“The nurses brought confidence and calm into an already peaceful environment. Right at the end we were able to do it her way - a noble death. I hope my passing is as well planned and supported with love and grace, complete submission and acceptance”

Carer’s comment about Hospice at Home Service
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Part One

Our Mission
We are here for you and those you love, to help you to live well and die at peace in the place you choose

Our Vision
To lead and develop services which ensure an effective and timely response to the needs of those in our Island community with life-shortening illnesses

Our Values
At Earl Mountbatten Hospice we strive to be:

Patient-focused - understanding the needs of each patient, their family and carers;

Community-focused - recognising and appreciating the contribution of staff, volunteers and Island people;

Accessible - offering care, support and advice to anyone with a life-shortening illness;

Positive - compassionate and responsive, promoting the enjoyment of life;

Efficient - using our resources wisely.

Strategic Direction
Building on the foundations of more than 30 years ...

Strategic Aims
• Be the Island’s lead provider of palliative care
• Work together, and with others, to make best use of resources for Island palliative care
• Provide high quality services that meet and exceed the expectations of our Island community and the requirements of our regulators
• Develop services so as to meet the needs of more people for more of the time that they experience life-shortening illness, including contributing to the development of services for children and young people
• Ensure that the experience of dying is dignified and comfortable for our patients, wherever they are
• Extend and enhance our support to the family and carers of our patients
• Ensure that all EMH services are financially and practically sustainable.
I am very pleased to present the second Quality Account for Earl Mountbatten Hospice. Maintaining the high quality of our services is at the heart of our Hospice; our quality framework and quality monitoring systems are actively reviewed and developed each year.

At Earl Mountbatten Hospice we support people to live every moment. We focus everything we do on the care of the patient and their family – directly through our care services and through our education and support activities with other care providers in our community.

We strive to operate an open culture where staff, volunteers, patients and carers are encouraged to report concerns and share their feedback with us. This culture, together with our broader user involvement and feedback provides us with reassurance about the quality of care we are providing and helps us to identify areas where we can still make improvements.

We made good progress in achieving our priorities for 2013/14, through our improvement in holistic assessment and individualised care planning for our patients, addressing the inequities which existed for individuals with life-limiting conditions other than cancer who wished to access hospice services, and the design and implementation of an ongoing survey for those people who use the John Cheverton Centre.

For 2014/2015 our priorities for the year focus on three areas, improving patient safety, clinical effectiveness and the patient experience.

Through the implementation of an enhanced clinical pharmacy service we will improve medicines management for patients and our ability to respond to requests for medicines-related advice from colleagues caring for individuals with palliative care needs in other clinical settings. We will also undertake a robust review of the current fire and safety procedures following our ward refurbishment programme.

Building on our theme from last year of addressing identified inequities in our service and improving clinical effectiveness, we aim to widen access for palliative care patients in the community who may benefit from the skills and expertise of an occupational therapist to help them live comfortably and safely in their home.

Essential to enhancing the provision of high quality care is our focus on the patient and family experience. This year we intend to explore the need for a communal social space on the ward (at the hospice) in addition to improving wifi access throughout all patient areas in the Hospice. Feedback from our focus groups also identified the need for individualised information when they accessed our community service; we will develop this with the support of our current service users.

I and Earl Mountbatten Hospice’s team of senior managers have been closely involved in this review and in developing these priorities, which have been ratified by the Board of Trustees. I am able to confirm that the information in this Quality Account is, to the best of my knowledge, accurate.

Jo Blackburn
Part Two

2.1 Priorities for Improvement

1 April 2014 – 31 March 2015

At Earl Mountbatten Hospice we are continually reviewing our services to improve and further develop them. In consultation with staff, patients and their carers, through our interactive focus groups, seven areas for improvement have been identified that are considered essential to enhance the provision of high quality care. An action plan will be produced identifying nominated key leads to drive the identified priorities for improvement. This action plan will be monitored by the Patient Services Committee.

Priority 1: Patient Safety

• Target: To reduce preventable medicines-related incidents or harm to zero and enhance our ability to deliver multi-professional medicines-related advice working with St Mary’s Hospital and local pharmacies.

Implement an enhanced clinical pharmacy service to EMH. This is considered to be an integral part of delivering safe, effective, high quality patient care.

• Target: To carry out a robust review of current fire and safety procedures and address any issues following recent redevelopment work to ensure that EMH is a safe environment for our patients.

In order to enhance the Hospice surroundings and maintain a safe environment of care for our patients, we have undertaken major redevelopment during 2013/2014, which is due for completion in April 2014. During 2014/2015 we will review our fire safety and emergency procedures to reflect these changes in consultation with our service users.

Priority 2: Clinical Effectiveness

• Target: To widen access for palliative care patients in the community who may benefit from the skills and expertise of an occupational therapist.

Provide an ‘outreach’ occupational therapy service in order to support palliative care patients in the community; enabling patients wherever possible to remain in their preferred place of care.

• Target: Develop a new electronic patient recording system.

To ensure that complex care pathways are safe, effective and manageable with the ability to share records between disparate agencies, a new electronic patient recording system is being developed.

Priority 3: Patient Experience

• Target: To create a social space for patients on the ward.

Explore and gather evidence to build a case for a communal, social space for patients on the ward.

• Target: To enable patients and visitors to use mobile devices and phones when in the Hospice.

Improve wifi access throughout all hospice patient areas and provide a mobile phone ‘hot spot’ for relatives.

• Target: To provide all patients referred to community palliative care services with an individualised welcome pack.

Develop an EMH welcome pack for community patients who are referred into the palliative care service, including those who access services in the EMH John Cheverton Centre.
2.2 Statements Relating to the Quality of the Services Provided

In the following review there are statements (in italics) required by regulations which have to be included in the report. There are also a number of statements which are not applicable to the Hospice. These are listed in the final section of this report “Glossary and Other Information.”

2.2.1 Statement of Assurance from the Board

The Board of Trustees is fully committed to the provision of high quality care for patients, their families and carers, staff and volunteers at Earl Mountbatten Hospice. The Board is pleased with the progress made in 2013/14 and supportive of the improvements planned for the coming year.

Members of the Board play an active part in ensuring that the vision, mission and strategic direction of the Hospice are fulfilled, and that the organisation remains compliant with regulations in all areas. Audits are conducted regularly and thoroughly to ensure compliance with regulatory frameworks to support the development of clinical service provision and to ensure the views of our patients and families are regularly sought.

The Board will continue to monitor progress throughout the coming year.

Thank you for taking the time to read this report.

Peter Kingston
Chairman of the Board of Trustees
Earl Mountbatten Hospice
2.2.2 Review of Services

During 2013/14 Earl Mountbatten Hospice provided specialist palliative care services within the following areas:

- Inpatient unit
- Palliative care services at the EMH John Cheverton Centre
- Community
- Outpatients
- St Mary’s Hospital
- Nursing/residential homes

These departments are supported by the following services:

- Community Nurse Specialists
- Hospital Palliative Care Team
- Hospice at Home
- Mountbatten Nursing Services
- Nursing services in EMH John Cheverton Centre
- Psychological Services
- Chaplaincy
- Care Manager
- Physiotherapy
- Occupational Therapy
- Complementary Therapies
- Diversional Therapy
- Information and Support Centre
- Education
- Voluntary Services

The ethos and provision of high quality education and training underpin the provision of care across all settings. Hospice staff are supported in their mandatory training requirements and are actively encouraged to advance their continuing professional development. This year many of our employees have successfully achieved higher level qualifications, including Non-Medical Prescriber, Masters in Hospice Leadership, Masters in Charity Marketing and Fundraising, B.Sc. (Hons) and NVQ level 3 in Health and Social Care.

During 2013/14 EMH provided five NHS specialist care services:

1. Inpatient Palliative Care
2. Hospital Palliative Care
3. Community Palliative Care
4. Lymphoedema Service
5. Psychological Services

EMH has reviewed all the data available to them on the quality of care in these five services.

Children’s Palliative Care

One of the strategic priorities approved by the Earl Mountbatten Hospice Board this year was to contribute to palliative and end-of-life care provision for children and young adults. Over the course of 2013, EMH has made great strides with a contribution to developing children’s palliative care services on the Island, alongside our NHS and local partner organisations. An action plan has been developed for EMH John Cheverton Centre and staff and volunteers are supporting wider access to the facilities, some of which have been enhanced specifically with children and families in mind.

Financial Considerations

- The income generated by the NHS services reviewed in 2013/14 represents 40% of the total income generated from the provision of NHS services by Earl Mountbatten Hospice for 2013/14.
- EMH receives a fixed annual grant from NHS Isle of Wight.
- 100% of the financial support we receive from the NHS is spent directly on patient services.
- The running costs of EMH are forecast to be £6m in 2014/15. The majority of this has to be raised through donations, legacies, fundraising initiatives and our chain of charity shops.
- We review all our services on an ongoing basis to ensure we are delivering them efficiently and that we spend our money wisely. This is particularly important in the light of the challenging economic climate we currently face. Expert care for our patients and their families remains our number one priority.
2.2.3 Quality Improvement and Innovative Goals Agreed with Commissioners

The quality improvement aim was to develop, with NHS providers, patient-centred, coordinated and seamless care for patients placed on the Frail Older Persons Anticipatory Care Plan. Good quality connectivity between the NHS and the Hospice is essential to enable the Hospice to harness information and new technologies to enhance the quality of patient care. Income of £56,883 in 2013/14 was conditional on achieving improvement and innovation goals through the Commissioning for Quality and Innovation Schemes (CQUINS) payment framework.

The actions to achieve this goal were to:

- design and implement an End of Life Care Register;
- promote patient choice through data sharing;
- ensure that any system designed is accessible by professionals involved in the provision of care to that patient;
- promote more cost-efficient working without a negative impact on quality.

All were achieved in full.

*Further details on the agreed goals for 2013/14 are available on request.*

2.2.4 Statement from the Care Quality Commission

Earl Mountbatten Hospice (EMH) is required to register with the Care Quality Commission (CQC) and its current registration is for the following registered activities:

- Personal care
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

*EMH did not participate in any special reviews or investigations by the CQC during 2012/13. The CQC has not taken enforcement action against EMH during 2013/14.*

EMH is subject to periodic review by the CQC and the last review was 7th May 2013. The CQC’s statement following that review was as follows:

“We inspected the following standards as part of a routine inspection. This is what we found:

<table>
<thead>
<tr>
<th>Standard</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respecting and involving people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Meeting nutritional needs</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Requirements relating to workers</td>
<td>✓ Met this standard</td>
</tr>
<tr>
<td>Records</td>
<td>✓ Met this standard</td>
</tr>
</tbody>
</table>

We spoke with four visitors and one patient receiving care from the inpatient service. They said they were very happy with the way they were cared for. They said ‘the staff are wonderful and know what care is needed.’

We spoke with nursing, care and medical staff. Staff were aware of how people should be supported, their individual likes and dislikes and the help they required. Staff stated they felt they had sufficient time to meet people’s needs. Staff also told us they had attended relevant training and had all the necessary equipment to safely care for people.

We found good recruitment and induction procedures were followed. Care plans and related care records were appropriate to people’s needs. People’s privacy and dignity were maintained and they or their relatives were involved in decisions about their care.”
2.3 Participation in Clinical Audits

National Clinical Audits

During the period 2013/14 there have been no national clinical audits and no confidential enquiries relating to the services provided by Earl Mountbatten Hospice, and therefore no work was undertaken in this area.

Regional Audits

There were no requests from NHS England or Isle of Wight Clinical Commissioning Group for specific audits.

Local Audits and Surveys

In January 2014 we were delighted to take part in the first Help the Hospices national benchmarking pilot. Benchmarking enables hospices to report, share, compare and learn from each other. Using benchmarking data enables hospices to improve quality by comparing their performance to identify improvements that have been successful in other hospices. In developing this tool consideration has been given to key indicators such as patient safety, falls, pressure ulcers and medication incidents. The benchmarking reports will be used to assure and provide evidence of quality to the EMH Board of Trustees, CQC and our local NHS CCG.

An inpatient ward weekly quality survey is carried out, which includes reviewing patient notes, medication charts, patient care plans, infection control issues and reporting of the general quality of the cleanliness and tidiness of the ward and other patient areas. This is collated quarterly and reported to the Patient Services Committee.

The following actions have resulted from our ward walk-around audits:

- documentation has greatly improved and changes have been implemented. Training sessions are held to support staff to document appropriately and to ensure notes more accurately reflect the individualised patient care pathway.
- medication charts have been upgraded and are regularly audited by pharmacy staff
- all patients’ rooms have a cleaning schedule and checklist to evidence cleanliness
- the ward sluice is being upgraded to replace bedpan washers with a macerator to ensure that more rigorous infection control measures are in place
- offices and store rooms have been upgraded to keep them clutter-free
- the patient’s name and the named nurse for each patient are in the room at the time of the patient’s admission.

A comprehensive governance and assurance report, including data gathered from clinical incidents, informs the Patient Services Committee meetings. The report also includes completed audits, current education and training compliance and a summary of the status of the clinical risk register.

A quality initiative entitled The 15 Steps Challenge was piloted at EMH in July 2013. The “15 steps” quote originates from the mother of a young girl who was a regular inpatient in various care settings. She said “I can tell what kind of care my daughter is going to get within 15 steps of walking onto the ward.”

The Challenge is a tool to help staff, patients and others to work together to identify improvements that will enhance the patient experience. It comprises a ward walk- around, seeing the environment through the eyes of a patient.

A small 15 Steps Challenge Team assessed the entrance and reception areas of the Hospice, noting first impressions and taking a series of photographs. The team presented their findings to the Senior Management Team and Patient Services Committee with a list of recommendations for improvement and an action plan. As a result investment was made into enhancing the environment. Two further challenges have taken place during 2013/14, one in EMH the John Cheverton Centre and one on the Hospice inpatient ward.
Participation in Research

There were no opportunities for Earl Mountbatten Hospice to participate in any local or national ethically approved research or clinical trials.

Trustee Unannounced Provider Visits

Members of the Board of Trustees regularly undertake unannounced visits to gain insight into our hospice services. They talk to patients and their relatives/carers, staff and volunteers and ask them to share their views and experiences. The following examples are from one such visit undertaken in the last twelve months.

The Trustee made an unannounced visit to the EMH John Cheverton Centre. He had nothing but praise for our new facility. He reported that he learnt a lot about the people and services provided by the Centre and was most impressed by what goes on ‘behind the scenes’. He reviewed the areas he visited as follows:

Welcome and information: “I had little understanding of this service and Lesley explained most clearly what is provided, how it is recorded and showed me examples of the different patient and carer information leaflets. She also pointed out that it is unique to have this part of the service located in the Hospice building.”

Day Services: “Tina and Kate made me extremely welcome. The area was extremely busy and buzzing. I spoke to a number of visitors and, without exception, they all had nothing but praise for the services and the opportunity for socialising that the Centre provided. I was most impressed.”

Complementary Therapy: “The therapy room is delightfully bright and soothing, a facility to be proud of.”

Physiotherapy: “Elise was very enthusiastic about her bright and well-equipped treatment area.”

Café: “Gary, the Café Manager, was very enthusiastic and completely at home with the dining and food preparation areas. Wholesome and appetising food was displayed in the light and airy modern café.”
2.4 Data Quality

2.4.1 Minimum Data Set 2012/13

In accordance with an agreement with the Department of Health, Earl Mountbatten Hospice submits a Minimum Data Set (MDS) for Specialist Palliative Care Services to the National Council for Palliative Care (NCPC) on an annual basis, with the aim of providing an accurate picture of hospice and specialist palliative care services activity. As this data has been collected in its current form since 2008/09, it is now reflecting the activities within the Hospice and specialist palliative care services for the Isle of Wight community. More information on the minimum data set is available from the National Council for Palliative Care www.ncpc.org.uk

The most recent data available from the National Council for Palliative Care was made available in November 2013 and relates to the year 2012/13. A review of this information, which includes benchmarking with similar sized services and inpatient units both nationally and in the Wessex region, details the extracted information shown below about Earl Mountbatten Hospice’s services. It is, however, important to note that during 2012/13, the Hospice restructured the way data was captured for those patients attending as day patients from being based on the actual number of patients to the number and type of contacts the patients had whilst attending day services at EMH John Cheverton Centre. This was due to the opening of the EMH John Cheverton Centre, the way patient day services were being developed and the start of collection/collation of data in preparation for the Specialist Palliative Care Funding Review.

Earl Mountbatten Hospice Services:

- **Inpatient Services.** During 2012/13, 235 patients were admitted, the same figure as the Wessex Region average, of which 201 were new patients, close to the Wessex Region average of 203 new patients. The majority (65.7%) of the new patients fell into the 65-84 age range compared with the national median of 57.9%.

- Female patients numbered 107 compared with 94 male patients, unlike the national median where male patients just outnumbered female patients by six. The average length of stay was higher for cancer patients (13.6 days) when compared to Wessex Region (11.7 days) but lower for non-cancer patients (11.0 days) against Wessex Region (13.6 days).

- The **Community Clinical Nurse Specialists** saw a total of 390 patients, some 54 patients more than the national average of 336. This higher figure also resulted in the total number of visits made to patients being above the national average by 150. The average length of care was 112 days compared to the national average of 99 days.

- The **Hospital Palliative Care Team** saw 234 patients, some 10 fewer than the national average; the average length of care was 16 days.

- **Hospice at Home services** saw 32 patients out of a total of 231 with a non-cancer diagnosis, in line with the national average. The average length of care provided by the team was 50 days, compared to a national average of 25.5. This demonstrates the flexibility of the service and its sensitivity to patient and carer need; undertaking longer episodes of care, when needed, to reflect individual requirements.

- **Bereavement Support Services** provided support to 222 users, nearly 40 more than the national average.
The percentage of elderly people on the Isle of Wight is greater than in many areas. Population projections suggest that the greatest rise will be in the age groups 70-79 and 90+ years (Isle of Wight Council Information Team, September 2013). Many people retire to the Island and remain here until they die. With families on the mainland, informal carers are often not available, leaving the option to die at home more unlikely without well organised, coordinated services.

As a team, in today's financial climate, we need to find more efficient, effective ways of working to ensure as many patients as possible who need specialist palliative care are able to access the right service at the right time and be offered the individual support they require. During 2014/15 we are partnering with Macmillan Cancer Support to help provide the care for people to stay as long as possible in their own homes, and have a real choice about where they die. With the addition of two community support workers to the amalgamated community teams, a part-time occupational therapist, one registered nurse and a volunteer coordinator to source and train new volunteers, the Hospice team will enable more patients and their families to have choice at this vulnerable time.

Inpatient Data

Data relating to patient occupancy, length of stay and admission of inpatients used for 2013/14 is shown in the graph below.

Patient Contact Data

The number of actual patient contacts by the clinical service and other services offered by Earl Mountbatten Hospice is shown in the graph below. It should be noted that this is not the number of patients but the number of times contact is made with patients, which could be more than once for each patient and by each service.

### Information Governance

During 2013/14 Earl Mountbatten Hospice achieved Level 2 compliance with the Department of Health Information Governance Toolkit, demonstrating that the organisation has robust processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record-keeping practice. Earl Mountbatten Hospice will work to further improve its score, provide additional training and awareness across the organisation and fully embed the information asset management programme of work.
3.1 Review of Priorities for Improvement 2013/2014

Priority 1
Patient Safety - documentation

Following a CQC visit in October 2012 more detailed, holistic assessment and individualised care planning for our patients was recommended. The CQC report highlighted that the documentation inhibited recording and evidencing of individualised patient care. It acted as a driver for change and a review of all documentation took place with the primary aim of evidencing individualised patient care. Senior nurses in consultation with others led this documentation review.

The new documentation, piloted on the inpatient unit in April 2013, included a set of core assessments, admission proformas and core care plans, with a basic ‘blank’ care plan for additional care plans as required.

A record-keeping audit carried out in February 2014 identified the need for a further review as it was evident that this documentation contained a high degree of repetition. A multi-disciplinary documentation workshop was held on 25th February to assess the views of the team, canvassing their ideas of what works well and what requires improvement. The group was asked what their ideal documentation would look like. The following suggestions were highlighted:

- Electronic
- Purposeful
- Individualised
- That they make a difference to the care of the patient
- Clear
- Concise

The following recommendations were made and agreed by the group:

- a protocol is to be written to clarify the guidelines
- the nursing evaluation sheet is to be removed and all multi-disciplinary team members are to write in the MDT progress notes section of the file
- a contents and filing guide is to be created and included in every file
- staff are to be educated in documentation to include the ‘what, where and why’
- the complex communication sheet is to be removed and discussions are to be recorded in the MDT progress notes section

An action plan was produced and completed by the end of March 2014.
**Priority 2**  
**Clinical Effectiveness**  
– Non-malignant diagnosis referrals

The Hospice has recognised that there is inequity between those with a cancer diagnosis and patients with other life-limiting conditions. We were also aware that a hospice is often synonymous with cancer and dying.

All Island GPs were contacted personally by the Hospice team with clear information about the diversity of services the Hospice provides. This has resulted in an increase in referrals of patients with a non-cancer diagnosis.

Because the number of inpatients referred to the service living with a non-malignant diagnosis has more than doubled (table below) it was recognised that some clinical staff required extended training and support in caring for patients with life-limiting conditions other than cancer. Staff were invited to suggest topics to include in further training.

Provision was made for specialism training to cover the identified areas, which included non-malignant diagnosis, respiratory diseases and heart failure. A regular session now takes place for one hour each week on any topic or other educational interests that clinical staff request.

![Graph showing number of admissions of patients to inpatient unit with non-malignant diagnosis for 2012/13 and 2013/14](image)

**Priority 3**  
**Patient Experience – the new EMH John Cheverton Centre Day Services**

EMH John Cheverton Centre (JCC) was formally opened in October 2012. One of the services provided from the new facility is day services for patients with specialist palliative care needs. The service aims to provide flexible, coordinated and holistic palliative care tailored to the individual’s needs within a modern and inspiring facility. The service strives to enhance patient care and improve patient experience throughout their journey.

The targets for 2013 were as follows:

- An on-going patient survey, with questions designed to reflect the care received, with quarterly reports.

The patient survey continues and a report is presented and discussed at each Patient Services Committee meeting. All patients who attend the JCC for day services were given the opportunity to take part in the survey and twenty-eight completed surveys were received from patients during the period July to December 2013. All questions relating to care in the survey were rated by patients in the completed surveys as either very satisfied or satisfied, showing overall a very high satisfaction rate. Responses showed that 86% of patients were very satisfied and 14% were satisfied with their level of involvement in their care and treatment and the engagement of staff with them and their relatives/carers.

89% of patients were very satisfied and 11% were satisfied with the time that staff gave them. The only area where dissatisfaction was raised was in the choice of menu and service in the Café (7% reported dissatisfaction). A comprehensive action plan has been put in place following the survey to monitor the choice of menu and service in the Café, ensuring that this new service continues to develop and adapt in line with patient needs and requirements.
• **An audit to understand the timeliness of services for the individual patient and whether this is meeting the needs of the service user.**

This has been completed every two months and a report made to each meeting of the Patient Services Committee.

All patient referrals to the palliative care service are audited every two months to compare the initial contact time by the assessing clinician (Clinical Nurse Specialist in most cases) either by telephone, visit to home or booked appointment at JCC against the target referral response times. The target referral response times are: standard referral within five working days and an urgent referral within two working days of receipt of the referral. The referrals included all patients living in the community referred to the palliative care service.

To date the referral response has been met in a significant majority of cases (on average 93% over the year). Each individual case where the referral target has not been met has been investigated and shared with the relevant teams for reflection and to drive improvements in response time.
3.2 The Patient and Family Experience of the Hospice

Patient and Carer feedback received in 2013/14

Here at Earl Mountbatten Hospice we always welcome feedback from our patients, their families and their friends. We are currently reviewing our formal feedback processes but here is a small selection of the comments recently received:

JCC Day Services and Information & Support Centre

A small selection of feedback from patients using our newly-built EMH John Cheverton Centre:

“A gold standard set by staff”

“It provides a wonderful service where you can come and be creative or have quiet time, whatever you want. The Centre has a very happy atmosphere and the staff are excellent. You are treated as a whole person, not just someone with a life threatening illness. God bless you all”

“What a relief to have this Centre as I am very concerned about my Mum living on the Isle of Wight on her own as I live on the mainland”

Hospice @ Home

The following quotes have been taken from thank you letters and our patient care survey, which is sent out six months following bereavement, for patients and carers who have been supported by our Hospice at Home service:

“My wife knew that time was running out and her only wish was to finish her time at home in her own surroundings with family and friends by her side. This wish was fulfilled and I had her at home with me for the last seven weeks. It was only possible with the help of your team who made my wife comfortable and pain free. The care you gave was first class not only to my wife but to me and my family also, for which we are very grateful”

“The care and attention my wife received in her last days was excellent and the individuals involved were exemplary”

“I want to thank you all for the help and support you gave me, which enabled me to care for my dear mum, at home in her final days. Without the help and kindness shown to her and me, we would not have been able to do this. I will miss her dreadfully, but get comfort that she had her final wish”
Inpatient Quotes

The Hospice has received the following favorable comments from relatives following care on the inpatient ward.

"You made my mum’s stay very positive"

"My Dad was only with you for three days before he passed away but during that time I was comforted greatly by the level of patience, gentleness and dignity afforded him by the staff at EMH”

"Thank you so much for all your hard work and kindness that you provided to our very precious mum"

"As a family we are eternally grateful for the care, friendship, understanding, help and the real compassion afforded to us during those long months"

Lessons Learnt

Sometimes we receive feedback from which we need to learn and improve our methods of working. For the year ended 31st March 2014 we received three complaints, all of which were from relatives. All complaints, whether written or verbal, are investigated thoroughly and reported anonymously to the Patient Services Committee and the local Clinical Commissioning Group. Where shortfalls are identified, immediate action is taken to minimise the risk of recurrence.

The complaints or concerns received covered a variety of themes which included the need to improve the following;

- information and communication when a patient is referred to the hospice services
- communication with care givers
- one aspect of symptom diagnosis management.

Lessons learned and acted upon included developing a patient/carer information pack, photo boards displaying photographs of staff working on the inpatient ward and in the EMH John Cheverton Centre, care planning training for clinical staff and training for community nursing staff in the use of a bladder scanner. In all cases, a comprehensive action plan is formed, led by the senior clinical lead for the area concerned, who works with staff to act on lessons learned. Wherever possible, action plans and lessons learned are shared with the complainant in order that they can see how their feedback has been able to drive quality and enhance service user experience.
Earl Mountbatten Hospice conducted a staff survey during the summer of 2013. The survey respondents comprised of a mixture of staff and volunteers. Key highlights were:

- 80-90% enjoy the work they do and the people they work with
- 80-90% feel that they have a good work/life balance and the workload is reasonable
- More than 8/10 respondents feel they are making a difference at work
- Over 75% feel empowered to take decisions and get support to do their job well and are regularly praised for their work
- Nearly 80% are satisfied overall with their job and plan to be working here in a year.

The average turnover of NHS staff for the year ended 31st March 2014 was 1.5%. (Comprising medical staff, clinicians and nurses).

Several issues from the staff survey required addressing and included the following themes:

- The need to improve communication both within the organisation and externally
- The need to provide a mechanism for gathering suggestions and providing feedback on actions taken
- The need to consider how the organisation can improve visible leadership, particularly from the executive team and trustees, both inside and external to the organisation.

These findings will be incorporated into the development of an organisation-wide development plan, led by a newly created leadership team, with clear lines of accountability and timescales.

**Quotes from Staff and Volunteers**

- “It is important that the Hospice shows equality to everyone and that we can support each other to deliver outstanding care to all our patients. I believe that it is the little things we do that make a big difference”
  Josie Sampson, Community Nursing Team

- “We are the only hospice on the Island and, with a small community, most residents have had some direct involvement or know of someone who has been touched by the Hospice in some way. We are privileged to be working here and making a difference to people’s lives”
  Jo Hanks, Macmillan Information & Support Centre Manager

- “The working atmosphere here shows the warmth and friendliness of all staff and volunteers. Their dedication enables those facing terminal illness to meet their journey with confidence and support”
  Barbara Jackson, Volunteer
3.4 Statements of Assurance

Statement from the Isle of Wight NHS Clinical Commissioning Group

Isle of Wight Clinical Commissioning Group (CCG) welcomed the opportunity to participate in the governance ‘sign-off’ process and provide a statement in response to the presented Quality Account from the Earl Mountbatten Hospice (EMH).

The Quality Account has been shared with representatives of the Clinical Commissioning Group; Clinical Executives, Heads of Commissioning, and CCG Clinical Leads for their comments.

It is felt that as a ‘public facing’ document, the 2014 Quality Account is easy to read; clearly setting out its values and aims, supported by a useful glossary of terms and acronyms.

The three priorities identified by EMH going forward are considered to be appropriate however; it is felt that a more detailed rationale as to how and why the priorities were chosen and more defined outcome measures would assist in the process of assessing whether priorities are achieved.

The CCG feels that there is an opportunity to expand priority two: clinical effectiveness to include the patient pathway from the acute setting to EMH and the provision of short-term episodes of care.

EMH acknowledges, within its Quality Account, the challenges faced by the Hospice, particularly in the current economic climate; it would be helpful to have some understanding of how the Hospice is planning to sustain services, such as Hospice @ Home and ensure how expert care delivered by a high quality workforce can be secured into the future.

The Provider has demonstrated quality improvement in the priorities it set out in last year’s Quality Account; there is scope to elaborate on the outcomes, such as examples of the information given to GPs or specific actions planned in response to the patient survey findings, where patients were dissatisfied. This would give additional assurance that the priorities are both achieved and embedded.

It is pleasing to note the achievement of the Commissioning for Quality and Innovation Schemes (CQUINS); the CCG considers achievement as another mechanism by which EMH can demonstrate quality improvements, particularly in schemes that require work with other agencies and organisations.

There is also a good balance of patient and family, staff and volunteer feedback within the Quality Account.

The CCG also had the opportunity to join an external team in February 2014, to review, at the invitation of EMH senior management, the services provided by the Hospice. This was commended as a very open and transparent process by which the Hospice invited constructive feedback on the quality and effectiveness of its services, in order to inform an organisational wide development plan.

Quality Account priorities, together with CQUINS and other quality outcomes in contracts, will continue to be monitored in detail by Commissioners, as part of the performance management of the Provider through scheduled Contract Review Meetings.

Overall, Isle of Wight Clinical Commissioning Group would commend the Quality Report as a fair reflection of the Provider’s positive achievement across the quality agenda and the high level of commitment and effort across a diverse organisation to constantly improve the quality of services provided.

Isle of Wight Clinical Commissioning Group
Statement from Isle of Wight Healthwatch

Healthwatch Isle of Wight would like to congratulate the Hospice on producing a very accessible and easy to read document.

We noted the work done to improve quality in 2013/14, specifically:

- the improvements which were identified in relation to documentation by the CQC inspection of October 2012
- the work done to extend the awareness of services the hospice provides to those with non malignant diagnoses
- the extension of day services through the John Cheverton Centre

We are looking forward to developing our relationship with the Earl Mountbatten Hospice in the coming year and better understanding the services it provides to inpatients and the wider community. We would be particularly keen to engage with the Hospice on priority 3: Patient Experience.

Dominic Crouch
Chair of the board

Independent Statement
Carol Alstrom, Nurse Advisor

The author of this statement has reviewed the Earl Mountbatten Hospice Quality Account for 2013/14 and feels that it meets the requirements as set out in the national guidance for quality accounts, bearing in mind that this guidance is written for NHS Trusts and requires some level of interpretation for the Hospice setting which is a charitable organisation outside of the NHS structure.

Earl Mountbatten Hospice is required to complete a Quality Account due to the level of funding received from the Isle of Wight Clinical Commissioning Group and it should be commended on the quality, readability and overall content of the document.

Overall review of the Quality Account

The Earl Mountbatten Hospice Quality Account for 2013/14 achieves the following national requirements as set out in the Quality Account Toolkit (DH, 2010)

1. Quality Accounts are public documents, and while their audience is wide ranging the Quality Account should aim to present information in a way that is accessible for all.

2. Data presentation should be simple and in a consistent format. Information should provide a balance between positive information and acknowledgement of areas that need improvement.

3. Use of both qualitative and quantitative data will help to present a rounded picture and the use of data, information or case studies relevant to the local community will help make the Quality Account meaningful to its reader.

4. The Board (or equivalent) is accountable for the Quality Account and, therefore, they must assure themselves and then state publicly within the document that the information presented is accurate.

5. To provide further assurance, the lead Clinical Commissioning Group, Healthwatch and Overview and Scrutiny Committee (OSC) must all be offered the opportunity to comment on your report ahead of publication and a statement, if offered, must be presented in the Quality Account.

Section Review of the Quality Account

Quality Accounts must cover the following and one recommendation for improvement to strengthen the Earl Mountbatten Hospice Quality Account is included in italics, otherwise all the points required are contained within this version.

Part 1

- A statement on quality from the Chief Executive (or equivalent) of the organisation and a statement from the senior employee outlining that to the best of that person’s knowledge the information in the document is accurate (in regulations).
Part 2

- Priorities for improvement (in regulations) – including plans for quality improvement and why those priorities for improvement were chosen, are well described in the report.

- Statements relating to quality of NHS services provided (in regulations) – content common to all providers which makes the accounts comparable between organisations and provides assurance that the Board has reviewed and engaged in cross-cutting initiatives which link strongly to quality improvement.

**Recommendation:** The following statement and associated actions are missing “Earl Mountbatten Hospice will be taking the following actions to improve data quality......” It is recommended that EMH ensure this is included in the next Quality Account.

Part 3

- Review of quality performance (for provider determination) – report on the previous year’s quality performance offering the reader the opportunity to understand the quality of services in areas specific to the organisation is appropriately presented.

- An explanation of who has been involved (for provider determination) and engaged with to determine the content and priorities contained in your Quality Account (in line with current equality legislation and the Health Act 2009).

- Any statements provided from the commissioning CCG, Healthwatch or OSCs (in regulations) including an explanation of any changes made to the final version of the Quality Account after receiving these statements.

It should be noted that the reviewer has not audited any of the data contained within this report. However she has no known reason, at the time of writing this statement of support, to doubt the information presented based on knowledge gained from time spent at Earl Mountbatten Hospice in the role of Nurse Advisor.

**Recommendations for future Quality Accounts.**

It is recommended that for the 2014/15 Quality Account consideration should be given to adding more information about patient and staff survey results including actions taken and consideration of including the healthcare indicators which are relevant to the hospice including VTE, C.difficile infections and patient safety incidents. As new guidance is issued each year these indicators will need to be reviewed in line with the latest guidance at the time of writing the report.

Carol Alstrom
Nurse Advisor to Earl Mountbatten Hospice
19th June 2014
The Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 requires the Directors to prepare Quality Accounts for each financial year.

The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the above 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, trustees are required to take steps to satisfy themselves that:

- this report presents a balanced picture of the Hospice’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 are robust and reliable, conforms to specified data quality standards and prescribed definitions, and are subject to appropriate scrutiny and review, and
- this Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.
Glossary and Further Information

Glossary

CQC - Care Quality Commission. This is the independent regulator of health and social care in England. It regulates health and adult social care services provided by the NHS, local authorities, private companies or voluntary organisations.

MDT - Multi-Disciplinary Team. A multi-disciplinary team is composed of members from different healthcare professions with specialised skills and expertise. The members collaborate together to make treatment recommendations that facilitate quality patient care.

CCG - Clinical Commissioning Group for the Isle of Wight. Clinical commissioning groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. They have replaced Primary Care Trusts.

JCC - EMH John Cheverton Centre. This is a centre integrated with Earl Mountbatten Hospice providing day services and information and support for patients, families and their carers.

NCPC - National Council for Palliative Care. The National Council for Palliative Care (NCPC) is the umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland.

MDS – Minimum Data Set. The Minimum Data Set for Specialist Palliative Care Services is collected by the National Council for Palliative Care on a yearly basis with the aim of providing an accurate picture of hospice and specialist palliative care service activity. It is the only annual data collection to cover patient activity in specialist services in the voluntary sector and the NHS in England, Wales and Northern Ireland.

CQUINS - The Commissioning for Quality and Innovation Schemes payment framework enables commissioners to reward excellence, by linking a proportion of English healthcare providers’ income to the achievement of local quality improvement goals.

Further Information

The following statements are required by law to be included in the Quality Account. They currently do not apply to Earl Mountbatten Hospice:

- The number of national clinical audits and the number of confidential enquiries.
- Records submitted to the Secondary Users service for inclusion in the Hospital Episodes Statistics.
- Earl Mountbatten Hospice was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission.

How to Provide Feedback on this Quality Account

This important document sets out how we continue to improve the quality of the services we provide.

We welcome your views and suggestions on our Quality Priorities for 2014/15 as set out in Part 2 of this Quality Account.

We welcome feedback at any time on our Quality Account; please contact Mrs Jo Blackburn, Chief Executive on 01983 529511 or email chiefexec@iwhospice.org.

You can read more about the national requirements for Quality Accounts on the NHS Choices or Department of Health websites.

You can download a copy of this Quality Account from http://iwhospice.org/governance.aspx

This Quality Account will be available as an Easy Read document on our website and also in audio format from August 2014.
Acknowledgements

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Brigid Plummer  Ward Manager  
Laurie Rushton  Statistical Coordinator  
Linda Wright  Project Coordinator  
Carol Alstrom  Nurse Adviser to EMH  

Board of Trustees  
Senior Management Team  
Staff & Patient Focus Groups