

**Quality
Account
2016-2017**



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Registered Charity No. 1053814

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“At this moment I cannot honestly think of anything, we are so impressed with all aspects of your care”

Part 1:

Introductory Statement by the Chief Executive Officer Mr Chris Wheway

It gives me great pleasure to present this 2016/17 Quality Account for St Barnabas Hospice. In this account our aim is to show how the Hospice measures quality, involves patients, families and staff. We strive to look for areas where we can improve our care and welcome the opportunity to share our progress and priorities in this report.

St Barnabas has developed a five year clinical strategy, to continue to support new and innovative ways of working that will provide for both the needs of our patients, families and carers and the community we serve.

The strategy will support the Hospice to continue to deliver exemplary palliative and end of life care to enable the organisation to meet the predicted increase in the demand on our services, ensuring the Hospice remains sustainable in a complex and ever-changing healthcare economy.

The organisation continues to be engaged and is actively supporting the Sustainability and Transformation Partnership for Lincolnshire. In addition to support the delivery of a whole systems approach to care St Barnabas are actively engaged supporting the neighbourhood teams, to facilitate collaborative and cohesive working across providers for the people of Lincolnshire.

Quality and safety are at the heart of our commitment to excellence in all of the Services we provide. Our vision is “A world where dying with dignity, compassion and having choices is a fundamental part of life”. St Barnabas will endeavour to support everyone with any life limiting condition to quality care at the end of life, in the right place at the right time.

During 2017 St Barnabas will celebrate its 35th anniversary with our staff, volunteers and supporters for the local community. We remain ambitious, positive and dynamic and pride ourselves in leading local and national initiatives. I am confident that despite the challenges we face as an organisation we will remain sustainable to deliver high quality end of life care.

I would like to take this opportunity to personally thank all of our staff and volunteers for their passion and commitment to delivering excellence in everything we do.

A handwritten signature in black ink, appearing to read 'Chris Wheway', with a stylized, flowing script.

Chris Wheway

Chief Executive St Barnabas Hospice

Trust Board Chairman's Statement

It gives me great pride to endorse the 2016/17 quality account for St Barnabas Hospice, after another busy year of providing outstanding palliative and end of life care for our patients and their families.

It is evident that whilst we continue to develop our services to meet the needs of more of the population of Lincolnshire our determination and dedication to providing high quality, dignified and compassionate care does not falter.

Our senior clinical team have developed our five year clinical strategy which will provide a framework for the Organisation to deliver palliative and end of life care into the next

decade, this will support us to structure our services to evolve to meet the challenges and reach more patients and families.

I am confident that the five priorities we have identified for quality improvement for 2017/18 will support us to meet the ambitions of our strategy, developing our well-being services, enhancing the roles of our allied health professional team to promote palliative rehabilitation, and continue the work at the Inpatient Unit supporting safe, high quality patient care. In addition we will be introducing some patient reported outcome measures to ensure we can demonstrate we are responsive and effective in meeting the needs of individual patients and their families.

St Barnabas Trust Board takes seriously its responsibilities to ensure the services we provide are of the highest quality. We have a rigorous clinical governance framework and we are committed to quality improvement and clinical effectiveness. We work closely with our NHS commissioners to share information from all of these sources on a regular basis.

The Trust board would like to extend its gratitude to the individuals, businesses and Organisations who unreservedly support St Barnabas to ensure the continuation of high quality palliative and end of life care for the people for Lincolnshire.



Mr Robert Neilans

Chairman of the Board of Trustees

Trust Board Endorsement of the Quality Account

We, the Trust Board of St Barnabas Lincolnshire Hospice, are pleased to endorse the content of the Quality Account and, to the best of our knowledge the information contained therein is accurate.

Trustee

Paul Banton

David Boldy

Signature




Graham Dawson



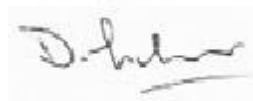
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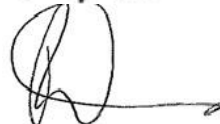
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Introduction

In this quality account, we focus on the quality of care we provide for patients and their families, reflecting back on our most recent year of operation and look forward to our plans for 2017-2018. The priorities we will identify here are shaped by our own board assurance framework and will be integral to our newly developed five year Clinical Strategy. If you would like a copy of this document, please request one via: kate.lightfoot@stbarnabashospice.co.uk.

Our clinical objectives for the next five years are:

1. Achieve an “Outstanding” Care Quality Commission rating and ensure that in all we do we strive to exceed the expectations of those we serve.

2. Ensure that the hospice approach to care and support is understood by, and available to, more people wherever they may be, working always to reach the people who are disenfranchised and disadvantaged. We will work with, and lead, partner organisations to ensure that care is connected and co-ordinated.
3. Engage, enable and support our workforce to develop the skills, knowledge, competence and resilience, developing new roles and professional pathways to be exemplars in innovative models of palliative and end of life care.
4. Utilise co-design and an evidence based and innovative approach to co-ordinate and connect services that are fit for the people of Lincolnshire in the future.
5. Develop therapeutic relationships with patients and their families to maximise comfort and wellbeing to each individual, maximising professional contact, whilst always promoting self and family care.
6. Deliver services that are value for money and achieve positive outcomes for patients, families, communities and the wider health and social care economy.
7. Empower communities across Lincolnshire to become more resilient and to feel confident to identify and support those at end of life.
8. Generate sustainable income streams by working in partnership across the health and social care system to support the sustainability of the organisation.

To achieve our clinical objectives we have developed five programmes of work that together will enable us to support a cohesive approach to delivering the strategy and to ensuring the Trust's strategic goals are embedded and achieved.

Part 2

Priorities for Improvement and Statements of Assurance from the Board (in regulations)

Priorities for Improvement 2016 – 2017

In this section we look back at our achievements for 2016/17.

Priority 1

All staff are prepared to care

What we wanted to achieve

Two elements were identified for this priority

- a. Provision of training and support for external healthcare providers to enable the delivery of consistent quality end of life care for people of Lincolnshire
- b. Strengthening our own internal education programme to sustain and develop a skilled workforce caring for patients with cancer and other life limiting conditions

What we have achieved

- (a) The Trust appointed a Matron and two qualified nurse facilitators to deliver end of life care who are based and work within the acute hospitals Trust in Lincolnshire. Integral to their role has been the implementation of a four week, ward based education programme on six wards at Pilgrim Hospital, six wards at Lincoln Hospital and three wards at Grantham Hospital.

As part of this supportive work each ward identified a palliative link practitioner who is required to attend least two updates per year led by the Specialist Palliative Care Team. Palliative and end of life care e-learning is now mandatory for all staff and each ward and clinical area has been presented with a palliative and end of life care resource file.

This initiative has supported generalists to develop and provide palliative and end of life care skills in the acute care setting. The project has facilitated person centred plans of care based on individual patient preferences, reducing the risk of non-beneficial acute interventions, improve care delivery and discharge planning for recognised palliative care needs earlier in their illness trajectory. The initiative will be sustained locally by the link nurse practitioners on individual wards, in addition, staff will be supported to maintain knowledge and skills by the training department within the acute trust.

The work will continue to be led and developed by the End of Life Care Matron. The Matron also works with our other partners across the health, social and third sector. The support and collaboration of in service development as we look to align our services in order to have the greatest positive impact for the people and their loved ones we care for.

The work of the end of life care facilitators has been nationally recognised and the staff have received an award presented at the Houses of Parliament.

- (b) The Trust's Clinical Educator works alongside our clinical teams including Allied Health Professionals and volunteers on a daily basis to support learning identify training needs and deliver specific clinical skills and competency training. The role also enables a prompt response to new training needs such learning from incidents and implementation of practice updates.

Key projects undertaken by the Clinical Educator during 2016/2017 include:-

Facilitation of training days including Respiratory Care and Pain and Symptom Control with plans for an End of Life Care for Non Cancer patients training day in July 2017.

Supporting the delivery of probationary, induction and mandatory training.

Continued development of the Trust clinical competency framework and database to monitor staff competency progress and training renewal dates. This has enabled improved monitoring and assurance of compliance with training and development requirements. The Trust is currently achieving our target for annual programmes of competencies for clinical staff.

Our clinical educator continues to consolidate links with external training teams including other hospices, the acute Trust and local University to share learning, best practise and resources.

Feedback from line managers and staff is very positive about the new Clinical Educator role within the Trust. They find the additional support and training invaluable in maintaining clinical competence and assuring quality and safety of services provided by the Trust. Over the next twelve months work will continue to maintain staff competence and will also focus on developing pathways of learning and the introduction of more specialist skills such as intravenous cannulation and non-medical prescribing.

“The role of the Clinical Educator within the Trust is constantly evolving. Thanks to the commitment of all our staff I enjoy working with all teams, ensuring their competency and planning training programmes.”

Clinical Educator



Priority Two

Deep dive review of acquired pressure damage and patient falls at the Inpatient Unit.

What we wanted to achieve

The Trust programme for monitoring patient safety indicators identified a slightly higher incidence of Inpatient falls and acquired pressure damage when benchmarked against other hospices of a similar size. The Quality and Governance team wanted to determine if there were specific factors that were contributing to this trend within the patient safety data. Two deep dive investigations were instigated to enable a focussed in-depth review of patient falls and acquired pressure damage. Multidisciplinary focus groups were identified and work streams were allocated and regular meetings planned to review progress and the information gathered.

What we have achieved

The deep dive process was an extremely useful opportunity to explore systems and practice. Initial findings were multifaceted and numerous additional issues were identified that were not anticipated.

Key quality improvement work streams identified include:-

Equipment Review

The group worked with suppliers to review our current dynamic air mattresses and trial newly developed hybrid mattresses together with seated pressure relief. This has resulted in a replacement programme to update our pressure relieving equipment. Plans

are also now in place to upgrade the nurse call bell system that includes an alert if a patient steps out of bed.

Review of record keeping

The deep dive identified a requirement to strengthen record keeping in relation to skin care. The implementation of SSKIN (Skin, Surface, Keep Moving, Incontinence and Nutrition) a national framework for recording tissue viability status has on initial review indicated that record keeping has significantly improved the detail of recording.

Staff Education and training

A Trust wide programme of staff education has been undertaken including pressure damage assessment, strengthening of moving and handling training to include care of the fallen patient and training on new equipment.

Patient Education

Plans to implement a strengthened programme of patient and carer education to promote and support self-management.

Working environment

This project has identified a need to re-evaluate the Inpatient working environment. A full review is in progress with the aim to enhance the lay out of the ward area enabling staff to work alongside patients and families to enhance patient centred care.

Preliminary data has identified that there has been a reduction in falls and acquired pressure damage. Many factors may have contributed to this; however, raising awareness through the two deep dives projects within the multi-disciplinary team has generated numerous quality improvement initiatives. Work streams are ongoing externally for this piece of work and will be integral to our priorities for 2017/18. We have been highly commended and invited to publish the work of the deep dive.

Our award-winning garden at Louth Hospice



Priority Three

Information Management and Technology Systems Review (IMT)

What we wanted to achieve

- a) Review of the electronic clinical record keeping system
- b) Improve functionality through addition of further modules to the Trust electronic reporting system (Datix)
- c) Review of information management technology resources

What we have achieved

- a) One of our specialist nurse practitioners was identified to review the Trust patient electronic clinical recording, system SystmOne. The key focus was to develop a consistent and effective approach to recording clinical information to support patient safety and experience, improve the quality of data entry and communication within teams.

Integral to the review has been the development of a clinical holistic assessment template, designed by clinicians and clinical administration staff, which has led to a significant reduction in duplication of assessment for patients and simplified recording and reporting for staff.

Response to the new template has been positive and staff have been fully engaged throughout the process. The implementation of a leadership structure for SystmOne has supported a programme of quality assurance to ensure the system has effectively evolved to continue to meet the needs of patients and the Organisation.

b) During 2015-16 the Trust implemented two additional Datix modules, complaints and risk management. All staff have received training and the modules are now fully embedded in practice. The new modules integrate fully with the existing incident module and provide a robust reporting and risk management framework. The Trust maintains a good level of reporting and this supports safety and quality across all services.

c) 2015/2016 saw a full review of Trust Information Technology Systems including upgrading of servers and the network infrastructure. This has resulted in a faster more efficient system and improved connectivity across Trust sites. Recruitment of additional staff to our Information Management and Technology (IMT) team has facilitated closer working relationships with our clinical staff providing timely IMT advice, and an on call system has been implemented to further support teams out of hours.

The IMT team are in the process of the introduction of mobile working nursing teams. This will enable our community nurses to complete records and care planning directly with patients and families in their own homes supporting patient centred care and timely record keeping.

The NHS email system has been fully implemented with the Trust to support robust information governance and laptops have been deployed to every member of the community nursing team. This enables staff to perform contemporaneous record keeping and supports access to training and resources to support learning and patient care.

The IMT team are increasingly working in partnership across organisations to support improved integration of IT systems and processes.

Priority 4

Implementation of a dementia strategy

What we wanted to achieve

Our aim was to achieve a more unified approach to the patient dementia journey to redress the quality of care dementia patients experience at the end of life.

What we achieved

The care of patients and families experiencing dementia is integral to our five year clinical strategy. This work is being supported by a nominated specialist nurse practitioner and our end of life care matron. A key element of this project includes developing advance care planning for dementia patients to influence end of life care.

... we see patients in day therapy with early onset dementia and we are able to support them with advance care planning . This can be beneficial to both patient and carer to have these discussions whilst the person has mental capacity and can vocalise any worries and concerns they have about their future care. This can be key in helping them and their carer to be able to concentrate on living their life safe in the knowledge in their wishes for the future have been recorded."

Staff Nurse, Day Therapy.

The Trust has a team of Dementia friends, who have received training and act as advocates and dementia champions supporting staff to deliver the best care to patients and families with dementia who access St Barnabas Services. In addition our staff continue to participate in cross organisational training to upskill and broaden knowledge regarding dementia care. A number of staff are scheduled to attend “Making a difference to Dementia Care”, during the coming year. The Trust’s end of life care matron has been invited to attend and speak to the “students” at a local Dementia Recovery College. The students are people with dementia, their loved ones and carers. This is an 8 week programme and is run every 12 weeks and it is hoped that St Barnabas will continue to support the Recovery College.

As part of our commitment to supporting dementia care at end of life the Trust will continue to support work across the whole health community.



Part 3

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

This section of the quality account looks forward to our priorities for 2017/18.

Priorities for improvement 2017 - 2018

The Board of Trustees and our clinical teams are committed to a culture of continuous development and improvement and will continue to ensure that services evolve to meet patient and carer needs and to widening access to palliative and end of life care for all, in a rural county with many diverse challenges.

The priorities for quality improvement we have identified for 2017/18 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 four priority areas; patient safety, clinical effectiveness, staff development and patient experience.

In addition for 2017- 2018 this quality account will reflect the integral work of Allied Health Professionals and Family Support Services team.

Our links with the wider Lincolnshire health and social care economy, together with strong regional and national relationships will support the ongoing development of our services and enable us to achieve the ambitions identified for 2017 /18.

Day Therapy



Priority 1:

Clinical Effectiveness

To introduce a preceptorship programme for new staff to the Trust with limited experience in palliative care and develop our programme of leadership training for our clinical teams.

Our staff and volunteers are the most important and valuable asset, we will provide our staff and volunteers with education and support to enable them to have the knowledge skills and wellbeing to deliver high quality care

“Wherever I am, healthcare staff bring empathy skills and expertise and give me competent, confident, compassionate care”.

“What’s important to me “. A review of choice in end of life care, DOH 2015.

<https://www.gov.uk/government/publications/choice-in-end-of-life-care>

How have we identified this priority?

We have identified two key elements to this priority:

a. Preceptorship

The introduction of a preceptorship training programme for new staff with limited experience of palliative care will provide a structured framework to enable them to build confidence as an independent professional, develop clinical skills, values and behaviours supporting safe, quality care and be able to deliver the ethos of hospice care to the patients and families of Lincolnshire.

b. Leadership skills

The priority has been identified through the development of our clinical strategy; we know that we have to sustain a culture of continuous learning to effect change and improvement in care. This requires the development of leadership at all levels. We will remove unnecessary hierarchy and processes and support our staff to cultivate the right skills and behaviours that is crucial to effective leadership.

How will this priority be achieved?

This priority will be achieved by:

a. Preceptorship Programme

On appointment line managers will identify staff that will be required to undertake this programme; Preceptorship will be a structured period of transition for newly appointed staff when they start employment at the hospice. The preceptorship programme will be integrated with our current six month probationary process. Once this has been completed the programme will extend to enable staff to develop clinical knowledge but also to gain wider skills such as a broader understanding of the Organisation through shadowing opportunities, problem solving, team working, time management and building personal resilience.

An experienced member of staff will be nominated to mentor new staff through the period of preceptorship providing expertise and support and to facilitate learning opportunities to build confidence and enable staff to provide safe and effective care to patients and their families.

- b.** Leadership skills will be developed through effective line management and role modelling and by formal programmes of learning led by our People Development Team.

Examples of training seminars available to staff include:

Personal Effectiveness

This one-day event to develop personal and team performance – covering the following Learning objectives:-

- Understand how assertive techniques can improve personal and team performance
- Recognise different roles individuals have within teams and how to use these effectively when working with others
- Learn practical tools and techniques to improve communication and time management skills

Leadership Foundation Workshop

This is an all-day event and helps Leaders and Managers understand how to improve individual and team performance – covering the following learning objectives:-

- Gain an insight into own leadership style and recognise which leadership style to use depending on the context/situation
- Understand the difference between leadership and management skills and when to utilise each
- Understand team dynamics and recognise how this can be used to improve team performance
- Define an effective feedback process and gain practical experience of its use

How will progress be monitored and reported?

The priority will be monitored through quarterly reports to St Barnabas Hospice Patient Care Subcommittee and the Trust Education Group. The priority will be project lead by our Clinical Educator, and People Development and Support team with devolved responsibility to line managers. During the period of preceptorship and leadership development, additional protected time will be available for clinical supervision and debrief.





Priority 2:

Patient Safety

Continuation of the project work identified from 2016/2017 of two priority deep dive investigations into Inpatient falls and acquired pressure damage.

Patients are consistently at the centre of their care and support: decisions about care and support are personalised, made with the patient and their wider family as active partners to support care.

"I am asked what matters most to me". "I get good end of life care regardless of who I am, where I live or the circumstances of my life."

"What's important to me ". A review of choice in end of life care, DOH 2015.

<https://www.gov.uk/government/publications/choice-in-end-of-life-care>

How have we identified this priority?

St Barnabas Hospice is committed to supporting and embedding the five safety pledges from the Sign up to Safety Initiative. www.england.nhs.uk/signuptosafety/. These pledges are integral to all of the clinical services provided by St Barnabas. The organisation committed to the pledges during 2014. The pledges have been specifically addressed through our deep dive projects from last year and form part of our quality and performance indicators and commitment to continued exemplary clinical care for 2016/17.

This priority is a continuation of work from the 2016/17 quality account in which two deep dive investigations were undertaken in relation to inpatient falls and acquired pressure damage. Preliminary collation of end of year data indicates there is a reduction in patient falls and acquired pressure damage.

Key work streams and actions were identified from the deep dive projects. The aim of this priority is to embed the learning and further implement identified quality improvement measures to sustain and reduce the incidence of patient falls and acquired pressure damage at the Inpatient Unit.

How will this priority be achieved?

Some of the key “deep dive” work streams to be progressed over the next 12 months include:

- Embed the SSKIN framework with a plan to audit the process during 2017 to determine the effectiveness of the new record keeping framework across all clinical teams
- To continue to review equipment and maintain a programme of upgrades of mattresses and seated pressure relief
- To install an upgraded nurse call bell system which includes an alert for staff for patients who are assessed to be at risk of falls and who may step out of bed without supervision
- To develop the Trust Nutritional Group to include review of nutritional assessments and Trust nutrition policy and procedures
- Environmental review to assess ward design and to assess ways of working for staff to improve patient observation and interaction with our clinical staff
- Plan to redevelop patient and carer education for both falls and pressure damage through notice boards and revised patient information leaflets
- Continued monitoring of record keeping in relation to falls and pressure damage to sustain the improvement
- Continue to develop multi-disciplinary team working to reduce falls and pressure damage and build links with other hospices and organisations to share learning

How will progress be monitored and reported?

The priority will be monitored through quarterly reports from the project leads to St Barnabas Hospice Patient Care Subcommittee and Clinical Governance Committee.

Priority 3:

Clinical Effectiveness

International Integrated Palliative Outcomes Scale (IPOS)

The IPOS is a patient reported outcome measure of global symptom burden which includes items that measure physical, psychosocial, social and spiritual domains in line with an holistic assessment. It allows patients to list their main concerns, to add other symptoms they are experiencing, and to state whether they have unmet information or practical needs. The IPOS includes 10 questions. The original POS has undergone psychometric testing over a period of more than 15 years, with extensive validity and reliability testing and includes Integrated Palliative care Outcome Scale (IPOS)

Ref: Introducing the Outcome Assessment and Complexity Collaborative (OACC) Suite of Measures: A Brief Introduction. Witt J, Murtagh FEM, de Wolf-Linder S, Higginson IJ, Daveson BA

Patients are consistently at the centre of their care and support; decisions about care and support are personalised, made with the patient and their wider family as active partner who support choice.

"I am asked what matters most to me; I get good end of life care regardless of who I am where I live or the circumstances of my life"

"What's important to me ". A review of choice in end of life care, DOH 2015

<https://www.gov.uk/government/publications/choice-in-end-of-life-care>

How have we identified this priority?

Patient reported outcome measurement has a major role to play in improving the quality, efficiency and availability of palliative care. Measuring changes in a patient's health over time and finding reasons for changes, will help the hospice to focus on learning and improve the quality of service provision. The organisation recognises the

importance of measuring patient symptoms and improving consistency in the clinical assessment process.

How will this priority be achieved?

This priority will be achieved by:

Implementation of the IPOS Measure within the Trust

A specialist nurse practitioner will project lead the proposal across all clinical services and integral to this will be gathering and analysis of data to identify patient outcomes and any learning for teams to strengthen symptom control. There will be audit undertaken to monitor the success of the measurement tools with a programme of feedback to clinical teams.

How will progress be monitored and reported?

The priority will be monitored through quarterly reports to the Patient Care Subcommittee, and monthly updates to Clinical Governance Committee. Reports will be generated by the project lead to provide assurance of progress against the action plan. A programme of audit will be undertaken as part of this work stream, to ensure the changes are having a positive impact.





Priority 4:

Patient Experience

Health and Well Being in Palliative and End of Life Care

I live in a community where everybody recognises that we all have a role to play in supporting each other in times of crisis and loss. People are ready, willing and confident to have conversations about living and dying well and to support each other in emotional and practical ways.”

“What’s important to me “. A review of choice in end of life care, DOH 2015

<https://www.gov.uk/government/publications/choice-in-end-of-life-care>

How have we identified this priority?

The mental health and wellbeing of our patients is equally important as their physical health. Supportive social environments, relationships and rehabilitation improve health and wellbeing for the patient, as well as addressing the health and social impact of dying, care and bereavement for carers. Implementation of this support may counteract serious psychological and social morbidities, such as depression, anxiety, or loneliness. Compassionate communities form another important strand in building social resilience that enables people to live well in their own environment with less need to call on health and social care resources.

This priority has been identified through the work of the Trust Family Support Services team. Following a review of our internal services and structure it has been identified that

there are a number of existing specialist teams, volunteers and departments providing health and wellbeing support principally to patients, with some extension of psychological support to a limited number of carers and ongoing bereavement care to the wider community . However it has been identified that there is a need to integrate services to support a more efficient cohesive service to our patients and families.

How will this priority be achieved?

We will:

- Establish an evidence based wellbeing service that integrates complementary therapies, welfare, family support, spiritual care, bereavement and social support
 - Develop common referral and assessment processes
 - Design an integrated wellbeing plan for every patient/client
 - Develop a range of self-help tools to maintain health and wellbeing in the home
 - Promote early identification and access to wellbeing service
 - Develop communities using the consistent companion model

We will identify key result areas and develop a dashboard of measures to monitor progress. These will include

Key Area	Performance Measure
Determine strategy and high level objectives	<ul style="list-style-type: none"> • Number of consultation events • Evidence of engagement with external partners • Publication of well-being strategy
Health and Wellbeing plan	<ul style="list-style-type: none"> • % of patients with a wellbeing plan
Quality indicators	<ul style="list-style-type: none"> • % of patients reporting increased well being • % of carers reporting increased resilience • % of patients reporting fewer GP attendances.
Volunteer Satisfaction	<ul style="list-style-type: none"> • % of volunteers completing volunteer satisfaction survey
Bereavement Care	<ul style="list-style-type: none"> • Demonstrate compliance of Bereavement Care Standards • % of families with children under 12 attending drop in support sessions

How will progress be monitored and reported?

The priority will be monitored through quarterly reports to the Patient Care Subcommittee, Clinical Governance Committee and monthly reports will be generated by the project lead to provide assurance of progress against the action plan.

Priority Five

Clinical Effectiveness

Palliative Rehabilitation

This priority will explore the development of palliative rehabilitation within the Inpatient Unit to ensure patients and their families are able to achieve the best quality of life for as long as possible when living with a life limiting illness.

“Rehabilitative Palliative Care contextualises symptom control in the wider setting of a patient’s function, goals and priorities. The approach actively supports improvement in patients’ symptoms (through nonpharmacological interventions), while enablement-focused approaches to care provision can improve patients’ functional ability.”

(Hospice UK, 2015)

“...maximising service users’ independence and minimising experiences of dependency should be a priority for those working with service users who have life-limiting conditions”. (Cotterell, 2008)

Cotterell P. Striving for independence: experiences and needs of service users with life-limiting conditions. *Journal of Advanced Nursing*. 2008; 62(6):665-73.

Richardson, H. Tiberini, R. (2015), Rehabilitation in Palliative Care – Enabling People to Live Life Fully Until They Die

How have we identified this priority?

Within Lincolnshire there are limited opportunities for daily palliative rehabilitation in an Inpatient Unit. For those people who have a life limiting diagnosis and are experiencing reduced function due to symptoms, progression in disease or acute episode – the Inpatient Unit offers rehabilitation to re-enable a person to return to their preferred place of care and engage in activities of daily living. The Inpatient Unit is a prime resource in which we are able to maximise independence according to patient need and reduce dependence on services improving the health and wellbeing of the individual.

How will this Priority be Achieved?

Scoping work with partner organisations by the Inpatient Unit Physiotherapist has identified that there was no clear pathway and awareness of current use of the Inpatient beds for rehabilitation. St Barnabas has facility at the Inpatient Unit to enable people to improve function prior to them returning to their preferred place of care. The current service provision includes Physiotherapy and Occupational Therapy provision over 5 days a week (3 days of Physiotherapy and 5 mornings of Occupational Therapy cover). In the year 2016/17 - 83 referrals into the Inpatient Unit included the requirement for Occupational Therapy or Physiotherapy out of over 300 referrals (some patients were admitted for multiple reasons).

To enable the people who use our services to live well it is important that we promote the skills and effectiveness of staff working at the Inpatient Unit for those patients who are require daily rehabilitation. As a team of Therapists and as a Hospice we need to ensure our services are utilised effectively and to their maximum skill set and capacity.

Data collection of Therapist activity on the Unit will provide a baseline of initial data of Therapy Services on the Inpatient Unit. The data from the period of April to June 2017 will be collected from SystmOne,(the patient electronic record), to demonstrate the use of the Therapists time and how it is spent on the Unit. Data will also be collected on those people who did not receive rehabilitation input and the reason why. From the data collection an action will be developed to plan for ways for further improving patient pathways into the Unit and education of other Therapists in partnership organisations on appropriate identification of people suitable for palliative rehabilitation.

How will Progress be monitored?

Progress will be monitored through the Allied Health Professional monthly meeting with the Physiotherapist leading on the data collection. Once the data is collected, this will be disseminated to the Trust Quality Improvement and Research Group and progress reports on this priority will be shared quarterly through the Clinical Governance Committee.



Part 4:

Mandatory statements relating to the quality of the NHS service provided

1. 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 2016/17 St Barnabas Lincolnshire Hospice supported the Lincolnshire's four NHS Clinical Commissioning Group priorities with regard to the provision of local specialist palliative care by providing the following services:

- Hospice at Home
- Inpatient Unit
- Hospice in the Hospital (Grantham)
- Palliative Care Co-ordination Centre

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

- Day Therapy
- Occupational Therapy
- Physiotherapy
- Lymphoedema
- Welfare Benefits
- Family Support Services, including bereavement support services

During the reporting period 2016/17 St Barnabas Lincolnshire Hospice provided four 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.

2b. Funding of Services

The income generated by the NHS services reviewed in 2016/17 represents 51 percent of the total income generated from the provision of NHS services by St Barnabas Lincolnshire Hospice.

“What this means:

St Barnabas Lincolnshire Hospice receives NHS funding, through the National Community Contract, for the Hospice at Home service and Palliative Care Co-ordination Centre and partial funding for the Inpatient unit and Day Therapy services. The remaining income, to support the delivery of Day Therapy, Occupational and Physiotherapy and the Lymphoedema service, Family Support Services, including bereavement, and Welfare are generated through fundraising, shops and lottery activity and investment income.

2c. Participation in National Clinical Audit

During 2016/2017 St Barnabas Hospice Inpatient Unit participated in the National Comparative Audit of Red Blood Cell Transfusion in Hospices. (This was the only audit pertinent to our clinical services.) The audit was undertaken concurrently during the period of October – December 2016 and the results submitted in January 2017. We are now awaiting the results.

2d. Research

No patients receiving NHS services provided or sub contracted by St Barnabas Hospice were recruited during 2016/2017 to participate in research

However, over the last year St Barnabas has contributed to two national research studies.

In February 2017 anonymised data was submitted to a study supported by Hospice UK and undertaken by the University of Leeds entitled “National UK study on factors influencing duration of hospice-based palliative care services from referral to death.”

This study aims to explore which factors (such as a patient’s age and condition) might influence the time between a referral to hospice care and death and explore regional variations in the number of days spent in hospice care by patients. This information will be used to generate a benchmark of when patients are referred to hospice care across the UK.

Following an expression of interest submitted by the Hospice in a Hospital in Grantham in January 2017, Hospice UK with the support of NHS England selected St Barnabas Hospice to be part of a Hospice led innovations study. The aim of the study is to identify and evaluate the impact of hospice-associated interventions that successfully reduce the number of days spent in hospital towards the end of life. Participation in this study is ongoing.

Research activity is supported through the St Barnabas new clinical strategy so further work is planned on the research strategy and policy over the coming year.

2e. Use of the CQUIN Payment Framework

2e. Use of the CQUIN Payment Framework

A proportion of St Barnabas Lincolnshire Hospice income in 2015/16 was conditional on achieving quality improvement and innovation goals agreed between St Barnabas Hospice and commissioners, or 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 2015/16 CQUIN payments and for the following 12 month period 2015/16 are available electronically at: www.stbarnabashospice.co.uk

2f. Statement from the Care Quality Commission (CQC)

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 2000.

- *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, LN2 1RE

The Care Quality Commission has not taken any enforcement action against St Barnabas Lincolnshire Hospice during 2016/17.

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2016/17.

The Care Quality Commission undertook an unannounced inspection in March 2016. The report is be available on the CQC website www.cqc.org.uk/directory/1-140658893 and also on the St Barnabas Hospice website www.stbarnabashospice.co.uk.



St Barnabas Hospice Trust (Lincolnshire)

St Barnabas Hospice - Specialist Palliative Care Unit

Inspection summary

CQC carried out an inspection of this care service on 29 March 2016. This is a summary of what we found.

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

We inspected St Barnabas Hospice – Specialist Palliative Care Unit on 29 March 2016. The inspection was unannounced. St Barnabas Hospice is a registered charity covering the county of Lincolnshire.

St Barnabas Hospice – Specialist Palliative Care Unit provides a wide range of services for people who have advanced, progressive illnesses and where the focus is on palliative and end of life care. The services are provided within four settings; an in-patient unit, a day therapy centre, hospice at home services and a palliative care co-ordination centre. Holistic services are delivered by a team of medical, nursing and social work staff, occupational and physiotherapists, counsellors, and chaplains.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and

Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection no-one using the services had any legal restrictions placed upon freedom. We saw that where this had been a necessary action prior to the inspection the provider had acted in accordance with legal guidance in order to protect people's rights.

People were unanimously positive about the services they received from St Barnabas Hospice – Specialist Palliative Care Unit. Without exception they praised the staff for their personalised and caring approach.

People were the focus of and at the heart of the service. They were central to the planning and reviewing of their care packages and those who were important to them were fully consulted. Support for people's spiritual, cultural and emotional needs was an integral part of their care package.

People privacy and dignity were respected in all of the hospice care settings. Their consent was sought before any care was provided. Their views and those of people who were important to them were respected and used to help improve the quality of the services people received.

Staff understood people's needs, preferences and wishes and provided support that took all of these things into account. Staff were well trained and supported to provide care and treatment that was sensitive, warm and respectful. They were knowledgeable about their specialist field of care and took account of how a person's wider medical needs impacted upon their life limiting diagnosis. They were supported to keep up to date with current good practice and research within their specialist field of care

People were supported to stay safe by staff who knew how to recognise and report signs of abuse. Staff also knew how to assess and manage risk in a way that did not limit a person's lifestyle.

People received all of the healthcare support they required. Doctors and therapists who specialised in palliative and end of life care provided support alongside people's GP, community nurses and NHS Trusts. People's nutritional needs met in a personalised way that took account of their preferences and wishes.

People who used the service and those who were important to them praised the way the service was run. Effective leadership and management systems supported a culture of openness and close team working. There was a strong emphasis on providing care that was based on current good practice guidance and relevant research. There was also an emphasis on continuous service improvement which was supported by effective quality assurance systems, close liaison with partner agencies and the local community.

You can ask your care service for the full report, or find it on our website at www.cqc.org.uk or by telephoning 03000 616161

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

St Barnabas Lincolnshire Hospice did not submit records during 2016 /17 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.

2h. Information Governance Toolkit Attainment Levels

St Barnabas Lincolnshire Hospice Information Governance Assessment Report score for 2016/17 was:

Assessment	Stage	Total	Overall Score
Version 14 (2016-2017)	Published	66%	Satisfactory

Satisfactory means that we have attained 100% Level 2 or above compliance, which is the requirement for any organisation to access the NHS's network. Organisations are graded either satisfactory or unsatisfactory.

2i. Clinical coding

St Barnabas Lincolnshire Hospice was not subject to the Payment by Results clinical coding audit during 2016/17 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 5: Review of Activity and Outcomes

The data below provides information on the activity and outcomes of care for patients.

St Barnabas Lincolnshire Hospice

Palliative Care Co-ordination Centre

	Total Number New Patient Referrals	Re- referrals	Percentage of non-cancer referrals	Incoming calls	Outbound calls
2016 /2017	1739	2018	26%	27,132	41,436

“The Palliative Care Coordination Centre provides a central point of communication for health care professionals, care providers, patients and families. The centre is pivotal in coordinating packages of care for patients living with a life limiting illness. The care is tailored to the patients need ensuring the right care is delivered to the right person, at the right time. The PCCC also accept referrals for the Trust Family Support Services, bereavement support and counselling. The team also facilitate an effective process for equipment recall.”

*Clinical Lead Nurse
Palliative Care Coordination Centre.*

Our Palliative Care Coordination Centre Team



Specialist Inpatient Unit Services - Lincoln

	2012/13	2013/14	2014/15	2015/16	2016/17
Total number of patients	190	183	162	169	156
% New patients	93%	93%	97%	93%	93%
% Admissions from patient's own home	60%	56%	63%	69%	59%
% Admission from acute hospital	36%	44%	36%	27%	37%
% Occupancy	74%	81%	83%	80%	75%
% Patients discharged to their home	41%	30%	39%	35%	37%
Average length of stay – cancer	15 days	17 days	18 days	20.1 days	17.4 days
Average length of stay – non-cancer	24 days	12 days	22 days	20.6 days	22 days

“There wasn’t one day that someone didn’t bring a smile to my face”

Thank you so much for all your care and patience- and humour”

Specialist Palliative Care Outpatients					
	2012/13	2013/14	2014/15	2015/16	2016/17
Total number of patients	348	314	319	272	294
% New patients	91%	90%	100%	94.5%	90%
% Re-referred patients	1%	0.3%	0%	0.7%	0.3%
% Continuing patients	9%	10%	0%	4.8%	10.2%

Day Therapy					
	2012/13	2013/14	2014/15	2015/16	2016/17

Total number of patients	944	1736	1802	2073	2377
% New patients	63%	60%	60%	63%	62%
% Re-referred patients	5%	4%	5%	4%	7%
% of places booked but not used	8%	11%	10.2%	13.3%	10.4%
Average length of care	131 days	132 days	159 days	160 days	201 days*

"We appreciate the support and kindness shown to us"

"It has been fantastic"

Hospice at Home					
	2012/13	2013/14	2014/15	2015/16	2016/17
Total number of patients	1640	1851	1718	2073	2144
% New patients	85%	85%	89%	86%	86%
% Re-referred patients	5.2%	7%	7%	6%	9%
% of patients who died at home	79%	86%	80%	84%	85%
% of patients who died in acute hospital	9%	7%	6%	6%	5.8%
Average length of care	43 days	44 days	40 days	30 days	26 days

"It's difficult to improve on your excellent skills"

"Perfectly happy with the service"



Family Support Service													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD

Referrals 2016/17	59	58	52	57	68	62	71	76	47	68	70	72	760
<i>Last Year 2015/16</i>	<i>29</i>	<i>55</i>	<i>56</i>	<i>46</i>	<i>50</i>	<i>67</i>	<i>71</i>	<i>63</i>	<i>60</i>	<i>71</i>	<i>60</i>	<i>66</i>	<i>694</i>

“A big thank you to all those who have supported me in difficult times and enabled me to understand and hopefully deal with my bereavement”

“Thank you for all your wonderful care and understanding I can now see a bigger light at the end of the tunnel. My deepest gratitude to you all”

Welfare Benefits Service					
	2012/13	2013/14	2014/15	2015/16	2016/17
Total Clients	3212	3667	3754	3817	4037
New Clients	1842	1960	1864	1952	2185
Re-referred Clients	1370	1707	1890	1865	1852
Total money claimed on behalf of clients	£6,483,582	£6,956,128	£7,111,426	£7,746,006	£8,077,862

“I don’t know how we would have coped had you had not helped us with all those forms”

“Thank you so much for contacting me it such a relief to know that I will be entitled to some financial help now that I am no longer well enough to work”

Hospice in the Hospital													
	Apr 16	May 16	Jun 16	Jul 16	Aug 16	Sep 16	Oct 16	Nov 16	Dec 16	Jan 17	Feb 17	Mar 17	Total
Admissions	12	15	10	11	12	18	13	9	16	20	13	18	167
<i>Admissions Last Year</i>	<i>17</i>	<i>11</i>	<i>10</i>	<i>16</i>	<i>11</i>	<i>14</i>	<i>19</i>	<i>11</i>	<i>16</i>	<i>11</i>	<i>14</i>	<i>16</i>	<i>166</i>

Beds Available	180	186	180	186	186	180	186	180	186	186	168	186	2190
Beds Occupied	119	124	149	124	101	141	149	152	148	137	132	138	1614
% Occupancy	66%	66%	83%	66%	54%	78%	80%	84%	80%	74%	79%	75%	74%
Last Year	67%	87%	69%	67%	59%	63%	81%	79%	55%	63%	54%	51%	66%

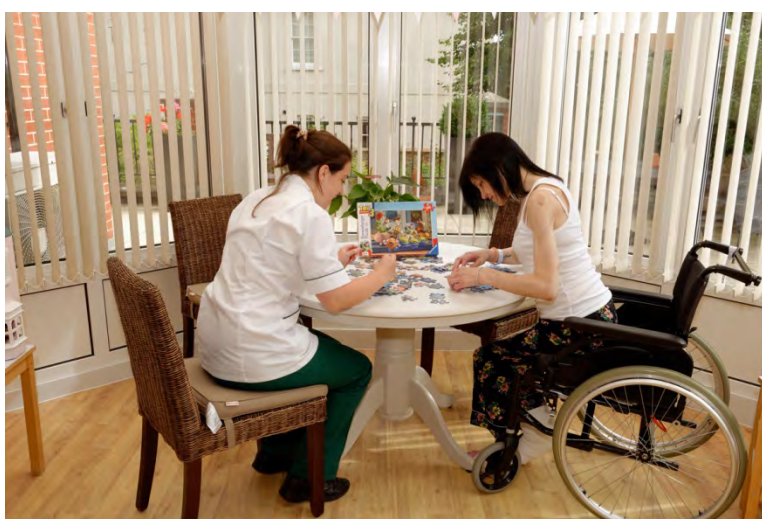
“All the staff at the hospice are wonderful people and my family and I will be forever grateful to them”

“My family were given enormous support during my xxxx final hours in a very caring and calm way”

Allied Health Professionals (Occupational Therapists/Physiotherapists)

Referrals 2016/2017

770



Quality Markers We Have Chosen To Measure 2016/2017

Patient safety and quality of care is monitored by Trust Quality and Governance team. There is a robust level of incident reporting by clinical staff via the electronic reporting system, Datix. The Trust is committed to an open and honest culture by all staff and an apology is given when incidents occur. Transparency, Duty of Candour and learning for teams is integral to our daily work to ensure safe quality care for patients and families accessing our services.

In line with the Statutory Duty of Candour for Health and Social Care Providers (DoH 2014) and CQC (Regulation 20), St Barnabas Hospice has continued to embrace the need for an honest, open culture whereby candour can flourish, individual and team learning takes place and apologies are given to patients and families when incidents occur. Our Director of Patient Care and Lead Nurse for Governance and Quality have undertaken a Masterclass course regarding the legislation and requirements for duty of candour and we have revised our policy and procedures to support legislation and best practice. In addition we have a patient leaflet available to our patients and families to ensure assure best practice.

Complaints

a. Complaints (Clinical Services)

Service area	Upheld	Partially upheld	Not upheld	Pending outcome
Community teams	0	0	0	0
Inpatient Unit	0	0	0	0
Day Therapy	0	0	0	0
Other services	0	1	1	1
Total	0	1	1	1

b. Medication Incidents (Inpatient Unit)

Level	Definition*	Number
1	Error occurred with no adverse effect to patient	1
2	Error occurred increased monitoring of patient required but no change in clinical condition	15
3	Error occurred and some change in clinical condition noted	0
4	Error occurred and additional treatment required	0
5	Error occurred and permanent harm to patient	0
6	Error occurred and resulted in patient death	0
Total		16

*Hospice UK benchmarking definitions

This data shows a slight increase from the previous year (12). The Inpatient Nursing Team have completed mandated medicines management training in the last 12 months. The Ward Manager will be closely monitoring medicines incidents with an aim to reduce the number.

c. Patient Falls (Inpatient Unit)

	2015/2016	2016/2017
Harm Level	Number	Number
None	0	1

Low	25	13
Moderate	0	2
Severe death	0	0
Total	25	16

Patient Falls Day Therapy

Harm Level	2015/2016	2016/2017
Low	4	4

d. Pressure Damage (Inpatient Unit)

Pressure Damage acquired during admission to admission to the Inpatient unit.

2015/2016

Grade 1	13
Grade 2	23
Grade 3	7
Grade 4	1
Total	43

2016/2017

Grade 1	0
Grade 2	17
Grade 3	1
Grade 4	0
Total	22

It is difficult to compare directly the data relating to acquired pressure damage from the previous year with this year as the reporting process has changed slightly. However, the data indicates that there has been a reduction in acquired pressure damage particularly grade 2 and grade 3.

The project work of the two deep dives instigated in 2016/2017, (detailed in priority 2) appears to have had an impact on reducing pressure damage and patient falls. It is acknowledged there may be other factors that have contributed to this reduction. The aim for 2017/2018 is continue the quality improvement measures identified from the deep dive investigations, continue the reduction to support patient safety.

e. Infection Prevention Surveillance (Inpatient Unit)

The Trust undertakes a programme of monthly surveillance to identify any infection issues or trends. The use of antimicrobials is also monitored as part of this surveillance programme to assure robust antimicrobial stewardship.

The number of patients know to be infected with MRSA on admission to the Inpatient Unit	0
The number of patients infected with MRSA whilst on the Inpatient Unit	0

The number of patients with MRSA bacteraemia	0
The number of patients admitted to the Inpatient Unit with C. difficile	0
The number of patients infected with C. difficile whilst in the Inpatient Unit	0
Avoidable Catheter Associated Urinary Tract Infections (CAUTI)	0

A rolling programme of cleanliness audits is undertaken at all clinical bases and any issues are addressed immediately. There have been no areas of significant concern over the last 12 months. In addition, an external infection control is undertaken annually to provide further assurance for the Trust that infection prevention is managed safely and effectively by all teams.

Quality Improvement and Clinical Audit

Clinical audit and quality improvement projects continue to identify good practice and highlight areas for improvement.

The Audit Schedule is managed by the Trust Audit Officer. Staff are encouraged to participate in quality improvement work and support is provided from the Audit and Research Group. Certificates are issued upon completion of projects.

Twenty seven quality improvement projects were planned and completed during 2016-2017, including re-audits for those areas which required additional review. Action plans were developed and completed where required. Examples of changes to practice include the reorganisation of the management of blood transfusions, the introduction of improved patient referral and assessment tools and a replacement programme for mattresses.

This year, the Trust Audit Officer was invited to participate in other healthcare organisation's 'Patient-led Assessments of the Care Environment' (PLACE), in addition to organising a PLACE assessment for St Barnabas – the St Barnabas assessors concluded their assessment with the following statement:

St Barnabas Hospice Inpatient Unit:

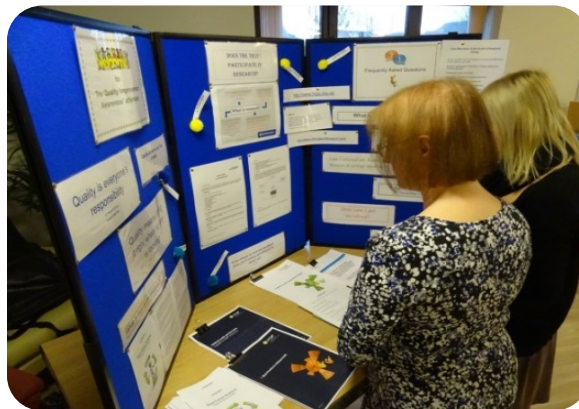
A listed building, well maintained. Extremely friendly & efficient. Extremely clean and tidy. Food excellent. **Overall score 10/10**

Hand hygiene is an annual mandatory audit. A 'Hand Hygiene Campaign' was organised in May 2016 which included assessment of the efficiency and effectiveness of clinical staff hand washing, staff questioning and a competition for the most innovative campaign poster. The campaign was received enthusiastically by staff, with each clinical base participating.

Management of waste is a biennial audit; the process from generation to final disposal was reviewed in February 2017 using a waste audit tool which encompassed all areas of waste management throughout the Trust. Assurance was confirmed from the results that St Barnabas manages waste safely and in accordance with legislation. As a result of the audit, cross shredders are being purchased for each base to replace the confidential waste bins currently in use.

A Quality Improvement Awareness Week was organised in January 2017. Two 'drop in' sessions were held and all staff were invited to attend. Members of the Audit and Research Group were available to answer questions and to explain the processes involved in performing quality improvement projects. The sessions were very enjoyable and provided a valuable opportunity to meet with staff from both clinical and non-clinical teams.

Quality Improvement "drop in" session



A selection of clinical audits/quality improvement projects performed in 2016-17 are listed below:

Mandatory:

- Management of Controlled Drugs (Inpatient Unit)
- Management of General Medications (Inpatient Unit)
- Management of Hazard Alerts (Trust Wide)
- Management of Waste- including management of sharps (Trust Wide)
- Management of Sharps (Inpatient Unit)
- Programme of cleanliness audits across all clinical premises
- External Audit of Infection Prevention & Control within the Inpatient and Day Therapy Units
- Hand Hygiene Campaign(Trust wide)

Additional Selection:

- Patient-led Assessment of the Care Environment (PLACE)
- Completion of the Medical Certificate of Cause of Death
- Electronic Remote Direction to Administer Re-audit
- Responsive Need Tool (RNT) Audit (Palliative Care Co-ordination Centre)
- Quality Assurance of Electronic Record Keeping by Nursing Staff (Trust Wide)
- Pilot of a new referral system for the Inpatient Unit
- Management of Blood Transfusions (Inpatient Unit)

An improvement has been noted this year in the documentation by clinical staff following the implementation and delivery of additional training and support. It is hoped that this improvement will be sustained, as regular monitoring of documentation is being performed by Line Managers.

Feedback 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 and resolve problems and improve the quality of the care we provide. We are always looking for new ways to receive feedback.

Friends and Family Test

As part of national programme hospitals, community services and some hospice units ask patients on discharge from the service if they would recommend the service they provide to their friends and family.

2016/2017

100% of the patients we asked said they would recommend our Inpatient and Day Therapy service to their friends and family

It's the small things ...

We continue to receive comments through the **"It's the small things that make a difference"** postcards. Postcards are provided which can be completed and sent back to us, identifying the small things that have made a difference to the care provided. This is another means by which patients, clients, carers and families can feedback to

us. Below is a selection of comments about the 'small things' that made a difference to our patients during the last year.



The feedback received through both the relatives and patients surveys is an invaluable way for us to understand the service from a service user perspective how we can continue to improve the care we deliver. We have a proactive approach toward quality improvement and we aim to facilitate the best possible outcome for each individual patient and their relative/carer.

Patient and Bereaved Relatives' Surveys (Inpatient Unit):

The Inpatient Unit Patient Survey, sent to 60 patients, from April 2016 to March 2017 had a response rate of 40% (24 patients in total)

The Inpatient Unit Bereaved Relative Survey, sent to 93 relatives, from April 2016 to March 2017 had a response rate of 60.2% (56 relatives in total).

We asked about care and treatment received.

These are some of the responses:

'The kitchen staff went out of their way to provide anything my xxx fancied and the quality of the meals were excellent'

'Staff were always very responsive to the call bell'

'Keep up the brilliant work!'

'Excellent staff providing an excellent service. I felt uneasy about staying, but feel very differently now and thank you for all your help'

'The only comment I have is that the staff are very professional and caring and keep up the good work and do not change a thing'

'I was very comforted by the excellent care and compassion offered whilst my xxx was in St Barnabas care. It is an invaluable service at such a dark terrible time. We were grateful that the hospice was able to arrange a bed so quickly for my xxx to be able to leave hospital and we felt the worry of the move and organisation was handled very well by the staff and took some of the burden at this horrible time'

The volunteers were wonderful and so supportive. Nurses were so kind and couldn't do enough for the entire family'

'Brilliant service and as a family the hospice helped when we most needed it'

'Exceptional advance care planning- well explained and modified as need to meet xxx best interests and care'

'Excellent relationship with chef and her staff; personal contact throughout. Went out of their way to provide good food nicely presented'

'The service and treatment that was afforded to my wife was second to none, your staff are a credit to yourselves. It allowed my wife to pass away pain free and with dignity which could not be improved. Many thanks' 'Brilliant service and as a family the hospice helped when we most needed it'

Specific areas reviewed in response to patient comments:

Involvement of patients in planning of their care

What we are doing: *The Inpatient Unit strives to involve patients and their families as far as possible in the planning of their care. We have a strong patient focus and welcome feedback if there are any learning opportunities identified.*

Staffing levels

What we are doing: *Safe staffing levels are monitored during each shift and any shortfall is escalated immediately to the senior team whereby the situation can be monitored and addressed as soon as possible. We endeavour to maintain the right skill mix relative to patient need. Monthly reports relating to staffing levels are made available to the Executive Team and are published on the Trust website. Daily staffing level information is available to patients and visitors and is displayed in a prominent position on the ward.*

Interruptions during mealtimes

What we are doing: *Within the Unit we operate a 'protected meal time' for patients. Unless there is an urgent nursing or medical need, patients will not be interrupted by staff during their meal unless it is at their request.*

Patient Advice and Liaison Service Information

What we are doing: *The required information is given to all patients at the point of admission. There are also further leaflets and posters on display within the Unit.*

Copies of the surveys are available on the Trust's website:

www.stbarnabashospice.co.uk

Real-time Reporting Surveys

Surveys are given by Hospice at Home staff to patients in their care following 4 home visits. Completed surveys are returned anonymously to the Trust Audit Officer. The surveys provide valuable real-time feedback regarding the current care which the patient is receiving allowing any issues to be reviewed whilst care is continuing.

Although electronic tablets have been offered to patients to record their answers, paper copies of the survey are preferred by the majority of patients.

Comments requiring review are sent to the relevant team by the Trust Audit Officer.

We ask patients if there is anything else which could make their experience better:

'I couldn't make it any better they are all so very pleasant and could not wish for better girls to be in my home'

'Nothing. The staff have been wonderfully supportive and have made a massive difference to my mum's wellbeing'

'We have been overwhelmed by the care and kindness, gentleness and consideration our mother has received and is receiving, we are full of gratitude'

'Being able to thank everyone with St Barnabas Lincolnshire services, they are all fantastic, the care and support given has been outstanding. Without them we do not know how we would have managed'

'A small point but knowing in advance when they are coming would be helpful-a call before? Other matters such as walking dogs could then be slotted in'

'The St Barnabas team have exceeded all my expectations. The team are extremely supportive, caring, kind and considerate. As well as the fantastic care they provide to my father, they have also given me a blanket of reassurance. An excellent service'

'I feel that all the staff who have been to our home to help my husband are truly wonderful – I cannot see that any improvements to the service are needed. Thank you so much'

'Nothing as all staff we came into contact with were lovely. They were very caring not just with my Mum but with all of us as well. XXX who we saw most of was so lovely and caring we can't praise them enough'

'They are extremely caring and compassionate – not just for the patient but also for the family, nothing is too much trouble for them. They have the time for us, either to talk or advise'

Statement of Directors' Responsibilities in Respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice:
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

.....Date.....Chair

.....Date.....Chief Executive

 <p>HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</p>	<p>Statement on St Barnabas's Quality Account for 2016/17</p>
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This statement has been prepared by the Health Scrutiny Committee for Lincolnshire.

Progress with Improvement Priorities for 2016-17

We welcome the progress by St Barnabas Hospice on all its improvement priorities for 2016-17. We note in particular that St Barnabas has received national recognition for the end-of-life care facilitator role. We congratulate St Barnabas on all its achievements over the course of the year.

Improvement Priorities for 2017-18

We support St Barnabas's five improvements priorities for 2017-18 and we look forward to St Barnabas making progress during the year. We are also assured that St Barnabas has put in place arrangements for monitoring progress with priorities in the Quality Account in the coming year.

Presentation and Accessibility of Information to the Public

We believe that the Quality Account includes clear statements on progress with each of last year's priorities; and a clear rationale for the selection of priorities for 2016/17. The document is clearly presented and accessible to a lay reader. Part 5 (Review of Activity and Outcomes) provides a succinct outline of the services provided by St Barnabas.

Welfare Benefits Service

We are pleased that St Barnabas continues with its welfare benefits service, supporting patients and their families to access welfare benefits in excess of £8 million.

Engagement with the Health Scrutiny Committee for Lincolnshire

The Health Scrutiny Committee has welcomed the engagement with St Barnabas Hospice during the last year. The Committee continues to recognise the contribution of St Barnabas to innovation in palliative care, as well as supporting other providers in Lincolnshire.

Conclusion

Again, we would like to congratulate St Barnabas Hospice on its achievements over the last year and the outstanding work undertaken by the organisation.


Lincolnshire West
Clinical Commissioning Group

NHS Lincolnshire West Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the St. Barnabas (the organisation) National Annual Quality Report 2016 – 17.

Reviewing the quality priorities for 2016 – 17 the report gives a number of good examples of activities undertaken during the year to improve patient safety and these include:

- Working both within the organisation and with stakeholders across the health economy to deliver enhanced End Of Life Care
- Two specific projects relating to falls and pressure damage
- The continued development of electronic patient record systems to enable accurate clinical information to be used to inform clinical management plans and treatment

Looking forward to 2017 – 18 the commissioners support the quality priorities selected.

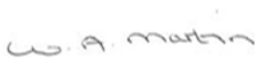
The security of patient information (and all information) is of crucial importance and the commissioners are pleased that the trust has achieved the Level 2 standard of the Information Governance Toolkit.

The organisation has also ensured that the patient voice is heard and used to improve services via a range of patient feedback mechanisms. The commissioners believe that the patient feedback section is very good with detailed with examples of lessons learnt, improvements made and actions undertaken to improve the services of St. Barnabas and the patient experience. Of particular note is the bereaved relative's survey which is very important but needs to be undertaken sensitively at what is a difficult time.

The commissioner can confirm that up to the end of quarter three the organisation has achieved 62.4 % of the years CQUIN monies to date. The commissioner cannot confirm the final quarter 4 position at this moment as the joint commissioner and organisation review, verification and approval process is scheduled for July 2017.

The commissioner confirms that to the best of our knowledge the accuracy of the information presented within the Quality Account submitted is a true reflection of the quality delivered by St. Barnabas based upon the information submitted to the Quality Contract Meetings.

NHS Lincolnshire West Clinical Commissioning Group looks forward to working with the organisation over the coming year to further improve the quality of services available for our population.



Wendy Martin
Executive Nurse
NHS Lincolnshire West Clinical Commissioning Group



Statement - St Barnabas Lincolnshire Hospice

Quality Report for 2017/18

This statement has been prepared on behalf of Healthwatch Lincolnshire and we are pleased to have been asked by St Barnabas Lincolnshire Hospice to make a contribution to their Quality Report.

Priorities for 2017/18

Healthwatch Lincolnshire support the five priorities for 2017/18. The priorities appear relevant to the needs of the patient, families and providers and we hope will result in real tangible improvement for quality of care. We were pleased to see the continuation of the acquired pressure damage and patient falls work based on the outcomes and findings of the 2016/17 priorities, this we feel demonstrates a continually learning organisation which will support both staff and patient outcome preferences in an informed and measured way.

Furthermore we are pleased to see the focus and development of Priority 4, from our own work we have heard how important holistic health and mental wellbeing is for those patients, families and carers and this will support the whole person.

From the quality account we have no reason to believe there are any gaps within the priorities for this forthcoming year. In addition to which Healthwatch are pleased to see and acknowledge within the report clinical objectives for the next five years.

Priorities for 2016/17

We acknowledge the work and progress made with priorities for 2016/17. We were delighted to see the progress made around the implementation of a dementia strategy to address the equality of care for dementia patients and their families particularly at end of life, the early interventions and the support of the advanced care planning was an area raised by St Barnabas as an effective working practice for all patients during our involvement this year at the Day Therapy sites.

Healthwatch Lincolnshire has visited the day therapy sites this year and heard from patients, loved ones and staff about the value that services bring throughout the patient journey and beyond.

Overall, Healthwatch Lincolnshire felt that this is a well presented and easy to understand report which provides clear indicators going forward, we particularly liked the clear referencing to how future priorities will be monitored. We hope these will further develop the services provided to patient, family and staff alike.

Healthwatch Lincolnshire look forward to continuing engagement with St Barnabas and its continued improvement in the services provided to patients.

Our contact details

If you wish to give feedback or comment on this Quality Account please contact:-

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