

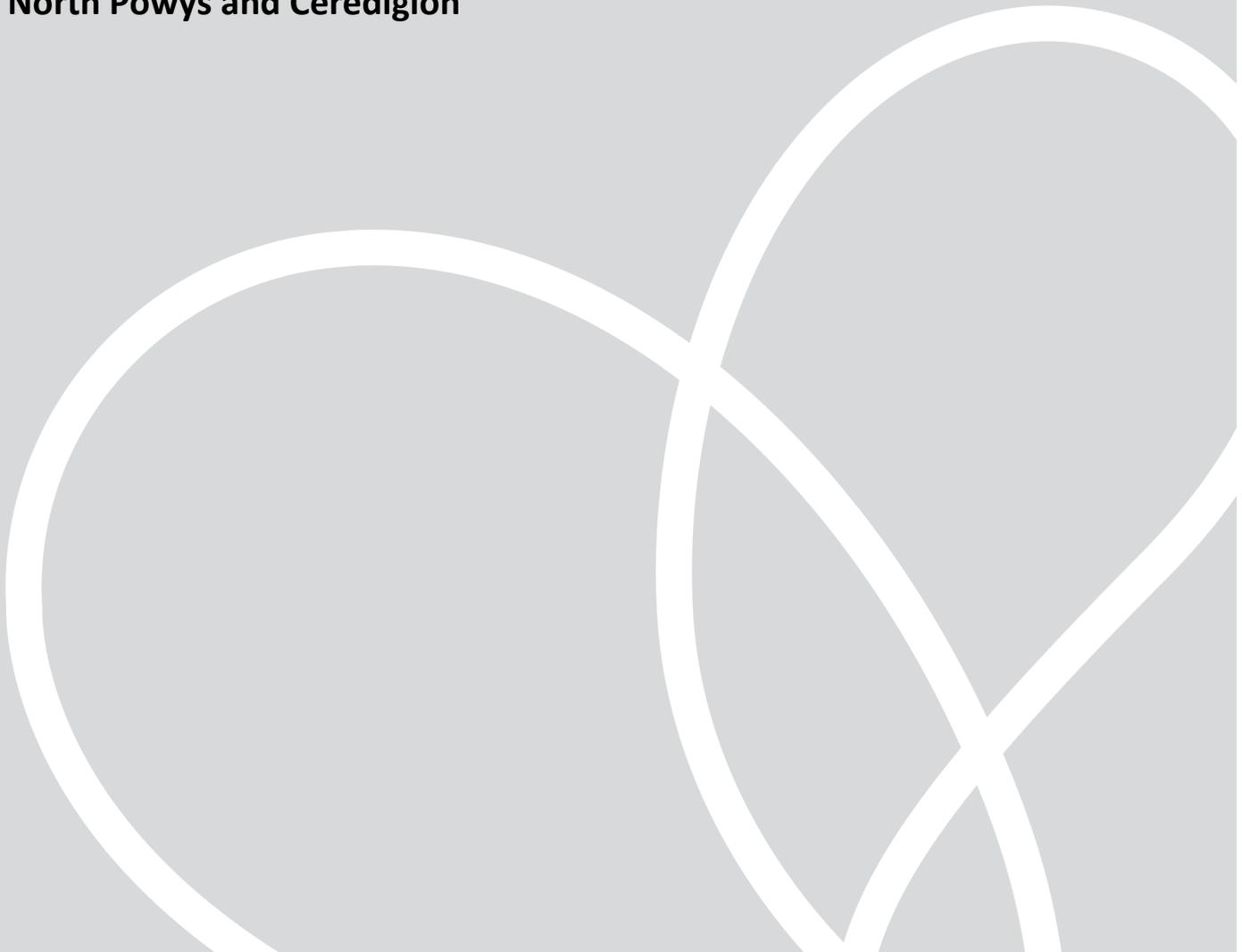


**Severn
Hospice**
here and at home

Quality Account

2020/21

**Enhancing specialist palliative care in
Shropshire, Telford & Wrekin,
North Powys and Ceredigion**



1) Introduction

The Severn Hospice Quality Account – what is it and what is it for?

Primary legislation was introduced as part of the Health Act 2009 for all providers of National Health Service (NHS) healthcare services in England to commence annual publication of Quality Accounts with effect from April 2010.

Quality Accounts are annual reports to the public from all organisations that provide treatment and care to NHS patients about the quality of services they provide. Though Severn Hospice is an independent charity, all of our patients are referred to us from the NHS. The intention is for the public, patients and others with an interest in the Hospice to be able to use this Quality Account to understand:

- what our organisation is doing well.
- where improvements in our services are planned.
- what our priorities for improvement are for the coming year.
- how we have involved service users, staff and others with an interest in our organisation in determining these priorities.

The format of this document is as follows:

- a statement by the Chief Executive summarising the quality of services provided.
- a review of quality improvements we have undertaken in the last year.
- a statement of our priorities for quality improvement for the coming financial year.
- various statements of assurance from the Board and others.

Prior to this legislation, we have had in place a number of forums and processes designed to enable us to identify how and where we can further develop the provision of specialist palliative care for all those who use the hospice. We use the Quality Account concept to enable us to bring together the various priority development ideas and initiatives and to publish them in an easy to understand manner for the benefit of all who have an interest. We also feel it is important to show how such initiatives are first identified, are agreed upon and then measured and monitored to ensure they are implemented in the most effective and efficient manner.

We do question whether the term “Quality Account” fully captures and expresses the real purpose of this document. Whilst we pride ourselves on the standard of services provided by the Hospice, we are equally committed to the continuous review of our performance and development of our services in line with changing needs. In this aim it is vital we ensure we take input from as many

areas possible to ensure we capture the very best of ideas to improve further with the overall aim of constantly monitoring the services that we provide and their fitness for the future.

The implementation of the Severn Hospice Quality Account is overseen by the senior management team.

2) Statement by the Chief Executive and Chair

On behalf of the Board of Trustees and Executive Management Team it gives me great pleasure to present the Quality Account for Severn Hospice. The account looks back on progress made over the last year and outlines our strategic priorities for 2020/21.

Severn Hospice is a highly respected provider of specialist palliative care and has an excellent reputation as a progressive and innovative organisation ensuring the delivery of the highest standards of care through a range of inpatient and community services. Severn Hospice has outstanding public support and is well regarded by its partners within social care and the NHS.

Severn Hospice Board is made up of unpaid, volunteer Trustees, representing the public. Trustees are carefully selected for their experience, knowledge and skills and therefore their ability to ensure that the Hospice provides the right services and delivers them well.

Here at Severn Hospice, we have a culture for continuous improvement through review processes and innovation and we actively design services to meet the changing needs of our patients and communities.

As an expression of this commitment the Board receive regular reports on quality and governance through its committee structure. Trustees undertake inspections of hospice services during which patients, their families, staff and volunteers are interviewed concerning their views on the quality of services received /delivered. The reports of these inspections are then formally discussed at the Board, and where necessary, improvement action taken.

In this way, Trustees on the Board directly collect the views of service users; those delivering care; through formal inspections by the Care Quality Commission (CQC) and patient surveys when formulating policy and strategic plans for quality improvement in services we provide.

A review of all these sources of information demonstrates that the quality of the services provided by Severn Hospice is continuously evaluated very highly by service users and their families, as well as referring agencies.

This is confirmed through a system for recording patient and family feedback. The Hospice also receives high numbers of letters, cards and positive feedback through social media each year and is proud to report very small numbers of complaints.

It is important to understand that when we talk of quality at Severn Hospice, this includes not just the narrow range of clinical and environmental issues set out in the NHS framework but also our priorities in supporting patients to live as well as they can within the constraints of a terminal illness. With a focus on independence and enablement, services and care is designed around

individual goals and preferences. Spiritual care threads through all aspects of our work as we support patients and those close to them in life and after death. These considerations define the uniqueness of hospice care and are duly reflected in this Quality Account.

Our success and reputation for excellence is dependent on the skills and dedication of our staff both within clinical and non-clinical services and I thank them for their hard work and commitment.

However, every organisation can do better and our plans for quality development in 2021-2022 are set out in Section 4.

It is our intention that our Quality Account should be the product of a continuous, ongoing dialogue about the quality of our services with those who use our services, our staff and our commissioners and partners.

In line with the requirement laid down in the Health Act 2009, I declare that, to the best of my knowledge, the information presented in this document is accurate.

Heather Tudor, Chief Executive and Jeanette Whitford, Chair
April 2021

3) Review of Last Year's Quality Performance

This section is a summary of the main developments in quality of our services in the last year.

Extending the role of the Hospice Outreach Nurses

Achieved – Building on the review of the outreach service the role of outreach nurse has been developed to deliver a higher level of clinical interventions, specialist advice, and increased support to General Practitioners (GPs) and community teams.

Improved integration with the range of community services provides a tiered approach to care and supports the movement through services.

Extension of the Hospice @ Home service

Achieved – Previously developed Hospice at Home (H@H) service to include spells of care through the day and night has now been extended across the entire county of Shropshire and Telford & Wrekin (T&W).

Evaluation of the service shows that we have reduced the incidence of hospital admission and facilitated discharge for increasing numbers of patients. This initiative has made home as a chosen place of care a real possibility.

Embedding 'Living Well' as a concept of care

Achieved – In line with national strategy to enhance care in the community we have launched 'Living Well' - a concept and approach to care within day services focusing on independence, enablement, and personal goals for living.

Over the last year by adopting tools such as single patient pathway, advance care plans we have extended this work to all services.

Hospitality and Catering

Achieved – The introduction of Housekeeper and Hospitality and Catering Manager has further strengthened our hospitality and catering services. This includes improvements in the identification of nutritional needs and choice of menu and better coordination of cleaning and laundry services within a clear set of standards and audit. Patient feedback has informed linen choice and the introduction of duvets.

Improvements in our facilities

Achieved – Work over the last year has been undertaken to complete a new build which provides the highest standard of facilities from which we deliver a wider range of day services. People can now self-refer for information and to access coffee mornings where they can speak to our specialist teams and learn about the services available to them.

The facility provides the main reception to the Bicton site and is simply stunning. Its design and the addition of a café 'Refresh at Severn Hospice' creates a real welcome and a feeling of normality.

Medical Service Restructure

Achieved -To support the hospice strategy to develop a strong multi-professional community care model, a restructure of the medical service has secured equity of medical input across all services.

4) Priorities for Improvement 2021-2022

This section sets out a description of the areas for development in the quality of our services for the next 12 months. These include the main priorities in the areas of (i) patient and relative experience; (ii) clinical effectiveness and (iii) patient safety.

Patient and Relative Experience

- Improve access for patients with non-cancer diagnoses through a new approach to day services, education and by linking with specialists in partner organisations.
- Establish 'Living Well' as a concept of care across all services. This model will provide evidence of individualised care and a focus on enablement and personal goal setting.
- Further evaluation of the Hospice at Home nursing service to determine potential future demand and funding.
- Review of Social Work and Chaplaincy Services to ensure that service models are designed to meet identified needs.
- As the lead for Palliative and End of Life Care (EOL) education locally, provide practice placements for students and practitioners and deliver training by practicing specialists.
- Develop a volunteer strategy to include the recruitment of community volunteers to be deployed against the community services caseload.
- Evaluate the impact of the developed community model on the demand for inpatient care.

Our strategy continues to be focused on the development of the hospice community model supporting the patient's choice to be cared for at home. It is important that this is continuously monitored and evaluated to ensure that it not only meets this changed demand but continues to be aligned to both local and national strategies.

Clinical Effectiveness

Evaluate the day services model now operating within the new facilities at Bickton Heath with a wider range of ambulatory care facilities.

Work in partnership towards the integration of the Hospice clinical information system and the primary care End of Life application.

Implement the role of Clinical Governance to further strengthen clinical monitoring and standards.

5) Services Provided

Last year Severn Hospice supported 3000 patients referred for care by NHS organisations.

NHS income represents 30% of the Hospice total costs with the remaining 70% being raised through a range of fundraising activities.

Severn Hospice provides the following services either within its sites at Shrewsbury (Bicton), Telford (Apley), North Powys (Newtown) or within patient’s homes.

- In-Patient Unit (IPU)
- Hospice at Home Service
- Hospice Outreach Service
- Day Services
- Occupational and Physiotherapy services
- Complementary and Creative Therapies
- Consultant and Specialist Nurse Clinics
- Chaplaincy Service
- Bereavement Service
- Lymphoedema Service
- Volunteer services

6) Participation in Clinical and Service Audits

During this period there were no national clinical audits and no national confidential enquiries addressing NHS funded palliative care services.

Locally Severn Hospice clinicians overseen by the Hospice Medical Director undertook a range of clinical audits to identify areas for improvement and reflect national guidelines. All audits are presented to the Clinical Governance Committee (CGC).

Audits for the period 2020-21 include:

Medical	Nursing
Weekend working	Infection control
Deaths	Handwashing
Telephone versus face to face clinics	Environmental cleanliness
Completion of end-of-life care plan	Pressure sores
Readmissions	Patient recorded outcome measures
Use of intravenous antibiotics	Family recorded outcome measures
Delirium in inpatients	Documentation
Motor Neurone Disease (MND) versus Muscular Dystrophy admissions	DNACPR

7) Research

The Hospice, in conjunction with the Robert Jones and Agnes Hunt Hospital (RJAH), continues to research palliative care provision for adults with neuromuscular disease. Our model has now been published; both in BMJSPC Journal and in an international book concerning the treatment of people with these diseases. Our experience has been used for the North Star national standard for Duchenne Muscular Dystrophy treatment and the UK standards for Myotonic dystrophy.

We continue to be part of the WMCares group- a Registrar lead group- which seeks to conduct research across the hospices in the West Midlands.

With the forced cancellation of all conferences last year, we were unable to present any posters. We have 7 posters which we will present at the virtual conference Palliative Care Congress in March 2021. We have had 3 papers published in peer reviewed journals over the past year.

Conducting such research and presenting this is part of our Strategy for the next 5 years.

Derek Willis is now an Associate Editor for the British Medical Journal of Supportive and Palliative care.

8) Quality Improvement and Innovation Goals Agreed With Our Commissioners

The Shropshire End of Life Care group is led by the Hospice and is attended by senior clinicians from local providers and Clinical Commissioning Groups (CCG). This group has driven a number of initiatives that have improved the provision of end-of-life care locally.

The Hospice has also undertaken work to identify local needs to influence the development of local services. The pandemic of 2020/21 placed greater emphasis on advance care planning and supporting patient choices. A collaborative approach supported the successful roll out of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) and development of an approach to advance care planning. These documents capture patient goals and support clinical decision making.

Severn Hospice receives a contribution of one third of its funding from the NHS. This contribution is in the form of a discretionary grant. This less formal funding is not supported by contracts and is not conditional on achieving quality through the Commissioning for Quality and Innovation payment framework. On that basis Severn Hospice has developed Service Level Agreements (SLA) with agreed objectives that support the joint strategies (Appendix 1).

The dissolution of the two local CCGs in 2020 to form a single strategic commissioning body provides an opportunity to secure contracts that recognise the Hospice as a key provider and the significant financial contribution it makes to services locally. We will be working to raise the profile of the Hospice with the newly formed CCG so that its value and contribution is recognised.

9) Clinical Quality Markers

The following clinical quality markers are reported through and monitored by our Clinical Governance Committee.

Complaints

Seven Complaints were reported in the calendar year 2020/21. All were investigated and responded to in accordance with the Hospice Complaints Procedure. Outcomes of the investigations were shared with the complainant and reported through the Hospice Clinical Governance Committee and Board.

Compliments

Severn Hospice is well recognised within Shropshire and North Powys. We believe that our success in raising in the region of £8.0 million from public donations each year reflects the expressions of satisfaction and regard for the services provided.

We receive many thank you cards and gifts across the services. Last year we received in the region of 250 thank you cards across the organisation. Many contain details of people's experiences with us.

We put considerable energy into our community relations, not just to support income generation but also to build awareness of the importance of hospice care and its benefits. The pandemic meant we were unable to hold any of our usual fundraising events, which not only reduced our income generation capacity, but it also meant we lost a significant way of meeting our wider community and keeping in touch with them.

We have needed to think differently and made extensive use of social media, news media, direct mail, and other methods to help fill that gap and maintain our relationships. This work has provided new ways to measure support.

Our followers on Facebook, Instagram and Twitter continue to grow and work well for us, with more than 2.5 million positively engaged stakeholders seeing our content on these channels. By way of example, our posts on Facebook routinely reach around 100,000 people each month.

As of the end of March, we now have 1,910 followers on Instagram, 7,676 on Twitter and 14,100 on Facebook.

Our best performing post overall was a staff music video in April designed solely to lift spirits and show people we were still here supporting the community. It has been seen by more than 795,000 people, with more than 18,500 likes and reactions, 2,400 comments, 4,700 shares and 63,700 link clicks.

Local media routinely carry stories we have placed with them about the Hospice in print, online and broadcast. Coverage is uniformly positive and, taken across the year, runs at around a story appearing at least every other week.

We carried out two targeted mail campaigns in the year to support a summer and Christmas raffle. Both resulted in response rates and donations that were better than budgeted and among our best ever for actual tickets purchased. An online remembrance event in December – the first time we had done one in this way – attracted more than 5,000 'live' viewers, which was more than twice the number we would have expected to physically attend.

We interpret these examples as evidence of deep-seated loyalty, affection, and continued support for the Hospice.

Incidents

Our investment in the patient safety software system DATIX has enabled us to provide enhanced audit and reports through the clinical and corporate governance committees reported through 2020-21.

During Jan 2020-Feb 2021 there were 19 accidents / incidents reported. All incidents are recorded in terms of category and rating and reported through Clinical Governance. Two out of the 19 incidents reported resulted in harm to patients, none of which was serious or required medical treatment, and none were RIDDOR reportable.

*Note: these figures are low compared to previous years as a result of the covid pandemic (staff working from home, staff furloughed, all of our trading outlets closed). Less staff = less accidents.

Pressure Sores

The nature of terminal care means that most patients admitted to the inpatient units are at risk of developing pressure sores. Indeed, many patients have pressure sores on admission.

All patients are assessed for signs of pressure damage on admission. Measures are taken to prevent pressure sore damage or further deterioration and access to specialist advice is available from our palliative care specialist nurses and doctors. Pressure sores are categorised 1-4 with 4 being the most severe.

Pressure sores January – December 2020

TOTALS	Grade 1	Grade 2	Grade 3	Grade 4	U/G
SHREWSBURY					
Admitted with	8	49	3		5
Developed in Service	2	29			1
TELFORD					
Admitted with	3	26	11	2	2
Developed in Service		3			

Falls

There is a fine balance between keeping patients safe from falls and enabling independence. Falls risk assessments are carried out on all patients on admission and reviewed regularly. There were 49 falls for this period, none were reportable to the CQC.

Infection Control

In the calendar year 2020/21 we experienced the COVID global pandemic. In order to continue care for and protect a very vulnerable patients group we took the decision to not knowingly accept COVID positive patients from other organisations. This approach was supported by preadmission assessments. The nature of the virus meant that it was inevitable that some patients might be negative on admission but develop symptoms afterwards. Across the two inpatient units 12

patients tested positive for COVID after admission. Robust infection control procedures including the use of PPE prevented spread within the patient groups.

There were no cases of MRSA or Clostridium Difficile reported during this period.

Safeguarding

Care plans for people who lack capacity to agree to arrangements for their care or treatment include the documentation of a best interest decisions. This is in accordance with the Mental Capacity Act 2005. Additionally, in some cases due to the level of care and supervision provided an application for authorisation for Deprivation of Liberty Safeguards must be made to the local authority.

During the period 2020-21 there were 7 Deprivation of Liberty (DOL) safeguarding applications made.

A wide range of patients and their families come into contact with services provided by Severn Hospice. In 2020-21, whilst accessing services from Severn Hospice, our staff identified one vulnerable adult incident which was reported to the safeguarding teams at Shropshire and Telford and Wrekin County Councils.

Safeguarding training is mandatory for all Hospice staff.

10) What Others Say About Us

Extracts from the Care Quality Commission inspection documents 2019

“The service had an outstanding approach to planning the care pathway for patients and their loved ones, from the first interaction with the service, through to post-death”.

“We found a proactive approach that considered sections of society that were challenging to access and broke down the barriers to engagement to ensure equal access to services”.

“We found a culture that had the patient and their loved ones at the centre of it”.

“Staff displayed a genuine and enthusiastic want to make the patients journey, whether supportive, palliative or end of life, as fulfilled as possible”.

“Staff focused on providing the best care possible, which enabled patients to achieve their own personal goals, no matter how big or small”.

“Staff understood the value of small gestures of kindness and compassionate care on patients, and the need to get the detail right for all those involved”.

“Staff felt respected, supported and valued”.

“Staff told us managers were approachable and listened to them. They received feedback and were informed of any changes. They also told us the chief executive’s door was always open”.

“Staff told us they were happy in their jobs and it was not a job it was a privilege”.

“Staff working in the community told us they felt they got massive support by those in senior positions. They also told us they felt able to discuss any concerns they had immediately and had face to face handovers daily”.

11) Data

Patient Safety

Severn Hospice annually submits evidence to the NHS Digital Data Security and Protection to demonstrate its compliance with the National Data Guardian data security standards. The patient safety software system DATIX is in use as the central reporting platform with audits reported to the Clinical and Corporate Governance committees. In addition, Hospice staff can raise concerns anonymously if they do not feel comfortable to raise concerns through conventional means.

Data Quality

For the year 2020 Severn Hospice demonstrated compliance with the Information Governance Toolkit. Severn Hospice submits evidence to the NHS Digital Data Security and Protection annually to demonstrate its compliance with the National Data Guardian standards.

In line with the organisation’s overarching data quality procedure, individual guidance for staff is available on each information asset that includes how to ensure the accuracy of personal information and how to correct errors.

NHS numbers are used across the whole organisation as the main patient identifier to ensure records are correctly identified. Data collection and validation monitoring checks are carried out on our medical database monthly by the Clinical Information Officer.

In accordance with agreement with the Department of Health, Severn Hospice submits a National Minimum Dataset (MDS) to HospiceUK. This MDS is also supplied to the local CCGs.

Appendix 1: Performance Monitoring

Set out below are the key performance indicators to be supplied to commissioners on request:

Monthly activity to include:

- Referrals – day services, outpatients, in-patient care, hospice outreach team
- Admissions/discharges
- Day attendances
- Hospice Outreach activity – referrals, face to face contact, telephone contact, advice to professionals

Annual report to include:

- Collected feedback from patients and their carers/families on the quality of services provided.
- Complaints
- Patient incidents

Adoption of the appropriate EOL care quality markers for providers of specialist palliative care inpatient facilities need to demonstrate the following.

- That they have developed an action plan for end-of-life care that is congruent with the strategic plan developed for the locality by the CCG.
 - **Measures:** Availability of an action plan for end-of-life care for the specialist palliative care inpatient facility. Post-implementation evaluation of the action plan's impact and progress.
- That they have mechanisms in place to discuss, record and (where appropriate) communicate the wishes and preferences of those approaching the end of life (advance care planning).
 - **Measures:** Documentation of processes for assessing and recording preferences for end-of-life care; audits of numbers of patients with a written record of their preferences for end-of-life care, such as preferred priorities for care, advance care plans and advance decisions; protocols for sharing information with other health and social care professionals.
- That patients' needs for end-of-life care are assessed and reviewed on an ongoing basis.
 - **Measures:** Documentation of processes to review patients' needs; there is written evidence of continuing assessment of changes in care needs as death approaches, including changes in the desired place of death.
- That they nominate a key worker, if required, for each patient approaching the end of life.
 - **Measures:** Documentation that each patient has been offered an appropriate key worker if required; audits of the proportion of patients approaching the end of life with a documented key worker.
- That families and carers are involved in end-of-life care decisions to the extent that they and the patient wish.
 - **Measures:** Documented processes for involving families and carers in end-of-life care decisions; audits of the care records of deceased patients assessing involvement of families and carers in end-of-life care decisions. Introduction of patient and family questionnaires to provide direct feedback on services.
- That they are responsive to emergency need and are able to admit patients 24/7.
 - **Measure:** Audit of admissions.
- That the quality of end-of-life care provided by specialist palliative care inpatient facilities is audited and reviewed.
 - **Measures:** Documented processes to audit and review end of life care; reports of audits/reviews; audit of complaints and compliments regarding end-of-life care.

Glossary

BMJSPC – British Medical Journal of Specialist Palliative Care

CCG – Clinical Commissioning Group

CGC – Clinical Governance Committee

CQC – Care Quality Commission

DATIX – Web based incident reporting and risk management software

DNACPR – Do not attempt cardiopulmonary resuscitation

EOL – End of Life

IPU – Inpatient Unit

MDS – National Minimum Dataset

MND – Motor Neurone Disease

MRSA – Multi Resistant Staphylococcus Aureus

NHS – National Health Service

ReSPECT – Recommended Summary Plan for Emergency Care and Treatment

RIDDOR – Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013

RJAH – Robert Jones and Agnes Hunt Hospital Trust

SLA – Service Level Agreement