Quality Account

April 1st 2017 – March 31st 2018
High Quality Care for all
Introductory statement by the Chief Executive

I am delighted to welcome you to the 2017/18 Quality Account for Ashgate Hospicecare, an independent registered charity providing specialist palliative care across North Derbyshire.

This Quality Account sets out our performance against the quality improvement priorities which we set for 2017/18 and how we are assured about our performance through the year. It establishes our quality priorities for the coming year and how we will address them. It is the result of the work of a number of people, but particularly our Director of Quality and Patient Care and our Head of Governance and Patient Safety.

This has been a year of heightened demand for most of our services; heightened demand in terms of patient numbers but also in increased acuity and complexity of care needs, a trend which looks set to continue in future years. Most notably this year, our Clinical Nurse Specialists moved to seven-day working to enable more people to stay at home and to die at home. In its turn that brought increased demand for our therapy services in the community and for more community based supportive care services.

We continue to take a one Ashgate approach to all of our care for patients and their families and this is reflected most clearly in the multi-disciplinary team approach which shapes every aspect of our care. I am hugely proud of the resilience and commitment of Ashgate staff and volunteers which has been very much to the fore this year. And, of course, we are hugely fortunate to have the overwhelming support of the local people of North Derbyshire without whose support we would not exist.

2018/19 will see a renewed focus on putting quality at the heart of Ashgate Hospicecare. We will be increasing the capacity in our quality improvement team to enable us to continue to actively engage staff and volunteers in improving our patient care as well as our wider services.

Barbara-Anne Walker
Chief Executive
**Part 1**

**Statement from the Board of Trustees**

Ashgate is an independent charity and governance rests with our Board of Trustees, all of whom are volunteers and bring a range of skills and experience to their role. Trustees reviewed organisational governance arrangements in 2017 and moved to a more streamlined structure with two sub-committees providing assurance and reporting directly to the Board.

The Healthcare Quality Subcommittee has oversight of clinical governance, safety and risk related to all services for patients; the Business Subcommittee oversees non-clinical and business risk and performance. The Terms of Reference for both Subcommittees have been reviewed this year to make sure they are consistent and fit for purpose.

The Healthcare Quality Subcommittee is made up of trustees who bring both clinical and commercial expertise, along with senior clinical and operational directors. It meets quarterly to review key performance and quality indicators and the clinical activity of the services which we provide in the Hospice setting and in the community. Patient safety and quality of care is at the heart of everything we do at Ashgate and there is a robust operational structure which feeds into the Subcommittee to review safety and medication incidents alongside quality measures including falls, pressure ulcers and hospice-acquired infections. Themes and trends are identified, actions taken and lessons learned. The Subcommittee reports to the Board on their assurance of the quality and safety of services provided.

This governance framework offers assurance to the Board of Trustees of the quality and sustainability of the excellent care provided to patients and their families across all of Ashgate Hospicecare services.

**Penny Brooks**

Vice Chair, Ashgate Hospicecare

Chair, Healthcare Quality Committee

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**Part 2**

**Priorities for improvement**

**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 the final year of our current five-year strategic plan, and as we look forward to the development of our future plans for the subsequent three to five years as the demand for our services continues to grow.

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:

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

Priorities for improvement 2018/19

Priority 1: Improving our environment

We are committed to constantly reviewing and improving the environments in which we provide care. During 2018/19 we will refurbish a number of spaces in our clinical areas including the smaller counselling rooms and the outpatient waiting area. We will open a new fresh and relaxing space for our patients and visitors to the inpatient unit with a new family room and a courtyard especially designed for people with dementia or cognitive impairments.

We will undertake a review of our Day Hospice facilities, as part of a larger piece of work to ensure that our services are ready for the future. We will complete the consultation with patients, families and the wider population about a major renovation of the three bedded bays on our Inpatient Unit with a view to beginning the work in April 2019.

These bays are part of the original hospice building and the renovation will enable us to provide all of our patients and families with the privacy and dignity that they need and deserve. This will be a first step in a larger plan to update and improve our estate, with a particular focus on clinical areas.

Priority 2: Measuring and improving outcomes

We will continue to roll out and to utilise the data we are now collecting from the Outcome Assessment and Complexity Collaborative (OACC) suite of patient outcome measures. These have been successfully rolled out across our inpatient and community nursing services and in our Day Hospice to capture the impact and quality of our patient care and to help us to improve our services for the future.

We provide a tailored training programme for all our staff and volunteers across Ashgate including comprehensive induction, essential learning and direct training in response to identified needs. We actively support our workforce to develop their skills and knowledge to ensure that they continue to provide high quality and effective care. In 2018/19 we will appraise our training provision with a particular emphasis on our inpatient team. Given the changing and more complex conditions that our patients now present with, we actively review and assess the learning needs of our staff to ensure that we can meet the future demands of specialist palliative care for our patients.

Our Day Hospice currently offers a 4-day model, including the Living Well programme on a rolling schedule. We will critically analyse this provision to ensure that it is fit for purpose and is able to flex and adapt to meet the future needs of the North Derbyshire population. That work will be shaped by feedback from regular focus groups of previous and current Day Hospice patients and from the results of our clinical audit work.

We are also growing our involvement in clinical research projects in collaboration with other education providers to ensure that we are continuing to provide excellent, evidence-based care. During 2018/19 we will be partaking in two research studies with Sheffield Hallam University – one looking at how women describe their experiences of developing breast lump and the second evaluating our Clinical Nurse Specialist telephone triage hub service. We are also working closely with Sheffield University to carry out an oral history project in which our patients can choose to record their life stories as a legacy for their families and/or to an oral history project in which our patients can choose to record their life stories as a legacy for their families and/or to be stored within the National Archives.

Priority 3: Care closer to home

We have a strong track record of working with other health, social and spiritual care providers across North Derbyshire to provide more care closer to home for patients and their families. We will continue to develop and grow our reach, and to work in active partnership with other providers, to provide more care and support to keep patients safely at home whenever possible. This work has a direct impact on patients being able to die in their preferred place and will remain a key focus for us in the future.

Our Supportive Care Team are working to develop a range of outreach activities to better support people facing loss and bereavement in rural or isolated communities across North Derbyshire. In 2018/19 we will be establishing community hubs and neighbourhood networks in a number of community settings to enable local community and faith groups to better support their communities through times of bereavement.

As part of the work underpinning our next three year corporate strategy, to be published in 2019, we will be updating our clinical strategy to ensure that we are clear about our service priorities and are able to meet the changing needs of the people of North Derbyshire. We will work to find more effective ways to reach out to those who are currently not able to access our services and will develop new service models and to improve our existing provision. The 2017/18 implementation of the triage model in the Clinical Nurse Specialist team demonstrated clearly the positive impact on patient experience and outcomes and we will be rolling the approach out to other teams this year including Lymphoedema, Therapies and Day Hospice.

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<table>
<thead>
<tr>
<th>Prescribing</th>
<th>Administration</th>
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<tbody>
<tr>
<td>Ashgate Hospicecare</td>
<td>National Average</td>
</tr>
<tr>
<td>15.34</td>
<td>10.5</td>
</tr>
<tr>
<td>11.97</td>
<td>10.3</td>
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<tr>
<td>11.3</td>
<td>11.1</td>
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We took part in the national Kitchen Table Top Initiative again this year, with events in different parts of the Hospice to capture views from a range of staff and to raise awareness of the impact of the Sign Up to Safety campaign on our services.

In 2017/18, we appointed two Freedom to Speak up Guardians who have now completed their training and are already working with the Leadership Team, Trustees and staff and volunteers all across the organisation to ensure that every member of our workforce feels safe and comfortable to raise concerns.

We introduced an electronic incident reporting system (Sentinel) across the whole organisation in December 2017 on a phased rollout to make it easier for our staff and volunteers to report incidents and to help provide essential feedback on the lessons learned. The rollout was accompanied by a training programme for all clinical teams and subsequently for all staff to support our work to develop an open and just culture across all of Ashgate. As a result we saw a 30% increase in the number of clinical incidents reported over the year.

This continued increase in the reporting of clinical and non-clinical incidents across the whole organisation is enabling us to continue to look more in depth at trends and developing themes and risks and to be more proactive in addressing them. It will also help us to be able to demonstrate how we meet the timescales for complaints, actions taken, how we learn from them and to give more timely feedback to staff about any lessons learned. During 2018/19 additional modules will be rolled out to capture details around concerns and complaints as well as to enable staff and volunteers to highlight potential risks.
Part 2: Effective care

We began the roll out of the OAOC Outcome Measures during 2017/18 to our Inpatient Unit, our Day Hospice and our Clinical Nurse Specialist team. During 2018/19 we will expand these measures to capture more detailed information from patients in relation to the outcome of the treatment they are receiving, to improve the quality and impact of all of our services and to further improve our integrated approach to patient care.

On our Inpatient Unit, we have developed a range of link posts, with each nurse and healthcare assistant championing an area of care such as falls, dementia or nutrition and supporting other staff and volunteers to deliver best practice.

This year we have reviewed and strengthened our clinical audit process, with a continued focus on areas where there is scope to improve the outcomes for patients. We have had an emphasis on embeddng clinical audit as an integral part of practice and a powerful quality improvement tool.

The Clinical Audit and Patient Experience Facilitator has engaged with staff to ask for suggestions of audit subjects which are of real interest to them. As a result, our audit programme has encompassed areas of local interest as well as audits based on national guidance.

Our work to involve staff in the audits has ensured a more robust process and a better follow up on action plans from audit findings. As a result, there have been changes to practice, policy and documentation within the hospice to improve our care for patients.

In 2017/18 four Healthcare Assistants on the Inpatient Unit completed a development programme to gain QCF Band 3 qualifications. This has enabled us to make more efficient use of both HCA and nursing time to improve patient care.

Priority 3: Caring

The hospice continues to seek patient and carer feedback to ensure the care our patients and their relatives receive is the best that it can be. We have been working with Quality Health, a national provider of healthcare patient and staff surveys, for a number of years to carry out patient experience surveys across all of our clinical services. We have been reviewing the questionnaires, in particular for the Inpatient Unit, and offering patients and family support to complete them and we have seen an increase in response levels and feedback. The next step will be to pilot the use of tablet devices, on the Inpatient Unit and in the Lymphoedema service initially, for immediate patient feedback.

We have reviewed the questionnaires for our Day Hospice service, and have also implemented a continuing evaluation of the Living Well programme using focus groups rather than individual questionnaires and this feedback will play an important role in the review of this programme during 2018/19.

We launched a horticultural therapy project this year, linked to the Day Hospice and led by the Occupational Therapists which has been welcomed by patients and families alike. The polytunnel and raised beds are a positive diversion for both day and inpatients whose work has resulted in a range of vegetables to accompany lunches in the Day Hospice including tomatoes, radishes and cucumbers.

We embarked on a project with Chesterfield College, and the Melodic Care Project, a US-based not-for-profit which bridges the gap between music, technology and patients by streaming live personalised concerts to patient bedside. There is an array of evidence that music can help alleviate pain, reduce anxiety and aid in the overall wellness of a patient and in 2017/18 we live streamed three music concerts to the patient rooms in the hospice including individual shout-outs to Ashgate patients, which were much appreciated.

Ashgate is fundamentally a place of love; a place where life is celebrated and transitions are honoured. We have been privileged again this year to support patients and their loved ones to celebrate important life events in the hospice including weddings, birthday parties for children and adults, and important anniversaries.

Part 2: Responsive and well led

In April 2017, our team of nurses based at Chesterfield Royal Hospital were repatriated to be based at the Hospice, and a review of the Community Palliative Care Clinical Nurse Specialist Team was completed. This review and repatriation of staff has enabled the team to transition to seven-day working, launch a telephone advice line and implement a telephone triage system, with the support of our service development team. The move to a seven-day service has had a clear impact. More patients have been able to be safely cared for at home for longer and, as a result, many admissions to hospital or to the hospice have been avoided.

The triage system enables us to quickly identify and respond to those patients in the community who have the highest need. In January 2018, the CNS team commenced a year-long research project to evaluate the telephone triage system in conjunction with Sheffield Hallam University. Early indications are that it is reducing patient waiting times by up to 50%.

Our Lymphoedema team have continued to support other healthcare providers and partners across the health community by delivering a substantive programme of education sessions for health professionals to enable them to provide care for patients that suffer with lymphoedema but do not have specialist needs. As a result, many more North Derbyshire patients with lymphoedema are able to access treatment for their condition.

This year our Service Development team surveyed 140 people in locations around North Derbyshire to ask about the different kinds of support that they thought would enable more people to remain at home at end of life, even when faced with a crisis. The responses will be part of the research that will shape our new strategy, to be launched in 2019 and reinforced our drive to ensure that everyone in North Derbyshire who needs 24/7 hospice at home care is able to access it.

To that end we have been developing close partnerships with other Derbyshire hospices, particularly Blythe House Hospice in the High Peak, to develop more consistent provision across the area. In November our Clinical Nurse Specialist team also established a nurse led clinic at Blythe House Hospice, taking a different approach to support patients in that area more successfully. This has resulted in more effective use of the CNS time, enabling the nurses to see more patients in that area.

The Supportive Care team have expanded their capacity this year in response to rising demand and now have 20 volunteer counsellors providing over 100 hours of counselling support everyday, alongside art therapy, groupwork and chaplaincy. As a result, patient and carer contacts with the service more than doubled over the 12 month period.

As part of that work, the Supportive Care team have piloted a drop-in support model at a community enterprise and cafe in Chesterfield, with therapeutic activities and counselling available. During 2018/19, the team will develop a ‘bereavement hub’ approach to support patients and carers across North Derbyshire as well as a number of community initiatives to take services closer to where people live.
Part 2

Mandated Statements

Review of services

In 2017/18, Ashgate Hospicecare provided the following services:

- 21 inpatient beds with Medical, Therapy and Nursing support
- Specialist Day Care
- Specialist Lymphoedema service
- Outpatient Medical Clinics in conjunction with Chesterfield Royal Hospital
- Physiotherapy
- Occupational Therapy
- Complementary Therapy
- Spiritual Care
- Art Therapy
- Bereavement Counselling
- Clinical Psychology
- Social Work Support
- Benefits Advice

Community services across North Derbyshire including:

- Consultant led Medical Care
- Palliative Care Clinical Nurse Specialists
- Hospice at Home Support
- Physiotherapy
- Occupational Therapy

Participation in national clinical audits

During 2017/18, Ashgate Hospicecare continued to actively participate in the Hospice UK clinical benchmarking scheme which compares data relating to the number of falls medication errors, bed occupancy and throughput of patients. Additionally, the Hospice participated in the national Famcare Audit for bereaved relatives and families.

Funding of services

Ashgate Hospicecare is an independent registered charity that provides specialist palliative care across North Derbyshire. All services are provided free of charge to patients and their families. Income received from the NHS in 2017/18 accounted for 27% of our total income and the remainder was funded through donations, legacies and income raised by our 16 shops and coffee shops.

Quality improvement and innovation goals agreed with our commissioners:

The following is a summary of the key performance indicators agreed with our commissioners in 2017/18

- More than 80% of patients referred will be admitted within 2 working days
- Bed occupancy levels will be higher than 80%
- Acute hospital admissions will be avoided through an increase in care delivery in the community, and the utilisation of additional four 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 greater than 80%
- The Hospice will provide a minimum of 10 free structured educational sessions to support healthcare professionals across the health community including those in primary care, care homes and the acute trust

Part 3

Review of quality performance

Data Quality

During 2017/18, 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 the 29th March 2018, achieving an overall score of 73%. The Hospice is fully compliant at Level 2 for Information Quality and Records Management, and is compliant at Level 3 in 6 Standards which relate to Information Governance Management and Confidentiality and information security assurance.

Comparison with previous years’ data sets

In this section we present data for the period 1st April 2017 to 31st March 2018, and compare this to the data for the preceding year. All clinical services highlighted below provide safe and effective care, responding to the needs of patients and their families and carers.

Community

Ashgate Hospicecare has a specialist community team, which covers the North Derbyshire area and which includes Palliative Care Clinical Nurse Specialists, Occupational Therapists, Physiotherapists, and Hospice at Home support workers, supported by three Palliative Care Consultants. As a result, patients are able to be cared for in their home environment, 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.

"The palliative nurse attending my relative before they passed away was the epitome of kindness and loneliness. They were so thoughtful and caring to us all. We felt involved and cared about, which made all the difference. We all feel so grateful for the nurse’s involvement. Thank you."

Palliative Care Nurse Specialist

The Ashgate Community Palliative Care Specialist Nurses provide a vital service 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 care. During 2017/18, there were 1508 referrals into the service, an increase of 8% compared to 2016/17. The total number of patient/carer contacts increased by 47% with the number of face to face contacts increasing by 54%. This increase in activity can be attributed to the repatriation of Ashgate nurses previously based at Chesterfield Royal Hospital back into the Ashgate Community team. 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>2016/17</th>
<th>2017/18</th>
</tr>
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<tbody>
<tr>
<td>Face to face contacts</td>
<td>1,916</td>
</tr>
<tr>
<td>Non face to face contacts</td>
<td>7,020</td>
</tr>
<tr>
<td>Total patient/carer contacts</td>
<td>8,336</td>
</tr>
</tbody>
</table>
Review of quality performance

Hospice at Home

The Hospice at Home team provides support and care to patients and families across North Derbyshire, predominantly in the last three months of life. The service offers support to prevent unplanned admission due to, for example, a carer or family crisis and the team can deliver supportive care, practical support 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 is trained to understand palliative care needs of patients and families and they work together with other agencies (social care, health and other voluntary organisations) and in partnership with families. They are in close contact with Ashgate Clinical Nurse Specialists to alert them to changing conditions or escalation of care needs.

The Referrals to the Hospice at Home team decreased by 12% during 2017/18 compared to the previous year. The reduction in referrals has enabled the team to increase the number of home visits they were able to undertake and to focus on responding to urgent, crisis intervention requests.

The table shows the numbers of patient and carer contacts in 2017/18 compared to the previous year.

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<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
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<tbody>
<tr>
<td>Home visits</td>
<td>2,583</td>
<td>2,594</td>
</tr>
<tr>
<td>Telephone contacts</td>
<td>1,709</td>
<td>1,666</td>
</tr>
<tr>
<td>Total patient/carer contacts</td>
<td>4,292</td>
<td>4,260</td>
</tr>
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</table>

Part 3

Review of quality performance

Inpatient Unit (IPU)

The number of referrals and admissions to our IPU continues to increase year on year, and although the average bed occupancy was slightly lower in 2017/18 at 87% it remains higher than the national average for all other adult hospices of a similar size (79%). The average length of stay for patients reduced from 15 days to 13 in 2017/18 and our average throughput of patients each quarter (number of discharges & deaths divided by the number of beds) was also higher (4.9) than the national average for hospices of a similar size (4.3) and for all adult hospices (4.8). Although a high percentage of patients are admitted on the day of referral or following day, the IPU has an average of 1-2 patients waiting for admission each day; in 2017/18 95% of all patients referred were admitted within 2 days.

The table below highlights the activity of the IPU during 2017/18.
Day Hospice - Activity levels in 2017/18

The Day Hospice provides medically led day therapy for patients with life limiting illness and also small number of respite places on a 6 week basis in order to support carers. The numbers of patients referred to the day hospice during 2017/18 increased slightly from 273 in 16/17 to 301. However, average occupancy was down at 79% compared to 88% in the previous year. A number of late referrals to the service and a dip in the rate of referrals at the beginning of the year are thought to have contributed to the fall in occupancy. The Day Hospice team is working with the wider health community to highlight the importance of early referrals, and the support that is available to patients.

In March 2017, the Day Hospice launched a trial project, the ‘Living Well’ program. This is a nurse led programme which includes educational and informative sessions over a 16-week period to help enable and empower those people living with a life limiting condition but not requiring medical intervention, to live their lives to the full. The programme has evaluated very well, with 92% of patients finding it to be beneficial. As a result, we have continued to offer Living Well on a rolling basis offering patients the opportunity to access complementary therapy and other hospice services such as physiotherapy, horticultural therapy, Tai Chi and occupational therapy. Our experienced activity co-ordinator is also available throughout the day with a choice of activities including, creative writing, quizzes and crafts. We have held a number of focus groups through the year to understand in more detail how we can continue to improve the Living Well offer.

Lymphoedema service

This service is Consultant led with a team of three specialist nurses and two technicians who deliver an out-patient service at Ashgate as well as Blythe House Hospice in the High Peak, and some home based care across North Derbyshire. In 2017/18 we reviewed the referral criteria for the service to ensure that we were focusing on people with lymphoedema as a result of cancer treatment or due to a primary lymphoedema. As a result, the service saw a reduction in referrals compared to the previous year, however this has resulted in the team being able to have more face-face contacts with patients who have high level needs.

The decrease in referrals can also be attributed to the significant number of education sessions provided by the team for other healthcare professionals across the health community, helping and supporting them to be able to manage patients who suffer with Lymphoedema but are not able to be referred to Ashgate. In 2017/18, the Lymphoedema team provided 33 education sessions for other healthcare professionals such as GPs, District Nurses and Community Tissue Viability Nurses, in addition to supporting a number of link nurses and Oncology Radiography students. The education sessions evaluated well; the team also contributed to the local Head & Neck Living Well programme and ran a very successful community education day for Link nurses based in GP practices.

My experience was excellent. After 11 months of pressure bandaging by district nurse, it took two weeks of bandaging by Lynda and team to get my legs right.

“A happy feeling when you open the door and everyone says hello. I feel privileged to be a patient.”

“Not knowing what to expect, I was surprised by how delicate the massage process was, it was fully explained to me in a way that I could easily understand. Ashgate met all my needs, the nurses were respectful, approachable, kind and competent. I couldn’t have asked for more – thank you! The ladies on reception were helpful and always greeted you with a smile.”
Therapy Service

Ashgate Hospicecare provides Physiotherapy and Occupational Therapy services. The Physiotherapy Team provides services on the Inpatient Unit, in the Day Hospice and into the community across North Derbyshire. Most 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 closely with our Clinical Nurse Specialists and their primary focus is on enabling people to return home from an inpatient stay or to keep them at home and avoid an unplanned admission. The Occupational Therapy Team, in particular, will respond rapidly to urgent needs for equipment in the community and work proactively to enable people to die at home. They support people with a range of life limiting conditions and work together with other health and social care providers across North Derbyshire.

During 2017/18, the physiotherapy team continued to see an increase in the number of referrals (9%) whilst the Occupational Therapy Team also saw their referrals rise by 2%, with patient / carer contacts increasing by 29% and 13% respectively.

Of the 797 referrals received by the OT team, 129 (16%) were urgent referrals for help to assist 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.

The aim of the Supportive Care service is to offer professional advice and support to patients, their families and carers during the patient's illness and following bereavement as needed. The team is made up of social workers, a clinical psychologist, art therapists, complimentary therapists, a benefits advisor, counsellors, chaplains and staff who can provide specialist individual and group support work.

In common with all Ashgate’s clinical services, the Supportive Care service takes a family approach to our work and will provide a range of interventions to meet the needs of patients and their loved ones. The Complementary Therapy team became part of Supportive Care during 2017/18. That has been a positive move for staff and volunteers and has allowed for a more holistic offer to patients.

We have increased the number of volunteer counsellors this year in response to higher demand and we are working increasingly in schools to support bereaved children and their teachers.

The team have initiated and supported the Oral History Project, in partnership with Sheffield University, so that patients can record their personal and family history for their loved ones. They have supported a number of Death Cafés, both in the local community and in the hospice, and have also supported a number of education sessions and seminars for local social and therapeutic care professionals.
Part 3
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 Healthcare Quality Committee receive a quarterly report outlining the outcomes and activity within clinical services, including any clinical incidents that have been reported, themes and trends, actions taken and lessons learned. In addition to this information it also contains details of clinical audits completed, patient experience and feedback and any complaints or compliments – with lessons learnt.

Prevention and management of pressure ulcers

Between 1st April 2017 and 31st March 2018, 477 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 through a risk assessment tool. Patients nearing the end of their life are at high risk of developing pressure ulcers, and during 2017/18, 227 pressure ulcers were present on patients at admission, some had multiple pressure ulcers. All patients had a documented care plan in place, which details 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 were found to be unavoidable.

<table>
<thead>
<tr>
<th>Grade of ulcer</th>
<th>Present on admission</th>
<th>Developed in our care</th>
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<tbody>
<tr>
<td>G1</td>
<td>67</td>
<td>7</td>
</tr>
<tr>
<td>G2</td>
<td>98</td>
<td>28</td>
</tr>
<tr>
<td>G3</td>
<td>32</td>
<td>6</td>
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<tr>
<td>G4</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>DTI</td>
<td>2</td>
<td>2</td>
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Prevention and management of patient falls

The number of inpatient falls has continued to decrease during 2017/18. There were 74 inpatient falls reported; this is a 9% reduction on the number of reported falls in 2016/17. The rate of falls per 1000 occupied bed days also fell during 2017/18 from 11.97 to 10.9. It is well recognised that due to the nature of their condition, our patients are at increased risk of falls but we work to ensure that every preventative measure is put in place. Hospice UK benchmarking data highlights that, as of 2017/18, the rate of falls at Ashgate is now the same as other hospices of a similar size, and is only slightly higher than the average (10.5) 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. One fall resulted in a patient sustaining serious harm (ribs fractures); this was reported to the CQC and the Commissioners and was subjected to a root cause analysis investigation.

Medication incidents

The electronic medication prescribing and administration system is now well established within the hospice. The Hospice participates in the Hospice UK national benchmarking program, along with over 100 Hospices. 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 which is 6.5 per 1000 bed days, is lower than both hospices of a similar size, and is only slightly higher than the average (10.5) for all adult hospices. 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 which is 6.5 per 1000 bed days, is lower than both hospices of a similar size, and is only slightly higher than the average (10.5) for all adult hospices. 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 which is 6.5 per 1000 bed days, is lower than both hospices of a similar size, and is only slightly higher than the average (10.5) for all adult hospices. 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 which is 6.5 per 1000 bed days, is lower than both hospices of a similar size, and is only slightly higher than the average (10.5) for all adult hospices.

Mandatory training & staff education

During 2017/18 staff and volunteers continued to complete education and training in relation to Safeguarding, the Mental Capacity Act and the Deprivation of Liberty Safeguards. The table on the right shows the level of staff and volunteer compliance in these areas.

Between 2017/18 the hospice ran 14 evening seminars open to professionals across the health and social care community as well as hospice volunteers and staff. These sessions are CPD accredited and were well attended with an average of 39 attendees at each.

In addition to this our End of Life Care Facilitators have provided continuing support and education for nursing and care homes, and GP Practices across North Derbyshire.

Three members of staff have also participated in national events and exhibited poster presentations at Hospice UK Conference last year: • Implementation of evening education seminars – inspiring the wider workforce.
• The positive impact of a living well service offered within a Palliative Care Day Hospice.
• Improving the patients journey by designing and implementing a bespoke, dedicated triage service.

Infection prevention and control

Between 1st April 2017 and 31st March 2018 no patients developed MRSA or any hospice acquired infections in our care. One patient with a previous history of Clostridium Difficile was admitted with loose stools and was barrier nursed from admission. Laboratory investigations subsequently confirmed Clostridium 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 programme 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.

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

Twenty three audits were completed between 1st April 2017 and 31st March 2018, including:

- Patients preferred place of death, which demonstrated that where patients were in their last days of life, 89% of them or their families had the opportunity to discuss their preferred place of care/death. For patients who died in the hospice, 52% had indicated that this was their preferred place of death, whilst in 30% of cases the preferred place was the patients home. In 18% (3) cases this was not documented. An action plan was agreed to ensure that at the MDT the information can be updated or where there has been no discussion with the patient or their loved ones this can take place.

- Infection Control Environmental audits and hand hygiene audit using the Hospice UK tools which demonstrated a 96% compliance rate

- A number of documentation audits were also completed, looking at compliance with completion of the documentation as per the Hospice policies in relation to the use of bed rails and risk of falls, consent to photography, oral care, patient repositioning, catheter care.

Where audits highlighted shortfalls / actions required, an action plan was completed which was shared with the relevant staff, and followed up via the Quality Assurance Committee and Health Care Governance.
Quality Account 1st April 2017 to 31st March 2018

Ashgate Hospicecare - Commissioner Statement

NHS Southern Derbyshire Clinical Commissioning Group (the CCG) is the co-ordinating commissioner for the NHS contract held with Ashgate Hospicecare on behalf of Derbyshire.

I am pleased to confirm that the Quality Account submitted by Ashgate Hospicecare has been reviewed and I am pleased to confirm that I am assured of the achievement of the contract related data and quality improvement work that is stated in the Quality Account.

This Quality Account produced by Ashgate Hospicecare gives a detailed overview of the year 2017-18, outlining the tremendous amount of work that has been undertaken within the organisation. Ashgate are to be commended for their approach to patient safety, critical in the work they undertake. Continuing to monitor the key parameters such as falls rates, medication errors and pressure ulcer prevalence provide the CCG with assurance that safety is at the heart of the clinical services. The addition of an electronic reporting system this year has had a demonstrable effect on the rate of incident reporting resulting in improvements in care from the lessons learned. A change of particular note during this year is the service from the Clinical Nurse Specialists who have launched a telephone advice line and moved to 7 day working. They have also improved working partnerships with the Ashgate Hospice at Home team. This has provided patients with a service that can care for them longer, keeping them at home and avoiding unnecessary hospital admissions. The breadth of services offered ensures patients’ needs are met from the multi-disciplinary approach to care. Each service should be commended for their hard work and dedication to the patients in their care. Patients and their families in receipt of services from Ashgate Hospicecare have positive experiences in the most difficult of times for them.

Ashgate Hospicecare continue to take an active part working with the Derbyshire CCGs and partner organisations across Derbyshire to ensure the voice of the hospice is heard in designing and leading End of Life services for the future. During 2018-2019 the three key priorities that are outlined in the Quality Account support a strong focus to further develop services to improve patient experience and to support patients and families through their end of life journeys. The planned improvements to their facilities on site, reviewing the model of day care services and ensuring the community teams reach out to the people in isolated communities, providing more care closer to home, are all priorities to be commended.

Ashgate Hospicecare is to be congratulated on the completion of this quality account which is exceptionally well written and presented.

Brigid Stacey
Chief Nursing Officer, Derbyshire CCGs

“When I spoke to the specialist nurses, they really made me feel like I mattered. They made me feel like a person and that I should be treated as such, rather than just another phone call. They told me who I should call and in what order, and they endorsed my need for more medication.”

Jenny, our Day Hospice patient with Specialist Nurse, Sharon
About Ashgate Hospicecare

As a charity, Ashgate Hospicecare provides care to patients across North Derbyshire at the Hospice and in the community, all free of charge.

For patients with the most complex of needs, we have a 21-bed Inpatient Unit, however most of our patients are cared for at home and can attend our 16-place Day Hospice if their symptoms need close monitoring. We have a team of specialist nurses and healthcare professionals who visit patients at home, which enables them to stay in familiar surroundings for as long as possible.

The Hospice 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’s specialist services through a referral, normally through their GP.

“We’re really grateful for all the help that’s available to us. Until illness hits, you just get on with your life and you don’t think about all these services that you might need until they’re necessary.”

John, from Newbold

Contact...

Ashgate Hospicecare, Ashgate Road, Old Brampton, Chesterfield, Derbyshire S42 7JD

T: 01246 568801
E: info@ashgatehospicecare.org.uk

www.ashgatehospicecare.org.uk