



KATHARINE HOUSE HOSPICE

QUALITY ACCOUNTS – 2016/17

Chief Executive Statement

These are the eighth 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% 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 good standard 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 2016/17 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 Registered Manager. 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.

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 the two hospice services registered by the Care Quality Commission (the main hospice and the clinic at 150 Weston Road) were amalgamated into one registration.

The hospice’s services were formally inspected by the Care Quality Commission in July 2016. All areas were rated good and there were there no requirements or recommendations made.

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 seven years.

The full inspection report for the hospice is available via the Care Quality Commissions’ website by following the link below.

http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2412720922.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 focused 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 has 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 18 April 2016.

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 in infection prevention and control, cardio-pulmonary resuscitation, manual handling, duty of candour and adult protection. The 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 was the Director of Care Services and in the absence of the post-holder is the Community Services Manager.

The Accountable Officer is required to make quarterly reports to the Accountable Officer for Controlled Drugs at NHS England on any concerns within the organisation. These reports are submitted via the Local Intelligence Network (LIN). All quarterly occurrence reports were submitted in a timely manner to the LIN.

The Accountable Officer attends quarterly meetings of the LIN group where areas of good practice or concern are discussed.

In 2016/17 the Accountable Officers did not report any major concerns regarding the safety of controlled drugs. However ongoing quality audits, including the Care Quality Commission's Controlled Drugs Governance Self-assessment tool, have identified areas for improvement to reduce low level and potential incidents. A review of current systems is being undertaken and any systems redesign required will take place.

1.6 Infection Control

The hospice is committed to the prevention and control of infections. The hospice has one registered nurse who has passed a university accredited infection prevention and control course to act as a resource within the hospice; a second registered nurse is currently undertaking a university accredited infection prevention and control course. 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.

Alterations to the flooring in the clinic to reduce the potential for infection are to be introduced in 2017/18.

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
- BSc in Palliative Care
- Principles in Physical Assessment
- Principles and Practice of Palliative Care
- Infection Prevention and Control
- Tissue Viability
- Safeguarding Adults and Children
- Communication skills
- Clinical supervisors training
- Manual Handling Trainer updates
- First Aid
- Dementia awareness

In addition 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, data protection, confidentiality and deprivation of liberties.

2. *Update on Priorities for Improvement 2016/17*

In 2016/17 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. Pressure area care

The Waterlow pressure sore risk assessment tool has been introduced to replace the Skinzone assessment used previously. The standard for assessing and recording tissue viability risks for patients is to do this within 6 hours of admission to the in-patient unit. At present this is being achieved in 81% of admissions. Staff will continue to work towards achieving completing the Waterlow risk assessment tool within 6 hours of a patient's admission.

2. Access to services

Following engagement with stakeholders in our local health economy we have adjusted our referral process to make it easier for health professionals to refer patients into our services. We now attend MDT meetings with our local NHS Hospitals Trust (University Hospitals of the North Midlands NHS Trust). We are in the preliminary stages of working in partnership with the complex discharge team.

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

The hospice has commenced pilots to introduce OACCS. This covers the introduction of:

- Phase of illness
- Functional status (Australia-modified Karnofsky Performance Scale)

As stated in the 2016/17 quality accounts this work will continue in 2017/18 with:

- Barthel 10 item (for inpatients only)
- Problem severity (Integrated Palliative Care Outcome Scale IPOS and Views on Care
- Family caregiving strain and support needs (Carers Support needs Assessment Tool (CNAT))

3. *Priorities for Improvement 2017/18*

In 2017/18 Katharine House Hospice has identified a number of areas to improve our patients' experience of services. The three highest priorities are:

1. Replacement of clinic flooring

The current carpeting of the lymphoedema clinic rooms is considered to represent a potential infection control risk. This flooring is to be replaced by a more suitable material that is easy to clean and disinfect.

2. Commence implementation of the NHS Information Governance Toolkit

Katharine House will commence the implementation of the NHS information governance toolkit across all areas of our services. It is expected that this will be a two year process, commencing in mid-2017. This will enable smoother and more rapid transfer of patients to and from other healthcare providers.

3. To equip four of our bed areas with assistive technology

The hospice has identified patient falls as a matter of concern. The hospice seeks to maintain a homely environment for our patients. Bed rails are used for patients assessed as being at risk of falls and we ask patients at risk to call for assistance, we still experience a number of falls from patients who are at risk and so we will introduce assistive technology into four of our bed areas to support those patients who are assessed as being at risk of falling. This technology will be evaluated to assess whether we reduce the number of incidents of patient falls.

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*

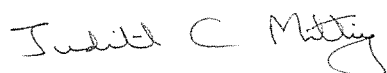
The directors are required under the Health Act 2009 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality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

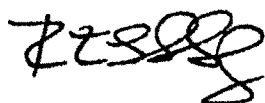
Approved by the Board of Katharine House Hospice:



23 / 05 / 2017

Lady J Mitting

Chair



23 / 05 / 2017

Dr R Soulsby

Chief Executive

5 Mandated Statements

Section 5 sets out statements that must be included in the Quality Accounts. Many of the 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
- ✓ Lymphoedema services for secondary lymphoedema associated with cancer and end of life patients

Other services funded solely by the hospice are:

- ✓ Lymphoedema services provided to non-cancer patients and patients not at end of life
- ✓ A wellbeing 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% 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 2016/17 covered a range of areas including:

- ✓ Falls
- ✓ Complementary Therapies
- ✓ Infection control for IPU, Day therapies and Lymphoedema clinic
- ✓ Well Being Day
- ✓ Medication chart
- ✓ Tissue viability
- ✓ Educational audit – carried out by Staffordshire University
- ✓ Management of Controlled Drugs
- ✓ Bereavement services

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 completed topics are:

- ✓ Food and Nutrition (2006/7)
- ✓ Personal and Oral Hygiene (2007/8)
- ✓ Privacy and Dignity (2007/8)
- ✓ Pressure Ulcers (2007/8)
- ✓ Communication (2010/11)
- ✓ Care Environment (2010/11)
- ✓ 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 2017/18

The missing benchmarks are safety (in relation to mental health services and bladder, bowel and continence care (aimed at continence services) have little value to add to the care we provide to our patients and will not be used.

Following the extensive use of this benchmarking tool, clinical staff feel that the benefits of using this tool have diminished and its application will cease.

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 six monthly Clinical Quality Review meeting.

5.5 What others say about us

Care Quality Commission

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 2016/17 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

'coming to the hospice has made a massive difference to my mum's quality of life', 'you all had a positive impact on all of our lives for which we are so grateful' and 'words cannot express how grateful we are to you all for your kindness, care, compassion and support'

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

In-Patient Unit

Our Matron meets regularly with patients and families. The verbal feedback she receives from them is always complementary and includes the following comments from patients and families - *'the staff are very supportive, 'I settled in well – the staff are good to me', 'Thank you for your support today' 'the staff are Fab', 'the staff and*

*the organisation are full of humanity', 'thank you so much for my respite – my wife has benefited enormously' 'great care and support'. The 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

Hospice at Home received numerous cards and letters from family members
"you were all wonderful and lovely and it was nice to know you were there for us and mom", 'without your care and compassion I could not have coped as well as I did', 'we cannot thank you enough for the love and care that you gave to her'.

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

In March, Professor Brunt, Consultant Clinical Oncologist, 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.

We provide a six monthly 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 2016/17 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

<u>Measures</u>	<u>16/17</u>	<u>15/16</u>	<u>14/15</u>	<u>13/14</u>	<u>12/13</u>	<u>11/12</u>
No. patients cared for with MRSA	1	3	2	1	2	3
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	4	2	4	2	0	1
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	0	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	15	9	6	7	3	2
No. patients developing pressure sores whilst in the hospice's care per 1000 bed days.	6.13	3.4	2.3	3.55	1.15	0.78
No. formal complaints received	4	1	0	5	2	3
No. formal complaints received as a % of patients accessing services	0.28	0.08	0	0.56	0.23	0.35
No. adverse comments received	15	13	9	9	10	11
No. adverse comments received as a % of patients accessing services	1.04	1.04	0.75	1.01	1.15	1.29
No. required actions specified by the Care Quality Commission	0	0	0	0	0	0

<u>Measures</u>	<u>16/17</u>	<u>15/16</u>	<u>14/15</u>	<u>13/14</u>	<u>12/13</u>	<u>11/12</u>
No. recommendations made by the Care Quality Commission	0	0	0	0	0	7
No. reported drug errors	7	2	11	5	6	5
No. reported drug incidents	23	11	25	19	9	13
No. reported drug issues per 100 bed days	1.22	0.4	0.95	1.22	0.57	0.71
No. patient accidents reported in the year	23	29	51	30	23	27
No. patient accidents per 10,000 hours of care	3.21	4.5	6.88	3.87	2.56	3.34

There have been no “never” events or serious untoward occurrences in the six years reviewed.

Clinical governance has raised concern over the increasing number of unavoidable pressure sores occurring during 2016/17. There were no specific points that indicated a common factor, but during the year the pressure sore risk assessment tool changed, and new pressure relieving equipment was purchased. A more in-depth review of each case is being carried out to determine whether there are issues with training of staff on the new assessment tool or on the use of equipment, timeliness of assessment, or the nature of the patients’ conditions.

6.2 Compliments and complaints

There were more than 230 written compliments (letters, emails or cards) received by Katharine House Hospice and innumerable verbal compliments.

There were four formal complaints which were investigated. 15 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 last full survey took place between 4 and 30 June 2014. In 2016 the staff survey specifically focused on seeking out staff views on internal communication, as this is perceived by managers to be an area in which the hospice could improve. The survey identified that the majority of staff were happy with the communication

they received in their own departments but less so between departments and their managers. Staff preferred face-to-face communication and also appreciated the information communicated in written documents (our newsletters, "Cascade" and "the Hub").

Some of the comments made by staff and volunteers included *"as a volunteer I feel my input is valued by the team"; "news and decisions need to be communicated across the hospice. Currently some people know some things and others don't which feels 'gossipy'" and "I enjoy receiving Hub and cascade. They keep us up to date with things occurring in Katharine House Hospice"*. The executive and operations teams are in the process of developing a strategy to improve communications for all staff and volunteers.

7 *Comments Received*

The Quality Accounts were circulated to local C.C.G.s, Healthwatch and Health Scrutiny Committees. No responses were received by 6th June 2017.