Quality Account 2015/16

With thanks to members of the End of Life Care Programme at Macmillan Cancer Support who volunteered their time to collect and review user feedback about care by St Christopher’s in July 2015. Key themes are described in the poster used on the front cover of this report.
Part 1 - Statement on quality from Joint Chief Executives

Part 2 - Priorities for Improvement and Statements of Assurance

2.1 Priorities for improvement 2014/15 – What we Achieved Last Year

a) Patient Safety – Prevention and Confidence Group
b) Patient Experience – Friends and Family Test (FFT)
c) Clinical Effectiveness - OACC

2.2 Some of our Other Achievements in 2015/16

2.3 Priorities for Improvement 2016/17 – What we will Achieve Next Year

a) Patient Safety – Falls Rehabilitation
b) Patient Experience – Single Point of Contact (SPOC) project
c) Clinical Effectiveness – Integrating Outcome Measures as an Important Tool in Planning Care, Evaluating Services and Supporting Commissioning Relationships

2.4 Statement of Assurance from the Board

a) Review of Services
b) Participation in Clinical Audit
c) Supporting Vulnerable Patients
d) Education and Training
e) Research
f) Guideline Development and Review
g) Use of Commissioning for Quality and Innovation (CQUIN) Payment Framework
h) Statement from the Care Quality Commission
i) Information Governance Toolkit

Part 3 – Review of Quality of Performance

3.1 Clinical Data

a) Inpatient Unit (IPU)
b) Community (Outpatients, Care Home and Home based Care)
c) Bromley Care Coordination
d) Bereavement Services

3.2 Quality Markers

a) Patient Slips, Trips and Falls
b) Pressure Ulcers
c) Infection Prevention and Control
d) Medicines Management
e) Complaints and Compliments

3.3 Clinical Audit

3.4 Infection Prevention and Control Audits

3.5 Surveys and Reviews in 2015/16

a) Feedback
b) Future Plans for User Feedback

3.6 Benchmarking Activity

3.7 Statement on St Christopher’s Hospice Quality Account for 2015/16

3.8 Opportunities to give Feedback on this Quality Account
Part 1 - Statement on Quality from Joint Chief Executives

St Christopher’s serves a diverse population of 1.5 million people living in Lambeth, Southwark, Lewisham, Croydon and Bromley. In the course of 2015/16 the hospice has provided palliative and end of life care to over 6000 people, including patients, their families, friends and carers. We believe this care to be of a high quality, evidence for which is described in this report. To that end, we have worked hard in the last year to critically review the quality of our care, to establish systems and structures that maintain or improve its quality where required, and to strengthen processes that ensure key stakeholders are informed of our progress in this area. Most importantly we continue to engage with patients and other users to learn more about their perceptions of the quality of our care and to draw on their ideas about how it could be further improved.

All this work is overseen by a Quality and Governance Committee. This has been significantly strengthened in the course of the last year. Two trustees the Board of St Christopher’s now sit on the Committee and serve as an important link between the two groups. A new subcommittee has come into being - which aims to review the degree to which the organisation reaches the people who could most benefit from its expert services. This will attend to issues of diversity and hard to reach communities within our local populations. We have expanded the scope of influence of the committee to incorporate all aspects of the work of the hospice, including a personal care agency.

We are delighted with the appointment of a new head of quality assurance and governance, Gordon Glen. He brings extensive experience of quality assurance within the NHS. Managed by the Joint Chief Executives at the hospice he has an organisation wide remit, including the development of a three year quality improvement plan. We are in the process of appointing a new member of his team who will focus on strengthening our efforts to measure and review the care related outcomes we achieve for our patients. This represents significant investment and effort on our part to be rigorous in assessing our effectiveness and how this can be strengthened.

In the course of the last year we have worked hard to draw more on data about our activity and impact to guide service plans and improvements. To that end we appointed a new data manager and have been very pleased with the new information and insights that her work has offered managers, the Executive Team and the Board. We now enjoy regular reports about the care our patients and families receive, and are able to use the data to monitor our progress against our strategic priorities which focus, amongst other things on increasing our reach, improving our care and that of others and empowering local people on issues related to death, dying and loss.
Our Board has recently confirmed its pleasure at receiving detailed information about the quality of our services on a regular basis. Its members receive a dashboard of performance indicators at each meeting including some that relate specifically to the quality of care delivered. They also receive a report regarding quality assurance and improvement activities - with detailed papers as appendices that have previously been considered by the Quality and Governance Committee. We are committed to a transparent and candid approach to highlighting areas of risk, along with the stories of success about our work - a culture that we believe is perpetuated across the organisation. In that vein, we are able to confirm that the information in this quality account is, to the best of our knowledge, accurate.

Finally, in the course of the last year we have appointed three new directors to St Christopher’s.

Our senior management team known in the organisation as our Executive Team is best described in the figure on the following page.

We commend our quality report to you, and hope that it is interesting and informative.

Heather Richardson and Shaun O'Leary
Please note: The names presented in the blue boxes are those of our Executive Team.
Part 2 - Priorities for Improvement and Statements of Assurance

2.1 Priorities for improvement 2014/15 - What we Achieved Last Year

a) Patient Safety - Prevention and Confidence Group  
   Why was this priority?  
   Slips, trips and falls are one of the most common clinical incidents in the inpatient setting. These take place most often as a result of extreme weakness or confusion when patients attempt to go to the bathroom without calling for help.

   How was this priority achieved?  
   The falls group started on 29th April 2015 and has run 35 times up until the end of April this year. Each patient/carer was provided with a booklet outlining the information covered in the programme. In 2016 they were also provided with the Get Up and Go booklet which is published by the CSP in conjunction with SAGA. We will be using this new booklet as a key source of information in the future. We have seen 20 carers and 94 patients in that time. They have been a mixture of patients from the In patient unit and outpatients. All patients that were not under the physiotherapists at the time of attending the group were offered an assessment from a physiotherapist as part of the programme.

   How was progress monitored and reported?  
   Feedback was sought from users. The group was well received, with comments including:  
   "Made me look at things I've looked at for years in a different way and see some risks"  
   "I wish I had known this stuff before"  
   "Nice to talk to other people and realise I'm not on my own with my fears"  
   We continue to monitor the levels of falls for people in the inpatient unit, and on the part of those who attend outpatient or wellbeing services and will be in a position in the next year to consider trends in numbers of falls since the group started.

b) Patient Experience - Friends and Family Test  
   Why was this priority?  
   We have an ongoing interest to know about how people experience the care and services we provide and were keen to augment existing sources of information and data by using a tool that is widely used within the NHS and by other hospices. This means that in the future we can benchmark our results against other similar organisations locally and cross the UK.

   How was this priority achieved?  
   All discharged patients, a carer or a member of their family was invited to complete the Friends and Family Test (FFT) survey. The survey covered three questions - seeking information about who was completing the survey, whether they would recommend the hospice to their families and friends and any other comments that they would wish to make.

   How was progress monitored and reported?  
   All feedback from the FFT is analysed through Survey Monkey. This data is presented to members of the Service User Experience Committee (quarterly) for discussion and triangulation with other forms of feedback regarding patient, family and carer experience to identify themes emerging for action on the part of the hospice. The score for our FFT is noted, considered in relation to previous quarters and all textual comments noted. A report is taken to the Quality & Governance Committee.
from the SUE Committee. A feedback poster, highlighting the results of the FFT is publicly displayed (along with other data) in St Christopher’s Sydenham and St Christopher’s Orpington to provide feedback to those who may have contributed. The poster also identifies any action planned in response. A copy for the year 2015/16 is included as Appendix A.

c) Clinical Effectiveness - OACC

Why was this priority?
Quality assurance in hospices, as with many health care organisations has traditionally focused on structure and processes, rather than outcomes. We were keen to identify and measure outcomes of care and specifically those that were important to patients and their families. We know what matters most to patients from previous related research - good pain and symptom control; family support and reduction in burden on family; having priorities and preferences listened to and accorded with; achieving a sense of resolution and peace; having well-co-ordinated and integrated care with continuity of provision. We wanted to ensure that we are attending to those needs, to what degree and how we could improve in this area.

How was this priority achieved?
We engaged in a partnership with the Cicely Saunders Institute at Kings College London to draw on their learning via the Outcomes Assessment and Complexity Collaborative (OACC) programme. Over the course of the last 18 months we have served as a pilot site for its tools. During the course of the last year we have collected data on many hundreds of patients cared for on our inpatient unit, at home and in care homes regarding their dependency levels, the burden of their symptoms, the stage of their illness and the burden of caring experienced by their families.

How was progress monitored and reported?
Through regular presentations from the OACC team, internal discussion and plan we have regularly reviewed how much data we have collected about the outcomes of our care and for how many patients, what they tell us about our effectiveness, where there are differences in outcomes between services and how we might improve them. In those discussions we are drawing on the different perspectives of academics, clinicians and managers. Presentations regarding the data are made available across the organisation, including the Board and their key messages will be incorporated in a quality dashboard in the future.

2.2 Some of our Other Achievements in 2015/16

This year has seen some important service improvements, some of which are highlighted below:

- We have reorganised our model of 24h cover to ensure patients can continue to get a face to face assessment at home throughout the 24h period
- We have started to introduce ‘one-page profiles’ which are available for patients to use to inform us about more who they are and how they want to be supported. This helps us to ensure our care is more person-centred
- We have increased the levels and range of supportive care services running from the Caritas Centre in Orpington
- We have developed a detailed plan to improve the processes by which we will receive and respond to referrals and requests for help made on behalf of patients. This is due to be implemented in the next few months
- We have run a workshop called ‘enhancing the healing environment’ for staff and volunteers across the organisation to agree ways in which we can enhance our care through improved physical facilities
- We have appointed a new health and safety lead within the Facilities and Premises team
We have commenced regular Schwartz rounds to promote the resilience of our staff.

The quality of our work has been recognised externally as described below:

- One of our Chief Executives was made an Honorary Professor at the International Observatory on End of Life Care, Division of Health Research, at Lancaster University.
- One of our Consultant Nurses won the following awards:
  1. International Journal of Palliative Nursing Award 3rd prize for Researcher of the Year Award.
  2. EAPC 2015 - Early Researcher Award 2nd Prize.
- Our Care Home Project Team won the following award:
  1. International Journal of Palliative Nursing Award, 2nd prize Developmental Award category for Family Perception of Care Audit.

2.3 Priorities for improvement 2016/17 - What we will Achieve Next Year

a) Patient Safety - Falls Rehabilitation

Why is this a priority?
Patients with terminal illness can experience a functional deterioration which puts them at a higher risk of falls and an increased concern about falling. We aim to improve patients’ (and carers’) confidence to prevent falls and to reduce patients’ (and carers’) concern about falling over.

How will we achieve this?
We will continue to run a weekly falls prevention and confidence rehabilitation group. We will ensure staff are up to date with knowledge on the risk factors for falls and best advice and help to give (in line with NICE guidance) through some falls awareness sessions.

How will we monitor and report progress?
We will measure concern and confidence through a numerical rating scale (0-10) using the following 2 questions:
i) How concerned are you about falling over?
ii) How confident do you feel to prevent yourself falling over?

b) Patient Experience - Single Point of Contact (SPOC) Project

Why is this priority?
We will redesign our process to make it easier and simpler for stakeholders to contact St Christopher’s and get the help they need. We have received more referrals in the last year than ever before and many of these are complex and urgent in nature. Our staff are increasingly challenged to respond in a timely way, given the many other demands on their time by patients already under their care. For this reason we plan a new team that will receive and respond to referrals on a daily basis.

How will we achieve this?
The new team - to be known as the Single Point of Contact (SPOC) will receive all referrals to the hospice, triage them and act on them as necessary - depending on their urgency. We are establishing a team of highly experienced and senior practitioners to deliver this service. They will work closely with their clinical colleagues within the organisation and also external partners who can work together to meet the needs of people seeking help with their illness or their loss.
How will we monitor and report progress?
We will be monitoring activity levels on the part of SPOC, also the experience of people who seek the help of the service. Given its potential impact internally and externally we will need to explore its positive (and any negative) consequences for colleagues and other services as well as patients, families and carers.

c) Clinical Effectiveness - Integrating Outcome Measures as an Important Tool in Planning Care, Evaluating Services and Supporting Commissioning Relationships

Why is this a priority?
The suite of outcome measures provided by OACC provide opportunities beyond confirming the value and impact of our services to external stakeholders. We are interested to use the OACC measures to identify patient needs as part of their assessment and plans for care, to review the effectiveness of individual services and identify areas for further investment and to help further strengthen the currencies used in our contracts with commissioners as a basis for joint plans to meet the needs of the local population who could benefit from St Christopher’s services.

How will we achieve this?
We will appoint a project facilitator to support the integration of the outcomes measures provided by OACC into the day to day work of the hospice. We have identified funding in the course of the next 18 months to support such a role and are in the process of recruiting to it. We will seek to find ways to maintain a relationship with the Cicely Saunders Team who have led the development of OACC.

How will we monitor and report progress?
We have plans to establish a dashboard to describe key indicators of the quality of our services, including data derived from the OACC suite. Work is required to aggregate relevant data and present them. When complete the dashboard will be used internally to inform managers of the impact of their services. A version will also be viewed by the Executive Team and the Board.

2.4 Statement of Assurance from the Board

a) Review of Services
During 2015-16 St Christopher’s Hospice worked towards its vision of “A world in which all dying people and those close to them” and its mission whereby “St Christopher’s promotes and provides skilled and compassionate end of life care of the highest quality, working with, and through, our communities”. To that end it delivered the following expert palliative and end of life care services:

- Inpatient care
- Wellbeing services via the Anniversary and Caritas centres
- Community Outpatient Services
- Care in people’s homes including care homes
- Personal care in Croydon and Bromley
- Care coordination in Bromley
- Bereavement services for adults and children

This is delivered by a multi professional team comprising:

- Doctors delivering palliative medicine, psychiatry and pain management services
- Nurses
- Allied health professionals including Occupational Therapists, physiotherapists, a speech and
language therapist and a dietician
• Social workers
• Complementary Therapists
• Art therapists
• Chaplains
• Welfare benefits advisors

Volunteers are a vital part of the team too. The figure below describes the model in more detail:
b) Participation in Clinical Audit
As a provider of specialist palliative care St Christopher’s Hospice was not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2015-16 audits or enquiries related to specialist palliative care.

c) Supporting Vulnerable Patients

Safeguarding
There were 25 safeguarding alerts raised between April 2015 and March 2016. In the main the abuse recorded involved incidents of physical or verbal abuse from a carer or family member. Our social work team carried out joint work in 15 cases. No cases had to be notified to the CQC.

Progress on safeguarding includes:
• Adult’s and children’s safeguarding policies updated
• Staff e-learning on safeguarding was supplemented by booster sessions focusing on updating awareness of safeguarding and MCA

Equality and Diversity Monitoring
In 2015/16 we formed the Activity, Diversity & Reach Committee. This will focus on the degree to which the hospice reaches all those who could benefit from its care in the local area, and how this can be improved.

In January 2016 we developed a Workforce Race Equality Action Plan, which will review HR processes to ensure no inadvertent bias towards minority groups, better attract individuals from BAME background and support existing BAME staff.

We are currently exploring external partnerships with organisations that we believe will help to improve the diversity of the organisation.

The Equality and Diversity policy has recently been updated to ensure that all staff and other stakeholders have equal opportunities within and across the organisation.

We have also developed an online spiritual care directory and met with a number of different faith groups to build relationships for the benefit of all communities.

d) Education and Training
Education remains key to the achievement of our strategic priorities. Our commitment is to not only ensure our own workforce is fit for purpose, now and in the future, but that we empower others locally, nationally and throughout the world to provide sensitive and skilled end of life care. We work closely with partners who can help us achieve our ambitions. We continue to contribute to higher education programmes in palliative care run with the faculties of nursing and medicine at Kings College London and in bereavement with Middlesex University and Hospice UK. In partnership with relevant national organisations, government and a national collaborative of hospices we are leading on the development of a highly valued, ground breaking programme of vocational accredited end of life care training for caregivers in care homes, domiciliary agencies and similar.

Our staff make regular contributions to high profile national and international events and conferences. Our records confirm 25 national presentations and six international contributions, spanning Denmark, Ireland, Portugal, Romania, Jamaica and Canada. In addition we led a five day event in India promoting palliative care nursing.

In addition staff at St Christopher’s contributed to a wide range of books and journal articles during 2015/16.
Contributions by St Christopher's Staff to published works, 2015-16:

<table>
<thead>
<tr>
<th>Books</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapters</td>
<td>7</td>
</tr>
<tr>
<td>Articles</td>
<td>11</td>
</tr>
<tr>
<td>Abstracts of Conference Proceedings</td>
<td>18</td>
</tr>
<tr>
<td>Book and articles reviews</td>
<td>3</td>
</tr>
</tbody>
</table>

The full list is included as Appendix B

**e) Research**

In the course of 2015, it was agreed that the work of the audit and research committee be separated so that issues related to research governance be considered independently to audit activities within the organisation. In early 2015 a new research committee met for the first time. Since then the committee has met on four subsequent occasions.

**During that time the committee has considered:**
1. Its terms of reference
2. Priorities for research on the part of St Christopher’s in the future - including outcomes of palliative care, and evaluation of models of hospice care
3. Processes by which research activity in the organisation is recorded, processed and managed to ensure compliance with national research governance requirements
4. Potential collaboration with academic centres
5. The level of research activity in which the organisation wishes to engage

**Progress over the last year**
1. Appointment of a new medical director, Professor Rob George who has an honorary chair at the Cicely Saunders Institute, Kings College London and who leads research on behalf of the organisation
2. Establishment of a comprehensive research register
3. Appointment of an external consultant to help with issues relating to research governance
4. Ongoing and ever stronger work with the Cicely Saunders Institute related to the roll out of the Outcomes Assessment and Complexity Collaborative
5. Establishment of a relationship with the research team in the Florence Nightingale Faculty of Nursing and Midwifery at Kings
6. An ongoing relationship with a number of academics from across Europe interested in new public health approaches to end of life care
7. Appointment of Heather Richardson as an honorary professor at the University of Lancaster
8. Support for members of staff undertaking masters degrees, of which research skills are a significant part

**In 2015/16 we received the following research applications, all of which are currently ongoing:**

- Music therapy and spirituality: Exploring spirituality-music-health patterns in everyday music therapy contexts
• C-Change (delivering quality and cost effective care across the range of complexity for those with advanced conditions in the last year of life)
• Informal carer’s experiences of providing bladder and bowel care to palliative patients and their perceptions of their practical and psychosocial support needs
• Development of a preference based outcome measure for economic evaluations of Palliative Care interventions
• Remember Me: The Changing Face of Memorialisation
• Improving rehabilitation in palliative Care using goal attainment scaling
• Theatre in the Community: ‘Bereavement’

f) Guideline Development and Review
We continue to review and update a wide range of local policies and guidelines. We have improved the layout of our intranet to ensure staff have easy access to these documents.

g) Use of Commissioning for Quality and Innovation (CQUIN) Payment Framework
The hospice was required to achieve the following CQUINs in 2015/16

CQUIN 1
Requirement
Produce plan for the inter cultural spiritual care directory which will cover the boroughs of Lambeth, Southwark, Lewisham, Bromley and Croydon.
Outcome
This was developed in co-operation with a number of different faith leaders. It has enabled us to continue to build relationships for the benefit of all communities.

CQUIN 2
Requirement
80% of all clinical staff to have received dementia awareness training
70% of patient-facing volunteers to have received dementia awareness training
80% of clinical nurse specialists to have received training in assessing and managing pain in patients with dementia and use of assessment tools in assessing cognitive function
Outcome
82.8% of all clinical staff received dementia awareness training.
66% of patient-facing volunteers received dementia awareness training.
84% of our clinical nurse specialists have attended training on managing pain and assessing cognitive function in people with advanced dementia.
We are seeking funding to set up a dementia network and dementia friendly community.

h) Statement from the Care Quality Commission
We were not inspected by CQC during 2015/16. We are preparing for an inspection during 2016.

i) Information Governance Toolkit
Historically St Christopher’s has been categorised as an NHS business partner and therefore is required to meet 29 of the HSCIC Information Governance toolkit requirements. We have completed our annual IG Toolkit return for 2015-16 to a satisfactory level. For the 2016-17 return we will be changing our status from NHS business partner to a more appropriate category for voluntary sector organisations.
Part 3 - Review of Quality of Performance

3.1 Clinical Data

During 2015/16:

a) Inpatient Unit (IPU)
   - 779 patients were admitted to the inpatient unit (870 admissions in total as some patients were admitted more than once)
   - Our average length of stay during this period was just under 16 days
   - 71% of those admitted to our wards died in this setting. The majority of the remainder (29%) were discharged home after the admission
   - 13% of all admissions took place out of normal office hours or at weekends
   - 79% average occupancy level

b) Community (Outpatients, Care Home and Home based Care)
   - 2,057 unique patients were accepted for specialist, community based care
   - 692 unique patients received care from the outpatient nursing team. This was a total of 14,161 home visits (including 620 visits out of normal office hours)
   - The out of hours visits were augmented by over 6981 phone call consultations with patients and families experiencing unexpected or changing problems

c) Bromley Care Coordination
   - This service is available to people living in Bromley who are deemed to be in the last year of their life and who wish to be cared for at home. A key aim of this service is to enable people to die at home if this is their wish
   - 80% of people who died whilst receiving support from the Co-ordination Centre died at home.
   - Approximately 38 referrals per month (449 for the year)
   - 398 unique patients were accepted
   - 86% of patients cared for during the course of this year had a primary diagnosis of a condition other than cancer; over half of all patients were aged over 85 years

d) Bereavement services
   For adults, families and children. St Christopher’s Candle Project offers individual and group support, a national telephone advice line, consultancy and training for children and families. Adult bereavement services are available for family members of patients who die in the care of the hospice in all our boroughs; additional bereavement care is available in Bromley for people bereaved in other settings.
   - 857 people received bereavement support following a death of someone under the care of the hospice
   - 372 people received support from the Bromley Bereavement Service
   - 296 families and 471 children were referred to Candle
3.2 Quality Markers

(See Table 1, below, for 2015/16 data)

As described previously, St Christopher’s participates in OACC (Outcome Assessment and Complexity Collaborative), a project led by the Cicely Saunders Institute. It builds on and feeds into national and European work on outcomes measurement initiatives and aims to provide a common language within and between palliative care providers to achieve better care for patients and families, drive improvements and provide evidence of the impact of care.

a) Patient Slips, Trips and Falls
There were 18.9 falls per 1000 occupied bed days compared to a rate of 11.5 for similar hospices. The vast majority of our fallers (80.1%) experienced no harm - a higher proportion than other hospices.

b) Pressure Ulcers
We have a greater incidence of pressure ulcers developing (5.7 per 1000 occupied bed days) than the national average for hospices. However, a higher percentage of our pressure ulcers are assessed as unavoidable. IPU staff training has focussed on pressure ulcer prevention and documentation. This will continue for a further year to ensure all Registered Nurses and Health Care Assistants have received this training. Our skin and wound group continue to review and audit practice.

c) Infection Prevention and Control
In 2015/16 there have been no cases of patients with a new diagnosis of Clostridium difficile infection or a blood stream MRSA infection. No vomiting and diarrhoea outbreaks have taken place at the Hospice over this year.

d) Medicines Management
The number of medicines-related incidents is in line with that of 14/15. There were two reports of drug losses that were both investigated with the support of the SE London CD Liaison Officer.

e) Complaints and Compliments
We received 14 complaints during the financial year. We estimate that we have received in the region of 1000 letters or cards of thanks following the care that we have received. We review these, as and when they arrive and incorporate into our learning about what is most important to patients. In addition we have drawn on the expertise and time of external colleagues to review the experience of people using our service. The cover of this report is a poster produced following a visit by senior managers from Macmillan, who met with patients on our inpatient unit, and those visiting our outpatient services to discuss their experience and how services could be improved.
## Incidents

<table>
<thead>
<tr>
<th>Incidents</th>
<th>Number</th>
<th>Actions taken as a result of incidents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Falls</td>
<td>261</td>
<td>Falls: Continue with the falls group and rehabilitative approach. Audit the effectiveness in 2016/17</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>79</td>
<td>Continue with the training for RN’s and HCA’s and continue with the benchmarking audit</td>
</tr>
<tr>
<td>Medication Incidents</td>
<td>97</td>
<td>Medicines: A new tracking form is being used for drugs for patients on discharge from the inpatient unit. Destruction of CDs is now being undertaken more regularly. Future audits will include a specific question on checking CDs</td>
</tr>
<tr>
<td>Medical device-related</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>RIDDOR reports</td>
<td>1</td>
<td>Non-patient accident. Customer tripped in a shop and fractured arm. Staff instructed on the health and safety aspects of displays</td>
</tr>
<tr>
<td>Notifications to CQC</td>
<td>3</td>
<td>1 x fall; 2 x Deprivation of Liberty application</td>
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### Infection Control

<table>
<thead>
<tr>
<th>Infection</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>MRSA</td>
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</tr>
<tr>
<td>C Diff</td>
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</table>

### CAS Alerts

<table>
<thead>
<tr>
<th>CAS Alerts</th>
<th>Actions taken as a result of CAS alerts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>30 We removed the swabs made by a specific manufacturer and replaced them with those from a different manufacturer. The other alerts involved checking stock and/or emailing a reminder to staff</td>
</tr>
<tr>
<td>Requiring Action</td>
<td>6</td>
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</tbody>
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### MHRA Alerts

<table>
<thead>
<tr>
<th>MHRA Alerts</th>
<th>Actions taken as a result of complaints:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>14 2 were shared with the Hazard Alert Group for information but no drugs needed to be re-called or quarantined for return</td>
</tr>
<tr>
<td>Requiring Action</td>
<td>0</td>
</tr>
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### Complaints

<table>
<thead>
<tr>
<th>Complaints</th>
<th>Actions taken as a result of complaints:</th>
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3.3 Clinical Audit

We have amended the role of the Audit and Clinical Effectiveness Committee in the course of the last year. The audits that its members have focused on in the last 12 months are described in the table presented on the following pages:

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
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<tbody>
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<td>Written</td>
<td>11</td>
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<tr>
<td>Substantiated</td>
<td>2</td>
</tr>
<tr>
<td>Partially substantiated</td>
<td>3</td>
</tr>
<tr>
<td>Oral</td>
<td>3</td>
</tr>
<tr>
<td>Substantiated</td>
<td>0</td>
</tr>
<tr>
<td>Partially substantiated</td>
<td>1</td>
</tr>
</tbody>
</table>

On a number of occasions we undertook a case review with the staff involved. This often involved an element of training including reminding staff about the appropriate procedures.
<table>
<thead>
<tr>
<th>Subject matter</th>
<th>Implication for practice/outcomes of audit</th>
<th>Follow-up actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mattress audit</td>
<td>Mattresses are serviced annually. Monthly audits identify any actions that may be required between services. For example any stained mattresses are cleaned and sent for decontamination</td>
<td>Continue to audit</td>
</tr>
<tr>
<td>Site waste management re-audit</td>
<td>A site audit of waste was carried out by our waste disposal company with the Bromley Facilities Manager in April 2016 and with the Head of Facilities in Sydenham and Matron in April 2016. The hospice was found to be compliant</td>
<td>Re-audit annually</td>
</tr>
<tr>
<td>Sharps management re-audit</td>
<td>A sharps management audit was carried out by Matron in April 2016. Mandatory sessions continue to include training in the assembly of sharps containers, labelling and storage and closure of containers</td>
<td>Re-audit annually</td>
</tr>
<tr>
<td>Annual infection control audits</td>
<td>An annual infection control audit was carried out by the Infection Prevention &amp; Control Matron, Lewisham and Greenwich NHS Trust &amp; St Christopher’s Matron. The ward environments were fully compliant. Recommendations were made regarding extractor fans and the work has been completed</td>
<td>Regular audit</td>
</tr>
<tr>
<td>Hand hygiene re-audit</td>
<td>These audits occur monthly and have highlighted the need for non-clinical staff to be reminded about hand hygiene. Additional annual training has been provided for volunteers, orderlies and stewards</td>
<td>Continue to audit</td>
</tr>
<tr>
<td>Aseptic technique</td>
<td>Practice guidance in relation to venepuncture and care of central venous access devices and dressings has been revised and standardised.</td>
<td>Continue to audit</td>
</tr>
<tr>
<td>Audit of IPU nursing workforce, patient dependency and nursing quality review</td>
<td>An audit took place in October 15 – The IPU work workforce meets the standards required by NICE guidance. The audit recommended review of staffing at night and extra staff are now rostered on night duty.</td>
<td>Re-audit using this tool in 3 – 5 years Yearly review by senior nursing team as recommended by NICE guidance</td>
</tr>
</tbody>
</table>
## Completed audits 2015-6

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| **Parenteral fluids on the IPU** | Audited against NICE guidance: 60 patients received parenteral fluids on the IPU during the sample time frame (13.3% of admissions). Indication was clinically assisted hydration for palliation of symptoms at end of life in 7 cases, active treatment of potentially reversible conditions in 22 cases. The rest were largely for hypercalcaemia with a small minority being for a combination of indications (end of life/active/hypercalcaemia), other reasons or not clear from electronic notes (1 case). Standards:  
A1 – evidence of discussion with patient or carer/relative of the risks and benefits of clinically assisted hydration in dying patients prior to fluid being initiated (100%)  
- Not met. Only documented discussion in 2 out of 7 cases (28.6%)  
A2 – daily monitoring of benefit and harm (100%)  
- Met  
A3 – fluids stopped if signs of harm (100%)  
- Met  
B1 – evidence of assessment of fluid status prior to initiation of active fluid therapy (100%)  
- Not met. Evidence of assessment in 19 out of 22 cases (86.4%)  
B2 – daily reassessment during time fluids administered (100%)  
- Met  
Implications were that we should not have a blanket mandatory assessment requirement for active use of fluids as there are good clinical reasons why practice in hospice differs from hospital guidance and many of our patients fall into complex category. Assessment should continue to be tailored to individual patients. The choice of fluid for active treatment should be Hartmann’s first line rather than normal saline and that daily reassessment should take place during time fluids administered. | Auditor (one of registrars) is drafting in-house guidance based on NICE but tailored for hospice inpatient population as NICE not all relevant to hospice inpatients  
**Re-audit 2016/17** |
<p>| <strong>Isolation precautions</strong>       | Observation of practice showed that staff were implementing effective isolation practices | Continue to audit |</p>
<table>
<thead>
<tr>
<th>Completed audits 2015-6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audit of patient slips, trips and falls</strong></td>
</tr>
<tr>
<td><strong>Audit of care home deaths</strong></td>
</tr>
<tr>
<td><strong>Family perceptions of care (FPC) in care homes</strong></td>
</tr>
<tr>
<td><strong>Pressure ulcer audit</strong></td>
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</table>

**Continue to audit**
<table>
<thead>
<tr>
<th>Completed audits 2015-6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Discharge summaries April 2015 to March 2016</strong></td>
</tr>
<tr>
<td>232/233 patients discharged had discharge summaries. 99.6% of all summaries sent 97.8% of all summaries sent within 3 working days. 1.7% of all summaries “late”. 0.4% never done</td>
</tr>
<tr>
<td><strong>Implications:</strong> current process working well</td>
</tr>
<tr>
<td><strong>Place on audit tracker and locate audit application. This is a regular annual audit to monitor the consistency and timeliness of medical team communication with GPs</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regular audit of controlled drug processes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statutory CD audit on the wards and in departments</strong></td>
</tr>
<tr>
<td>Few recommendations made in practice following this including:</td>
</tr>
<tr>
<td>• A signatory list of all those who write in the CD registers to be available near the cupboard so we can check up on entries written or orders. Template completed</td>
</tr>
<tr>
<td>• Emailed reminder to clinical staff informing them not to cross out any entries in the CD book. To use (brackets) around anything written incorrectly and add an *asterisk and write an explanation at the bottom of the page or by the entry if there’s space</td>
</tr>
<tr>
<td>• To write the ‘transfer’ details when starting a new register</td>
</tr>
</tbody>
</table>

<p>| Re-audit 2016/17 |</p>
<table>
<thead>
<tr>
<th>Completed audits 2015-6</th>
<th>Plan to re-audit in 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staff completion of the 5 priorities of care checklist</strong></td>
<td><strong>The aims of the audit were to monitor the introduction of the 5 priorities of care check list. For the first 3 months the audits aim will be to monitor the number of completed check lists and compare these numbers to the number of deaths within the unit. Also to check by retrospectively review the notes why the check list may not have been completed, for example a sudden death</strong></td>
</tr>
<tr>
<td></td>
<td>The results were given to the ward managers group and medical team at 3 months and then again at 6 months. The results were mixed with one ward having a high completion rate, were the other 3 wards continued to have a reduced use of the check list</td>
</tr>
<tr>
<td></td>
<td>The auditor, noted that when reviewing the EPR documentation, that although the check list was not always completed, the teams were noting and discussing together a patient was dying and that families were also having this discussed with them</td>
</tr>
<tr>
<td>Completed audits 2015-6</td>
<td></td>
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<tr>
<td>------------------------</td>
<td></td>
</tr>
<tr>
<td>Re-audit of blood/urine, glucose monitoring &amp; management on the hospice IPU</td>
<td>Snapshot 1 day of all 36 inpatients 2015 (following previous audits 2011 and 2012 with revisions to guidance and teaching following both)</td>
</tr>
<tr>
<td></td>
<td>• 5/36 (14 %) of hospice inpatients had diabetes mellitus (similar to previous years)</td>
</tr>
<tr>
<td></td>
<td>• 13/36 (36%) on corticosteroids</td>
</tr>
<tr>
<td></td>
<td>• 15/17 pts requiring a glucose monitoring schedule did NOT have a correctly completed schedule when compared with guidance</td>
</tr>
<tr>
<td></td>
<td>• A common theme in incorrectly prescribed schedules was a “twice weekly” CBG monitoring regime - i.e. over monitoring rather than under-monitoring</td>
</tr>
<tr>
<td></td>
<td>• No pts prescribed PRN rapid acting insulin (better than 2 previous audits)</td>
</tr>
<tr>
<td></td>
<td>• Prescriptions of rescue medications for treatment of hypoglycaemia : 1/5 (reduced since previous audit)</td>
</tr>
<tr>
<td></td>
<td>o This may reflect smaller numbers compared with previous audit, long gap between previous audit and now, reminder that need to keep up with regular teaching and training of new staff</td>
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</table>

Repeat audit 2016/2017
### Completed audits 2015-6

**Integrated Personalised Plan for the Last Days of life (IPP)**

50 completed IPP documents were collected from 14 of the nursing homes involved in this project. The documents were used to guide and record the care given to residents who died in the homes between June and December 2015.

- The outcomes of the standard were at least partially achieved e.g. A reduction in the prevalence of symptoms experienced by these residents during the time their care was supported by the IPP document provides evidence of good end of life care. Comments from families recorded on the family communication sheet imply they felt supported. Through staff questionnaires and evaluation meetings staff have commented on the impact the document has had on care delivery. Areas for improving use of the IPP have been identified and reported back to the individual homes. Some have used this feedback in their End of Life Care programme portfolios. The IPP document has been altered in alignment with the audit findings and the new version distributed to the 17 participating audit homes.

To continue to roll out the implementation of the document in the remaining care homes with the main focus in Croydon (this CCG has funded this process).

**Re-audit of consent for Interventional pain procedures**

This audit was initially done 2009, which demonstrated some administrative gaps in form completion. During 2015-2016 we collaborated with the pain team from KCH to redesign the consent forms to ensure that one form relates to capacitous patients and the other to non-capacitous patients.

Discussed at ACE 2nd June regarding consent for all medical procedures. Highlighted as important and **Re-audit to occur 2016/17**
<table>
<thead>
<tr>
<th>Completed audits 2015-6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-audit of oxygen prescribing and use on the Inpatient Unit</td>
</tr>
<tr>
<td>Collaboration with KCH IRT has occurred in 2016, as there are new London guidelines on safe prescribing of oxygen. We will be re-writing new guidance and in-patient drug charts to reflect the new London guidance. Clinical staff have received training on oxygen management and a further session is planned. We have developed an information leaflet for patients and their families on the use of oxygen. We will re-audit 2017/18 once the new guidance has been implemented. Place on audit tracker and locate audit application.</td>
</tr>
<tr>
<td>Information Governance Audits</td>
</tr>
<tr>
<td>-Annual</td>
</tr>
<tr>
<td>-Repeat audits 2015/2016 before and after reminder added to EPR</td>
</tr>
<tr>
<td>Completed audits 2015-6</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Audit of inpatient and community documented patient allergy and intolerances to medicines and other substances 2015</td>
</tr>
<tr>
<td><strong>Inpatient unit (“snapshot” of all inpatients on 1 day):</strong></td>
</tr>
<tr>
<td>• 44 patients in IPU, 42 eligible for data collection</td>
</tr>
<tr>
<td>• EPR : Allergy alerts complete = 42/44 = 95.5%</td>
</tr>
<tr>
<td>• Drug chart allergy alerts complete i.e. not blank = 40/42 = 95.2%</td>
</tr>
<tr>
<td>• Proportion of patients wearing Red bracelet for a documented allergy: 10/13 = 76.9%</td>
</tr>
<tr>
<td>• Patients incorrectly wearing a red bracelet for intolerance only = 2/40 = 5%</td>
</tr>
<tr>
<td>• Were any patients receiving a culprit allergy drug = 0%</td>
</tr>
</tbody>
</table>

**Community teams (50 randomly selected of all November 2015 referrals to community team EPR records, minimum 6 weeks after referral):**

| • EPR Allergy alerts complete = 37/50 (74%) |
| • 10/50 (20%) still had “No information given on referral” for allergy box at data collection |
| • For allergy box, is reaction recorded :4/13 =31% |
| • Intolerance box : 20/50 completed (“none or a culprit substance”) |
| • Were any patients receiving culprit allergy drug = 0% |

**Conclusions:**

| • Documented EPR/drug chart data does not always correlate and is not always complete |
| • High rate of “no information on referral” not being updated at 6 weeks in homecare sample |
| • Reactions to medications often not completed (but often patients and referrers don’t know) |
| • IPU: Although only 3 patients missing one: Red bracelets for true allergies needs to be 100% |

| • Results and plan moving forwards presented at the audit showcase in April 26th 2016. |
| • Since audit data collection time period EPR has had major redesign with “red amber green” for allergies and intolerances which will act as flag to complete. |
| • Allergies are now being routinely added to discharge summaries- serves as a trigger to update. |

**Re-audit 2016/17**
<table>
<thead>
<tr>
<th>Completed audits 2015-6</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Re-audit of completion of advance care plans and symptom assessment charts in four residential care homes</strong></td>
</tr>
<tr>
<td>In the four residential homes that took part on this audit findings include:</td>
</tr>
<tr>
<td>• Documented evidence that the number of Advance Care Plan discussions increased</td>
</tr>
<tr>
<td>• Documented evidence that pain was assessed using a validated tool in the majority of the Residents</td>
</tr>
<tr>
<td>• Depression is starting to be assessed with a validated tool</td>
</tr>
<tr>
<td>• In the questionnaire the overall confidence of staff related with ACP, pain and depression assessment and management increased</td>
</tr>
<tr>
<td>Main issue was in completion of ACP documentation which requires the assistance of a health care professional. In residential care homes these professionals are external to the care home staff</td>
</tr>
<tr>
<td><strong>Funding withdrawn and so input to the homes discontinued. Other homes have been provided with the tools to undertake this audit themselves if they so choose</strong></td>
</tr>
<tr>
<td><strong>An Audit of Deprivation of Liberty Safeguards (DOLS) Usage in St Christopher’s Hospice</strong></td>
</tr>
<tr>
<td>Capacity clearly documented = 5/17 (29%)</td>
</tr>
<tr>
<td>Continuous supervision documented 2/17 (12%)</td>
</tr>
<tr>
<td>’Not free to leave’ documented = 3 (18%)</td>
</tr>
<tr>
<td>Best interests discussion documented = 5 (29%)</td>
</tr>
<tr>
<td>Applications reported to CQC = 0 (none completed)</td>
</tr>
<tr>
<td>Greater awareness of indications for DoLS</td>
</tr>
<tr>
<td>Apply sooner</td>
</tr>
<tr>
<td>Much clearer documentation of capacity/level of supervision/’not free to leave’/best interests consideration is needed</td>
</tr>
<tr>
<td><strong>Ensure all approved DoLS applications are notified to CQC – Encourage documentation of PPC/PPD</strong></td>
</tr>
<tr>
<td>There has been a focussed intensive period of training for all clinical staff on MCA and DoLS MCA training now on annual update.</td>
</tr>
<tr>
<td><strong>To re-audit 2016/17</strong></td>
</tr>
<tr>
<td>Length of stay</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td>300 referrals, 238 admissions</td>
</tr>
<tr>
<td>Median length of stay: 11 days (IQR 4-22)</td>
</tr>
<tr>
<td>Shortest admission 0 days, Longest 118 days</td>
</tr>
<tr>
<td>57% of admissions length of stay 0-14 days</td>
</tr>
<tr>
<td>76% admissions died in the hospice</td>
</tr>
<tr>
<td>Admissions in Q3 amounted to 3784 bed days being used (86% capacity), 1028 bed days for patients exceeding 6 week duration</td>
</tr>
<tr>
<td>Length of stay &gt;6 weeks: Complex symptoms: tracheostomy, epidural, nephrostomy, Complex wounds, Fluctuating clinical course/ difficult to predict, Anxiety regarding discharge, New clinical problem during IPU admission, Waiting for procedure (stent, RT), Family don’t live nearby, Psychiatric comorbidities, 80% of patients with length of stay &gt;6 weeks lived alone</td>
</tr>
<tr>
<td>Length of stay 2-6 weeks: Slowly deteriorating, Variable clinical course, New clinical problem (infection, seizure, blood test abnormalities), Family concerns regarding discharge, Home vs nursing home, Delays: paperwork, identification of nursing home</td>
</tr>
</tbody>
</table>
3.4 Infection Prevention and Control Audits

An audit by Lewisham hospital infection prevention team noted ‘The general environment on all four wards was visibly clean; free from non-essential items and equipment, dust and dirt; and acceptable to patients, visitors and staff.’

The following Infection Prevention and Control audits were undertaken:
- Hand hygiene
- Cleanliness of clinical/non-clinical areas
- Waste/Sharps management/pool care audits
- Aseptic Technique
- Isolation precautions
- IV cannula
- Equipment store
- Mattresses
- Annual Infection control audit

Actions as a result of audits:
- Review and insulation of the venting of communal patients
- Upgrade the mattresses for visitors
- To continue to support IV competent nurses to have updated and training regarding the care of CVADs
- To continue annual infection prevention updates for staff that have patient contact
- To complete fit testing of FP3 masks / reassess risk to assess if fit testing should occur in a hospice environment
- To monitor laundry cleaning standards purchasing new washing machines
- To continue providing induction training on venepuncture and cannulation to all new doctors

3.5 Surveys and Reviews in 2015/16

Staff Survey

In 2015 we took part in a staff survey that was also undertaken in 44 other hospices, which enabled us to benchmark our results. Our staff response rate was an impressive 72%.

Our most positive responses were:
- I would be happy for a friend/relative to be treated by St Christopher’s (96%)
- I enjoy the work I do / I enjoy working with the people (95% compared to 83% in other hospices)
- I am proud to work for this charity (94% compared to 76%)

Our areas where improvement is needed the most:
- This charity is doing everything it can to reduce its impact on the environment (29% compared to 48%)
- Poor performance is dealt with effectively (33% compared to 37%)
- Communication between different teams is effective (34% compared to 36%)

To address these areas we will focus on:
- Address issues relating to staff terms and conditions
- Empower staff to challenge the way things are done
- Improve work/life balance
• Further develop the workforce e.g. identify career pathways
• Improve internal communications
• Support managers to better manage their staff

Patients, families, carers and other users
St Christopher’s utilises a wide range of methods to garner patient, carer and family feedback. This includes:
• VOICES survey to bereaved carers
• Friends and Family Test
• OACC tools including Views on Care - used on the inpatient unit and by community palliative care services
• Candle questionnaire
• Adult bereavement services questionnaire
• Personal Care Service questionnaire
• BCC questionnaire
• Focus groups, user fora and information hours with patients in the Anniversary and Caritas Centres
• Comments boxes in various parts of the hospice buildings

a) Feedback
A selection of our feedback is as follows

IPU:
94% (27/29) said that they were always or mostly treated with respect and dignity by the ward nurses

Home care
86% (53/61) rated the care from the home care teams as ‘exceptional’ or ‘excellent’

Anniversary Centre & Caritas Centre
95% (19/20) of respondents said they felt welcome in the Anniversary Centre ‘always’ or ‘usually’.

Bereavement support
After the patient’s death, 69% (50/72) received enough help and support since the patient’s death; almost 10% (7/72) would have liked to receive more help and support

Feedback comments

<table>
<thead>
<tr>
<th>Feedback comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>My mother could not have received better treatment in her last few days than she did at St Christopher’s. The nurses were very caring, making sure she was comfortable, both physically and mentally. My mother stopped eating in her last couple of days but the nurses tried to tempt her with food she might like, exactly as if she were at home</td>
</tr>
<tr>
<td>Mum got really good support from chaplain and social workers</td>
</tr>
<tr>
<td>Dad really looked forward to his Fridays at the Centre. I would sometimes come down with him. The care and attention he received was exemplary. I have nothing but praise for all the staff and volunteers</td>
</tr>
</tbody>
</table>
b) Future Plans for User Feedback
We have a plan to draw together the many different efforts to collect data regarding patient and user experience so that it can be better coordinated and triangulated. Within this plan we will endeavour to:

- Survey all patients accessing services once a year
- All other users of services (bereavement services, welfare advice and similar) are surveyed at the end of their spell of support
- The VOICES survey continues as currently to capture reflections on care on the part of the surviving carer
- Fixed tablet devices will be installed in the reception area of Sydenham and Caritas House to collect data (Friends and Family Test) and key questions relating to the impact of our care, hospitality and the environment
- Hand held tablet devices are used by those accessing the Anniversary and Caritas Centres with a ‘question of the week’

3.6 Benchmarking Activity
We are currently participating in a national benchmarking exercises with 100 plus other hospices - results of which are described earlier in this report. In addition we participated in an inpatient nursing workforce audit regarding the levels of staffing and the related quality of care. Despite lower than average levels of nursing staff, the auditors confirmed a high quality of care. We have reviewed and increased the levels of staff at night in response to the final report.
3.7 Statement on St Christopher’s Hospice Quality Account for 2015/16

CCG commentary on St Christopher’s Quality Account 2015/16

Following on from St. Christopher’s participation in the OACC scheme last year, CCG Joint Commissioners are interested to note that the outcome measures provided by this quality assessment tool will be used to identify patient needs and plans for care. Plans for a quality dashboard to capture this information are welcomed.

We are pleased to see that as a result of the CQUIN agreed for 2015/16, there is now a Spiritual Care Directory, building relationships for the benefit of all communities, patients and carers alike. We also note the emergence of several groups within St. Christopher’s, including Patient Safety – Prevention and Confidence Group and the appointment of a new Head of Quality Assurance and Governance. We look forward to hearing how the three year quality improvement plan moves forward and how new initiatives such as SPOC (Single Point of Contact) are integrated into business as usual.

We note that Falls prevention and rehabilitation continues to be a priority on the quality agenda and that a Falls Rehabilitation Group will look at ways of improving patient care post trauma. We hope that the high quality and excellent service provided by St. Christopher’s both in the Hospice and in the community continues to grow.

Bromley CCG comment

As part of the move towards outcome based practice, we are working with St Christopher’s on Bromley specific activity dashboards and reporting mechanisms to fully comprehend the utilisation of current services and how this will shape commissioning of services for our patients in the future.

This work will aid the early identification of cancer and non-cancer patients with end of life care needs, and will highlight the current service user profiles so that we commission end of life care services based on need. This is turn will benefit our out of hospital transformation programme.
St Christopher’s Quality Account 2015-16

Healthwatch Bromley Feedback

This report is a response from Healthwatch Bromley reflecting on the work and achievements of St Christopher’s Quality Account 2015-16. Healthwatch would like to note that this is a well-presented, positive and easily accessible report from St Christopher’s. We appreciate the opportunity to comment on the services delivered by St Christopher’s within the London Borough of Bromley.

Areas of success

Healthwatch Bromley is pleased to see there is a clear focus and strong emphasis throughout on continuous improvement in both the range of services offered and on providing the best possible quality of care for patients, service users and their families.

In particular Healthwatch Bromley would like to highlight St Christopher’s work in the following areas:

- Strong emphasis on working in partnership, especially with the Cicely Saunders Institute at Kings College London around the monitoring of clinical effectiveness.
- Good commitment to being available for the community by recognising the model of 24 hour cover, to ensure patients can continue to get a face-to-face assessment throughout the day.
- Strong focus on training of staff across the organisation. Most notable, is the workshop “enhancing the healing environment”, looking at working towards the enhancement of care through improved physical facilities.
- Staff e-learning is a good and accessible initiative to ensure they have the correct safeguarding training and information to hand.
- External recognition of work and key staff members is a credit to the organisation. There is excellent evidence of the organisation’s contribution to higher education programmes, as well as contribution of staff to public works and publications.
- Good work around bereavement services and continuing support for families.
- Healthwatch is pleased to see a comprehensive range of patient feedback tools and engagement mechanisms, as well as a continued commitment to obtaining patient feedback to contribute to the review and improvement of services.
Looking forward

Healthwatch is looking forward to seeing the implementation of the dashboard to give key indicators of the quality of services and organisational progress. Further areas of improvement and clarification include:

- Healthwatch would be pleased to see an improvement in the percentage of patient-facing volunteers receiving dementia awareness training, as the CQUIN outcome only currently stands at 66%.
- The high rate of pressure ulcers suffered by service users is high, although the trusts states that a large percentage of these cases are unavoidable. Healthwatch would welcome further information around the additional training being provided and the review and audit being carried out by the skin and wound group.
- According to staff feedback, effective communication between teams could be improved to enhance the efficiency of the organisation. Further work in this area and a dedicated programme for improvement would stand St Christopher’s in good stead for the coming financial year.

Healthwatch would hope to see the continuation of a strong commitment to developing integrated teams and to partnership working across health and social care; especially between hospice, hospital, care home, community and primary care, in order to achieve the most integrated service for patients and families.

June 2016
Appendix A: Poster Designed to Share Friends and Family Test and Other Feedback Received During the Course of 2015/16

What you told us

In 2015/16 St Christopher’s delivered care and support to over 6,000 people. Over the year, we asked you what you thought of our services and what you wanted...

**You told us what matters to you**

- **Trusting those caring for you**
- **Enjoying a good quality of life and sense of wellbeing**
- **Feeling valued and listened to**
- **Recording your views**

“My father found it reassuring and calming that the nurses took time to sit and talk to him about his life. Having someone to talk to meant a huge amount to him”

**You told us how we’re doing**

- **88%**
  - Patients on our inpatient wards in Sydenham who said they were “always treated with respect and dignity”

- **83%**
  - Home care patients who said the team had time to listen and discuss things with them “all of the time”

“It’s not just about tablets, it’s about self-worth...you get a bit of self-worth when you come here because you do stuff... you think, actually, I can still do something”

**You told us you feel welcome**

- **100%**
  - People attending the Anniversary Centre in Sydenham or the Caritas Centre in Bromley who said they felt welcome

- **97%**
  - Patients on our inpatient wards in Sydenham who said hospice staff and volunteers were welcoming

“everyone was wonderful and we were all made to feel very welcome and that nothing was too much trouble”

**You told us you would recommend us**

- **91%**
  - Patients discharged from our inpatient wards in Sydenham would be ‘likely’ or ‘extremely likely’ to recommend us to family and friends

- **97%**
  - Bereaved relatives who would be ‘likely’ or ‘extremely likely’ to recommend us to family and friends

“The staff are friendly and caring... this has been the best experience I have received from healthcare professionals”

**What we’ve done in response**

- You told us you wanted easy access to out of hours help.
  - We have reworked our out of hours service to respond quickly to ensure patients at home have face to face visits 24/7
  - We produced fridge magnets so people being cared for at home have the number easily to hand

“I was encouraged to phone St Christopher’s at any time, if I was unsure what to do. This was such a relief”

**What we’re also planning to do**

- **improve coordination of our care and our communication** including developing new ways to help people communicate their preferences and plans with us
- **make the physical facilities and equipment better** – especially for people with dementia
- **work closely with other healthcare organisations** to improve care available round the clock for people at home.

“St Christopher’s makes such a difference to my life. Coming here lets people feel not alone, it’s like a second family to me”

Please keep telling us what you think. Your feedback helps us think about our care and how we can make it better. There are lots of different ways to tell us – please ask a member of staff.
Appendix B: Publications by St Christopher’s Hospice Staff 2015/16

Books


Book Chapters


Journal Articles

Bremner I. Reactions to loss. Medicine 2015; 43 (12); 745-748

Cole T; Gillett K. Are nurse prescribers issuing prescriptions in palliative care? Nurse Prescribing 2015; 13 (2): 98-102 [Tracey Cole undertook research for this article when based at St Christopher’s Hospice]


Gillett, K; Bryan, L. ‘Quality end of life care for all’ (QUELCA): the national rollout of an end-of-life workforce development initiative. BMJ Supportive and Palliative Care 2015 (published


Sykes N. One chance to get it right: understanding the new guidance for care of the dying person. British Medical Bulletin 2015; 115 (1): 143-150

Abstracts of Conference Proceedings

Cooper M, Richardson H, Crowther J. Hospice enabled dementia care: the first steps. BMJ Supportive and Palliative Care 2015; 5 (Supp 3): A25

Giles A, Sykes N. To explore the relationship between the use of sedative drugs and cessation of oral intake in the terminal phase of hospice inpatients: a retrospective case note review. European Journal of Palliative Care. Abstracts. EAPC 14th World Congress of the European Association for Palliative Care 8-10 May 2015, Copenhagen, Denmark; 47


Kinley J, Froggatt K, Preston N. Following not missing the thread. European Journal of Palliative Care. Abstracts. EAPC 14th World Congress of the European Association for Palliative Care 8-10 May 2015, Copenhagen, Denmark; 152

Kinley J, Froggatt K, Preston N. Multi-layered learning - a mechanism to translate end of life policy into practice. European Journal of Palliative Care. Abstracts. EAPC 14th World Congress of the European Association for Palliative Care 8-10 May 2015, Copenhagen, Denmark; 53

Levy J, Kinley J, Conway F. The delicate art of communication: using bereaved relatives’ views to
assess and improve end of life care in care homes through a multi-centre audit. BMJ Supportive and Palliative Care 2015; 5 (Supp 3): 8-9

Levy J, Kinley J, Conway F. Reaching out to work with others: how a hospice is using bereaved carers’ views to improve end of life care in UK residential and nursing care homes.

European Journal of Palliative Care. Abstracts. EAPC 14th World Congress of the European Association for Palliative Care 8-10 May 2015, Copenhagen, Denmark; 201

Lawson G, Sellar P, Hartley N. Innovations in the transition process supporting young adults with life-limiting illness. European Journal of Palliative Care. Abstracts. EAPC 14th World Congress of the European Association for Palliative Care 8-10 May 2015, Copenhagen, Denmark; 222

Lovell N, Elston C, Vinen K, Thein S L, Higginson I J, Murtagh F E M. Health-related concerns of young adults with life-threatening non cancer conditions: a need for palliative care? European Journal of Palliative Care. Abstracts. EAPC 14th World Congress of the European Association for Palliative Care 8-10 May 2015, Copenhagen, Denmark; 266


Marsh L, Kinley J, Hockley J, Stone L, Murtagh F E M. What influences the transfer of nursing home residents to emergency departments: good planning, prescribing and primary care needed. European Journal of Palliative Care. Abstracts. EAPC 14th World Congress of the European Association for Palliative Care 8-10 May 2015, Copenhagen, Denmark; 270

Mercer S. Palliative care social workers: the next generation. Reflections on ASYE in a hospice setting. BMJ Supportive and Palliative Care 2015; 5 (Supp 3): 70

Noble J, Hansford P. The Bromley Care Coordination Service - extending end of life care for all in the community. BMJ Supportive and Palliative Care 2015; 5 (Supp 3): 10-11

Paal P, Leget C, Goodhead A. EAPC enquiry on spiritual care education. European Journal of Palliative Care. Abstracts. EAPC 14th World Congress of the European Association for Palliative Care 8-10 May 2015, Copenhagen, Denmark; 123

Sellar P. Innovations in the transition process. BMJ Supportive and Palliative Care 2015; 5 (Supp 3): 62

Sellar P. Young adults with life limiting illness - innovations in the Transition process. BMJ Supportive and Palliative Care 2015; 5 (Supp 3): 59


Book and Article Reviews

Brady D. Bereavement round-up. Bereavement Care 2015: 34 (1); 29-31

Brady D. Bereavement round-up. Bereavement Care 2015: 34 (2); 81-82

**Items in Newsletters**


St Christopher’s Hospice. St Christopher’s international bursary students help promote vision for worldwide hospice care. ehospice 23 October 2015. https://www.ehospice.com/Default/tabid/10686/ArticleId/17205/

Sykes N. Influence beyond her own time - remembering Cicely. ehospice 5 August 2015 http://www.ehospice.com/Default/tabid/10686/ArticleId/16297

**Miscellaneous**

Combes, Sarah. Inspirational experience: King’s College London undergraduate research fellowships. Nursing Standard 2015; 29 (28): 66


Opportunities to Give Feedback on this Quality Account

We welcome feedback on this quality account. If you would like to do this, please email jointchiefexecutives@stchristophers.org.uk or write to:

Joint Chief Executives
St Christopher’s Hospice
51-59 Lawrie Park Road
Sydenham SE26 6DZ