



Registered Charity Number 1159481

Making every day count
not counting everyday

Quality Account

2016/2017

Introduction

The aims and objectives of St. Clare's Hospice are to provide specialist palliative care to patients with a progressive and advanced illness and to give support to their loved ones. We are committed to achieving the aims of the Hospice Movement which are to meet the patient's physical, psychological, social and spiritual needs.

Philosophy of Care

The philosophy of St. Clare's Hospice is to provide high quality specialist palliative care which encompasses the physical, emotional, spiritual and social needs of our patients in all life limiting conditions.

We will treat all our patients as individuals, respecting their values and beliefs in health and illness. Each patient will be respected and treated equally in their care, regardless of culture, race, religion, or social background.

Our patients will be encouraged, wherever possible, to participate in their care planning, setting of achievable goals, implementation of care and evaluation of its effectiveness.

Practical and emotional advice and support will be provided to the carer, their family and friends. The carer will be able to participate in the patient's care if this is mutually acceptable.

We will strive to increase our expertise and knowledge in advanced pain and symptom control through means of education and training to ensure delivery of a high standard of palliative care.

Chief Executive's Statement

On behalf of the St. Clare's Hospice Board of Trustees, I am pleased to introduce our Quality Account for the year April 2016 to March 2017.

As a local charity, St. Clare's Hospice has been providing palliative and end of life care to people in South Tyneside for almost 30 years and the Hospice teams remain fully committed to delivering tailored care and support to the patients, families and carers we have been called to serve.

The Quality Account report demonstrates the programme of activities that the teams have undertaken throughout the financial year to deliver quality care, and it is important to note that a comprehensive action plan has been developed in response to the Care Quality Commission Report of September 2016 and measures are already in place to improve particular areas of our work.

Despite some of the challenges that we have faced during the year, St. Clare's Hospice provides good care to patients and families and remains responsive at all times to the growing and changing needs of our community. With this in mind, I would like to thank all the Hospice staff and volunteers for their hard work and commitment and, of course, to our supporters who enable us to continue to deliver our services – both on the In-Patient Ward and in our Out-Patient Day Services.

We are not part of the NHS - although we work collaboratively with its services - and we provide our care to patients and their families totally free-of-charge. We receive a grant from the NHS which meets 44% of our annual costs but we are wholly reliant upon public donations to ensure that we can pay for our remaining service costs and support as many people as possible in the South Tyneside area.

The review of our Day Services has been completed and we will begin to implement changes in our service delivery to ensure that the Hospice is providing both health and social care to patients who need it. We will be improving our referral and discharge procedures so that we see more patients with end of life needs and we are researching the opportunity to introduce a 'Hospice at Home' service in South Tyneside in order to help meet the growing demand for both planned and rapid response services 24/7, 365 days-a-year in people's own homes, including care and residential homes.

The experiences and views of our patients and their families are extremely important to us and, indeed, help us to understand where improvements to services can be made. Patient satisfaction surveys are regularly reviewed and, working alongside our staff and volunteers, the Board of Trustees and the Management team strive to develop plans that demonstrate that we listen, we care and that we are determined to continue to improve our delivery of palliative and end of life care. That's what our local community deserves.

To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by St Clare's Hospice. Thank you for your interest in the important work of St. Clare's Hospice.

Avril Robinson
Chief Executive

Part 1

Review of the last year's quality performance 2016/2017

Priority 1 – Patient Safety

Patient Discharge Pathway – Achieved

Discharge planning is an extremely important aspect of the patient's care and it should be recognised that the discharge should be planned as soon as possible from admission, where appropriate. The initial assessment of the patient should contain potential plans for discharge; this is something that the Hospice team does regularly on patient admission to the Hospice. Early planning gives the patient empowerment in the decision-making process and gives them goals to aim for.

By planning early for a patient's discharge, it gives the opportunity to identify any problems therefore allowing the staff to act in a timely manner to put whatever systems in place that will make transition to the patient's preferred place of care easier and as seamless as possible. Should a patient not be able to return to their own home then early planning involving the patient, their family and members of the multidisciplinary team (MDT) is crucial to help the patient to plan for an alternative place of care.

To achieve this priority we:

- Set up a discharge planning group and reviewed all current discharge procedures
- Developed an improved and more comprehensive patient discharge plan
- Introduced a discharge pathway flow chart
- We consulted with Hospice staff and members of the multidisciplinary team with the introduction of the discharge documentation and pathway
- Piloted the pathway and plan prior to full implementation
- We reviewed and updated the Discharge Policy

This development for St. Clare's was identified as a CQUIN indicator for 2016/2017 and was monitored on a quarterly basis with reports and evidence, followed by a full written report at quarter 4.

Priority 2 – Clinical Effectiveness

Comprehensive review of all Policies and Procedures – On-going

Over this last year, the Hospice teams have reviewed many clinical and non-clinical policies including the following:

- Care of the Dying and Deceased Policy
- Discharge Policy
- Staff support and development
- Performance Management
- Research Policy (statement)
- Consent Policy
- Records and Information Management
- Drug Policies - in draft
- Duty of Candour - in draft

To achieve this priority we:

- Reviewed all current clinical and non-clinical policies
- Prioritised what was due for updating
- Identified and initiated the development of new policies using national and local guidelines
- Encouraged staff participation in the policy review and development process
- Involved the governance committees for the ratifying of the policies
- Consulted with staff on new and reviewed policies

The reviewing and updating of policies and procedures is an on-going piece of work which we will continue to progress within the next year. We will continue to monitor this on a quarterly basis.

Priority 3 – Patient Experience

a) Implementation of the 'Care of the Dying Document' – Achieved

Following the withdrawal of the Liverpool Care Pathway, there has been no specific documentation which solely focuses on the patient approaching end of life care. At St. Clare's Hospice, we have used individual care plans relating to the patients pain and symptom management and this has worked well. However we, as a team, identified that there needed to be something more consistent in place to ensure we met the full needs of the dying patient and their family and to have all communications and care documented in one place. Therefore, when the 'Care of the Dying' document was introduced regionally St. Clare's Hospice, the clinical team was very keen to be involved with its implementation in the Hospice.

To achieve this priority we:

- Reviewed and updated the Care of the Dying/ Deceased Policy
- Trained all staff nurses how to use the Care of the Dying document
- Trained all staff nurses with verification of death training
- Consulted with staff on the introduction of the Care of the Dying document
- Piloted the Care of the Dying of document prior to full implementation
- Conducted an audit on the use of the Care of the Dying document

This development for St. Clare's was also identified as a CQUIN indicator for 2016/ 2017 and was monitored on a quarterly basis with reports and evidence, followed by a full written report at Q4.

b) Refresh Day Care – Ongoing

Here at St. Clare's Hospice we strive to deliver high patient care and service user satisfaction. Within the Day Hospice we have taken the opportunity to explore what potential service developments can be introduced to ensure that we develop our services to the needs of the patients and their carers, thus providing them with a therapeutic environment catering for the many varieties and complexities of patient needs.

To achieve this priority we:

- Reviewed our current level of provision which included:
 - Staffing
 - Training requirements
 - Transport costs
 - Catering and sundry items
- Consulted with staff, volunteers and patients and their families/carers
- Involved patients and their carers with surveys to gain their views on the development of the Day Hospice service
- Allocated the Day Hospice Sister one dedicated day per week to conduct a review of the service
- Reduced Day Hospice service to x4 days per week with a maximum of 15 patients per day
- Visited other regional hospices to gain an insight into their services using specific set questions and comparing and documenting the findings
- Developed a business plan with recommendations to take forward in the next year 2017/2018

Review of Quality of Services 2016/2017

During the period of 2016/2017 St. Clare's Hospice, Jarrow has provided the following clinical services:

- An eight-bedded In-Patient Unit providing:
 - Seven treatment beds
 - One respite bed
- A Day Hospice service
- Physiotherapy services
- Lymphoedema services
- Complementary Therapies
- Bereavement Counselling services
- Spiritual Support
- Education and training
- A Befriending service

We receive a grant from the NHS which meets 44% of our annual costs but we are wholly reliant upon public donations to ensure that we can pay for our remaining service costs and support as many people as possible in the South Tyneside area.

The total running costs for St. Clare's are just under £2 million per annum. The majority of funding for St. Clare's Hospice has to be raised through voluntary income generation including donations, legacies, fundraising events, campaigns and our chain of charity shops.

In-Patient Unit

In this last year, the eight-bedded ward has provided symptom management and end-of-life care for 150 patients and their families with complex palliative and end-of-life care needs. Approximately half of the patients who were admitted returned home after their symptoms had been managed. For those patients who spent their final days with us, the In-Patient Unit provided a safe and caring environment where all the family could access care and support.

For those patients who choose to stay and be managed at home, we work closely with the community teams to ensure a seamless discharge. We also continue to offer support to patients after discharge through our 24-hour helpline. This service is also available to healthcare professionals who need advice day or night regardless of whether they are caring for patients who are known to the Hospice team or not.

Activity In-Patient Unit

- In 2016/2017 we admitted **150** new patients to our In-Patient Unit.
- Out of a possible 2,898 bed-days available, **1,931** bed-days were occupied giving us 71% occupancy for the year.
- Average length of stay was **13** days
- The respite bed was occupied **48%** of the time with most patients booking a one-week stay
- There were **11** non-cancer admissions in the year

Day Hospice

The Day Hospice is a service at St. Clare's that is available Monday to Friday, excluding Bank Holidays, which caters for up to 15 patients per day (or guests as we like to call them). The Day Hospice is able to address a range of issues including physical, emotional, psychological and spiritual. The aims of the Day Hospice are for the patient to manage their symptoms better, to be able to continue living as normal a life as possible at home and help improve their quality of life. The service also provides the patient with a chance to meet and socialise with others who are going through similar experiences.

Services that can be accessed while attending the Day Hospice

- Lymphoedema management
- Pain and symptom support
- Physiotherapy services, including exercise classes as well as rehabilitation
- Complementary Therapies
- Counselling
- Chaplaincy
- Chiropody
- Creative craft therapies
- Carer support groups

Activity Day Hospice:

- In 2016/2017 we admitted **51** new patients
- A total of **2,041** patients accessed the service over the year giving us a 59% occupancy
- **13** non-cancer patients were admitted as new patients to Day care

Physiotherapy

The Physiotherapy service at St Clare's Hospice has continued to develop over the last year, providing a valuable service at the Hospice for In-Patients, Day Hospice patients and Out-Patients, as well as offering outreach support to patients in the community.

Symptoms that can be managed with physiotherapy include:

- Pain
- Decreased muscle strength and exercise tolerance
- Breathlessness
- Decreased joint integrity and range of movement
- Fatigue
- Reduced mobility
- Anxiety
- Nausea

Day Hospice patients benefit from a daily exercise class to music which includes functional chair-based and standing exercises aiming to improve flexibility, strength and mobility.

Activity Physiotherapy

- In 2016/2017 we saw **131** new patients
- Three Fatigue Management Groups supporting patients and their carers
- **120** Cancer patients
- **11** non-cancer patients
- **565** review patients

Lymphoedema Clinic

This is a part-time service based at the Hospice with a satellite clinic at Cleadon Park Primary Care Centre in South Shields. The Lymphoedema service provides assessment and treatment of adult patients with mild, uncomplicated Lymphoedema through to complex, highly complicated cases.

Treatments given to patients include:

- Multi-layer Lymphoedema bandaging (MLLB)
- Manual Lymphatic Drainage (MLD)
- Kinesio Taping
- Doppler Assessments

Activity Lymphoedema

- In 2016/2017 we saw **62** new patients
- **18** cancer patients
- **44** non-cancer patients
- **174** review patients

Complementary Therapies

As well as continuing to work closely with 'Coping with Cancer' who provides much needed complementary therapies to our In-Patients and Day Hospice patients, we also have a volunteer therapist at the Hospice. This service gives all patients the opportunity to access much needed relaxation therapies which include:

- **Reiki**
- **Indian head massage**
- **Aromatherapy**
- **Reflexology**

Bereavement Services

St. Clare's Hospice has two designated sites for delivery of its Bereavement services - the Hospice based in Jarrow and the Cleadon Park Centre in South Shields.

We receive referrals from regular to complex grief reactions. Referrals are accepted from healthcare professionals as well as self-referrals.

We have a team of qualified counsellors as well as trainees who are working towards qualification. In total, we have 17 members in the counselling team.

Counselling since Jan – March 2017

- Clients who have reached endings this year – 31
- Currently working with – 15
- Clients on waiting list – 22
- Total number of clients accessing the service for counselling support – 68

The above data only gives quarter 4 data collection due to a changeover in Bereavement Coordinators. A full year will be provided for next year's Quality Account.

Spiritual Support

The Chaplaincy team at St. Clare's Hospice provides help and support to Day Hospice patients and In-Patients as well as to their families and carers. This spiritual care, which may or may not be religious, is an important aspect of the holistic care provided within the Hospice.

The Chaplains respect the individual's cultures and beliefs helping to explore values that have meaning to the person. The Chaplaincy team visits the Hospice daily, welcoming guests, patients and their families to the daily service held in the Hospice Chapel. Patients own religious ministers or leaders are welcome to visit them during their stay in the Hospice.

The Chaplaincy team organises remembrance services every three months and host the service at the annual Tree of Lights fundraising campaign.

Participation in Clinical Audits, National Confidential Enquiries

National Audits

During the period 2016/2017, there have been no national clinical audits and confidential enquiries relating to the service that St. Clare's Hospice provides (Mandatory statement) During 2016–2017 St. Clare's Hospice did not participate in any national clinical audits and national confidential enquiries. (Mandatory statement)

This means that the Hospice has not been eligible to participate in any national audits because they are not about our particular service.

Local Clinical Audit and Service Improvement

The audits that St. Clare's have undertaken in the last year 2016-2017 have included: pressure ulcer and infection rates; safe syringe driver administration; prevention and management of pressure area care (Waterlow) and discharge planning. These audits highlighted the need for improved documentation which was reflected in the work that was being carried out as part of this year's CQUIN.

A new audit to our plan this year was the 'Care of the Dying' Document (CODD). Due to the CODD being recently piloted in April 2016 and fully introduced in July 2016, we performed this audit to give a baseline to see how it was being implemented. The action plan from this audit is to establish and confirm the documentation to be used for the verification of death, and to ensure that all parts of the document have the patient's NHS number entered as well as dates and times as stated in NMC/GMC guidelines. The audit will be repeated after 6 months.

An educational audit is completed annually in partnership with the University of Newcastle and Northumbria (UNN) to ensure that the Hospice provides adequate training facilities for the student nurses to St. Clare's.

Through the work that our Clinical Governance Committee carries out we have identified that there is work to be done on our audit plan and we aim to review this in the next year.

Research

The number of patients receiving NHS services provided or sub-divided by St. Clare's Hospice in 2016/2017 that were recruited during that period to participate in research approved by a research ethics committee was NONE.

Use of the CQUIN Payment Framework

St. Clare's Hospice NHS income in 2016/2017 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

To achieve payment in this period St. Clare's Hospice was required to:

1. Fully implement the Care of the Dying document. **This CQUIN was fully achieved.**
2. Improve the patient discharge pathway. **This CQUIN was fully achieved.**

As part of the CQUIN milestones for the forthcoming year 2017/2018 St. Clare's has agreed to:

1. Implement The Safe Staffing CQUIN which will be used to develop strategies to assess report on, and develop key aspects of safe staffing within the inpatient unit.
2. Review, develop and implement improved individualised patient plans of care based on the Ambitions of Palliative and End of Life Care over the one-year period 2017-2018.

Quality Markers 2013 – 2017

In-patient Unit	2013/2014	2014/2015	2015/2016	2016/2017
Total number of admissions	180	147	138	150
Cancer diagnosis	165	134	113	139
Non-cancer diagnosis	15	13	14	11
Bed Occupancy	68%	63%	69%	71%
Patients discharged	90	84	85	75
Average length of stay	9.4 days	12 days	10 days	13 days
Bed days available	2,920	2,890	2,919	2,898
Respite bed days available	365	365	365	365
Respite bed occupied	53%	67%	66%	48%

Day Care Unit	2013/2014	2014/2015	2015/2016	2016/2017
Total number of new patients	65	75	58	50
Cancer diagnosis	53	69	46	38
Non-cancer diagnosis	12	6	12	14
Occupancy of places	61%	58%	42%	59%
Patients discharged	24	39	59	28

Lymphoedema Service	2013/2014	2014/2015	2015/2016	2016/2017
Total number of new patients	99	82	75	62
Cancer diagnosis	41	32	26	18
Non-cancer diagnosis	56	50	34	44
Review patients	505	459	312	174
Patients discharged	37	21	75	11

Physiotherapy Service	2013/2014	2014/2015	2015/2016	2016/2017
Total number of new patients	209	148	134	131
Cancer diagnosis	188	138	119	120
Non-cancer diagnosis	21	25	15	11
Review patients	556	566	541	565
Patients discharged	88	80	66	46

Complementary Therapies	2013/2014	2014/2015	2015/2016	2016/2017
No. of patient's accessed treatment	262	283	238	227

Key Quality Indicators

Key Quality Indicator	2013/ 2014	2014/ 2015	2015/ 2016	2016/2017
Total Number of Complaints	2	0	1	0
Number of complaints upheld in full	0	N/A	0	N/A
Number of complaints upheld in part	1	N/A	0	N/A
Number of complaints not upheld	1	N/A	1	N/A

Patient Safety Incidents	2013/ 2014	2014/ 2015	2015/ 2016	2016/2017
Number of serious patient safety Incidents (excluding falls)	1	0	0	1
Number of Slips/ Trips/ Falls	22	18	29	23
Number of non-serious patient incidents (excluding falls)	1	0	3	0
The number of patients who experienced a fracture or other serious injury as a result of a fall	1	0	0	0
Safeguarding referrals from the Hospice	1	0	0	1
Duty of Candour	N/A	N/A	N/A	1

The figures above provide information on the activity and outcomes of care for patients including Day Hospice and In-Patients.

St. Clare's Hospice collects data for the National Council of Palliative Care: National Minimum Data Sets.

Duty of Candour:

St. Clare’s Hospice has been developing a Duty of Candour Policy in line with national guidance. There was only safety incident during this reporting period which was identified as a Duty of Candour.

To meet the Duty of Candour:

- An internal incident form was completed
- The Duty of Candour was discussed with the patient and an apology made; this was followed by a letter outlining the Duty of Candour.
- A full investigation was carried out which looked at all identified factors surrounding the incident
- A Serious Untoward Incident Action Plan was devised and implemented

Friends and Family Test – results:

St. Clare’s Hospice sends out surveys from the In-patient Unit, the Day Hospice service and the Lymphoedema service to allow us to continually review and develop our services to meet the needs of our patients and their families/carers.

This survey includes the Friends and Family Test (FFT) which asks the following question:

We would like you to think about your experience in the In-Patient Unit where you spent your Hospice stay. How likely are you to recommend our Hospice to friends and family if they need similar care or treatment?

- Don’t know
- Extremely unlikely
- Unlikely
- Neither likely or unlikely
- Likely
- Extremely likely
- Can you tell us why you gave this answer?

Our most recent results below are calculated using a national FFT calculation:

In-Patient Unit Friends and Family Test Score: 91 – 0 = 91
Day Hospice Friends and Family Test Score: 81 – 0 = 81

We will continue to use the FFT but we are in the process of changing the format of the patient surveys. By doing this we are aiming to gain a higher response rate of completed surveys.

Part 2

Priorities for Improvement and Statements of Assurances from the Board for 2017-2018. (as defined in regulation)

At St. Clare's Hospice, we are continually reviewing our services and we take into account suggestions and feedback from our patients, carers, staff and volunteers.

Our priorities are developed in line with the Hospice strategy. All priorities are monitored and reported to our Clinical Governance Committee. Where the priorities refer to CQUIN indicators, these are also monitored and reported on to the local Clinical Commissioning Group.

Priority 1 – Patient Safety

Review policies, processes and procedures leading to a robust Medicines Management system

To achieve this priority we will:

- Review current medicines policies, procedures and processes to implement a safe system for medicines management
- Review policies, processes and procedures
- Review supplier of medicines and set up new systems
- Review access to a Pharmacist to support with medicines governance
 - Incident reporting and monitoring
 - Staff training
 - Reflective accounts
 - Observed practice
 - Staff appraisal
 - Competency framework
- Staff well-being and support
- Communication systems which will include the patient's journey from admission to discharge
- Safety measures including:
 - Review the potential to have Datix system for incident reporting
 - Controlled Drug Accountable Officer (CDAO)
 - Local Intelligence Network (LIN)
 - Safety walkabout, critical friend e.g. STCCG
 - Medicines reconciliation
 - Piloting of new drug sheets
- Risk Assessments
- Metrics: KPI's/ targets/ evidence-based outcomes/ qualitative feedback

How the priority will be achieved

- This priority will be set out over a two year period.
- A working party will be identified and formulated within the clinical team
- There will be a review the current system for medicine's management with priorities identified and milestones agreed to be met during year 1.

How progress will be monitored and reported:

- All revised and newly developed policies will be reviewed and approved by the Medicine's Management Lead for accuracy before ratification by the board of trustees.
- Evidence of how the priority is progressing will be gathered and submitted on a quarterly basis to the governance committee/ board of Trustees.
- Staff will be involved in any changes prior to implementation of policies and procedures
- A written report will be completed at the end of year 1 to monitor progress and priorities identified for year 2.

Priority 2 – Clinical Effectiveness **Individualising of all Patient Care Plans**

It was identified during our last Care Quality Commission visit that the patients care plans were too standardised and needed review to make them more personalised to the needs of the patient. It is a few years now since the care plans were last reviewed so this has given the team an ideal opportunity to review, develop and improve on our patient care planning.

Our aim is to ensure our patients who are approaching end of life receive well planned, coordinated and individualised care. To do this we will be focusing on the document "Ambitions of Palliative and End of Life Care: A national framework for local action 2015-2020. There are six ambitions in this document but we will be focusing mainly on:
Ambition 1 – Each person is seen as an individual
Ambition 3 – Maximizing comfort and well-being

How the priority will be achieved:

- Formulate a "Care Plan" group
- Review all current care plans and prioritize the changes
- Research best practice and understand what other Hospices and organizations are using
- Individualise care plans to encompass the 5 priorities of dying which include physical, psychological, emotional, social and spiritual symptoms.
- Care plans to reflect patient preferences including Advance care planning and specifically the pain care plan to monitor pain scales and effectiveness of pain relief
- Consult with staff, pilot the new care plans, then roll out and audit

How progress will be monitored and reported:

- This priority will be monitored on a quarterly basis and we will use feedback from the clinical team to influence its development.
- Evidence will be gathered on a quarterly basis and submitted as part of the CQUIN indicator for 2017/2018. A full written paper will be submitted at the end of the year.

Priority 3 – Patient Experience

Day Hospice Review next stage – implementation of the Day Hospice Review 2017-2020

Following on from last year's priorities we are now going to focus on the implementation of the Day Hospice Review recommendations, which we plan to do over the next three years.

How the priority will be achieved:

- Provide a four-day-week staffed patient treatment service Tuesday to Friday with 15 places per day, a maximum of 60 places per week and with the fifth day being a volunteer-led day
- Introduce a “drop-in” sessional half-day which will be a 'social day' with involvement from other disciplines to support the sessions
- Undertake a staffing review which will include paid staff and volunteers
- Invest in training and develop a robust training plan
- Introduce a “slow release” discharge programme
- Develop and implement a clear patient pathway for the Day Hospice service
- Review the Day Hospice service literature
- Develop and enhance the current Out-Patient service
- Day Hospice Focus group to be initiated

How progress will be monitored and reported:

All of the above recommendations for the three-year Day Hospice Review will be consulted with staff, patients and volunteers as well as with other stakeholders. A realistic timetable will be developed for the delivery of the revised services.

A Day Hospice Focus Group will feed back and a quarterly development report will be produced to the board of trustees.

Quality Assurance

St. Clare's aims to provide a high quality specialist palliative care to all patients and their families. During the time frame of this report, the Hospice operated three standing committees which included Clinical Governance and Quality Assurance, Health and Safety and Human Resources, and Financial and Organisational. Following a review of governance structure in April 2017, the Committees have since been put on hold and all quality assurance matters are taken directly to the Board meetings for discussion and consideration. This change will ensure that all Board members are equipped with a robust overview of the organisation and, importantly, are provided with the appropriate and timely information to develop the strategic direction for the Hospice. Alongside this change, the introduction of bi-monthly Board Development sessions will help ensure that all Board members remain up-to-date and fully aware of their responsibilities as trustees.

St. Clare's measures quality assurance in many ways including:

- **The Friends and Family Test which is incorporated for the In-Patient Unit, Day Hospice and Lymphoedema services**
- **Patient Satisfaction Survey,**
- **Bereavement Services survey**
- **Clinical Audit reporting**
- **Accident/Incident monitoring**
- **Compliment Reports (an example of this report is given below)**

Staff Engagement Survey

A staff engagement survey across all departments was undertaken in January 2017. This is still in process of being finalized and reported on.

St. Clare's Hospice Compliment Report 2016/2017

St. Clare's Hospice receives many compliments for the care that is provided to patients and their families and this far outweighs any negative comments/complaints that may be received. The Hospice receives the compliments in many formats including written correspondence, 'thank you' cards, letters, social media comments and reviews, satisfaction questionnaires and verbal communications.

The following trends were noted from the 'thank you' cards received by the Hospice in the past year.

- **Dedication of all staff**
- **Planning to get the patient home where they wanted to be**
- **Homely and welcoming**
- **Comfort and care and devotion**
- **Help and support**
- **Kindness and thoughtfulness**
- **Being family again rather than being the 'carer'**
- **The Hospice being an asset to the community**

Below is a selection of compliments taken from the satisfaction surveys for the past year:

- “I felt I was special, and loved everything and everybody”.
- “The care that was given was excellent”.
- “Friendly helpful staff, very comfortable and relaxing”.
- “The doctors and nurses showed the utmost kindness to our mother in her last days, she could not have been in a better place”.

The Board of Trustees Statement (Directors)

The Board of Trustees is fully committed to the provision of high quality service at St. Clare’s Hospice. The Hospice has a well-established governance structure with members of the board playing an active part in ensuring all activities take place in accordance with its Statement of Purpose. This includes regular unannounced visits to the Hospice. At a strategic level, the Trustees have introduced a new structure to board meetings which incorporate training for board members as well as to review and improve existing policies, procedures and activities in order to formulate plans for the future of St. Clare’s. Further strategic preparation will be supported by an Away Day to include Trustees, CEO and Management Team to ensure all are fully informed and have knowledge of the current position and challenges within the community and health sector.

Board of Trustees May 2017

What do others say about St. Clare’s Hospice?

Care Quality Commission (CQC)

St. Clare’s Hospice is required to register with the Care Quality Commission and its current registration status is:

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

St. Clare’s Hospice has the following conditions on registration (none).

The Care Quality Commission has not taken enforcement action against St. Clare’s Hospice during 2016/ 2017.

St. Clare’s Hospice had its last inspection by the Care Quality Commission on 4th and 5th July 2016.

The overall rating for this service Requires Improvement ●

Is the service safe? Requires Improvement ●

Is the service effective? Requires Improvement ●

Is the service caring? Good ●

Is the service responsive? Good ●

Is the service well-led? Requires Improvement ●

From this last inspection we have developed an action plan using the RAG (Red, Amber/Green) system to work on the areas that was identified as requiring improvement. These areas of improvement include:

- Improvements in Medicines Management systems, which includes ordering and storage of medicines
- Improving structured support for staff, to include a more robust staff appraisal and development system
- Develop a more individualised plan of care for the patients

This action plan is aimed to be fully complete by December 2017. The Action plan is reviewed every three months and is shared with the hospice board of trustees and the Clinical Commissioning Group.

Patients/Relatives/Professionals

“Myself and my family would like to say a heartfelt thank you to all of the team that looked after my husband during his stay. You made staying in a hospice as homely and pleasant as possible and I know he was very appreciative.”

This comment was taken from a ‘thank you’ card to the In-Patient Unit.

“Thank you for all your care, and for lightening our dark moments. At last they can be cast aside when we come to Day Care.”

This comment was taken from a Day Hospice ‘thank you’ card.

“You all made a huge difference to A’s life over the years. The support and friendship you gave to him was invaluable.”

This comment was taken from a Day Hospice ‘thank you’ card.

“We have recently received our results from the annual national GMC trainee survey, and have been encouraged to see positive feedback across a number of areas.

“I feel that it is worth highlighting that palliative care rated particularly highly (as a green upper outlier) across almost every category – including handover, supportive environment, clinical supervision, and many others.

“I would like to congratulate your team for the fantastic training experience you are providing, and am confident that you will continue to do so.”

“Thanks for your efforts and well done!”

Sections taken from GMC trainee survey feedback.

Response from a recent Carer's day event

The Day Hospice hold regular events to support the carer's of our Day Hospice patients. On these days we offer:

- Complementary therapies from our trained therapists
- Information on Lasting Power of Attorney, financial advice and heating tariffs with Age UK
- Support from a member of our Counselling Team

Carer's who attended on the day said they:

- Felt so relaxed
- Really enjoyed it
- Enjoyed the options available
- Had time out for just them
- Had a lovely day.
- Found that that information talk was very helpful

Following on from their therapeutic treatments they said:

- "That was fantastic - loved the reflexology"
- "That's a first for me – when can I come back again"!
- "That was just the 'me time out ' I needed "

Appendix 1

Statement from South Tyneside Clinical Commissioning Group for St Clare's Hospice Quality Account 2016/17.

The CCG welcomes the opportunity to review and comment on the Quality Account for St Clare's Hospice for 2016/17 and would like to offer the following commentary.

South Tyneside Clinical Commissioning Group (CCG) is committed to ensuring the provision of high quality services from St Clare's Hospice and takes seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

Overall the CCG felt that the report was well written and presented in a meaningful way for both stakeholders and service users. To the best of the CCG's knowledge this provides an accurate representation of the service provided by the Hospice during 2016/17.

The CCG welcomes the continued compliance with the Commissioning for Quality and Innovation (CQUIN) schemes agreed with us throughout 2016/17 and the agreed schemes for 2017/18.

There a number of areas where the Hospice has made quality improvements in 2016/17 that have been important for patient care. We would like to congratulate the Hospice on the implementation of the Patient Discharge Pathway and Care of the Dying Document and commencing the comprehensive review of Hospice policies' procedures and Day Care. We note the achievement of the priorities for 2016/17 however feel that it would have been beneficial to include how the organisation will continue to monitor the progress of all of these priorities in 2017/18 and continue to make positive improvements.

The CCG recognises that the Hospice has undertaken a number of local audits with the intention of improving patient experience, clinical effectiveness and patient safety. We feel it would have been beneficial to include, as part of the prescribed information, a description of any intended actions as a result of the findings of the audits, to further improve healthcare and how this will be monitored by the board.

The CCG acknowledges the Hospices ongoing work in respect of Duty of Candour. However feel it would have been beneficial to see further detail

regarding the action plan developed following the CQC visit in 2016 and the Hospice progress in respect of this.

The CCG feel it would have been beneficial to see further detail regarding the annual staff experience survey to know exactly what the Hospice staff are telling you and your response to address any areas of concern. It would also be beneficial to include any detail of 'You said, we did' to provide evidence of having acted on patient/carer comments.

The CCG acknowledges the specific priorities set out for continued improvement in 2017/18 focussing on patient safety through improving medicines management, clinical effectiveness individualising patient care plans and patient experience through the implementation of the next stage of the Day Hospice Review.

The CCG look forward to continuing to work in partnership with the Hospice to assure the quality of services commissioned in 2017/18.

Jeanette Scott Thomas
Director of Nursing Quality and Safety
South Tyneside CCG