



“The Hospice without Walls”

Quality Account 2015

For the reporting period:

1st April 2014 – 31st March 2015

Registered Charity: 1086837

Mission Statement

“To deliver high quality palliative and end of life care in West Cumbria, by providing services traditionally found in a Hospice building to people in their own homes and local communities”

Aims:-

1. To enable adults whose illness is progressive and unlikely to be cured to be cared for at home and to die at home if that is their choice.
2. To have regard to the physical, psychological, social and spiritual needs of patients, families and carers.
3. To provide symptom relief and advice.
4. To offer support and care to those who are bereaved.
5. To work collaboratively and in partnership with all local providers of palliative and end of life care both within and outside the NHS.
6. To safeguard the financial health of the charity and to ensure that it is able to provide the appropriate services into the future.
7. To comply with current standards of best practice and both corporate and clinical governance.
8. To recruit suitable staff and volunteers and support them through training and education.
9. To provide education and training programmes in order to enhance the quality of palliative and end of life care locally.
10. To raise the profile of Hospice at Home West Cumbria.

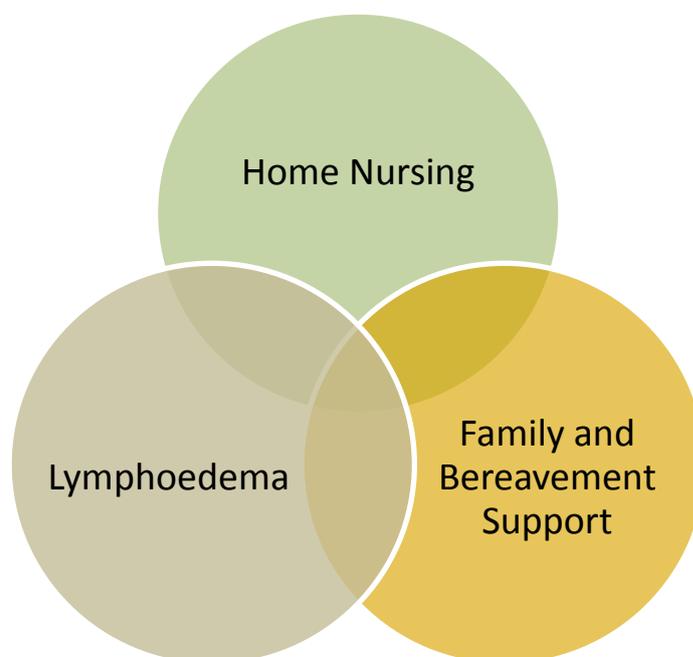
Statement from the CEO

I am delighted to present the first Quality Account for Hospice at Home West Cumbria covering the year 2014/15.

Hospice at Home West Cumbria (HHWC) provides specialised palliative and end of life care to the people of West Cumbria. This is an area from Maryport in the north, to Millom in the south and into the Eskdale, Wasdale, Ennerdale and Buttermere valleys; a population of around 137,000.

Our care and support is delivered to people in their own homes and communities and includes those in nursing homes and hospitals when and where this is appropriate. Our care and support is provided free of charge to those in need. Our nursing care is provided 365 days per year.

The care and support we deliver is provided by three integrated Care Streams:-

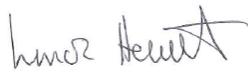


Alongside care delivery we work in collaboration with the Cumbria Clinical Commissioning Group (CCG) and other local Cumbrian Hospices to provide End of Life Care Improvement Programmes; i.e. 6 Steps to Success and Deciding Right. These are aimed to support and enhance care given by other providers of Palliative and End of Life Care locally e.g. Primary Care, Care Homes and Domiciliary Care.

The aim of this report is to give clear information about the quality of the services we deliver to the people of West Cumbria; and that all of our services are of a high standard. This is to ensure that they can feel safe and well cared for. I believe that fundamental to keeping those who use our services safe is keeping our staff and volunteers safe, through effective support structures and fostering an open culture.

HHWC is governed by a Board of Trustees and the day to day management is delegated to the CEO and Senior Management Team. The Board is supported by four Advisory Groups; Clinical Governance, Finance, Human Resources and Marketing and Income Generation. These are made up of Board members and senior staff and each meet a minimum of four times per year. Health and Safety is a key feature within the organisation and the Health and Safety group meet alternate months.

The quality of the care delivered by HHWC is as a direct result of the dedication and commitment given by staff and volunteers on a daily basis and I would like to thank them all for their support.

A handwritten signature in black ink, appearing to read 'Linda Hewitt', with a stylized flourish at the end.

Linda Hewitt
Chief Executive

Priorities for Improvement 2015 - 2016

1. Patient Safety – Improving our Clinical Audits

How it was identified?

In 2012 the Clinical Services Manager was appointed to the position of Chief Executive Officer (CEO). This led to a re-organisation of the structure and a shift in roles and responsibilities. A new Senior Management Team was formed and priorities identified; for key staff this was additional to their current workload.

A Clinical Governance Advisory Group (CGAG) is now in place and significant amount of work has taken place to ensure compliance with Care Quality Commission (CQC) regulated activities; however audit against these standards is weak.

How it will be achieved?

HHWC has made a commitment to appoint a full time Head of Care and Quality in 2015. A key task for this post holder will be to work with the CGAG, clinical leads and clinical staff to introduce a comprehensive audit programme mapped against the CQC Key Questions; Safe, Effective, Caring, Responsive and Well-led.

During 2015/16 a minimum of one clinical audit per key question will be initiated, with timely completion of the audit cycle in the first year, if and where appropriate. Additional clinical audit will be congruent with the size and scope of the organisation.

How will it be monitored and reported?

Progress and results of all clinical audit will be reported a minimum of quarterly to the CGAG; this ultimately reports to the Board of Trustees. Ongoing Action Plans will be the responsibility of the Head of Care and Quality working with the clinical leads.

A Performance Development Plan for the Head of Care and Quality and regular Management Supervision will also form part of the monitoring process.

Outcome of CQC comprehensive or focussed inspections.

2. Clinical Effectiveness – Implementation of STRATA referral system

How it was identified?

Historically referrals into all three HHWC Care Streams come through a single point of access, by telephone. This requires clinical administration staff to then complete a written referral template and enter a “new referral” onto the clinical database. This was iCare however in August 2015 we transferred to EMIS as part of a county wide initiative by Cumbria CCG to integrate Hospices into the EMIS community. This is a time consuming process.

As an addition to this initiative Cumbria CCG are now introducing STRATA into all four Cumbria Hospices. STRATA is an electronic referral and bed management system. HHWC will only use the electronic referral. This will aid the reduction of confidential paper waste.

How it will be achieved?

HHWC will work with other Hospices, Cumbria CCG and eHealth Cumbria to manage an effective STRATA implementation programme. A business implementer will work with staff on the ground to ensure the system is “fit for purpose”. A senior manager (currently CEO) will work with the Cumbria wide strategic team to ensure cross organisational effectiveness and compliance with Information Governance.

By the end of 2016 it is anticipated that HHWC will be receiving 50% inbound referrals and sending 80% outbound referrals via STRATA. In addition data from STRATA will form the basis of information required for the palliative care Minimum Data Set collected by The National Council for Palliative Care.

How will it be monitored and reported?

During set up and initial steps of “go live” monitoring will be undertaken by the STRATA into Hospices Project Board; chaired by Cumbria CCG. Part funding for this project has come from the Academic Health Sciences Network who will receive an end report on the project including benefits realised.

Internally, progress is reported to the CGAG.

3. Patient Experience - Implementation of “IWantGreatCare” and improvement in information on “how to make a complaint”.

How it was identified?

As a “Hospice without Walls” the opportunity for people to leave timely anonymous comments/feedback in a box within the Hospice is impossible. We send out regular patient and carer questionnaires, across all three Care Streams, with a stamped addressed envelope to be returned to an ex-trustee/volunteer, who collates all the responses. The covering letter ensures confidentiality however the letters are returned to the organisation and therefore some people may wonder if it is truly confidential.

We have a section in our Service User Guide which encourages written feedback however we seldom get spontaneous feedback; it is normally following a death or on receipt of the questionnaire. The return rate on questionnaires is good; it can range from 40-80%. Although the numbers are not high there is a recurring theme, across all care streams, that some people do not know how to make a complaint, should they need to.

The feedback received to date highlights that people often confuse Hospice, Macmillan and District nurses at such difficult times. Feedback forms handed out directly by Hospices nurses may help with this without increasing burden to patients and families.

A presentation recently by IWantGreatCare to the North West regional Hospice Group seemed an excellent opportunity to increase the opportunity for recipients of HHWC care to share their patient experience story in a unique and timely manner. This will not replace the current service questionnaires but add to them and provide contingency to the volunteer currently involved.

How it will be achieved?

HHWC will sign up to the IWantGreatCare initiative. All staff and volunteers will have a supply of feedback forms and be given training in how to hand them out. Feedback forms will be made available on our website. Completed forms can be submitted electronically or can be returned handwritten. All handwritten forms are transcribed by the company.

It is anticipated that 4-6 feedbacks per month will be submitted via IWantGreatCare.

The teams will work together to revise and update our Complaints Policy to ensure all those using our service are aware of how to complain, should they need to.

How will it be monitored and reported?

Monitoring and reports are generated by the company. These will be presented to the CGAG and the Board of Trustees as appropriate. They will also be used for CQC reporting.

Statement of Assurance from the Board

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to hospices.

Review of Services:

During 2014/15 HHWC did not provide any direct NHS services. All services provided formed part of the agreed Service Specification with Cumbria CCG.

All services were funded by a combination of fundraising activities, legacies, donations, retail income and NHS grant funding.

In addition to this non-cancer lymphoedema care was provided under a separate Service Specification and funding arrangement with Allerdale & Copeland Commissioning Groups.

Care provided combines specialist and specialised palliative care for adults who are facing the end of their lives and their families.

Care is provided by 3 integrated care streams:-

1. Home Nursing provides
 - a. Care at home, in care homes, nursing homes, community hospitals and acute hospitals
 - b. Care given by registered general nurses, health care assistants and volunteers
 - c. Care delivered 24 hours per day, 7 days per week, 365 days per year
2. Family and Bereavement Support provides
 - a. One to one support in highly complex situations
 - b. Family support in highly complex situations
 - c. One to one support to manage normal grief and loss
 - d. A range of support groups for patients, carers and those bereaved
 - e. A range of complementary therapies for patients, carers and those bereaved
3. Lymphoedema treatment
 - a. For cancer related lymphoedema
 - b. Non- cancer lymphoedema (under a separate agreement)

Participation in National Clinical Audits:

During 2014/15 HHWC did not participate in any national clinical audits or national confidential enquiries.

Participation in Clinical Research:

During 2014/15 HHWC has participated in InSup-C: Researching Integrated Palliative Care. This is an international study being conducted under an EU Framework and runs for four years. The UK part of the study is being led by Lancaster University and the University of Sheffield. To date HHWC has recruited 5 patients and 2 carers onto the study. In part this is due to the support of Gillian Webster, Research Nurse with Cumbria Partnership Foundation Trust and researcher Dr Sean Hughes from the International Observatory on End of Life Care at Lancaster University.

HHWC took part in the third phase of the study to implement the CSNAT (Carers Support Needs Assessment Tool) The CSNAT is a valid tool for the direct measurement of carers' support needs. It combines comprehensiveness of content with feasibility of administration and has utility both as a research tool and a tool for everyday palliative care practice.

Use of the Commissioning for Quality Improvement and Innovation (CQUIN) payment:

HHWC income in 2014/15 was not conditional on achieving CQUIN goals through the Commissioning for Quality and Innovation payment framework because we do not use any of the NHS National Standard Contracts; therefore we are not eligible to negotiate a CQUIN scheme.

What others say about us:

HHWC is required to register with the Care Quality Commission and it has current registration status. The hospice has no conditions on its registration. The CQC has not taken any enforcement action against HHWC during 2014/15.

The last inspection visit was 8th January 2014 when the organisation met all inspected standards and received very positive feedback. These are quotes directly from the report:-

The provider could demonstrate that suitable arrangements were in place to ensure that staff employed in the service were appropriately trained in relation to their job role. All staff we spoke to confirmed to us that they felt very well supported. One person told us, "There is very good morale amongst all staff and we all receive very good support. I receive good updates, it's the best training I have ever had." Another told us, "The buddy system works really well. There are sometimes problems in trying to arrange meetings but we always manage it."

CQC Report page 12

The Hospice at Home West Cumbria was able to show us that they monitored the quality of the service they provided to people. They gathered information about safety and the quality of their services from all relevant sources which included feedback from people using the service, audits, investigations, complaints and compliments and any other information they received.

We discussed with the manager how they ensured they were offering people a good quality of care when all care was provided in people's own home. The manager told us that they had a quality monitoring system in place and a comprehensive risk management system. We saw general and individual risk assessments being available for staff. We were told, and saw evidence of, individual risk assessments in place for each home/person the service offered care to. Included in this risk assessment were questions on infection control and health and safety. Staff confirmed that risk assessments were reviewed on a regular and on-going basis.

CQC Report page 14

Data Quality:

During 2014/15 HHWC has participated in a Cumbria wide project to develop an electronic patient record (EPR) for all Hospice and palliative care patients. For HHWC this has meant migrating all patient records from iCare to EMIS Web.

HHWC has routinely submitted an annual National Minimum Data Set (MDS) to the National Council for Palliative Care (NCPC). However, following direct communication with the team at NCPC it has been agreed that this year an MDS will not be submitted. This is because of problems with data capture in the first few months of recording with EMIS Web and the patient contact entries for some services cannot be guaranteed. It is anticipated completion of the MDS will be straightforward for next year.

Throughout 2014/15 HHWC had a Data Quality Administrator in post; there were a total of 590 patient/client records and 100% have an NHS number recorded and GP practice recorded.

HHWC is registered as a Voluntary Sector Organisation with the NHS Information Governance Toolkit and in the 2014/15 self-assessment scored 68% and was rated satisfactory.

Clinical Coding Error Rate:

The organisation was not subject to the Payment by results clinical coding audit during 2014/15 by the Audit Commission.

Part 3

Review of Quality Performance

As this is HHWC first Quality Account we cannot review the progress set against the previous years 'Priorities for Improvement' therefore included is a summary of our activity, achievements and patient/client feedback.

Hospice at Home West Cumbria			
New referrals April 2014 – March 2015			
WHOLE SERVICE			
New Patients/client for year	590		
Carried forward from 2013/14	271		
Total patients /clients per year	861		
INDIVIDUAL SERVICES			
	Home Nursing	Lymphoedema	Family and Bereavement Support
New patients/clients for year	275	164	205
Carried forward from 2013/14	23	146	116
Total patients/clients per year	298	310	321

During 2014/15 HHWC changed electronic patient record system from iCare to EMIS web. This took place on the 4th August 2014. All patients with open episodes of care have been transferred, together with their clinical record from iCare to EMIS gradually since 4th August 2014

These figures have been produced using both iCare and EMIS Web and whilst every effort has been made to avoid duplication, this cannot be guaranteed. These figures are a “best estimate” in the light of this change of clinical system.

NB: the total number of patients per individual service is greater than the total number of patients per whole service because some patients receive more than one service

Home Nursing Activity	
No of New Patients	275
Number of Night shifts	1040
Number of Day shifts	703
Total Number of hours (rounded up)	11253

Lymphoedema Activity				
	Cancer	Non Cancer	Total	Data Base
No of New Patients	21 43.75%	27 56.25%	48	iCare
	58 50.00%	58 50.00%	116	EMIS
Totals	79 48.17%	85 51.83	164	

Hospice Support New Patients				
No of New Patients	Cancer	Non Cancer	Carer/Bereaved	Total
iCare	23	36	2	61
EMIS	57	10	77	144
Total	80	46	79	205

Patient Safety:

During 2014/15 there were 22 Incident Forms completed. 14 related to non-clinical incidents and 8 were clinical incidents.

Of the 8 clinical incidents; 5 were in relation to communication, 2 were in relation to failure to follow policy and 1 was medication related.

On the risk grading matrix these were as follows:



Safeguarding:

During 2014/15 we made one adult safeguarding referral to Adult Social Care and there were no referrals to Cumbria Local Safeguarding Children Board.

Complaints:

We received no formal complaints relating to the provision of care during 2014/15.

Patient Experience:**Home Nursing**

Questionnaires are sent out to patients after 4 visits. This is a snapshot taken from those sent out during May-July 2014.

10 questionnaires returned; here are some of the responses (carers can respond on the patients behalf.

Q - Do you think the introduction to the Hospice at Home Service was given at the right time?

Too soon About right = 9 Would have been useful earlier = 1

Q - Were you given the opportunity to express your needs with someone from Hospice at Home?

Yes = 10 No = 0

Q - Were you involved in discussing and agreeing how your needs could be meet?

Yes = 10 No = 0

Q - Does the service being provided by Hospice at Home meet your needs?

Always = 10 Most of the time = 0 Sometimes = 0 Never = 0

Q - Do you feel that Hospice at Home respects your privacy and dignity?

Always = 10 Most of the time = 0 Sometimes = 0 Never = 0

Q- If you needed to, would you know how to make a complaint?

Yes = 8 No = 2

General comments included:-

“ My wife died the day before this form arrived. The service from Hospice at Home was wonderful.”

“Whatever nurse comes she listens and takes her queue about how to go about caring for ‘K’ and that is so important to both of us.” [written on behalf of the patient]

“They helped with walking which was better than expected. They let me do what I wanted to do.”

“The support we receive is wonderful. I being Mr M’s wife have asked for help and this has made life at home a lot better. I have them coming in so I can go shopping. Also 1 night a week so I can go out for a few hours and I have had a nurse once through night so I can get some sleep. She was lovely and made my husband feel comfortable.” [written on behalf of the patient]

“My Dad [and Mum] are absolutely delighted with the professionalism, care and compassion they have received from Hospice at Home. Mum is now able go out and attend her Thursday afternoon Club knowing that my Dad is being very well looked after. My Dad can’t sing your praises highly enough. I, as his daughter, am so pleased to know that there are people out there that care and will continue to care for my Dad as his illness progresses. Thank you so much.”

Questionnaires are sent out to carers 4 - 6 weeks after the patient had died:

This is a snapshot taken from the April – June 2014 when 12 were returned.

Q - Did the Hospice at Home staff answer all of your questions to your satisfaction?

Always = 11 Most of the time = 1 Sometimes = 0 Never = 0

Q - Was your loved one treated with dignity & respect by the Hospice at Home nurses?

Always = 11 Most of the time = 1 Sometimes = 0 Never = 0

Q - Do you feel your loved ones views, beliefs & opinions were respected?

Yes = 12 No = 0

General comments included:

“Her own wish was to die at home, in her own bed. The District Nurse, Care Agency and Hospice at Home allowed her to do just that. As a family we were able to sleep at night, and deliver care ourselves during the day.”

“My husband wanted to be at home and with help from Hospice at Home we were able to have all his family visit in his final few days. My children [who live in different areas] were all able to be with us.”

“She preferred these nurses at night, compared to other agencies. She felt they gave her confidence, empathy, understanding and she felt safe in their care.”

“My husband had strong views about certain matters, but he was treated with the utmost respect.”

“Nurses well trained in care of the dying. Confident, respectful, caring, understanding, and empathetic to [name] needs and the family”.

Lymphoedema

We sent out 35 questionnaires to newly referred patients between Sept '14 – Jan '15. 16 were returned which equals a 46% response rate.

Cancer patients:-

76% waited less than 1 month for an initial assessment

33% waited between 1-3 months

Non-cancer patients:-

78% waited less than 1 month for an initial assessment

22% waited between 1-3 months

All patients:-

94% stated that the lymphoedema nurse discussed their care in detail and provided all the information that they needed.

6% answered 'not sure' to these two questions.

100% of patients stated that their privacy and dignity were respected by the lymphoedema nurses.

General comments included:-

“The service is absolutely fantastic. Wonderful dedicated staff, who bend over backwards to be helpful.”

“Lymphoedema service was second to none. Friendly staff who are always at hand when you need them or have a problem.”

“I could not find any fault in any treatment I have received from the Lymphoedema nurses. I found them very efficient and polite and very helpful.”

“I would like to say I was treated with the utmost respect and concern and I was pleased with the professionalism of the people I have seen and would like to thank them for that.”

“The Lymphoedema nurses who have looked after me are a credit to their profession. They made me feel ‘safer’. At times I have felt helpless and let down by other parts of the NHS. Thank you for being there for me.”

Family and Bereavement Support

A questionnaire sent to all clients accessing our Family and Bereavement Support Services was sent out in October 2014. This is a mixture of patients, carers and those bereaved. There was a 51% response rate.

40% of respondents had received one to one emotional support and 36% had received one or more complementary therapy. Only 11.5% had attended our Yoga for patients group.

38.5% of people were introduced to the service by one of the Macmillan Clinical Nurse Specialists and over 78% felt that the introduction of the service was at the right time for them.

85% stated that they were given the opportunity to express their needs with someone from the team and 90% felt that their privacy and dignity were respected.

Only 55% knew how to make a complaint, 32.5% were either unsure or did not know how to make a complaint.

Here’s what people said that the team did well:-

“Good network of support and reflexology is very good and has positive effects regarding my treatment. Reiki has showed good results and supplemented my treatment too. I have only started breathing techniques but is proving to be very relaxing and something I can continue in my own time without help, to continue the benefits. Home visits are excellent and a great help to patients as opposed to going to the centres”.

“Comfort you. Support you. Listen to you when you need it most”.

Here’s what people said about improving our services:-

“I personally do not feel that a ‘mixed’ group is of benefit and I do not feel it is a good idea to have carers, patients and bereaved people all in the same group. It is

not 'healthy or positive' environment for me personally and it is also more of a drop in coffee morning. I would like to see separate groups set up".

"Have separate groups for patients, carers and bereaved".

"I don't think it would be possible to improve Hospice at Home services".

What our staff say about the organisation:

We send out an annual staff survey in June. The response rate this year was 58% which has dropped from 63% the previous year.

97% felt they were satisfied with the quality of work that they were able to deliver and 88% felt that their role made a difference to patients.

84% felt that there were good opportunities to develop their potential at work and 89% had received job-relevant training in the last 12 months.

32% had not received an appraisal in the last 12 months; of those 58% had worked for the organisation less than 12 months. However, this is an area for improvement. 87% felt that their appraisal was structured and 83% included a development plan.

81% of staff always felt supported by their immediate line manager, the remaining 19% saying they felt supported some of the time.

18% of staff had witnessed potentially harmful errors, near misses or incident and all had been reported.

100% staff said that they would recommend HHWC as a place to receive treatment.

Opportunities to feedback on the Quality Account:

We welcome your feedback; if you have any comments please email:-

linda.hewitt@hhwc.org.uk

Or write to:-

Linda Hewitt
Chief Executive
Hospice at Home West Cumbria
Cumbria House
New Oxford St
Workington
CA14 2NA

Prior to publication this Quality Account was shared with local commissioners, Cumbria Clinical Commissioning Group and Healthwatch Cumbria.

The following response was received from Healthwatch Cumbria. No other responses were received.

Healthwatch Cumbria
Best Life Building
4-8 Oxford Street
Workington
Cumbria CA14 2AH

Tel 01900 607208
www.healthwatchcumbria.co.uk



Healthwatch Cumbria response to Hospice at Home West Cumbria Quality Accounts for 2014/15

Introduction

Healthwatch Cumbria (HWC) is pleased to be able to submit the following considered response to Hospice at Home West Cumbria (HHWC) Quality Accounts for 2014/15.

HWC welcomes the opportunity to provide feedback in response to the Quality Account Report and would like to comment on the clear and concise presentation of the first Hospice at Home West Cumbria Quality Accounts report. Particularly the explanation of acronyms used within the body of the report rather than a glossary of terms at the end of the report.

HWC found the report gave a good account of the quality and safety of care, in an open and transparent manner.

Response from Healthwatch Cumbria:

Participation in the Cumbria wide project to develop an electronic patient record for all hospice and palliative care patients is recognised by HWC. It is encouraging to see that despite the initial problems in capturing data as highlighted in the report, HHWC in conjunction with the National Council for Palliative Care will be introducing a minimum data set for the coming year 2015/16 for capturing accurate data ensuring next year's data will be more accurate.

It is positive to note the hospice prioritising capturing the views of both its service users and staff. The methods by which this information is gathered are clearly defined. It would be useful to gain a better understanding of the design of the questionnaires used, are they generic or are they HHWC designed questionnaires and how do they compare with questionnaires used by other hospices and what improvements/learning have been made through their findings?

In the report on page 13 - **Complaints** it is stated that there have been no formal complaints relating to the provision of care during 2014/15. It would have been useful to see how this compared to the previous year.

The report states on page 7, paragraph 2 that some people do not know how to make a complaint should they need to. It would have been useful to have a better understanding of what measures, if any, the hospice will be taking to ensure that all those accessing the service have an understanding of how to make a complaint.

HWC would like to commend HHWC on the outcome of the Care Quality Commissions last inspection in January 2014. This clearly demonstrates that the service provided meets expectations of not only the inspection team but of patients, families and carers.

This concludes the response from Healthwatch Cumbria to the Hospice at Home West Cumbria first ever Quality Accounts 2014/15.

Signed for Healthwatch Cumbria by:

Sue Hannah

Senior engagement Officer

cc. Sarah Allison, Health and Wellbeing Manager.