Giving Time for Quality Care

Quality Account 2011 - 2012
Providing Specialist Palliative and End of Life care to the people of Plymouth, South West Devon and East Cornwall, since 1982
Together with the Board of Trustees, I would like to thank all of our staff and volunteers for their achievements over the past year. Despite the current economic climate and the financial challenges the hospice has faced we have continued to provide a high quality service. We have achieved this by providing high quality, cost-effective services to our patients and their families.

Quality is high on the agenda for the hospice. St Luke’s Hospice, Plymouth is recognised as being proactive and an innovator in the hospice movement and now has a fully developed independent clinical governance function.

The hospice has a culture of continuous quality monitoring, in which any shortfalls are identified and acted upon quickly.

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by our hospice.

The safety, experience and outcomes for all our patients and their loved ones are of paramount importance to us. We continue to actively seek the views of our service users.

Sally Taylor,
Chief Executive, May 2012

“Thank you for taking care of my husband. You were so good to me I will never forget you all, from the ladies who came in to tidy, the ladies and gents on reception, the volunteers who kept me supplied with tea, the dedicated doctors and nurses and the lovely night staff. Thank you all, I will never forget you.”

Carer comment April 2011
Hospice Plymouth

About Us

Background

St Luke’s provides Specialist Palliative Care for the population of Plymouth, South West Devon and East Cornwall and aspires to be a National Leader. We work in Partnership with others, delivering the Education and Support, ensuring the provision of excellent End of Life Care. We aim to increase resources into the Services through Innovation and Enterprise and to be an ‘Employer of Distinction’, achieving Best Practice professionally throughout the service

St Luke’s Vision and Values

Our service will be caring and holistic. We will be honest and we will respect and listen to our patients and their carers, treating everyone with courtesy, kindness and empathy. We will be passionate and visionary. We will strive at all times for a quality service that uses resources well. Our values can be summarised as Giving Time for Quality Care: Exhibiting Professionalism, Respect, Compassion and Integrity

What others say about us

SLH is required to register with the Care Quality Commission and its current registration status is unconditional. We are subject to periodic reviews by the Care Quality Commission and this was last undertaken in June 2010. The last on-site inspection was on 31st October 2006. No actions to take were identified as no points were made in the assessment. The service was fully compliant and rated as low risk. We are fully compliant with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As such, the Board did not have any areas of shortfall to include in the priorities for improvement.

We are recognised as an “Investor in People” and meet all the requirements of this standard, holding the accreditation since 2003. At our last review in November 2011 the assessor reported that:

“There’s much to be celebrated: there’s good planning and staff engagement; there’s been an even greater push on education (to drive through the competencies for example); managers and team leaders do a good job; people love their work and working for St Luke’s; there’s plenty of learning and development but focused on what will make a difference; and a committed bunch of volunteers without whom the Hospice couldn’t function.”
Data quality

In accordance with agreement with the Department of Health, St Luke’s Hospice submits a National Minimum Dataset (MDS) to the National Council for Palliative Care. St Luke’s Hospice provides the MDS to the local PCTs. This showed that we enabled a higher number than the national median to return home following in patient care.

The number of patients seen by our Day Hospice, Community Specialist Palliative Care Team and Hospital Specialist Palliative Care Service is higher than the regional and national median value.

The hospice receives many letters of thanks and compliments. The number of compliments far outweighs the number complaints. Many families and friends along with the local community show their appreciation of the care by funding over 70% of our services.

The quality of the service provided is of paramount importance to the service. All letters of complaint received are investigated thoroughly and note taken of any trends. Where shortfalls are identified, immediate action is taken to minimise the risk of recurrence. The service has reached resolution with every complainant.

Summary of complaints/ incidents April 2011- March 2012

<table>
<thead>
<tr>
<th>Report</th>
<th>No.</th>
<th>Resolved in timeframe</th>
<th>Responded to within timeframe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational complaints</td>
<td>24</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Clinical complaints</td>
<td>5</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Organisational incidents</td>
<td>41</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Clinical incidents</td>
<td>15</td>
<td>100%</td>
<td>100%</td>
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A complaint in this context has been defined as an expression of discontent and an incident as an occurrence that could potentially lead to a serious consequence.

Organisational incidents and complaints cover all of St Luke’s services including fund-raising, retail, reception, Health and Safety and Maintenance. Clinical incidents and complaints cover all of our clinical services across all sites so include inpatient, outpatient, community and hospital services.
What our organisation is doing well

Over the last twelve months we have re-organised our assessment and measurement of quality issues. We have decided to adopt the following quality indicators:

- Patient safety
- Clinical effectiveness and
- Patient and family experience

Patient safety

We prioritised benchmarking the percentage of falls and medical administration incidents with other regional hospices in order to identify learning and sharing best practice.

Over the past year we have benchmarked our falls and medical administration incidents with other hospices in the South West region. Within the 5,569 bed days occupied at St Luke’s Hospice there were a total of 34 falls. This is below the average when compared to other hospices in the South West region.

There were 5 medication incidents which were also below the average when compared to other hospices in the South West region.

We committed to updating facilities in the inpatient unit in order to widen access thus meeting the changing needs of the local population following receipt of a grant from the Department of Health.

The development of a new bariatric room. This will improve integration and availability of palliative care services across primary and secondary care. The unit will assist in preventing inappropriate EOL admissions to hospital, which currently occur as there is no other area that provides palliative care for bariatric patients.

The installation of piped oxygen throughout the inpatient unit. The issues of lack of facilities for patients requiring high concentrations of oxygen as part of their treatment was identified as a barrier to access to the service as we did not have the equipment required for this group of patients.

We prioritised the reporting of Infection Control issues

Over this last year we have increased the size of our Infection Control team. Our infection control lead is a member of the local district general hospital’s Infection Control group and the South West Hospices Infection Prevention and Control Forum, which meets to share information and best practice. We had no incidents of common infections contracted within the hospice.
Clinical effectiveness

We agreed to review our patient record systems in order to improve communication across the clinical services.

We have introduced a new electronic patient records system across all clinical departments.

We have used a staged approach to implement a new patient records system thus improving access across sites and across all clinical areas at all times. This has ensured that the most up to date information can be accessed in order to make any clinical decisions needed and also reduced the likelihood of patients being asked the same question by various clinicians.

We have reviewed our Multi-Disciplinary Team meetings in order to improve communication between team members.

We set up a working group in order to identify the effectiveness of the Multidisciplinary meetings. Following this we identified 2 potential ways forward and piloted both with the aim of improving communication between clinical services resulting in improved outcomes for patients.

We undertook a Training Needs Analysis of all clinicians

One of the key themes underpinning contemporary reports reviewing the hospice, palliative and end of life care sectors is the direct link between educational investment in staff training and the quality of service or care delivery experienced by patients or service users. It is vital therefore that as a specialist palliative care provider, St Luke’s workforce has the requisite levels of skills and knowledge to ensure high quality care to those individuals and their families in the palliative and end of life phases of their lives.

A training needs analysis (TNA) was therefore conducted by clinical staff between September -December 2011 and was submitted to the Senior Management Team (SMT) who gave their agreement to the priority areas identified to ensure training resources are targeted appropriately, so that the clinical workforce continues to develop best practice and provide high quality care.

We have developed and implemented a Competency Framework for all clinical staff.

St Luke’s has developed a clinical competency framework which provides a guide for both individual staff members and managers to ensure continued progression of skills and knowledge, enabling staff to achieve their full potential and to ensure a continued high quality service for our patients and their relatives. A number of competency frameworks were systematically reviewed and mapped in addition to the St Luke’s interpersonal skills framework and the NHS Leadership Framework (NHS 2011). The following nine domains of practice we have identified as being the key domains for our staff.

- Communication
- EOL Assessment
- EOL Symptom Management
- Education and Development
- Quality and Clinical Leadership
- Management and Performance.
- Discipline Specific Skills
- Change Management/ Equality and Diversity
- Mandatory Training
Each member of clinical staff now has a competency portfolio in which they can record their learning and skill progression. Their level of achievement in each domain of practice is recorded in their annual PDR. Training needs from the PDR are collated by the education department to prioritise the organisation’s education resource. This process ensures there is synergy between the development needs of staff and the business needs of the organisation.

**We have enhanced our audit process**

St Luke’s Hospice now has the ability to collect quantitative data (through the new electronic patient record system) on achievement of the national end of life quality measures such as patients’ preference for place of care and advance care planning. This will help us to monitor the quality of our service provision in supporting patient choice. Twenty-nine clinical audits were completed between April 2011 and March 2012. Subjects covered included infection control, management of medicines (both general and controlled), falls and patient experience of medical students. The SMT and the Board of Trustees are kept fully informed about the audit results and any identified shortfalls.

**Evidence Informed Decision Making (EIDM)**

Over the last year we sent all clinical staff questionnaires regarding their understanding of EIDM. Two focus groups were held with non clinical staff and a workshop was held with senior staff in order to identify their understanding and where the organisation as a whole currently is on this subject. The aim was to identify the needs of the organisation in order to move the culture forward in embracing an evidence informed approach to all decision making throughout the organisation.
Patient Experience

Patient questionnaire

The hospice routinely sends out questionnaires to our patients, to ask them about their experience of the service provided and to determine if there were any areas for improvement.

Between April 2011 and March 2012 23 patients completed a questionnaire. All patients reported that they were very happy with the care provided.

<table>
<thead>
<tr>
<th>Patient reported experience 2011-2012</th>
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<tbody>
<tr>
<td>% satisfied with their involvement in planning their care</td>
<td>100%</td>
</tr>
<tr>
<td>% who felt that largely they understood explanations about their care</td>
<td>92.8%</td>
</tr>
<tr>
<td>% who felt that their individual needs were met most of the time</td>
<td>100%</td>
</tr>
<tr>
<td>% who felt that they were dealt with, with dignity and respect</td>
<td>100%</td>
</tr>
<tr>
<td>% who felt they knew what to do if they wanted to complain</td>
<td>82%</td>
</tr>
<tr>
<td>% who rated the catering as good</td>
<td>100%</td>
</tr>
</tbody>
</table>

By looking at trends, we have identified areas for improvement

Contact details on the business cards carried by the Community Specialist Palliative Care Team are difficult to read. Details have been enlarged.

Some of the information provided in the In-patient Information file would have been useful earlier, that is, prior to admission. It has been decided that once the information has been reviewed it will be available to the Community Specialist Palliative Care team to give to patients on referral to the In-patient Service. We will also be updating and developing our website over the next year and our new information leaflets will be available to download.
**Patient reported experience**

Patient reported experiences have been via letters, cards or the questionnaire

**Lymphoedema**

“A brief note seems hardly adequate to express my gratitude for your expertise, patience and reassurance in coping with the lymphoedema. Your encouragement has taught me how to cope, manage and more importantly move on! Thank you for being there for me.”

September 2011

**Community**

“I would just like you to know how appreciative I feel for all the work done by the palliative nurses. You lightened a burden we had as a family, to deal with the trauma, we do appreciate all you did for us.”

September 2011

**Hospital**

“St Luke’s provided love and care beyond all expectations. My journey began with Anne in the hospital team who provided guidance and support with such a genuine and caring nature.”

August 2011
Inpatient

“I just want to say a special thank you for all that you, as a team, have done for me. Once again, thank you.”

December 2011

“I feel privileged to have been given the opportunity to stay at St Luke’s and be cared for by the wonderful doctors and nursing staff. Thank you for your professionalism.”

December 2011

Carer

“Thank you from the bottom of my heart for all the care you gave my mother. Thanks to you we were able to share many happy memories and smiles before she passed away.”

January 2012

Other Feedback

Our Staff

“I love my job, there are ups and downs of course, but the best things about it are working with my wonderful set of volunteers and also knowing that the money we raise goes to such a great cause.”

“An organisation that is small enough where you feel valued and it’s systems and processes are well organised.”

Stakeholders

“I wanted to say a ‘proper’ thank you to you all. I really enjoyed the conference today, it was very informative and extremely well organised. I think it is certainly the most interesting event I have been to in a long time. The atmosphere combined with the variety of different professionals there, just made it all even better. It was a very motivating day and I very much appreciate being involved in it. The workshops were great too!”
We will continue to commit ourselves to the prioritisation of patient safety, clinical effectiveness and the enhancement of the patient and carer experience of our services. We will monitor the progress of the planned improvements through our Involvement, Clinical Review, Health and Safety, Senior Management and Board of Trustee groups.

The following are our priorities for this coming year:

**Patients Safety**

1. We will enhance the bathrooms on the in-patient unit. This will include the installation of a hoist tracking system in one of the bathrooms.

2. We will replace the bedside lockers and tables on the inpatient unit.

3. We will review the prescribing and use of oxygen on the inpatient unit.

**Clinical Effectiveness**

1. We will develop two Trainee Assistant Practitioner posts as part of our review of skill mix within our inpatient unit.

2. We will undertake a review of current practices in each clinical area utilising the “Productive Ward” series.

3. We will trial having a medical consultant based within our community team for 2 days a week in order to improve multi-disciplinary working.

**Patient/ Family Experience**

1. We will develop and trial a patient questionnaire for use across all clinical settings in order to gain feedback and reduce duplication for the patient.

2. We will develop and implement a process for interviewing patients and their carers about their experience of the service.

3. We will produce new Patient Information Leaflets with the involvement of users of the service and re-design our web-site enabling these to be downloaded ensuring ease of access.

4. We will improve our outdoor spaces enhancing the experience for both patients and their carers.
Chairman’s Statement
Stuart Elford

As a Board of Trustees we have strengthened our corporate governance following a report on these structures over this past year, which in turn supports governance of our clinical services. From this we have developed an action plan to strengthen this further.

St Luke’s Hospice Board of Trustees is committed to continuously seeking and supporting ongoing improvements in the development and quality of our hospice services. This past year we have made significant investments in enhancing patient safety, the patient environment and ensuring we gain and use feedback from patients, relatives and visitors about their experience of our services.

As Chairman of the Board of Trustees of St Luke’s Hospice I endorse this report and commit the Board to supporting achievement of the key priorities for 2012-2013 as set out in this report.

Mr Stuart Elford
Chairman of the Board of Trustees, May 2012
Caring for the people you love when they need us most...

...only with your help