The one silver lining in all that we have gone through these last few months has been the considerable number of kind, caring and thoroughly professional people whom we have met.

Thank you letter from a relative, March 2013
Chief Executive Statement

On behalf of myself and the Board of Trustees, I am delighted to introduce our Quality Account for the year April 2012 – March 2013. This is the first year that we have produced a Quality Account and I hope that it proves an interesting way of summarising and demonstrating our commitment to quality.

St Wilfrid's Hospice Chichester, as a local charity has been providing high quality specialist palliative and end of life care to people in need for over twenty five years. The majority of our patients are cared for at home - at any one time we care for over 200 people at home, in local nursing and care homes, in hospital and at the Hospice. We are not part of the NHS, although we work collaboratively with its services and we provide our care free of charge, relying on public donations to ensure as many people as possible receive our care. We receive a grant from the NHS which meets 14% of our annual costs.

This report is designed to show what we have done over the last year to improve our services so that we continue to provide high quality and cost effective patient care. We thank all the staff and volunteers for their high quality work and commitment and hope that they are proud of our achievements detailed in the report.

Two of our core values – ‘People at the heart of care’ and ‘Excellence in all we do’ – sum up our commitment to quality at the heart of everything we do. We are always looking for better ways of delivering our services and ways in which we can develop and improve; despite very high levels of satisfaction with our services there is always room to do more.

St Wilfrid's has a well-established and effective clinical governance function, incorporating a quality and audit programme, which acts as the driver for continuous improvement in the quality of patient care. The views, experiences and outcomes for patients and their families are paramount to quality improvement and are of great importance to us. Questionnaires, surveys and feedback cards are just some of the ways we listen. From this we are able to learn, develop and improve the services we provide.

Thank you to the many and varied supporters of the vital work of the Hospice; without this support we would not be able to deliver our services which make such a significant difference to those in need of them.

I am responsible for overseeing 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.

Thank you for your interest in the work of St Wilfrid's Hospice.

Alison Moorey
Chief Executive
Priorities for improvement for 2013 – 2014

Future Planning Priority 1 – Introduce a third Consultant in Palliative Medicine a specific education remit

The Board of Trustees acknowledged last year that more senior staff were needed to develop and expand St Wilfrid’s clinical service and education provision. Specific areas of growth identified were teaching in primary care, nursing homes and hospital and service development for patients with non-malignant disease and dementia.

Actions required:

➢ Recruit third Consultant
➢ Monitor impact of new post
➢ Patient and staff feedback regarding service
➢ Third consultant to contribute to recently accredited diploma/degree module entitled “Living and dying well with dementia”

Future Planning Priority 2 – Develop electronic End of Life Documentation

Following the implementation of SystmOne electronic database and the successful transfer of clinical notes, St Wilfrid’s Hospice is now working on an electronic version of the End of Life Documentation to be used by the Multidisciplinary Team.

Actions required:

➢ A steering group is to be set up
➢ Process will be led by the Medical Director
➢ Agree the format of the documentation
➢ Staff feedback on ease of use
➢ Training

Future Planning Priority 3 – Develop enhanced support to local care homes

Following a Board Away Day, the Trustees have approved a Practice Educator’s post, to work with and support care home staff, to deal with end of life issues. This role will provide an opportunity for care home staff to access training within their own care home setting.

Actions required:

➢ Recruit a part time Clinical Nurse Specialist
➢ Establish links with local Care Homes
➢ Create individualised support programmes
➢ Monitor impact of new post
➢ Feedback from care home staff
Statements relating to quality of NHS services provided
This section includes information that all providers must include in their Quality Account. (Some of the information does not directly apply to Specialist Palliative Care providers).
The purpose of St Wilfrid’s Hospice is to relieve the suffering of people from cancer and other terminal conditions and support families, carers and friends, which also includes the provision of bereavement support.
In May 2009 the Board of Trustees agreed St Wilfrid’s Hospice’s Vision, Mission and Values statement.

<table>
<thead>
<tr>
<th>Agreed statement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vision</strong></td>
</tr>
<tr>
<td>St Wilfrid’s Hospice aspires to a time when all services work together to provide high quality palliative and end of life care to meet the needs of all in our community.</td>
</tr>
<tr>
<td><strong>Mission</strong></td>
</tr>
<tr>
<td>Our mission, as a charity, is to provide high quality specialist palliative and end of life care to adults in our local community, complementing NHS and other services.</td>
</tr>
<tr>
<td><strong>Values</strong></td>
</tr>
</tbody>
</table>
| ➢ People at the heart of care  
| ➢ Excellence in all we do  
| ➢ Close working with others  
| ➢ Support for our staff and volunteers  
| ➢ Independent and accountable  
| ➢ Financially secure  
| ➢ Communication and education  
| ➢ Integral part of the local community |

Review of services
During 2012 -2013 St Wilfrid’s Hospice provided the following services to NHS patients and families:

➢ In-patient care  
➢ Day Hospice  
➢ Hospice at Home  
➢ Community Team, including Doctors, Clinical Nurse Specialists, Chaplaincy Psychosocial Team and Volunteers  
➢ Physiotherapy and Occupational therapy  
➢ Complementary therapy  
➢ Support in local hospitals  
➢ Bereavement service

St Wilfrid’s Hospice Audit Group regularly reviews feedback from patients, relatives, carers, staff and volunteers on the quality of care provided within all of these services for NHS patients. The Audit Group reports this feedback to the Governance sub-committee of the Board.
St Wilfrid’s Hospice is funded through an NHS grant, fundraising and retail activity. The income generated from the NHS represented approximately 14% of the overall running costs of the Hospice 2012-2013. The remaining income is generated through legacies, generous support from our local community, retail, fundraising and investments.

**Participation in clinical audits, National Confidential Enquiries**
For 2012-13 no national clinical audits and no national confidential inquiries covered NHS services relating to palliative care. St Wilfrid’s Hospice only provides palliative care and carries out internal clinical audits throughout the year as part of our service provision.

**Data Quality**
St Wilfrid’s Hospice did not submit the National Minimum Data for 2010-2011 and 2011-2012 due to difficulties extracting accurate information, whilst transferring to a new clinical electronic database system. We expect our new electronic database - SystmOne to facilitate this information more easily in the future.
The Governance sub-committee of the Board will continue to review the data outputs in order to improve the quality of patient data reporting.

**Research**
St Wilfrid’s Hospice has not participated in any national ethically approved research studies. However as part of the lead-up to our 25th Anniversary year, a small group of Trustees and senior staff proposed that the Hospice undertake a listening exercise to help identify the needs of the local community. With the approval of the Board and the expertise of a local, external Consultant, the “A” Project was born and set out to achieve the following goals:

- To understand what our community needs St Wilfrid’s Hospice to do in the future
- To develop a better understanding of how St Wilfrid’s Hospice is perceived by the local community
- To promote heightened awareness of the need to discuss end of life issues across the ranges of age, social groups and locations in the Hospice catchment area
- To improve engagement with all sectors of health and social care in the area
- To improve dissemination and uptake of our education programmes
- To improve engagement with our community groups by various members of the SWH team

Following extensive research, a report was put forward to the Board and senior staff and a number of recommendations were made including:

- Create more communication opportunities to bring messages and audiences together
- Strengthen the relationships with the Hospice’s partner groups
- Investigate further collaborative working with other Hospices in the region
- Realise the goals set out to strengthen the education strategy
- Increase or secure future public funding of end of life care.

In response to these recommendations, three key strategic groups were formed; clinical, education and communication. These groups are to undertake further work to ensure that the services of St Wilfrid’s Hospice continue to be high quality and most importantly meet the needs of those that it serves. Work is on-going within these 3 key strategic areas and will influence the priorities for improvement for 2013-2014.

Quality overview of services

In-patient Unit
The Inpatient Unit supports many patients and their families providing symptom control, end of life care and pre-planned respite breaks for carers. There is a Doctor on-call 24 hours providing support to the inpatient team and our patients in the community.

<table>
<thead>
<tr>
<th>Clinical Activity</th>
<th>2012/2013</th>
<th>2011/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient admissions</td>
<td>304</td>
<td>309</td>
</tr>
<tr>
<td>% of bed occupancy</td>
<td>78%</td>
<td>80%</td>
</tr>
<tr>
<td>Ward discharges</td>
<td>100</td>
<td>116</td>
</tr>
<tr>
<td>Non-cancer/non MND admissions</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

Day Hospice
The Day Hospice continues to support patients and their carers two days a week. The staff work with patients to discuss any problems, physical or emotional and set individualised goals and targets. Patients have access to Physiotherapists, Occupational Therapists, Chaplains, Psychosocial Team, Complementary Therapists, and Volunteers including an artist. There are opportunities to meet others in similar circumstances, enjoy structured activities or relax in a supportive calm environment.

Orchard Centre
The Orchard Centre and cafe is open every Wednesday allowing patients and their family/carers to drop-in for various activities and clinics with members of the multidisciplinary team. This initiative often serves as a gentle introduction to the other services the Hospice can provide. Feedback from patients and carers is sought to continually review and improve the service we offer.

<table>
<thead>
<tr>
<th>Orchard Centre Activity</th>
<th>2012/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patient attendees</td>
<td>782</td>
</tr>
</tbody>
</table>
Hospice at Home
The Hospice at Home service operates 24 hours a day, 7 days a week and offers care at home, including practical nursing care, support and symptom control to patients and support for carers and their families. This often facilitates patients’ preferences to remain at home in their final days. A rapid response service is also available, with the aim of delivering hands-on care within 3 hours of the request, whenever resources allow. The service works collaboratively with all other health, social care and voluntary service providers as required. The numbers of referrals made to Hospice at Home have increased as the service develops.

<table>
<thead>
<tr>
<th>Clinical activity</th>
<th>2012/2013</th>
<th>2011/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. referrals to H@H</td>
<td>225</td>
<td>204</td>
</tr>
<tr>
<td>Deaths at home with H@H involvement</td>
<td>99</td>
<td>109</td>
</tr>
<tr>
<td>% Patients that achieved their preferred place of death (where known)</td>
<td>86%</td>
<td>96%</td>
</tr>
</tbody>
</table>

In both of these years, an impressive proportion of place-of-death preferences was achieved. The slightly lower figure in 2012-2013 relates to sixteen patients. Ten of these died at home with Hospice @ Home care rather than as in-patients either because they changed their mind or because they became too unwell to transfer to the Hospice. Six patients with a preference to die at home were admitted either because they changed their mind or because the situation became unsustainable at home.

Community Team
The number of patients supported by the Community Team continues to increase. They work in close association with the patient’s General Practitioner and the Community Nursing team. The majority of the 9 Clinical Nurse Specialists are independent nurse prescribers, providing symptom control, advance care planning, psychological care and bereavement support at the patient’s home or in outpatient clinics.

<table>
<thead>
<tr>
<th>Clinical activity</th>
<th>2012/2013</th>
<th>2011/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patients seen</td>
<td>617</td>
<td>543</td>
</tr>
</tbody>
</table>

Quality markers
We have chosen to measure our performance against the following metrics:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2012/2013</th>
<th>2011/2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complaints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of complaints</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Number resolved satisfactorily</td>
<td>1</td>
<td>n/a</td>
</tr>
<tr>
<td>Patient safety incidents</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of serious patient safety incidents</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of patient falls</td>
<td>37</td>
<td>57</td>
</tr>
</tbody>
</table>
Patient safety incidents (infection)

| Number of patients known to become infected with MRSA whilst on the Inpatient Unit | 0 | 0 |
| Number of patients known to become infected with C.difficile whilst on the Inpatient Unit | 1 | 0 |
| (2 patients admitted with C.difficile) |

End of Life Documentation – standard 80%

| % of patients who died in the Hospice who had the end of life documentation in use. | 83% | 92% |

We are particularly pleased with the reduction in patient falls since the introduction of a new falls policy and purchase of specialised equipment.

Clinical Audits 2012 - 2013

To ensure that we are continually meeting standards and providing a consistently high quality service, St Wilfrid’s has an audit programme in place. The programme allows us to monitor the quality of service in a systematic way, identifying areas for audit in the coming year. It creates a framework where we can review this information and make improvements where needed. Quarterly Governance meetings provide a forum to monitor quality of care and discuss audit and quality evaluation results. Recommendations are made and action plans developed.

A sample of clinical audits completed at St Wilfrid’s Hospice 2012-2013

<table>
<thead>
<tr>
<th>Audit</th>
<th>Findings, recommendations and actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control - In Patient Unit March 2013</td>
<td>Overall compliance 98%. Results to be fed back to appropriate departments. Recommendations related to cleaning schedules and using temporary closures on sharps bins. Repeat audit in 12 months.</td>
</tr>
<tr>
<td>Infection Control – Hospice at Home service March 2012</td>
<td>Overall compliance not scored. Recommendations were fed back to staff and all actions completed which related to new commodes, storage of sterile supplies and safe transportation of sharps bins.</td>
</tr>
<tr>
<td>Mouth Care August 2012</td>
<td>All patients had a mouth care plan, but 20% of these had not been assessed for 3 to 7 days. Results reported to nursing staff. Mouth care plan revised for electronic use, making oral assessment the priority. Repeat audit August 2013.</td>
</tr>
<tr>
<td>Ward Discharges May 2012</td>
<td>This audit indicated that discharges are happening with fewer delays following the introduction of the discharge co-ordinator. This resulted in an increased number of bed days being made available to admit more patients to SWH.</td>
</tr>
<tr>
<td>Documented Consent December 2012</td>
<td>This audit found 100% of all patients who had recently undergone a procedure requiring written consent had a completed and signed consent form in their notes.</td>
</tr>
</tbody>
</table>
The Risk, Quality and Audit Lead nurse maintains an Audit Action Log to ensure recommendations from all the audits undertaken at St Wilfrid’s Hospice have been carried out and monitors when a repeat audit is required.

What patients and families say about the services they receive at St Wilfrid’s Hospice

The views and experiences of patients and their families are important to the Hospice and enable us to look at how we can learn, develop and improve the services we provide. The Hospice undertakes a series of questionnaires, surveys and carers groups on a regular basis as detailed below:

**Inpatient Survey**

The Inpatient Survey is on-going throughout the year; volunteers are involved with giving out and collecting the surveys to patients. Feedback has been extremely positive.

A sample of results and comments are as follows from the last two quarters.

<table>
<thead>
<tr>
<th>Question</th>
<th>Aug-Oct</th>
<th>Nov-Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do the staff involved in your care explain what they are doing?</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Do you have confidence in the staff who are caring for you?</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Do you feel the staff make an effort to meet your individual needs and wishes?</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td>Do you feel you are treated with respect?</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td>Would you know what to do if you were dissatisfied about something?</td>
<td>77%</td>
<td>87%</td>
</tr>
<tr>
<td>Has your admission to the Hospice been helpful so far?</td>
<td>96%</td>
<td>96%</td>
</tr>
</tbody>
</table>

In response to the lower score around knowing what to do if dissatisfied, the nursing team now ensure that an information folder is accessible in each patient room and point out the relevant paragraph on their admission.

Individual comments from patients:

- No complaints whatsoever. I am very happy with the level of care and kindness.
- Friendliness of staff, generally cheerful attitude of staff. Presence of volunteers who have time to discuss life in general and to be supportive.
- Help me regain my appetite and my general feeling of wellbeing.
Hospice at Home (H@H)
A satisfaction survey is sent to relatives 6-8 weeks after a patient’s death. This has provided highly complimentary feedback. Some comments suggested that earlier involvement by H@H would have been appreciated. One comment was made about a shortage of staff on a particular visit. H@H staff have attended Gold Standard Framework meetings held in General Practitioner (GP) surgeries in order to inform GPs about the services. Self-referral to the Hospice at Home team is currently being reviewed as a possible future development. The H@H staff now attend weekly palliative care multidisciplinary team meetings at St Richard’s Hospital (SRH), to increase the liaison between hospital and Hospice services.

Day Hospice and Orchard Centre
Responding to evaluation forms and direct patient and carer requests has resulted in several recent changes:

- décor of the clinical room has been updated
- more hands-on activities such as cooking demonstrations have been introduced
- ‘mindfulness’ course is now as part of the Living Well programme, which gives people new ways of managing stress.
- circuit exercise training for patients to maintain stamina, posture, muscle tone and increase self-esteem
- a more flexible approach to the carers’ day allowing protected time away from patients if desired
- a leaflet about funeral planning, produced by the chaplains

What others say about us
St Wilfrid’s Hospice is required to register with the Care Quality Commission, the regulatory body that ensures that we meet our legal obligation in all aspects of care. Our last unannounced routine inspection was in March 2013; the Care Quality Commission inspector looked at the treatment records, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use our services. The particular areas assessed within the Essential Standards of Quality and Safety document were:

- Treating people with respect and involving them in their care
- Providing care, treatment and support which meet people’s needs
- Caring for people safely and protecting them from harm
- Ensuring people are cared for in a clean and risk-free environment
- Ensuring people are protected and their human rights respected
- Ensuring staff are properly trained and developed

The Care Quality Commission Inspection Report confirmed all the above standards were met. The inspector was told by patients and relatives that “the staff were absolutely marvellous” and that the Hospice should be a “template for care”.

10
Patients stated they felt well cared for and the inspector confirmed people were treated with respect and involved in decisions about their care and treatment. A copy of this report will shortly be available on St Wilfrid’s Hospice website.

What our staff and volunteers say about the organisation
Our last staff survey was undertaken in September 2011 by Best Companies Limited – an independent and authoritative research company that specialises in Workplace Engagement. We were awarded 3 star status from Best Companies and position number 14 in the Sunday Times Top 100 Best Not-For-Profit Organisations to work for. One star is first class, two stars are outstanding and three stars are extraordinary. The ratings measured the level of employee engagement and issues such as leadership, personal growth, giving something back, well-being and fair deal. Staff satisfaction is also reflected in our low staff turnover rate.

<table>
<thead>
<tr>
<th>Staff turnover (including Retail)</th>
<th>Jan – Dec 2012</th>
<th>Leavers FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff leaving (including retirement)</td>
<td>7.2%</td>
<td>9.19</td>
</tr>
</tbody>
</table>

Volunteer Annual Review
Our last survey of our Volunteers was undertaken in December 2012, (excluding shop volunteers). Out of 270 volunteers, 118 surveys were returned (43% return rate). A sample of the feedback received is as follows:

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you satisfied with your current role?</td>
<td>110</td>
</tr>
<tr>
<td>Is the support and training offered adequate?</td>
<td>116</td>
</tr>
<tr>
<td>Do you feel valued by members of staff at the Hospice?</td>
<td>117</td>
</tr>
</tbody>
</table>

Some volunteers were looking for a change in department and a more regular dedicated time slot. Training was well received from all volunteers, with suggestions for training in information technology and providing psychological support. A couple of volunteers had concerns regarding limited communication with their departments, which was actioned by the departments concerned.

In June 2012, St Wilfrid’s Hospice volunteers received the prestigious Queen’s Award for Voluntary Service – the equivalent of an MBE for volunteers. This was a very fitting tribute to those who have volunteered their time and energy over the last 25 years.

St Wilfrid’s Hospice is supported by 500 volunteers, including volunteers who work in our retail outlets. In order to improve communication and provide our volunteers with the opportunity to voice concerns and suggest ideas, a bimonthly Volunteers Forum was established in October 2012 with representatives from all departments.

What volunteers enjoy most about working at St Wilfrid’s:-

- Making patients and their visitors feel valued, welcomed and at home as possible.
- I love the friendliness of the general atmosphere and contact with the patients
- The honour of working with end of life patients and the interaction between us
Review of last year’s quality performance (2012-2013)

Improvement Priority 1  Discharge Co-Ordinator post

Following a number of concerns with the processes involved with organising complex discharges of patients from the inpatient unit, a discharge audit was undertaken in October 2011. As a result of this audit the need for a Discharge Co-ordinator was identified. The implementation of a Discharge Co-ordinator as part of the ward nursing team, to facilitate timely and safe discharges from the Inpatient Unit has been successful. The success of the Discharge Co-coordinator’s post was re audited in May 2012. This audit concluded that discharges are happening with fewer delays resulting in an increased number of bed days being made available to admit more patients to the Hospice. Positive feedback from the multidisciplinary team and nursing staff has been received. There will be annual auditing of the Discharge Co-ordinator’s post to monitor its on-going effectiveness.

Improvement Priority 2  New Clinical Database – SystmOne

This was identified in the St Wilfrid’s Hospice Operational Plan 2012-2014 to provide high quality palliative and end of life services to patients and their carers. The need to resource and implement an electronic patient record has been achieved. This record ensures that clinical details are kept up to date and available to all clinical staff working within the walls of the Hospice and those who outreach into the community and has facilitated our inter-relationship with GP systems (where many GPs use compatible systems). Ensuring extensive planning and a training programme for all clinical staff on the SystmOne data base allowed the Hospice to successfully start to use the electronic records for community patients in June 2012, followed by implementation on the inpatient unit in November 2012. A Clinical Database Steering Group was established to oversee the planning, implementation and on-going development of the clinical database, SystmOne. As part of the on-going development, Super-users were identified to provide refresher training for Hospice staff and develop new clinical record templates which support practice development. A SystmOne Helpdesk has also been created to support staff with any problems or concerns on a daily basis. A report is made to the Board of Trustees on progress through the Governance Sub-committee.

Improvement Priority 3  To consult formally with volunteers

As recommended by the A Project looking at consultation with regard to the future development of St Wilfrid’s Hospice services, a ‘Volunteer Forum’ was established to provide a vehicle for volunteers to voice and suggest ideas. The aim is to improve communication between different groups of volunteers and volunteers and staff. In October 2012, St Wilfrid’s Hospice Volunteers Forum met for the first time with
representatives from all departments. After each meeting, the Chair provides feedback to the Chief Executive and Volunteer Services leader as appropriate, provides an annual summary to the Board of Trustees. All volunteers are asked to complete a survey every year asking them how they feel about volunteering for the Hospice. Feedback about the volunteer forum will be also monitored in this way.

**Quality improvement and innovation goals agreed by our commissioners**

St Wilfrid’s Hospice NHS income in 2012-2013 was not conditional on achieving quality improvement and innovation goals through the commissioning for quality and innovation payment framework.

**The Board of Trustees commitment to quality**

The Board are fully committed and supportive of the provision of a high quality clinical service which they place at the heart of all decisions they make about the Hospice and its strategic development.

The Hospice has a well-established governance structure, with members of the Board having an active role in ensuring that the Hospice provides a high quality service.

The Board of Trustees meets formally every other month and in the intervening months receives updates and presentations from clinical and other staff to enhance their understanding and awareness of our services. The Management Team ensure that the Board are kept informed of all relevant information with regard to clinical services.

All the above ensure that the Board have a “real feel” for the level of care provided. The Board are confident that the care and treatment of patients is safe, cost effective and of a high standard.

**Statements from local Healthwatch and Clinical Commissioning Group**

Healthwatch West Sussex have declined to comment on this Quality Account report and we have sent the document to the Coastal West Sussex Clinical Commissioning Group but have not received any comment.