St Barnabas
Hospice · Care · Support

2018
2019

Quality Account

Find out more at
StBarnabasHospice.co.uk

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Registered Charity No. 1053814

Contents

Acknowledgements

Thank you to the following St Barnabas Hospice staff who have contributed to this Quality Account:

Mr Robert Neilans	Chair of Trustees
Mr Chris Wheway	Chief Executive
Mrs Michelle Webb	Director of Patient Care
Miss Joy Fairweather	Governance Lead
Mrs Kerry Bareham	Nurse Consultant
Miss Nicky Ingall	Clinical Services Business Manager
Mr Mark Mumby Mrs	Lead Nurse
Kim Gunning Mrs	Quality Improvement Officer
Jenny Streather Ms	Allied Health Professional Lead
Michelle Johnson	Physiotherapist
Mrs Mandy Irons	Head of Wellbeing
Miss Jo Wright	Clinical Systems Lead
Mrs Mandy Tapfield	Administration and Support

Part 1:

Introductory Statement by the Chief Executive Officer, Mr Chris Wheway

On behalf of St Barnabas Executive Team and the Board of Trustees, it gives me great pleasure to present the 2018/2019 Quality Account for St Barnabas Hospice.

This account gives us the opportunity to provide information on how we delivered last year's improvement priorities, how we measure and gain assurance about the quality of our services, and to identify the quality actions we intend to introduce during the coming twelve months.

The account provides a summary of the work undertaken throughout 2018/19 by St Barnabas to develop and innovate its services, how they are delivered and how they are run in support of our vision of:

'A world where dying with dignity, compassion and having choices is a fundamental part of life'.

I am proud that St Barnabas continues to demonstrate and to be recognised for its innovation in bringing new approaches to healthcare for the people of Lincolnshire.

The five priorities for improvement projects completed this year are:

- Patient and Public Engagement
- Implementation of* Project ECHO
- Improving the handover of patient care
- Pain management
- Enhancing support for young people

*(*ECHO is an evidenced based education system utilising technology to deliver specialist education to the wider health community).*

I am pleased to report good progress has been made with our priorities for delivering improvement this year. This demonstrates ongoing commitment to improving the quality of care for our patients and families.

The development of a project ECHO hub and dedicated ECHO team has been successfully established to aid raising the awareness of palliative and end of life care and support education to reach patients and staff delivering nursing home care in the County. Twelve nursing homes have taken part in the project to deliver project ECHO, this has reached a total of 432 beds and many staff from each of the providers have benefitted from the programme, developing skills and confidence to provide palliative in their nursing homes.

Our patient and public engagement priority reached many people in our communities and included projects to reach people through our shops, in addition the Hospice was lucky to work in partnership with the "Sensory Bus" – a facility which provides access to a sensory room and multi-sensory equipment – at an open event on the East Coast, this enabled us to open up conversations about death and dying.

It is important for people who receive care in our Inpatient unit, and their families to have opportunities to access our wellbeing services, to be able to enjoy 'every day' conversation and relaxation and remain connected with the outside world. To support this we have established a dedicated ward volunteer wellbeing team and successfully recruited sixteen members of the local community and provided training in a range of therapies.

The Hospice understands that fundamental to good hospice care is the provision of pain management. Our priority to support the development of our clinical teams to provide exemplary pain management has in year one of the projects successfully surveyed clinical staff and collated the results. Following discussion with St Barnabas Hospice Education, further training and development is planned for year two of the project, to support high quality symptom management for patients at end of life.

The Inpatient Unit has successfully completed a project to consider the effectiveness of the handover of patient care. I am pleased to report the work has culminated in nursing staff pledging to participate in regular audit and develop a tool to support nursing handovers to support improved communication and efficiency within the team.

To support the delivery of improving care for young people I am delighted to report that the Hospice has successfully worked with further education establishments and the University of Lincolnshire to extend bereavement support to young people. This has supported students to remain in education and complete their studies and find healthy coping strategies.

Next year's priorities have been developed by the senior clinical team and presented to the Board through the Patient Care Committee for approval.

The projects for the coming year are described and are:

- Developing an Admiral Nurse Service for Lincolnshire
- Developing and embedding the role of the Freedom to Speak up Guardian
- Enabling a rehabilitation approach to care through the use of the St Barnabas Multidisciplinary triage tool
- Improving Equity and Access to Physical Activity within St Barnabas Palliative Care Services
- Further development of the pain management project

St Barnabas is proud to be working in partnership with Lincolnshire County Council and Dementia UK to deliver a project to support patients and families with dementia. I am confident that this project will reach many patients and families, having a positive impact for the people of Lincolnshire

I ensure the quality of care we deliver at St Barnabas Hospice is regularly reviewed and improvements are made as required, and I can confirm the accuracy of this quality account.

Comments on the Quality Account from external local organisations are included.

Chris Wheway
Chief Executive

Trust Board Chairman's Statement

Providing this statement for our Quality Account enables me to reflect on the last year with great pride. To be able to lead this organisation is both an honour and a privilege.

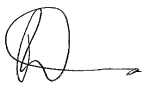
As Chairman, my role is to ensure that the Board of Trustees have all of the necessary information available to provide them with confidence that the hospice's Executive deliver our strategic objectives.

We are all fully satisfied with the transparency and inclusivity of the breadth of reporting to Trustees. This provides the Board with the knowledge and evidence that this is a well-led organisation that firmly has the interest of patients, families and public interest as a priority.

The breath and scope of the priorities we have committed to deliver for the 2019/2020 Quality Account continues to evolve so that hospice care is accessible to more people in Lincolnshire, a firm commitment of St Barnabas.

The success of the work we do is firmly reflected by the ever increasing support that our communities and local business provide to us , which enables our clinical teams to deliver the very best care wherever and whenever patients need it, by staff who are highly skilled and fully committed to giving everyone the best experience of care possible.

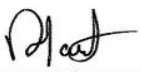
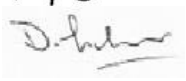
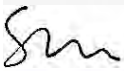
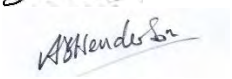
The Board would like me to extend our utmost gratitude to everyone who has supported the hospice, through donations or endeavour and the Executive team and trustees pledge to firmly commit our continued support to the communities we are proud to support in Lincolnshire.



Robert Neilans
Trust Chairman

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	Signature
Mr Robert Neilans	
Mr Tony Maltby	
Mr David Libiszewski	
Dr David Boldy	
Mrs Karen Rossdale	
Mrs Amanda Legate	
Mr Paul Banton	
Mrs Sylvia Knight	
Mr Simon Elkington	
Mr Alan Henderson	
Mr Phillip Hoskins	

Our main hospice premises across Lincolnshire

Lincoln Inpatient Unit

Louth Hospice

Grantham Hospice

Introduction

Welcome to St Barnabas Hospice quality account report which we have written to provide information on the quality of the care we provide to our patients and their families. The report will evidence the high quality of care and the acknowledgment of the work we do in collaboration and partnership with others.

St Barnabas Vision, Mission and Values

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 2019-2020. We will continue to deliver our objectives as detailed in our five year clinical strategy.

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.

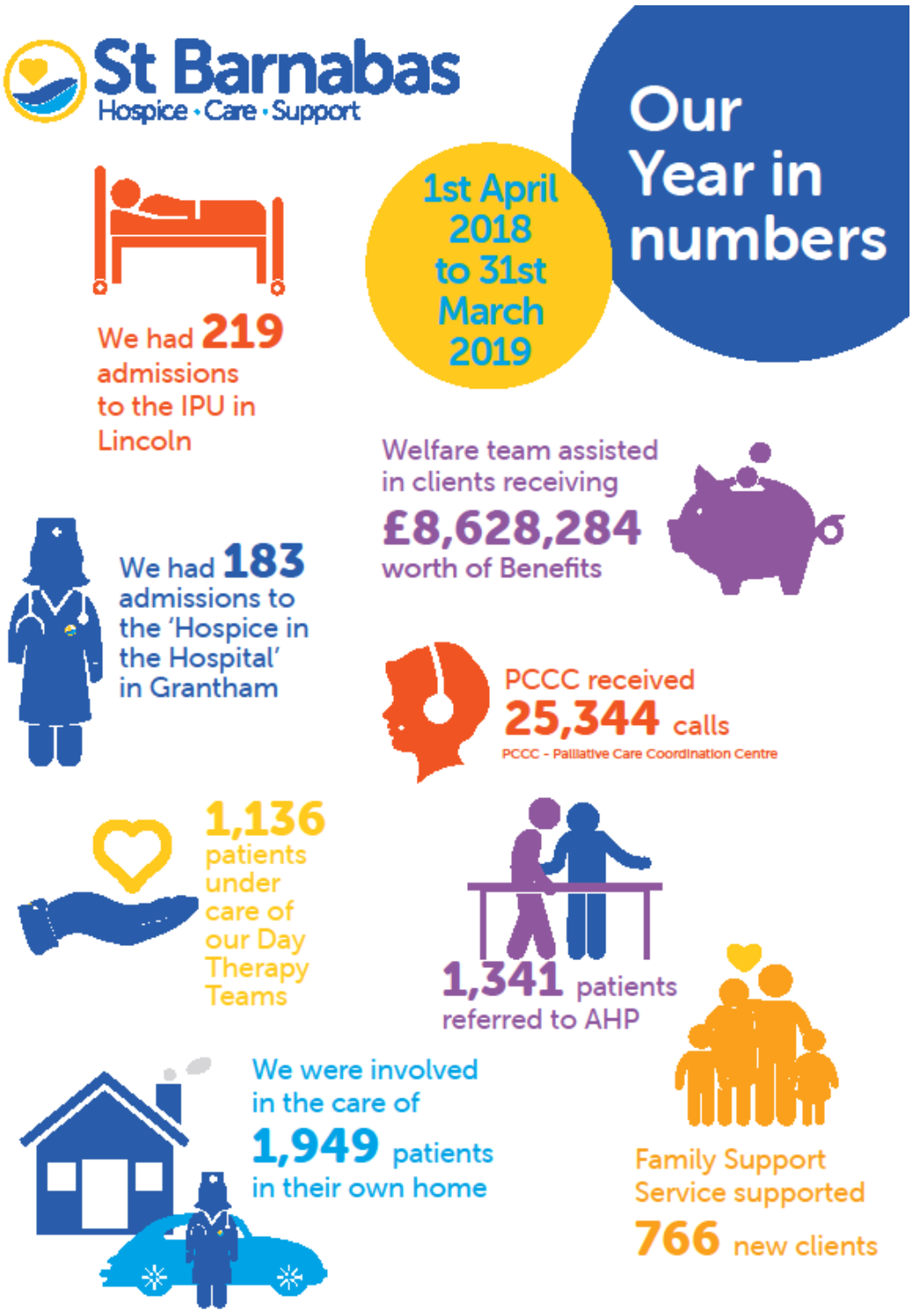
5. Develop therapeutic relationships with patients and their families to maximise comfort and wellbeing to each individual, maximising professional contact, whilst always promoting self and family care.

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.

Our Year in Numbers 2018-2019



Part 2

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

Priorities for Improvement 2018 – 2019

Priority 1: Implementation of Project ECHO

Clinical Effectiveness

What we wanted to achieve?

This priority was identified to improve palliative and end of life care across the health care system in Lincolnshire. Project ECHO is an evidenced based system of education delivering better outcomes than traditional methods without the need to travel to events. ECHO develops a community of practice through a hub and spoke model that shares knowledge and equips clinical teams to share best practice and knowledge using a collaborative approach to support learning with a goal of improving clinical decision making.

What we have achieved?

1. Business case approved by the Hospice UK Project Team to host the initiative.
2. The Project team appointed within St Barnabas Team have attended ECHO immersion training.
3. Equipment and licencing software purchased by the Trust to facilitate the project sessions.
4. Project ECHO working group established to lead and effectively manage the project.
5. Recruitment to the Spokes for the first project sessions.
6. Information governance standards maintained within required policies and procedures.
7. Zoom sessions booked with the Hospice UK Project ECHO Team prior to the launch. The first session was attended by the Hospice UK to support delivery.
8. Evaluation of each session through Survey Monkey, to establish effective outcomes from the training sessions.

The first ECHO 'Community of Practice' has been developed, with twelve care home providers, across Lincolnshire, this equates to supporting 432 nursing/ residential care homes beds in the County.

This initial ECHO network was completed in February 2019. The evaluation feedback from the Care Home participants has been extremely positive.

ECHO evaluation – Participant feedback

All 12 Care Homes participated in the feedback, one participant per care home.

Participant comments are shown below:

- 100% of participants agreed the curriculum was relevant to their needs.
- 83% of participants agreed the curriculum met their objectives.
- 83% of participants agreed the ECHO session provided more professional support.
- 58% of participants responded that most of their learning came from the experts.
- 42% of participants responded that most of their learning came from the other care home participants, through the case presentations and shared learning.
- 83% of participant's self-confidence improved from engagement with the community of practice.
- 100% of participants confirm that they learned something from the engaging and developing a community of education and learning.

What did the Care Home participants learn?

- What clinical considerations to explore to enable a holistic assessment.
- Sharing experiences from other participants and the case presentations.
- Developing a network of contacts for support.
- The complexity of some patient cases and knowing that help can be sought when difficult decisions need to be made.
- ECHO participants commented that it was reassuring that all care providers face the same/similar challenges.

What went well?

- The opportunity to see how learning will be shared and how people become more confident with the process, how beneficial ECHO is.
- Increased awareness of SPICT (*Specialist Palliative Care Indicators Tool)* and how to use this, as an evidenced based tool, to back up your 'gut' feelings. https://www.spict.org.uk/
- Good expert knowledge from the facilitators.
- The case presentations and "bouncing" ideas around with other professionals.
- The discussions between the care homes and the experts and finding out that, others have the same issues. It's a good way to gain knowledge and not feel stupid when asking questions.

What could have made it a better experience for you?

- The sound quality at times can make it difficult to hear, but otherwise a very good experience.
- I can't think of anything at the moment. The experience has been very positive.
- The sound sometimes was not as good as it could have been and there were occasional breaks in internet connections. Otherwise the content and ideas were great.

The team are planning to hold additional sessions, during the next six months with this community of practice, to further identify the learning from the sessions which may have changed practice and improved patient care outcomes for care home residents.

The St Barnabas ECHO Team regularly communicates with Hospice UK and are developing hubs to share learning and best practice to continue to improve session delivery and participant experience.

The Project ECHO Team and participants – May 2019

Priority 2: Patient and Public Engagement

What we wanted to achieve

Many people are reluctant to think and talk about death and dying and the type of treatment and care they may want at the end of their lives. National and local research demonstrates a need for more open conversations around death, dying and end of life care amongst both professionals and the general public. Lack of communication around death and dying means some but not all people are not dying in their preferred place. This can often increase anxiety in families and friends who may need to make important and difficult decisions with a person as they approach the end of their life, and which, in our experience can cause unnecessary distress affecting individuals and families into bereavement. Encouraging conversations in communities about death and dying in a positive and productive way is an important way of engaging and involving people, shaping end of life services along the principles of co-design, promoting advanced care planning and breaking down the taboos that exist in talking about death dying and bereavement.

Projects supported to deliver this priority are:

- Consistent Companions Volunteers modelling what "prepared to help" looks like in the community
- Wellbeing drop in/Help Point sessions – working with local partners to increase awareness, support, advice and supporting community conversations
- Local recruitment to the Wellbeing Volunteer Team supporting the Inpatient Unit (IPU)
- Public Engagement through shops - pilot in development.

What we have achieved

Consistent Companions

The Consistent Companions Service provides unlimited time support to people experiencing palliative illness ensuring that they continue to be active and engage with their local communities for as long as they are able. Companions work on an individual basis with a client, often taking them on social trips and supporting them with hospital visits where necessary. As one client told us – "a weekly visit and a small trip out makes all the difference to us."

Wellbeing Help Points/Bereavement Drop in Sessions

Working with local partners and in local communities we created a number of bereavement help points and Wellbeing 'drop in sessions. Targeting areas on the east coast and in more rural parts of Lincolnshire to create café style environments where people were able to come and talk to members of the wellbeing team and receive support. This enabled more open and informal conversations and the opportunity to be able to signpost into structured bereavement support where necessary. 'Drop in' groups are now well established in local villages for example, Ruskington and Wigtoft near Boston, Sleaford and Skegness and regularly attract 10 - 15 people at each session. Qualitative feedback

from attendees demonstrates a reduction in social isolation and increased community support, with many members organising own local activities and contacts. A number of 'pop' up sessions for example, in the Waterside Centre in Lincoln encouraged local people to engage in conversations about our services and their experiences of end of life care and bereavement support. Visitors benefited from free hand relaxation massage and the opportunity to talk to our staff and volunteers.

The Wellbeing Team were also able to work in partnership with the "Sensory Bus" – a facility which provides access to a sensory room and multi-sensory equipment – at an open event on the East Coast, enabling us to open up conversations about death and dying with local visitors. One attendee told us that she was visiting the area to remember a family member - they had visited many times on holiday – and that she found it difficult to talk to friends and family about her loss. We were able to offer her an opportunity to 'normalise' her grief and share her memories. She told us that talking with one of our members of staff had 'transformed' her visit into a more positive experience, and we were also able to put her in touch with a hospice in her local area for ongoing support.

An invitation to in-reach into Her Majesty's Prison (HMP) North Sea Camp enabled us to establish bereavement counselling and support groups in the establishment, including training for staff and peer mentors. Many residents told us stories of bereavement and loss that they had never been able to share or come to terms with and which had directly impacted on the life choices they had made. We have provided over 100 hours of counselling support to HMP North Sea Camp, and in addition we have also been able to support end of life care in the establishment. Many of the people we have helped have reported improvements in their emotional wellbeing and expressed a wish to volunteer in their local communities in future years to 'give something back'.

Bringing the Community into the Hospice

It is important for people who receive care in our inpatient unit, and their families to have opportunities to access our wellbeing services, to be able to enjoy 'every day' conversation and relaxation and remain connected with the outside world. To support this ambition we established a dedicated ward volunteer wellbeing team.

Following a targeted recruitment drive, we successfully recruited 16 members of the local community and provided training in a range of 'soft' therapies including hand relaxation massage and listening skills. We were delighted to receive applications to volunteer from students at Lincoln University and 6th form Students from local schools to bring a different dimension to the role, helping them to prepare for future careers in nursing and medicine, and acting as ambassadors for hospice care in their local communities. Supervision and ongoing training is provided and we have provided more than 120 hours of volunteer support to the Inpatient Unit. Feedback from patients and their families is excellent, for example, helping a patient to enjoy meals with encouragement from a wellbeing volunteer and improved relaxation following hand massage.

Engagement through St Barnabas Shops

Our shops provide a focal point in local communities and we have used this as an opportunity to encourage the general public who donate and shop there to tell us what they know about our services. Rather than using a traditional questionnaire, we piloted a simple 'postcard' style set of questions for shoppers to complete in selected shops. We collected and analysed more than 40 completed cards and have been able to identify which of our services are well known and where we need to provide more information. This will inform our engagement work going forward and we will continue to use this simple and quick method to gain feedback from the general public.

We also recognise the importance of donating a loved one's clothes or other belongings to one of our charity shops. This is an important part of the grieving process and we have provided ongoing training and support to our shop staff and volunteers to enable them to support members of the public who chose to donate to our shops following bereavement.

Priority 3: Improving Handover of Information about Patient Care

What we wanted to achieve

The Inpatient multidisciplinary team wanted to assure that the current handover process was relevant and efficient to support the effective communication and transfer of information between professionals. NICE guidance (1) recommends handover tools should be relevant to the specific area of patient care.
Quality statement 4: Structured patient handovers. Sept 2018

It is acknowledged that the hospice is a specialist provider and handover guidance should be adapted to ensure it supports the needs of the specialism.

What we have achieved

Nursing staff have participated in small focus groups to explore if the current nursing handover process is an effective mechanism for the communication of clinical information and whether there is any requirement to modify the process to support improved communication and efficiency within the team. It was identified that the current process is satisfactory however it is acknowledged that there is scope to further refine the process.

Quarter	Work Stream
Quarter 1 2018	Scoping of handover process including visits to other hospice and review of literature.
Quarter 2 2018	Small multidisciplinary focus groups to explore and feedback on existing processes.
Quarter 3 2018	Review of feedback and plan to develop audit standards and plan a programme of observational audit.
Quarter 4 2019	Audit proposal approved at Trust Quality Improvement and research group and programmed planned for Q1 and Q2 2019.

The work of the priority identified that the current process was effective and safe however it has provided an opportunity for staff to reflect, review evidence and support refinements to the existing processes.

1. Quality statement 4: Structured patient handovers. Sept 2018
https://www.nice.org.uk/guidance/qs174/chapter/Quality-statement-4-Structured-patient-handovers

Priority 4: Pain Management

What we wanted to achieve

Holistic pain management is pivotal to the provision of specialist palliative care.

"Research shows that one of the things people fear most at the end of their life is being in pain. This may mean that people who wish to die at home have to accept a compromise: if they wish to be at home their pain management may be less effective. This trade-off needs to end." Hospice UK 2017

St Barnabas Hospice wishes to quality assure current practice across our services and identify any areas for development, including education to support high quality symptom management for patients at end of life.

What we have achieved

Quarter 2018-2019	Work Stream
Q1	Scoping and approval
Q2	Implement a baseline assessment
Q3	Review and action plan
Q4	Implement and action plan

The staff survey results were collated during at the End of October 2018. Fifty responses out of a possible 120 were received. While return rate of 42% was disappointing, literature regarding survey response rates suggests that a response rate of between 30-40% is good.

Through discussion with St Barnabas Education and Project ECHO Teams, it has been identified, that the development of a St Barnabas Pain Assessment module through ECHO would be an ideal forum to deliver education for staff. Therefore, a curriculum planning day has now been booked for 13th June 2019 with first ECHO Session to run 2 weeks later. The curriculum will be developed by front line staff and Clinical Leaders including Specialist Nurses, Senior Clinical Service Managers and Clinical Service Managers. The Curriculum will dictate the number of ECHO sessions to be delivered. However, it is anticipated this will be between 6 and 10 to be delivered at monthly intervals.

An action plan will be developed to inform the measureable outcomes for this ECHO. Evaluation will be facilitated through pre and post questionnaires.

These findings have also be shared with Specialist Nurses who are continuing to deliver opportunistic and lunch time education sessions regarding the use of the St Barnabas Hospice Pain assessment Tool and multi-modal pain management. Attendance is recorded and reported to the Education Team.

Priority 5: Enhancing Support for Young People

What we wanted to achieve

St Barnabas Hospice has an outstanding track record in providing bereavement support for adults in Lincolnshire; however it is acknowledged that there is a gap in support for younger people and the aim of this priority was to create bereavement groups designed to meet the specific needs of young adults in Lincolnshire.

What we have achieved

We have successfully worked with two further/higher education establishments in the County to extend bereavement support to young people into two key areas in Lincolnshire.

Working with the Lincolnshire University Wellbeing Team we established the importance of providing bereavement support to students. We aimed to introduce a service which complemented the existing counselling provision by providing specialist bereavement support in an accessible and flexible way. Key issues for students who are bereaved, or have close family members at home who have a palliative diagnosis is the ability to manage their feelings of anxiety, fear, grief and loss in a way which also supports them to maintain their studies, and to find healthy coping strategies.

The Hospice Wellbeing Team introduced a volunteer counsellor into the University Wellbeing Team to orientate her with the complexities and particular needs of university students, safeguarding policies and processes, and other pastoral support as required. The Counsellor – a recent University graduate herself, offers weekly sessions managed through the University Wellbeing Service with whom we liaise closely to ensure a holistic approach to supporting Student Wellbeing. We have provided more than 60 hours of support to students who are bereaved and to students who have a family member affected by a palliative illness.

The model has proved to be extremely successful and has now been replicated in Grantham College.

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 2019/20.

Priorities for Improvement 2019-2020

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 2019/20 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.

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 2019/20.

Priority 1:

Admiral Nurse Service

How has this priority been identified?

Dementia is identified as being one of the most pressing challenges to health and social care on both a local and national level. It is estimated that there are over 850,000 people in the UK with Dementia; the figure is predicted to rise by 1 million by 2025. In Lincolnshire 11,069 people are estimated to have dementia. These figures should be multiplied by between 2 and 4 to ascertain the actual numbers affected including loved ones and carers.

Dementia care is an increasingly important strategic consideration for Hospices, the benefits of a collaborative approach between dementia and Hospice care is starting to be understood, with six Hospices in the UK working in partnership with Dementia UK to employ Admiral Nurses. The organisations' Clinical and Wellbeing Strategies highlight and acknowledge the importance of providing care to those with dementia and support new roles and creative service delivery, to provide best care, by ensuring patient's families and carers receive the best possible end of life care for the person with dementia.

How will this priority be achieved?

In collaboration with the County Council and Dementia UK, St Barnabas Lincolnshire Hospice has developed and commissioned an Admiral Nurse Service for two years. The Team consists of 5.5 whole time equivalent Admiral Nurses including a Team Leader and a 0.3 whole time equivalent coordinator working across the county in partnership with Neighbourhood Teams.

Admiral Nurses are supported and funded by Dementia UK, a national charity that works in partnership with NHS organisations, local authorities and the voluntary sector. Admiral Nurses provide specialist dementia support to patients and families by adopting a whole family approach, including care from diagnosis to post bereavement. The nurses also provide education, leadership, development and support to colleagues, not only in the host organisation but in the wider healthcare community.

Expected Outcomes

Outcome 1: Enhancing quality of life

- Carers on the Admiral Nurse caseload will self-report an improved quality of life
- Carers on the Admiral Nurse caseload self-report improved ability to cope in their caring role (self-care)

Outcome 2: Delaying and reducing the need for care and support

- Case studies illustrate the role of the Admiral Nurse(s) at key touch-points where it is possible to identify impact on likely admission or transfer of care

Outcome 3: Ensuring people have a positive experience of care and support

- Carers on the Admiral Nurse caseload will self-report a positive experience of care and support through their interactions with the service

Outcome 4: Impact on health and social care professionals

- A 'stakeholder survey' with health and social care professionals to explore the impact of the service on areas such as impact on the contact time of other professionals and how well the referral process and pathway worked
- Positive impact on other professionals' caseloads and ability to manage the care of people living with dementia and their carers more effectively.

How will progress be monitored and reported?

This priority will be monitored and evaluated through the development of an Admiral Nurse Steering Group that will oversee and ensure outcomes of service are achieved.

St Barnabas Hospice is currently liaising with Bishop Grosseteste University who are keen to support formal research to support the evaluation of the Admiral Nurse Service.

Internally the priority with be monitored on an ongoing basis through the Clinical Governance Committee.

Admiral Nurses

Priority 2

Freedom to Speak Up Guardian

Patient and Staff Safety

How has this priority been identified?

The Mid-Staffordshire[2] 2005-2009 and Gosport reviews[3] 2018 identified sub-standard care issues, due to care failings at two Hospitals. Freedom to speak up was developed to support staff to raise their concerns about things they are worried may be going wrong, free of fear that they may be treated badly when they do so, and confident that effective action will be taken.

During 2019 the freedom to speak up principles and ambitions of the legislation will be embedded across hospice culture to support anyone to voice concerns and enable voices to be heard safely and confidentially.

How will this priority be achieved?

1. Trust Nominated individuals will attend training including Director of Patient Care and a Trustee Chairman of the Patient Care Committee.
2. Appoint Freedom to Speak up Guardian Lead.
3. Nominate Freedom to Speak up Guardian champions across all Trust clinical and non-clinical services.
4. The speaking up champions will provide training integral to induction and mandatory training for 2019/2020 and ongoing.
5. Poster and media campaign within the organisation to raise the profile of the role and responsibilities.
6. A Trust policy has been developed as a framework to support all staff and volunteers.
7. Six monthly reporting to Trust Board by the Freedom to Speak up Guardian.

How will progress be monitored and reported?

Six monthly reporting to the Patient Care Committee and to Trust Board by the Freedom to Speak up Guardian.

2. https://webarchive.nationalarchives.gov.uk/20150407084003/
3. http://www.midstaffspublicinquiry.com/
4. https://www.gosportpanel.independent.gov.uk/

Priority 3

Enabling a rehabilitation approach to care through the use of the St Barnabas Hospice Multidisciplinary Triage Tool

How has this priority been identified?

Hospice UK (2015) advises that the demand for hospice support is forecast to dramatically increase over the next 20 years and the needs of the population hospices support are changing. People are living longer, with (frequently multiple) chronic illnesses which are complicated further by increased disability, frailty and dependency in the years and months preceding death.

Rehabilitative palliative care is centred on patients' personal goals and provides a culture of enablement, through which the multidisciplinary hospice team support patients to achieve their priorities. It optimises choice, independence, autonomy and dignity.

How will this priority be achieved?

The St Barnabas Multidisciplinary Triage Tool has been developed and co-designed by the multidisciplinary team through a series of workshops with reference to the Hospice UK (2015) Rehabilitative Palliative Care document.

This triage tool has been tested and modified in the North West Quadrant (Lincoln and Gainsborough) and demonstrated that the tool has improved the quality of the initial triage of patient referrals through multidisciplinary discussion, which in turn has enhanced the knowledge of the wider team regarding a rehabilitative approach to care. This has impacted positively on patient care, as patients are seen by the most appropriate clinician on first assessment enabling timely initiation of an appropriate plan of care.

The Specialist Nurse Practitioners and Allied Health Care Professional Lead have leadership responsibility for ensuring that all teams receive training regarding how to use the tool by the end of May 2019.

From 1st June 2019 all new referrals will be triaged using this tool. The tool will also be used alongside the "Four Pillars of Wellbeing" framework (St Barnabas Wellbeing Strategy 2018) to support the Plan for Every Patient discussions which are held daily.

Key performance indicators will also be developed to monitor progress of this priority including enhanced multidisciplinary working, timely access to the most appropriate clinician and person centred care planning.

How will progress be monitored and reported?

This project will be monitored with reports to the Clinical Governance Committee and Patient Care Committee.

Priority 4

Improving Equity and Access to Physical Activity within St Barnabas Palliative Care Services

How has this priority been identified?

How we support people who are living with a palliative condition within hospice services is changing. As well as providing end of life care to the dying, specialist palliative care services are providing holistic palliative care to people with a life-limiting or terminal condition irrespective of diagnosis, and much earlier in their diagnosis. In addition treatments continue to improve, meaning people are living longer with their palliative condition, living and dying with multiple long term conditions, disability and frailty.

Hospice UK in 2015 highlighted that palliative care services need to change to respond to the increasing demand for palliative care services and adapt to meet the changes of our population. Furthermore Hospice UK highlighted that services need to respond to patient's priorities and preferences with this document highlighting palliative rehabilitation being pivotal in how we adapt and change as a hospice to meet the needs for the 21st century.

Research shows that the main priorities for people nearing the end of their life are towards living a normal life and maintaining their independence for as long as possible. In addition literature highlights that reduced physical function and increased dependency is reported as being among the most distressing symptoms and has a significant impact on a persons' quality of life. There is growing evidence to support the importance of physical activity within palliative rehabilitation. Physical activity has the potential to alleviate distressing symptoms such as fatigue and improve quality of life, physical performance and activity levels. Furthermore qualitative research has highlighted that physical activity and exercise is a useful supportive therapy offering patients an element of control, enhanced sense of hope, positivity and return to some sense of normality. This is why promoting physical activity and supporting palliative patients to carry out physical activity is so important and highlights that there should be opportunities for all our patients to participate in physical activity.

Quarter 2019-2020	Work Stream
Quarter 1	• A draft patient information leaflet will be circulated to the reading panel and will include patients in the development process. • Meeting with stakeholders including managers and broader Multidisciplinary Team (MDT) to ensure buy in for project. • Meeting and discussion with MDT/Managers to source room at each site to run exercise classes. • Purchase exercise equipment to support the priority (initially simple, basic equipment as recommended by the Parkinsons activity training guidance.
Quarter 2	• MDT training on the benefits of promoting appropriate physical activity. • Work with SystmOne team in order to adapt templates so all patients are screened regarding their physical activity levels and asked and referred to physiotherapy if they want support in becoming more physically active. • Start referral system for exercise groups and consult with patients on what physical activity and exercise groups they would be interested to participate in. • Plan audit and outcome measures to be used pre and post physical activity groups.
Quarter 3	• Deliver first exercise groups, aiming to run across all day therapy sites taking into account patient preferences.

Quarter 4	• Evaluate audit and ensure patient and staff involvement in future development.

Priority 5

Pain Management Project

How has this priority been identified?

This is a two year Quality Improvement Project. 2019/2020 will see the second year of project completed. The time line and activities for this project are outlined in the tables below and being led and facilitated by St Barnabas Nurse Consultant.

The rationale and ambition for the priority is evidenced the narrative below.

Holistic pain management is pivotal to the provision of specialist palliative care.
"Research shows that one of the things people fear most at the end of their life is being in pain. This may mean that people who wish to die at home have to accept a compromise: if they wish to be at home their pain management may be less effective. This trade-off needs to end." Hospice UK 2017

St Barnabas wishes to continue to quality assure current pain management practice across our clinical services and further identify any areas for development, including education to support high quality symptom management for patients at end of life.

How will this priority be achieved?

Utilising Project ECHO methodology an education curriculum to meet the needs of the workforce will be developed in June 2019 and delivered through Quarter 2 and Quarter 3. As part of project ECHO there will be evaluations of learner outcomes.

A project group consisting of senior clinical leaders within the multidisciplinary team and governance team has been developed. This group will develop an audit tool based on best practice guidance to evaluate clinical practice with regards to pain and symptom management in order to evaluate impact of education on clinical practice.

Year 2

Quarter 2019-2020	Work stream
Q1	Design and seek approval for audit
Q2	Commence Audit
Q3	Collate audit
Q4	Feedback and action plan

How will progress be monitored and reported?

This project will be monitored through quality reports to the Clinical Governance Committee and Patient Care Committee. Additionally quarterly reports will be provided to the Education Group to monitor progress and support any training requirements.

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 2018/19 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
- Day therapy

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

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

During the reporting period 2018/19 St Barnabas Lincolnshire Hospice provided five 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 2018/19 represents 51 percent of the total income generated from the provision of NHS services by St Barnabas Lincolnshire Hospice.

(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 is generated through fundraising, shops and lottery activity and investment income.

2c. Participation in National Clinical Audit

During 2018/2019 St Barnabas Hospice did not participate in National Clinical Audit, as none of the audits were relevant to Hospice care.

2d. Participation in Other Research

St Barnabas hospice remains committed to developing research strategic aims and becoming a "research active hospice" as defined by the framework published by Payne et al[4].

In the year 2018-2019 St Barnabas has successfully linked with the team from the local Clinical Research Network and trained staff in Good Clinical Practice in readiness for increasing research activity. Staff are being encouraged to consider the evidence base for the care they deliver and a hospice journal club has been established.

An MSc student from Sheffield Hallam University has been supported to successfully complete a project entitled "The lived experience of engaging in meaningful occupation for those participating in hospice day therapy." The results are being presented to the Quality Improvement and Research Group and will then be shared wider within the Allied Health Professionals and clinical teams.

St Barnabas has expressed an interest in participating in the PEACE study. This is being led by Nottingham University NHS Trust. The primary aim of the study is to identify and explore how health and social care services provided for people living with incurable oesophago-gastric cancer are described and experienced by patients. This is a multi-site project that has NHS ethics approval already in place.

Evidence from the HOLISTIC study may aid end of life care service redesign, by delivering shared learning across the NHS, hospices and other care providers. Most importantly, it will seek to contribute to the improvement of patient experiences and outcomes, enabling more people to get the support they need at the end of life.

The results from the HOLISTIC study (Hospice-led Innovation Study to Improve Care) which the Grantham Hospice in a Hospital participated in last year are still awaited.

Links with academic partners are being strengthened and several project ideas are being developed with local Universities. These include discussions about the evaluation of the Admiral Nurse role as an example.

4. Payne S, Preston N, Turner M, Rolls L. Research in palliative care: can hospices afford not to be involved A report for the Commission into the Future of Hospice Care. Help the Hospices; 2013.

2e. Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

A proportion of St Barnabas Lincolnshire Hospice income in 2018/19 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 2018/19 CQUIN payments and for the following 12-month period 2019/20 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 200.

- *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 2018/19.

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2018/19.

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

CQC is the independent regulator of all health and social care in England. We are given powers by the government to register, monitor and inspect all health and care services.

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.

2g. Data Quality

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

St Barnabas Lincolnshire Hospice did not submit records during 2018/19 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

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, SystmOne. 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

Data Security and Protection Toolkit Compliance Scores 2018/19

NDG 1. Personal Confidential Data	100% Complete	Met 8/8
NDG 2. Staff Responsibilities	100% Complete	Met 8/8
NDG 3. Training	100% Complete	Met 2/2
NDG 4. Managing Data Access	100% Complete	Met 4/4
NDG 5. Process Reviews	100% Complete	Met 3/3
NDG 6. Responding to Incidents	100% Complete	Met 1/1
NDG 7. Continuity Planning	100% Complete	Met 3/3
NDG 8. Unsupported Systems	100% Complete	Met 2/2
NDG 9. IT Protection	100% Complete	Met 3/3
NDG 10. Accountable Suppliers	100% Complete	Met 1/1

2i. Clinical Coding

St Barnabas Lincolnshire Hospice was not subject to the Payment by Results clinical coding audit during 2018/19 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 2018/2019

St Barnabas Lincolnshire Hospice

Palliative Care Co-ordination Centre					
	New Patient Referrals	Re-referrals	Percentage of non-cancer referrals	Incoming calls	Outbound calls
2017/18	1733	2148	32%	24,948	40,080
2018/19	2469	2752	31%	25,344	39,409

Specialist Inpatient Unit Services - Lincoln				
	2015/16	2016/17	2017/18	2018/19
Admissions this year	158	156	196	214
*Ongoing patients	7	9	7	5
Total Admissions	165	165	203	219
% New patients	93%	93%	87%	89%
% Admissions from patient's own home	69%	59%	56%	65%
% Admission from acute hospital	27%	37%	44%	35%
% Occupancy	80%	75%	75%	75%
% Patients discharged to their home	35%	37%	35%	39%
Average length of stay – cancer	20.1 days	17.4 days	14.7 days	13.2 days
Average length of stay – non-cancer	20.6 days	22 days	17.7 days	16.9 days

Specialist Palliative Care – Other Services			
2018/19	Out Patients	In Reach	Advice/Consultation
Referrals this year	87	21	260
*Ongoing referrals	9	3	16
Total Referrals	92	24	276
Total patients	88	22	253
% New patients	91%	86%	92%

Day Therapy				
	2015/16	2016/17*	2017/18*	2018/19*
Referrals this year	869	817	784	781
*Ongoing referrals	485	559	502	395
Total Referrals	1354	1376	1286	1176
Total number of patients	1288	1320	1221	1136
% New patients	63%	62%	61%	66.5%
% Re-referred patients	4%	7%	2%	4.3%
% of places booked but not used	13.3%	10.4%	12.8%	14.5%
Average length of care	160 days	201 days	220 days	218 days

*The 2017-19 data totals for day therapy is reduced due to the separation of allied health professional contacts into a specific table detailed below. A significant amount of allied health professional work is undertaken in day therapy.

Allied Health Professionals (Occupational Therapists/Physiotherapists)				
	2015/16	2016/17	2017/18	2018/19
Referrals this year	644	815	945	1611
*Ongoing referrals	65	79	96	247
Total referrals	709	894	1041	1858
Total number of patients	513	727	759	1341

Hospice at Home				
	2015/16	2016/17	2017/18	2018/19
Referrals this year	1896	1962	1828	1968
*Ongoing referrals	216	180	189	196
Total Referrals	2112	2142	2017	2164
Total number of patients	1865	1865	1821	1949
% New patients	90.6%	90.2%	90.2%	90.5%
% Re-referred patients	9.4%	9.8%	9.8%	9.5%
% of patients who died at home	84%	85%	85%	89%
% of patients who died in acute hospital	6%	5.8%	6.4%	5.2%
Average length of care	30 days	26 days	26.9 days	29.1 days

*Ongoing = admissions/referrals prior to 1st April each year that continued in to the current years

Family Support Services				
	2015/16	2016/17	2017/18	2018/19
Client Referrals	694	760	656	766

Welfare Benefits Service				
	2015/16	2016/17	2017/18	2018/19
Total Clients	3817	4037	4020	4146
New Clients	1952	2185	2138	2222
Re-referred Clients	1865	1852	1882	1924
Total money claimed on behalf of clients	£7,746,006	£8,077,862	£8,016,259	£8,628,284

Hospice in a Hospital													
	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Total
*Admissions	13	12	15	17	14	15	16	12	15	17	16	18	180
Admissions Last Year	*12*	*12*	*13*	*13*	*10*	*11*	*18*	*12*	*11*	*13*	*12*	*15*	*152*
Beds Available	180	186	180	186	186	180	186	180	186	186	168	186	2190
Beds Occupied	138	120	120	110	130	93	129	126	127	87	133	151	1464
% Occupancy	77 %	65 %	67%	59%	70%	52%	69%	70%	68%	47%	79%	81%	67%
Last Year %	*67%*	*78 %*	*76%*	*68%*	*51%*	*84%*	*61%*	*73%*	*78%*	*69%*	*63%*	*73%*	*70%*

*Ongoing patients in unit prior to 1st April '18 = 3

Part 6

Patient Safety Indicators that we have chosen to monitor 2018-2019

Patient safety and the provision of high quality of care for patients and families are our highest priority and integral to all our clinical services. Standards are continually monitored by Line Managers and the Governance and Quality Team.

The Trust has a Duty of Candour policy in accordance with the Statutory Duty of Candour for Health and Social Care Providers (Department of Health 2014) and Care Quality Commission (CQC) Regulation 20. The Trust embraces the need for an honest, open culture whereby candour can flourish. An apology will be given to patients and families when incidents occur and assurance that all concerns will be investigated and as appropriate, individual and team learning will take place.

- *There have been no never events during 2018/2019.*
- *There have been two occasions when Duty of Candour has been required to be invoked during 2018/19.*

a. Medication Incidents

Level	*Type of incident*	*16/17*	*17/18*	*18/19*
0	*Incident prevented (Near Miss)*	*2*	*7*	*11*
1	*Error occurred with no adverse effect to patient*	*1*	*3*	*3*
2	*Error occurred increased monitoring of patient required but no change in clinical condition*	*15*	*11*	*8*
3	*Error occurred and some change in clinical condition noted*	*0*	*0*	*1*
4	*Error occurred and additional treatment required*	*0*	*0*	*0*
5	*Error occurred and permanent harm to patient*	*0*	*0*	*0*
6	*Error occurred and resulted in patient death*	*0*	*0*	*0*
Total		*18*	*21*	*23*

All medicines incidents are reviewed at the Trust Medicines Management Committee and any themes or learning is shared with teams.

b. New Pressure Damage developed at the Inpatient Unit

Level	Grade of pressure damage	16/17	17/18	18/19
Category 1		1	5	3
Category 2		17	8	17
Category 3		3	2	1
Category 4		0	0	0
Suspected Deep Tissue Injury		1	1	1
Total		22	16	*22

* Root Cause Analysis (RCA) investigations were undertaken for all pressure damage incidence categories 2 and above. The RCAs confirmed that risk assessments and all preventative measures were in place to minimise the risk of pressure damage. There were no safeguarding concerns or concerns identified regarding care delivery.

Analysis of the data evidences that although there is an increase of new pressure damage (predominately category 2) patient admissions to the unit have also increased by 8% in 2018/19 which may have influenced this data.

c. Patient Falls Inpatient Unit

Level of Harm	16/17	17/18	18/19
None	1	23	9
Low	13	2	2
Moderate	2	0	0
Severe	0	0	0
Total	16	25	11

d. Infection Prevention and Control

Infection	16/17	17/18	18/19
The number of patients know to have a Meticillin Resistant Staphylococcus aureus (MRSA) bacteraemia on admission to the Inpatient Unit	0	0	0
The number of patients who acquired a MRSA bacteraemia whilst on the Inpatient Unit	0	0	0
The number of patients admitted to the Inpatient Unit with Clostridium difficile	0	0	0
The number of patients who acquired Clostridium difficile whilst in the Inpatient Unit	0	0	0
Avoidable Catheter Associated Urinary Tract Infections (CAUTI)	0	0	0

e. Complaints Clinical Services

	Upheld	Partially Upheld	Not upheld	Pending investigation
2017/2018	2	1	0	1
2018/2019	3	0	0	1

f. Sign up to Safety

St Barnabas Hospice is registered with the NHS England Sign up to Safety campaign. Continued participation in this project will be integral to our work streams 2019/20.

Part 7: Clinical Audit and Quality Improvement

Quality improvement projects, which include clinical audit and service evaluations, are managed and facilitated by the Quality Improvement and Research Group.
Audit volunteers continue to support quality improvement work and bring added dimensions of knowledge from their previous employments.

During the past year (2018-19) twenty projects were completed together with regular mandatory cleanliness audits conducted at all Trust clinical service bases.

A selection of clinical improvement projects and audits are listed below:

- Management of Safety Alerts received by the Central Alerting System
- Management of Mattresses within the Inpatient Unit
- Electronic Remote Prescribing
- Safeguarding Audit- a review of Datix reporting
- Medicines Management and Controlled Drugs
- Isolation Precautions
- Management of Sharps

Six externally led audits were performed:

- Infection Prevention led by the Health Protection Team
- Controlled Drugs Management led by the East Midlands Accountable Officer
- Nursing and Midwifery Council (NMC) Placement Education Audit led by Lincoln University Academic Auditor
- Two external safeguarding assessments led by the Head of Safeguarding, South West Lincolnshire Clinical Commissioning Group
- Inpatient Assurance visit led by the Lead Nurse for Quality, West Lincolnshire Clinical Commissioning Group.

Three more detailed projects also commenced:

- SPICT 4all (Supportive and Palliative Care Indicators Tool) in care homes with the goals to:
    - Create a community of practice of Care Homes in Lincolnshire focused on improved palliative care.
    - Empower staff to provide improved palliative and end of life care for those in their care.
    - Improve access to palliative care specialists.
- Mortality Reviews within the Inpatient Unit: the development of a mortality review process for the Inpatient Unit to support patient safety, gather information about quality of care and support learning from deaths.
- Holistic Pain Management: to quality assure current pain management practice across St Barnabas services and identify any areas for development.

In addition, an Occupational Therapy student from Sheffield Hallam University approached St Barnabas with a qualitative study proposal to explore the experiences of people diagnosed with a life limiting condition and how they perceive the impact of engaging in meaningful occupation through hospice day therapy. St Barnabas and the Quality Improvement and Research Group were delighted to support this study and offered advice and guidance where required. The Group are eagerly awaiting the final report.

A recent innovation introduced by the Quality Improvement Officer has been the formal recognition of quality improvement in practice (Q☺ IIP). Staff are continually improving processes or ways of working on a day to day basis but these ideas and innovations were not being formally recognised or celebrated. This new innovation aims to identify staff who recognise areas for improvement during their working day, and instigate changes which have resulted in improvement to the quality of the service provided to patients. The resulting certificate presented to the staff member provides formal recognition of their work from the Quality Improvement and Research Group.

Completion of Data Collection

Action plans, recommendations and lessons learned are essential elements of any quality improvement work. Action plans are monitored as to their progress by the Quality Improvement Officer and assistance offered to complete actions if required. Re-audits assess the effectiveness of implemented changes with further recommendations developed if appropriate. Any lessons learned are shared with our clinical teams.

Feedback from Patients and their Families

Surveys can be an effective way of measuring the quality of care provided by St Barnabas.

Inpatient Unit

Surveys are given to patients on their discharge and to bereaved relatives of patients who have died in the Inpatient Unit. All comments and suggestions are reviewed and changes instigated if required.

A poster to display comments received via the surveys is displayed within the Inpatient Unit and updated on a 6 monthly basis.

In addition, a poster displays a selection of the survey questions with the response percentages.

Hospice at Home

Real-time surveys are given to Hospice at Home patients throughout the 4 quadrants (South West, South East, North West, and North East) for patients to complete. Responses are acted on, if required, in a timely way. A poster for display has been provided for each quadrant with patient comments.

There is an example overleaf:

What our patients and families say about St Barnabas Hospice

Absolutely marvellous teams can't fault anything and we are so grateful to all these caring people. Thank you

The care my wife received was always exemplary

All advance care planning was taken care of by staff which was so reassuring for my husband. It brought him peace of mind

The staff went out of their way to cater for my husband at a time when his appetite was poor. He loved it.

I have found the experience really helpful - excellent in fact. The have given me equipment that has helped me enormously and I would never have thought of.

They are a brilliant team, so caring and helpful

It was someone to express our concerns to. At the moment we are living in a wilderness

They are so friendly and can do things that no one else can

They were amazing, friendly, professional staff

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).

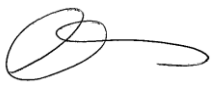
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- 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

28 June 2019  Chair

28 June 2019  Chief Executive

Abbreviation	Meaning
ECHO	ECHO is an evidenced based education system utilising technology to support the delivery of specialist knowledge to the wider healthcare community.
CQUIN Commissioning for Quality and Innovation	A framework which supports improvements in the quality of services and the creation of new, improved patterns of care.
Care Quality Commission (CQC)	The independent regulator of Health and Social Care in England.
Route Cause Analysis (RCA)	Root cause analysis (RCA) is a systematic process for identifying "root causes" of problems or events and an approach for responding to them.
SPICT Specialist Palliative Care Indicators Tool SPICT- 4ALL	The SPICT is a simple tool designed to help health and care professionals identify people who might benefit from better supportive and palliative care, including thinking ahead and planning future care. SPICT- 4ALL aims to make it easier for everyone to recognise and talk about signs that a person's overall health may be declining so that those people and their carers get better coordinated care and support whether they are at home, living in a care home or in hospital.
SystmOne	SystmOne is an electronic patient record system.

NHS Lincolnshire West Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the St Barnabas (the organisation) Annual Quality Account 2018 –19.

The Quality Account provides very comprehensive information on the quality priorities the trust has focussed on during the year. It is pleasing to see the organisation again took a holistic approach in developing the priorities to ensure they contributed to putting patients and their families at the centre of the this development work, this included:

- Good progress on all 5 Quality Priorities
- Project ECHO is a large, complex, multiyear activity (12 pilot care homes in the first year) delivering and sharing clinical best practice to improve clinical decision making
- Patient and Public involvement is particularly good as it is supporting patients and families in non-clinical community based environments. The supporting of prisoners at HMP North Sea Camp was particularly noteworthy.
- Linking into the above providing bereavement support to young people affected by cancer was extremely good

Looking forward to the 2019 – 20 Quality Priorities the commissioner is assured that the approach of considering all aspects of a patients needs is continuing with five quality priorities, including:

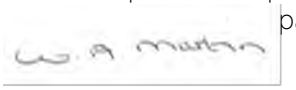
- Improving a patients wellbeing and independence through physical activity
- Enabling rehabilitation through a St. Barnabas developed Multidisciplinary Triage Tool
- Managing a patients pain
- The Freedom to Speak up Guardian will be a valuable resource for staff to raise concerns in a supportive way
- The development of the Admiral Nurse Service with Dementia UK and Lincolnshire County Council for patients also suffering with Dementia is a particularly exciting and forward looking piece of work

The Quality Report has numerous examples of the good work undertaken by the organisation over the past year but the commissioner believes the patient feedback comments on page 45 demonstrate the quality of care delivered by all within the organisation.

The commissioner confirms that to the best of our knowledge the accuracy of the information presented within the working draft of 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.

The commissioner can confirm that this Quality Report has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017, 2018 and 2019. The results of this appraisal have been issued separately to the trust.

The commissioner looks forward to working with the organisation over the coming year to further improve the quality of services available for our population in order to deliver better outcomes patient experience.



Wendy Martin
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NHS Lincolnshire West Clinical Commissioning Group

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Healthwatch Lincolnshire would like to thank St Barnabas for sharing their Quality Account with us for our consideration and comment.

We feel the report is clear and reflects some of the excellent work and practical outcomes the organisation has achieved over the last year.

The following highlights a few areas from 2018/19 and 2019/20 priorities which we wish to comment on.

Priorities for Improvement 2018-2019

We reviewed the developments of last year's priorities with interest in and in particular highlighting below commentary on two specific areas.

Priority 2 – Patient and Public Engagement

It was encouraging to read about the work carried out to bring conversations about death and dying into the public focus. We hope this will continue to be embedded and that additional use of other stakeholders and partners can be utilised to share messages and develop further the dialogue with the public.

Priority 5 – Enhancing Support for Young People

The report demonstrated some really tangible outcomes for supporting young people, and shows the benefits that can be achieved by working in partnership with others. We feel this priority truly put the person at the centre, recognising the different needs of the client groups and developing services to meet that need.

Priorities for Improvement 2019-2020

We support all 5 priorities for the forthcoming year but would particularly like to draw your attention to Priority 1 and 4.

Priority 1 Admiral Nurse Service

We welcome the exciting partnership development with clear outcomes for patients and loved ones.

Priority 4 Access to Physical Activity

The development of this priority and the well documented benefits of engaging with activity we are sure, will add value to those experiencing the service.

Patient feedback to Healthwatch Lincolnshire regarding St Barnabas although limited, has been overwhelmingly positive with the care and compassion of those working in the organisations clearly evident to those using the service.

We hope that we can work with St Barnabas over the coming months to further support the gathering of patient views and experiences.

Sarah Fletcher, Chief Executive Officer

Our contact details

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

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