



KATHARINE HOUSE HOSPICE

QUALITY ACCOUNTS – 2015/16

Chief Executive Statement

These are the seventh set of accounts prepared to report on qualitative aspects of the services and care delivered by Katharine House Hospice. These are produced in compliance with the Health Act 2009.

The hospice is an independent charity (registered number 1011712) and is constituted as a company limited by guarantee (registered number 2700516). The charity is run by its Board of Trustees, who are also Directors of the Company.

The charity makes no charge to its patients or their families or carers for the services it provides. 30-32% of the £3.2m needed to run the charitable services is provided by NHS commissioners, the remainder is provided through the operation of a society lottery, a retail operation, through fundraising, and through voluntary donations from members of the public. The Charity, through its trustees, is directly answerable to its members, who are also members of the local community we serve.

The Hospice is answerable to the public for they are under no obligation to continue to fund the Hospice if they find fault with the services we deliver or the actions we take.

It is a fundamental tenet of the delivery of hospice care that the services provided are delivered to a high standard. The public, as the main contributors of funds, do so in the expectation that those members of our community who need to access the hospice's services will receive a high quality of service.

Katharine House Hospice is committed to providing the very best care for all patients. To do this we must ensure that care is safe, effective and focussed on the needs of the patient, their relatives and carers.

We have developed a culture of continuous improvement, with quality at the heart of everything we do. Every staff member and volunteer understands their role in ensuring that everyone cared for by the hospice experiences the best care possible.

We strive to maintain a climate where feedback is actively sought and where staff are encouraged to discuss their concerns openly and are pro-active in our responses, identifying weaknesses and taking action to ensure that we learn and improve.

The trustees and managers of Katharine House Hospice believe that the quality of our services is not an adjunct to the delivery of these services; it is an integral part of the work of all our staff and volunteers.

The quality of services delivered at Katharine House is felt by trustees and managers to be safe and of a high quality but improving delivery is as much a matter for front-line staff and first line managers as it is for the Executive Team and Board of Trustees. Trustees and managers therefore foster a culture that supports staff and volunteers to take ownership of the services they provide. Furthermore, although there are complexities in involving patients with palliative needs in the planning of

services, we are reliant on the Patient User Group and patient feedback to help us identify areas for improving service delivery.

The challenge in presenting these Quality Accounts is therefore to prove the quality of our services, to describe the on-going measures we are taking to further improve what we do, and to provide some specific measures against which we have set targets and which we can measure year on year. However, the qualitative dimensions of a service cannot be separated into easily measurable units. The measures chosen are therefore limited in describing and assessing the quality of our services.

These accounts will provide a narrative description of what the hospice has done in 2015/16 to improve the quality of our care services and will provide some concrete measures.

I am the officer responsible for preparing this report and have done so together with the Director of Care Services. I am satisfied that the information contained in this report is accurate and is a true and fair reflection of the quality of Katharine House Hospice's services.

A handwritten signature in black ink, appearing to read 'R Soulsby', written in a cursive style.

Dr Richard Soulsby
Chief Executive

1.1 Introduction

These “accounts” only consider quality issues within the provision of care services and the support services necessary to provide these. Therefore fundraising, lottery, retail, and many administrative services are excluded, but catering, laundry, housekeeping and maintenance are included where appropriate.

1.2 Registration

During the period covered by this report both the Hospice’s services were registered by the Care Quality Commission.

The hospice and the clinic (at 150 Weston Road) were both formally inspected by the Care Quality Commission in December 2013. There were there no requirements or recommendations made.

On 1 April 2015 a new system to inspect providers underpinned by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 came into effect. The Care Quality Commission is yet to inspect the hospice using this new system.

The inspection regime provides an external view on the operation of care organisations and thereby helps to identify areas for improvement. Although essential it represents just one aspect of the system in place which assures the quality and safety of care provided. Katharine House Hospice has been operating services for over twenty five years and has been monitored by four different regulatory regimes. During this time Katharine House Hospice has had only a few minor requirements or recommendations to implement, and all those requested have been implemented in full before the next inspection. There have been no requirements in the last six years.

The full inspection reports for the hospice and the clinic are available via the Care Quality Commissions’ website by following the links below.

http://www.cqc.org.uk/sites/default/files/old_reports/1-111401938_Katharine_House_Hospice_INS1-573813441_Scheduled_10-12-2013.pdf

http://www.cqc.org.uk/sites/default/files/old_reports/1-144219310_Katharine_House_Clinic_INS1-588244345_Scheduled_14-12-2013.pdf

1.3 User involvement

Trustees are committed to improving services not only through the identification of needs and gaps in service, but also by seeking user perspectives. The difficulty the hospice faces in achieving this is that patients of the hospice have very limited life expectancy and their priorities and energies are focussed on more important issues, whilst many are too frail to become involved.

The hospice has an active Patient User Group which meets regularly and is fully engaged with the development of our services. This group mainly comprising day therapies patients makes suggestions or raises issues for the hospice's management to consider and have provided invaluable responses to consultations on a diverse range of issues such as the information and style of patient leaflets, advance care planning, improvements to the environment and menu options. We would like to thank all those service users who have contributed to the work of this group.

The hospice has feedback forms readily available in patient areas for all patients and visitors to make comments on, and suggestions for, the services we offer

1.4 Trustee Inspections

Trustees are required to make unannounced inspections to review all aspects of the delivery of care services. The structure of inspections has been reviewed and changed to reflect the key lines of enquiry used by the Care Quality Commission in order to identify if services are safe, effective, caring, responsive and well led.

An inspection was carried out by three trustees, two from the clinical sub-committee and a lay trustee, on 6 October 2015. They found patients were happy with their care, staff and volunteer morale was high, meals were taken and found to be of a high quality.

Trustees noted areas of good practice and saw examples of staff that were caring and compassionate. They noted that staff were conscientious in working to ensure a positive experience for patients and carers, and to ensure emotional support.

The environment was well maintained and cleaned to a high standard. In their previous inspection trustees had noted that the kitchen required improvement in order to respond to the needs of an increasing number of patients. A full refurbishment was completed in March 2016 and the catering service received a five star rating from environmental health inspectors in April 2016.

Staff had all completed mandatory training and trustees made suggestions on how they could be further supported in learning from adverse effects and also how ancillary staff could support safeguarding of patients.

1.5 Safety of Controlled Drugs

Following the Shipman Inquiry there is a requirement for hospices to appoint an Accountable Officer for Controlled Drugs. The role of this person is to ensure the safe management of controlled drugs from ordering through to their disposal. The appointed person for this role at Katharine House Hospice is the Director of Care Services. Within these responsibilities is a requirement to make quarterly reports to the Accountable Officer for Controlled Drugs at NHS England on any concerns within the organisation. The Accountable Officer has not identified any concerns during this period.

In addition the Accountable Officer is required to attend Local Intelligence Network (LIN) meetings where areas of good practice or concern are discussed. All quarterly occurrence reports were submitted in a timely manner to the LIN. The Accountable Officer is also required to forward an annual self-assessment of their organisation's management of controlled drugs to the Care Quality Commission and in 2015 no areas for concern were identified.

1.6 Infection Control

The hospice is committed to the prevention and control of infections. The hospice has two registered nurses who have passed university accredited infection prevention and control courses to act as resources within the hospice. This role incorporates training, policy development and advising on infection control issues. The nurses attend both local and national training events on a regular basis.

Policies, procedures and guidance have been re-written to comply with requirements of the Health and Social Care Act 2008.

To date the hospice has had no incidents of patients contracting either MRSA or Clostridium difficile whilst at the hospice. Patients admitted with these infections are nursed in isolation as necessary and there have been no incidents of cross infection during the year indicating effective infection prevention and control measures.

The hospice has made improvements to its chapel of rest to improve the environment for visiting families and in order to strengthen infection prevention and control in this area.

1.7 Training and Education

The trustees have a strong commitment to the professional and personal development of all staff, especially those providing support to patients and their families.

The following are some of the external courses attended by Care Services staff during the year:

- Diploma in Palliative Medicine
- Masters in Hospice Leadership
- BSc in Palliative Care
- BSc in Nursing
- Principles in Physical Assessment
- Independent Prescribing
- Principles and Practice of Palliative Care
- Infection Prevention and Control
- Tissue Viability
- Safeguarding Adults and Children
- Manual Handling Trainer updates
- First Aid

In addition there are a number of single study days and e-learning opportunities are made available to care staff. There is a compulsory programme for mandatory training, including fire safety, manual handling, food hygiene, cardio-pulmonary resuscitation, child protection, and protection of vulnerable adults, equality and diversity, mental capacity and deprivation of liberties.

2. Update on Priorities for Improvement 2015/16

In 2015/16 Katharine House Hospice identified a number of areas to improve service delivery to patients. The three highest priorities identified are summarised below with a record of progress to date.

1. To review the quality systems already in place and introduce a new Quality and Safety Strategy led by front line staff.

Mandatory training has been revised to include sessions to raise awareness of factors contributing to a safety culture, human factors, the need for openness and transparency and the training workbook updated to inform staff of their duty of candour.

Lessons learnt from incidents and errors are shared with staff at team meetings and through reflective practice.

Changes have been made to systems following root cause analysis to improve practise and prevent the re-occurrence of incidences.

The policy supporting the quality and safety of patient care has been reviewed and updated.

The governance report presented to the clinical committee has been developed to include greater analysis of quality and safety indicators and support robust scrutiny by trustees.

2. To introduce ward volunteers to support clinical staff thereby releasing their time to provide direct care.

Ward volunteers have been recruited and trained and are now providing valuable support to clinical staff in the in-patient unit in meeting the needs of patients and their families.

3. To develop a new rehabilitation suite to support patients in maintaining their independence and quality of life

A rehabilitation suite has been developed and has the equipment and examples of supportive technology required to provide hospice led rehabilitation. The suite is used by occupational and physical therapists to support patients attending day therapies and those receiving care on the in-patient unit.

3. Priorities for Improvement 2016/17

In 2015/16 Katharine House Hospice has identified a number of areas to improve our patients' experience of services. The three highest priorities are:

1. Pressure area care

The Waterlow pressure sore risk assessment tool will be introduced to replace the Skinzone assessment used at present and all patients will have their risk assessed and recorded within 6 hours of admission to the in-patient unit.

2. Access to services

The hospice referral and admission process will be reviewed in conjunction with referrers and changed to improve the patient's experience, timeliness of admissions and optimise care resources within the healthcare system.

3. Implementation of the Outcome Assessment and Complexity Collaborative (The OACC project)

The hospice will begin to introduce a common set of outcome measures to capture patient needs and outcomes. This is a large undertaking and will continue into 2017/18 and include the following measures;

- Phase of illness (Australian modified definitions)
- Functional status (Australia-modified Karnofsky Performance Scale)
- Barthel 10 item (for inpatients only)
- Problem severity (Integrated Palliative Care Outcome Scale IPOS and Views on Care (SKIPP))
- Family caregiving strain and support needs (Carers Support needs Assessment Tool (CNAT))

These measures will be used to enhance team working, drive quality improvement, deliver evidence on the impact of services, inform commissioning and, most importantly, improve outcomes for patients and families.

Priorities are identified through the collation of different sources of information. These include, but are not limited to:

1. 'Hard' data on service utilisation, waiting times, the numbers of patients using services, the costs of provision.
2. Output from clinical audits.
3. Feedback from patients and families and visitors – through satisfaction surveys, verbal comments, suggestion boxes.
4. Feedback from staff on service issues.
5. Identification of service improvements in other providers.
6. Identification of service gaps.

4. Statement of Assurance from the Board

The directors are required under the Health Act 2009 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Accounts, directors are required to take steps to satisfy themselves that:

- The Quality Accounts present a balanced picture of the hospice's performance over the period covered;
- The performance information reported in the Quality Accounts is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review;
- The Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Accounts.

Approved by the Board of Katharine House Hospice:



23 / 05 / 2016

Lady J Mitting

Chair



23 / 05 / 2016

Dr R Soulsby

Chief Executive

5 *Mandated Statements*

Section 5 sets out statements that must be included in the Quality Accounts. Many mandated statements are not applicable to Katharine House Hospice, relating to acute services, ambulance trusts, or mental health services. These are excluded.

5.1 *Review of Services*

The services provided by Katharine House Hospice that are part funded by the NHS are:

- A day therapies service for 4 days per week, accepting a maximum of 15 patients per day
- A 10 bedded 24 hour inpatient unit
- A rapid response Hospice at Home service delivered by healthcare assistants
- A lymphoedema service

Other services funded solely by the hospice are:

- A Well Being Day service for patients providing structured support over a 6 week period
- Bereavement support services
- A carers' support group
- A respite sitting service

Supporting these services is a multi-professional team comprising: medical and nursing services, occupational therapy, physiotherapy, social work, chaplaincy, complementary therapies, and pharmacy services.

The income provided by the NHS represents 30%-32% of the £3.2m funding needed to deliver the services of Katharine House Hospice.

5.2 *Participation in Clinical Audits*

Katharine House Hospice does not participate in NHS national clinical audit programmes or confidential enquiries.

We undertake internal audits as part of our annual audit programme. These may be ad hoc audits or repeat audits.

The internal audit programme for 2015/16 covered a range of areas including:

- Falls
- Complementary Therapies
- Oral care
- Infection control for IPU, Day therapies and Lymphoedema clinic
- Well- being day
- End of life
- Patient priorities and satisfaction questionnaire (SKIPP)
- Medication chart
- Tissue viability
- Educational audit – carried out by Staffordshire University
- Management of Controlled Drugs
- Prescribing

Action plans are produced from each of these audit reports. The audits and action plans are discussed with the Chair of the Clinical Committee quarterly. Audits are provided to the Care Quality Commission on request.

5.2.1 *Essence of Care*

In addition to the clinical audits, Katharine House has adopted the programme known as Essence of Care. This is a patient-focused benchmarking tool and is made up of a number of topics. This is a national quality initiative and the hospice has been implementing this since 2006. This work has improved the systems, processes for the delivery of patient care, training and education of staff. Actions have been developed through listening to patient views, the use of an audit tool and consultation with volunteers and staff across the organisation. This benchmarking is carried out in great detail and the audits can take over a year to complete, however if actions are identified before completion of the audit these will be implemented before the audit is completed.

The topics now completed are:

- Food and Nutrition (2006/7))
- Personal and Oral Hygiene (2007/8)) now form part of the annual
- Privacy and Dignity (2007/8)) audit programme
- Pressure Ulcers (2007/8))
- Communication (2010/11)
- Care Environment (2010/11) - now part of patient satisfaction survey
- Record Keeping (2011/12)
- Pain Management (2012/13)
- Self Care (2013/14)

Essence of Care domains outstanding are:

- Promoting health and well-being – scheduled for 2016/17
- Safety
- Bladder, bowel and continence care

5.3 *Research*

Katharine House Hospice has not engaged in any formal research in the period covered by these accounts.

5.4 *Commissioner agreed Quality Initiatives*

Katharine House Hospice does not have any quality initiatives agreed with commissioners – although there is a quarterly Clinical Quality Review meeting.

5.5 *What others say about us*

Katharine House Hospice and Katharine House Clinic are required to register with the Care Quality Commission. There are no conditions on either registration.

The Care Quality Commission has not taken enforcement action against Katharine House Hospice during 2015/16 nor has it raised any concerns or issued any requirements.

Feedback from our patients and their families taken from letters and thank-you cards;

Day Therapies

Key theme of feedback is kindness, providing evidence that the service is **caring**.

In-Patient Unit

Key themes seen in feedback are compassion, kindness, support, outstanding quality of care and dignity .This provides evidence that the service is **caring, safe and responsive**.

Hospice at Home

Key themes seen in feedback are meeting individual needs, kindness, compassion, skill and expertise. This provides evidence that the service is **caring, safe, effective and responsive**.

Lymphoedema

Included in March was a thank you letter from Professor Brunt, Consultant Clinical Oncologist, he wrote - "Miss X is delighted with her progress under the care of SN Gilpin in the Lymphoedema Clinic at Katharine House, there has been a big improvement and she has found that it was improved her wellbeing as well. This provides evidence that the service is **effective**."

5.6 *Data Quality*

The mandated statements do not on the whole apply to Katharine House Hospice.

In accordance with agreement with the Department of Health, Katharine House Hospice submits a National Minimum Dataset to the National Council for Palliative Care. We also provide a quarterly quality report to our local clinical commissioning groups.

The accuracy of the data outputs is reviewed quarterly by the service leads and the Clinical Committee, but there is no formal process for reviewing the quality of data.

Patient data recording has moved onto a new system – Crosscare – which when embedded in practice, should assist in ensuring there is increased data capture and greater consistency in the recording of data across all services.

Katharine House Hospice did not submit records during 2015/16 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

Katharine House Hospice has not participated in the NHS Information Governance Toolkit.

6 Review of Quality Performance

6.1 Quality Indicators

Measures	15/16	14/15	13/14	12/13	11/12	10/11
No. patients cared for with MRSA	3 ↑	2	1	2	3	4
No. patients contracting MRSA when in the hospice's care	0 =	0	0	0	0	0
No. patients contracting MRSA per 100 bed days	0 =	0	0	0	0	0
No. patients cared for with C Difficile infection	2 ↓	4	2	0	1	0
No. patients contracting C Difficile infection when in the hospice's care	0 =	0	0	0	0	0
No. patients contracting C Difficile infection per 100 bed days	0 =	0	0	0	0	0
No. patients cared for with ESBL infection	2 =	2	-	-	-	-
No. patients contracting ESBL infection when in the hospice's care	0 =	0	0	0	0	0
No. patients contracting ESBL infection per 100 bed days	0 =	0	0	0	0	0
No. patients developing unavoidable pressure sores whilst in the hospice's care	9 ↑	6	7	3	2	3
No. patients developing pressure sores whilst in the hospice's care per 1000 bed days.	3.4 ↑	2.3	3.55	1.15	0.78	1.12
No. formal complaints received	1 ↑	0	5	2	3	4
No. formal complaints received as a % of patients accessing services	0.4 ↑	0	0.56	0.23	0.16	0.66
No. adverse comments received	13 ↑	9	9	10	11	12
No. adverse comments received as a % of patients accessing services**	0.3 ↓	0.75	1.01	1.15	0.58	2.03
No. required actions specified by the Care Quality Commission	0 =	0	0	0	0	0
No. recommendations made by the Care Quality Commission	0 =	0	0	0	7	0
No. reported drug errors*	2 ↓	11	5	6	5	30
No. reported drug incidents*	11 ↓	25	19	9	13	-
No. reported drug issues per 100 bed days	0.4 ↓	0.95	1.22	0.57	0.71	1.12
No. patient accidents reported in the year	29 ↓	51	30	23	27	31
No. patient accidents per 10,000 hours of care	4.5 ↓	6.88	3.87	2.56	3.34	3.94

* Errors and incidents were reported together until 11/12 after which they were separated out. ** Patients accessing service 3491, 2658 OBD

6.2 Compliments and complaints

There were more than 200 written compliments (letters, emails or cards) received by Katharine House Hospice and innumerable verbal compliments.

There was one formal complaint which was investigated and not upheld. Thirteen adverse comments were received and were treated as formal complaints and fully investigated. All investigations and communication with complainants were completed within the timescales set down by the board of trustees for handling complaints all have now been closed having reached satisfactory conclusions. No trends or recurrent themes were identified.

6.3 What our staff say about us

Katharine House Hospice carries out internal staff and volunteer surveys every other year. The survey took place between 4 and 30 June 2014 and will be repeated in 2016.

7 Comments Received

External comments from commissioners are included on page 17 and from Healthwatch Staffordshire on page 18.

Katharine House Hospice 2015/2016 Quality Accounts

Statement from Stafford and Surrounds and Cannock Chase Clinical Commissioning Groups (CCGs)

Stafford and Surrounds and Cannock Chase Clinical Commissioning Groups (CCGs) are making this statement as the nominated co-ordinating commissioners for Hospice Services across Staffordshire.

As noted in the Quality Accounts, NHS funding forms only a small part of the funding required by Katharine House Hospice (KHH) to operate and provide the range of services described. Staffordshire CCGs do however recognise the major contribution that Katharine House Hospice and the other Hospice Organisations in Staffordshire make towards supporting the health and wellbeing of the patients and service users they support as well as their family and friends and the contribution they make to the community in general. CCGs recognise that Hospices in general and KHH in particular represent an invaluable source of expertise and knowledge in addition to the services they provide.

The CCGs have been pleased to receive the draft 2015 / 2016 Quality Accounts and are glad to provide a statement to be included therein.

Stafford and Surrounds and Cannock Chase CCGs host a six monthly Clinical Quality Review Meeting for Staffordshire Hospices to monitor and seek assurance on the quality of services provided. KHH provides a comprehensive and detailed Quarterly Quality Report and dashboard which includes considerable detail about the quality of services provided and the improvement initiatives underway. These reports include examples of lessons learned and action taken where for example incidents are reported or complaints received.

KHH makes an invaluable contribution to the Staffordshire Hospices Clinical Quality Review Meeting sharing experiences and making positive suggestions and providing support to both commissioners and other Staffordshire Hospices.

Review of 2015/16

The Quality accounts provide an update on progress made against priorities for 2015 / 2016.

The Quality Accounts confirm that KHH has robust systems in place to report, review and learn from complaints, adverse feedback or untoward incidents and that it has a clear and appropriate system of internal reviews and audits. They also demonstrate that KHH has a detailed and robust system of clinical audits in place and that KHH seeks feedback from service users and uses such feedback in identifying improvements.

Priorities for 2016 / 2017

CCGs note and welcome the priorities quality improvement for 2016/2017. Commissioners very conscious of the national focus on improving quality and efficiency of End of Life Care and eagerly await the results of the Outcome Assessment and Complexity Collaborative

(OACC) project which is likely to prove extremely useful for commissioners as well as for KHH.

2016 / 2017 will be another challenging but very exciting year as Staffordshire commissioners need to support widespread service transformation in order to ensure that people are able to access the highest quality of health services with increasing pressure on resources. End of Life Care has been identified as one of the top priorities in the County for the next 5 years. CCGs look forward to working in partnership with Katharine House Hospice in the best interests of patients and their loved ones.

To the best of the commissioner's knowledge, the information contained within this report represents an accurate and balanced account.

Heather Johnstone

Director for Quality & Safety / Chief Nurse

NHS Cannock Chase & NHS Stafford & Surrounds Clinical Commissioning Groups