Quality Account 2011-2012

Libby Mytton
Nurse Manager

Registered Charity No. 700272
PART 1

Chief Executive’s Statement of Quality

This is our first account which has been prepared to report on the qualitative aspects of the care and services delivered by Primrose Hospice.

The report is for our patients, their families and carers, the general public and the local NHS organisations that give us about twenty per cent of our costs. The remainder of the money required to pay for our services, which are free to users at the point of delivery, is raised through fundraising, legacies and our trading activities. Of our fundraising income, over £80,000 was donated by the families and friends of patients.

The purpose of this report is to provide clear information about the quality of our services so that patients feel safe and well cared for, their families and friends are supported and reassured that all our services are of the highest standard and that the NHS is receiving good value for money.

We could not deliver such high standards of care without our dedicated and focussed staff and more than 210 volunteers, and together with the Board of Trustees, I should like to thank them all so much for continuing to provide a high quality service.

Our Nurse Manager and her clinical managers are responsible for the preparation of this report and its contents. To the best of my knowledge the information in the Quality Account is accurate and a fair representation of the quality of health care services provided by Primrose Hospice.

The safety, experience and outcomes for all those who access our services and those who care for them are of paramount importance to us.

We continue to actively seek the views of all who use our services.
PART 2

Priorities for Improvement 2012-13

Primrose Hospice is fully compliant with the section 20 regulations of the Health and Social Care Act 2008. As such, the Board did not have any areas of shortfall to include in the priorities for improvement for 2012-13.

Future Planning

Improvement Priority 1: Expand the remit and scope of bereavement services within Redditch and Bromsgrove

Primrose Hospice has identified a gap in the provision of bereavement support in Redditch and Bromsgrove in that the Hospice currently supports only those whose bereavement was due to the loss of an adult with a long-term condition and whose death was predicted. The Redditch and Bromsgrove CCG has provided Primrose Hospice with a grant which will be used to open up access to the existing bereavement service. The intention is to set up a 2 year project, during which the Hospice will accept bereavement referrals for anyone registered with a Redditch or Bromsgrove GP, irrespective of the nature or circumstances of the death.

Improvement Priority 2: Expand existing support services for children and families

Primrose Hospice is currently sourcing funding for a Children and Families Worker to take a lead in developing existing services for children and families coping with the actual or impending loss of a parent or other loved one.

Improvement Priority 3: Increase access to hospice services to younger patients

The team has identified barriers to accessing support, often from younger patients for whom the traditional model of Day Hospice care doesn't appeal. The Day Hospice team plan to set up a monthly support meeting, possibly in the evening, with the aim of better engagement with this group.
Statements of Assurance from the Board

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

Review of Services

Hospices are required to report against those services commissioned by their local NHS. Primrose Hospice has, to date, received a grant from NHS Worcestershire and currently provides the following services:

- Day Hospice
- Outpatient facilities
- Family Support Services
- Primrose at Home

Participation in clinical audits

During 2011-12, no national clinical audits and no national confidential enquiries covered NHS services relating to palliative care. Primrose Hospice only provides palliative care. During that period Primrose Hospice was not eligible to participate in any national clinical audits and national confidential enquiries.

As Primrose Hospice was ineligible to participate in the national clinical audits and national confidential enquiries, and for which data collection was completed during 2011-12, there is no list below alongside the number of registered cases submitted by the terms of the audit or enquiry.

The reports of 8 clinical audits were reviewed by Primrose Hospice during 2011-12. As a result of these audits the following actions have been taken to improve the quality of healthcare provided:

- A complete review of infection control arrangements in line with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infection, including a new infection control policy and streamlining of all policies, protocols and guidance relating to infection control
- Monitoring of standards of housekeeping and maintenance
- Inclusion of hand hygiene in the standard induction programme for all staff and volunteers

Research

The number of patients receiving NHS services provided or sub-contracted by Primrose Hospice in 2011-12 that were recruited during that period to participate in research approved by a research ethics committee was 0. There were no
appropriate, national, ethically approved research studies in palliative care in which we could participate.

**Quality Improvement and Innovation Goals agreed with our Commissioners**

Primrose Hospice income in 2011-12 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

**What others say about us**

Primrose Hospice is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. Primrose Hospice has no conditions on registration. The Care Quality Commission has not taken any enforcement action against Primrose Hospice during 2011-12. Primrose Hospice is subject to periodic reviews by the Care Quality Commission and its last review was October 2010. The last on-site inspection was on May 14th 2010. Primrose Hospice has no actions to take as no points were made in the CQC’s assessment. The hospice was fully compliant and rated as low risk. Primrose Hospice has not participated in any special reviews or investigations by the CQC during the reporting period.

**Data quality**

Primrose Hospice did not submit records during 2011-12 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data. In accordance with agreement with the Department of Health, Primrose Hospice submits a National Minimum Dataset (MDS) to the National Council for Palliative Care. Primrose Hospice score for 2011-12 for Information Quality and Records Management was not assessed using the Information Governance Toolkit. This toolkit is not applicable to palliative care.
PART 3

Quality Overview

The National Council for Palliative Care: Minimum Data Sets for 2010-11

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Primrose Hospice</th>
<th>National Median</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Day Hospice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% New patients</td>
<td>67.5%</td>
<td>61%</td>
</tr>
<tr>
<td>% Places used</td>
<td>47.2%</td>
<td>59.6%</td>
</tr>
<tr>
<td><strong>Outpatients</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% New patients</td>
<td>53.2%</td>
<td>67.5%</td>
</tr>
<tr>
<td>Total clinic attendances</td>
<td>191</td>
<td>104</td>
</tr>
<tr>
<td><strong>Bereavement Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% New service users</td>
<td>80.3%</td>
<td>72.1%</td>
</tr>
<tr>
<td>Total contacts</td>
<td>1,146</td>
<td>846</td>
</tr>
</tbody>
</table>

The National Minimum Dataset for 2010-11 compares Primrose Hospice with the national median values.

The percentage of new Day Hospice patients during 2010-11 exceeded the national median, although the percentage of places used (47.2) was significantly lower. However, this was an increase on the previous year, when the percentage of places used was only 38. Primrose Hospice is currently working on development of a monthly support group to better meet the needs of a younger age group of patients.

In addition to the limited number of suitable quality metrics in the national dataset for palliative care, we have chosen to measure our performance against the following metrics:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2010-11</th>
<th>2009-10</th>
<th>2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of new referrals to Primrose Hospice</td>
<td>526</td>
<td>416</td>
<td>300</td>
</tr>
<tr>
<td>*approximate numbers only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of outpatient attendances</td>
<td>199</td>
<td>196</td>
<td>199</td>
</tr>
<tr>
<td>Total number of Day Hospice attendances</td>
<td>1466</td>
<td>1106</td>
<td>1197</td>
</tr>
<tr>
<td>Total number of Primrose at Home shifts provided</td>
<td>937</td>
<td>758</td>
<td>488</td>
</tr>
<tr>
<td>Total number of complaints</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>The number of complaints which were upheld in full</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>The number of complaints which were partially upheld</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>The number of serious patient safety incidents</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>(excluding falls)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td>2010-11</td>
<td>2009-10</td>
<td>2008-09</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td>Slips, trips and falls</td>
<td>2</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>The number of patients who experienced a fracture or other serious injury as a result of a fall</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of clinical audits completed</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

We now document and collect adverse comments as well as complaints, as a way of demonstrating our response to criticism as well as formal complaints.

The Hospice receives many letters of thanks and compliments, and approximately 10% of our service is funded by families and friends of patients wishing to show appreciation of our care.

During 2011-12, of those patients receiving care from Primrose at Home who had expressed a preference for their place of death, 95% achieved their wish. This has not previously been documented but will be included as a quality marker from now on.

**Participation in clinical audits**

The following audits were completed during the audit year 2011-12. Primrose Hospice conducted all audits using national hospice-specific audit tools, which have been peer reviewed and quality assessed. The focus was on infection control.

| Infection control code of practice self-assessment | We achieved 100% compliance in 3 out of 5 sections, and almost met full compliance in one of the remaining sections. We failed to achieve compliance with the final section, because of a lack of any reference to our infection control arrangements in our written information for patients; this has now been rectified |
| Policies and protocols                              | The hospice has strengthened infection control policies and procedures and streamlined all infection control documentation into a single folder |
| Patient Areas                                       | A small number of housekeeping and maintenance issues were addressed |
| Bathroom                                            | A few minor shortfalls were identified which have now been addressed |
| Patients’ toilets                                   | A couple of issues relating to maintenance and housekeeping have now been rectified |
| Hand hygiene                                        | Hand hygiene has now been added to the standard induction programme. We are considering how best to audit compliance with hand hygiene |
| Sharps                                              | No issues of significance found |
| Sluice/dirty utility                                | We achieved 100% compliance |
What patients and carers say about the organisation

A patient satisfaction survey is carried out every year in the Day Hospice. Results from the 2011 survey were limited by a fairly small number of responses (n = 23), but will be reviewed together with the results from the 2012 survey to determine whether any areas require further action on our part.

A couple of issues do arise regularly and are being addressed:

- Patients often tell us that they would value a larger range of activities in the Day Hospice; and this year we have been able to provide access to raised beds for gardening, and a range of vegetables are being grown; we have also accessed funding for a computer for the use of patients.
- One of the questions in the survey every year is, ‘Do you know how to make a complaint,’ and although the Hospice has a rigorous complaints procedure, details of which are included in written information given to every patient on their first visit, without fail a fairly significant number of patients respond with a ‘no.’ Within the 2011 survey 20 patients responded to this question, of whom 9 said no. Various attempts have been made to address this previously. On this year’s survey the question has been turned around, and instead reads, ‘If you wanted to make a complaint, what would you do?’ This survey is still underway, but initial examination of completed questionnaires suggests that most patients have answered this, and the most common response is along the lines of, ‘I would talk to one of the nurses or other staff.’

The hospice routinely sends out a questionnaire to the families of patients who have received our Primrose at Home service and the most recent evaluation of these questionnaires covered the period from January – June 2011.

Of the responses received, 92% of respondents felt that we had provided enough shifts, with 8% saying that we hadn’t. We are currently considering other models of home support, running alongside Primrose at Home.

Positive comments included:

- Please thank all the ladies who sat in for us overnight. They were wonderfully caring and supportive
- [the service] exceeded my expectations, as a sitter was provided at such short notice
- I have been very impressed by the carers. In every way they exceeded my expectations
- I was extremely grateful that I was able to attend the ‘Stress Management’ course knowing that my husband was being well cared for: thank you again
- On occasions ran over their time to chat and explain how things went
I do not know how I could have kept my husband at home without your support, thank you.

Primrose Hospice runs a service user forum which meets periodically. The membership of this group comprises of patients from the Day Hospice, bereaved carers, including one previously bereaved carer who now undertakes a voluntary role as a driver, and patients who have accessed different parts of the service such as outpatients, or Breathe Easy groups. The meetings are open to all service users.

The User Forum has been consulted on a variety of issues including:
- The provision, format and adequacy of hospice leaflets and other written materials
- User views on the provision of Dying Matters leaflets
- Feedback on negative comments received in DH survey
- User’s initial impressions of the Hospice, including the word ‘Hospice’
- What was good, and bad about engagement with the Hospice
- Feedback on the newly built ‘Coppice Centre.’
- Timing of an offer of bereavement support after death
- Views on the Primrose at the Princess (a separate, NHS inpatient palliative care unit)
Annex

What NHS Worcestershire says about Primrose Hospice

“NHS Worcestershire awarded a contract to Primrose Hospice for the delivery of specialist palliative care services from 1st April 2012 to 31st March 2013 within which it monitors standards of care which are currently in compliance with the requirements.”