



Quality Account 2019-2020

Registered Charity No. 1053814

Contents

Page Number

Part 1:

Introductory Statement by the Chief Executive, Mr Chris Wheway

Statement from the Chairman of the Board of Trustees, Mr Tony Maltby

Introduction to Quality Account

Part 2:

Priorities for Improvement 2019-2020

Priority 1:

Admiral Nurse Service

In collaboration with Dementia UK St Barnabas Hospice is working to implement an Admiral Nursing service

Priority 2:

Freedom to Speak Up Guardian

The Freedom to Speak up principles will be embedded across hospice services

Priority 3:

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

Development of a multidisciplinary triage tool to ensure patients are seen by the most appropriate clinician enabling timely initiation of a plan of care

Priority 4:

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

Implementation of a project of physical activity for palliative patients to support wellbeing and independence.

Priority 5:

Pain Management Project

To quality assure current pain management practice across our services and identify any areas for development.

Part 3

Priorities for Improvement 2020-2021

Priority 1:

Deployment of electronic referrals to St Barnabas Hospice integrated community services.

Priority 2:

Improving holistic palliative care – enhancing the quality of family support.

Priority 3:

To enhance the efficiency of medicines management activity on the Inpatient unit and release registered nurses time to care.

Priority 4

Raising the profile of equality and diversity across hospice services.

Part 4:

Mandatory Statements relating to the quality of the NHS services provided

1. Statement of Assurance for the Board

2.

- a. Review of Services
- b. Funding of Services
- c. Participation in National Clinical Audit
- d. Participation in Clinical Research
- e. Use of the Commissioning for Quality and Innovation (CQUIN) payment framework
- f. Statement from the Care Quality Commission (CQC) Summary Report
- g. Data Quality
- h. Information Governance Toolkit Attainment Levels
- i. Clinical Coding

Part 5:

Review of Performance

Data tables page 37 to 39

	Page
Part 6: Patient Safety	
Quality Markers we have chosen to measure	39
a. Medication Errors	39
b. New Pressure Damage	40
c. Falls	40
d. Infection Prevention	40
e. Complaints Clinical Services	41
 Part 7:	
Clinical Audit and Quality Improvement	42
Feedback from patients and relatives on Trust clinical services	44
 Part 8:	
Statement of Directors' Responsibilities in respect of the Quality Account	46
Explanation of Abbreviations	47
Response from Clinical Commissioning Group	48
Response from Healthwatch Lincolnshire	49
Our contact details	50

Acknowledgements

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

Mr Tony Maltby	Chair of Trustees
Mr Chris Wheway	Chief Executive
Mrs Michelle Webb	Director of Patient Care
Miss Joy Fairweather	Governance Lead
Dr Kat Collett	Palliative Medicine Consultant
Mrs Kerry Bareham	Nurse Consultant
Mrs Kim Gunning	Quality Improvement Officer
Mrs Jenny Streather	Allied Health Professional Lead
Mrs Jill Edwards	Senior Clinical Services Manager
Mrs Mandy Irons	Head of Well Being
Mrs Jo Negus	Clinical Systems Lead
Mrs Mandy Tapfield	Administration and Support
Mrs Rose Gray	Freedom to Speak up Guardian

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 2019/2020 Quality Account for St Barnabas Hospice.

Our key priority at St Barnabas Hospice is to ensure high quality care for all our patients, and their families. We pride ourselves on the excellent standards we consistently achieve and continually look for opportunities to enhance the hospice experience for the people accessing our services.

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 five priorities for improvement projects undertaken this year are:

- Admiral Nurse Service
- Freedom to Speak Up Guardian
- Enabling a rehabilitation approach to care through the use of the St Barnabas Hospice Multidisciplinary Triage Tool
- Improving Equity and Access to Physical Activity within St Barnabas Palliative Care Services
- Pain Management Project

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 Admiral Nurse team have been in post for just over a year and I am proud to report that the service has made a significant difference to the care of people with dementia, the team have worked hard across all areas of the County and 599 people have received support through this valuable service. During these difficult and unprecedented times, the service has supported people living with dementia to be cared for at home and have made use of technology to ensure the service could remain in contact with the people who have been most vulnerable in the last few months.

St Barnabas is committed to delivering high quality and safe services and to supporting staff. The appointment of a freedom to speak up guardian as a point of contact for all individuals here at the Hospice has been positively received and our guardian is supporting those staff who require advice with impartiality to ensure the Trust provides a safe environment for employees and others **to speak up** and raise concerns. I am confident this role is embedded here at the Hospice and adds real value in terms of "speaking up".

The nursing teams at the Hospice are committed to ensuring all the patients who require our services get access to the right care at the right time by the right clinician to meet their needs. The priority to make use of a triage tool to support multidisciplinary working has supported staff to have structured conversations to support the best outcomes for patients, and to ensure that precious nursing time is invested in frontline care.

The Allied Health Professional team has been pivotal this year in supporting people who make use of our community services to live well at the end of life. A project has been delivered to support people to engage in physical activity to promote living well. A programme of physical activity has been developed for people to carry out exercise at any level of activity. Our skilled team of allied health professionals has diversified and provided the priority online and through an informative leaflet to ensure some aspects of this priority could be delivered throughout the pandemic.

The Hospice is committed to supporting staff education to improve outcomes for patients. St Barnabas identified a need to quality assure the management of pain across our clinical services and identify any areas for improvement, development and education, to support high quality symptom management for patients at end of life.

The priority leads developed a pain management project plan to utilise project ECHO methodology to build a curriculum to meet the needs of the workforce, a training programme was devised to deliver the education themes

The projects for the coming year are described and are:

Priority 1

Deployment of electronic referrals to St Barnabas Hospice integrated community services.

Priority 2

Improving holistic palliative care – enhancing the quality of family support

Priority 3

To enhance the efficiency of medicines management activity at the Inpatient unit and release registered nurses time to care.

Priority 4

Raising the profile of equality and diversity across hospice services.

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

I am very pleased to share with you the Quality Account for 2019/20. This has been a year of continued change and challenge, but we have managed this without detriment to the delivery of care to our patients across our services, as you will see within the body of the report.

As Chairman, my role is to ensure that the Board of Trustees have all 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 2020/2021 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 businesses provide which enables our clinical teams to deliver the very best of care when and wherever required. Our aim is for our highly skilled and committed staff to give everyone the finest experience of care imaginable. I would also commend our excellent Executive Team who have excelled in providing leadership standards of the highest order and continue to guide and direct us in these difficult times.

The Board would like me to extend our utmost gratitude to everyone who has supported us through donations and endeavour and to assure you that the Board of Trustees and the Executive Team are firmly committed to our objective of providing an outstanding service to the communities of Lincolnshire.

Tony Maltby
Trust Chairman



Trust Board Endorsement of the Quality Account

We, the Trust Board of St Barnabas 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 Tony Maltby

**Mr David Libiszewski
Dr David Boldy**

**Mrs Amanda Legate
Mr Paul Banton
Mrs Sylvia Knight
Mr Simon Elkington
Mr Alan Henderson
Mr Phillip Hoskins**

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



St Barnabas
Hospice • Care • Support

OUR VISION

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

OUR MISSION

Our Mission is to ensure all individuals facing the end of their life in Lincolnshire receive dignified, compassionate care when they require it and where they ask for it.

OUR VALUES

Aiming High

We reach for excellence and set the standard for others to follow. Celebrating individual and collective success and actively looking for ways to be even better.

Being Courageous

We push boundaries and provide challenge – standing up for what is right and supporting others to make a difference across all aspects of our work.

Working Better Together

We recognise the power of community; building connections and relationships which help us make a positive contribution. Respecting and valuing all contributions - we are ONE team, united and inspired by our common purpose.

Having Heart

People are at the centre of all we do. We're proud of our ability to work in tough situations with resilience, empathy and kindness.

Doing It Right

We are ethical, honest and use resources respectfully. Taking responsibility for our actions and doing what we say we'll do – we challenge others to do the same.

In this Quality Account, we focus on the quality of care we provide for patients and their families, reflecting on our most recent year of operation and look forward to our plans for 2020-2021. 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. Maintain the “Outstanding” Care Quality Commission rating awarded in August 2019 and to continue to exceed the expectations of those we serve in Lincolnshire.
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 2019-2020

1st April 2019 to 31st March 2020
Our Year in Numbers

We Supported Approximately 5,000 Patients Through the Following Services

We cared for 215 patients in our hospice In Patient Unit in Lincoln



We cared for 156 patients in the Hospice in the Hospital in Grantham



Palliative Coordination Centre received 2,602 New Patient Referrals



We were involved in the care of 2,217 patients in their own home



1134 patients under care of our Day Therapy Teams



Our Allied Health Professional teams were involved in the care of 1449 patients



Welfare team assisted in clients receiving £9,053,548 worth of benefits



Family Support Service supported 776 new clients



Part 2

Priorities for Improvement and Statements of Assurance from the Board (in regulations). Priorities for Improvement 2019 – 2020

Priority 1:

Patient Experience

Admiral Nurse Service

What we wanted to achieve

In collaboration with Lincolnshire County Council and Dementia UK, St Barnabas Hospice wished to develop and commission an Admiral Nurse Service as a two-year project, with a view to extending to a commissioned service for Lincolnshire. The aim of the project being to demonstrate the value added to carers and people living with dementia who have complex needs through the support of highly skilled specialist dementia nurses.

What we have achieved

- Successful recruitment of a highly skilled Admiral Nurse team.
- By the end of August 2020, the service has received 599 referrals and reached over 1200 people living with dementia and their carers who have complex needs.

Area/Referrals	Year 1 end
Lincolnshire East	241
Boston	66
East Lindsey	124
Skegness and coast	51
Lincolnshire South	153
Bourne	22
South Spalding	77
Stamford	17
Suttons and Holbeach	25
The Deepings	12
Lincolnshire South West	81
Grantham and Rural	40
Sleaford and Rural	41
Lincolnshire West	120
Gainsborough	19
Lincoln city south	37
Lincoln North	39
Lincoln South	25
Not recorded	4
Total	599

During March 2020 the COVID-19 pandemic required the team need to innovate quickly and develop new ways of working through video and telephone consultations.

- Key staff now sit on the Dementia Expert Reference Group (DERG) for Lincolnshire, recognising the Hospice expertise and position as advocates for families living with dementia.
- The team are working on a project with Dementia UK about remote consultation (i.e. video conferencing) and whether this brings any clinical benefit to the carer.
- We continue to work with other partner agencies within the county to work effectively and jointly on areas of mutual interest.
- Our aim for year 2 is to continue to strengthen those ties, continue to develop the team and our offer to people living with dementia in Lincolnshire and strengthen the provision of dementia support within St Barnabas.

Examples of client stated feedback regarding the Admiral Nursing Service.

“It has been a lifeline; don’t know how I would cope without you”

“We are so blessed to have a fantastic service like admiral nurses in Lincolnshire.

The first-year evaluation report will be published at the end of October 2020 and is eagerly awaited to support and inform future commissioning decisions for the service”.

Admiral Nurses



Priority 2

Freedom to Speak Up Guardian

Patient and Staff Safety

What we wanted to achieve

In response to the Mid Staffordshire¹ 2005-2009 and Gosport² 2018 reviews which identified sub-standard care issues at two hospitals, the Freedom to Speak up initiative was developed to support all staff to raise concerns if they are worried about things that may be going wrong. St Barnabas Hospice wanted to embed the principles and ambitions of Freedom to Speak Up across Hospice culture to support any member of staff or volunteer to voice concerns safely, without fear they will be treated unfairly and be confident that effective action will be taken.

What we have achieved

- Nominated Executive Lead, the Director of Patient and Care and a Trustee, the Chairman of the Patient Care Committee, have undertaken Freedom to Speak Up training.
- A Freedom to Speak Up Guardian has been appointed and trained and has been in post since April 2019.
- A Trust Freedom to Speak Up policy has been ratified and available to all staff.
- Six monthly reports are presented to the Trust Board.
- Freedom to Speak concerns are collated anonymously and analysed for any trends and learning opportunities
- The principles of Freedom to Speak up led by the Trust Guardian was integral to 2019/2020 Trust mandatory training.
- Posters and briefings are displayed within the organisation to raise the profile of the Freedom to Speak Up Guardian.
- Two Freedom to Speak Up Champions have been appointed to support the Guardian across all Trust services.

The principles of Freedom to Speak up will continue to be integral to day to day practice and culture at St Barnabas Hospice enabling all staff and volunteers to safely have a voice and speak out should the need arise.



Priority 3

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

Clinical Effectiveness

What we wanted to achieve:

Rehabilitative palliative care is centred on patient personal goals and provides a culture of enablement through which the multidisciplinary hospice team (MDT) support patients to achieve their priorities.

Therefore, the St Barnabas Community Teams identified a requirement to develop an MDT triage tool to facilitate timely access to Hospice services and to the right clinician. The aim of this ambition is to ensure the most effective use of the clinical workforce and achieve the best outcomes for patients and their families.

What we have achieved

The St Barnabas Multidisciplinary Triage Tool was co-designed and piloted by the North West multidisciplinary team with reference to the Hospice UK (2015), Rehabilitative Palliative Care document. The process was initially tested on a trial basis, evaluated and further developed through practice based multi professional education and learning.

Referrals are now triaged using this tool, which includes reference to the “Four Pillars of Wellbeing” framework (St Barnabas Wellbeing Strategy 2018). The information obtained is integral to daily personalised care for patient’s team discussion and the MDT process.

The triage tool has been received positively by staff who recognise its value in facilitating structured and patient centred conversations within the MDT. The team continue to embed and refine the use of the triage tool to inform best outcomes for patients and families. The COVID-19 pandemic has initiated innovation with the use of virtual platforms to receive and discuss referrals enabling the MDT to work remotely. Use of the triage tool has promoted improved the engagement of the wider healthcare community and has freed up time for nurses to care.

Priority 4

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

Patient Experience

What we wanted to achieve

In 2015, the Hospice UK report Ambitions for Palliative and End of Life Care³ highlighted that palliative care services will have to change to respond to the increasing demand for palliative care services, with a requirement to adapt to meet the changing needs our population. This includes an increased focus on living well through palliative rehabilitation with a growing body of evidence which supports the importance of physical activity.

Furthermore, 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. To support this ambition the hospice is promoting a physical activity programme, supporting palliative patients to carry out exercise and provide opportunities for all of our patients to participate in physical activity at whatever level should they wish to do so.

What we have achieved

Quarter 2019-2020	Work Stream
Quarter 1	<ul style="list-style-type: none"> A draft patient information leaflet was circulated to the reading panel and included patient involvement in development of the leaflet. A meeting with stakeholders including managers and the wider Multidisciplinary Team (MDT) was held and the project approved. Meetings held and discussion with MDT/Managers to source a room at each site to run exercise classes. Exercise equipment purchased to support the priority (initially simple, basic equipment as recommended by the Parkinson's activity training guidance.).
Quarter 2	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Delivery of first exercise groups across Day Therapy services <p>The project was beginning to establish and build patient participants; however, the programme of work was unfortunately interrupted due to the Coronavirus pandemic which necessitated closure of face to face day therapy services to date.</p> <p>For the present the ambitions of the priority will continue to be delivered through alternative methods including virtual platforms. For example, the use of exercise video sessions. These are also available on the Trust website. This has had a</p>

	<p>positive response from patients and families with over 300 views from the launch in November 2019.</p> <p>Exercise sessions have also continued as part of home visits by the Allied Health Professional Teams.</p>
Quarter 4	<p>Formal collation of data and planned audit has not been possible due to the restrictions imposed by the pandemic. The planned work stream for quarter 4 has therefore been deferred until January 2021.</p>



St Barnabas
Hospice · Care · Support



Find out more at
01522 518 200
StBarnabasHospice.co.uk
[@stbarnabas.hospice](#) [stbarnabas.hospice](#)

Priority 5

Pain Management Project

Patient Experience

What we wanted to achieve

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 must 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 identified a need to quality assure the management of pain across our clinical services and identify any areas for improvement, development and education, to support high quality symptom management for patients at end of life.

The priority leads developed a project plan to utilise project ECHO which is a web based platform to deliver education across the workforce. Delivering education in this format to health care teams reduces the need for travel and develops strong professional links and communities of practice and expertise.

What we achieved

A curriculum building session was held in August 2019 and the following timetable was developed and delivered until February 2020. However, due to the Coronavirus Pandemic Project ECHO was paused allowing for resources to be prioritised to the front-line clinical services.

Date	Topic
03.10.19	Pain Assessment
31.10.19	Common pharmacological management of pain
28.11.19	Uncommon pharmacological management of pain
19.12.19	Syringe Driver, indications for use.
23.01.20	Managing pain with drug and alcohol misuse
27.02.20	Radiotherapy and pain management
26.03.20	Occupational therapy and pain management
23.04.19	Physiotherapy and pain management

21.05.19	Alternative therapies and pain management
18.06.19	Psychological and spiritual interventions and pain management

However, pain management learning and development continues currently through the daily plan for every patient (which includes personalised care planning), held by the clinical and the weekly Specialist Multidisciplinary Team meetings.

The planned training and development of Project ECHO facilitators also needed to be paused during the spring of 2020 due to Coronavirus pandemic. The aim is to restart the delivery of the remaining four Pain Management ECHO sessions in the winter of 2020. The planned pain management audit has had to be deferred but will be undertaken in 2021 to assess the impact of the learning.

Evaluation

To date 51 clinical staff have engaged with ECHO sessions and overall evaluation of the learning from the session is very positive

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 2020/2021



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 support widening access and equity 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 2020/21 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 2020/21.

Our Quality Account Priority leads for 2020/2021

PRIORITY	LEADS
<p>Priority 1:</p> <p>Electronic referrals for St Barnabas Services</p> <p>In both of our nurse roles we are committed to ensuring nurse time is invested in caring for patients and families.</p> <p>We have designed an electronic referral form to save precious time for all who refer into the Hospice.</p> <p>We are confident that this priority will make a difference to those who refer to our services and to the people we care for.</p>	<p>Kerry Bareham Consultant Nurse</p>  <p>Jill Edwards Senior Clinical Service Manager</p> 
<p>Priority 2:</p> <p>Improving holistic palliative care – enhancing the quality of family support</p> <p>As the Head of Wellbeing for the Hospice I wanted to deliver a priority that would help to support the children of people of our caseloads. I am confident this priority will make a difference to the children whose families are facing end of life.</p>	<p>Mandy Irons Head of Wellbeing</p> 
<p>Priority 3:</p> <p>To enhance the efficiency of medicines management activity at the Inpatient unit and release registered nurses time to care.</p> <p>At our inpatient Unit we are committed to providing outstanding care to our patients. A lot of time is spent checking medicines for our patients. Jake and I and the senior staff on the Unit will commit to this priority to release time to care for patients and to provide greater autonomy and job satisfaction for our senior nurse colleagues on the Unit.</p>	<p>Allison Brown Deputy Ward Sister</p>  <p>Jake Bontoft Registered Nurse</p> 

<p>Priority 4:</p> <p>Raising the profile of equality and diversity across hospice services.</p> <p>We are both equality and diversity champions for St Barnabas. We are committed to ensuring hospice care is accessible and available to all.</p> <p>This priority will support us to champion equality and diversity and will make a difference to the people we care for.</p>	<p>Kat Collett Consultant in Palliative Medicine</p>  <p>Kerry Bareham Consultant Nurse</p> 
---	---

Priorities for improvement 2020-2021

Priority 1

Clinical Effectiveness

Electronic referrals for St Barnabas Hospice Services

How has this priority been identified?

Recommendations for improving access and outcomes for people with palliative care need is reliant on collaborative working between local health and social care providers and recognised as an essential aspect for the transformation of the health social care system with increasing demand (National Palliative and End of Life Care Partnership 2015)³. This includes using resources wisely so that care can continue to be delivered free of charge, with appropriate allocation of resources and reducing inequalities to access.

The Palliative Care Co-ordination Centre (PCCC) now receive all the Lincolnshire system healthcare community referrals for palliative care which has resulted in a 33% increase in referrals received through the service with an active patient caseload of 1600 patients countywide. The PCCC has become a single point of access to support freeing time to care and to simplify and reduce duplication in the referral processes.

This has placed significant demand on the service. Current national documents set out the process for change and recognise the use of technology to aid safe and effective transfer of information through healthcare systems.

How will this priority be achieved?

An electronic referral process will be developed as part of a wider piece of work to transform and standardise the current St Barnabas services referral process.

This innovation will ensure that the most relevant patient information is collated from the referrer and transmitted to the clinician in the local team to triage, in electronic format – supporting the right service, right patient, right time philosophy (National Palliative and End of Life Care Partnership, 2015)³.

The referrer will have a choice of referral methods, which will continue to be collated by the PCCC but allow easier and safer transfer of patient identifiable data, through local systems to the appropriate team. There will also be the option to refer using technology within the patient electronic system SystmOne, between providers to reduce duplication and improve accuracy of data transferred.

Expected Outcomes

Person centred

- A standardised e-referral process that can be used for all health and social care referrals, promoting referral at 'point of access' philosophy and reducing delays in referring to Specialist palliative care services.
- Offer clinicians a choice of referral method.
- Enhanced collaboration and communication between St Barnabas Hospice and with other healthcare providers to promote partnership working.
- Enable the people in our care to have access to best practice and high level of skill and competence.
- Referral through SystemOne to improve accuracy of information and reduce duplication.

System Outcomes

- Increase the number of patient referrals to Specialist Palliative Care (SPC) services.
- Increase the number of electronic referrals received by the PCCC.
- Improved user experience.
- Standardise the referral process for palliative and end of life care.
- Reduction in referral to triage time.
- Improve accuracy of patient identifiable information received.

Key Performance Indicators (KPI)

KPI	Anticipated Data Source	Anticipated Baseline	Anticipated Outcomes
Number of electronic referrals being received by PCCC	PCCC	0% at present	10% (approx. 8 referrals per month)
Improved user experience	Internal and external user qualitative data		Improved user satisfaction
% Reduction in referral to triage time	PCCC and Clinical Teams – process mapping	Scoping required	Reduction in clinical time taken to refer to Specialist Palliative Services.

How will progress be monitored and reported?

An internal task and finish group, initially bimonthly, will meet to monitor, steer the development of and implement the process. Agenda, notes and action log recorded.

Quarterly reporting through St Barnabas Hospice Quality Account and through the Trust Patient Care Committee.

Priority 2

Patient Experience

Improving holistic palliative care – enhancing the quality of family support

How has this priority been identified?

To improve holistic palliative care, healthcare professionals need to have an advanced understanding of the experiences of patients and their families, including the impact on children and young people and family relationships. Most young people will cope with the distressing nature of palliative illness, anticipatory grief and bereavement if their environment is stable, they receive age appropriate information, have their feelings and emotions acknowledged and taken seriously and feel supported when their questions and anxieties are openly and honestly answered. Where this is not the case, evidence suggests that the mental health of children and young people are likely to be negatively impacted with a greater risk of self-harm, poor educational attendance/achievement and greater risk of engaging in anti-social behaviour. Families however often find having conversations about death and dying with children and young people extremely difficult and avoid or delay them and look to professionals involved in their care for advice and guidance.

Hospice teams who build up relationships with the whole family are ideally placed to understand and offer support in this way and to spot potential risks. This project aims to improve the family experience of end of life care by introducing a simple model of family assessment into multi-disciplinary meetings and equipping staff with the skills, knowledge and confidence to initiate conversations, involve and support families, children and young people proactively and appropriately.

How will this priority be achieved?

- Introduce a simple model of family assessment into multi-disciplinary meetings to identify family relationships and potential risk
- Develop and evaluate an education and training package for staff including a resource hub of information signposting and activities
- Improve collection, recording and review of family data and outcomes through SystmOne to inform future development
- We will continue to engage with families to gain their feedback and to shape the priority by making use of a simple patient survey.

How will progress be monitored and reported?

Through review of the Multi-Disciplinary Team (MDT) process.

Six-monthly reporting to the Patient Care Committee and to Trust Board by the Head of Wellbeing Services

Priority 3

Clinical Effectiveness

To enhance the efficiency of medicines management activity at the Inpatient unit and release registered nurses time to care.

How was this priority identified?

A significant proportion of the working day for the Inpatient nursing team includes administration of controlled drugs (CDs) which are used extensively for symptom management in palliative and end of life care. Current practice requires two registered nurses to check and administer CDs. This has the potential to impact on the timely provision of person-centred care.

For example, on review of current practice in a 24-hour period two registered nurses may be required to check and administer controlled drugs for multiple syringe drivers, and as required medications and regularly prescribed CDs. This may equate on average to 5-6 hours of registered nursing time. The introduction of single nurse administration of CDs would enable the second registered nurse to be released back to direct patient care supporting the overall quality and safety of the patient experience.

It is acknowledged that patient and staff safety is always paramount and any change in practice must be undertaken with care. A preliminary risk assessment will be undertaken to analyse the risks and benefits of the project. A comprehensive education and monitoring programme, which will include the assurance of robust checks and balances, will be integral to the phased implementation of the project to ensure staff are supported and confident to progress to the new way of working.

The aim of this priority is to enhance person-centred care releasing registered nurse time to care, generate increased autonomy, job satisfaction and efficient working patterns for the whole nursing team.

How will this priority be achieved?

This priority will be achieved through a phased implementation plan a summary of which is detailed below.

Quarter 2020/2021	Workstreams
Quarter 1 and 2	Phase 1 <ul style="list-style-type: none"> • Undertake a literature review of current controlled drug legislation and guidance • Share aims and rationale for the project with the Inpatient team to elicit feedback and gain engagement with the project • Undertake a risk / benefit analysis identifying parameters, any exclusions for the project and any changes to current practice • Inform and gain approval from the Trust Accountable Officer/ Trust Board and Local Intelligence network

	<ul style="list-style-type: none"> • Plan a pilot project for the transition to single nurse administration of controlled drugs • Identify several key staff to undertake the pilot for single nurse administration of medicines • Revise and update the Trust Management of Controlled Drugs policy.
Quarter 3	<ul style="list-style-type: none"> • October / November – plan an education and mandatory competency programme for the project and schedule delivery of training. <p>Phase 2</p> <ul style="list-style-type: none"> • In December commence pilot project. Project Leads and Inpatient Team to review weekly progress of the project and identification of benefits and any potential areas of concern. • Monitor closely for any incident trends as a result of the change in practice. • Monthly feedback through Clinical Governance Committee and quarterly updates to Medicines Management Committee.
Quarter 4	<p>Phase 3</p> <ul style="list-style-type: none"> • March 2021. Evaluation and report on the outcomes of single nurse administration of medicines for patients and staff <p>Phase 4</p> <ul style="list-style-type: none"> • Plan to extend to all registered nurses.

How will progress be monitored and reported?

This priority will be monitored through monthly reports to the Clinical Governance Committee and Quarterly reports to the Medicines Management Committee and three-monthly reporting to the Patient Care Committee.

Phase 2 will include initial weekly monitoring of the project by the Project Leads and Inpatient Team.

Updates will also be provided to the Local Intelligence Network and Commissioners if required.

Priority 4

Patient Experience

Raising the profile of equality and diversity across hospice services

How was this identified as a priority?

St Barnabas Hospice is committed to ensuring individuals facing the end of their life in Lincolnshire receive dignified, compassionate care when they require it and where they ask for it.

Unfortunately, we know nationally that people from certain groups in society can experience poorer quality care at the end of their lives because providers do not always understand or fully consider their needs. People can be subject to this because of protected characteristics (aspects of a person's identity that make them who they are such as marital status or gender) social demographics or diagnosis. People with protected characteristics can also experience disadvantage or feel unsafe within the workplace.

The reasons for these issues are multi-factorial. They include societal and organisational structural barriers and processes as well as knowledge, beliefs and behaviours by individuals. These barriers are usually difficult to see by people who are not affected by them.

However, we also know that these inequalities can be improved through active consideration of these issues. All organisations have legal responsibilities in this area. Within end of life care, a report by the Care Quality Commission "A different ending: addressing inequalities in end of life care" (May 2016), shows that where commissioners and services take an equality-led approach that responds to people's individual needs, people receive better care.

The current political and healthcare environment due to both the Coronavirus pandemic and the Black Lives Matter movement has highlighted the need to do more to actively address these issues urgently.

St Barnabas Hospice is committed to promoting inclusivity and accessibility for all people who need our help and care. An equality, diversity and inclusion (ED&I) forum was established in October 2018 by a group of interested staff and has already established links with other local organisations and investigated external support available, reviewed workforce policies and provided equality and diversity mandatory training. We want to make sure that we address any inequalities which may prevent people accessing Hospice care in Lincolnshire across the communities we proudly serve by making equality, diversity and inclusion part of everything that we do.

How will the priority be achieved?

The clinical teams supported by the ED&I forum will work to three key workstreams to deliver this priority

- Embed ED&I into the governance structure of the hospice
- Improve knowledge and awareness of equality and diversity issues within organisation.
- Review of protected characteristics data collection for patients who access Hospice care.

Financial Quarters 2020/2021	Priority to deliver/ explore	Outcome
Quarters two and three	Deliver clinical supervision for staff with Equality and Diversity and inclusion as a topic for discussion.	Raise awareness amongst all clinical staff of the relevance of promoting ED&I.
	Undertake a literature review to define strategy.	Develop a strategy that meet the needs of the people cared for by the Hospice.
	Review data collection re protected characteristics both internally and partnership with commissioning team re data collection.	Hospice care and services reflect the needs of the people we provide care for.
	Ensure equality and diversity are added to key meeting agendas and staff are supported to raise and discuss issues.	The profile of equality and diversity issues is raised at senior forums to generate discussion to make it “everyone’s business” and to inform and shape services.
Quarters three and four	Develop a governance and reporting framework for equality and diversity.	A reporting framework for equality and diversity is established and embedded into governance structures within the Trust.
	Develop case review process for any concerns or issues raised with regards to equality and diversity on	To ensure the needs of people of the caseload are met with regards to any protected characteristics.

	<p>patient or client caseloads.</p> <p>Develop a newsletter to share equality and diversity issues and relevant topics.</p>	<p>Share equality and diversity meeting outputs and information with all staff at the Hospice to raise awareness of the equality and diversity issues and promote learning.</p> <p>Consider inviting service users or their representatives to our ED&I forum to share first hand their experiences of hospice services.</p>
	<p>Develop a quality impact assessment for the Hospice.</p>	<p>To ensure a process and framework is available to undertake equality impact assessments.</p>



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 2019/20 St Barnabas Hospice supported the Lincolnshire's four NHS Clinical Commissioning Group priorities regarding 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
- Well Being Services

During the reporting period 2019/20 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 these NHS services.

2b. Funding of Services

The income generated by the NHS services reviewed in 2019/20 represents 43 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, Wellbeing Services (including bereavement) and Welfare is generated through fundraising, shops and lottery activity and investment income.

2c. Participation in National Clinical Audit

During 2019/2020 St Barnabas Hospice did not participate in National Clinical Audit, as none of the audits were appropriate 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 2019-2020 St Barnabas has progressed its ambition to become a research active hospice.

St Barnabas successfully applied to become a participant site 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. St Barnabas opened the study in the IPU and were actively screening potential participants when COVID 19 and lockdown occurred. The study closed early and hence no patients were recruited. The teams learned about the processes and governance needed in order to open as a research study site. The community teams in Lincoln and Grantham were also considering screening and the processes needed to support this.

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.

A project grant has been received for an IPU staff psychological support research study. The project lead is a Doctor and lecturer from the University of Lincoln, who is working closely with the St Barnabas Head of Wellbeing. The title of the study is “The experiences of hospice staff working with dying patients and death”. Although ethics committee approval has been granted however the project has been put on hold due to the Coronavirus pandemic.

A new masters degree Counselling Programme will commence at the University of Lincoln in October 2020. The St Barnabas Head of Wellbeing has been working closely with the University to offer support for the student’s research assessment.

St Barnabas Hospice is working closely with Dementia UK and the Lincolnshire County Council to evaluate the Admiral Nurse role, over a two-year period. This includes working on a research project to provide remote consultations to evaluate if this brings clinical benefit to patients and families.

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

A proportion of St Barnabas Lincolnshire Hospice income in 2019/20 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 2019/20 CQUIN payments and for the following 12-month period 2020/2021 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 2019/20.

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2019/20

The Care Quality Commission undertook an unannounced inspection in August 2019. The report is available on the CQC website: www.cqc.org.uk/directory/1-140658893 and, on the St Barnabas Hospice website: www.stbarnabashospice.co.uk

Care Quality Commission Rating



Last rated
7 November 2019

St Barnabas Hospice Trust (Lincolnshire)

St Barnabas Hospice - Specialist Palliative Care Unit



Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding
Responsive?	Outstanding
Well led?	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/1-140658893

We would like to hear about your experience of the care you have received, whether good or bad.

Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

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 2019/20 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 systems 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



NHS Digital Data Security and Protection Toolkit [Register](#) [Log in](#)

[← Organisation search](#) [Organisation search](#) [News](#) [Help](#)

ST BARNABAS HOSPICE TRUST (LINCOLNSHIRE)

Organisation code: 8A260
Address: INPATIENT UNIT, 36 NETTLEHAM ROAD, LINCOLN, LINCOLNSHIRE, ENGLAND, LN2 1RE
Primary sector: Charity / Hospice

Publication history

Status	Date Published
19/20 Standards Met	28/07/2020
18/19 Standards Met	27/03/2019

2i. Clinical Coding

St Barnabas Hospice was not subject to the Payment by Results clinical coding audit during 2019/20 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 2019/2020

St Barnabas Hospice

Palliative Care Co-ordination Centre

	New Patient Referrals	Re-referrals	Percentage of non-cancer referrals	Incoming calls	Outgoing calls
2017/18	1733	2148	32%	24,948	40,080
2018/19	2469	2752	31%	25,344	39,409
2019/20	2602	3081	35%	26,751	41,490

Specialist Inpatient Unit Services - Lincoln

	2016/17	2017/18	2018/19	2019/20
Admissions this year	156	196	214	204
Patients in beds on 1 st April (start of year)	9	7	5	11
Total Admissions	165	203	219	215
% New patients	93%	87%	89%	91%
% Admissions from patient's own home	59%	56%	65%	50%
% Admission from acute hospital	37%	44%	35%	50%
% Occupancy	75%	75%	75%	72%
% Patients discharged to their home	37%	35%	39%	31%
Average length of stay – cancer	17.4 days	14.7 days	13.2 days	13.4 days
Average length of stay – non-cancer	22 days	17.7 days	16.9 days	12.5 days

Specialist Palliative Care – Other Services				
2019/20	Outpatients	In Reach	Advice/Consultation	*Community Clinical Nurse Specialists
Referrals this year	97	24	298	225
*Ongoing referrals	30	1	45	0
Total Referrals	127	25	343	225
Total patients	116	25	341	225
% New patients	74%	96%	87%	100%

* Community Clinical Nurse Specialists – two full time posts funded from 2019 Winter Pressures programme. Two experienced palliative care nurses work at Lincoln and Boston Hospital alongside adult social care to support early identification and recognition of those people who would benefit from hospice care.

Day Therapy				
	2016/17	2017/18	2018/19	2019/20
Referrals this year	817	784	781	748
*Ongoing referrals	559	502	395	417
Total Referrals	1376	1286	1176	1165
Total number of patients	1320	1221	1136	1134
% New patients	62%	61%	66.5%	64.8%
% Re-referred patients	7%	2%	4.3%	3.1%
% of places booked but not used	10.4%	12.8%	14.5%	17.4%
Average length of care	201 days	220 days	218 days	183.5 days

Allied Health Professionals (Occupational Therapists/Physiotherapists)				
	2016/17	2017/18	2018/19	2019/20
Referrals this year	815	945	1611	1594
*Ongoing referrals	79	96	247	290
Total referrals	894	1041	1858	1884
Total number of patients	727	759	1341	1449

Hospice at Home				
	2016/17	2017/18	2018/19	2019/20
Referrals this year	1962	1828	1968	2266
*Ongoing referrals	180	189	196	138
Total Referrals	2142	2017	2164	2404
Total number of patients	1865	1821	1949	2217
% New patients	90.2%	90.2%	90.5%	92.9%
% Re-referred patients	9.8%	9.8%	9.5%	7.1%
% of patients who died at home	85%	85%	89%	88%
% of patients who died in acute hospital	5.8%	6.4%	5.2%	5.8%
Average length of care	26 days	26.9 days	29.1 days	30.9 days

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

Well Being Services				
	2016/17	2017/18	2018/19	2019/20
Client Referrals	760	656	766	776

Welfare Benefits Service				
	2016/17	2017/18	2018/19	2019/20
Total Clients	4037	4020	4146	4552
New Clients	2185	2138	2222	2376
Re-referred Clients	1852	1882	1924	2176
Total money claimed on behalf of clients	£8,077,862	£8,016,259	£8,628,284	£9,053,548

Hospice in a Hospital

	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19	Jan 20	Feb 20	Mar 20	Total
Admissions	10	15	17	13	11	17	12	12	10	11	7	16	151
<i>Admissions Last Year</i>	13	12	15	17	14	15	16	12	15	17	16	18	180
Beds Available	180	186	180	186	186	180	186	180	186	186	174	186	2196
Beds Occupied	115	167	101	134	140	130	134	135	157	124	108	101	1548
% Occupancy	64%	90%	56%	72%	75%	76%	72%	75%	84%	67%	62%	54%	70%
<i>Last Year %</i>	77%	65%	67%	59%	70%	52%	69%	70%	68%	47%	79%	81%	67%

There were 6 patients in unit on 1st April 19 (start of Year)

Part 6

Patient Safety Indicators that we have chosen to monitor 2019-2020

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 2019/2020.
- There was **one** occasion when there was a requirement to invoke Duty of Candour during 2019/20. The Trust Duty of Candour policy and procedure were fully adhered to.

a. Medication Incidents

Level	Type of incident	17/18	18/19	19/20
0	Incident prevented (Near Miss)	7	11	3
1	Error occurred with no adverse effect to patient	3	3	18
2	Error occurred increased monitoring of patient required but no change in clinical condition	11	8	2
3	Error occurred and some change in clinical condition noted	0	1	0
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		21	23	23

All medicines incidents are reviewed at the Trust Medicines Management Committee and any themes or learning is shared with teams. Noted is the increase in level one incidents where the incident occurred but no harm to the patient. This is a result of a minor trend of medicine omissions. Learning for staff has been shared regarding avoiding interruptions and distractions when administering medication to ensure focus is maintained.

b. New Pressure Damage developed at the Inpatient Unit

Level	Grade of pressure damage	17/18	18/19	19/20
Category 1		5	3	2
Category 2		8	17	11
Category 3		2	1	1
Category 4		0	0	0
Suspected Deep Tissue Injury		1	1	3
Total		16	22	17

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 lapses in care delivery.

c. Patient Falls Inpatient Unit

	17/18	18/19	19/20
None	23	9	2
Low	2	2	10
Moderate	0	0	1
Severe	0	0	0
Total	25	11	13

d. Infection Prevention and Control

Infection	17/18	18/19	19/20
The number of patients known to have a Methicillin 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
2019/2020	3	2	4	0

Part 7: Clinical Audit and Quality Improvement

The last twelve months have been productive in terms of quality improvement projects and audit. The Quality Improvement and Research Group have continued supporting and monitoring projects as required, although staff have grown in confidence in managing their own projects. This work has proved invaluable in both identifying good practice and processes and instigating changes if required.

Infection Prevention and Tissue Viability Link Practitioners have also performed audits within their own teams. This has enhanced their link role in addition to increasing their experience at performing quality improvement work. It is envisaged that link nurses from additional specialities will perform audits in the future.

Audit volunteers continue to support quality improvement work and bring an added dimension of knowledge and expertise.

The table below details the schedule of quality improvement work completed in 2019-2020. Also listed is ongoing work including extended audit project.

Audit	Month
Patient Group Directions (PGDs)	May 2019
Healthcare Waste Assurance	May 2019
Oxygen cylinder storage Inpatient Unit	May 2019
Management of Controlled Drugs	May 2019
Handling of Sharps	June 2019
Allied Health Professional Recording of Patient Infection Status on Assessment	June 2019
Effectiveness of Outcomes of Interventions Used in Day Therapy	July 2019
Safeguarding	July 2019
Management of Safety Alerts	July 2019
Skin Surface Keep Moving Incontinence Nutrition (SSKIN)	August 2019
Management of Mattresses	September 2019
Management of Waste Inpatient Unit	October 2019
Information Governance and Business Continuity Trust Wide	October 2019
PLACE (patient led assessment of the care environment)	October 2019
Management of General Medicines	November 2019
Medical Discharge Summary review	November 2019
External Infection Prevention Assurance Audit	December 2019
Reusable Medical Devices	December 2019
Management of Isolation Nursing	January 2020
ReSPECT documentation (Recommended Summary Plan for Emergency Care and Treatment.)	February 2020
Management of Controlled Drugs	May 2019
Handwashing Audit	Ongoing 2019
Cleanliness / Tidiness Audits across Trust Clinical Premises	Ongoing 2019 -2020

Extended audits	
<ul style="list-style-type: none"> Staff Documentation: A documentation audit performed by line managers was commenced in 2019-20 and will continue into 2020-2021. Documentation within patients' electronic records is being reviewed, in line with national standards, and individual feedback given to staff which includes both areas of good documentation and areas for improvement. Staff have commented that this provides reassurance and guidance relating to robust comprehensive documentation Mortality Review: The process is now embedded into the Trust Quality Improvement Programme. A policy is been developed to support the process and data is reported to the Patient Care Committee six-monthly. 	
Plan Do Study Act (PDSA) reviews	
<ul style="list-style-type: none"> Ceiling of Treatment Ceiling of Treatment is intended to add clarity to patient escalation plans and ensure effective communication between health professionals. 	
PLAN	The 'Ceiling of Treatment' was developed and agreed by the medical team
DO	Introduced in August 2019
STUDY	'Snapshot' review of all patients records in the Inpatient unit on a specified day
ACT	Required changes acted upon and staff queries discussed.
<ul style="list-style-type: none"> Blood Transfusion In line with recommendations from the National Comparative Audit of Red Blood Cell Transfusion in Hospices 2016 and current NICE guidelines, the St Barnabas Blood Transfusion Policy was reviewed and updated with some changes to practice. 	
PLAN	Revise St Barnabas Blood Transfusion Policy and gain approval. Update patient information leaflet. Purchase Hemocue (point of care HB testing)
DO	Updated policy introduced to staff and staff training sessions delivered
STUDY	Review of completed blood transfusion documentation. Staff questioning.
ACT	Required changes acted upon and staff queries discussed.
Prolonged service development projects	
<ul style="list-style-type: none"> Management of Pain Practice development on remote consultation (Admiral Nursing Team) 	

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.
Additional information regarding some projects and audits performed this year

PLACE:

St Barnabas participated in the Patient-led Assessment of the Care Environment (PLACE) and were delighted to welcome a bereaved relative and a member of Healthwatch as part of the assessment team. Each area was reviewed together with a food tasting session at lunchtime. Results were published nationally, and an action plan developed. The day of assessment is planned to minimise any disruption to the Inpatient Unit and maximise assessor enjoyment of the day. PLACE assessment findings provide useful information for enhancing the Inpatient environment and will inform future refurbishment planning.

Feedback from Patients and their Families

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

The current patient and relative surveys are in process of review with the aim of condensing the number of questions, whilst ensuring that essential information is captured. The review commenced in 2019-20. However, the Coronavirus pandemic which affected services from the beginning of March has delayed the finalisation of the new format.

Inpatient Unit

Response rates (as recorded below) for the patient and bereaved relative surveys from the Inpatient Unit for the year 2019-20 are as accurate as possible as distribution of the surveys was discontinued in early March 2020 due to the Coronavirus pandemic.

Bereaved Relatives

Response Rate	
Number of forms sent to relatives	123
Number of forms returned	63
Percentage total of forms returned	51.2%

Patients

Response Rate	
Number of forms sent to patients	59
Number of forms returned	31
Percentage total of forms returned	52.5%

Any responses requiring further actions are initially followed up by the Quality Improvement Officer who liaises with the respondent and the relevant team involved.

This graph below illustrates the response from the Friends and Family Test within the Inpatient Unit Bereaved Relatives Survey for 2019-20. There were no detractors.

Hospice at Home

Realtime reporting continued during 2019-20 with a change to the process. Patients are now given the survey during the first visit and can complete it if they wish at any time whilst receiving care. The surveys were put on hold at the beginning of March 2020 due to the Coronavirus pandemic.

They are helpful and tell you everything they are doing and show you so you understand. They are one in a million.

The team could not have been more compassionate and caring. My family and I wish to express our gratitude for their empathy and professionalism.

All the staff have been wonderful to me. Am so grateful for their care.

Wonderful, caring staff.

Lovely, helpful and professional always.

They are the best staff to have, love them all for what they do for my Dad, they make you feel safe with them all, thank you so much.

Relatives Friends and Family Test
April 2029-March 2020



Extremely Likely
Likely
Not answered

What our patients and families say about St Barnabas Hospice

The food and service were excellent, a great choice

My daughter and myself were overwhelmed by the wonderful care my husband was given and all the kindness we all received at such an emotional and sad time

The hospice is an amazing place. My brother was only in a few days at end of life. The care was excellent

Absolutely amazing people

We have been treated beautifully and with real professionalism during my late husband's end of life care. Your team make such a difference and really care at such a difficult time

They are the best staff to have, love them all for what they do for my Dad, they make you feel safe with them all, thank you so much

The staff were utterly wonderful, kind, professional and treated my friend with care and compassion. We are so glad he got a bed at the hospice.

St Barnabas are the best

My stay in St Barnabas could not have been better, all the staff were so pleasant, the meals excellent. I have nothing but praise for the hospice and all the staff

We could not be more satisfied with the wonderful support given by the St Barnabas Team

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

29 September 2020

Mr Tony Maltby
Chairman

29 September 2020

Mr Chris Wheway
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.
Care Quality Commission (CQC)	The independent regulator of Health and Social Care in England.
Root 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.
SystmOne	SystmOne is an electronic patient record system.
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment.
PEACE study	Identifying compassionate oesophagogastric cancer service care: exploring patient experiences and expectations in England, United Kingdom.
Multi-Disciplinary Teams Meetings (MDT)	MDT is an abbreviation of ‘multidisciplinary team’. Every cancer patient is discussed by a team of relevant specialists, to make sure that all available treatment options are considered for each patient.

References:

1. The Mid Staffordshire NHS Foundation Trust Public Inquiry 2013
<https://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/>
2. The Gosport Independent Panel Report
<https://www.gosportpanel.independent.gov.uk/>
3. Ambitions for Palliative and end of life care 2015-2020
<https://endoflifecareambitions.org.uk>⁴.
4. 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. Payne S, Preston N, Turner M, Rolls L.

Lincolnshire Clinical Commissioning Group

NHS Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the St Barnabas (the organisation) Annual Quality Account 2019–20.

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

- Establishing the Admiral Nurse Service in conjunction with Lincolnshire County Council and Dementia UK. The project supports carers and people living with dementia who have complex needs with highly skilled dementia nurses and to date the service has helped 1200 people in Lincolnshire.
- The Freedom to Speak Up Guardian initiative was developed in response to the Mid Staffordshire and Gosport reviews which identified sub-standard care issues at two hospitals. The initiative supports all staff to raise concerns if they are worried about things that may be going wrong within the organisation. St Barnabas have made a firm commitment to this valuable process by appointing two executive leads, one who is a trustee and two champions from within the organisation.
- The management of pain within the home can be a particular concern for patients and their carer's. The organisation recognised this and undertook a project to ensure the quality of the pain management provision across all of the clinical services. Areas for improvement were identified, development opportunities and an education programme was developed. To support all of the above an electronic web-based toolset was implemented and to date 51 staff have been trained with very positive feedback.

Looking forward to the 2020 – 21 Quality Priorities the commissioner is assured that the approach of considering all aspects of a patients needs is continuing with:

- St Barnabas is an integral part of the local health and social care system, the commencement of electronic referrals for hospice services will use technology to aid safe and effective transfer of patient information through healthcare system.
- The hospice teams recognise that palliative care affects not only the patients but their families as well and these teams are well placed to understand and offer support. This is particularly so with young people who need age appropriate information, have their feelings and emotions acknowledged and taken seriously and feel supported when their questions and anxieties are openly and honestly answered. An education and training package for staff including a resource hub of information signposting and activities shall be developed to support this important work.

- The administration of control drugs within the hospice is to be revised to enable one nurse (currently two nurses) to undertake the activity. The time released will enable the nurses to have “more time to care”. Patient Safety is paramount and a preliminary risk assessment is to be undertaken to analyse the risks and benefits of the project. A comprehensive education and monitoring programme which will include the assurance of robust checks and balances, to ensure staff are supported and confident to progress to the new way of working.

The commissioners are pleased that a number of the above align with the Lincolnshire System Quality Priorities.

The Quality Account has numerous examples of the good work undertaken by the organisation over the past year but the commissioner believes the Care Quality Commission inspection in August 2019 which rated the organisation as “Outstanding” is particularly noteworthy.

The commissioners would like to thank St Barnabas who have worked extremely well and cohesively with partners in the Lincolnshire Health System during the COVID-19 pandemic to ensure patients’ needs are met in this challenging time.

NHS Lincolnshire CCG look forward to continued working with the organisation over the coming year to improve service quality recognising the excellent service already in place.

Wendy Martin
Associate Director of Nursing & Quality
NHS Lincolnshire Clinical Commissioning Group

Quality Account



October 2020

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. We appreciate that the ever increasing demand on these specialised services will continue and that the sector strives to provide excellent and equitable care ensuring that patients in Lincolnshire, their family and carers receive care, compassion and excellent intervention at the right time, in the right place and by the right people, first time and every time.

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

Priorities for Improvement 2019-2020

We reviewed the developments of last year's priorities and noted with interest the progress made in all areas and congratulate St Barnabas and the teams who were connect to the work. We also noted that particularly in Priorities 1, 4 and 5 COVID has had an impact on activities and consequently on completing the work, audit and evaluation. We are encouraged that St Barnabas will continue the priorities through the rest of the calendar year and we look forward to hearing the findings in due course. We also hope that early planning is underway to ensure the value seen in the Admiral Nursing Team will be continued on a permanently commissioned basis.

Priorities for Improvement 2020-2021

Healthwatch Lincolnshire Steering Group support all the following priorities set for 2020-2021.

Whilst we support the priorities we would like to better understand, particularly for priorities 2 and 4, to what extent patient and family engagement and involvement will take place to ensure that it driven by those it impacts the most.

Patient feedback to Healthwatch Lincolnshire regarding St Barnabas although limited, is generally positive with the care and compassion of those working in the organisations clearly evident to those who have shared feedback with us. We hope that we can work with St Barnabas over the next 12 months to further support the gathering of patient views and experiences.

The Healthwatch Steering Group wishes St Barnabas well in its next 12 months and we look forward to seeing demonstrable impact for those people in our county the service touches.

Our contact details

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

Chief Executive Office
St Barnabas Hospice
36 Nettleham Road
Lincoln
LN2 1RE

Tele 01522 518211

Email: mandy.tapfield@stbarnabashospice.co.uk

Website: www.stbarnabashospice.co.uk



St Barnabas
Hospice • Care • Support