



Woking & Sam Beare Hospices



Quality Accounts Report 2010/11

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Section One

1. Introduction by Chief Executive Officer

Quality Accounts Introduction

I am delighted to welcome you to our first Quality Accounts for the years 2010/11. In these accounts we are focusing on the care that we provide in both Woking and Sam Beare Hospices and to demonstrate how we are constantly striving to improve the care that we provide.

Woking and Sam Beare Hospices deliver specialist palliative care to the North West of Surrey. We have two sites, Woking Hospice in Woking and Sam Beare Hospice in Weybridge. Both units consist of 10 Inpatient beds, each incorporating a Day Unit, Counselling rooms, Family rooms and Quiet rooms. Both Hospices have busy teams of Community Specialist Palliative care Nurses based within them. We work very closely with other providers in offering services that are based on the needs of our patients and their families.

Part of our 2011/12 business plan shows that this year we will develop a three year strategic plan. This plan will show how we are committed to working with other organisations both charitable and statutory, in developing new services which will enhance the lives of those suffering from life limiting illnesses in our area and ultimately provide them with the care and support that they need to allow them to die in their place of choice. The plan will set out our priorities for the next three years and in future Quality Accounts I will report on how we have performed against these priorities.

We are inspected by the Care Quality Commission and their recent report has shown us that we provide a high standard of care, but that we still need to make improvements in certain areas.

For the next 12 months we will concentrate mainly on improving the quality of care we provide to patients, but also in making the public more aware of what we do. We have made priorities for the development of other services and these are being further explored to take forward through the coming year.

My Colleagues and Trustees who make up the Board of Woking and Sam Beare Hospices are confident that this report is an accurate reflection of our present position and aspirations for the next twelve months.

I do hope that you will enjoy reading the Account and are able to identify through our reports that Woking and Sam Beare Hospices are committed to delivering the highest standard of care for our patients and families.

Section Two

2. Priorities for improvement within the coming year 2011 - 2012

2.1 Hospices

2.1a. Introduction of McKinley Syringe Drivers

Introduction

Woking & Sam Beare Hospices have become well known for their expertise in symptom management for patients with a life limiting illness, and for some patients this involves using medication that is delivered subcutaneously over a 24 hour period to maintain a consistent level of control of the symptom, whether it is pain, restlessness, nausea or another symptom. This is delivered by a continuous infusion of the drugs using a pump, or syringe driver. The Graseby syringe driver has been used at the Hospice since it opened, but in 2010 the National Patient Safety Agency (NPSA) identified advances in the types of syringe drivers available to provide a more accurate and safe administration of drugs to patients. Along with many other healthcare providers, the McKinley T34 syringe driver has been chosen by Woking and Sam Beare Hospices as the best choice for the replacement of the Graseby.

Where we are now

After consultation with the Clinical Effectiveness Governance Group, it has been agreed that Woking and Sam Beare Hospices will change to this model of syringe driver during 2011.

Due to the complexity of managing the symptoms of some of patients, on occasions two (or occasionally three) syringe drivers may be used for one patient to enable the safe delivery of complex, specialised drug regimes. A total of 14 syringe drivers will be needed for each inpatient unit. To enable each member of staff to be confident and competent in the use of the McKinley syringe driver, a training programme for all staff (including an awareness session for the members of the team not directly involved with setting up the syringe drivers, such as the Therapies team and the Health Care assistants) has been commenced from May to July 2011 with time for consolidation and further training before a launch date of Mid-September 2011 to change over to the use of McKinleys.

Measuring success

The emphasis of the introduction of the new syringe drivers is that of safety and competence in their use. This will be measured using a competency framework for the use of the syringe drivers, and on-going yearly update training for the registered nurses involved in setting up and monitoring the syringe drivers.

2.1b. Review of nursing documentation to focus on patient specific need and symptom management

Introduction

Woking & Sam Beare Hospices are proud of the multi disciplinary working across the community services and inpatient areas so that patients receive a seamless service of care. Multi disciplinary notes are used throughout the community and inpatient services by all disciplines of healthcare professionals in order that records for patients are not duplicated and can be accessed by all in a timely way.

Whilst the provision of specialist palliative care has been a highly valued service, we have acknowledged through audit and external review that a need to review documentation is required to fulfil our governance directives of ensuring patient safety, patient experience and clinical effectiveness.

Where we are now

A review has been undertaken of the current documentation recording nursing assessments and care plans within the inpatient hospice setting. After ward meetings the Ward managers and staff agreed to update the documentation to meet requirements within the:

- End of Life Strategy: Part 6: Quality Markers for specialist palliative care inpatient services
- CQC: Outcome 4: Ensure effective, safe and appropriate, personalised care, treatment and support through coordinated assessment, planning and delivery.

Measuring success

The emphasis on delivering safe, effective care will be measured by an audit of the nursing records to establish evidence for:

- Patient centred nursing assessments which are reviewed as the patient condition changes
- Involvement of the patient and carers in their care planning
- Patient focussed symptom management is planned and reviewed to reflect patient needs
- Evaluation of patient care has been recorded effectively to provide an up to date account of care delivered and patient condition.

The audit has been scheduled to take place within six months of the records being implemented and will be reported back to the Ward Managers and any areas of necessary improvement be taken forward within an Action Plan.

2.2 Community

2.2a: The development of Inter agency collaboration in order to deliver palliative and end of life care education and support to local providers.

Introduction

Woking & Sam Beare Hospices has prioritised a project to look at collaborating successfully with care provider agencies with whom they work closely in the community in order to be the

main resource for palliative and end of life care education and support within local care settings.

One of the main drivers for this project is the governments End of Life Care Strategy which sets out to meet the health and social care needs and preferences of all adult patients in where they live and die.

The project aims to develop improved relations with the different agencies involved in delivering end of life care; to conduct a needs analysis in terms of both support and education; and to develop an innovative package of support and training that will enhance participants skills in delivering care at the end of life and ultimately improve the care that patients and families experience.

The package will use the 'Route to Success in Care Homes Resource Package' and refer to the Quality Markers for care homes developed by the National End of Life Care Programme as a basis. It will make use of accredited / recognised tools that have previously been shown to be effective in increasing competence and confidence. It is envisaged that once developed the package may be transferable to other groups (e.g. Specialist Nurses, hospice staff).

Where we are now

We are establishing a focus within the local care homes to scope the:

- number of care homes to include within the project
- number of referrals to hospices within the past year, the overall number of deaths, and the number of referrals to the acute hospitals
- end of life questionnaire within each home to gauge current levels of practice and to prioritise need
- review other education programmes / learning which may influence this project
- key individuals within care homes to act as point of contact

Measuring success

Pre and post intervention questionnaires will be used measure the success of the project using the following criteria:

- Increased confidence & competence of participants in care homes
- Increased use of End of Life Care Tools (pre & Post intervention questionnaires)
- Increased numbers of patients dying in the community in the place of their choice
- Decrease in number of complaints / concerns related to end of life care (from carers)
- Decrease in number of inappropriate transfers to hospital

2.2b. Advanced Care Planning for all patients

Introduction

We recognise the Transforming Community Services: Community Indicators for Quality Improvement (March 2011) as a tool that we can measure our service delivery and benchmark against other local palliative care providers.

This will ensure that the care we have delivered will be measurable for effectiveness and we can hold ourselves accountable to those who use our services as well as those who commission our services.

The three quality indicators pertinent to end of life care are:

1. The percentage of patients on an End of Life care pathway who have a personalised care plan.
2. The percentage of patients who died on an End of Life care pathway.
3. The percentage of patients on an End of Life care pathway who die in their preferred place of care.

Where we are now

The community team is already skilled in sensitively raising and discussing the issue of individuals' preferences for care as they come towards the end of their life. A prompt to address these preferences is included in the initial assessment documentation. Discussions about peoples preferences are a regular feature of community team multi-disciplinary team meetings. The team has adopted the nationally recognised 'Preferred Priorities For Care' document as the tool most commonly used to assist in advanced care planning. In the past two years an audit has been conducted to compare peoples stated preferences against where their end of life care takes place. It has been highlighted that this audit needs to form part of a regular cycle.

Measuring success

We are committed to offering all patients their preferred place of care within the year ahead and will be taking steps to record any variances of choice. We will audit all patient records to evaluate completed Advance Care Plans, and record the number of patients who have received their preferred place of care. Variances of preferred place of care will be reviewed to determine any improvements required in our processes. The audit results and action plan for any service improvements identified will be reported to the Woking & Sam Beare Hospice executive team by April 2012.

Section Three

3. Review of quality performance

In order to review the quality of our services, achieving aims of delivering high quality care, and identifying where improvements are needed, we have used the three domains of quality: Patient experience, patient safety and clinical effectiveness:

Patient Experience

Continuing of specialised care at home, patient with intrathecal analgesia

Introduction

For some patients with complex pain management needs, specialist titration of oral or subcutaneous analgesia still proves to be difficult, and increasing the doses of those drugs may cause unwanted side-effects or sedation. For those patients using an intrathecal infusion, delivering the analgesia directly to the spinal nerves in order to block the pain, is an intervention that enables improved quality of life, without the patient experiencing sedation.

Where we are now

This technique has involved extensive liaison with the pain specialist anaesthetic teams, (who insert the catheter in theatre and are responsible for initiating and titrating the dose of the intrathecal drug), and education of the inpatient medical and nursing teams, who are responsible for monitoring the patient in the first few days after insertion, as well as longer term monitoring as the dose is titrated to ensure excellent pain control. As the regime is stabilised, and if applicable for that individual, liaison and education of the community nursing teams and the GP is a crucial stage in the continuation of the specialist treatment on discharge home, with the Medical team at the Hospice retaining overall responsibility for the Intrathecal infusion.

Measuring success

This method of the delivery of analgesia is a new service for the Hospice and in 2010, three patients were referred for the insertion of an intrathecal catheter. However, the inpatient nurses and community nursing services all received competency based training in the monitoring and renewing of the drugs used to ensure the safe delivery of this form of analgesia, and the hospice is now able to respond as and when more patients are referred to the Hospice for this procedure.

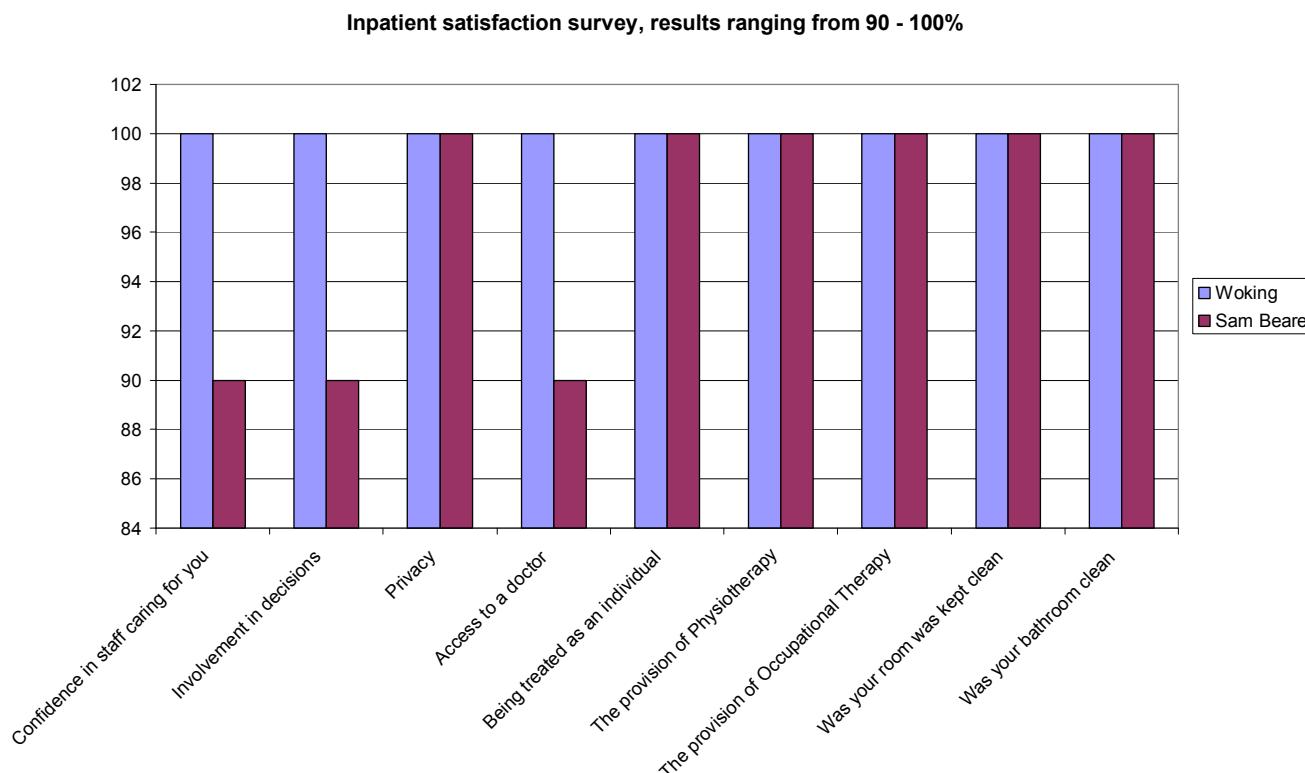
Inpatient Satisfaction

It is essential that the organisation measures the standard of care that is provided by the Woking and Sam Beare Hospices on an ongoing basis.

The Patient and Carer Satisfaction survey has been developed with the support and assistance of the Hospice User Group and asks for feedback on staff communication and attitude, food and cleanliness, and specialist hospice services such as counselling, chaplaincy and

complementary therapies based on national standards for quality delivery of care referred to in the DH 2008 End of Life Care Strategy.

The chart below represents the level of satisfaction of patients within Woking and Sam Beare Hospices for 2010



Comments which our patients gave us reflected the high standards of care received:

“Having our Mum at the hospice has been a great comfort to our family knowing that she is getting the best care possible, keeping her free from pain and peaceful.”

“Your staff are a credit to this Hospice. They are incredibly supportive and caring. Thank you for everything during this difficult time.”

“Even though we are not religious it was nice that the chaplain called in regularly”

“Excellent care, everybody is so supportive and friendly.”

Day Care Service Distress Tool

Over the past year the nurses within our day care units have been using a distress thermometer to enable the patients to record and monitor their own levels of well being. The ethos of day care is to provide therapies, treatments and respite for patients to improve their quality of life while they are coping with illness.

The patient marks a diagram of a thermometer with their level of distress from 0 – 10 (0 = none, 10 = worse). A mark of 5 or above is considered significant and needs investigation. The completed distress thermometer can then be used as a basis for assessments, identifying care and treatments, and can be reused to monitor patient well being.

A recent example of its success was soon after the re opening of the Woking Day Unit

“A new female patient referral ‘L’, in March recorded a distress level of 7 and one of the problems she ticked ‘yes’ was appearance. In discussion she told me she’d ticked appearance because she’d had no hair for two years. I don’t think I would have realised appearance was such a big problem to her without the distress thermometer. We referred ‘L’ for a wig, which she received some weeks later. In May, ‘L’ completed another distress thermometer, and her levels had dropped to 4. Her appearance was no longer a problem; she ticked a ‘no’ by appearance!”

The picture below shows a patient benefitting from art therapy



Five Star Food Hygiene rating

Woking Hospice has been awarded a Five Star Food Hygiene rating from the Environmental Health Officers which reflects the high standard of catering services, health and safety issues within kitchen and dining areas and standards of food delivered.

This is reflected within the patient satisfaction survey carried out in 2010:

- 78% of patients surveyed were satisfied, finding their meals appetising
- 78% of patients surveyed felt that portions were suitable
- 89% of patients surveyed felt that they had good choices of meals
- 78% of patients surveyed were happy with the access to food outside of mealtimes

“Housekeepers have been wonderful, apart from keeping the room lovely their support to us as a family has been paramount”

Community Palliative Care Nurses Patient Satisfaction Survey

Introduction

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Where we are now

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Where we are now

The community palliative care team carried out a comprehensive patient satisfaction survey during 2010 in order to gather patients and carers views about the service. 355 questionnaires were sent out in total with 132 returned, with an excellent response rate of 37%. The data collected reflects a generally positive satisfaction of patients and carers, who feel that the service provides an excellent level of support for the patient and their family

“I now regard my CNS as the main contact and hub of my care programme. I am most grateful for the service”.

Patients and carers generally appear to understand the role of the Community Clinical Nurse Specialist (CNS), with 93% of the patients reporting that they feel that they could ask any question.

“My wish is that the Hospice will provide me with a dignified end to my life and that my dearest wife will not have to cope with me in the final days because the Hospice will take on the task.”

Measuring Success

The 2010 survey has provided useful information about the way patients and carers perceive the service, and this annual survey will be used to continually improve the care provided by the teams. Measuring our service against the End of Life Quality Markers will validate the quality provided, and this should be reflected in improving satisfaction levels of patients and carers in future surveys.

“The day these nurses walked through our door, they changed my life and my wife’s’ (who is my full time carer) for the better, thanks”

The results of the 2010 survey have shown some specific areas to improve upon. 71% of patients felt that the team were ‘good communicators’, but this is an area that the team feels should be closer to 100%. As there were 8% of patients not aware of the services available for Out of Hours an action will be to ensure a consistent message is given out to patients and that this is reflected in patient information leaflets.

“I feel I matter as a person with the specialist nurse, she does not rush me or dismiss any problems no matter how small it may be. I know I will need her more as my illness progresses and it gives me and my family enormous comfort knowing she is there as a friend and specialist”

This was the first time the team had conducted a survey on this scale. A lot of learning has occurred as a result of undertaking the study and this will enable us to be much slicker in repeating the survey on an annual basis. By use of the same survey tool in future years we will be able to compare results and identify trends. The information gathered will assist in targeting education for the team.

“My nurse has been very helpful to us; she is very flexible with appointment times and with changing them! She is always cheerful and very professional in her manner. She has given advice for valuable things that we would never have known without her”

Patient Safety

Infection Control

Our recent infection control audit provided assurance of over 90% compliance within all components audited, such as hand hygiene, cleanliness of patient areas, clinical rooms, utility rooms and kitchen areas. Local action plans have been developed to ensure improvements in areas such as having alcohol gel at patient bedside, safe disposal of sharps and labelling of foods within fridges. These actions are monitored and reviewed by the Ward managers in order to achieve an overall high standard of cleanliness and clinical effectiveness.

Since a recent Care Quality Commission visit, which raised issues of staff access to infection control training and up to date policies and procedures, we are committed to focussing on all our staff attending an annual update in infection control and to have reassurance that all staff have knowledge and access to infection control guidelines.

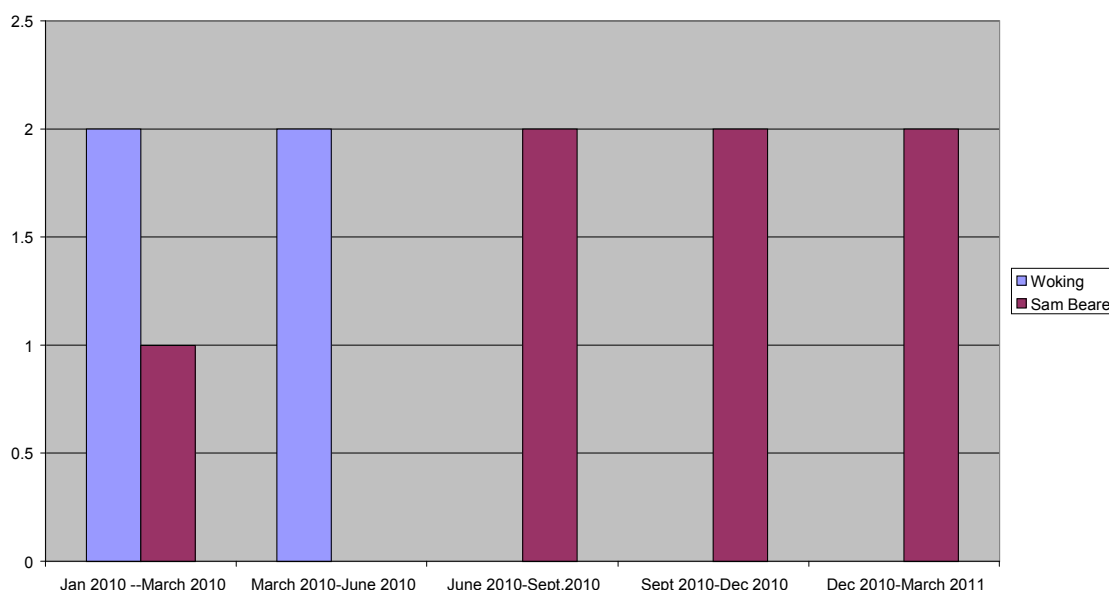
Incident management

The Woking and Sam Beare Hospice Risk Management Focus Group ensures the direction, promotion and monitoring of risk in relation to clinical and non-clinical services within the hospice.

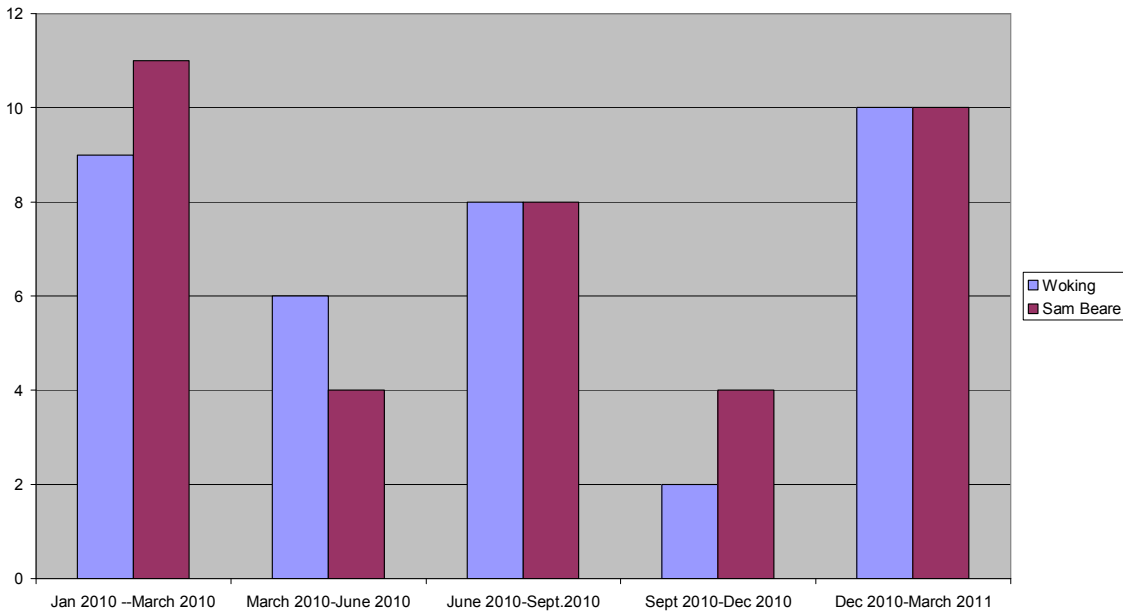
Completion of risk assessments and the implementation of control measures are monitored to ensure patient safety. Monthly reports such as patient falls or medication related incidents and the subsequent actions and improvement strategies are reviewed monthly by the group in order for us to provide assurance to our patients and carers that we strive to maintain a safe environment and keep patient safety as a priority.

Below are charts showing results of the number of falls and medication related incidents within the last year.

Number of medicine incidents Jan 2010-March 2011



Number of Patient falls at Woking and Sam Beare Hospices Jan 2010-March 2011



The number of falls at Woking and Sam Beare per bed ranges between 0.2 and 1.1. This figure is below the reported national average number of falls within palliative care settings of 5.7 falls per bed. Palliative care patients, at the end of their disease are at risk of falling due to weakness and the medications that is required in the management of symptoms of those patients. In order to reduce the risk of patients falling we ensure that all patients have their care planned individually on admission, mobility assessed and equipment provided to minimise any events which may result in a fall.

Clinical Effectiveness

As a small independent organisation we acknowledge the need for a commitment to supporting our staff. As a result of the recent CQC inspection we have been asked to take actions to improve the induction and mentorship process of new staff entering the ward settings. We have recently conducted a survey to establish staff perspectives of the communication within the hospices and their individual teams, support from their managers and their understanding of their roles and responsibilities.

The survey has identified that the staff value the appraisal process highly and that regular feedback on their performance is greatly important to them. Therefore, one of the main objectives for the managers during the next year will be to ensure that each member of staff is regularly appraised and performance reviewed, and development needs made a priority. New staff entering the organisation will have an individually planned preceptorship programme outlined which will be reviewed regularly within the first six months of their employment.

To support the local delivery of palliative care to patients within our hospices, the quality of care provided is supported by specialist services such as adult and children's counselling services and therapy groups.

Woking and Sam Beare Counselling service

Introduction

As the counselling team at Woking and Sam Beare Hospices, we pride ourselves in being able to offer a service which is unusual in its diversity, breadth of vision, scope and flexibility.

We are constantly considering new challenges and better ways of running our service and are committed to excellent counselling in the holistic environment of palliative care.

The counsellors, providing their services voluntarily, work with patients, bereaved clients, those caring for life limited patients, children, teenagers and young adults. Some also facilitate groups.

The clients and patients are usually seen at the hospices however, we understand the importance of flexibility in the palliative care environment and we see clients and patients at home if necessary.

Within the past year a new bereavement group for younger bereaved adults has been started at Woking. We identified that the needs of older bereaved people differ to those of a younger age group. There was already an established coffee morning for those in their 70s and 80s plus, but we have now set up a group for the younger age group (50s). This is not a 'therapy' group; it is a social group for those linked by a common bond. Both groups meet at the hospice but enjoy social activities outside from time to time. We would like to set up a group for younger bereaved adults at Sam Beare which would work in a similar way to the one at Woking.

Priorities for further improvements in 2011/2012

We have decided to implement more training for the counsellors. We have already found dates for training in Basic Bereavement Skills, Endings and Working with Patients. We are planning training on Attachment and loss, Death and Dying and we are running a creative workshop for the counsellors at the end of the year.

The training provided for the counsellors is free of charge. However, we have decided to open up these excellent training opportunities to people outside the hospices who are in relevant areas of work or study. We will ask them to pay a small charge and as we develop the training, we will hope to extend both what we can offer to those coming from other establishments and what we charge.

We already have a monthly peer supervision group at Woking for the counsellors and we would like to implement one at Sam Beare also. This is an opportunity for the counsellors to get to know one another, express ideas, learn from each other and ask for support if it is needed.

In line with the multi disciplinary way the hospices work, we would like to encourage the counsellors to work alongside the complimentary therapists to a greater extent. Clients and patients benefit greatly from a combination of counselling and what is offered by the complementary therapy team. We are planning to set up an opportunity for the counsellors to meet the therapists and see how we can benefit from their skills.

"Thank you for all your help in the past year, helping me get through all the additional crises and helping me see the possibility of a future. It has been so very much valued and appreciated. I can't begin to show my gratitude."

Children's Counselling Services

Woking and Sam Beare Hospices continue to provide a much needed service to those facing the progressive disease and bereavement of a relative or loved one, and this includes provision of counselling services to children and young people.

It is extremely important to acknowledge that children of different ages will need different support groups. Led by the children's services manager and by a dedicated team of counsellors, there are now several different groups to accommodate these needs. The Footsteps children's group meets bi monthly, with between 12 and 25 attendees per group, and a 'family day' planned in July. There is also a Parents Group that runs in conjunction with the Footsteps group. The Tommy D (Young Adults) group meets monthly, and has a programme of activities set out for its attendees. The group has devised its own logo, and is working on a DVD project which will be completed in September. There is also a Schools Outreach programme currently being planned for the future.

Outcomes are measured through service evaluations, by both staff and the children attending.

This photo shows a boy at our Footsteps bereavement club for children



Volunteers Supporting Palliative Care

The variety of practical tasks undertaken and the diversity of our volunteers bring an extremely tangible and special value to our patients and the wider community.

Some patients would find it impossible to access Day Care services without our teams of drivers. They not only provide this very practical service for the hospice, but their support often extends to getting to know the patient and sharing a friendly chat on the journeys. All our qualified complementary therapists are volunteers, bringing a particular expertise, enabling the Hospices to offer a wide variety of treatments.

The Day Care units are supported by a team of volunteers, including young students, the different backgrounds of all reflecting the communities we serve. Making music, serving

refreshments, teaching crafts and art, chatting, reading and just being there to help wherever they can is invaluable for both patients and staff.
Our chaplaincy service is also supported by volunteers

“The heart of a volunteer is not measured in size, but by the depth of the commitment to make a difference in the lives of others.”

Flower arranging, hospitality and one to one visiting is all provided by volunteers on the wards. The breadth of support continues with administration for the medical and clinical teams. Our counselling team are all volunteers, working with both adults and children and Footsteps, our 6 weekly Children’s bereavement service has a team of young volunteers aged 17 – 20.

“Kindness is more than deeds. It is an attitude, an expression, a look, a touch. It is anything that lifts another person.”

Section Four

How we are regulated

Woking & Sam Beare Hospices have registration with the Care Quality Commission (CQC) and have recently had visits to both hospices. The Care Quality Commission has not taken enforcement action against Woking & Sam Beare Hospices during 2010/11.

We have learnt from the feedback within the reports, and as a result of the inspections we have put into place Action Plans which have been received and agreed by the CQC, for us to focus on throughout the coming months in order to improve standards of patient safety, supporting our workers and management of infection control.

We were able to demonstrate to the CQC inspectors that we have an annual audit plan in place as part of an improvement strategy within the organisation, and those results and actions which come from the audits are reviewed and monitored by our Clinical Effectiveness Steering Group, as well as being fed back to all staff through staff meetings.

The board of trustees receive assurance through regular board meetings of the improvement strategies undertaken and outcomes achieved.

As an independent organisation, we utilise evidenced based and up to date audit tools offered by the Clinical Governance resource section of the Help the Hospices and have recently taken part in the recent National Nutrition Audit pilot. By using these National Audit Tools we are able to benchmark with other hospices locally in the southeast, and take an active role within the Regional Clinical Audit Group which meets quarterly at St Wilfred's Hospice in Chichester. We value the ability to engage with neighbouring hospice staff, share good practice and learn from others expertise.

Our local Hospice User Group formed as part of the Clinical Governance Strategy, is made up of volunteers, patients, staff and carers to "proactively seek and build continuous and meaningful engagement with the public and patients to shape and improve health" (DH, World Class Commissioning 2009). Meeting bi-monthly the aim of the group is to represent the views of users, carers, relatives and staff and ultimately to influence improvements to patient/carer experience. In addition to providing a patient perspective on hospice services, the group is involved in delivering practical support, for example, an information folder has been developed for carers who are staying at the hospice who may need additional information regarding access to facilities.

Looking to the year ahead we aim to continue to be supported by our Hospice User Group within quality initiatives focussing on their involvement and participation within clinical and non-clinical audits. Their views and attitudes towards care provided will give added validity to our performance results and will oversee the changes made to practice.

Reassurance received regarding our Quality Account

The Quality Account has been reviewed by a member of our Board of Trustees who approves it in terms of accuracy and content.