



KATHARINE HOUSE HOSPICE QUALITY ACCOUNTS - 2012/13

Chief Executive Statement

These are the fourth accounts prepared to report on qualitative aspects of the services and care delivered by Katharine House Hospice, 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. 25% of the £2.5m needed to run the charity is provided by NHS commissioners, the remaining 75% 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 their community who need to access the hospice's services will receive a high quality of service.

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. Ensuring the quality of our work should be part of the ethos of all staff and volunteers, not a top down imposed management programme. This does not mean that there is no room for improvement, nor does it negate the requirement for hospices (especially charitable hospices) to be open and transparent about all aspects of their work, and this must now include qualitative assessments of performance.

The framework for NHS quality accounts makes two underlying assumptions: organisations providing healthcare are not attaining the highest standards of care and improving quality requires action from the top. These assumptions are not supported by the trustees and managers at Katharine House Hospice. 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 Management 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.

The Board of Trustees and the Management Team are committed to the delivery of a high quality service to our patients. We also believe that however well a service is run there is always room for further improvement.

These accounts will provide a narrative description of what the hospice has done in 2012/13 to improve the quality of our care services and will seek to provide some concrete measures.

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 Hospice’s services were registered by the Care Quality Commission.

As forewarned in last year’s report, the complying with the new regulatory regime has consumed many working weeks. In a small provider such as Katharine House Hospice, with a small management team compliance (and evidencing compliance) has detracted from the organisation’s capacity to move forward with the development of much needed services and improvements to existing services. Unfortunately the new Health and Social Care Act seems to be placing further regulatory requirements upon the hospice, again this will only detract from our focus on developing and improving patient services.

The hospice and the clinic (at 150 Weston Road) were formally inspected by the Care Quality Commission across 5 of the core standards in December 2012 and January 2013 respectively. There were there no requirements or recommendations made.

The hospice considers that the inspection regime, if properly implemented, can be a supportive process providing an external view on the operation of the hospice and thereby helping to identify weaknesses in the provision of services, which are a blind spot to the internal management of the charity. Katharine House Hospice has been fortunate over the twenty years of operating a service to have been inspected by highly professional inspectors who have adopted this supportive approach, helping the hospice to improve its operations in a constructive manner. In all this time and through four different regulatory regimes, Katharine House has had only a few minor requirements or recommendations to implement, and all those requested have been implemented in full before the next inspection.

1.3 User involvement

Trustees are committed to improving services not only through the identification of need 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 does have a vibrant Patient User Group, mainly comprising day care and drop in patients. This group 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 from logos on the minibuses, through menus, to patient leaflets. We would like to thank all those service users who have contributed to the work of this group.

During the year the hospice established a Well Being Day in which patients receive a six week course of intensive support. Each of the first 6 groups have provided feedback, as a direct result of which we have amended the service delivery as follows:

1. Carers are now invited to attend the first rather than the last sessions;
2. Shortened the length of the day as patients found it too tiring
3. Talking group was moved to the morning as there was too much content in the afternoon
4. Patients commented on the need for continuity of staff through a programme. Where possible patients will have the same group of staff for their programme
5. Changes to the format of the Well-Being Day leaflet

1.4 Trustee Inspections

Trustees are required to make unannounced inspections to review all aspects of the delivery of care services. One inspection was carried out in August 2012. There were no issues of concern raised. A second inspection was not carried out due to the Care Quality Commission inspections which occurred in December and January.

All trustee inspections recognise there are issues in regard to the availability of storage on the in-patient unit and car parking for visitors, and in 2013 it is intended to move a number of the administrative functions – including many meetings, off-site to relieve some of the parking issues.

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 Nursing Services. Within these responsibilities is a requirement to make quarterly reports on any, or no, concerns within the organisation to the Accountable Officer for Controlled Drugs at the Primary Care Trust. There were no concerns identified in the period covered by this report.

In addition the Accountable Officer is required to attend Local Intelligence Network meetings where areas of good practice or concern are discussed. 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. No concerns were identified in this report in 2012/13.

The hospice has introduced competencies for the management and administration of controlled drugs. The registered nurses are required to demonstrate these competencies annually. In 2010 the Hospice began to introduce competencies for Health Care Assistants to become second checkers for the administration of medications and this development programme has continued throughout 2012/13. This will enable the small staff team on the in-patient unit to be more responsive to the needs of patients requiring urgent medications.

1.6 Infection Control

The hospice is committed to the prevention and control of infections. The hospice has appointed two registered nurses with 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.

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.

The hospice has a pandemic flu plan in the event that there is a severe epidemic.

1.7 Essence of Care

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, training and education for the delivery of patient care. 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 covered prior to 2012/13 were:

- 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)

The topic "Pain Management" was completed during 2012/13 and the key actions and progress to date were:

Action

To develop written information for patients and carers on pain management.

Introduce the McKinley T34 syringe pump

Document patient/carer involvement

Teaching on pain management

At Home – pain care plans

Develop and implement new pain evaluation tool

Develop patient held pain management diary

Reinstate Pharmacist role

Implement Cross Care throughout care services

The Self Care domain will be benchmarked in 2013/14

Domains outstanding are:

- Safety
- Promoting health and well-being
- Bladder, bowel and continence care

Progress

Target date December 2013

Completed

Completed and on going

Completed and on going

Target date July 2013

Target date December 2013

Target date December 2013

Dependent on resources at Stafford Hospital

In progress – target date March 2014

1.8 Audit Programme

The audit programme for 2012/13 covered a range of areas including:

- | | |
|--|---|
| 1. In-patient user satisfaction survey | 9. Carers group |
| 2. Tissue viability | 10. Complementary therapies |
| 3. Drop in service | 11. Patient falls |
| 4. Independent nurse prescribing | 12. Bereavement support |
| 5. Incidents and accidents (quarterly) | 13. Lymphoedema – Referrer satisfaction |
| 6. Controlled drugs (quarterly) | 14. Lymphoedema – patient satisfaction |
| 7. In-patient unit nursing documentation | 15. Housekeeping |
| 8. Infection control, In Patient Unit | |

All of these were repeat audits as part of an on-going audit cycle.

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

1.9 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 Clinical Practice x 2
- BSc in Palliative Care
- BSc in Nursing
- Principles in Physical Assessment
- Advanced Communication Skills
- Principles and Practice of Palliative Care
- Child Protection updates
- Infection Prevention and Control
- Tissue Viability
- Manual Handling Trainer updates
- Diversional Therapies in a Residential Setting
- Extend Therapy
- Leadership and Management
- Dynamic Leadership
- Mentorship
- First Aider
- Food Safety

In addition there are a number of single study days, whilst 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.

1.10 Operational Actions

The following operational actions were either commenced or completed during the year under review.

1. A Family Support Team Leader was appointed to provide a focus for social workers, counsellors, chaplaincy, and complementary therapists. The post holder has 7 clinical sessions and 3 management sessions. As the post-holder is a chaplain, chaplaincy sessions to the hospice have been increased by a much needed 5 per week.
2. A half time Occupational Therapist was contracted in from Stafford hospital.
3. 2 sessions of Physiotherapy time was contracted in from Stafford Hospital.

4. An Activities Co-ordinator was introduced into Day Therapies
5. An amended version of SKIPP (St Christopher's Index of Patient Priorities) was introduced into In Patient Unit and an amended version of the Distress Thermometer into Day Therapies. These are patient completed questionnaires where the patient identifies their problems and/or needs. The follow up questionnaires measure how successful the interventions initiated by the care team have been. For some patients nearing the end of life their score may deteriorate.

2. Measures

<u>Measures</u>	<u>12/13</u>	<u>11/12</u>	<u>10/11</u>	<u>09/10</u>
Number of patients cared for with MRSA	2	3	4	5
Number of patients contracting MRSA when in the hospice's care	0	0	0	0
Number of patients contracting MRSA per 100 bed days	0	0	0	0
Number of patients cared for with C Difficile infection		1	0	0
Number of patients contracting C Difficile infection when in the hospice's care	0	0	0	0
Number of patients contracting C Difficile infection per 100 bed days	0	0	0	0
Number of patients developing pressure sores whilst in the hospice's care	3	2	3	2
Number of patients developing pressure sores whilst in the hospice's care per 1000 bed days.	1.15	0.78	1.12	0.82
Number of formal complaints received	2	3	4	1
Number of formal complaints received as a % of patients accessing services	0.23	0.16	0.66	0.21
Number of adverse comments received	10	11	12	14
Number of adverse comments received as a % of patients accessing services	1.15	0.58	2.03	2.90
Number of required actions specified by the Care Quality Commission	0	0	0	0
Number of recommendations made by the Care Quality Commission	0	7	0	0
Number of reported drug errors*	6	5	30	13
Number of reported drug incidents*	9	13		
Number of reported drug issues per 100 bed days	0.57	0.71	1.12	0.53
Number of patient accidents reported in the year	23	27	31	28
Number of patient accidents per 10,000 hours of care	2.56	3.34	3.94	4.19

* Errors and incidents were reported together until 11/12 after which they were separated out.

2.1 Patient Satisfaction Survey

The patient satisfaction surveys are being redesigned at present, seeking to learn from practices in other hospices – most notably St Christopher's in London. The new surveys are intended to be simpler to complete and provide an opportunity for more patients to give their views.

This year's quality accounts look at the Lymphoedema service.

a) We aim to offer you an appointment within 1 month of referral is this:

	2012/13		2011/12		2010/11	
	No.	%	No.	%	No.	%
Acceptable	39	97.5	28	90	30	94
Unacceptable	1	2.5	3	10	2	4

b) Asked whether they would prefer evening or weekend opening hours the responses were:

<u>Evening</u>	2012/13		2011/12		2010/11	
	No.	%	No.	%	No.	%
Yes	3	7.5	5	17	4	12.5
No	37	92.5	25	83	28	87.5
<u>Weekend</u>	2012/13		2011/12		2010/11	
	No.	%	No.	%	No.	%
Yes	6	15	3	11	5	16
No	33	85	25	89	26	84

c) When asked whether they had received the right amount of information at their first appointment:

	2012/13		2011/12		2010/11	
	No.	%	No.	%	No.	%
Yes	39	100	29	97	30	97
No	-	-	1	3	1	3

d) When asked whether they had problems parking:

	2012/13		2011/12		2010/11	
	No.	%	No.	%	No.	%
Yes	1	2	0	0	12	40
No	40	98	28	100	18	60

- e) When asked whether they had been encouraged to talk to clinic staff if they were experiencing problems or wanted to ask further questions:

	2012/13		2011/12		2010/11	
	No.	%	No.	%	No.	%
Yes	40	98	28	93	28	87.5
No	1	2	2	7	4	12.5

- f) When asked whether they felt they could talk to staff if they were unhappy with any part of their treatment:

	2012/13		2011/12		2010/11	
	No.	%	No.	%	No.	%
Yes	38	95	31	100	30	94
No	2	5	0	0	2	6

- h) When asked whether they knew how to complain:

	2012/13		2011/12		2010/11	
	No.	%	No.	%	No.	%
Yes	13	50	7	53	Not asked	
No	13	50	6	47		

- i) When asked whether there was anything they would wish to change about the clinic:

	2012/13		2011/12		2010/11	
	No.	%	No.	%	No.	%
Yes	*1	2	**1	3	**1	3
No	40	98	29	97	29	97

* I would like to see the same nurse every time

** Have some hosiery in stock

** Have an open front door policy – patients get wet and cold on bad weather days if it takes time to let in

2.2 Falls Audit

Katharine House hospice has also carried out a major study on patient falls relating to the years ending 28th February 2011 and 29th February 2012.

Any unexplained situation in which a patient is found on the floor is categorised as an accident and a fall. We can report that there were:

	<u>2012/13</u>	<u>2011/12</u>	<u>2010/11</u>
<u>IPU:</u>			
Falls per 1,000 occupied bed days*	4.50 (12 falls, 2620 bed days)	9.34 (24 falls, 2569 bed days)	7.90 (21 falls, 2658 bed days)
Percentage of in-patients falling	6.41% (12 of 187 patients)	11.24% (20 of 178 patients)	9.41% (16 of 170 patients)
<u>Day Care:</u>			
Falls per 1,000 day care visits	1.40 (2 falls in 1,423 visits)	1.98 (3 falls in 1,521 visits)	1.44 (2 falls in 1,382 visits)
% of day care patients falling	2.17% (2 of 92 patients)	4.55% (4 of 66 patients)	3.08% (2 of 65 attending)
<u>Home Services:</u>			
Falls per 1,000 home visits	0 (0 falls recorded)	0.34 (1 fall in 2,921 visits)	0 (0 falls recorded)
% of patients at home falling	0 (0 falls recorded)	0.44% (1 of 225 patients)	0.00% (0 falls recorded)

* anecdotally there has been a noticeable increase in the proportion of bed-bound patients in 2012/13, who are very unlikely to suffer and fall.

The philosophy of the hospice is to promote independence, but this does increase the risk of falls and other accidents. It is also recognised that the condition of patients can change very rapidly. Many of the patient falls were of a relatively trivial nature – such as slumping to the floor – but all such incidents are reported and re-assessments of risk take place. These re-assessments are incorporated into the plan of care for patients.

3. Comments Received

Katharine House Hospice invited the local Healthwatch, Stafford and Surrounds Clinical Commissioning Group, Cannock Chase Clinical Commissioning Group and Staffordshire County Council's health scrutiny committee to attend presentations and to make formal comment.

June 2013

Katherine House Hospice Quality Accounts - 2012/13
Statement from Healthwatch Staffordshire

Introduction

Healthwatch Staffordshire has been invited by the Hospice to consider the Quality Accounts and to provide a written response and we are pleased to do this.

General Comments

The document provides an overview of activity by the Hospice in 2012/13 from a quality perspective. The information provided indicates an organisation that is striving to provide the best possible care for its service users. It does however lack the focus of measurable objectives for 2012/13 and neither does it identify objectives for the current year. To build the Quality Accounts around measurable objectives would we believe add weight to the document. We suggest that this could be an area for consideration in future years.

Specific Comments

- User Involvement - The Hospice is to be commended on its approach to user involvement and the response it has taken to patient feedback.
- Infection Control – The Hospice has performed very well in respect of MRSA and Clostridium Difficile particularly when one considers the low level of immunity of some service users.
- Essence of Care – It was good to see that this was embedded into the delivery of patient care.
- Audit Programme – It was noted that there was a comprehensive programme of audit and the action plans were produced as a result of an audit but it would have been helpful to have one or two illustrations of how the outcomes influence future activities.
- Measures – The statistics were interesting and demonstrated a stable organisation with ongoing improvement in some areas. It would have been interesting to know how many patients were admitted to the Hospice with pressure sores as well as those developing pressure sores while in the care of the Hospice. A breakdown by category of the complaints and adverse comments would also be of value. The same principle applies to accidents as only falls are identified in detail.
- Patient Survey Results – We note that the level of satisfaction with the service is commendable.

Conclusion

We are pleased to endorse the Quality Accounts prepared by the Hospice. The suggestions we have made for future Quality Accounts are not a criticism but rather constructive comments which we believe could enhance the presentation of quality activity within the hospice.

