Quality Account
April 1st 2016 – March 31st 2017
High Quality Care for all

Ashgate Hospicecare
Every Person Matters
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Chief Executive Statement

I am delighted to be able to report on the completion of the building project, noted in last year’s quality account. The restoration of the Harry Fisher Building represents a significant improvement in quality for patients, families, visitors, volunteers and staff at Ashgate Hospicecare.

Bereaved families and children are now able to come back to the hospice for counselling, to purpose designed counselling rooms, away from the clinical areas where their loved ones were cared for. We know this will make a huge difference to people, as it what many of our patient’s families asked for.

The project itself has also seen 30% more shared space made available for meetings and education and we have also now opened our first public dining room in the refurbished building. It is great to see this being used on a daily basis by patients, visitors, staff and volunteers alike.

The hospice continues to pride itself on delivering the best possible care to those who need it and our aspirations to reach everyone in North Derbyshire who needs hospice care, remains strong. Continuing to improve the facilities at the hospice over the coming years remains an important priority, and one which will be focused on further improvements to privacy and dignity in the clinical areas, to comfort generally, and to improved family and visitor space.

Demand for hospice care continues to grow year on year and North Derbyshire is no exception to this trend. We remain highly motivated towards further developing our community based services, and care in peoples own homes. The repatriation of Specialist Nurses from Chesterfield Royal Hospital to the Specialist Community Team this year, is already ensuring that we are able to see more people at home, prioritising care more effectively, and continuing to impact positively on acute hospital admission avoidance locally.

We continue to be forward looking, and open to opportunities which will enhance the quality of Palliative and End of Life Care locally – including those which involve partnership working and collaboration. Despite the continued pressure to grow voluntary income year on year, we remain highly ambitious and are working towards the launch of a new campaign in autumn 2017; designed to help generate the long term regular income that we need to meet care demands. Our contribution to the local area remains multifaceted; we are proud to employ over 300 local people across a range of departments, proud to offer opportunities to over 750 volunteers, without whom we could not operate. And we are incredibly proud and privileged to be able to make such a significant contribution to local people’s lives through the services that we provide.

Voluntary income now represents 72% of our total annual income!

As always, enormous thanks go to everyone who supports, volunteers and works at the hospice. I am confident that to the best of my knowledge, the information reported in this Quality Account is an accurate and fair representation of the healthcare services provided by Ashgate Hospicecare.

Lucy Nickson

CEO
Part 1

Statement from Trustees

As part of a robust governance structure the Health Care Governance Committee, which is made up of senior clinicians, directors and, a number of trustees who bring both clinical and non clinical expertise meet quarterly to review and gain assurance of the quality of services provided, and subsequently to provide reports directly to the Board.

The reports received over the last year outline the key performance indicators and the clinical activity of the services provided both within the Hospice setting and within the community. This includes clinical incidents that have been reported, themes and trends, actions taken and lessons learned.

During the past year, detailed reviews of all incidents reported involving patient falls and medication errors over the previous 18 months was completed and reported.

Through this governance framework the Board of Trustees is assured of the quality and sustainability of the excellent care provided to patients and their families, which is provided across all of Ashgate Hospicecare services.

Penny Brooks
Trustee, Chair HealthCare Governance Committee
“All my treatment, all the staff, the environment, the food - couldn’t have been better. From doctors to helpers, everyone was caring and thoughtful.”

“I can honestly say without the Day Hospice I don’t think I would have had the mind-set to want to continue with my life. It is something I look forward to every week as I know the doctors, nurses and volunteers will help me in whatever I need.”

“To all the staff at Ashgate - We cant thank you enough for everything you have done for me and my family. Thanks to your care and efforts I’m able to go home to my family this Christmas to which I am eternally grateful.”

“On behalf of our Mum X, we would like to thank you all for the wonderful care you provided. Your cheerful and positive outlook helped mum feel comfortable and at peace. We are very grateful for your kindness and compassion, knowing mum was in safe hands gave us great comfort at such a sad time.

Thank you for allowing us to bring her dog in to visit mum, he made her smile every day and those special moments are now fond memories.

Best wishes and keep up the amazing work. You really are appreciated!”
Part 2

Improving Priorities

Introduction

This Quality Account is our opportunity to share with you information about how well we have delivered services in the past year which are safe, effective and offer our patients and their loved ones a good experience. We can also highlight our priorities for the coming year which are based on our five-year strategic plan, that has been led by the growth in demand for our services.

At Ashgate Hospicecare, we are continually reviewing our services and respond to information we receive from our patients and carers, as well as our staff. Our priorities for the coming year take account of the feedback we have received, and are in line with our core values:

- Compassionate
- Empowering
- Collaborative
- Inclusive
- Responsive

We believe that any person affected by life limiting illness should receive the highest quality care and support – where and when they need it; and that everyone living with life limiting illness should be treated with dignity, compassion and respect.
Part 2

Priorities for improvement 2017/18

Safe Care

In 2016/17, the hospice joined the national Sign Up to Safety Campaign, pledging to:

Put safety first
We are committed to reduce avoidable harm and have placed patient safety at the heart of the Hospice Quality Strategy, we have set goals which include - to reduce the number of avoidable hospice acquired pressure ulcers, reduce in-patient falls, reduce the harm to patients caused by medication errors, and to reduce the risk of malnutrition and dehydration.

Continually learn
We will continue to develop a workforce that reflects, learns, shares and improves following incidents, and complaints. It is important to develop individual staff members, but also to develop a team approach to changing practice. Ensuring that learning is linked not just to the Hospice objectives but also to personal objectives to ensure that learning is embedded in the organisation.

Act with honesty
We will continue to foster an open and honest culture, and positively embrace our duty of candour offering face to face meetings with patients and their relatives where the patient has suffered harm in our care.

Supporting
We will ensure staff are informed about patient safety issues through the governance structures of the organisation and forums such as ward/departmental meetings, as well as quality and safety bulletins.

We will continue to work towards our goals to reduce avoidable harm throughout 2017/18, and actions will be monitored via the Quality Assurance Committee on a quarterly basis. We will continue to actively promote an open and fair culture with all staff and patients encouraging them to raise any issues or care concerns. During 2017/18 we will appoint a Freedom to Speak up Guardian.

An electronic risk management system that will bring together information relating to incidents, risks and complaints will be rolled out across the organisation making it easier for staff to highlight issues and concerns, and for learning outcomes to be shared.

Collaborate
We will work in partnership with our colleagues in Primary Care, Social Care, the acute trust and other local health providers and our Commissioners to positively influence the safety and effectiveness of care across the health community.
Part 2

Priorities for improvement 2017/18

Effective care

During 2016/17, the hospice began the introduction of the Palliative Care Outcome Measures, this will continue to develop further during 2017/18 to help us to highlight the impact of the care we deliver to our patients and ensure we continue to provide resource in the right areas.

We will continue to provide educational support to our staff and volunteers to ensure that they are providing evidence based clinical care that meets national guidelines. The Link Nurses will continue to develop their roles, and be actively involved in the clinical audit program in order to support their colleagues identify best practice.

We will evaluate the effectiveness of the nurse led ‘Living Well’ program that commenced in March 2017. Feedback will be sought from patients who have taken part in the program and we will review the impact it has had on the availability of Day Hospice sessions for patients who require medical input to be able to attend.

We will continue to develop our program of clinical audit and support the clinical staff to make any changes required to ensure we are providing the best possible quality service.

Responsive & well led

Our Lymphoedema Team will continue to work with our partners in the community and other health care providers to provide a program of education that will enable them to provide appropriate care for all patients who suffer from lymphoedema -not just those with specialist needs.

The lymphoedema Team will look at how they can expand the service they provide to patients who are currently not receiving treatment as they are unable to attend the hospice, by taking their services out into the community and / or other care settings that may be more accessible for these patients.

During 2016/17, a project was launched looking at the feasibility of introducing a triage system for patients referred to the Community Nursing Team. A pilot phase has been completed, and during 2017/18 the service will be implemented. In addition to this a 7 day advice line will also be developed and together, these new services will help to ensure that the people with the most urgent care needs are identified and reviewed as a priority; this will help the Community Team to ensure their valuable resources are targeted effectively.

We will complete a consultation on the development and provision of a 7 day community visiting service which will be rolled out during 2017/18. This will provide additional support to patients and their carers in their own homes enabling those patients who wish to receive their care in their homes to do so and helping to avoid unnecessary admission to the hospital or hospice. These exciting projects will enhance the care we can provide to our patients across North Derbyshire.

Caring

We will continue to promote a caring culture for all patients, visitors, staff and volunteers. We will continue to seek and act on patient / carer feedback to ensure that the patient’s experience of the care they receive from our service is the best that it can be.
During 2016/17 we have continued to work to improve the environment for patients across all services of the Hospice, to provide a safe place of care and to improve the experience of all patients and their carers.

For our patients with dementia, we have re-decorated two of the side rooms on the IPU, the door frames into the toilets have been painted in bright yellow, and a clear signs installed on toilet doors, the toilet seat and rails are in a bright red to help orientate the patients. In addition, these two rooms also each have a large clock on the wall that displays the day, date and time.

The walls of the ward corridors have been painted, and in an effort to make the environment ‘less clinical’, and colourful pictures have pictures of birds and butterflies have been put on the walls.

One of the IPU shower rooms has been refurbished, and the family room has also been redecorated and refurbished.

The vital refurbishment of the oldest part of our building, The Harry Fisher Building, has enabled us to create more space for people needing counselling and support with additional office space for teams, counselling rooms and an art therapy room.

Eating and drinking is a normal part of daily living which often takes place as a social activity in addition to the provision of nourishment, hydration and comfort. It is recognised that oral intake of both food and fluids can diminish significantly in palliative care patients combined with weight loss and muscular weakness, this is particularly true of patients nearing the end of their life.

In order to ensure we provide our patients with high quality nutritious food that meets their needs, the multi professional team continues to work with patients and carers to fulfil their dietary requirements and support patients to eat and drink. The role of ‘Hospitality Hostess’ has been developed by a member of the catering staff. The Hostess visits all patients on a daily basis (Monday – Friday) to establish their dietary requirements, likes/dislikes and to provide continuity. The hostess also leads the meal service during the week and as such is able to provide the correct portion size for individuals with differing appetites, as well as making sure they have support to eat the meal where this is required. Volunteers play a valuable role in the support of patients at meal times, and some volunteers have completed training to become dining companions to help support those patients who require feeding. Outside of normal working hours and in between meal times or when the kitchen is closed, the ward has a stock of food that can be accessed 24 hours a day seven days a week to provide patients with snacks as and when required.

In order to ensure that we meet the individual needs of our patients and their carers, and that the care provided to them is effective, we are introducing a set of outcome measures developed by the Cecily Saunders Institute Outcome Assessment and Complexity Collaborative (OACC).

These measures can be used to improve team working, drive quality improvement, deliver evidence on the impact of services, inform commissioning, and, most importantly, achieve better results for patients and families. The project is ongoing; the first phase of the implementation is complete, staff have received training and are now recording the patients phase of illness according to the guidelines. We are currently in the process of reviewing the data that this provides prior to beginning to roll out the next phase during 2017/18.
Part 2

Mandated Statements

Statements of assurance from the board

The following are a series of statements that all providers are required to include in their Quality Account:

**Review of services**

During 1st April 2016 to 31st March 2017, Ashgate Hospicecare provided the following services:

- 21 in-patient beds
- Specialist Day Care
- Specialist lymphoedema service

**Community services across North Derbyshire including:**

- Hospice at Home and Clinical Nurse Specialists
- Clinical Nurse Specialist in-reach service (into local acute hospital)
- Specialist Therapy services (inpatient, day unit and community) – occupational therapy, physiotherapy, Complementary Therapy and Art Therapy
- Patient and Family Support Service
- Pre and post bereavement counseling and support
- Psychology services
- Social work support
- Spiritual care
- Specialist Education and Training (health community, local universities)

**Participation in national clinical audits**

During 2016/17, Ashgate Hospicecare continued to actively participate in the Hospice UK clinical benchmarking scheme which compares data relating to the number of falls, avoidable pressure ulcers and medication errors.

**Funding of services**

Ashgate Hospicecare is an independent registered charity that provides care to patients across North Derbyshire. All services are provided free of charge to patients and their families, which is funded through donations, legacies and income raised through our 16 shops. Income received from the NHS in 2016/17 accounted for approximately 29% of our total income.

**Quality improvement and innovation goals agreed with our commissioners:**

- The following is a summary of the key performance indicators agreed with our commissioners in 2016/17
- More than 80% of patients referred will be admitted within 2 working days
- Bed occupancy levels will exceed 80%.
- Acute hospital admissions will be avoided through an increase in care delivery in the community, and the utilisation of additional 4 inpatient beds
- There will be a minimum of 80% patient attendance at the Day Hospice
- Patients and carer experience surveys will be completed and should demonstrate a satisfaction score in excess of 80%
- The Hospice will provide a minimum of 10 structured educational sessions to support healthcare professionals across the health community including those in primary care, care homes and the acute trust

All of these targets were exceeded.
Part 3

Review of quality performance

Data quality

During 2016/17 the quality of information from the electronic patient record has been of a consistently high standard, which has enabled us to report more accurately on activity and outcomes.

The hospice submitted the Information Governance Toolkit on 29th March 2017, achieving an overall score of 71%. The Hospice is fully compliant at level 2 for Information Quality and Records Management, and is compliant at level 3 in 4 Standards which relate to Information Governance Management and Confidentiality and data Protection.

Comparison with previous year’s data sets

In this section we present data for the period 1st April 2016 to 31st March 2017, and compare this to the data for 2015/16. All clinical services highlighted below, provide safe, effective care, responding to the needs of patients and their carers.

Community

Ashgate Hospicecare has a specialist community team, who cover the North Derbyshire area and which includes palliative care clinical nurse specialists, occupational therapists, physiotherapists, and Hospice at Home support workers, all of whom are supported by three Palliative Care Consultants. As a result, patients are managed in their home environment, or alternative place of care, for as long as possible. If the need arises for an in-patient admission, the hospice is committed to supporting patients to return to their home, or alternative place of care, as soon as their symptoms have been managed; or will care for them at the hospice for as long as specialist care is needed.

Palliative Care Nurse Specialist

The Ashgate Community Palliative Care Specialist Nurse Team provides a vital service in supporting patients and their carers in their own homes. The nurses provide specialist palliative and end of life care across North Derbyshire improving the quality, accessibility, flexibility and integration of palliative and end of life (EOL) care. During 2016/17, there were 1391 referrals into the service, an increase of 3% compared to 3 2015/16. The total number of patient/carer contacts fell during 2016/17, this was due to a lack of capacity within the team during the first half of the year. Following the appointment of additional staff we have seen a 31% increase in patient/carer contacts during the second half of the year, and this increase in activity is expected to be sustained through 2017/18. The table below shows the number of patient and carer contacts made in the past two years following a patient’s referral to the team for their specialist input.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to face contacts</td>
<td>2,196</td>
<td>1,916</td>
</tr>
<tr>
<td>Non face to face contacts</td>
<td>7,815</td>
<td>7,020</td>
</tr>
<tr>
<td>Total patient/carer contacts</td>
<td>10,011</td>
<td>8,396</td>
</tr>
</tbody>
</table>
Part 3
Review of quality performance

Clinical Nurse Specialist
(in reach service to Chesterfield Royal Hospital NHS Foundation Trust)

This small team based at Chesterfield Royal Hospital work across all wards and departments where patients may be at the end of their life, or who are in the palliative stage of their illness. The nurses who are funded and employed by Ashgate Hospicecare, work very closely with the Palliative care Consultant and other medical staff as part of a team delivering specialist palliative care in the acute hospital. They provide support and advice to the clinical teams across the trust as well as to patients and their loved ones. They are quick to respond to referrals, with the majority of patients being reviewed the same day or within 1 working day of referral. The nurses also hold a nurse led outpatient clinic, where they can review patients with their carers, provide support and give advice on symptom control. During 2016/17 it was agreed that this small group of nurses would be rebased back at Ashgate Hospicecare and from the 1st April 2017, would amalgamate with the Palliative Care Nurse Specialists who work within the Community. This additional resource will help the Hospice to facilitate the introduction of a vital seven day service for patients in the community requiring specialist palliative care support.

Hospice at Home

The Hospice at Home team provides support and care to patients and families across North Derbyshire predominantly in the last 3 months of life. The team will deliver supportive care and personal care as required, based on need. The length of intervention is variable and each contact can last for half a day or more; again depending on need. The team works together with other agencies (social care, health and other voluntary organisations) and in partnership with families. The Referrals to the Hospice at Home team increased by 25% during 2016/17 compared to the previous year, resulting in an increase in the number of home visits and patient/carer contacts made by the team. The table below shows the numbers of patient and carer contacts in 2016/17 compared to the previous year.
Inpatient Unit (IPU)

We use our admission and discharge criteria to enable the timely admission of patients needing specialist inpatient palliative care. The number of referrals continues to increase year on year and despite the IPU beds being reduced for a short period of time during 2016/17 due to structural work being undertaken, the number of admissions to the ward was largely unaffected, the percentage bed occupancy for the Hospice continues to remain higher at 90% than the national median (80%), whilst the average length of stay has been maintained at an average of 15 days. The inpatient unit has an average waiting list of 1-2 patients per day, though a high percentage of patients are admitted on the day of referral, or the day after, and 85% of all patients referred were admitted within 2 days.

<table>
<thead>
<tr>
<th>2016/17</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Available bed days</td>
<td>630</td>
<td>651</td>
<td>610</td>
<td>620</td>
<td>620</td>
<td>600</td>
<td>620</td>
<td>600</td>
<td>629</td>
<td>588</td>
<td>651</td>
<td>7,439</td>
<td></td>
</tr>
<tr>
<td>Occupied bed days</td>
<td>537</td>
<td>597</td>
<td>566</td>
<td>534</td>
<td>548</td>
<td>525</td>
<td>595</td>
<td>538</td>
<td>557</td>
<td>612</td>
<td>505</td>
<td>548</td>
<td>6,662</td>
</tr>
<tr>
<td>% Monthly occupancy</td>
<td>85</td>
<td>92</td>
<td>93</td>
<td>86</td>
<td>88</td>
<td>88</td>
<td>96</td>
<td>90</td>
<td>89</td>
<td>97</td>
<td>86</td>
<td>84</td>
<td>90</td>
</tr>
<tr>
<td>Admissions</td>
<td>37</td>
<td>38</td>
<td>35</td>
<td>37</td>
<td>39</td>
<td>35</td>
<td>35</td>
<td>29</td>
<td>39</td>
<td>27</td>
<td>36</td>
<td>38</td>
<td>425</td>
</tr>
<tr>
<td>Average length of stay - days</td>
<td>15.8</td>
<td>15.3</td>
<td>15.3</td>
<td>15.2</td>
<td>14.8</td>
<td>15.0</td>
<td>21.2</td>
<td>15.8</td>
<td>14.5</td>
<td>15.7</td>
<td>14.1</td>
<td>11.7</td>
<td>15.4</td>
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<tr>
<td>Discharges</td>
<td>15</td>
<td>14</td>
<td>15</td>
<td>10</td>
<td>16</td>
<td>9</td>
<td>6</td>
<td>13</td>
<td>15</td>
<td>12</td>
<td>14</td>
<td>16</td>
<td>156</td>
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<tr>
<td>Deaths</td>
<td>19</td>
<td>24</td>
<td>22</td>
<td>25</td>
<td>21</td>
<td>26</td>
<td>22</td>
<td>19</td>
<td>19</td>
<td>15</td>
<td>28</td>
<td>22</td>
<td>262</td>
</tr>
</tbody>
</table>

“I was afraid to come in but took Dr X advice and came in. I was so glad I came, thank you to all the staff for your dedication.”
Part 3

Review of quality performance

Day Hospice - Activity levels in 2016/17

The numbers of patients attending the day hospice continues to increase, with an average attendance in 2016/17 of 88%, compared to 84% in 2015/16. The day hospice provides medically led day therapy for patients with life limiting illness and respite places on a 6 week basis in order to support carers.

In addition to this, they continue to provide a carer support program 3 – 4 times a year. The program which is free to the carers, consists of six sessions with topics delivered by Ashgate Hospicecare. Amongst other things, the course aims to offer practice advice and skills to carers whilst caring for a love one, as well as some short relaxation and complimentary therapy sessions such as manicures and hand massages.

On the 3rd March 2017, the Day Hospice also commenced a pilot project, the ‘Living Well’ program. This is a nurse led project which runs each Thursday. The program includes educational and informative sessions over a 16 week period to help enable and empower service users to live their lives to the full.

There is opportunity to access complementary therapy and other hospice services such as physiotherapy and occupational therapy and our experienced activity co-ordinator is available throughout the day with a choice of activities including horticultural therapy, creative writing, quizzes and crafts.

The Living Well Programme is aimed at palliative patients with stable symptoms. It acts as an introduction to hospice services with the aim to reduce anxiety and worry which often surrounds people’s perception of hospice care.

It is also used as a ‘Step-up and Step down’ for our more medical model during the rest of the week, helping people to feel more in control at times of discharge planning. Being able to offer patients the Living Well Programme as an alternative to discharge, helps them to take control of their care.

On completion of the 16 week programme people are invited to access the drop in sessions which are available every Thursday between 1pm and 3pm. This enables Ashgate Hospicecare to offer an open door so that people can access support, information, increased of care or simply a cup of tea and a chat when they feel they need it the most.

‘Step-up’ is available to people who may deteriorate whilst on the Living Well programme, so they can be monitored and transferred back to a medical model day and other hospice services as required.
Lymphoedema service

This service is Consultant led and supported by a team of 3 nurses and 2 technicians who deliver an out-patient service at Ashgate as well as Blythe House Hospice in the High Peak and occasionally, home based care, across North Derbyshire. The Lymphoedema Service saw an increase in referrals of 27% in 2016/17 compared to 2015/16.

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referrals received</td>
<td>289</td>
<td>396</td>
</tr>
<tr>
<td>Telephone contacts</td>
<td>649</td>
<td>586</td>
</tr>
<tr>
<td>Face to face contacts</td>
<td>601</td>
<td>1,487</td>
</tr>
</tbody>
</table>

The increase in activity has been as a result of short term additional funding from the NHS to help support the team to run additional clinics and train other health care professionals in the community, to develop the skills required to treat patients with less ‘specialist’ needs, suffering with lymphoedema. During 2016/17, the Lymphoedema Service have supported and actively participated in numerous education sessions both internally and externally.

“My experience was excellent after 18 months of pressure bandaging by district nurse, it took two weeks of bandaging by Lynda and team to get my legs right.”

“All of the staff and volunteers are extremely caring and give 110% of their time to making you feel safe, well looked after and as pain free as possible. Keeping you busy with activities helps take your mind off of your illness and having people to talk with helps.”
Therapy service

The Hospice provides a range of therapy services, which includes Physiotherapy, Occupational Therapy and Complimentary Therapy. The Physiotherapy Team provides services on the ward, in the day hospice and into the community across North Derbyshire. The majority of the work carried out by the Occupational Therapy Team is in the community, providing support and equipment that enables patients to stay independent in their own homes and helps reduce the need for admission to the hospital, hospice or residential care.

The teams work with people with a whole range of conditions and work together with other health and social care providers across North Derbyshire, helping people to stay at home, and help with the safe and speedy discharge of patients who want to go home and are in the last days or hours of life.

During 2016/17, the physiotherapy team saw an increase in referrals of 16%, whilst the Occupational Therapy Team saw their referrals rise by 11%, with patient/carer contacts increasing by 28%.

The hospice also provide complimentary therapy services for patients on the In-Patient Unit and in the Day Hospice. Complementary Therapy is a non-medical intervention that can be used in conjunction with conventional medicine, or on its own, to promote the health and well being of patients with advanced disease. Complementary therapies may help with symptom control and reduce some of the undesirable effects of treatments. They can also help to restore energy levels, reduce stress levels and anxiety, and give a time for reflection which can help to support physical and emotional well-being. Ashgate Hospicecare offers reflexology, body massage, Indian head massage, reiki and aromatherapy to in-patients and patients attending Day Hospice.

"Far better than expected, nothing is too much trouble. Plenty of help and advice, reassuring to know I can telephone at any time."

"Without exception all the staff are kind, caring and helpful. I find it reassuring that once a week there is someone to discuss any problems."
Patient and Family Support (Bereavement) Service

One of Ashgate Hospicecare's aims is to offer professional advice and support to patients, and their families and carers during the patient’s illness and during the initial stages of bereavement. Between 1st April 2016 and 31st March 2017 the service received 314 referrals, and provided 719 advice and support contacts to patients and carers. Patients and carers were supported through a variety of interventions such as bereavement support group (1 session per week for 6 weeks), home visits, and support using art therapy which is particularly useful when working with children or those with language difficulties.

During the coming year the team aims to embed the new joint service within the wider hospice team and develop partnerships with other community services. The outcome aimed for is responsive, empowering and compassionate support to people in the communities we serve.

The service will develop a community counselling presence this year along with community support groups. A telephone and virtual counselling service will be piloted for those who have difficulty leaving home or reaching an emotional support service. The Art therapy service will be extended with the placement of a trainee therapist and a children’s workshop day will be held to support children and their families.

“There are no adequate words to describe the force that hits you when you learn you have cancer. There are times when I cannot articulate verbally how I feel. I found art therapy to be a perfect way to express myself, when words failed me. There is something hugely comforting in being surrounded by colours and textures, that make the whole experience of therapy soothing ... a rainbow balm.”

“I can now see the stages of grief and my reactions - I’m normal!”
Review of quality performance

Quality indicators

The registered manager for Ashgate Hospice is the Director of Quality & Patient Care and our regulated activities are: treatment of disease, disorder and injury, surgical procedures, diagnostic and screening procedures, nursing care, and personal care.

The Quality Assurance Committee and Health Care Governance Committee receives a quarterly report outlining the clinical incidents that have been reported, themes and trends, actions taken and lessons learned. In addition to this information in relation to any complaints will be included in this report. During 2015/16, detailed reviews of all incidents reported involving patient falls and medication errors over the previous 18 months was completed and reported via these committees.

Prevention and management of pressure ulcers

Between 1st April 2016 and 31st March 2017, 4252 patients were admitted to the IPU. On admission, all patients have their pressure areas checked, and their risk of developing a pressure ulcer is determined. Patients nearing the end of their life are at high risk of developing pressure ulcers, and during 2016/17, 192 pressure ulcers were present on patients at admission, some had multiple pressure ulcers. All patients had a documented care plan in place, which includes monitoring on an ongoing basis, and preventative measures such as pressure relieving mattresses and cushions. Collaborative working with the Derbyshire Community Health Services Foundation Trust tissue viability team, helps to support our staff to keep up to date in the latest techniques for prevention and treatment of patients at risk of developing pressure ulcers. The table below shows the number of pressure ulcers and their grade that were present on admission or that developed whilst the patient was in our care. All high grade ulcers, that developed in our care were investigated, and found to be unavoidable.

<table>
<thead>
<tr>
<th>Grade of ulcer</th>
<th>Present on admission</th>
<th>Developed in our care</th>
</tr>
</thead>
<tbody>
<tr>
<td>G1</td>
<td>58</td>
<td>1</td>
</tr>
<tr>
<td>G2</td>
<td>103</td>
<td>15</td>
</tr>
<tr>
<td>G3</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td>G4</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>DTI</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Prevention and management of patient falls

Work to reduce the number of in-patient falls has continued during 2016/17, and a number of simple initiatives have been introduced:

- We have introduced a poster in staff areas, to remind them of the 10 key actions for falls prevention in high risk patients
- Information in relation to medications which may increase the risk of falls
- Introduced a revised and nationally recognised falls risk assessment tool
- And have introduced a multifactorial risk assessment that is completed for all admissions to highlight their potential for falls and actions required to reduce the risk

Between 1st April 2016 and 31st March 2017 there were 81 inpatient falls reported, this is a 21% reduction on the number of reported falls in 2015/16 The rate of falls per 1000 occupied bed days also fell during 2016/17 from 15.34 in 15/16 to 11.97. It is well recognised that due to the nature of their condition, our patients are all at increased risk of falls. Hospice UK benchmarking data highlights that the rate of falls at Ashgate has now reduced to the same as other hospices of a similar size, and is only slightly higher than the average (10.1) for all adult hospices. The majority of the falls resulted in no physical harm, with a small number resulting in low harm - minor cuts or bruises. Two of the falls resulted in patients sustaining serious harm (hip fractures), these were reported to the CQC and the Commissioners and were subjected to root cause analysis investigations.

Medication incidents

The electronic medication prescribing and administration system introduced in February 2016, is now well established.

The Hospice participates in the Hospice UK national benchmarking program, with over 100 Hospices currently participating. The Hospice is benchmarked against other Hospices who have 21 beds. The data shows that over a 12 month period, our rate of medication incidents per 1000 bed days is the same as hospices of a similar size, and is lower than those in all adult hospices.
Mandatory training & staff education

During 2016/17, 82% of the staff completed the mandatory training, exceeding the internal target of 80%. 91% of the staff have completed Information Governance training, and 86% of staff have completed Safeguarding training.

During 2016/17 the hospice ran 14 evening seminars that are open to staff across the health and social care community as well as hospice staff. These sessions are well attended with on average 60 attendees at each session, all sessions are CPD accredited, and from January 2017, the events have been run bi-monthly.

52 members of staff have completed the NCFE L2 qualification.

We have supported 8 apprentices.

3 staff have commenced a Degree program.

16 members of staff have attended a 3 day residential program in Leadership & Management.

Our Lymphoedema Team have provided training for local GP’s, Community Tissue Viability Nurses, Medical Students, have contributed to the Head & Neck living well program, and ran a very successful Community Education day at the Proact Stadium for link nurses based in GP Practices.

Staff have also participated in national events and exhibited four poster presentations at Hospice UK’ Conference last year.

2016, Anita Price: Providing a carer support program to informal carers within a hospice environment setting.

2016, Claire Blakey & Christine Barnes: Grow your own Palliative Nurse Specialists.

2016, Paul Bettison: Spiritual Assessment - 'Harassment by Questioning'?

2016, Jo Hunter & Dawn Jepson: Developing a Horticultural Therapy Group within a Day Hospice Setting.

Infection prevention and control

Between 1st April 2016 and 31st March 2017 one patient developed an infection which was found to be MRSA, no patients developed C. Difficile.
Part 3

Review of quality performance

Our participation in clinical audits

To ensure that the hospice is providing a consistently high quality service, we have an annual program of clinical audits, using national audit tools developed specifically for hospices, which have been peer reviewed and quality assessed. This allows us to monitor the quality of care being provided in a systematic way and creates a framework by which we can review this information and make improvements where needed.

The Quality Assurance Committee approves the audit schedule for the coming year, and receives the audit reports and any subsequent action plans. The Health Care Governance Committee also receive a quarterly report outlining audits completed and, the findings and actions required. The Board receives its assurance via the Health Care Governance Committee.

Priorities for audit are identified from incidents, policy changes, national guidance, and in accordance with the requirements of our regulators. In February 2017, the post of Patient Experience & Clinical Audit Facilitator was appointed to. This appointment has raised the profile of clinical audit within the hospice, and through education and support is enabling more clinical staff all levels to actively participate in the audit cycle.

The following audits were completed between 1st April 2016 and 31st March 2017.

<table>
<thead>
<tr>
<th>Title of Audit</th>
<th>2016/17 Compliancy (%)</th>
<th>Problems identified with improvement actions taken (16/17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to Clinical Photography - Lymphoedema</td>
<td>89.7%</td>
<td>Consent is documented in SystmOne. Person obtaining consent countersigns the form.</td>
</tr>
<tr>
<td>Infection Control Audit</td>
<td>96.7%</td>
<td>Minor areas require redecoration, mainly door frames at low level. One area of shortfall related to the state of repair of the flooring in the domestic rooms, these have now been addressed.</td>
</tr>
<tr>
<td>Controlled Drugs Audit</td>
<td>98.8%</td>
<td>1) Staff to be reminded that if alterations/corrections are made then the witness to this must also sign the register.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Ensure staff record the patients address in the details in the patients own CD book on receipt.</td>
</tr>
<tr>
<td>Controlled Drugs - Accountable Officer</td>
<td>98.8%</td>
<td>1) Witnesses for CD destruction - second observer changed to someone who is not involved in the day to day handling of CD’s.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2) Medicine policy to be reviewed to take into account new AOCD and also JAC processes / protocols.</td>
</tr>
<tr>
<td>Cather use audit</td>
<td>98%</td>
<td>Staff reminded to date catheter bags when changing bags.</td>
</tr>
</tbody>
</table>
What our staff say about the organisation

Ashgate hospice values the opinions of the staff regarding the quality of the service provided and views are currently captured through a number of methods; staff panel representatives, newsletters, informal drop in sessions with staff and members of the Senior Management Team, and staff meetings.

In June and July 2016, Ashgate Hospicecare took part in the ‘Birdsong’ National staff survey, run by Hospice UK. Nationally, approximately 7,000 people took part in the survey altogether, from 45 participating hospices. These numbers are up by around a third on last year, providing us with a more meaningful national benchmark.

Our staff and volunteers continue to feel proud to work at Ashgate, with the majority feeling appreciated and happy with their working environment. Staff and volunteers also tell us they enjoy the work they do and enjoying working with the people around them. Overwhelmingly, staff and volunteers remain confident in recommending Ashgate as a place of care to friends and relatives. There has been significant disruption this year with the Old Building Project, with many staff and volunteers finding themselves temporarily relocated or coping with changes to their working environment. Given these changes, it is encouraging that these results remain positive.

What others say about us

Care Quality Commission

Ashgate Hospicecare is required to register with the Care Quality Commission. In August and September 2014, the Hospice was inspected by the Care Quality Commission as part of the second wave pilot inspections. The Care Quality Commission rated Ashgate Hospicecare as Outstanding overall and in the following three key lines of enquiry:

- Caring
- Responsive
- Well led

The Hospice was given a rating of good in the remaining two key lines of enquiry:

- Safe
- Effective
Appendix A
Quality Account 1st April 2016 to 31st March 2017

Ashgate Hospicecare - Commissioner Statement

NHS North Derbyshire Clinical Commissioning Group (NDCCG) is responsible for providing the commissioner statement on the quality account provided by Ashgate Hospice and in doing so has provided NHS Hardwick Clinical Commissioning Group, with the opportunity to make comments and contribute to the commissioner statement. Careful consideration has been given to the content and accuracy in line with the national guidance. NDCCG can confirm that Ashgate Hospice has produced a Quality Account that meets the guidance and that the information provided is accurate and representative of the information available to NDCCG through contract monitoring and quality assurance processes during the year.

Measuring and Improving Performance

The Quality Account describes the quality of services provided this year by Ashgate Hospice measured against national, regional and local standards.

In 2016/17 Ashgate Hospice identified 3 areas for improvement within their services. These were:

1. Improve the environment. This included the refurbishment project and also improve a numbers of areas within the in-patient unit
2. Improve the provision of food and hydration and comply with the 10 key areas defined by the Department of health
3. Introduced a set of outcome measures to help drive quality improvements

It is evident from the both the quality monitoring information provided by Ashgate and from the visits to the hospice by the CCG staff throughout the year that these priorities have been achieved as described in this quality account.

The refurbishment of the old building has been a great success and provides excellent facilities for patients, visitors and staff. As part of a joint quality visit in December 2016 the meal service was observed. This confirmed that the meal provision is tailored to meet individual patient’s needs and highlighted the valued support and contribution made by the team of volunteers.

The hospice has demonstrated its ongoing commitment to improving quality in the priorities identified for 2017/18 by focusing on safety, effectiveness, caring and leadership. Education and learning also play a key role in the quality strategy enabling the workforce and organisation to develop by learning from incidents and feedback. The CCG is supportive of the implementation of the new triage system and the development of the 7 day advice line in 2017/18 which will enable patients to access the appropriate support at the right time.
Additional comments

The Quality Account is an annual report to the public that aims to demonstrate that the Hospice is assessing quality across the healthcare services it provides. The Quality Account is patient friendly and is enhanced by the patient comments and feedback which clearly demonstrate that the Hospice is providing a comprehensive range of specialist palliative care services and end of life care to the patients of North Derbyshire.

The Hospice has worked collaboratively with commissioners and all key stakeholders to ensure patients receive high quality care in the right care setting. NHS North Derbyshire Clinical Commissioning Group and associate commissioners look forward to continuing to work with the Hospice to commission and deliver this high quality patient care.

Jayne Stringfellow
Chief Nurse & Quality Officer

On behalf of NHS North Derbyshire Clinical Commissioning Group

29th June 2017
About Ashgate Hospicecare

Ashgate Hospicecare is an independent registered charity that provides care to patients across North Derbyshire at the hospice and in the community.

The hospice has a 21-bed Inpatient Unit, 16-place day hospice and provides a range of therapy and support services on site. The hospice also provides a wide range of community-based care and support services to enable people to stay in their own homes for as long as possible.

All services are provided free of charge to patients and their families which is mainly funded through donations, gifts in Wills and income raised through our 16 shops and three coffee shops. Patients with any life limiting illness can access Ashgate Hospicecare specialist services through a referral, normally through their GP.

Contact...

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