Quality Accounts
2017-18
Part 1 - Statement on quality from Chief Executive Officer

St Rocco’s Hospice prides itself on the level of quality care that it delivers to its many patients and families.

This year both Health and Social Care services throughout England have been continually reported in our media regarding the pressure they are under to meet the needs of our population.

At St Rocco’s Hospice we have been working hard with the CCG and NHS England to look at services that would meet people’s palliative care needs, that are of a high quality, and offer choice to enable people to stay as well as possible for as long as possible. This process is called a Personal Health Budget and staff at St Rocco’s have been recognised for the pilot work they have completed in this area.

We are also planning services which focus on working with the CCG and other health providers to ensure that we deliver high quality, cost efficient services that meet people’s needs, extending our reach and reducing duplication of assessments for patients and their families. This is called the Palliative Care Hub and offers a single point of access for palliative care patients.

At St Rocco’s we are focusing on, and being challenged to provide, innovative developments of services that are of high quality and cost effective.

The reduction of funding from the CCG in 2017 has put the fundraising and income generation teams at St. Rocco’s Hospice under further pressure. Currently we need to raise over £2 million pounds per year from our community to enable hospice services to continue today and over the next 10 years.

Pam Massey
Chief Executive, St. Rocco’s Hospice

Mission Statement

‘To provide high quality care and promote physical, social, psychological and spiritual wellbeing for patients with life limiting illness, and in doing so placing patients carers and families at the heart of everything that we do.’

Our four medium term objectives for St Rocco’s Hospice were reviewed by the Trustees and Management Team, and are grouped under four main headings

- Be the centre of excellence and support
- Widen access to our services in the community
- Develop, improve and provide core services
- Involve the Warrington community
Part 2 - Priorities for Improvement and Statements of Assurance

2.1 Priorities for improvement 2017-18 – What we Achieved Last Year

a) Patient Safety

- We implemented a quarterly review system for templates and processes linked to S1 to ensure appropriate use of the S1 process.
- We implemented action plans to ensure compliance of Data Protection regulations in readiness for the introduction of GDPR in May 2018.
- We implemented training for Band 3 Health Care Assistants to support the care of patients including supporting the administration of medicines.
- We reviewed our medicines management incident reporting to ensure learning and development for our staff.
- We held regular staff meetings to ensure that clinical staff had a voice when developing services and ward routines.
- We implemented a new clinical structure and new staff shift patterns to better meet our patients’ care requirements and to enhance the work life balance of staff.
- Within the new structure we placed Nurse Educators in both clinical areas to review skills and to identify the needs with regard to continued staff development and to work alongside clinical staff to enhance clinical care.
- We ensured all trained staff were supported and compliant to meet revalidation process.
- We carried out audits as per audit plan.
- We introduced a new CCTV system at all entrances to the hospice.
- We completed internal H&S audits and subsequent actions plans, addressing any environmental issues.

b) Patient Experience

- We reviewed the process for Ward handovers and implemented a new system, improving the exchange of relevant information regarding patient care.
- We introduced a second drug trolley to ensure that medications are administered in a timely fashion.
- We completed a very successful pilot around Personal Health Budgets thus enabling our patients to have increased choice and tailored care to meet their needs.
- We have continued to enhance and develop patient feedback to ensure that our service users are listened to and to help us to support patients’ needs.
- We have introduced a new volunteer led process to capture patient/family feedback regarding our care in on our inpatient unit and across our Vitality Centre and other outreach services.
- We have developed further information about our new services against patient feedback to enable us to inform and raise awareness of how we can help.
- We have implemented yoga sessions for patients in our Vitality Centre.
- We have increased the number of group sessions for relaxation and guided meditation.
- We have started a weekly gardening group at our Vitality Centre. This is for both patients and bereaved relatives and is supported by volunteers.
- We have increased the number of complementary therapy sessions we can offer by upskilling our existing staff in order to meet demand.
c) Clinical Effectiveness

- We continue to provide a variety of outpatient services as part of our hospice without walls agreement with the CCG
- We continue to provide 10 specialist palliative care beds for patients
- We are participating with other key stakeholders in reviewing different models of a palliative care hub to facilitate the right care for patients at the right time by the right professional, thus preventing duplication and ensuring good communications with all health care professionals.
- We are participating in the EPACCs (Electronic Palliative Care Coordination Systems) project for recording keeping for all patients.
- We implemented a new clinical structure that will support staff development and meet the development of clinical services, thus ensuring better care for patients
- We introduced a 1 hour a day medical advice line for GPs and Clinical Nurse Specialists
- We completed audits as per our audit plan
- We have continued to develop the role of nurse prescriber and FP10 prescriptions for medical patients
- We have continued to update equipment as per replacement rotation
- We have increased the number of computers that are available for clinical staff

2.2 Some of our Other Achievements in 2017/18

- Safe delivery of our core services including our Inpatient Unit (10 beds), and our hospice without walls services, the Vitality Centre, Hospice at Home, therapy services and counselling services.
- Delivered 4 school projects with ‘RocON!’ which supports children to explore and address issues of loss and helps to demystify dying.
- Full review of clinical structure.
- Ongoing blended learning for all staff to meet mandatory training and support the development of clinical skills.
- Review and development of policies and Standard Operating Policies to ensure care is efficient and based on best practice.
- Worked collaboratively with the CCG and Livewire to deliver cancer and rehabilitation services.
- Delivered the successful pilot for Personal Health Care Budgets in collaboration with Warrington CCG and NHS England.
- Vitality Centre (Hospice without walls) co-ordinator presented on the PHB pilot at the annual Hospice UK Conference last November
- Our Occupational Therapist was published in the *International Journal of Palliative Nursing* with a collaborative article, *Targeted palliative care day therapy interventions using modified MYMOP2 tool can improve outcomes for patients with non-malignant diseases*. (See Appendix 1.)
2.3 Priorities for Improvement 2018-19 – What we will Achieve Next Year

a) Patient Safety

- Continue to support the development of skills and training to maintain a high quality work force.
- Introduce policy and training for nurses to deliver IV medications as prescribed by the medical team.
- Review our pharmacy arrangements/contracts and develop our medical and non-medical prescribers to use FP10 prescriptions in order to facilitate timely administration of medicines for patients.
- Constantly review incident reporting and implement the learning outcomes.
- Review medicines management processes and monitor against the agreed action plan.

b) Patient Experience

- Implement with other key stakeholders the process for the palliative care hub for palliative care services.
- Monitor the usage of the medical support telephone line and review support required.
- Work with the CCG on the GSF facilitator role funded via Macmillan grant.
- Development of a Bereavement group, initially once a month but to be reviewed with the idea of creating groups which meet the needs of those attending.
- Continue to develop carer and patient drop in, providing a point of entry to our hospice without walls services and encouraging peer support.
- Monitor our bed use and introduce respite for continuing health care patients.
- Monitor and review demand for ‘Hospice at Home’ and submit applications for funding to develop the service.
- Apply for charity funding to develop further our Rocco’s on Your Doorstep service to create hubs of volunteers to provide neighbourly support to people across Warrington.

c) Clinical Effectiveness

- Agree and develop outcomes for the single point of access (Palliative Care Hub) to measure success and pressures.
- Agree an outcomes measure for the Bereavement Service.
- Monitor the action plans which result from our audit cycles.
- We will work with other third sector organisations in Warrington for the provision of an integrated model, ‘Warrington Together’.
- We will be able increase the number of Acupuncture sessions available as our Physiotherapist is now trained
2.4 Statement of Assurance from the Board

a) Review of Services

In 2017-2018 St Rocco’s Hospice has been asked to work more collaboratively with other key stakeholders and service providers. To achieve this we will have to work not only with our hospice team and departments, but also other organisations with different cultures and terms and conditions. This will provide some challenges but by focussing on the needs of patients and continuing to put the patient at the centre of all we do to enable true integration and patient centred care, staff at St Rocco’s Hospice will work hard to ensure that joint working is achievable.

We work in partnership with patients to promote skilled, compassionate palliative care of the highest quality. This includes:

- Inpatient care
- Wellbeing services via the developing Vitality Centre
- Community Outpatient Services
- Care in people’s homes via Hospice at Home and Rocco’s on Your Doorstep
- Family Support Services including bereavement counselling

This is delivered by a multi professional team comprising:

- Doctors delivering palliative medicine, SPC interventions, i.e. taps
- Nurses
- Health Care Assistants
- Allied health professionals including occupational therapists, physiotherapists
- Social worker
- Complementary therapists
- Creative therapist
- Chaplain
- Volunteers are a vital and integral part of our team within the hospice and in the community.

Key Stakeholders

- CCG
- Bridgewater Trust, including District Nurses and Macmillan nurses
- Warrington Acute Hospital Specialist nurses
- Livewire Warrington
- Warrington Borough Council
- Nursing Homes
- GPs
- Other third sector organisations in Warrington
b) Participation in Clinical Audit

A number of external audits were undertaken in 2017-18. Our internal audits have been undertaken in response to working practices. Please see Section 3.3 of this report for details for audits carried out.

c) Supporting Vulnerable Patients

Safeguarding

There were no formal safeguarding alerts during 2016/17. During this period there were 8 Deprivation of Liberty referrals. Of these two assessments were completed but both patients died before the report was issued and six died before the assessment was made.

Safeguarding policies are in place. There are named persons in place as safeguarding champion. We are also virtual members of WASG.

All members of staff were required to complete safeguarding training as part of the e-learning programme.

There was also face to face learning for safeguarding champions.

d) Education and Training

In 2017-18 all staff, both clinical and non-clinical, have continued with a comprehensive e-learning programme. By the end of the year 89% of staff had completed their training.

Two Clinical Nurse Specialists share the role of Nurse Educator. In 2017-18 the following training took place.

- 2 sessions x Accountable Officer (applicable to nurses and Band 3 HCA’s only)
- 4 sessions x Basic Life Support, AED & Anaphylaxis
- 2 sessions x Blood Transfusion
- 3 sessions x Infection Control
- 8 sessions x Moving and Handling
- 1 session x Advance Care Planning – a new initiative in liaison with Warrington Borough Council, Bridgewater Community Healthcare Foundation NHS Trust and Warrington Clinical Commissioning Group to implement a common themed policy and patient documentation. Course sessions continue into the 2018-2019 year which will see implementation of the policy.
- 1 sessions x Advanced Communication Skills
- 9 sessions x Basic Suicide Prevention Awareness
- 1 session x Blood Glucose Monitoring
- 4 sessions x Dementia Awareness –by Hospice Dementia Awareness Champions
- 6 sessions x Difficult Conversations – Intermediate Level Communication Skills
- 1 session x Medical Gases
- 2 sessions x Tracheostomy Care
- 1 session x Inhalers
- 3 sessions x Wound Management
- 2 sessions x Acorn Listening
- 2 sessions x Human Factors
- 1 session x Loss and Grief
This year we have introduced a Health Care Assistant Development Programme. This has involved training from our Clinical Nurse Specialists/Nurse Educators and 4 HCAs enrolling in external courses.

Five staff nurses completed mentorship training to NMC standards in January 2018. This year St. Rocco’s had 4 student nurse placements, 1 return to Practice nurse and 1 Occupational Therapy student. Other nurses have also attended for short visits.

The following educational training was delivered by our Senior Speciality Doctor and other doctors from the medical team:

- 4 sessions x Communication Skills Facilitating
- 10 sessions x for 2 x F2 Doctors
- 13 sessions x for 3 x Doctors - job shadowing
- 6 sessions x Journal Club - discussion sessions designed to help share best practice
- 1 session x Understanding and Management of Hyponatraemia
- 355.5 hours x Medical Students (8 cohorts)

Difficult Conversation training was also attended by local GPs and specialist nurses.

We also participate in delivering a programme of training/study to fourth year medical students on 3 week placements. In 2017-18 there were 8 cohorts of students who took up placements at St. Rocco’s.

e) Guideline Development and Review

We continue to review and update a wide range of local policies and updates. We have improved the layout of our systems to ensure that staff have easy access to these documents and any revisions and updates are highlighted in our weekly staff bulletin and at our interdepartmental meetings.

f) Statement from the Care Quality Commission

We were inspected by the CQC on 24 November and 1 December 2016 and found by inspectors to be rated ‘good’ in all areas. Staff were described as ‘caring and compassionate at all times and treated everyone with dignity and respect’.

The inspection was carried under the new framework which looks at key lines of enquiry and seeks to establish if services are safe, effective, caring, responsive and well-led.

Inspectors commented positively on all areas of hospice life from the medical care, environment, catering, care for families and care offered to patients in the community. Medical care was found to be safe and the report noted that staff were knowledgeable, skilled and demonstrated a positive culture and enthusiasm. St. Rocco’s provides safe medical care and a service which treats patients as individuals, involving them in their care. Families were seen to be supported ‘right through the journey of supporting someone with a life-limiting illness’.

Volunteers were described as having a clear understanding of their roles and duties and were praised by patients and families for the way that they carry out those duties.

The report also noted that feedback from patients and their families was ‘overwhelmingly positive’. Staff were described as being ‘majestic at their job’.
“We could see, and relatives told us, that staff, “are angels”, and invested their own time in helping people live full lives, make their own choices, and be part of the local community. We found staff and management to be passionate about and dedicated to their work.’

The full report is available on our website, www.stroccos.org.uk.

g) Information Governance Toolkit

St Rocco’s Hospice completes the NHS Digital Information Governance Toolkit on an annual basis using the NHS Business Partner ITC/ALB Version. We have completed the 2017-18 submission to the required satisfactory level.

Part 3 – Review of Quality of Performance

3.1 Clinical Data

Due to recent upgrades and changes to our SystmOne, some data is now recorded differently to previous years. It is likely that, with further developments of the new Palliative Care Hub, data capturing will develop in line with this process.

a) Inpatient Unit (IPU)

During the year there were 200 admissions to our inpatient unit. This was an average occupancy of 72%. In 2017-18 the average length of stay was 12.6 days

b) Outpatients

The number of OPD appointments for 2017-18 was 335.

c) Vitality Centre (Hospice without Walls)

2017-18 was the first year of a more flexible model of delivering services that not only offered half days for patients, but also sessional treatments and appoints, all with the emphasis of keeping patients as well as possible for as long as possible

<table>
<thead>
<tr>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical outpatients appointments</td>
</tr>
<tr>
<td>Medical interventions taps</td>
</tr>
<tr>
<td>Nursing assessments</td>
</tr>
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</table>

Booked one to one appointments

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<th></th>
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<tbody>
<tr>
<td>Complementary therapies sessions</td>
</tr>
<tr>
<td>Physiotherapy</td>
</tr>
<tr>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Acupuncture</td>
</tr>
</tbody>
</table>
d) Hospice at Home

Hospice at Home provided a total of 364 sits. Over the twelve month period the level of unmet need, due to all staff being allocated, was 86. These were signposted to other agencies.

d) Family Support

There were 236 referrals to Family Support resulting in 525 sessions of one to one counselling. This number has been affected by some long-term staff absence in the team.

“We would like to thank you for all your help and care, without it her wish of being at home with her family around her could not have been possible. Hospice at Home provided vital support and we always knew she was in safe and caring hands, giving us the respite we needed to carry on.”

TABLE 1 – CLINICAL DATA  April 2017-March 2018

<table>
<thead>
<tr>
<th>Inpatient Unit</th>
<th>Cumulative total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Admissions</td>
<td>200</td>
</tr>
<tr>
<td>No of Discharges</td>
<td>93</td>
</tr>
<tr>
<td>Occupancy during the period</td>
<td>72.6%</td>
</tr>
<tr>
<td>No of stays over 14 days</td>
<td>54</td>
</tr>
<tr>
<td>Av length of stay</td>
<td>12.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out Patient Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Assessments</td>
<td>335</td>
</tr>
<tr>
<td>Nursing Assessments</td>
<td>92</td>
</tr>
<tr>
<td>One to One Therapy Appointments</td>
<td>1,264</td>
</tr>
<tr>
<td>Family Support/Bereavement One to One Appointments</td>
<td>525</td>
</tr>
<tr>
<td>Group Sessions/Number attended</td>
<td>310/1350</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospice at Home</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total sits provided, including EOL/Crisis Management &amp; PHB</td>
<td>364</td>
</tr>
<tr>
<td>Unmet need (due to staff all staff being allocated) No. of patients</td>
<td>86</td>
</tr>
<tr>
<td>Total No. of Continuing Health Care Personal Healthcare Budget patient since pilot commenced</td>
<td>109</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rocco's on your Doorstep</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Visits</td>
<td>372</td>
</tr>
<tr>
<td>Volunteer Hours Provided</td>
<td>744</td>
</tr>
<tr>
<td>Referrals Received</td>
<td>52</td>
</tr>
</tbody>
</table>
3.2 Quality Markers

See Table 2 for data for 2017-18.

a) Patient Slips, Trips and Falls

There were 16 slips/trips and falls. The common theme of these was patients mobilising without requesting assistance. Notices and buzzers are in place and patients were encouraged to use the nurse call bell. Teaching sessions will be in place for 2018-19 in assessment and falls prevention. A Falls Audit will be scheduled for 2018-19.

b) Pressure Ulcers

Out of the 41 pressure ulcers recorded last year, the majority, 26, were inherited and 15 were acquired. Our policy and procedures with regard to pressure ulcers has been revised and a new pressure ulcer reporting form has been introduced. Link nurses have been appointed who will attend the local network Pressure Ulcer Link Meetings. A training programme is underway by the Link Nurses to implement the “React2Red” process with the specific aims and objectives of differentiating wound categories.

c) Infection Prevention and Control

There were no cases of patients with a diagnosis of Clostridium difficile or MRSA infection this year.

d) Medicines Management

There were 60 medicines incidents last year, none of which resulted in harm to patients. The incidents, all process related, were reviewed and learning outcomes implemented where necessary. A high incidence of problems with the supply of medicines has been rigorously followed up in liaison with the Hospital Pharmacy and a new audit trail procedure has been introduced.

e) Compliments and Complaints

In 2017 - 18 there were ninety times as many compliments as complaints. Over two thirds of the compliments centred on the excellence of staff and the quality of care they delivered.

All feedback is recorded and used to help us determine what is most important to our patients and their families.

There were no clinical complaints and 2 non-clinical complaints in 2017-18. The non- clinical complaints were regarding processes in our shops.

“We would just like to thank you for your kind, caring ways, your patience, understanding and your expert medical care. St. Rocco’s is a very special place.”

“Thank you so much for providing such professional skill, care, support and love over the past fortnight of staying in your ward. Every doctor, nurse, carer, housekeeping staff have all treated me with respect – and a good dose of humour!”

“I would also like to say thank you and say how much I appreciate the letter I received offering us support. It is so comforting to know that the service is there.”

“The care has been outstanding and we can never thank you enough for all the wonderful support given to us as well.”
<table>
<thead>
<tr>
<th>Incidents</th>
<th>Number</th>
<th>Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Falls</td>
<td>16</td>
<td>• Teaching sessions in assessments and falls prevention in place for 2018-19</td>
</tr>
<tr>
<td>Pressure Ulcers</td>
<td>41</td>
<td>• Policy/procedures revised</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• New pressure ulcer incident recording process in place</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>• Link Nurses appointed to attend local Pressure Ulcer Link Meetings</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>• Training programme under way for 2018-19 to implement the “React2Red” process</td>
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<tr>
<td></td>
<td></td>
<td>• New pressure relieving mattress acquired</td>
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<tr>
<td></td>
<td></td>
<td>• First “Terminal Kennedy Ulcer” logged in Feb 2018. Learning outcomes to be incorporated into pressure ulcer training programme</td>
</tr>
<tr>
<td>Clinical – Other?</td>
<td>6</td>
<td>Low level incidents</td>
</tr>
<tr>
<td>Non-Clinical incidents?</td>
<td>18</td>
<td>Low level incidents including car safety, security, first aid</td>
</tr>
<tr>
<td>Notification to CQC</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Medication Incidents</td>
<td>60</td>
<td>Retraining for individual staff following any incident</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• CD Pharmacist audit results shared with teams</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Individual staff reflections completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Completed Medicines Reconciliation Audit</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Introduced 2 drug trollies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Computer installed in drugs room</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Process for patients to use own prescribed medications within the hospice setting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Introducing a process for alerting to open CD packages</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Accountable officer training completed annually – considered human factors in relation to medication incidents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Medicines competencies routinely renewed bi-annually, individual staff retraining completed in response to incidents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Doctors’ business meeting reflects/discusses incidents as group reflection agreed standard way of discontinuing medications</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• A high incidence of problems with the supply of medicines has been rigorously followed up in liaison with the Hospital Pharmacy and a new audit trail procedure introduced.</td>
</tr>
<tr>
<td>Complaints</td>
<td>0</td>
<td>Both related to procedures in shops. Review of Shops Handbook to be undertaken and relevant policies issued to all shops.</td>
</tr>
<tr>
<td>Compliments</td>
<td>180</td>
<td>79 quality of care, 13 compassion, 25 excellence of staff, 56 grateful thanks</td>
</tr>
</tbody>
</table>
3.3 Clinical Audit

There were 9 external audits and 5 internal audits undertaken last year. Details of these can be found in Table 3.

<table>
<thead>
<tr>
<th>External Audits - 9 completed</th>
<th>Themes/Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection Control</strong>&lt;br&gt;<em>conducted by 3 Boroughs Public Health</em></td>
<td>1C - Appointed Link Nurses to continue to attend local network link meetings&lt;br&gt;-Link Nurses to conduct monthly infection control reports and hand hygiene audits&lt;br&gt;-1 Link nurse completing the Infection Control for Health Care module at Liverpool JM University</td>
</tr>
<tr>
<td><strong>Controlled Drugs</strong>&lt;br&gt;<em>conducted by Hospice Pharmacist</em></td>
<td>4C - Communication to staff to ensure CD register is completed in accordance with Standard Operating Procedures&lt;br&gt;- New audit trail implemented to track orders/receipt of medicines in light of problems with supply of medicines from Hospital pharmacy</td>
</tr>
<tr>
<td><strong>Blood Transfusion</strong>&lt;br&gt;<em>conducted by Hospital Blood Transfusion Specialist</em></td>
<td>4C - No actions have been implemented following reports for the period under review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Internal Audits – 6 Completed</th>
<th>Themes/Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>uDNA CPR</strong>&lt;br&gt;<em>conducted internally in liaison with the Warrington Integrated Cancer Network.</em></td>
<td>1C - Reason for the DNA CPR decision should always be documented&lt;br&gt;- Ensure patient’s demographic details were completed on the DNA CPR form.&lt;br&gt;- A re-audit of the uDNA CPR has been arranged for the 2018-2019.</td>
</tr>
<tr>
<td><strong>Medicines Reconciliation</strong></td>
<td>1P - Changes made to discharge letter&lt;br&gt;- New audit to be considered at next audit meeting</td>
</tr>
<tr>
<td><strong>Accountable Officer</strong>&lt;br&gt;<em>conducted using the Hospice UK audit tool</em></td>
<td>1C - Medicines Policy and associated Standard Operating Procedures updated&lt;br&gt;- Changes communicated to all clinical and medical staff</td>
</tr>
<tr>
<td><strong>Acupuncture</strong>&lt;br&gt;<em>conducted by Hospice clinician</em></td>
<td>1C - 86% of patients said of symptoms treated the patient had sustained benefit.&lt;br&gt;- Results were shared with doctors and clinical teams.</td>
</tr>
<tr>
<td><strong>Pressure ulcer</strong>&lt;br&gt;<em>conducted by Hospice Pressure Ulcer Link Nurses using the Hospice UK audit tool.</em></td>
<td>1C - Training programme is underway to ensure staff are complying with policy and procedure guidance.</td>
</tr>
</tbody>
</table>
3.4 Surveys and Reviews in 2017-18

a) Patient Feedback

In 2017-8 we have taken steps to try and increase the amount of patient feedback that we are able to collect. We are developing the role of volunteers on the Vitality Centre and IPU to be friendly faces to chat to patients about their experience and record the answers to a short questionnaire. We have also created feedback stations in our main reception, Vitality Centre reception and in our patients’ lounge on our inpatient unit in order to encourage as many patients, carers, family and friends to let us know what they think of our care.

Last year we developed and piloted the questionnaire with a small sample of patients in the Vitality Centre order to gain feedback and adjust the questionnaire accordingly. From January to March, having modified the questionnaire, we sought more feedback both from Vitality and more recently IPU patients and visitors. This will continue for 2018-19. Outcomes and actions will be made available on our website and via posters in the hospice.

Hospice at Home continues to gain feedback from service users through a questionnaire sent six weeks after someone has died.

Inpatient Unit

The feedback survey being implemented in our IPU has only recently been implemented.

The FAMCARE audit/survey has been completed and although the final outcomes are still pending, the feedback regarding care has been extremely positive:

“We felt privileged that our daughter was able to spend her final weeks in St. Rocco’s. The entire staff have a wonderful sense of empathy towards patients and families during the most difficult time of their lives.”

“The nursing staff were excellent. Caring and compassionate and professional at all times.”

“My husband was in so much pain when he was admitted for pain management. They really helped him. They were so helpful and most of all they talked to him about what was happening.”

“I was impressed by the care given, and the time taken, by palliative care staff to make his remaining time comfortable.”

Vitality Centre

The number of respondents to new questionnaire (15 since November) is still quite small but represents an increase already on last year. All patients who responded to the questions agreed overwhelmingly that environment is clean, friendly and safe. They also felt strongly that they were treated with dignity and respect, that they received clear explanations about their care and that they were as involved as they wanted to be in decisions about their care. Patients also felt strongly that they were receiving the care that mattered to them. All those who responded to the question said they would know how to raise any concerns. All those who responded to the question would recommend our care to loved ones or friends.

“I was surprised at St Rocco’s. It wasn’t what I was expecting. They surprised me with the care that is taken over each person.”

“The staff always have time for each person and nothing is too much trouble for them”.

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“Looking forward to counselling with my wife who is finding her previous life has been taken away from her by her illness.”

“Consider it a very good aspect that staff are very keen on listening to what is needed all round for now and the future.”

**Hospice at Home**

Feedback is sought from families by Hospice at Home six weeks after bereavement. 50 questionnaires were sent out and at the time of reporting 38 returned. This has been very positive as illustrated by the sample comments below. 100% of respondents felt that the involvement of Hospice at Home had had a positive impact on their loved one’s quality of life. 100% also felt that they were treated with dignity and respect, had received all the information that they had required and that their confidentiality had been maintained.

The other main theme was that they would have benefitted from extra night sits had there been the resources for this.

“The care was wonderful, it was just a shame it couldn’t have been every evening towards the end of Dad’s life.”

“The night sits were wonderful and gave me peace of mind knowing there was someone there with Mum & Dad during his last few days of life.”

I just wanted to thank you for everything that you did for us over the past few weeks. Without your help and compassion I wouldn’t have managed.

**b) Future Plans for User Feedback**

We are continuing to develop our Feedback Friends Questionnaire and to find new ways of encouraging patient feedback. We have started to introduce the questionnaire to our IPU unit.

**c) Staff Survey 2017-8**

This year staff from all areas of the hospice were asked to fill in a survey regarding internal communication. This was an area which had a mixed response in last year’s survey. 54.8% responded to this year’s survey.

**Our communications strengths**

- Overall communications within departments is very good.
- Staff report that they receive information that is relevant to their role on a regular basis from their co-workers and their line managers and staff are able to share their views and ideas with those people.
- Information staff received from co-workers and line managers was the most effective.
- Most responses indicated that this information was gathered face to face (conversations, one to ones, other meetings).
Our areas for improvement:

• Communication between departments

What we are doing?

In January there was a review of our internal communication mechanisms and the following outcomes put into practice:

• Circulate minutes of interdepartmental meetings by email to give everyone the same opportunity to hear news from other departments
• SMT to have a regular spot in staff bulletin to give an overview of what is happening strategically in the organisation
• Regular role profiles of staff in staff bulletin to develop greater understanding of roles in different departments at St. Rocco’s

3.5 Statement on St Rocco’s Hospice Quality Account for 2017/18

The following response was received from the NHS Warrington Clinical Commissioning Group (CCG):

NHS Warrington CCGs noted the progress against the identified priorities in 2017 – 2018 and some examples noted where:

• We implemented a new clinical structure and new staff shift patterns to better meet our patients’ care requirements and to enhance the work life balance of staff.

• Completed a very successful pilot around Personal Health Budgets thus enabling our patients to have increased choice and tailored care to meet their needs.

• Have introduced a new volunteer led process to capture patient/family feedback regarding our care in on our inpatient unit and across our Vitality Centre and other outreach services.

• We are participating with other key stakeholders in reviewing different models of a palliative care hub to facilitate the right care for patients at the right time by the right professional, thus preventing duplication and ensuring good communications with all health care professionals.

• Delivered 4 school projects with ‘RocON!’ which supports children to explore and address issues of loss and helps to demystify dying.

NHS Warrington CCGs noted the Organisations Improvement Priorities for 2018 – 2019

• Introduce policy and training for nurses to deliver IV medications as prescribed by the medical team.

• Development of a Bereavement group,

• Continue to develop carer and patient drop in, providing a point of entry to our hospice without walls services and encouraging peer support.

• We will work with other third sector organisations in Warrington for the provision of an integrated model, ‘Warrington Together’.
NHS Warrington CCGs would like to congratulate the organisation on the hard work of its staff and their commitment to the care of the people of Warrington thanking local staff and managers for their on-going commitment locally and for the opportunity to comment on the draft Quality Account for 2017/2018.

Michelle Creed
Chief Nurse

3.8 Opportunities to give Feedback on this Quality Account

We welcome feedback on this Quality Account. If you would like to do this please email enquiries@stroccos.org.uk or write to:

Pam Massey
Chief Executive Officer
St. Rocco’s Hospice
Lockton Lane
Warrington
WA5 0BW
Targeted palliative care day therapy interventions using modified MYMOP2 tool can improve outcomes for patients with non-malignant diseases

Daniel Monnery, Esther Webb, Lorna Richardson, Jane Isaac and Laura Chapman

Abstract

Background: There is a paucity of evidence supporting the benefits of palliative care day therapy services for patients with non-malignant diseases. Outcome measures in this setting are also lacking. Aim: To evaluate the use of the modified Measure Yourself Medical Outcome Profile 2 (MYMOP2) tool in tailoring day therapy services toward the needs of patients with non-malignant conditions. Method: A single system, before and after design quality improvement study was conducted. Data were collected regarding outcome measures, re-referral rates and mortality. Result: After the introduction of the modified MYMOP2 tool, there was an improvement in the mean outcome scores for patients with non-malignant disease. Re-referral rates for these patients dropped by 26% during the follow up period, with no change in mortality. Implications for practice: These findings suggest that using the modified MYMOP2 tool to tailor and measure the outcome of holistic day therapy services results in a more sustained improvement for patients with non-malignant disease.

Keywords: Day therapy, Non-malignant disease, Outcome measures, MYMOP2 tool

This article has been subjected to double-blind peer review

Palliative care day therapy services are widely used in the UK for the provision of multidisciplinary holistic outpatient care. The service provided varies across locations due to a lack of evidence to support the adoption of one particular model (National Institute for Health and Care Excellence (NICE), 2004). However, frequently it is a nurse-led service, supported by the wider multi-professional team. These services aim to address physical, psychological and social care needs within a context of interaction and mutual peer support (NICE, 2004). Anecdotally, there has been an increase in the proportion of patients with non-malignant conditions attending day therapy services, although national data are lacking. These patients arguably have different needs to those with malignant conditions, which day therapy services have traditionally catered for.

Although there is increasing evidence for the use of patient reported outcome measures in palliative care (Simon et al, 2012), this has not yet been studied in a day therapy environment. Reportedly, existing quality of life measures cannot be used to evaluate palliative care day services effectively (Low et al, 2005). Qualitative studies (Goodwin et al, 2002; Lee, 2002; Low et al, 2003) have identified benefits of day services including: psychological and social support, access to complementary therapies, carer respite and overall improved quality of life. However, to date, no studies have examined the impact of day services specifically on patients with non-malignant diseases, nor have any studies been able to identify quantifiable benefits of specific therapeutic models.

One potentially useful tool used for measuring outcomes is the ‘Measure Yourself Medical Outcome Profile’ (MYMOP) (Paterson, 1996). The validity and responsiveness of this tool has been demonstrated against the SF-36 health profile in primary care (Paterson, 1996). Indeed, the responsiveness of MYMOP is proposed to be superior, owing to its focus on the patient’s self-identified goals for change (Paterson, 1996). Goal setting around patients’ priorities is crucial in palliative care to deliver patient-centred care (Chen and Bradley, 2010). Despite the MYMOP tool seemingly lending itself to these priorities, the tool has thus far not been tested in a palliative care day therapy setting.