

Quality Account

April 1st 2018 – March 31st 2019

High Quality Care for all



Registered Charity No. 700636



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Part 1

Introductory statement from the Chief Executive

I am pleased to present the 2018/19 Quality Account for Ashgate Hospicecare. It sets out our performance against the quality improvement priorities which we set for 2018/19 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 Quality Improvement Team.

Ashgate service provision has grown rapidly in recent years in terms of both reach and scope and at the same time, the clinical and psycho-social needs of our patients and their families are increasing and changing.

In 2018/19, Ashgate provided care for 2,237 patients and their families, and while much of that care happened in our Inpatient Unit, our Day Hospice and out-patient clinics, increasingly we are supporting people in their own homes and communities. During the same year, our fundraising and retail teams have been in contact with many thousands more in a wide range of locations and settings across North Derbyshire. We now have a combined workforce of over 1,000 employees and volunteers spread across 16 locations.

Ashgate has responded to the change and growth in demand for our care in recent years by growing our frontline services. This year, we have made additional investments in the resources, governance and service delivery work to enable us to implement the methodology and tools to improve quality of care and patient outcomes.

We have established a new Quality Improvement Team, led by a newly appointed Head of Quality Improvement. This is to give this work a visibility at a senior level, to lead our work to prepare for external inspections and to

build a culture based on a widely shared understanding of quality improvement and the impact that has on our patients and our customers. Having an explicit and embedded leadership and quality improvement culture is already having an impact on our workforce, a positive effect on patient experience, and on productivity and efficiency across the organisation. This coming year, we shall build on that approach to quality improvement with a continuing focus on enabling frontline staff and volunteers to play an active role in this work.

The Ashgate Hospicecare Board of Trustees has endorsed this Quality Account. To the best of my knowledge, the information presented here is an accurate and fair representation of the quality of services provided by Ashgate Hospicecare.

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 roles. Trustees reviewed the organisational governance arrangements in 2019 and established a revised Ashgate Governance Framework with three committees: Healthcare Quality; People, Engagement and Performance; and Financial Strategy. These provide assurance and reporting directly to the Board.

The Healthcare Quality Committee 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 has oversight of clinical governance, safety and risk related to all services for patients, patient experience and clinical strategic objectives. It is supported by a clinical governance structure which monitors and reports on quality improvement, audit, patient experience and outcomes, safe care and nutrition.

The trustees welcome this robust approach to governance and assurance, and we are particularly pleased that the new Quality Improvement Team is in place with a dedicated Head of Quality Improvement to support a culture of continuous improvement across all our services and functions.

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 Ashgate Hospicecare services. The Board has a clear role in leading this work. Recent discussions at Board meetings and quality development sessions have reaffirmed our commitment to deliver safe, high-quality services with a workforce which is engaged and well informed about our vision, purpose and values.



Penny Brooks

Vice Chair, Healthcare Quality Committee

Part 2

Priorities for improvement

Introduction

In 2018/19, Ashgate Hospicecare celebrated its 30th anniversary. Much has changed over the past 30 years. However, we still believe now as we did then that anyone suffering with a life-limiting illness should receive the highest quality of care in a safe and compassionate environment where they are treated with the utmost dignity and respect.

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 shall also highlight our priorities for the coming year. These are based on our strategic plan for the next three to five years, as the demand for our services continues to grow.

This year, we introduced an improved skill mix on the Inpatient Unit team. We extended our Palliative Care Community Nursing service, and reviewed the skill mix of the team, to provide seven-day care. We implemented a triaged referral function to ensure that patients are prioritised according to need and in a timely way.

We have expanded our social work, counselling and therapeutic support capacity to better respond to an increase in the social care needs of our patients and their families in a range of locations. We have increased our physiotherapy team in response to increased demand in the community, as well as offering dedicated support to the Living Well programme in the Day Hospice. We have also invested in an additional dedicated clinical educator to ensure that the skills and competences of our teams remain in line with the changing needs of our population.

In 2019, the Board decided to develop a new set of seven rolling strategic priorities rather than a fixed strategy and agreed a refreshed vision, purpose and values. The priorities are designed to be reviewed on an ongoing basis and to support the hospice to be more flexible and more able to respond to changing demographics, to ensure that we are able to care for many more generations to come.

Part 2

Priorities for improvement

Our vision

That everyone in North Derbyshire with a life-limiting illness can make the most of every moment, including being with the people who are important to them, and that they can die with dignity and comfort.

Our purpose

To provide specialist palliative and end of life care for those in need and to work in partnership with others to ensure that everyone in North Derbyshire has access to appropriate, high-quality and sustainable palliative care.

Our values

We are compassionate. We work as a team. We are respectful, open and inclusive.

Compassion
teamwork
respect
open
inclusive

Part 2

Ashgate's Strategic Priorities 2019/20

Our culture

Ashgate will build a culture which puts our patients at the centre of everything we do. Our work will be grounded in our values and in our commitment to being the best we can be for our patients, our workforce and our supporters. We shall create the conditions to inspire leadership.

The quality of our care

Ashgate is committed to ensuring that everyone for whom we care, and every customer or supporter, receives the highest quality service that we are able to provide. We shall embed an ethos and practice of continuous quality improvement across Ashgate and aim for excellence in everything we do.

Our specialist care

Ashgate will continue to be the leading specialist palliative care provider in North Derbyshire. We shall ensure that we are able to continue to provide high-quality services to meet the changing needs of our population in ways which are safe and sustainable.

Our presence in the community

Ashgate will extend our presence in local communities. This will enable more patients to access a range of support locally and to be cared for in their own homes.

Our diverse communities

Ashgate will ensure that the diversity in our communities and geographies is recognised and reflected in our services and how they are delivered. We shall work to ensure equity of access for everyone who needs our care in North Derbyshire.

Our role as a system leader

Ashgate will advocate for compassionate and high quality palliative care for all. We shall influence local practice by being an education leader, by developing partnerships with other local and national providers and commissioners and by engaging with the research community.

Our income and business

Ashgate will generate the income we need to provide our services by continuing to invest in our fundraising and retail activities. We shall explore new opportunities to raise additional funds by investing in new business opportunities and diversifying our income streams.

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

Part 2

Priorities for improvement from 2018/19

Priority 1: Improving our environment

We are committed to reviewing and improving the environments in which we provide care. During 2018/19, we refurbished a number of spaces in our clinical areas including the counselling rooms. We opened a new fresh and relaxing space for our patients and visitors to the Inpatient Unit with a new family room and dining area in the conservatory. Here, patients who wish to can sit with their family to eat a meal. There is also a courtyard especially designed for people who have dementia or cognitive impairments.

We began a review of our Day Hospice facilities, consulting with patients and with our internal and external partners who refer into the service. This will be an ongoing piece of work and will help us to ensure that our services are ready for the future.

We have consulted with patients, families and the wider population about the major renovation of the three-bedded bays on our Inpatient Unit. Work on the bays, which were part of the original hospice building, commenced in April 2019, and is due to be completed in October 2019. The bays are being converted into nine modern, but homely, single rooms providing more privacy and dignity for our patients and their families. As with all of our other rooms, each one will have access to its own outdoor space. In addition, the rooms will have the capacity to convert two single rooms into a double room for patients who don't want to be alone, or to provide a larger space for relatives who wish to stay overnight with their loved ones.

This is 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 have continued 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 have reviewed our training and education programme, for all our staff and volunteers across Ashgate to ensure that as well as receiving a comprehensive induction, essential learning and direct training that are specific to the roles are in place. This is to ensure that we can meet the future demands of specialist palliative care for our patients.

We have introduced sessions for all staff and volunteers in relation to diversity and inclusion. We actively support our workforce to develop their skills and knowledge to ensure that they continue to provide high-quality and effective care.

Our Day Hospice currently opens four days a week and includes a Living Well programme one day per week on a 16 week rolling schedule. We have critically analysed 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 continue to be shaped by feedback from focus groups of previous and current Day Hospice patients, from information that has been sought from healthcare providers who may refer into the service and from the results of our clinical audit work. The staff in the Day Hospice have also trialled a face-to-face triage system as part of a regular coffee morning. This is to help identify those patients who have been referred inappropriately, but also to encourage and reassure those patients, who may be uncertain about attending, that the service can support them.

We have also grown 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 have taken part in two research studies with Sheffield Hallam University. One looks at how women describe their experiences of developing and living with breast lymphoedema, after surgery and radiotherapy for breast cancer. The second evaluates our Clinical Nurse Specialist telephone triage hub service. We are also working closely with the University of Sheffield 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 be stored within the National Archives.

Part 2

Priorities for improvement from 2018/19

In order to improve patient safety and offer staff adequate support to continue caring in what can be a difficult and challenging environment, we have appointed a new role, the Head of Reflective Practice, to the Supportive Care team. She has spent time reviewing the supervision and support we offer to all our staff and volunteers within Clinical Services, in patient-facing roles. We consider effective supervision to be an essential element in ensuring staff are well supported, effectively engaged and well led to deliver safe, high-quality care. When our 'Clinical Supervision, reflective Practice and Support Policy' has been updated and approved there will be an agreed plan of implementation to ensure all staff and Volunteers in patient-facing roles have a regular and effective programme of supervision and support. This monitored programme will include different forms of supervision, including, but not limited to, one-to-one clinical supervision, group reflective practice, peer supervision and Schwartz Rounds.

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 into the future.

Our Supportive Care team is continuing to develop a range of outreach activities to support people facing loss and bereavement in rural or isolated communities across North Derbyshire.

We know from national and local research that social isolation can have a negative impact, especially in remote areas of high economic and social deprivation. Vulnerable groups, including the terminally ill, carers and the bereaved, cannot always access mainstream support networks. They could benefit from more accessible, culturally appropriate and varied support. Because of this, we are working to develop multi-disciplinary bereavement hubs within isolated communities that provide tailor-made palliative care for pre/post bereavement. We aim to embrace cultural diversity, encouraging self-sustaining provision, empowerment and resilience for terminally ill patients, carers, friends and family.

A year ago, we opened a weekly pilot Drop-In Bereavement Support Group for pre- and post-bereaved people as well as patients. This has been extremely well received by the local community and by other professional organisations. We are now getting many requests from other agencies who wish to use this resource within their work.

Our evaluation of this service throughout the year, has shown that it has benefitted the service users by increasing self-esteem and confidence. It has also helped with social isolation and has encouraged service users to develop their own coping strategies, resilience and support networks. Service users have been clear that this has been valuable in helping them to manage the healing process.

North East Derbyshire is a large area with several isolated communities and differing needs. Based on these needs we have started a Young Persons' Bereavement Group; a Carers' Support Group for people caring for someone with a terminal illness; and training in schools to help staff to support children with bereavement issues in Bolsover. We are now in the process of developing two further drop-in groups in Darley Dale and High Peak; a Well-being group for Carers in Clowne; and individual counselling in the community.

All the above developments are mainly facilitated by trained volunteer staff who are also gaining considerable skills and personal development.

We have also looked at new and innovative ways to reach out to people living in nursing and care homes. There are 2,000 people being cared for in homes across North Derbyshire and approximately 22% of deaths take place in nursing and care homes. Evidence shows that providing end of life training to nursing home staff significantly

Part 2

Priorities for improvement from 2018/19

improves the quality of life for residents, as well as reducing hospital admissions and deaths. In practice however, we have found that attendance at training and educational events is low, due to the wide geographical area we cover.

Ashgate Hospicecare signed up to Project ECHO through Hospice UK and, following training to establish Ashgate Hospicecare as an accredited ECHO Hub, we launched our first Nursing Home network earlier this year.

Project ECHO uses a hub-and-spoke model to create knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, staff learn how to provide excellent specialist care to patients in their own communities. This approach makes training cost effective and improves patient care by engaging a wider audience than through traditional educational methods, thereby promoting evidence-based practice more effectively. The ECHO model encourages participants to decide the content, frequency and timing of the sessions to increase engagement. Sessions last 90 minutes and consist of a 30-minute didactic presentation/discussion and two case studies presented by the participants to make the learning real.

An evaluation plan was developed to assess the effectiveness of the model to help ensure that the ECHO model can be sustained and developed in other areas in the future. We are exploring the development of networks for GPs, residential homes and the community nursing team. We will also be launching Phase 2 of the nursing home network.

A full evaluation of the initial nursing home network will be undertaken when the current network finishes in October 2019. Early indications are that the network approach has led to increased engagement from nursing home staff and has had a positive impact.

Priorities for improvement 2019/20

Priority 1: Quality Improvement and Organisational Development

Our Head of Quality Improvement and Head of Organisational Development and Learning will be developing a collaborative Quality Improvement, Organisational Development and Culture framework for the whole organisation.

Priority 2: Measuring and Improving Outcomes

We shall review our current data collection and how we analyse and report outcomes to capture the impact and quality of our patient care and to help us to improve our services for the future.

Priority 3: Improving Patient and Carer Engagement

There will be a focus on developing how we engage with patients, carers and the public, to improve our existing engagement with enhanced quality visits and a range of methods for qualitative feedback.

Priority 4: Developing our Reflective Practice

We shall continue to develop and implement our clinical supervision and reflective practice support for all staff and volunteers who work with patients and their carers, both in the hospice and in the community.



Part 2

Mandated Statements

Review of services

In 2018/19, 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 included:

- consultant-led medical care
- palliative care clinical nurse specialists
- Hospice at Home support
- physiotherapy
- occupational therapy
- supportive care
- social work.

Participation in national clinical audits

During 2018/19, Ashgate Hospicecare continued to 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.

Participation in national research

During 2018/19 we have been involved in three research projects;

MePHAC clinical trial; methylphenidate vs placebo for fatigue in advanced cancer. Participants have been

recruited and the research is ongoing. The involvement in this clinical trial has enhanced our skills and experience in clinical research with training and support from the National Institute for Health Research. This is an area that the hospice will continue to expand.

Two research studies with Sheffield Hallam University have also been undertaken. The first looks at how women describe their experiences of developing and living with breast lymphoedema, after surgery and radiotherapy for breast cancer. The second evaluates our Clinical Nurse Specialist telephone triage service. These have now been completed and we await the evaluation reports.

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 2018/19 accounted for 27% of our total income and the remainder was funded through donations, legacies and income raised by our 15 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 2018/19:

- 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 an 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 2018/19, 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 27th March 2019. We met all the baseline standards and achieved 'Standards Met' which is in line with our compliance score from last year. 97% of all staff completed data security and protection training within the year.

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 year's data sets

In this section, we present data for the period 1st April 2018 to 31st March 2019 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, for as long as possible. If the need arises for an inpatient 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. Alternatively, we shall care for them at the hospice for as long as specialist care is needed.

Palliative Care Nurse Specialists

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 2018/19, there were 1,611 referrals into the service, an increase of 6% compared to 2017/18. The total number of patient/carers contacts increased by 16%. This increase in activity can be attributed to the additional resources and changes in service provision in the Ashgate community nursing teams. 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.

	2017/18	2018/19
Face-to-face contacts	4,128	4,458
Non face-to-face contacts	11,820	14,498
Total patient/carers contacts	15,948	18,956

"The hospice really did all they could to keep dad at home for as long as possible."

Part 3 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. 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. It works together with other agencies (social care, health and other voluntary organisations) and in partnership with families. The team has always worked closely with the Ashgate Clinical Nurse Specialists and, in January 2019, was incorporated into that team as Healthcare Support Workers.

	2017/18	2018/19
Home visits	2,594	2,348
Telephone contacts	1,666	1,510
Total patient/carer contacts	4,260	3,858

Please note: The 2018/19 data only includes nine months of data.



Part 3 Review of quality performance

Inpatient Unit

The number of referrals and admissions to our Inpatient Unit continues to increase year on year, and although the average bed occupancy was slightly lower in 2018/19 at 83%, it remains higher than the national average for all other adult hospices of a similar size (79%). The average length of stay for patients increased from 13 days to 14 in 2018/19 and our average throughput of patients each quarter (number of discharges and deaths divided by the number of

beds) was also higher (5.0) than the national average for hospices of a similar size (4.2) and for all adult hospices (4.8). Although a high percentage of patients are admitted on the day of referral or the following day, the Inpatient Unit has an average of 1-2 patients waiting for admission each day. In 2018/19, 95% of all patients referred were admitted within two days.

The table below highlights the activity of the Inpatient Unit during 2018/19.

2018/19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	ACT
Available bed days	630	651	630	651	651	630	651	630	651	651	477	403	7,306
Occupied bed days	564	524	571	540	437	518	550	467	500	556	405	375	6,107
% monthly occupancy	90	81	91	83	83	82	84	74	77	83	85	93	83
Admissions	40	42	34	37	29	34	34	37	36	43	25	29	420
Average length of stay - days	16	11	14	16	16	14	19	13	10	16	14	8	14
Discharges	13	17	10	14	14	12	12	9	18	9	15	14	157
Deaths	23	28	24	18	22	20	25	25	22	29	19	12	264
Patient throughput	1.7	2.1	1.6	1.5	1.7	1.5	1.6	1.6	1.9	1.8	1.6	1.2	1.7



Part 3 Review of quality performance

Day Hospice

The Day Hospice provides medically led day therapy for patients with a life-limiting illness and a 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 2018/19 increased slightly from 301 in 2017/18 to 313, and the average occupancy was slightly higher at 81% compared to 79% in the previous year. The Day Hospice team is continuing to work with the wider health community to highlight the importance of early referrals, the support that is available to patients, and to explore what the patients and other stakeholders would like from the service.

The 'Living Well' programme commenced in 2017 and is a nurse-led programme which continues to be popular with our patients. The programme includes educational, rehabilitative and informative sessions over a 16-week period. This helps enable and empower those people living with a life-limiting condition but not requiring medical intervention, to live their lives to the full. It offers patients the opportunity to access complementary therapy and other hospice services such as physiotherapy, horticultural therapy, Tai Chi and occupational therapy. Our experienced activities coordinator 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.



2018/19	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	ACT
Referrals	20	31	24	23	27	24	22	29	17	34	31	27	313
Monthly attendance	226	277	244	222	258	194	220	219	164	203	200	247	2,674
% Monthly occupancy	88	91	90	82	85	76	76	76	73	70	78	91	81
Monthly DNAs	21	31	20	23	31	23	22	35	22	16	NA	NA	NA

Part 3 Review of quality performance

Lymphoedema Service

This service is consultant led with a team of three specialist nurses and a lymphoedema technician. They deliver an outpatient service at Ashgate as well as Blythe House Hospicecare in the High Peak, and some home-based care across North Derbyshire. In 2018/19, there was a 16% increase in the rate of referrals and face-to-face patient contacts compared to the previous year. In addition to this, the team continues to provide support and education sessions for other healthcare professionals such as pre- and post-registration Doctors, GPs, District Nurses and Community Tissue Viability Nurses. It provided 23 education sessions in 2018/19, and supported 41 healthcare professionals who attended the Lymphoedema clinics.

	2017/18	2018/19
Referrals received	325	389
Telephone contacts	796	1,071
Face-to-face contacts	1,591	1,893

"Not only has the Lymphoedema Team helped to inform me about lymphoedema and helped me to bring it under control, but the staff have also helped me to build my confidence back up. I'm beginning to feel like my old self again and I can't thank Ashgate Hospicecare enough for that."



Part 3 Review of quality performance

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. This helps reduce the need for admission to hospital, the hospice or residential care.

The teams work closely with our Clinical Nurse Specialists. Their primary focus is to enable 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.

Of the 844 referrals received by the occupational therapy team, 163 (19%) were urgent referrals for help to assist people to stay at home, and help with the safe and speedy discharge of patients who are in the last days or hours of life and want to go home and seminars for local social and therapeutic care professionals.

The physiotherapy and occupational therapy teams are supported by a small number of technical instructors. The role of the technical instructor is broad, but they will, for example, undertake follow up assessments to ensure that patients are completing exercises correctly or that they or their carers are able to use the equipment provided.

	2017/18		2018/19		
	PT	OT	PT	OT	TI's
Referrals received	761	797	790	844	NA
Face-to-face contacts	2,903	2,156	3,151	1,515	741
Telephone contacts	1,811	3,731	1,808	3,019	429

PT = physiotherapy team
OT = occupational therapy team
TI = technical instructors



"The occupational therapists helped make living at home easier for mum by ensuring she had access to items such as a special mattress."



"There were so many things to do, from complementary therapies like massages to talking to chaplains or just taking a break from being at home and having tea and biscuits brought to you."

Part 3 Review of quality performance

Supportive Care Services

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, complementary 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.

Over the past year, this service has continued to develop and offer support to a growing number of families. Social work, chaplaincy and complementary therapy have all undergone personnel changes and a continued commitment to development. Bereaved families are now offered complementary therapy as part of the programme of recently bereaved groups. Feedback has been excellent.

The well-being drop-in service has developed well this year. It meets weekly in Chesterfield at a local community café called Monkey Park. One staff member and a team of committed volunteers keep this service developing. The model has proved itself and will now be used to develop further services in other parts of North East Derbyshire for other local communities.

The Bolsover carers project has been successfully funded and is beginning to offer a more local supportive care service to people in this community. The Oral History Project has just completed its first year of service and has offered 16 people and their families an opportunity to have their life story recorded for generations to come.

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 has continued to support the Oral History Project, in partnership with The University of Sheffield, so that patients can record their personal and family history for their loved ones. They have also supported a number of education sessions and seminars for local social and therapeutic care professionals.

	2017/18		2018/19	
	SCS	CT	SCS	CT
Referrals received	367	215	475	212
Face-to-face contacts	1,671	852	3,165	1,284
Telephone contacts	904	NA	957	NA

SCS = supportive care services
CT = complementary therapy team

Part 3 Review of quality performance

Quality indicators

The registered manager for Ashgate Hospicecare is the Director of Quality & Patient Care. 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. These include any clinical incidents that have been reported, themes and trends, actions taken and lessons learned. In addition to this information, the report contains details of clinical audits completed, patient experience and feedback and any complaints or compliments – with lessons learned.

Prevention and management of pressure ulcers

During 2018/19, 420 patients were admitted to the Inpatient Unit. On admission, all patients have their pressure areas checked, and their risk of developing a pressure ulcer is determined using a risk assessment tool. Patients nearing the end of their life are at high risk of developing pressure ulcers, and during 2018/19, 116 pressure ulcers were present on patients at admission. Some patients 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 by the category that were present on admission or that developed whilst the patient was in our care based on the EPUAP Pressure Ulcer Classification System.

Grade of ulcer	Present on admission	Developed in our care
Category 2	64	37
Category 3	31	9
Category 4	5	0
Deep Tissue Injury (DTI)	6	18

All pressure ulcers falling into Category 3 or above that developed in our care were the subject of a detailed review. This is in order to identify any potential lapses in care or areas for learning that could be shared with the clinical staff. In addition to this, a 'Deep Dive' report on pressure ulcers that developed in our care was completed. This report highlighted a small number of action points, one of which was to introduce a process known as a SWARM. This is when we meet as a multidisciplinary team, as close to the event occurring as possible, to identify any changes that need to be made to the patient's plan of care and any learning points for the staff.

Prevention and management of patient falls

The number of inpatient falls in 2018/19 was 78, equating to a rate of 13.0 falls per 1,000 bed days. It is well recognised that due to the nature of their conditions, 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, in 2018/19, the rate of falls at Ashgate was slightly higher than at hospices of a similar size, and the average (10.0) 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. In order to identify contributory factors and to try to reduce the number of inpatient falls, a Deep Dive falls report was completed, reviewing all falls between April 2018 and March 2019. The report also demonstrated that over the past four years there had been a continued reduction in the number of inpatient falls from 110 falls per year (2014/15) to 74 (2017/18). The report highlighted that in 2018/19 when there had been a small increase in falls, the majority of falls (53%) occurred between 21:00 hours and 07:30 when there were fewer staff on duty, and there was a slight increase in the number of confused and disorientated patients who fell on more than one occasion. An additional member of staff is now rostered on duty overnight to help increase the observation of patients recognised as being at increased risk of falls. Further work is in progress to review those patients who are disorientated on admission to reduce their risk of falls.

Part 3 Review of quality performance

Mandatory training & staff education

During 2018/19, staff completed education and training in relation to Safeguarding (90%), the Mental Capacity Act (MCA) (88%) and the Deprivation of Liberty Safeguards (DoLS) (90%). 92% of staff and 85% of volunteers also attended additional statutory training.

In January 2019, a review of the essential training programme for all staff and volunteers was commenced, and a revised programme launched in March. This revised programme is now delivered in two formats: essential training that all staff and volunteers receive; and job specific essential training that is tailored to meet the needs of individual staff and volunteer groups. In addition to this, there has been a specific programme of education for all ward staff. This was identified as a recommendation following the Deep Dive reports and the learning following the inquest into the death of a patient at the hospice.

During 2018/19, the hospice ran eleven 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 43 attendees.

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 as described in Part 2 above.

Six members of staff have also participated in national events and exhibited poster presentations at Hospice UK's conference last year:

- information and support for relatives and carers
- local implementation of a lymphoedema and hospice awareness education program. This was also presented at the British Lymphology Society conference
- death cafés: Opening up about death, dying and bereavement
- community palliative care specialist nurse 7-day service: Does it make a difference?
- investigating the prescribing practice of a community specialist palliative care nurse
- the Melodic Caring Project: Introducing the healing elements of music into adult hospice care.

	Safeguarding	MCA	DoLS
Staff	90%	88%	90%

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 programme, along with over 100 hospices. The hospice is benchmarked against other hospices who are of a similar size as well as all adult hospices. The data shows that over a 12-month period, our rate of medication administration and prescribing errors (3.1 per 1,000 bed days) is significantly lower than both hospices of a similar size, (9.0) and all other adult hospices (10.7).

Infection prevention and control

Between 1st April 2018 and 31st March 2019, one patient developed Clostridium Difficile while in our care. One patient was admitted who was known to have MRSA in leg wounds. Both patients were barrier nursed and treated appropriately.

Part 3

Review of quality performance

Learning from incidents and complaints

The hospice is committed to an open and just culture where staff feel comfortable to raise concerns and report incidents. This is so that systems and processes can be reviewed, where appropriate, to continue to improve the quality of care provided and the patients' and carers' experiences.

The web-based Sentinel Risk Management System is now well embedded across the hospice services. There are several modules currently in use, such as incident reporting, inquests, and complaints management. There are also several additional modules currently in development. The system allows staff to record incidents as soon as they are recognised. It enables managers to track actions and provide feedback on the lessons learned to the staff reporting the incidents, as well as other relevant staff.

Data relating to incidents, complaints and inquests and any actions or lessons learned are provided in a quarterly report to the Quality Assurance Committee. This Committee will provide assurance to the Healthcare Quality Sub Committee to the Board, that appropriate actions have been taken.

In 2018/19, two Freedom to Speak Up Guardians were appointed at Ashgate Hospicecare and are supported by a member of the Board of Trustees.

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. This enables 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.

Freedom to Speak Up Guardians help to:

- protect patient safety and the quality of care
- improve the experience of workers
- promote learning and improvement.

By ensuring that:

- workers are supported in speaking up
- barriers to speaking up are addressed
- a positive culture of speaking up is fostered
- issues raised are used as opportunities for learning and improvement.

The Guardians completed a presentation to the Board discussing the background to the introduction of the role, and the requirements of the Board in supporting this important role. The contact details and role of the Guardians was highlighted to staff who attended the hospice 'Sign up to Safety' kitchen table event in March 2019. The Guardians continue to work with the hospice internal communications team to raise awareness and promote the use of the Guardians for staff across the hospice.

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 Committee also receives a quarterly report outlining audits completed and, the findings and actions required. The Board receives its assurance via the Healthcare Quality Sub Committee.

Part 3

Review of quality performance

Audits completed between 1st April 2018 and 31st March 2019, included:

• Benefits of community clinical nurse specialist prescribing

Quantitative data was collected for one year, according to the drug monographs in the Palliative Care Formulary 6 (Twycross, Wilcock and Howard, 2017) and evaluated according to the range of drugs and frequency of prescribing.

Patients' and carers' experiences of nurse prescribing was gathered qualitatively via semi-structured interviews and written feedback. Thematic analysis was undertaken on these accounts to identify findings. The audit showed that greater than one third of prescriptions involved analgesics, with a further 13% of prescriptions being for central nervous system medications. This is to be expected in a group of patients who have complex pain syndromes (requiring adjuvant analgesics), nausea or vomiting, seizures, insomnia and anxiety.

Continuous sub-cutaneous infusion regimes and anticipatory medications ('JIC' drugs) were prescribed for 14% of patients and again this is appropriate with this palliative patient group. 40% of prescriptions issued were for Fentanyl trans-dermal patches. Morphine preparations contributed to more than 29% of prescriptions and Oxycodone 12%. Buprenorphine trans-dermal patches were prescribed in 9% of cases.

Overall, the prescribing of transdermal patches contributed to more than 49% of analgesics issued. This correlates with the palliative/end of life stage of patients' conditions when tablet burden needs to be minimised and swallowing may be difficult. Fentanyl and Buprenorphine trans-dermal preparations are also preferred when patients have poor renal function. The audit findings were very positive. However, the cohort of nurse prescribers audited was small and so the audit will be repeated in 2018/19 and will include all of the palliative care clinical nurse specialist prescribers at the hospice.

• Audit of medication prescribing in the Day Hospice

Medication is often prescribed for patients attending the Day Hospice. This is appropriate for medicines that are being trialled or are for short-term use only. Where a long-term medication is prescribed, the ongoing responsibility for prescribing lies with the patient's registered GP. There was evidence from the Day Hospice that staff were continuing to prescribe medications that should have been the GPs' responsibility. As a result, the letters sent to GPs were amended to include an 'action required' box at the beginning of the letter. The aim of this audit was to review the impact of the changes. A review of the records of 81 patients on SystemOne confirmed that, where appropriate, GPs had responded to the action box resulting in no further medications being prescribed by Day Hospice staff.

• Mental Capacity Act audit

The purpose of the audit was to assess staff compliance with hospice policy and national guidance in relation to the assessment of a patient's mental capacity. This includes their ability to be involved in decisions relating to their care and treatment and, in particular, decisions around resuscitation. The records of all patients on the ward at the time of the audit were reviewed (18). In 78% of cases, there was clear documentation around the discussions with the patient. For the remaining 22%, it was not appropriate for two of the other three patients to have the DNAR status discussed with them as they were confused on admission, and had already completed the relevant documentation in the community when they had capacity. The third patient also had a DNAR document completed in the community and due to confusion on admission, and at the request of the family, this was not discussed further with them. Finally, the fourth patient had had a MCA completed, this was the only one that had been done.

The audit highlighted some shortfalls in communications between teams and some areas for additional education. An action plan was agreed, and the audit will be repeated in 2019/20.

Part 3

Review of quality performance

• Documentation audits

A number of documentation audits were also completed reviewing compliance with completion of the documentation, as per hospice policies, in relation to the use of bed rails and risk of falls, essential care records and catheter care.

Where audits highlighted shortfalls or 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.

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

Part 3

Review of quality performance

Celebrating success: Triage Implementation

As demand for our community services grew, we knew we had to find an innovative solution to how we delivered care. We created a bespoke and sustainable triage model to assess patients responsively. Putting patients at the heart of this model ensures they receive quality palliative and end of life care.

The implementation of the triage model which is now integrated into practice, has resulted in a responsive, consistent, coordinated, and timely service for patients with complex palliative and end of life care needs who are referred to the Community Palliative Care Specialist Nurse Team.

The success of the triage model has resulted in the development and implementation of bespoke triage models for our Lymphoedema and Supportive Care services.

Work will continue over 2019/20 to explore a single point of referral modelled on the triage processes.

All the teams have worked extremely hard to ensure its success. They have seen benefits in terms of a reduction in response times and the more effective and efficient access to services.



Appendix A

Quality Account 1st April 2018 to 31st March 2019

Ashgate Hospicecare - Commissioner Statement

NHS Derby and Derbyshire Clinical Commissioning Group (the CCG) is the commissioner for the NHS contract held with Ashgate Hospicecare in 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 on its 30th anniversary gives a detailed overview of the year 2018/19, outlining the tremendous amount of work that has been undertaken within the organisation.

Ashgate Hospicecare is to be commended for its approach to measuring and improving outcomes for patients through the use of patient outcome measures. Continuing to monitor key parameters provides the CCG with assurance that improvement of patient care is at the heart of the clinical services. Further involvement in clinical research will strengthen the delivery of evidence based care. The refurbishment programme to improve its environment in order to provide more privacy and dignity for patients will support the improvement in service delivery.

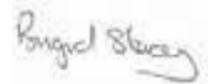
Each service should be commended for their hard work and dedication to the patients in their care. Patients and their families in receipt of services from Ashgate Hospicecare have positive experiences in the most

difficult of times for them, which is reflected in the patient and carer feedback.

Ashgate Hospicecare continues to take an active part working with Derby and Derbyshire CCG 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 2019/20, the strategic priorities that are outlined in the Quality Account support a strong focus on delivering high quality services, contributing to local communities through education and leadership, recognising diverse communities and ensuring equity of access to deliver consistent care for all through their end of life journeys. It is noteworthy that there will be a collaborative approach to a quality improvement, organisational development and culture framework that will underpin this.

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, Derby and Derbyshire CCGs



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 an Inpatient Unit. However, most of our patients are cared for at home and can attend our 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.

Ashgate Hospicecare is mainly funded through donations, gifts in Wills and income raised through our shops and coffee shops. Patients with any life-limiting illness can access Ashgate Hospicecare's specialist services through a referral, normally through their GP.

Contact...

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

T: 01246 568801

E: info@ashgatehospicecare.org.uk

www.ashgatehospicecare.org.uk



Registered Charity No. 700636