

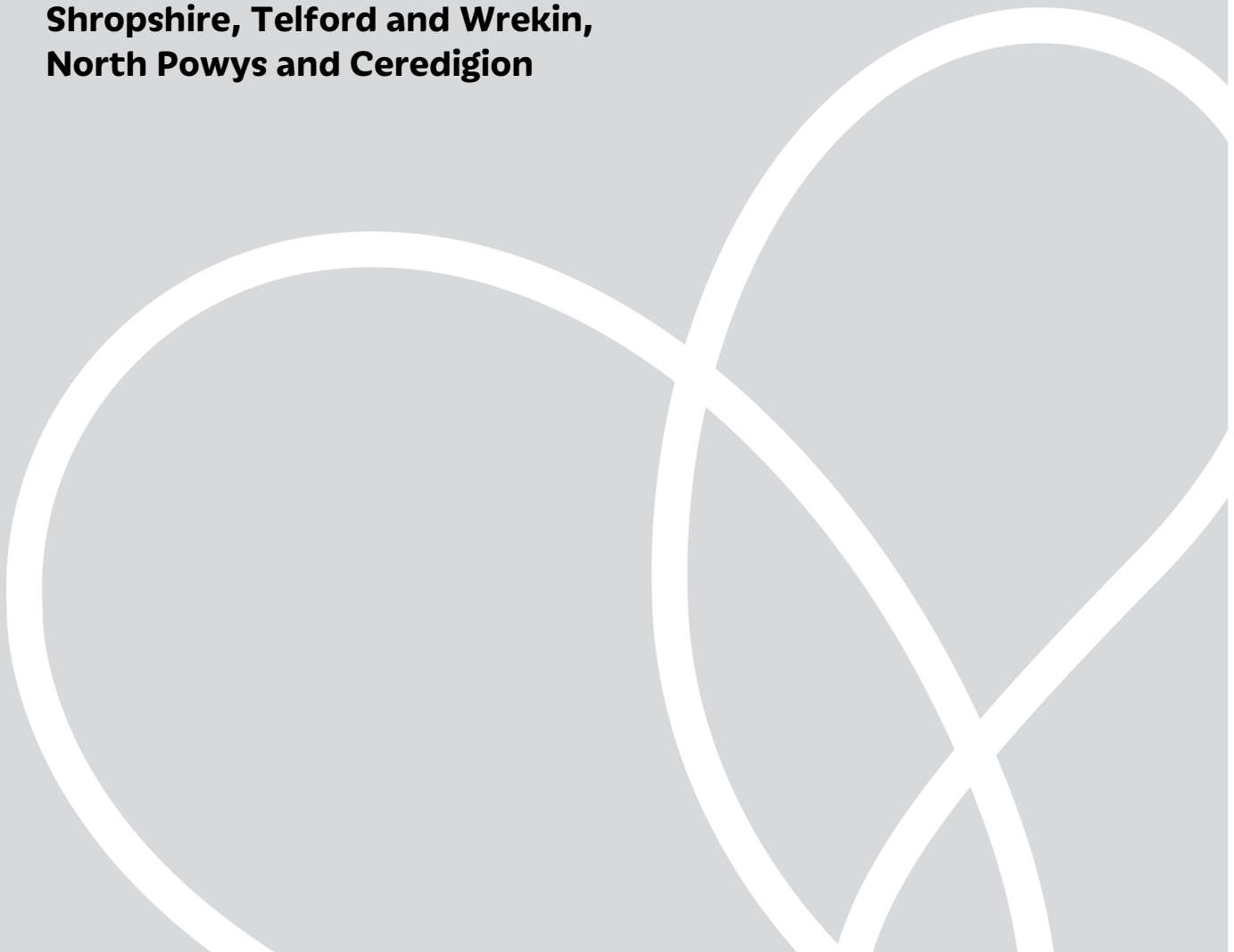


**Severn  
Hospice**  
*here and at home*

# Quality Account

JANUARY 2024

**Enhancing specialist palliative care in  
Shropshire, Telford and 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.

We use the Quality Account concept to enable us to bring together the various developments 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 support the organisations strategic objectives and how they are measured.

We pride ourselves on the standard of services provided by the hospice and are committed to the continuous review of our performance and development our services as we respond to changing needs.

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 the next year.

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 responsible for overseeing the hospice strategy and governance arrangements. Trustees work on a voluntary basis and are carefully selected. They bring a broad range of experience, knowledge and skills and support the wide range of business and clinical activities. As an expression of this commitment the Board receive regular reports on quality and governance through its committee structure.

The regulation of services by the Care Quality Commission (CQC) applies to hospices just like any health care provider. A process of inspection plus patient feedback through surveys supports the formulation of policy, support strategy and service development plans. The hospice also receives high numbers of letters, cards of thanks and positive feedback through social media each year and is proud to report very small numbers of complaints.

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.

It is important to understand that when we talk of quality at Severn Hospice, this includes not just the wide range of clinical services and environmental issues set out in the NHS framework but also our priorities in supporting patients to live well within the constraints of a terminal illness. With a focus on independence and enablement, services and approaches to care are 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. The developments over the last year and our future ambitions are set out to demonstrate our strong culture for continuous improvement.

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.

The funding received from the NHS is not sufficient to meet the criteria for formal commissioning and therefore is not supported by contracts or conditional on achieving quality through the Commissioning for Quality and Innovation payment framework. To demonstrate the hospice value as a credible partner and provider locally Severn Hospice has this year secured a written agreement with the local ICB that appropriately reflects its contribution to palliative and end of life care services locally and details the ICB financial contribution. This agreement also outlines agreed quality performance indicators that are detailed 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.

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 Severn Hospice

January 2024

### 3) Review of last year's Quality Performance

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

#### Virtual Ward initiative

**Achieved** – We launched our 5 day 'Virtual Ward Proof of Concept' on the 11<sup>th</sup> of October 2022. The Virtual Ward (VW) offers enhanced levels of community care for people with complex symptoms who want to remain in their own home. This care is overseen by a Palliative Care Consultant and is supported through the range of hospice community services working together to ensure that the patient's needs are met and that hospital admissions are avoided. In the first six months we had 67 patients admitted to VW with an average length of stay of 3.7 days. Cancer vs Non-Cancer Diagnosis: 60 patients (89%) had a Cancer Diagnosis / 7 Patients (11%) had a Non-Cancer Diagnosis.

#### Appointment of Community Engagement Lead

**Achieved** – Our objective to better understand the diversity of our communities and to improve access for under-represented groups has been progressed through the appointment of our Community Engagement Lead Nurse. The purpose of the role is focused on engagement and the establishment of links with groups identified as 'seldom heard' and include the homeless, people for whom English is not their first language, the traveller's community and those from the LGBTQ+ community. Our overarching aim is to build our understanding of the needs and preferences and to explore actual or perceived barriers to accessing hospice support.

#### Patient and Family Support Service development

**Achieved** – we merged and integrated our Social Work and Chaplaincy services to promote a consistent and best practice approach to meeting social and spiritual aspects of care. This change has improved collaboration across teams and services which will ultimately lead to better care for our patients. This opportunity has empowered the teams to review operational criteria and processes, scope and plan for future challenges, showcase increased activity and ultimately provide a quality driven service for all.

## Education Strategy

**Achieved** – The Severn Hospice Board and Senior Management Team believe that education is fundamental to the role and the success of our organization. We are fully committed to supporting the development of the knowledge, skills, and attitudes that are vital to maintaining and enhancing the delivery of high quality, safe and effective care for patients who require palliation and end of life care. We extend our education offering to professionals outside of the hospice so that we can influence high standards of care across all settings.

We have ambitious plans within a five-year strategy, which are described using the 6P approach (Population, People, Partnerships, Planning, Place, Portfolio, Performance), and are aligned to assurance metrics to demonstrate and celebrate the incremental gains required to achieve our

## Community Service Model

**Achieved** – This year we merged our core community services (H@H and Outreach and Virtual Ward). This has supported us to maximise capacity and better respond to and deliver appropriate levels of hospice care delivered by appropriately through a combined team of skilled professionals. The revised Hospice at Home model now operates a 7-day service and works 8am-6pm. The introduction of 'zones' have been used to identify caseloads and each zone has a combination of Clinical Nurse Practitioners (committed to the agreed skill set including Nurse Prescribing, completion of the European Certificate in Essential Palliative Care qualification (or equivalent) and Physical Assessment), Registered Nurses and Healthcare Assistants.

## 4) Priorities for Improvement 2024

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, patient and relative experience, clinical effectiveness and patient safety.

### Patient and relative experience

- Improve access for seldom heard groups. Through the work of a dedicated community engagement lead nurse, we will be seeking to better understand our communities and identify minority groups.
- Continue to embed 'Living Well' as a concept of care across all services and evidence individualised care and a focus on enablement and personal goal setting.
- Scoping and evaluation of the demand and potential of the Hospice at Home Service in North Powys.
- Assess therapy proactive intervention for those reaching the end of life as well as support required by carers.
- Early Intervention Service pilot for new house-bound patients predominantly not considered to be within the last 12 weeks and/or do not require complicated case management.
- Continue to evaluate the hospice Virtual Community Bed model and outcomes against demand.
- Start to explore how culture is crafted where the "importance of individuals day-to-day behaviour" and how we interact with each other in the moment is increasingly recognised as creating our local culture.
- As the lead for Palliative and End of Life Care (EOL) education locally the hospice further develop education programs including the virtual classroom and make them accessible to all local professional groups.
- Develop a volunteer strategy that supports targeted recruitment, management, support and the governance of a volunteer workforce across clinical and non-clinical services.

**The service strategy is informed by the following: -**

- Processes of evaluation and horizon scanning.
- Changes in clinical need and levels of demand.
- Working in partnership across the healthcare system.
- Local and national strategies.
- Regulatory standards
- Input from the Clinical Governance Committee and board.

Our strategic objectives are focused on the continued development of the community service model and the addition of virtual beds and community engagement lead.

## **5) Services Provided**

On average Severn Hospice supports over 3000 new patients each year through a wide range of services.

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

The services Severn Hospice provided within its sites at Shrewsbury (Bicton), Telford (Apley), North Powys (Newtown) or within patient's homes.

- In-Patient Units (IPU)
- Hospice at Home Nursing Care Service
- Hospice at Home Specialist Nursing Service
- Consultant led Medical Service
- Virtual Ward
- Day Services
- Occupational and Physiotherapy services
- Complementary and Creative Therapies
- Consultant and Specialist Nurse Clinics
- Chaplaincy Service
- Bereavement Service
- Lymphoedema Service



## 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.

Severn Hospice program of audits is overseen by the Hospice Medical Director and Clinical Governance Lead Nurse. With a focus on areas for improvement and national guidelines. All audits are presented to the Clinical Governance Committee (CGC).

Audits for the period 2022-23 include:

### Nurse led audits.

Infection prevention and control (clinical environments)
Medicines Management
Hospice UK Self-assessment, accountable officer
Hospice UK General Medication audit
Hospice UK Controlled drugs
Hospice UK Medical gasses
Documentation – inpatient units, outreach, social workers, and Day services.
Handwashing – the donning and doffing of PPE.
Bare below the elbows
Internal assessment of Sharp boxes
Lymphoedema service
Safeguarding – looking at safeguarding concerns raised.
Non-medical prescribing – what do our NMP prescribe.
Mattress audit
Clinical Handover sheet/information for inpatient unit

### These are other audits carried out this year.

Prescription charts – a retrospective audit of medical charts carried out by pharmacist
Recording/ updating the Preferred place of death carried out by Clare Howard
Recording of ethnicity on SystemOne carried out by Clare Howard

### Medical team

‘To dip or not to dip’ an audit based on whether we should be routinely carrying out urinalysis on admission
Preferred place of care/preferred place of death
Primary care end of life register
DoLS assessment audit.

## 7) Innovation

Severn hospice celebrates its culture for innovation through an Innovation report. This report, proposed by the clinical governance committee and approved by the board of trustees in Nov 2023 outlines the strategy for innovation and recognises the innovative ways of delivering and developing new ways of working to deliver enhanced levels of service. The strategy defines audit and quality improvement projects together and measures care against national standards along with pure research. This strategy guides an approach to service developments, measure outcomes and share learning and good practice across the system.

## 8) Quality improvement and innovation goals agreed with our commissioners

The Shropshire End of Life Care group is led by the hospice and recognised by the local Integrated Care Board (ICB). The group is chaired by the hospice Medical Director and attended by senior clinicians from local providers and members of the ICB. In the last year the group has driven the below initiatives that have supported the identification of need and influence the development of local services.

The pandemic of 2020/21 placed greater emphasis on anticipating care needs that respect patient preferences and goals. This vital work has continued post pandemic and has included on promoting the use of the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) across the system; advance care planning and improved processes and governance surrounding just in case home medications to meet national standards.

## 9) Quality Markers

### **Clinical Effectiveness**

We have developed our information systems to support detailed activity reporting which will evidence our activities and their impact.

We are working with leads within the Integrated Care System and NHS England to develop a dashboard that tracks the patient's journey and care in the last year of life.

We have now established data sharing agreements across the system.

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

## **Complaints**

There were six complaints reported in the calendar year 2023/24. All were investigated and responded to in accordance with the hospice complaints procedure. Outcomes of the investigations and learning were shared with the complainant and reported through the hospice Clinical Governance Committee and board.

A theme continues to be communication and a lack of understanding of how the hospice services fit within the wider health economy. Actions for learning included, improving our communication, ensuring service users understand the criteria for access to services and service aims and setting expectations at the beginning of the patient's journey with us.

## **Compliments**

Severn hospice is well recognised within Shropshire and North Powys. We believe that our success in raising over £9 million from public donations each year reflects not only the expressions of satisfaction and regard for the services provided but also the importance of the hospice in the county.

We receive many thank you cards and gifts across the services. Many contain details of people's experiences with us. Some of these comments are included in section 10.

We put considerable energy into connecting with our communities and building our community relations. We believe that these strong relationships not only result in the generation of income but also builds awareness of what the hospice offers and the importance of our contribution to local healthcare.

The use of social media, news media, direct mail, and other methods of communication provide a wealth of feedback and helps us to not only measure our effectiveness but also public support.

We continue to reach thousands of people each month on these channels, and all our audiences on these channels continue to grow, despite the ever-changing landscape.

We have continued to grow our social media audience. Figures for the calendar year 2023 show we now have 18,655 followers on Facebook, 2,700 on Instagram and 7,634 on Twitter.

For the main corporate feeds, we post an average of three times each working day on Facebook, twice on Instagram and once on Twitter.

In the year, our Facebook posts have reached 925,100 people and there have been 80,000 content interactions.

We are growing our use of these platforms further, with focused activity through our existing LinkedIn profile and a Retail-specific Instagram account. There are plans in the coming year to develop Retail's social media presence on Facebook and to grow Refresh's profile with a dedicated website and new Instagram account. These latter additions will support Refresh's role in breaking down barriers and fears about hospice care and buildings.

We recognise that the landscape of social media value continues to evolve, affecting not just how audiences use these channels but also how the channels work technically, affecting how we are able to reach those audiences.

However, the principle of social media as a window on the world in everyone's everyday lives remains firmly embedded. The interaction we receive through our messages on social media demonstrates this.

The traditional media locally have been very supportive of the hospice in the year, affording us excellent coverage in print, online and on air, all of which enables us to share our messages across the patch.

Here too there is change to acknowledge. The region's key print title has introduced a paywall on its digital offer which may yet affect our ability to reach readers this way. The BBC's switch to a more regional output during some part of the day may also have an impact on the hospice as the change might prove a turn-off for listeners and make it more difficult for us to get our stories aired.

### **Incidents**

Data from incidents are captured and analysed through the Datix incident reporting system. All incidents are formally reported to the board of trustees through the clinical and corporate governance committees.

Through 2023 a total of 279 incidents were reported across the sites and ranged from delayed discharge, drug administration, patient infections and pressure sores present on admission. None of the incidents reported were classed as serious and none were RIDDOR reportable.

### **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.

During 2023 178 pressure sores were reported, 12 were reported to the CQC.

<b>Grade</b>	<b>Developed in Service</b>	<b>Present on Admission</b>	<b>TOTAL</b>
Grade 1	1	3	<b>4</b>
Grade 2	36	64	<b>100</b>
Grade 3	3	10	<b>13</b>
Grade 4	0	5	<b>5</b>
Ungradable	12	44	<b>56</b>
<b>TOTAL</b>	<b>52</b>	<b>126</b>	<b>178</b>

\*\*This data now includes Community pressure sores

### **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. In 2023 34 patients had 42 falls.

### **Infection control**

Small numbers of COVID cases have continued following the global pandemic of 2020. COVID infections are now counted in our infection rates. In 2023 11 patients developed COVID post admission.

There were 2 cases of MRSA, 2 cases of Clostridium Difficile and 1 case of Norovirus 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. We have 2 senior safeguarding leads. All hospice staff are trained in safeguarding.

In 2023 there were 11 safeguarding incidents across community and inpatient services. All were reported to the local safeguarding team.

## 10) What others say about us

### Extracts from the most recent Care Quality Commission inspection documents

‘Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.’

‘Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.’

‘Leaders ensured patients received care and treatment which was safe and of the highest quality. This was demonstrated in the care being delivered, the focus on ensuring lessons were learned when issues arose and the attitude of staff we spoke with. The culture encouraged openness and honesty at all levels within the organisation, leaders understood the importance of staff being able to raise concerns without fear of retribution.’

‘There were high levels of satisfaction across all staff. There was strong collaboration, team-working and support and a common focus on improving the quality and sustainability of care and people’s experiences. The culture of the service centred on the needs and experience of the patients and their families who used services. Staff at every level were passionate about delivering high quality care and treatment for patients requiring palliative and end of life care and their loved ones.’

### Extracts from patient and family feedback 2023

‘Just a short note to say thank you for the loving care help and support you gave to our darling girl and us as a family. Knowing she was so well looked after made us feel more secure and safe in the knowledge that everything that could be done was. The lengths everyone went to enabled this to happen and will remain in our memories for a lifetime to come.’

‘The care, compassion, help and reassurance provided to us whilst dad/husband was in his final weeks of life will never be forgotten, and it is hard for us to express the amount of gratitude we have towards you all. Your services allowed him to remain at home with us until the end and gave us the reassurance that we were not alone.’

‘Words cannot begin to express full how grateful I am to you all for the care you gave to both Mike and myself. Your support, sensitivity and professionalism were of invaluable help to us both. Thank you for all you do, you are truly wonderful, special people.’

'My husband was with you for his final few days and passed away on 9 August 2023. As a family we cannot thank you all enough for the outstanding care you gave him and the treatment that helped him to be pain free and calm at the end. It meant so much to us. We also felt very cared for as a family and so appreciated the use of your guest room so we could stay close to him all the time. We shall always remember the kindness and wonderful care as well as the empathy shown towards us all. We think you are all very special.'

'I write to thank you all for the immense help and kindness shown to Thomas and myself during the last week of his life. For eighteen months we had been happy to go it alone but in the final week he needed care which I could no longer give, and I needed support, both of which you gave us with such kindness and compassion. Special thanks to nurses Juliet, Sue and Jo and to carers Helen and Michelle. All of whom were wonderful and a pleasure to meet. I have been overwhelmed by the kindness of others through this difficult time. You are all a very special breed, and I will be forever grateful.'

'The care, compassion, help and reassurance provided to us whilst dad/husband was in his final weeks of life will never be forgotten and it is hard for us to express the amount of gratitude we have towards all of you. Your services allowed him to remain at home with us until the end and gave us the reassurance that we were not alone.'

'I would just like to take this opportunity to thank all the team for the outstanding care my dad recently received. At this incredibly emotional time in our lives, we were totally blown away by the support that was given to us all - mum especially. Our dad was cared for with dignity, respect, and a little bit of humour too throughout his care with Hospice at Home. We all take great comfort from the fact that after a very long and difficult six months of dad bouncing in and out of hospital, we were able to grant dad his wish - to be cared for at home where he belonged surrounded by his family. This would not have been possible without the care and support you gave us, and we will be forever grateful. Special thanks to Sharon who helped find the support we needed, Lynn from Outreach. The amazing night care sitters, Kerry, Jo, Jayne and Juliette. The brilliant day care Jackie, Ali, Jess, Sharon, Tracy, Gail, Helen, Michelle and not forgetting Sharon Love who was there at the beginning and the end of dad's last journey; you are all just above amazing. Keep doing what you do as you make such a difference, not only to those that we lose but those that are left behind. Dad's wish was to be cremated. We as a family also know that his last wish would be for all the donations to be given to Severn Hospice to help them continue with their amazing care and support. Thank you all once again.'

## Patient Safety

Severn Hospice annually submit 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 committee. In addition, hospice staff can raise concerns anonymously if they do not feel comfortable to raise concerns through conventional means.

Our Patient Safety Incident Response Framework and Plan (PSIRF / PSIRP) sets out how Severn Hospice intends to respond to patient safety incidents over the next 12 to 18 months. The plan is not a permanent rule that cannot be changed. We will remain flexible and consider the specific circumstances in which patient safety issues and incidents occurred and the needs of those affected.

PSIRF and plan is based around four key principles which will inform and drive our approach to patient safety incidents as we go forward. These are:

- compassionate engagement and involvement of those affected.
- a system-based approach to learning.
- considered and proportionate responses.
- supportive oversight focused on strengthening response systems and improvement.

We will review and update our plan annually, so it becomes part of an ongoing process of quality improvement supporting our overall patient safety plans and priorities.

## 11) Data

### Data Frameworks Compliance

Severn Hospice exceeded the standards as required by the 2022-2023 NHS Digital Data Security and Protection toolkit (version 5) to demonstrate compliance with the National Data Guardian standards.

Severn Hospice were awarded Cyber Essentials plus on the 9<sup>th</sup> of December 2022. This accreditation is renewed annual in December.



## Data Confidentiality

Severn Hospice have registered for the Information Sharing Gateway, which is an online portal used by many NHS organisations as well as other health and social care organisations to manage and maintain any instances where data is shared and an information sharing agreement is required.

All access rights to every database across the organisation have been documented and are reviewed at least quarterly. Any member of staff that has admin level access rights to any database or system is held to a higher level of accountability to that of a normal staff member and have signed a privileged access form to confirm this.

All internal transfers of information have been mapped and assessed to ensure there is no function creep between the different service types delivered across the organisation, for example no member of the income generation team will have access to clinical information and vice versa.

The network and server architecture has been redesigned to segment departmental data, additionally folder security permissions have reviewed and amended to ensure they reflect organisational processes; meaning only staff members who have a business need to process hospice information to perform their job role, can access that data.

Severn Hospice's AI-powered spam filter is situated on the perimeter of the network and automatically blocks any emails, from an internal source to an external recipient, that have attachments containing large quantities of information, or information that matches predetermined criteria (e.g., NHS numbers etc). This is automatically flagged to the IT department who assess the email and can release the email if it is found to be genuine.

Any off site access to Severn Hospice's network and subsequently its information is protected by multi-factor authentication to protect against both automated and manual attacks by malicious third parties.

## Data Integrity

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.

A data mapping exercise has been carried out to identify all sources of data collection throughout income generation this aims to ensure that supporter information is collected and recorded in a uniform manner across all departments.

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 both our medical database and the income generation CRM database monthly by Information Officers.

## Data Availability

Severn Hospice is a 24hour medical facility and as almost all of Severn Hospice's critical information is stored in cloud-based solutions, a sufficient and constant internet connection is essential. To ensure network up time each of the three main Severn Hospice sites have had their internal network audited and remapped to ensure resilience, meaning that if a switch onsite were to fail the network traffic would have alternative routes to follow.

Staff members working externally have access to a Virtual Private Network (VPN) which allows secure access to both the internal Seven Hospice network as well as the health and social care network (HSCN) which is essential to be able to access the clinical database SystemOne.

All clinical staff members working in the community now have access to the full version of the Severn Hospice's medical database, SystemOne, meaning they can securely access relevant patient information without taking paper-based notes off site.

## 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

ICB – Integrated Care Board

ICS – Integrated Care System

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