“It takes a special person to look after people in their last moments of life. You are these special people, every one of you.”

Quote from relative of patient
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Part 1 – Statements of assurance and introduction to St Christopher’s

1.1 Statement of Assurance from the Joint Chief Executives

We are delighted to present this account of the quality of care and services provided by St Christopher’s for perusal by those with a stake in the hospice. We aim to offer an honest review of our efforts of assurance and improvement in the course of the last twelve months, alongside a description of our intentions of the next twelve months. We hope you enjoy reading the report and invite any comments or suggestions if you feel it could be improved to the benefit of its readers.

In the course of 2016/17 St Christopher’s has continued to operate as a major provider of palliative and end of life care in South East London. During this time it has reached over 6000 people in total, in its delivery of support to people who are coming to the end of their life, their families and carers and others who are struggling in their bereavement. Serving a population of 1.6 million people living in the area, it faces growing demands for care. As the local population increases in size and grows older, so do the requirements for end of life care. We are pleased to respond, but must find new and innovative ways to make limited resources in terms of funding and workforce go further. At the same time we must maintain and where possible improve the quality of what we offer – ensuring that it is effective as well as a good experience on the part of those who receive it.

A highlight of the year for us must be the assessment of our services on the part of the Care Quality Commission, our regulator. We received a visit from three inspectors who visited our various sites and who spoke to a wide range of patients, families, staff and volunteers in the course of their efforts to assess the quality of our services. Our overall assessments of “Outstanding” for our Sydenham based services and “Good” for those in Orpington are testament to the efforts and impact of all involved in their provision. We were particularly delighted to be designated as outstanding in terms of being well led and effective and have been giving due consideration to how we achieve that in relation to safety and care in the event of a future inspection.

Another highlight has been the growth of our confidence and use of data relating to the outcomes we achieve for patients in our care. We are committed to collecting information about the change in various aspects of people’s health that happens whilst someone is in our care and have been using validated tools developed by academics at Kings College London to measure this. We are able to confirm that we do improve people’s symptom burden and make a difference to those elements of their lives that they consider most important in spite of an often decreasing level of function. We want now to compare the degree we achieve this to other similar organisations as a basis for further improvement.

Finally we have invested further in structures and systems relating to the health and safety of our users and those visiting and working on behalf of the hospice. We take this most seriously and have appointed additional staff to drive a related programme of improvement. Last year we faced a charge from the Health and Safety Executive related to a historical incident at the hospice dating back to 2012. Whilst we were relieved to receive a conditional discharge from the judge, we were unswerving in our ambition to tighten systems, develop structures and ensure that everyone at St Christopher’s takes the safety of themselves and others most seriously. This is something we will continue to address.

None of this would be possible without a robust structure and programme of quality assurance and improvement, which is led for us by our Head of Quality and Governance. We continue to strengthen the various committees and sub committees working on aspects of quality governance, their leadership, reports and accountability. Our work with regards to risk management has recently been highlighted in a publication by the national organisation Hospice UK, which describes best practice for replication across the hospice sector.

In the coming year a key focus will be our efforts to collect, understand and respond to feedback from users about their experience of our services. Also the development of a model of quality improvement to guide strategic efforts in this regard.

We thank you for reading this report and your interest in our organisation,

Heather Richardson and Shaun O’Leary
The Board of St Christopher’s commends this report to Healthwatch Bromley and its readers. We are committed to ensuring care and services of the highest quality at St Christopher’s and take our governance role seriously to this end. In a role delegated by the Board we attend quality governance meetings on a regular basis, present quality reports to our trustee colleagues as necessary and highlight areas that we feel need further investment of time or financial resource where we feel this is an important quality issue.

We recognise growing efforts on the part of the staff of St Christopher’s to continuously improve the quality of services, to be accountable in this regard and to be transparent on issues of concern. We look forward to the coming year and to further developments – particularly reporting processes that ensure leaders across the organisation understand how their teams are performing, and which areas could benefit from further improvement.

Jane Walters and Tyrrell Evans
Trustees
Set by the trustees and executive team, the Strategic Priorities give strategic direction to all we do, so we can understand what success looks like and work as a team to achieve shared goals.
1.4 Our Values

The way that we work towards our strategic priorities is guided by our organisational values.
Part 2 - Priorities for improvement and statements of assurance

2.1 Priorities for improvement 2016/17 - what we achieved last year

2.1.1. Patient Safety – Falls Rehabilitation

Why was this a priority?
Patients with terminal illness can experience a functional deterioration which puts them at higher risk of falls and increased concern about falling. We aimed to improve patient (and carer) confidence to prevent falls and to reduce their concern about falling over.

How did we achieve this?
We ran a weekly falls prevention and confidence rehabilitation group. In 16/17 65 people attended the falls prevention and confidence group. Of these, 55 were patients and 10 were carers.

How did we monitor and report progress?
41 people completed a pre- and post-concern and confidence assessment form, which told us that 63% felt their confidence around not falling had improved and 32% said it had not worsened. 71% said they had fewer concerns about falling, with the remaining 29% said that their concerns had not worsened.

2.1.2. Patient Experience - Single Point of Contact (SPOC) Project

Why was this a priority?
We redesigned our process to make it easier and simpler for stakeholders to contact St Christopher’s and get the help they need. Our number of referrals continues to increase 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.

How did we achieve this?
The new team - known as the Single Point of Contact (SPOC) - received all referrals to the hospice, triaged them and acted on them as necessary - depending on their urgency. We established a team of highly experienced and senior practitioners to deliver this service. They worked closely with their clinical colleagues within the organisation and also external partners to meet the needs of people seeking help with their illness or their loss.

How did we monitor and report progress?
The development and implementation of SPoC was overseen by a Project Board which met on a monthly basis and reported directly to the Executive Team.

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

Why was this a priority?
The set of patient reported outcome measures we have integrated into clinical practice, provided by the Cicely Saunders Institute, offer us opportunities beyond confirming the value and impact of our services to external stakeholders. We were interested to use the patient and carer reported measures to identify strengths and needs as part of their assessment and plans for care; and also to review the effectiveness of our services on individuals. Longer term, this will help us to make decisions on how we optimise the use of all our resources, including volunteers and staff by ensuring we have the right person or team to provide the right service to our patients and service users. The data these measures provide may also help further strengthen the currencies used in our contracts with commissioners as a basis for joint plans to meet the future needs of the local population.

How did we achieve this?
We originally planned to appoint a project facilitator to support the integration of the outcomes measures provided by OACC into the day to day work of the hospice. After further staff consultation, however, it was agreed that existing teams would be best placed to understand and meet the workload required to implement OACC.

How did we monitor and report progress?
We established a dashboard to describe key indicators of the quality of our services, including data derived from the OACC suite. Work continues to aggregate and present relevant data. The dashboard is used internally to inform managers of the impact of their services.
2.2 Priorities for improvement 2017/18 - what we will achieve next year

2.2.1. Adopt an organisation-wide approach to the collection and review of data regarding user experience of series

Why is this a priority?
Service user feedback – both positive and negative – provides an invaluable source of information in to what we do well and where we can improve. While we currently collect a lot of this information, much of it is viewed individually and is not seen in relation to other forms of feedback.

How will we achieve this?
We will create a framework that identifies themes and values across all forms of feedback. This will provide opportunities to use feedback as a basis for improvement at team and corporate levels.

How will we monitor and report progress?
Staff will discuss the themes from user experience at team meetings, and identify and share learning. This will be reported to the Quality and Governance Committee via the Service User Experience Committee.

2.2.2. Develop user friendly reports to inform team leaders and staff about the quality of their services and areas for improvement

Why is this a priority?
There is a wide range of information and data that supports staff awareness of the quality of the service they provide. This includes information about: incident and accident data; patient outcomes; clinical audit; clinical guidelines including NICE; safeguarding; and activity and reach.

How will we achieve this?
The Head of Quality will produce quarterly infographics for inpatient and community teams, outlining key information to be discussed at team meetings. This will support staff to identify areas for quality improvement within their teams and across services.

How will we monitor and report progress?
Issues identified from the reports will help inform the work plan of relevant quality committees.

2.2.3. Purchase and implement a new electronic patient record system (EPR)

Why is this a priority?
Our current EPR system is nine years old and no longer meets the needs of a modern hospice service. A new system will allow us to improve communication across the multi professional teams and sites on which St Christopher’s operates, and the efficiency of staff in recording information and retrieving it to inform clinical decisions.

How will we achieve this?
The new system will be fully functional – including staff training – across both hospice sites by the end of the calendar year.

How will we monitor and report progress?
A project team – accountable to the Executive Team – will be established. EPR activity post-implementation will be compared to pre-implementation activity.
Part 3 - Review of the quality of our performance in 2016/17

3.1 Care Quality Commission visit

In September 2016 we welcomed a team of inspectors from the Care Quality Commission. We were pleased to be rated as Outstanding for our Sydenham branch and Good for Bromley.

<table>
<thead>
<tr>
<th></th>
<th>Sydenham</th>
<th>Bromley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Caring</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Responsive</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Effective</td>
<td>Outstanding</td>
<td>Good</td>
</tr>
<tr>
<td>Well led</td>
<td>Outstanding</td>
<td>Good</td>
</tr>
<tr>
<td>Overall</td>
<td>Outstanding</td>
<td>Good</td>
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</tbody>
</table>

3.2 Internal assurance

Our Quality and Governance Committee provides assurance to the Board, and maintains a focus on quality improvement through the work of a number of sub groups. We describe them below in relation to key domains of quality health care.

SAFE

Accident and Incident Group

This new group has been set up to improve how we report on and learn from accidents and incidents. We have undertaken a review of our existing reporting system and identified a number of areas for improvement, including making the online reporting system more user-friendly and better staff training.

Medicines Optimisation Group

The MOG's focus on learning from drug-related incidents has led to an overall decrease in the number of incidents involving medicines in general, and particularly in the number of CD-related incidents. In 2016/17 MOG also:

- streamlined the process for letting GPs know about medicines prescribed and supplied by the hospice to aid repeat prescriptions;
- seen an increase in the use of the screening paperwork for the in-house use of patients’ own medicines;
- and continued to monitor daily checks of opioid patches as part of an ongoing audit.

Organisational Safety

The OSC is working to a three year cyclical programme reviewing our management of health and safety across 29 different areas from accidents to water management. In 2016 we worked with an external organisation to undertake a review of our Major Incident procedure. While the review showed that many of our existing processes worked well, it also highlighted areas where further improvements could be made.

Patient and Service User Safety

In the past twelve months there have been no cases of MRSA, C Diff or Legionella on the wards. There were also no outbreaks of vomiting and diarrhoea. Infection control audits continue to be undertaken for general cleanliness, hand hygiene; waste/sharps management; isolation precautions; mattresses; equipment store. In addition, the annual infection control audit was undertaken in January 2017 and showed that the ward environments and clinic areas on the Sydenham site continue to be fully compliant.

Safeguarding, compliance with the Mental Capacity Act and the Deprivation of Liberty Safeguard legislation

In 2016/17 we dealt with 32 individual safeguarding reports – these comprised of a total of 38 allegations. The largest single category of abuse reported by the hospice was neglect – both acts of commission and omission. Of the nine referrals two were for acts of omission and seven for commission. Compared to 2015-16, physical abuse has seen a marked decline in referred concerns. The most significant change in the type of abuse being suspected and reported is around self-neglect. Self-neglect has become a distinct category of adult safeguarding following the implementation of the Care Act. The last year has seen all practitioners and clinicians within the organisation become more keenly aware of self-neglect and when it needs to be reported to local authorities. Only two of the Pan London 10 categories of abuse were not reported by St Christopher staff to the five local authorities we serve: modern slavery and discriminatory abuse.

CARING

Service User Experience

Our Service User Experience Committee receives and reviews feedback from the services we deliver to patients and their carers. It has increased visibility of the What would you like to tell us? feedback forms and also overseen the growth in the number of ways people can now contact us, including via social media. We received 29 complaints during
the financial year, representing approximately 0.49% of all the people we care for over the course of a year. Two thirds of all complaints were fully or partially substantiated. Using very broad categories, the single biggest category of complaint was staff attitude, with issues relating to discharge from wards and patient expectations also being relevant. Improvements made as a result of complaints include better and more frequent reviews for patients with neurological disorders and a review of our fire alarm process. We estimate that we have received more than 1000 letters or cards of thanks following the care that we have received.

A selection of feedback comments

| St Christopher’s is a truly remarkable place where extraordinary things happen, often in the most unexpected places |
| The Anniversary Centre sustained me for the duration of our stay, but also gave me a view of something other than a ward, with other peoples’ realities and optimism, kindness and bravery helping me to keep my own world in perspective |
| Thank you so much for looking after dad during his final days. My favourite time was 5.00am when I would go up to Rugby Ward and sit at the viewing point at the end of the corridor and watch the sun rise across south east London. I will always treasure those moments |
| As a family we could not have wished for her last week or so to be as good as you made it. |
| We cannot put into words our gratitude for how wonderfully well you looked after [patient] |
| We are so grateful to you for giving [patient] such amazing care and comfort |
| Thank you from the bottom of my heart for all you did for my dad in his final days… the care and support for myself also was outstanding |
| Thank you so much for looking after dad during his final days. My favourite time was 5.00am when I would go up to Rugby Ward and sit at the viewing point at the end of the corridor and watch the sun rise across south east London. I will always treasure those moments |
| A million and one thanks for all your kindness and compassion you showed my mother, you are all truly amazing! |
| My family want to thank you for everything you have done for him, caring, keeping him clean and just treating him with dignity |

In addition we invite feedback from carers of people who have died under our care. This survey, known as the VOICES survey provides opportunity for quantitative and qualitative assessment of the quality of care. A selection of our feedback from the VOICES survey is as follows

IPU
- 97% (217/223) said that their relative or friend was always or mostly treated with respect and dignity
- 95% (219/230) said that St Christopher’s staff & volunteers were definitely welcoming
- 97% (223/230) said that the hospice environment was definitely clean
- 92% (214/232) said that the ward doctors were exceptional or excellent

Community
- 91.5% (364/398) said that they were involved in decisions about treatment and care as much as they wanted
- 83% (332/398) said that the care was exceptional or excellent

Anniversary Centre & Caritas House
- 96.5% (111/115) said that they always felt welcome at the Anniversary Centre or Caritas Centre

Place of death
- 90% (423/468) said that on balance their relative died in the right place

Bereavement
- 57% said they received enough help and support since the deceased person’s death
- 11% (51/458) said they would have liked more help and support since the deceased person’s death

Friends and Family Test
- 96% (463/484) said they were extremely likely or likely to recommend St Christopher’s to their friends and family

RESPONSIVE
Activity, Diversity and Reach
The Activity, Diversity & Reach Committee reviewed our progress against the National Minimum dataset in July. The committee noted that significant work had been undertaken to ensure that data was accurate, and so it is difficult to compare data against previous years. Of note is an increase in reach to older people, and this reflects the work of the Bromley Care Coordination team. The group has used national information to inform us of local demographic needs and characteristics.

In July 2016 we completed the Workforce Race Equality Standard Action Plan, which followed a review of our HR processes to ensure no inadvertent bias towards minority groups, increased applicants from BAME backgrounds and to support our existing BAME staff.
We have in the last year, become both a 'Mindful' and a 'Disability Confident' Employer and have partnered with 'Stonewall Equality Limited' to support and encourage greater diversity across the organisation. To further support this, we have also created an Equality and Diversity Staff Steering Group (Chaired by one of our Joint Chief Executives) with representation from a number of the protected characteristic groups, to work closely with our equality and diversity partnership organisations and agree a series of aims and organisational commitments to our staff and other stakeholders.

The Equality and Diversity policy was updated to ensure that all staff and other stakeholders have equal opportunities within and across the organisation enabling all staff to have equal access to a range of internal opportunities including promotions (where they exist) and to a range of training and development opportunities including higher education qualifications.

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.

** Effective  
**Audit and Clinical Effectiveness  
The Audit and Clinical Effectiveness committee continues to support staff to work to the highest standards. In 2016/17 we focused on ensuring that our process for reviewing NICE guidance was more robust. All new NICE guidance is now reviewed by staff in a multi disciplinary meeting to gauge their relevance and our compliance against them. This then informs our clinical audit programme for the year.

** Research  
**During the past year we have been proactive in our efforts to become more research-active. We have strengthened relationships with academic partners; created new roles at the hospice to support research into practice, and agreed a three year programme of expenditure using a restricted legacy to ensure we are strategic and focused in our efforts. We have appointed a senior academic at Kings College London to help us develop our knowledge around, and support for, people who are frail. We have formalised a joint working relationship at the Cicely Saunders Institute in relation to research around dementia and care homes. We have also developed a robust research governance process, supported with core documentation with the guidance, with input from an external expert company. Current research activity includes supporting seven research studies, and we are also involved in multicentre studies with other academic institutions that have major significance beyond St Christopher’s, including a study on complexity in end of life care.

** Literary contributions  
**Staff at St Christopher’s contributed to a wide range of books and journal articles during 2016/17.

<table>
<thead>
<tr>
<th>Books</th>
<th>1</th>
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<tbody>
<tr>
<td>Chapters</td>
<td>1</td>
</tr>
<tr>
<td>Articles</td>
<td>12</td>
</tr>
<tr>
<td>abstracts of Conference Proceedings</td>
<td>5</td>
</tr>
<tr>
<td>Book and articles reviews</td>
<td>3</td>
</tr>
<tr>
<td>Items in newsletters</td>
<td>4</td>
</tr>
</tbody>
</table>

*The full list is included as Appendix A*

** WELL LED  
**Information Governance  
Historically, St Christopher’s has been categorised as an NHS Business Partner and has successful completed the IG toolkit return since 2010 to a satisfactory level. At the beginning of 2016 is was decided that we would change categories from NHS Business partner to Voluntary sector and have now completed the Voluntary Sector IG toolkit return for year 2016/2017. The Committee will continue to focus its attention to ensuring compliance with the General Data Protection Regulation.

** Reporting to the Board, commissioners and regulators  
**The Board of St Christopher’s meets at least four times a year and normally more than that. At each meeting it receives a comprehensive picture of the quality of care and services provided by the hospice. This includes minutes of previous Quality Governance meetings, any reports presented to that committee, an update on issues that the Quality Governance Committee feels is important for the Board to know.

Senior managers meet regularly also with NHS commissioners, reporting on the quality of their services in response to a standing item on the agenda for these meetings. In the event of a serious incident the senior managers, known as the Executive Team are alerted as soon as possible. They will discuss the incident and agree next steps – including alerting all relevant authorities.
3.3 Clinical Activity

We have continued to see an increase in the number of patients, carers and family members we support. During 2016/17:

**Inpatient Unit (IPU)**
- 757 patients were admitted to the inpatient unit (838 admissions in total as some patients were admitted more than once)
- Our average length of stay during this period was just under 14 days
- 69% of those admitted to the wards died in this setting. The majority of the remainder (31%) were discharged home after admission
- 12% of all admissions took place out of normal office hours or at weekends
- 87% average occupancy level

**Community (Outpatients, Care Home and Home based care)**
- 2,531 unique patients were accepted for specialist, community based care
- 774 unique patients received care from the Outpatient nursing team. This was a total of 13,108 home visits (including 558 visits out of normal hours)
- The out of hours visits were augmented by over 9,775 phone call consultations with patients and families experiencing unexpected or changing problems

**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 of this is their wish
- 79% of people who died whilst receiving support from the Co-ordination Centre died at home
- Approximately 38 referrals per month (459 for the year)
- 355 unique patients were accepted
- 87% of patients cared for during the course of this year had a primary diagnosis of a condition other than cancer; 90% of all patients were aged over 75 years

**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 boroughs; additional bereavement care is available in Bromley for people bereaved in other settings.
- 936 people received bereavement support following a death of someone under the care of the hospice
- 375 people received support from the Bromley Bereavement Service
- 306 families and 512 children were referred to Candle

3.4 Quality Markers

3.4.1. Patient Slips, Trips and Falls
On our inpatient unit there were 7.6 falls per 1000 occupied bed days, compared to a rate of 10.0 for similar hospices. The vast majority of our fallers (82%) experienced no harm - a higher proportion than other hospices - while 16.5% experienced low harm.

3.4.2. Pressure Ulcers
The inpatient unit continued to report pressure ulcer development as part of national Hospice UK benchmarking with 116 participating hospices last year. While Hospice UK will not be collecting PU data in 2017/2018 until they develop a standardised process, St Christopher’s will continue to audit pressure ulcer development and investigate any ulcers.

3.4.2. Infection Prevention and Control
In 2016/17 there were no cases of patients with a new diagnosis of Clostridium Difficile infection or a blood stream MRSA infection. No vomiting and diarrhoea outbreaks took place at the hospice over this year. The annual deep clean of the mortuary was completed in February 2017. Lewisham IP team noted “the overall appearance was clean, fresh and uncluttered throughout”. Infection control audits continue to be undertaken for general cleanliness, hand hygiene; waste/sharps management; isolation precautions; mattresses; equipment store. In addition, the annual infection control audit was undertaken in January 2017 and showed that the ward environments and clinic areas on the Sydenham site continue to be fully compliant.
Quality markers: summary of clinical governance data April 2016 – March 2017

<table>
<thead>
<tr>
<th>Area</th>
<th>No.</th>
<th>Action/comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slips, trips and falls</td>
<td>177</td>
<td>This is a reduction of almost one third in the number of slips, trips and falls compared to the previous year</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>20</td>
<td>Two developed in to Grade 3+; 18 inherited</td>
</tr>
<tr>
<td>Medication Incidents</td>
<td>73</td>
<td>Better processes for monitoring controlled drugs (CD) and an improved method for preparing liquid medicine CDs have both resulted in a drop in medicine-related incidents compared to last year, down from 97</td>
</tr>
<tr>
<td>RIDDOR reports</td>
<td>6</td>
<td>All reports rated as Amber: two members of staff received hospital treatment for minor injuries</td>
</tr>
<tr>
<td>Notifications to CQC</td>
<td>4</td>
<td>1 x fall; 1 x pressure ulcer; 2 x Deprivation of Liberty application</td>
</tr>
<tr>
<td>M RSA</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>C Diff</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>MHRA Alerts</td>
<td>25</td>
<td>Three resulted in emails to staff for their information</td>
</tr>
<tr>
<td>Requiring Action</td>
<td>2</td>
<td>Two alerts resulted in us testing equipment but no issues were found</td>
</tr>
<tr>
<td>Formal complaints</td>
<td>29</td>
<td>Improved reviewing of patients with neurological disorders; Better communication training; Improved fire alarm testing processes</td>
</tr>
</tbody>
</table>

3.5 Our response to the Commissioning for Quality and Innovation (CQUIN) Payment Framework

The hospice was required to achieve the following CQUIN in 2016/17:

**Goal**
Improved integration of providers along end of life care pathway

**Rationale**
To help develop learning from patient outcomes and improve practice. This CQUIN encourages providers to assess and resolve issues that prevented people receiving care in their preferred place.

Indicator: Multi-disciplinary meetings of cases to identify causes of patients dying in hospital.

**Outcome**
MDT reviews of 150 patients who died in hospital identified a number of factors influencing why they were taken to hospital. Often it was for reasons within their treatment ceiling and death was not an expected outcome at that time. We also identified who decided to send the patient to hospital and why. The findings have prompted a further line of enquiry and we are planning a review of several cases along with colleagues from the acute sector and community nursing. This will be helpful to identify appropriate pathways, what can be achieved outside of the hospital setting particularly for the frail elderly around the management of infection.

3.6 Clinical Audit

The following clinical audits were undertaken in 2016/17:

**Management of pressure ulcers within the inpatient unit**
This audit looked at the management of pressure ulcers within the IPU using the national hospice audit tool which is uses NICE quality standards and standards recommended by the European Pressure Ulcer Advisory Panel (EPUAP). Improvements were required to the electronic patient record to ensure that staff are able to record all aspects of the Hunters Hill Assessment, and in ensuring that all patients have a skin assessment within six hours of admission.

**Completion of the 5 Priorities of Care (“5P”) checklist**
This retrospective audit considered whether the 5 Priorities of Care had been documented on the Electronic Patient Record (EPR) and, if they weren’t, whether there was evidence that the relevant care had been delivered anyway. Although the average completion of the 5Ps was around 55% (below the target of 90%), the care for patients still meet the gold standard for end of life care and it was the appropriate recording of information that was the issue. Further staff education, including the use of posters on wards, is being implemented.
Blood transfusion
The hospice has a service level agreement with a local NHS Trust to provide a transfusion service for inpatients. 32 transfusions were performed during 15/16. No adverse reactions or clinical incidents were reported for the transfusions.

Controlled Drugs (CD) (statutory audit)
Checks were carried out over a two week period on both our sites in all departments where CDs are stored. A common issue across many of the departments was that the names of the nurse signatories were not displaced near the cupboard. Those departments were asked to create a signature list (this has now been completed).

Confidentiality Policy Audit
The aim of this audit was to ensure compliance with the hospice confidentiality policy. An audit (via visual inspection) of whether staff- or patient-identifiable information was viewable in public areas was undertaken. This included photocopiers, confidential waste bins, filing cabinets with staff/patient data, and areas such as reception. All areas were compliant, with the exception of a small amount of identifiable information being found in a waste bin that should have been placed in a confidentiality bin.

National Clinical Audit
St Christopher’s was not eligible to participate in any of the national clinical audits or national confidential enquiries, as none of the 2016/17 audits related to specialist palliative care.

3.7 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
- Mattresses
- Annual Infection control audit

Actions as a result of the infection prevention and control audits:
- Upgrade the mattresses for visitors
- To continue to support IV competent nurses to have updated and training regarding the care of central venous access devises.
- To continue annual infection prevention updates for staff that have patient contact
- New washing machines have been installed to improve the quality of laundry cleaning
- To continue providing induction training on venepuncture and cannulation to all new doctors
- Tracheostomy training will now be included as part of the Annual Update staff training. ‘Champions’ have been appointed, who will review the current guidance to ensure it complies with NICE guidance. All RNs will receive updated training during the year
Thank you for the opportunity to comment on St Christopher’s quality account for 2016/17. Bromley CCG is committed to working closely with St Christopher’s to ensure the ongoing delivery of high quality services for our population both within the hospice and the community setting. In addition to providing in-patient, specialist community care and bereavement services St Christopher’s provides Bromley with care for people who wish to die at home through the Bromley Care Co-ordination service and the Personal Care Service. The organisation has demonstrated a strong commitment to working in partnership with healthcare providers across Bromley and with the CCG to include a strong voice in the development of Integrated Care Networks and End of Life Care initiatives.

Bromley CCG meets with St Christopher’s on a quarterly basis to review contractual issues, performance and quality. Bromley specific services are discussed in Part 1 of the meeting with the Consortium of CCGs that commission from St Christopher’s (Bromley, Croydon, Lambeth, Lewisham & Southwark) joining the meeting to discuss in-patient and community services across the patch. In preparation for the meeting St Christopher’s provide commissioners with a quarterly quality report. Bromley CCG also notes that St Christopher’s is actively engaged in monitoring and promoting robust safeguarding practices.

The Consortium welcomes St Christopher’s work on patient outcomes and we are interested to see the outcome of the benchmarking exercise against similar providers coming out of the outcome measures work. We recognise the challenges of the Health and Safety Executive investigation but note that the organisation has taken this prioritised health and safety and are confident of the measures that have been put in place since the incident in 2012.

The Consortium congratulates St Christopher’s on being rated as ‘Outstanding’ for the Sydenham centre and ‘Good’ for the Orpington site which is a testament to the commitment the organisation has to delivery of high quality care for their patients. St Christopher’s remains a highly valued care provider by the population of each borough but also strives to ensure that the service is fit for the future by embracing innovative ways of working including the Single Point of Contact (SPOC) and the work being undertaken around equality and diversity. We congratulate St Christopher’s on a successful year.

Sonia Colwill
Director of Quality, Governance and Patient Safety
June 2017
Bromley CCG

On behalf of Consortium of CCGs (Bromley, Croydon, Lambeth, Lewisham & Southwark)
3.9 Healthwatch Bromley Feedback

This report is a response from Healthwatch Bromley reflecting on the work and achievements of St Christopher’s in 2016-17. 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. In particular Healthwatch Bromley would like to highlight St Christopher’s work in the following areas:

**Areas of success**
- Healthwatch welcomes the priority of ‘empowering the public around death, dying and loss’ and the positive education of the people of Bromley around the difficult issue of end of life care and bereavement.
- Healthwatch notes the impressive number of academic contributions from the team at St. Christopher’s.
- Healthwatch recognises the learning and positive actions taken in the wake of the Infection Prevention and Control Audits.
- The inclusion of qualitative comments from families and friends of those cared for by St Christopher’s gives a good appreciation for the outstanding work and caring nature of the staff.
- Healthwatch commends the successful score of 96% of people saying they were extremely likely to recommend St. Christopher’s to their friends and family.

**Looking forward**
- Only 57% of family and friends stated they received enough help and support since the deceased person’s death. This seems to be an area that St. Christopher’s could further improve, especially considering that 11% said they would have liked more help and support since their bereavement.
- The number of safeguarding concerns is a worry and a more in depth analysis of incidents would be welcomed.
- Further information around the internal dashboard would be helpful, as would feedback around staff satisfaction within the organisation.
- The high rate of pressure ulcers suffered by service users remains high. Healthwatch would welcome further information around the additional training being provided and improvements being made to the electronic patient record to ensure all patients have a skin assessment within six hours of admission.

Stephanie Woods
Engagement Manager
On behalf of Healthwatch Bromley
Appendix A: Publications by St Christopher’s staff 2016/17

Books

Book chapters

Journal articles
- Baines M. Hunch or proof Food for thought from the early days of hospice care. European Journal of Palliative Care 2016; 23: 140-142
- George R. Patients need action, not words, on UK end-of-life care. BMJ Supportive & Palliative Care 2016; 6: 243-244
- Giles A, Sykes N. To explore the relationship between the use of midazolam and cessation of oral intake in the terminal phase of hospice inpatients: a retrospective case note review: does midazolam affect oral intake in the dying? Published ahead of print Palliative Medicine May 2016

Abstracts
- Bryan L et al. QELCA (Quality End of Life Care for ALL): an innovation in end of life care education – delivered by the South London Hospice Education Collaborative (SLHEC). BMJ Supportive and Palliative Care 2016; 6: Abstract P229
- Garbett S. The National Hospice Education Collaborative: developing UK hospice potential as vocational education partners. BMJ Supportive and Palliative Care 2016; 6: Abstract P236
- Tuck J, Langley S, Brady D, Hodson M. Hospice library services: much more than a library space. BMJ Supportive and Palliative Care 2016; 6: Abstract P55

Book and article reviews
- Baulkwill J. Helbert K. Yoga for grief and loss. Bereavement Care 2016; 35: 86
- Debenham J. Gross R. Understanding grief. Bereavement Care 2016; 35: 85-86

Items in newsletters
• Richardson H. St Christopher’s visits Singapore to share ideas and insights on preparing for an ageing population. *Ehospice* 25 May 2016
Opportunities to give feedback on this Quality Account

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

Head of Quality
St Christopher's Hospice
51-59 Lawrie Park Road
Sydenham
SE26 6DZ