 2011/12 for the same reason.

**2c. Research**

The number of patients receiving NHS services provided or sub-contracted by St Barnabas Lincolnshire Hospice in 2010/11 that were recruited during that period to participate in research approved by a research ethics committee was NONE.

**2d. Use of the CQUIN payment framework**

A proportion of St Barnabas Lincolnshire hospice income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between St Barnabas Lincolnshire hospice and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2010/11 CQUIN payments and for the following 12 month period will be available electronically at [www.stbarnabashospice.co.uk](http://www.stbarnabashospice.co.uk) from 1<sup>st</sup> July 2011.

**2e. Statement from the Care Quality Commission**

St Barnabas Lincolnshire Hospice is required to register with the Care Quality Commission and is currently registered to carry out the regulated activity: **Treatment of disease, disorder or injury.**

“St Barnabas Lincolnshire hospice has the following conditions on registration:

- *The registered provider must ensure that the regulated activity, 'Treatment for disorder or injury' is managed by an individual who is registered as a manager in respect of the activity as carried on at or from a Specialist Palliative Care Unit.”*

**Statement of reasons**

*The registration of the provider of this regulated activity is subject to a registered manager condition under Regulation 5 of the Care Quality Commission (Registration) Regulations 2009*

- *The Registered Provider must only accommodate a maximum of 11 patients at Specialist Palliative Care Unit.*

**Statement of reasons**

*We are imposing this condition because your service is set up to accommodate 11 persons. The premises, management or staffing provided at this location are suitable only for a maximum of 11 persons.*

- *The Registered Provider must not treat persons under 18 years in respect of the regulated activity 'Treatment for disorder or injury' at or from Specialist Palliative Care Unit.*

**Statement of reasons**

*We are imposing this condition because your service is set up to accommodate persons aged 18 years or over. The premises, management or staffing provided at this location are suitable only for persons aged 18 years or over.*

- *This Regulated Activity may only be carried on at the following locations:  
**Specialist Palliative Care Unit, 36 Nettleham Road, Lincoln, LN21RE***

The Care Quality Commission has not taken any enforcement action against St Barnabas Lincolnshire Hospice during 2010/11.

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2010/11.

**2f Data Quality**

Statement of relevance of Data Quality and your actions to improve your Data Quality

St Barnabas Lincolnshire Hospice did not submit records during 2009/10 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

**Why is this?**

This is because St Barnabas Lincolnshire Hospice is not eligible to participate in this scheme. However, in the absence of this we have our own system in place for monitoring the quality of data and the use of the electronic patient information system, SystemOne. This is important because, with the patients' consent, we share data with other health professionals to support the care of patients in the community.

This year we have provided training and feed back to staff to improve data on Advance Care Planning.

## **2g. Information Governance Toolkit attainment levels**

- St Barnabas Lincolnshire Hospice Information Governance Assessment Report score for 2010/11 was
- Level 0 - 37%;
- Level 1 - 30%;
- Level 2 - 26%;
- Level 3 - 4%;
- Not Relevant – 3%

We are currently putting in place the relevant framework documentation, policies, training, security infrastructure, to attain 100% Level 2 compliance, which would grade us green on Connecting for Health's Information Governance Grading Scheme. This has a target date of completion for October 2011.

This means that we will be compliant with Connecting for Health's standards, and provide patients with the confidence that their information is being dealt with safely.

## **2h. Clinical coding error rate**

St Barnabas Lincolnshire Hospice was not subject to the Payment by results clinical coding audit during 2010/11 by the Audit Commission. This is because St Barnabas Hospice receives payment under a block contract and not through tariff and therefore clinical coding is not relevant.



## Part 3: Review of quality performance

### The National Council for Palliative Care (NCPC): Minimum Data Sets (MDS)

We have chosen to present information from the NCPC minimum data set which is the only information collected nationally on hospice activity. The figures below provide information on the activity and outcomes of care for patients.

<b>St Barnabas Lincolnshire Hospice</b>		
<b>Inpatient Unit Services</b>		
	<b>2009/10</b>	<b>2010/11</b>
Total number of patients	<b>158</b>	<b>151</b>
% New patients	<b>81%</b>	<b>83%</b>
% Re-referred patients	<b>16%</b>	<b>11%</b>
% Occupancy	<b>80%</b>	<b>69%</b>
% Patients returning home	<b>37%</b>	<b>51%</b>
Average length of stay – cancer	<b>18 days</b>	<b>17 days</b>
Average length of stay – non-cancer	<b>16 days</b>	<b>14 days</b>

#### **Inpatient Unit**

The number of patients returning home from a stay at the Inpatient Unit has increased by 14% from 37% to 51%.

This means that less patients are dying in the hospice and that more patients are able to be cared for at home in their preferred place of care.

<b>Day Hospice</b>		
	<b>2009/10</b>	<b>2010/11</b>
Total number of patients	<b>461</b>	<b>515</b>
% New patients	<b>63.5%</b>	<b>66%</b>
% Re-referred patients	<b>3%</b>	<b>4%</b>
% Places used	<b>56%</b>	<b>56%</b>
% of places booked but not used	<b>30%</b>	<b>34%</b>
Average length of care	<b>209 days</b>	<b>184 days</b>

#### **Day Care**

There was an increase of 11.5% in the number of patients accessing day hospice care over the year. This increase reflects the fact that since the merger with

GIFTS Hospice in the south west of the county St Barnabas Lincolnshire Hospice is now providing care across the whole of Lincolnshire. The average length of time patients in day hospice were care for was 6 months.

<b>Hospice at Home</b>		
	<b>2009/10</b>	<b>2010/11</b>
Total number of patients	<b>1690</b>	<b>1637</b>
% New patients	<b>87%</b>	<b>85%</b>
% Re-referred patients	<b>6%</b>	<b>6%</b>
% of patients who died at home	<b>68%</b>	<b>79%</b>
% of patients who died in acute hospital	<b>12%</b>	<b>9%</b>
Average length of care	<b>48 days</b>	<b>57 days</b>

### **Hospice at Home**

The number of patients cared for by the hospice at home teams decreased slightly during the year, this is because the focus of care has moved to those patients within the last few months of life and the care packages provided for those patients at the end of life are much more intense with a minimum of two visits per day for those in the last few days of life. This has resulted in the number of patients being able to die at home, their preferred place of care and death increasing by 11% from 68% to 79%. In addition the number of patients dying in acute hospital has decreased by three per cent.

<b>Bereavement Support</b>		
	<b>2009/10</b>	<b>2010/11</b>
Total Service Users	<b>209</b>	<b>257</b>
Number of telephone contacts	<b>791</b>	<b>693</b>
Number of group work contacts	<b>3,084</b>	<b>3,418</b>
Number of individual counselling sessions	<b>341</b>	<b>339</b>

## Quality Markers we have chosen to measure

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 the following:

INDICATOR	2009/10	2010/11
<b>Complaints</b>		
Total number of complaints (clinical)	<b>4</b>	<b>8*</b>
The number of complaints upheld in full	<b>2</b>	<b>5</b>
The number of complaints upheld in part	<b>2</b>	<b>3</b>

\*PCCC – care not booked – upheld

Hospice at Home – change to service provision (focus on patients with more complex needs) – 4 complaints – upheld

Hospice at Home – member of staff – partially upheld

Hospice at Home – change to care package – partially upheld

Day care – no outings provided – partially upheld

The increase in complaints can be directly attributed to the change in our Hospice at Home service. This now focuses care on patients with the most complex or end of life care need. Our recording of complaints is sensitive and we record complaints received informally as well as those received formally through correspondence to the Chief Executive.

INDICATOR	2009/10	2010/11
<b>Patient Safety Incidents</b>		
The number of serious patient safety incidents (excluding falls)	<b>2</b>	<b>2**</b>
The number of slips, trips and falls	<b>18</b>	<b>21</b>
The number of patients who experienced a fracture or other serious injury as a result of a fall.	<b>0</b>	<b>0</b>
<b>Pressure Damage</b>		
Number of patients admitted to the Inpatient Unit with pressure damage	<b>57</b>	<b>38</b>
Number of patients who developed pressure damage whilst in the Inpatient Unit	<b>30</b>	<b>18***</b>

\*\*Failure of the PCCC telephone system

Member of on-call medical staff not able to attend a patient (a member of the IPU medical team attended instead)

\*\*\*Pressure damage is graded from 1 (minor) to 4 (serious). St Barnabas records and reports all pressure damage, even the most minor. All pressure damage identified in this report is grade 1 or 2 – there were no patients who suffered grade 3 or 4 pressure damage.

INDICATOR	2009/10	2010/11
<b>Patient Safety</b>		
Number of patients, clients and families referred to Family Support Services because of safeguarding issues	18	7
<b>Infection Prevention and Control</b>		
The number of patients know to be infected with MRSA on admission to the Inpatient Unit	1	7
The number of patients infected with MRSA whilst on the Inpatient Unit	0	0
<b>Infection Prevention and Control</b>		
The number of patients admitted to the Inpatient Unit with C. difficile	2	2
The number of patients infected with C. difficile whilst in the Inpatient Unit	0	0
<b>Infection Prevention and Control</b>		
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	4	11
The number of patients who contracted any of these infections whilst in the Inpatient Unit	9	5

**In the coming year the Trust intends to review in discussion with patients and families these Quality Markers, in order that it can better measure the quality of the services it provides from the users perspectives.**

## **Clinical Audit**

Clinical audit is a way in which the organisation can learn and improve the delivery of its services, the outcomes for patients and the experience they have. The Audit group has undertaken a programme of audits using national audit tools designed specifically for hospices.

A patient and relative surveys are also administered to all patients / relatives (as appropriate) admitted to the Inpatient Unit. As required by the National Care Standards the survey reported here reflects the NHS patient survey. Clinical staff are involved in the audit process and a number of staff have led audits related to infection control. The table on the following pages shows the work undertaken in 2010/11.

Where issues are identified during an audit an action plan is developed to put the problems right. Progress on the action plans is monitored through the Clinical Governance Group to ensure that they are completed. We will then undertake a further audit to see if the actions we have taken have resolved the issues identified.

<b>Audit</b>	<b>Completed</b>	<b>Action Plan</b>	<b>Actions to be undertaken to improve practice</b>	<b>Action Plan Completed / to be completed</b>
<b>Medicines Management Audits</b>				
Antibiotic Prescribing (Ongoing monthly surveillance)	Ongoing	No	NA	NA
Syringe Driver (August 2010)	Yes	Yes	Full completion of syringe driver monitoring charts to monitor entire infusion Ensuring consent is always documented / revised care plan	Completed
Medicines Management Audit (June 2010)	Yes	Yes	Fridge Temperatures – remind staff of policy Ensure there is not an accumulation of patient's own drugs for destruction Medicines management Roadshow – update training	Completed
Accountable Officer Self Assessment (March 2010)	Yes	Yes	To develop competency workbook to cover policy and management of controlled drugs for staff who work with controlled drugs to ensure evidence of ongoing training	Completed
Controlled Drug Audit (March 2010)	Yes	Yes	Review of policy to provide greater detail on transfer of CDs from old to new book Reminder to staff to maintain quality of documentation	Completed
Remote Direction to Administer Audit (March 2011)	Yes	Yes	Practice issues re filing of electronic emails and policy guidance re prescription of ranges	In process of review (April 2011)

<b>Audit</b>	<b>Completed</b>	<b>Action Plan</b>	<b>Actions to be undertaken to improve practice</b>	<b>Action Plan Completed / to be completed</b>
<b>Infection Prevention and Control Audits</b>				
Hygiene Code Self Assessment (January 2011)	Yes	Yes	Develop Infection Strategy Guidance for contractors re infection prevention Update patient handbook Redevelop Legionnaires Policy	Completed  Outstanding Revise Waste Management Policy and Procedures
Sharps (February 2010)	Yes	No		NA
External Infection Control Audit IPU Hawthorn Road (October 2010)	Yes	No		NA
Sluice (July 2010)	Yes	No		NA
Cleanliness Audits IPU/ Hawthorn Road/ Spalding/ Boston Day Centres (PEAT adapted)	Yes	Yes	Site specific minors issues including de-cluttering of offices and monitoring of wear and tear to premises	Completed
Hand Hygiene (November 2010)	Yes	NA		NA
Mattress Audit (November 2010)	Yes	Yes	Replacement mattress and covers ordered	Completed
Catheter Management (Saving Lives High Impact Intervention No 6)	Ongoing	Yes	Revised catheter care plan including daily review of catheters	Completed
Infections Surveillance IPU/ Day Care / Community	Ongoing	NA		NA
Isolation Precautions (February 2011)	Yes	No		NA

<b>Audit</b>	<b>Completed</b>	<b>Action Plan</b>	<b>Actions to be undertaken to improve practice</b>	<b>Action Plan Completed / to be completed</b>
<b>Practice Audits</b>				
Documentation Ongoing	Yes	Yes	Two training days provided Repeat audit planned and spot check audits ongoing SystemOne / Governance training delivered through Roadshows to all clinical sites	Completed
Pressure damage	Ongoing	Yes	Review of pressure damage documentation	In process of review
Hazard Alerts (May 2010)	Yes	Yes	New organisational flow chart to detail management of Hazard Alerts Designation of deputy	Completed
Pain Audit IPU (January 2011)	Yes	Yes	Review of pain documentation Improve multi disciplinary evaluation and recording of pain interventions Develop the use of alternative pain therapies	In process of review (April 2011)
Five Senses Survey (November 2010)	Yes	NA		NA
<b>Patient and Relative Surveys</b>				
Patient Survey Apr 2010 to Mar 2011	Yes	No		NA
Relative Survey Apr 2010 to Mar 2011	Yes	No		NA

## **Feed back from patients and families on services**

We value the feedback we receive from patients and families as this is an important way in which staff can identify issues, resolve problems and improve the quality of the care we provide. As part of our commitment to ensuring patients and families have a voice we give a survey to all patients discharged from the Inpatient Unit and send a survey to the family of patients who die on the unit. The results of these surveys are collated into an annual report which is also sent to our regulators as part of the annual self assessment process. The surveys are anonymous but where concerns are raised and people identify themselves this is followed up in a timely manner to resolve the issue and to learn from what has gone wrong.

### **The Patient Survey**

The annual Patient survey from April 2010 to March 2011 had a response rate of 57%.

We asked patients about their care and treatment. We asked the following questions based on the Care Quality Commission Essential Standards of Quality and Safety<sup>1</sup>.

#### **Was your privacy and dignity respected?**

- 100% of patients said 'yes always'

#### **Was your right to independence respected?**

- 94% of patients said 'yes always'

#### **Did you feel that the care, treatment and support you were given met your needs?**

- 97% of patients said 'yes always'

#### **Did you feel that the care, treatment and support were delivered in a safe and effective manner by members of the healthcare team?**

- 100% of patients said 'yes always'

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<sup>1</sup> Care Quality Commission (2009) Essential Standards of Quality and Safety



**Did you have confidence and trust and feel safe in the care of the staff treating you?**

- 100% of patients said 'yes always'

**Did you feel the facilities in the communal areas of the hospice were clean?**

- 100% of patients said 'yes always'

**Did you feel safe and comfortable with the equipment used by the staff?**

- 97% of patients said 'yes'

**We also asked what could be done to develop our services patients said:**

- "The food was excellent, my room was very clean and the staff very helpful."
- "Perhaps discharge or given discharge papers should be worded differently if you are not cured. But I know you have not really discharged me at St Barnabas as I attend the day care on Wednesdays every week and enjoy it very much."
- "All the staff at the hospice are the most caring and thoughtful people I have ever met."

## **The Relatives' Survey**

The annual Relatives' survey from April 2010 to March 2011 had a response rate of 51%.

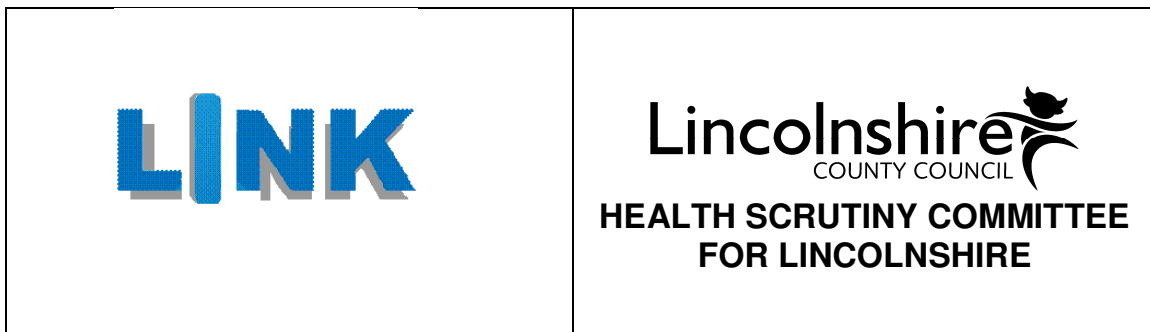
When asked what could be done to develop our services relatives said:

- "My relative was only in your care for a few days and during that time I could not have asked for better care for them or my self and family. My relative died with dignity in a very caring and capable environment."
- "You not only looked after my relative, you looked after us as a family."
- "My relative was a very difficult case and needed a lot of specialist care, all of which was provided. We as a family spent a lot of time there and all the staff were fantastic from the cleaners to the Doctors."
- "Side rooms for patients in the last day(s) of their life."

- “As I *loved* [lived] a long way from the Hospice I was also provided with accommodation for the last few days of their life. This for me was a life saver. I was able to relax in the knowledge that the staff would call me if necessary. I was provided with good food and was able to rest. All this helped me cope later in the immediate aftermath of my relative’s death.”

A copy of the full surveys will be available on the Trust web-site [www.stbarnabashospice.co.uk](http://www.stbarnabashospice.co.uk) from August 2011.

### **Joint Statement from the Health Scrutiny Committee for Lincolnshire and LINK.**



### **Statement on St Barnabas Hospice Trust’s *Quality Account* for 2011/12**

This statement has been prepared jointly by the Lincolnshire Local Involvement Network (LINK) and the Health Scrutiny Committee for Lincolnshire.

#### Priorities for 2011/12

The Lincolnshire LINK and the Health Scrutiny Committee for Lincolnshire strongly support the St Barnabas’s three priorities for 2011/12. We welcome the inclusion of the reasons for the selection of each priority by St Barnabas. We believe that these priorities will continue to develop staff and improve services provided.

In particular, we would like to highlight Priority 3 (Patients Accessing Support through a Multi-Disciplinary Team Review in Lincoln, Grantham and Louth), as we believe improving the patient experience is of vital importance.

We look forward to St Barnabas’s successful implementation of these priorities.

### Priorities for 2010/11

We are pleased to see the progress made with the four priorities adopted for 2010/11. In particular, we would like to highlight the successful refurbishment of the Grantham Day Hospice, which represents a significant achievement for St Barnabas and we look forward to the consolidation of the day hospice on this site.

### Engagement

The Health Scrutiny Committee has welcomed the development of strong working relationships between the Committee and the Trust's Chief Executive and the Director of Patient Care Services. This has included the attendance of the Chief Executive and the Director of Patient Care Services at the Health Scrutiny Committee on 16 February 2011, where the Trust's plans were shared with the Committee.

### Conclusion

The LINK and the Health Scrutiny Committee for Lincolnshire would like to endorse the content of the *Quality Account* of St Barnabas Hospice Trust. We believe that the document is clearly presented and would be easily accessible to patients and their families, and is representative of the services provided by the Hospice.

## **NHS Lincolnshire Commentary for St Barnabas Hospice Quality Account 2010/11**

In terms of performance against the 2010/11 contract NHS Lincolnshire notes St Barnabas' use of evidence and acknowledges the excellent feedback from patients, carers and colleagues alike. NHS Lincolnshire supports the ongoing work to improve the patient experience and the focus on treating all patients with dignity and respect and notes the progress across a range of initiatives to raise standards.

Examples given within the Quality Account highlighted areas of service that demonstrate high quality care using the three key areas of effectiveness, safety and patient experience. NHS Lincolnshire notes the improvement in performance in relation to urinary catheter insertion and care and the subsequent reduction in urinary tract infections.

Further, the improvement in performance regarding discharge communication through SystmOne and fax is noted and the requirement for further improvement

with regard to providing GPs who are not users of SystemOne with detailed clinical information.

NHS Lincolnshire commends St Barnabas for the significant improvement in the number of patients being supported to complete an Advanced Care Plan (ACP) and recognises the challenges where patients are referred to the Hospice at Home service too late for them to enter into meaningful discussion. NHS Lincolnshire welcomes the ongoing monitoring of ACPs which will be enhanced with the newly introduced palliative information template and will provide information for clinicians to support better reporting

Whilst the bed occupancy within the in-patient unit has decreased, the number of patients returning home from a stay in the Inpatient Unit has increased by 14% from 37% to 51%. This means that fewer patients are dying in the hospice and that more patients are able to be cared for at home and achieve their preferred place of care.

Whilst the number of patients being cared for by the Hospice at Home team has stayed roughly the same, the number of patients being able to die at home, their preferred place of care and death has increased by 11% from 68% to 79%. In addition the number of patients dying in acute hospital has decreased by three per cent.

Both these achievements are excellent supporting patient choice on preferred place of care and starting to demonstrate that service developments are impacting as anticipated.

A proportion of St Barnabas Lincolnshire hospice income in 2010/11 was conditional on achieving quality improvement and innovation goals agreed between St Barnabas Lincolnshire hospice and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

St Barnabas Hospice, working together with NHS Lincolnshire had identified 6 CQUIN indicators for 2010/11 aimed to improve patient experience, clinical effectiveness and patient safety to include:

- Reducing infection rates
- Improve responsiveness to personal needs of patients
- The use of SystemOne to improve clinical communication
- Advance care planning and preferred place of care
- Annual appraisal for all staff and PDP
- A baseline audit of emergency admissions to secondary care of patients know to be palliative

St Barnabas were paid in full against the above 6 indicators, as it was demonstrable from the evidence provided, the enhanced quality provision for patients.

NHS Lincolnshire notes St Barnabas Lincolnshire Hospice is registered with the Care Quality Commission to carry out the regulated activity: **Treatment of disease, disorder or injury** (With a number of associated conditions).

The Care Quality Commission has not taken any enforcement action against St Barnabas Lincolnshire Hospice during 2010/11.

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2010/11.

### **Areas for improvement 2011/12**

NHS Lincolnshire endorses the areas identified for improvement for 2011/12 and the associated initiatives as detailed within the St Barnabas Lincolnshire Hospice Quality Account as:

#### **Patient safety**

**Priority One: All new clinical staff will complete a clinical portfolio within the first six months of employment.** The portfolio, which includes end of life care, medicines management, infection prevention and control and syringe driver competencies, will provide a systematic method of ensuring all new staff receive wide-ranging and high quality training through the probationary period.

This will complement the comprehensive induction, mandatory and update training that is currently provided to all clinical staff.

#### **Clinical Effectiveness**

**Priority Two: The Palliative Care Co-ordination Centre (PCCC) will trigger a review of patients receiving Continuing Health Care (CHC) fast track funding to ensure that their care needs are met and that they continue to receive the correct level of funding to meet that need.** This will also enable the PCCC to allocate that most appropriate health care worker to the patient.

#### **Patient Experience**

**Priority Three: Patients will be able to access support through local Multidisciplinary Team (MDT) review at Lincoln, Grantham and Louth improving their experience of care by reducing the amount of travelling required. During the year we will also begin to scope the provision of an**

**MDT at Boston in order to prepare a business case to support the recruitment of a Consultant in Palliative Medicine to lead this MDT.**

As a minimum the MDT will consist of a doctor, a specialist nurse and a physiotherapist or an occupational therapist.

Commissioning high quality, safe patient services is NHS Lincolnshire's highest priority and the areas identified will enhance the patient experience and improve patient safety and clinical outcomes.

NHS Lincolnshire endorses the accuracy of the information presented within the St Barnabas Quality Account and the overall quality programme performance will be reviewed through the formal contract quality review process and triangulation through patient experience surveys.