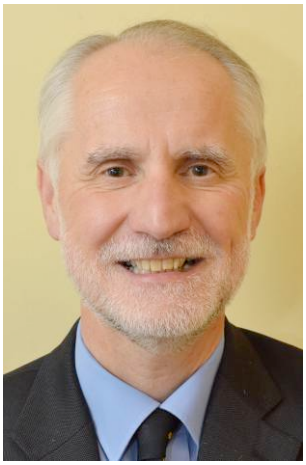
Pilgrims Hospices

Registered Charity Number: 293968

Pilgrims Hospices in East Kent
Quality Account 2012/2013

Contents



Part 1. Introduction by Chief Executive

On behalf of the Board of Trustees, I would like to thank all of our staff and volunteers for their hard work and achievements over the past year. The provision of high quality care is paramount. It is the basis of our reputation and the financial support we receive from the NHS and the public.

In order to stay at the forefront of the delivery of high quality care, we have recently established a Patient Safety and Quality Committee which has taken responsibility for compiling this report and commending it to you, our patients, families and supporters. To the best of my knowledge, the information reported in this Quality Account is an accurate and fair representation of the quality of healthcare services provided by Pilgrims Hospices in East Kent.

Steve Auty
Chief Executive

Part 2. Looking back at 2012/13

2.1 Reflection on our priorities for improvement 2012/2013

We set ourselves ambitious plans for improvement in 2012/13. Progress on these plans is set out below.

2.1.1 Single Point of Access

We said we would develop a single point of access to help enable people at the end of their life to receive appropriate care in a timely manner and in their preferred place of choice wherever possible.

Progress

In 2012/13 we established a 'Care Navigation Centre', staffed 24/7, 365 days per year by hospice trained 'Care Navigators'. Our Care Navigators have direct access to our specialist palliative care doctors and nurses, a good working knowledge and links with other professionals as well as services which are best placed to help with the difficulties patients and families might call with. The centre helps patients and families find and receive the most appropriate person or service to meet their particular needs when they call us, helping to reduce the burden of doing so on the patient and their family.

To enable the centre to achieve this, the hospice has also worked with our local healthcare partners to establish an east Kent wide register which, with patients' consent, can hold information about patients' wishes regarding their care and any treatments they are currently receiving. This important information can then be made available to any professional who might get involved in the care of a patient, which is helpful as their condition advances.

This approach has been shown to work well for patients in other parts of the country. We anticipate it will also help to enable professionals to work as closely as possible together to ensure patients' wishes are well understood and are always put first. Anecdotal evidence and feedback from patients has so far been largely positive and we will continually review and evaluate the project over time.

2.1.2 Outpatient appointments

We said we would develop more outpatient clinics for those patients who are able, and wish to, attend them. In particular we wanted to be able to offer patients the opportunity to meet their hospice doctor or nurse for the first time, or to come along for a follow up appointment thereafter to help manage any symptoms they may have.

Progress

Each of our hospice sites has made changes to the space it has to accommodate higher numbers of outpatient appointments. As we have given patients who are well enough the opportunity to make use of these over time we have found the majority of appointments have been for follow up appointments rather than first assessments. We have also started to develop some outreach venues where patients can have outpatient appointments closer to where they live.

Outpatient clinic appointments
We are delighted to report the number of patients able to come to the hospice for a first assessment outpatient appointment (including those taking place at the hospice and at its outreach venues) has increased in particular in the Canterbury locality in 2012/13 compared to 2011/12. All three localities, Ashford, Canterbury and Thanet also show an increase in follow up appointments in 2012/13 compared to the previous year.

Our home visits continue to be high in number as many patients accessing hospice services explain to us they prefer a home visit as they may be too unwell to attend as an outpatient. We have been focused on prompting earlier referrals to hospice services and discussions have commenced with specialist partner services, for example community respiratory nurses, to develop ways to introduce patients to hospice services at a much earlier stage of the care pathway.

2.1.3 Improved access to support services

Last year we said we wanted to improve access for patients so they could make better use of our patient and family supportive services

Progress

The table below shows that our patients have been able to make better use of some of our supportive services in 2012/13 than in the previous year.

	2011/12 Ashford	2012/3 Ashford	2011/12 Canterbury	2012/13 Canterbury	2011/12 Thanet	2012/13 Thanet
Counselling appointments	284	368	128	236	180	196
Complementary Therapy appointments	1210	1545	790	905	635	984
Physio/OT appointments	543	754	559	1127	85	172
Contacts with our social work team	1968	2062	652	1582	565	1470

To achieve the above during the course of 2012/13 we have:

- Developed our complementary therapy support services
- Increased our resources in occupational therapy, physiotherapy, social work and counselling services.

Increasing our resources and service capacity has come about through a range of innovative approaches including:

- Our Ashford hospice piloting evening counselling sessions to widen access to counselling services
- Recruiting additional staff which also includes an important component of professionally qualified volunteers who can enable us to help more patients with counselling and complementary therapy appointments
- Introduction of 'outreach venues' to provide access to services for patients who may not live locally to our main hospice sites
- Gaining agreement with Kent County Council Social Services for our social workers to become 'Trusted Assessors'. This enables us to improve service response times for our patients and their families by helping to plan a timely discharge home with an appropriate package of care.

We have also developed new outreach services in the Herne Bay, Dover and Deal areas as follows:

Service description	Service venue/area
Day care services	Dover
Day care services	Herne Bay
Medical outpatients' clinic	Deal
Specialist nurse outpatient clinic	Deal
Complementary Therapy clinic	Deal
Counselling appointments	Deal
Counselling groups	Deal Ability Centre
Day care services	Deal Centre – Age UK

Services in outreach venues allow Pilgrims Hospices to offer patients and families more appropriately focused support in their local community. As such we have taken a flexible approach for each, resulting in some venues focusing on traditional day care services and others on outpatient appointments or support groups.

2.1.4 A drive to further support delivery of community services for patients being cared for at home in a more individual way

We said we would do this by increasing our input into the palliative care meetings held at many of our local GP surgeries, to further strengthen collaborative working in the best interests of patients (these meetings are set out as good practice in national and local strategies that support excellence in palliative care).

Progress

GP practice palliative care meetings

All GP practices operate their palliative care meetings in a number of different ways and at different frequencies. In 2012/13 we did our best to ensure we made best use of the expert resources we have available and participated in as many as possible, thereby improving our support for these meetings which are important for the planning and continuity of care patients receive. We have utilised some of our consultant medical resources to add to, and supplement, the input our specialist nurses currently provide. Feedback from practices suggests that where we have been able to do this, our colleagues working in general practice feel there is benefit. However there still remains a need to ensure that quality is replicated across all our referring practices where resources allow us to do so.

- **For Canterbury practices**

Based on the number of GP practices in the Pilgrims Hospice Canterbury catchment area and an assumption that practices hold at least a quarterly meeting as set out as the accepted standards in the national End of Life Care Strategy, we have been able to participate in 50 meetings out of an assumed total of 168.

- **For Thanet practices**

Similarly, the Thanet area would seek to serve an assumed total of 80 such meetings and have participated in 40 of these. For practices that hold such meetings, clinical staff from the Thanet hospice team attend all meetings.

- **For Ashford practices**

The Ashford area practices have also received an increase in hospice participation in palliative care meetings.

We cannot be absolutely certain on the accuracy of the above statements which include some working assumptions and reflect our own learning in terms of capturing the outcomes of our participation.

Overall, there are some practices that do not hold palliative care meetings and for these practices, as with all others, our consultants or our specialist nurses, provide input when requested to help our primary care colleagues support patients in the community setting.

In summary, a well structured process that provides support for GP surgeries remains a challenge however we continue to aspire to actively support our colleagues working in primary care in a flexible and timely manner for the best interests of patients.

Opportunity for joint visiting/appointments and improving the management of referrals to the hospice

We believe that for some patients with the most complex needs, professionals undertake joint meetings with patients. This can help formulate better coordinated plans of care with the patient. As such, we aim to try to do more of this.

Our specialist nurses at Thanet often undertake joint visits to patients with their district nursing colleagues, however this is not currently recorded, hence we are not able to demonstrate how often this happens or determine to what extent this brings benefits for our patients.

Overall, we are not yet able to demonstrate whether our efforts have helped potential patients have earlier referral to the hospice so they could benefit from our services.

2.2 Participation in national clinical audits

As a provider of specialist palliative care, Pilgrims Hospices participated in one national clinical audit related to our practice with regard to assessment and associated treatment for patients at risk of venous thromboembolism.

The hospice has also undertaken preparatory work in readiness to participate in the National Cancer Peer Review due in 2014 by commencing a self assessment against the national self assessment tool.

The hospice did not take part in any national confidential enquiries and was not required to do so.

2.3 Local clinical audits

A number of clinical audits have been undertaken throughout Pilgrims Hospices in 2012/13. Combined together, our audit findings are set out below:

Audit title	Audit findings
Recording of patient allergies	The audit showed that in some cases there was missing information with regard to patient allergies and that where information was recorded the detail noted with regard to patient allergies could be further improved.
Anticipatory medicines available in the home setting	The audit identified the percentage of patients who did have anticipatory medicines available in the home and who had prescribed them. Overall 55% of patients did have them with four main prescribing sources identified as the patient's GP, hospital, district nurse and Pilgrims Hospice. This also gave us useful insight into the numbers of patients who did not have anticipatory medicines prescribed.
Management of controlled drugs	The results show a continued high standard of safe management of controlled drugs. The use of lists of clinical professionals who sign the controlled drugs record book so that their names were represented to comply with regulations was developing well but had not, at the time, been completely achieved.
Day hospice admissions	Overall the recording of information and information giving to patients and carers was at an acceptable level. Patient assessment and care planning were demonstrated to be areas where we could improve.
Reasons for referral to day hospice	Rationale for referrals to day hospice was generally found to be vague. Strengthening referral rationale would contribute to improved patient outcomes and more tailored and individual care plans and goals for the patient.
Hospice compliance with Kent and Medway resuscitation policy	A complaint prompted audit of our administrative processes which are important to support our compliance with this policy. Our audit prior to changing our process showed we did not support policy compliance sufficiently well and we identified ways in which we could strengthen this.
Audit of pressure relieving mattresses	Two of the mattresses used by the hospice have regularly broken down and some other mattresses have not worked as well as were hoped with regard to robustness of use.
Infection control audit	Some dust was found behind desk areas and some desks were too cluttered to be cleaned properly.
Audit of bereavement risk assessment	There has been an improvement in completed bereavement risk documentation compared with previous years.
Audit of time between referral being made and patient entering the service	Of 166 case notes audited, 11 patient referrals were delayed.

As a result of our audit findings we have made the following changes:

- We have improved the detail in which we record allergies patients tell us they have, thus reducing the risks to patients of potential allergic reactions.

- We have developed guidance as to the most appropriate time to consider anticipatory medicines for patients nearing the end of their lives at home. In addition we have standardised our practice to ask our GP colleagues for the required authorisation documents to be left with patients when prescribing anticipatory medicines and will do our best to influence the prescribing of anticipatory medicines for patients going home from hospital.

- We have improved the way in which we record our stocks of controlled medicines to comply with legislation and safe practice.

- We are setting a standard for information required as part of a patient referral to Day Hospice to help improve the quality of our initial meeting with patients and to improve the patient's experience of this initial contact.

- We changed our practice and administrative processes to ensure we complied well with the Kent and Medway NHS policy for 'do not resuscitate' orders.

- We improved our processes for electrical testing of our pressure relieving mattresses.

- We have reminded our staff to keep all work surfaces clean, tidy and free from clutter to enable effective cleaning and ensured our domestic teams are able to move around furniture to do their important job well.

- We ensure a named key worker completes a Bereavement Risk Assessment.

- We have minimised the risk of patient referral to the hospice being delayed by implementing new administrative processes, improving our record keeping, increasing our frequency of patient reviews and providing more training for our staff.

2.4 Research

Pilgrims Hospices is a research active organisation with a keen interest in making use of research findings to benefit outcomes for patients.

The number of patients receiving NHS services provided by Pilgrims Hospices in 2012/13 that were recruited during that period to participate in research approved by a research ethics committee was 50.

Our research activity in 2012/13 has included the following studies:

2.4.1 Rapid Response Hospice at Home Research Evaluation

This study funded by the National Institute for Health Research (NIHR) finished on 31 October 2012. The study reached its recruitment target for the primary outcome measure and all aspects of evaluation planned in the protocol were completed.

The results have been presented locally, regionally and nationally and publications are in process. An executive summary and a lay summary of the project will be available during 2013.

2.4.2 SOB-LC II: Shortness of Breath in Lung Cancer II

This study was a randomised trial of high versus low intensity training in breathing techniques for breathlessness in patients with malignant lung disease: early intervention.

Funded by the NIHR Research for Patient Benefit Programme (RfPB) and sponsored by Hull and East Yorkshire Hospitals NHS Trust. It compares the effect of three training sessions in breathlessness management techniques at weekly intervals (current practice) with a single session.

Pilgrims Hospices joined the study as an additional site in May 2012 and has so far recruited 19 patients. It is expected to close to recruitment in March 2013.

2.4.3 Chronic Obstructive Pulmonary Disease (COPD) PhD project

This study explores what the triggers for holistic assessment are for COPD patients and their carers.

The study continues with patients with COPD and their carers recruited (22 patients, 9 carers) through interviews to describe their experiences of holistic assessment and to explore the concept of triggers to facilitate this. Currently, we are triangulating the data sources (secondary analysis of transcripts, consensus methodology and the patient and carer interviews) to forge the next steps of the project. Papers are under way to disseminate the findings with the progress so far.

2.4.4 Further development of the Palliative Performance Scale (PPI)

This study aims to validate and refine a simple clinical prognostication tool, the PPI. Clinical data [anonymous] from 1,000 hospice inpatients with a diagnosis of cancer is being sought and collated for examination and statistical analysis. Currently, nine hospice units in the UK are participating in the study including all three Pilgrims Hospice sites. 550 subjects have been recruited to date. The project is sponsored by the University of Kent.

2.4.5 Invicta project research evaluation

The aim of the study is to evaluate how Project Invicta (http://www.pilgrimsinvictaproject.org) impacts on the patient and carer experience of care at the end of life, the professional roles and organisational structures involved in its implementation, and the health and social care service use costs.

The research project received ethics approval in October 2012 and research and development clearance from NHS Kent and Medway in February 2013. Recruitment of carers and patients has begun via GP surgeries and so far one carer has been recruited and has completed data collection. Observation of project group meetings has been ongoing.

2.4.6 Chemical compatibility of drug combinations used in end of life care

This NIHR portfolio study is funded by Cancer Research UK and Marie Curie Cancer Care, and sponsored by The University of Liverpool.

The study will provide information about the chemical stability and compatibility of drug combinations delivered to palliative care patients via continuous subcutaneous infusion (CSCI) for symptom management during the last months and days of life.

Pilgrims Hospices is contributing to a national survey which will generate a database of commonly used drug combinations administered via CSCI . From this database the most commonly prescribed combinations will be identified and assayed.

The hospice started to collect data for this study on 26 March 2013 and data collection is expected to continue until September 2013.

2.4.7 Publications during 2012/13

Butler C, Holdsworth LM, Coulton S, Gage H. Evaluation of a hospice rapid response community service: a controlled evaluation. *BMC Palliative Care* 2012,11:11

2.5 Use of the CQUIN payment framework (Commissioning for Quality and Innovation)

The CQUIN is a payment framework used by commissioners to help support healthcare providers with improvements to quality in key stipulated areas. As a charity, the hospice does not receive any resource from commissioners linked to specified quality improvements.

2.6 The Care Quality Commission

Between 1st April 2012 and 31st March 2013, our regulator, the Care Quality Commission, made three routine unannounced inspections, one each to our Ashford and Canterbury and Thanet hospices.

2.6.1 Thanet Hospice

Thanet Hospice was inspected by the CQC on 15th June 2012.

The CQC report demonstrated all of the following standards had been met to the satisfaction of regulators.

- Inspectors considered essential standards related to:
- Treating people with respect, involving people in discussions about their care and treatment and how the service is run
- Ensuring people get safe and appropriate care that meets their needs and supports their rights
- Ensuring people should be protected from abuse and staff should respect their human rights
- Appropriate training and supervision and development of staff
- Appropriate systems to assure quality, health, welfare and safety and manage risks related to people receiving care.

2.6.2 Canterbury Hospice

Canterbury Hospice was inspected by the CQC on 22nd October 2012.

The CQC report demonstrated all of the following standards had been met to the satisfaction of regulators.

The essential standards inspected at the CQC's visit were:

- Consent to care and treatment
- Care and welfare of people using services
- Cleanliness and infection control
- Staffing
- Complaints.

There were two areas related to infection control and complaints that the CQC noted the hospice might like to be aware of. The report noted that:

"The provider may find it useful to note that audits relating to infection control need to be more random in nature with regard to spot checks to ensure all areas are sampled within a pre determined cycle".

"The provider may find it useful to note that the complaints procedure was in need of review to ensure it clearly explains the role of the Care Quality Commission relating to complaints; shows contact telephone numbers and that of social services and does not limit the time when a complaint can be made. Additionally that it is also made available in simple read and alternative formats".

We welcome the feedback from the CQC and will ensure we consider the points above and use feedback to address these important points as appropriate.

2.6.3 Ashford Hospice

Ashford Hospice was inspected by the CQC on 1st February 2013.

The CQC report demonstrated all of the following standards had been met to the satisfaction of regulators.

The essential standards inspected at the CQC's visit were:

- Consent to care and treatment
- Care and welfare of people using services
- Cleanliness and infection control
- Staffing
- Complaints.

There were two areas related to cleanliness and infection control and complaints which the CQC noted the hospice might like to be aware of. The report noted that:

"The records of which rooms had been deep cleaned and when were carefully recorded and detailed. *However the provider might like to note that there was no schedule to ensure that all the rooms were deep cleaned regularly*."

"Clear complaints procedures were in place. There were timelines when the complainant could expect to have received a reply about their complaint and from whom. *The provider might like to note that although patients were told informally of the comments and complaints process, there was no formal document to which they, or their families, could refer during their stay."*

We welcome the feedback from the CQC and will ensure we consider the points above and use feedback to address these important points.

2.6.4 Moving forward

An action plan is now in place and will be carefully monitored by the Patient Safety and Quality Committee.

2.7 Data quality

The hospice has focused on the quality of its data this year and in doing so found some areas where we wanted to strengthen our understanding of what our data tells us. In one area in particular we found some discrepancies in reporting due to use of different data sources and our lack of common understanding across our hospices with regards to assessment of patients' skin care needs. Making changes in this area has enabled us to understand better how we assess, accurately record and manage patients' skin care needs.

Work to constantly improve the quality, accuracy and transparency of our patient safety and quality data and information will continue to be a focus in 2013/14 to help inform us how we can seek to improve the experience of care our patients receive.

2.8 Clinical coding error rate

This is an aspect which focuses mostly on public sector quality accounts and as such the hospice is not party to clinical coding errors. However, it is worthy of note that due to our success in ensuring we have appropriate and well governed technology links with the NHS, we are now able to check patient NHS numbers thereby helping to reduce any risks to patients through clinical coding errors.

Part 3. Quality overview

3.1 Feedback and compliments

In 2012/13 we were delighted that, as with other years, so many of our patients and families took the time and trouble to give us feedback about our services. A selection of compliments taken from this feedback is set out below.

Our patients have also told us they have benefited from:

- The welcoming reception area and system we put into place in the outpatients area of our Ashford hospice. Patients suggested this in replies to our patient survey as they believed it would be easier to find their way around and were reassured to have a welcoming face to greet them when they arrived.

- A new 'drop in' service at our Ashford hospice. Patients told us this enabled them to 'test the water' to see if the services on offer felt right for them.

- A joint home visit from our family services manager and social worker where, in one appointment, a comprehensive respite care plan was agreed with our patient and his wife prior to the patient's forthcoming respite stay at the hospice. The patient's carer told us she felt more confident about the stay as a result of this. Her comments following the last period of respite included *'I didn't think anyone would be able to give my husband the same level of care that I could but then I hadn't experienced the care delivered by the staff at Pilgrims. You have returned to me the most precious thing I have and his care needs have been met superbly. I would like to access respite again if I need it as this would be the only place I would entrust my husband to'.*

3.2 Patients' wishes

Overall this year there has been an increase in the number of patients sharing with us their preferences for their place of care and for their death as the end of their life approaches.

In line with the national End of Life Care Strategy, we have led the way locally by introducing the 'My Wishes Register' for east Kent. With patients' consent, this register can capture this important information so it can be shared with the potential range of different professionals and support workers caring for the patient, ensuring they are fully informed about what it is the patient wants and to be able to work around the patients' wishes at all times - including when those wishes change.

Developing this register is something that is nationally recognised as good practice to support high quality end of life care. The hospice has been pleased to work with our local colleagues in health and social care to commence such a register for east Kent. We will continue to help to progress this important work and evaluate outcomes.

3.3 Learning from our complaints

As well as positive feedback about our services, in 2012/13 calendar year, Pilgrims received the following feedback where patients and/or families wished to make complaints or tell us we had not done as well as we would have wished.

Type of complaint	Ashford	Canterbury	Thanet	Other Dept	TOTAL
Verbal Care	4	0	8	0	12
Written Care	1	1	1	0	3

Of the feedback set out above, the following have been upheld.

Type	Upheld	Percentage
Verbal Care	8/12	75%
Written Care	2/3	66%

The hospice complaints sub-committee continues to meet twice a year to review all complaints and the processes by which they are considered, in order to receive assurance that the procedure is being followed, lessons learned and action taken as a result of complaints and adverse comments. The sub-committee also acts as an "appeal panel" for any complainants who are not satisfied with the outcome of stage one of the procedure.

This coming year, the sub-committee will be revising its terms of reference, ensuring the hospice continues to manage any complaints in line with current requirements of the Care Quality Commission, the relevant findings of the Francis report into the Mid Staffordshire NHS Trust, and to ensure good alignment to the work of our internal Patient Safety and Quality Committee. This is an important part of further strengthening the hospice's governance structure and processes.

The sub-committee currently reports to the Board of Trustees as a formal sub-committee, but it has been agreed that, for matters relating to patient care, it will also make reports into the Patient Safety and Quality Committee, as a fundamental "barometer" of patient satisfaction and quality of service.

In its review of complaints for 2012/13 the sub-committee found no significant recurring themes in complaints made to the hospice.

- Although only a small number of complaints had been received, they tended to be more complex in nature and two reported 'lack of communication' between services and professionals. This was particularly noted where new services or new roles had been introduced by Pilgrims Hospices requiring different approaches with other health professionals in the local health system.

- Negative or poor staff attitude (as perceived by the complainant) was a more prevalent theme, possibly as a result of increased throughput of patients. Pilgrims Hospices prides itself on individualised and holistic services and has already taken this on board by investing additional resources into the nursing establishment.

For 2013/14 the sub committee is also supporting:

- The introduction of a computerised complaints recording system to help underpin the quality of our complaints processes.

- Publishing an "easy-read" version of our refreshed complaints procedure.

3.4 Themes arising from reported clinical incidents

Pilgrims Hospices actively supports and encourages reporting of clinical incidents, including where incidents have been averted through the swift action and/or observations of our staff. Our aim is to keep patients safe in our care at all times and transparent reporting of incidents enables us to look at areas where we might need to make changes to help us continuously revise our approach to safe care.

Throughout 2012/13 the three hospices have regularly analysed this information. We have looked at whether any common themes are apparent, what actions, if any, need to be taken to minimise any risk of harm to patients and address them accordingly and swiftly. We now record all incidents electronically and this brings a benefit in that it has become easier to identify trends quickly and respond to them.

Our clinical incidents fall into four main categories:

- Patient falls
- Medication errors
- Pressure area management
- Clinical incidents

3.4.1 Patient falls

The overall number of falls sustained by patients during 2012/13 was broadly similar to 2011/12. However some trends are evident. We have noticed an increase in the number of patients having more than one fall which may indicate our increasing patient dependencies, balanced against the wishes of many of our patients to remain as independent as possible.

As a result we have taken a number of actions to manage more effectively the risk of patients falling. We have recently invested in a number sensor pads on each site which act as an early warning system to alert nurses to a vulnerable patient moving from a bed or a chair. We also try to locate patients at high risk of falling closest to nursing stations and observation points on our ward to help enable the quickest response possible and allow a greater opportunity to increase nursing checks. The nursing teams have introduced ‘hourly rounding’ to better anticipate patients’ needs and to assist them when necessary to move safely. Our increased nursing resources will enable us to increase our rounds to support safe patient care.

3.4.2 Medication errors

The overall number of medication incidents was similar in number 2012/13 to 2011/12. The majority of errors can be categorised as “error by an individual” and “error resulting from process fault”.

This year, where individuals have made errors, the staff concerned were invited to discuss why the error occurred with their clinical manager and, where appropriate, are offered further refresher training and reassessment of their skills and expertise. We have also improved our systems to support staff in safe practice for prescribing and medicines administration.

3.4.3 Skin care, management of skin integrity and pressure ulcers

This important area of care has been a specific focus for us this year as we have identified an increased number of patients being admitted to our inpatient wards with pressure ulcers. This is particularly prevalent in our Thanet hospice which admits, on average, 30% more patients with pressure ulcers than the other two sites.

In addition, the hospice reported a small number of patients developing low grade pressure ulcers while in the care of the hospice. Despite many of our patients having increasingly high dependency needs, we are committed to a zero tolerance approach to hospice acquired pressure ulcers of any grade.

Our nursing teams have focused on improving both the quality and frequency of pressure area assessments and subsequently pressure area care. The Chief Executive commissioned the Director of Nursing to undertake a review of pressure area care across the hospices and an improvement plan was developed and implemented. This was recently recognised by the Care Quality Commission during its inspection of our Ashford hospice. We expect our actions to continue to show improvement and work towards our zero tolerance approach next year and in years to come.

We have also reviewed our skin care assessment tool and have recently changed to a tool which offers a thorough assessment and commonality with the tool used by our community nursing colleagues and local acute hospitals. The aim of this is to improve continuity of safe care when patients transfer between different care settings.

3.4.4 Other clinical incidents

Other clinical incidents remain infrequent. There is no apparent trend across the sites and each incident is fully investigated with recommendations for change acted upon locally.

3.5 Review of our framework to support safe patient care and continuous quality improvement

In 2012/13, as part of a review of the governance for the hospice, we reviewed our approach to supporting safe patient care and continuous quality improvement. We wanted to be sure we really were listening well to what our patients and service users told us about their experience of care, and make sure this feedback has the highest priority in our work so that, combined with our knowledge and understanding of best practice in the field of palliative care expertise, we could do our very best to ensure patients had good clinical outcomes and a good experience of their care with us.

We wanted to strengthen these important areas of work to help us continue to provide the very best care for local people.

As part of this we have established an overarching clinically led committee, the Patient Safety and Quality Committee, which reports direct to our Board of Trustees. The core committee membership comprises a medical, nursing and therapies clinical leader from each of our three hospices as well as other clinical experts, such as our hospice pharmacist, our clinical trustees and clinical directors. Our registered managers are also in attendance when the committee meets. The committee is chaired by one of our clinical trustees.

The committee has established six sub groups to support safe care, patient experience and quality. These include:

- **Clinical Effectiveness Group** - which will ensure evidence based practice and clinical audit improves clinical outcomes for patients.

- **Patient Safety and Experience Group** - which will consider our safety and patient experience information, strengthen it where necessary and make sure any risks to patients, or feedback that patients share with us, is acted upon to minimise risks and bring about improvements respectively.

- **Complaints sub-committee** – which already regularly reviews all complaints and the processes the hospice has in place to ensure a robust and transparent approach to managing complaints.

- **Clinical Policies and Protocols Group** - will review and update existing clinical policies and protocols and develop any new ones necessary to guide safe and consistent practice across our hospice services.

- **Medicines Management Group** – will scrutinise our approach to safe prescribing, administration and use of medicines and compliance with policies and the law to ensure risks to patients associated with medicines are minimised.

- **Workforce Development, Education and Training Group** – will oversee the hospices' approach to the development of our staff, ensuring we have the right people in place, in the right numbers and with the right attitudes, behaviours, skills and knowledge to support the needs of our patients now and in the future.

We have developed a new 'quality dashboard', a simple approach, designed by local clinical leads, which enables our Board and local clinical teams to see at a glance how well we are doing with key areas of work aimed at maximising clinical outcomes, keeping patients safe while in our care and providing patients with a good experience of our services.

At each hospice site, all members of staff can participate in a local system to support good governance where staff come together to discuss a number of different aspects of work to support the above framework. These local meetings are an important factor in ensuring our learning from experience and in particular patients' feedback in one area or service is shared with others.

Most importantly, the framework set out above facilitates sharing of good practice across our hospice sites so that we can learn from what patients tell us and ensure we implement guidance for best practice in an effective way.

3.6 Improving end of life care through education and training

A key part of the hospice work is to help improve care for patients at the end of life through providing education and training in the field of palliative care for clinical and non clinical staff and volunteers from other organisations who also provide care and support for patients and families with palliative and end of life care needs.

This year we were also able to use some of our reserves to open our new education, training and conference suite The Ann Robertson Centre.

This refurbished and well equipped centre enables us to respond to the many requests we have to provide a range of education and training for our colleagues working outside of the hospice as well as for our own staff.

3.7 Developing our workforce

Pilgrims Hospices recognised that along with other healthcare providers they faced a number of challenges, which included driving up quality of care, delivering service improvements, and ensuring it responded to national and local drivers. To meet these challenges, we considered what skills we needed to build within our senior leadership teams so that our leaders could effectively lead and engage stakeholders internally and externally across the health and social care system.

There was a compelling case for this development which included:

- organisations whose staff are engaged to deliver a better patient experience, fewer errors and higher staff morale.
- engaging patients in their care can ensure that care is more appropriate and improve outcomes.
- increasing recognition of the importance of integrated care that requires leaders to be effective across systems, both within and outside the NHS.

To meet the internal and external challenges faced by our executive team and senior managers a bespoke Leadership and Management Development Programme was developed to meet the challenges described above. A values survey and staff survey were carried out to help inform this programme.

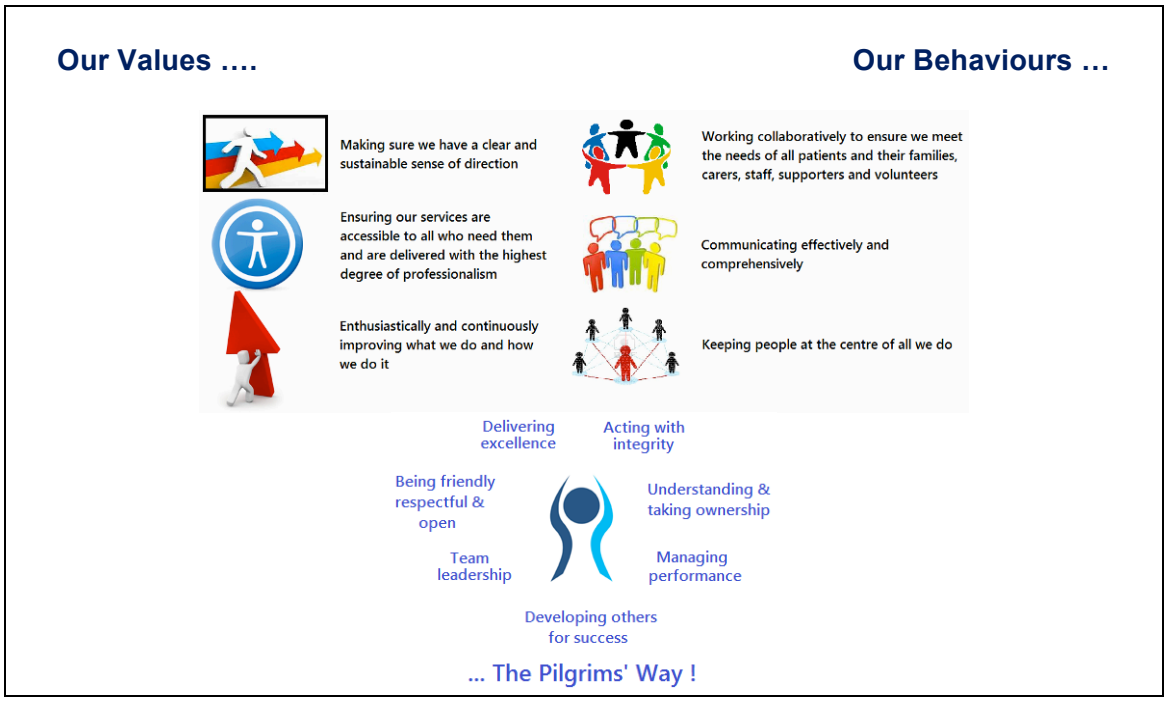
Key elements of our programme included:

- Refreshing our vision and values.
- Focused executive and senior management development.
- Bespoke site development programmes.

3.7.1 Outcomes

Our outcomes achieved have included:

- A revision of our vision and values statement.
- The development of a behaviours framework to help embed our values.
- A redesigned appraisal process and management training to support the implementation of the new process.
- Bespoke "espresso" training sessions on our behaviour framework.
- Heightened self awareness and mutual understanding between the senior leaders of our organisation.



Part 4. Looking forward to 2013/14

4.1 Our priorities for 2013/14

Our clinical teams have considered all our learning and understanding from previous years and the knowledge available to them from best practice guidance plus our own clinical audit findings and research base.

Most importantly, we have also listened hard to what our patients have told us works well for them and what patients and families tell us has not worked so well. We have also listened to our partners in the NHS, social services and the voluntary and independent sector as to what they most value from the hospice.

With this in mind, we have identified the following four areas of priority for next year.

4.1.1 To enable more responsive and integrated care for patients who have 'shared care' i.e. where the hospital, GP, community services as well as hospice, may all be involved in supporting the patient

We aim to achieve this by:

- Continuing further development and progress with our electronic record systems, especially the 'My Wishes Register' which, with the consent of patients, helps all professionals and agencies caring for palliative patients to understand their wishes and preferences for care.
- Working proactively with partners to determine how to work more effectively together in the best interests of patients and in doing so take account of what patients and families tell us works well for them.
- Ensuring as a hospice service, everything we do reflects our hospice values,
- Ensuring as a hospice we strive at all times to be as flexible and responsive as we can to meet the needs of patients.
- Ensuring our staff skills, knowledge and resources remain 'expert' in the field of specialist palliative care.

4.1.2 To improve our understanding, and from this improve our care, for patients at the end of life who have multiple conditions and complex high dependency needs

We aim to achieve this by:

- Making use of national end of life care and other best practice guidance and evidence (such as that for supporting people with long term conditions at the end of life) to better inform how we care for our patients who have multiple conditions and high dependency needs.
- We will also continue our local clinical audit work and seek research opportunities to further inform the care we give to this particular group of patients.
- Investing now in additional numbers and training for nurses to help us be well prepared for changing demands and complex patient needs.
- Exploring where use of technology could help benefit patients and maximise opportunity to enhance patient care and experience.
- Continuing to ensure all patients receiving care will have an individualised care plan, part of which includes a clearly specified and understood named registered nurse, known to the patient, who oversees their care.
- Adapting existing models of care to meet the needs of people dying from all conditions, not just cancer.

4.1.3 To strengthen ways in which we learn about patient experience and satisfaction with the care, treatment and facilities we provide so we can continuously improve that experience wherever possible

We aim to achieve this by:

- Continuing to improve ways in which we gain feedback from patients about the care they receive and the even better environment in which they are cared for.
- Exploring how we can better understand the experience patients have while receiving care.
- Improving the ways in which we collect information about the quality of our services including the accuracy of our information.
- Reviewing our clinical record to achieve better care planning and individualised care for patients.
- Reviewing the outcome of the Francis report into the care of patients at the Mid Staffordshire NHS Trust and take account of any recommendations to ensure that the same failings in *any* aspect of our work, never happen at Pilgrims Hospices.

4.1.4 To ensure the long term sustainability of Pilgrims Hospices in delivering the highest possible quality of specialist palliative and end of life care to meet the needs and preferences of the people of east Kent

We aim to achieve this by:

- Undertaking a strategic review of the hospice during 2013/14.
- Involving and listening to our patients and families, health and social care partners and our staff, volunteers and supporters.

5. Supporting statements

The Pilgrims Hospices Quality Account 2012/13 has been shared with our commissioners and with Healthwatch Kent. At the time of publication no comments have been received.

6. Chairman's statement

As a Board, our Trustees and Executive Directors have an important role to do, ensuring good governance throughout the hospices' work. We have already reviewed our processes and systems, and plan to do even more in the coming year. We will improve the information gathered to show us how well we are doing against standards that represent high quality care. Some of these are set by our regulators (eg the Care Quality Commission) and some are set out nationally as "best practice" in end of life and palliative care.

One way we have improved our systems is to set up a Patient Safety and Quality Committee, which – at the time of writing – has met three times and provided its first report to the Board of Trustees.

This committee, which is made up largely of clinical staff, is taking forward improved data recording and reporting on issues important to patients and their families (as well as clinical staff themselves) such as pressure ulcers and skin care of patients, and occupancy and length of stay information. This will help improve the quality of services still further, and enable us to share best practice across the three hospice sites and local community services.

A significant investment in research into developing aspects of palliative care is a high priority for the Board to foster improved assessment and care and to promote hospice care nationally.

We have recently made a significant funding increase to recruit more registered nurses to maintain our high quality of care and we have recommitted ourselves to maintaining and improving nursing quality generally through support, training and ongoing education.

We have a forum that captures the views of staff and volunteers and we will act on the feedback from that group. We will aspire to establish a patients' forum to integrate as far as possible direct patient and carer experience into our thinking and planning. Our complaints system responds swiftly to written and verbal complaints and goes further, recording and acting on adverse comments. A sub committee of the Board reviews the management and content of complaints, identifies trends and monitors action on any improvements required.

We are not complacent and continue to consider and learn from failings elsewhere, such as the report into lack of care at Mid Staffordshire NHS Trust. My initial response to the Mid Staffs report was one of profound sadness that an institution (healthcare) to which I have dedicated most of my working life as a family doctor, could have so many failings. There were, however, some more positive aspects of the report and this has stimulated me and my colleagues to reiterate the need to listen and understand fully and transparently, the experiences and needs of our patients and their families.

As a charity, Pilgrims Hospices is in the fortunate position of being able to adopt an holistic model of care, ensuring time and compassion takes centre stage in our care, giving additional time and support to our patients and their families. Giving this high quality service is why we have such amazing support from the local community in fundraising and volunteering for the hospice. We also hope the high quality of our services will enable us to continue to receive the small amount of funding given to us by the NHS, for which we are also grateful.

I do hope this Quality Account will assure the organisations and wider community that we take care and compassion seriously, and that we will remain ever vigilant in pursuing our sole aim of high quality, holistic care for patients, carers and families.

Dr Richard Morey
Chairman, Board of Trustees

7. Acknowledgements

We would like to say thank you to the following contributors…….

To our supporters, for ensuring, year on year, we can provide high quality care and support for the people of East Kent.

Our patients and their families, who share precious moments with us and through their feedback, give us insight and understanding of their experience when in our care thereby helping us to do more of what is important to them and to put things right when things have not worked out so well.

Our staff and volunteers, for their passion and commitment to those we serve.

Our Trustees, who support us and challenge our thinking to help ensure that we constantly have our patients and local people uppermost in our minds.

Our partners in health and social care, including statutory, independent and voluntary sectors, as your feedback too is important to us.

The membership of the hospice's Patient Safety and Quality Committee, for coming together to share expertise, promote our aspirations for excellence and form a focus for continuous quality improvement, safe patient care and the best possible patient outcomes and experience.