# Pilgrims Hospices in East Kent

# Moving Forward With Care For Patients and Families

# – Our Quality Account Report 2013-14

Pilgrims Hospices

Registered Charity Number: 293968

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## Part 1.

## 1.0 Introduction by Chief Executive

On behalf of the Board of Trustees, once again 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 remains paramount and to ensure that we remain at the highest levels we have worked hard to make improvements in a number of areas which are covered within this account. I would however like to highlight the following:

- We have recruited additional nurses
- We have enhanced our education and training provision
- We have improved our responsiveness
- We have listened more than ever to our patients, their families and carers
- We have worked proactively with other healthcare providers
- We have started to plan for the future.

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.

## 2.0 Looking back on 2013/14

***Reflection on our priorities for improvement 2013 / 2014***

Last year we identified four areas of priority as a focus for our quality improvement work.

We set out to improve our understanding and build on what local people, including our patients and families, supporters and partners told us was most important to them.

People told us their experience of care was improved when the various health and social care organisations involved in providing their care worked together well. It was particularly important to people that those involved in providing care for patients all understood what an individual patient's preferences and wishes were and that when patients needed help, it was available in a timely manner.

We have been humbled that so much feedback from patients and families has spoken of what we do well and that if we do more of this, their own wish is that we continue to help more people have the same good experience as the end of life approaches. Where people have given us feedback to explain where we might seek to do better, this has so often been with the specific request their feedback can be used to help provide better experiences for future patients.

It is very clear to us from all the feedback we receive local people want us to continue to aspire to improve what we do year on year and we share that aspiration.

We also committed last year to look further into the future and make sure local people who wish to support and need us that we will continue to deliver high quality end of life care which is sustainable for future generations.

### 2.1 Working together to provide the best possible service when you most need help

**2.1.1** We said we would work to bring about improved responsiveness and integration of care in particular where a range of different services are involved in supporting patients. Central to achieving this was our aim to make progress with our electronic patient record system which, with patients' consent, could share helpful information among professionals involved in a patient's care, with particular regard to the patient's preferences and plans for care at the end of their life.

We have progressed our aims in the following ways:

- Where patients known to the hospice are admitted to our local acute hospitals (East Kent Hospitals University NHS Foundation Trust), the hospice is now alerted of that patient's admission on the same day. This enables the hospice to offer more timely and immediate help if this is what the patient needs from us.

- Working in partnership with our local General Practitioner colleagues and with our local out of hours services, we have assisted in further development of an electronic clinical record 'Share My Care' which enables patients' care preferences to be recorded so that different professionals involved in their care have the very latest information available to help them help our patients. In excess of 250 patients have given their consent and taken up the choice of making their preferences known in this way. We have also worked closely with the local ambulance service to ensure patients known to us, who might call an ambulance, can be made known to the ambulance crews quickly. This enables the

crew to make immediate contact with us at the hospice if their assessment and discussions with patients, on their arrival at a patient's home, suggests we can help.

*An elderly patient living in sheltered accommodation had a fall resulting in bruising and a wound. The ambulance service was called. The patient had agreed for their record to be shared on the Share My Care register, which enabled the paramedics to contact the Care Navigation Centre and speak to the palliative specialist nurse on duty. The outcome of this collaboration meant the patient did not require admission to hospital when normally the paramedics in attendance would have a duty of care to take the patient to hospital. They were reassured, as was the patient and their family, that admission to hospital was not necessary in this instance. The patient received prompt follow up from the Pilgrims community team, to enable them to remain in their own home.*

**2.1.2** We said we would seek to work more 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. The examples given previously demonstrate how some of that work has developed during the year.

In addition, we have worked closely with our health and social care colleagues bringing our particular expertise to help influence the best outcomes for our patients. Our work has included:

- Attending and playing an active role in the newly formed local integrated care meetings where, together with our health and social care colleagues, we can share expertise and planning aimed at supporting individual patients who are commonly known to us.

- Engaging in a more consistent way with local care home groups to help residents in care homes have plans in place as they approach the end of their lives and to offer our expertise to care home staff too.

- Agreeing with our colleagues in social services that hospice social workers could act as Trusted Assessors (TA) and their assessment of patients' needs be adopted by social services teams. When time is short this allows the assessment to be made at the appropriate point in time by professionals who have a good understanding of the patients' current needs and avoids subjecting our patients to multiple assessments of a similar nature and speeding up the processes by which patients needs can be addressed when time is short. As a result of this we have benefited a number of patients this year who would otherwise have faced two assessments of their need and thereby a delayed response would result.

*Hospice inpatient, aged 88, symptoms of fatigue, breathlessness and poor sight impacting on ability to cope. Living in warden assisted accommodation, determined to remain independent, wishing to return home, though family concerned about patient's ability to remain living independently. Through the TA role the options for discharge were discussed, assessment completed, hospital bed ordered, support plan for a package of care put in place and a timely discharge arranged. Outcome - Following a period of about one month at home and then with her daughter, B returned to the hospice for end of life care. The patient achieved her preferred place of care and her wish to remain living independently for as long as possible. TA made bereavement follow up and daughter expressed satisfaction at supporting her mum's wishes at the end of her life. Social services colleagues have recognised the benefits of the TA role, that it is patient centred through assessment by professionals who understand the patients/carers current needs.*

- Development of a joint working group with our colleagues from the specialist respiratory nursing team to bring a focus on chronic lung disease in the Thanet area. As part of this we have shared and reciprocated education sessions between our services so the hospice is better able to support patients with life-limiting lung disease. Patients known to the respiratory services have joined in and visited the hospice to help understanding of how the hospice might support patients in the future as their disease progresses. For those patients who can benefit, we have established some joint clinics for patients to attend which enables them to see their respiratory and end of life specialists all under one roof and in one single appointment.

- The undertaking of two development workshops with colleagues from community services at Kent Community Health Trust to examine ways we could work together on improving our services for patients and their families. We discussed case studies where we felt care could have been improved and shared thoughts on the development of action points to be progressed into improved service delivery. This work is planned to continue throughout 2014-15.

- Occupational therapists from all three hospices meet quarterly with their Intermediate Care Team counterparts to discuss joined up working, how best to support palliative patients in the community and new service development.

**2.1.3** We wanted to make sure that as a service, everything we do, day in and day out, reflects our hospices' values and that our patients, supporters and partners can be confident they will experience this ethos in a consistent manner in every contact they have with us.

- In 2013/14 we have revised our approach to our staff induction to make sure the hospices vision and values are clearly understood by all our newly appointed staff. We have also refreshed and made changes to our staff appraisal system ensuring staff have embedded in their personal development plans the hospices' values and behaviors framework.

- We have also established a special project to focus our efforts in improved staff and volunteer engagement so our staff who meet and speak with those we serve daily, have a route to keep us informed and help us shape the future services the hospice provides.

- Representatives from the Staff Consultation and Communication Group and the project group Huffkins have commented that "the creation of this group has given both staff and volunteers a real voice in helping to contribute to the shape of future services; the development of the "ideas" box initiative was a good example of this.

**2.1.4** Ensuring as a hospice we strive at all times to be as flexible and responsive as we can to meet the needs of patients.

Across our hospices our teams have developed services and changed the ways in which they deliver services to be as flexible and responsive as possible. Our patients have told us they particularly value the following:

- Opportunity to attend a clinic appointment in Thanet where patients can see a number of our expert professionals in a single appointment rather than attending multiple appointments on different days.

*A 40 year old patient attended a joint clinic in January with their partner. This patient had received a recent diagnosis and their health was rapidly declining. The patient and their partner attended a clinic appointment with a palliative specialist nurse. As the joint clinics were running the nurse was able to ask a doctor to join the clinic to answer specific questions. The patient and their partner were also able to see the occupational therapist and social worker. This team approach reduced the need for multiple appointments, helped to build early therapeutic relationships, provided prompt intervention, supported effective communication and enabled a more efficient management of time for all professionals involved*

- Opportunity to experience some of our hospice services closer to their homes and in places other than the hospice building. Between April 2013 and March 2014, we have provided people with appointments and/or contacts in a range of different outreach venues.

For example Deal outreach 2013-14
45 patients attended a complementary therapy session
47 counselling sessions attended
60 specialist palliative nurse clinics
139 day hospice attendances
49 patients attended specialist palliative Doctor's clinics.

*A quote from a patient regarding why they attended the day services outreach – 'I could not travel to… any more through pain and symptoms so a local outreach is invaluable to us.' The patient's carer said: "The local venue is a life line and very beneficial for my wife who cannot travel very far because of her illness… I have peace of mind knowing my wife is in a secure environment with caring professionals."*

- Our dedicated 24 hour telephone contact point for the hospices located at Ashford hospice has continued to provide a route for patients, carers and health and social care providers to be in contact with the hospices. Staff there provide a route to direct the calls within the hospices and access appropriate support services as well. The letter shows how valuable this can be to the caller.

***One of our many letters of thanks gratefully received…***

*… in desperation, I phoned your 24 hour number and spoke to a young lady. Although the errors were not the fault of anyone at the hospice she didn't hesitate in helping us. Throughout the evening she worked continuously, finding out what had gone wrong and liaising with the ambulance service, local nursing home and the district nurses trying to put something in place for us. She took complete control and by midnight, with everything else failing, had negotiated admittance to the hospice in Canterbury where we were met by a fantastic nurse and doctor who had been called out to admit….*

*Throughout this extremely stressful and upsetting day, the young lady kept in regular phone contact with myself and was very calm and professional. In my opinion she took ownership of a bad situation that had been created by others and without her support I really don't know what would have happened.*

- The flexibility of our senior healthcare assistants working in our Hospice at Home service. Now in its fifth year of operation, 2013/14 resulted in more than 600 patient referrals into the service and in more than 12,000 hours of care delivered for patients enabling people to stay in their own home and die there where this is their preference. This care helped over 95% of patients whose preferred place of death was at home to achieve their wishes.

- In addition and based on our learning and feedback from patients, we recognise that occasionally timely access to a registered nurse as part of the Hospice at Home service, could have helped patients even more. Therefore, in 2013/14 we looked at how we could bring our Hospice at Home and ward based teams closer together to work more creatively and responsively to best meet the individual needs of our patients wherever they needed care. The case study below gives an example of how this made a difference.

*A lady was an inpatient on the ward at the hospice as she had been admitted for help with the managing some difficult symptoms. She really wanted to get home as quickly as possible. A lot of nursing care and help to make sure she could mobilize safely and with dignity was required. She was a very independent lady and aware her illness was progressing quite rapidly. Time at home with her family was very important. The staff started to plan for discharge which involved ordering equipment by the therapy team and much liaison and planning at home with the family to ensure an appropriate environment for care could be provided. Additionally the family was receiving support from the social worker who in conjunction with the occupational therapist ensured the necessary adjustments were made and the family supported. Her nursing care was so complex that it was not feasible to hire a care agency.*

*The Hospice at Home team worked with ward staff to understand the specific requirements of her care and establish a relationship in preparation for going home. The ward staff liaised with the district nursing team regarding care management and the necessary pain relief required. Once home the planned personal care was given several times a day by Hospice at Home at times agreed with district nurses to coincide with their visits. This can be difficult to arrange as district nurses are not always available for a definite timed schedule with many other patients to care for. Owing to the difficult nature of her management a staff nurse from the ward was able to go out and support the Hospice at Home team by devising an additional care plan.*

*This lady remained at home for four weeks before being readmitted to the hospice at her own request. A planned admission was arranged and the Hospice at Home team were with her as she was collected by ambulance and came back to the ward to help her settle in.*

**2.1.5** Ensuring our staff skills, knowledge and resources remains 'expert' in the field of specialist palliative care.

We believe lifelong learning is critical for us to provide expert care for our patients and there are a number of ways in which we ensure our staff has all the necessary expertise to care for our patients and their families. This year to date, we have:

- Revised our Education & Training policy to better support learning and develop expertise, embed commitment to achieve the required statutory and mandatory training standards, carry out training needs analysis, identify clinical trainers, and prioritise training delivery for identified areas.

Refreshed and embraced clinical supervision, supporting staff with their clinical practice providing regular access to supervision to help their reflection.

- Significantly improved uptake of our appraisal process with our uptake improving on last year by 10% and our staff feeding back they felt the experience was more meaningful.

- 15 key staff attended a Lifelong Learning event commencing the preparation for forthcoming nursing revalidation aimed at ensuring safe patient care as a requirement of the report by Lord Francis into the Mid Staffordshire NHS Trust. Attendees included: the chief nurse, the associate director for professional practice standards, senior nurse managers, ward sisters, trainee advanced nurse practitioners, education manager and director of human resources.

- Invested in additional numbers of registered nurses, including senior nursing posts, so that nurses experienced in specialist palliative care have more time to help develop the skills and expertise of new nurses joining the hospice.

- Developed an internal quality newsletter to share best practice and learning across our hospices.

- Trained our staff in the use of new equipment so that we have up to date resources for our staff to use and that they are well placed to deliver safe and expert care for patients.

- Congratulated three healthcare assistants who completed their foundation degrees at Level five and two who completed the Certificate at Level four, via Canterbury Christ Church University and two healthcare assistants who completed their NVQ level three in Health & Social Care during 2013/14.

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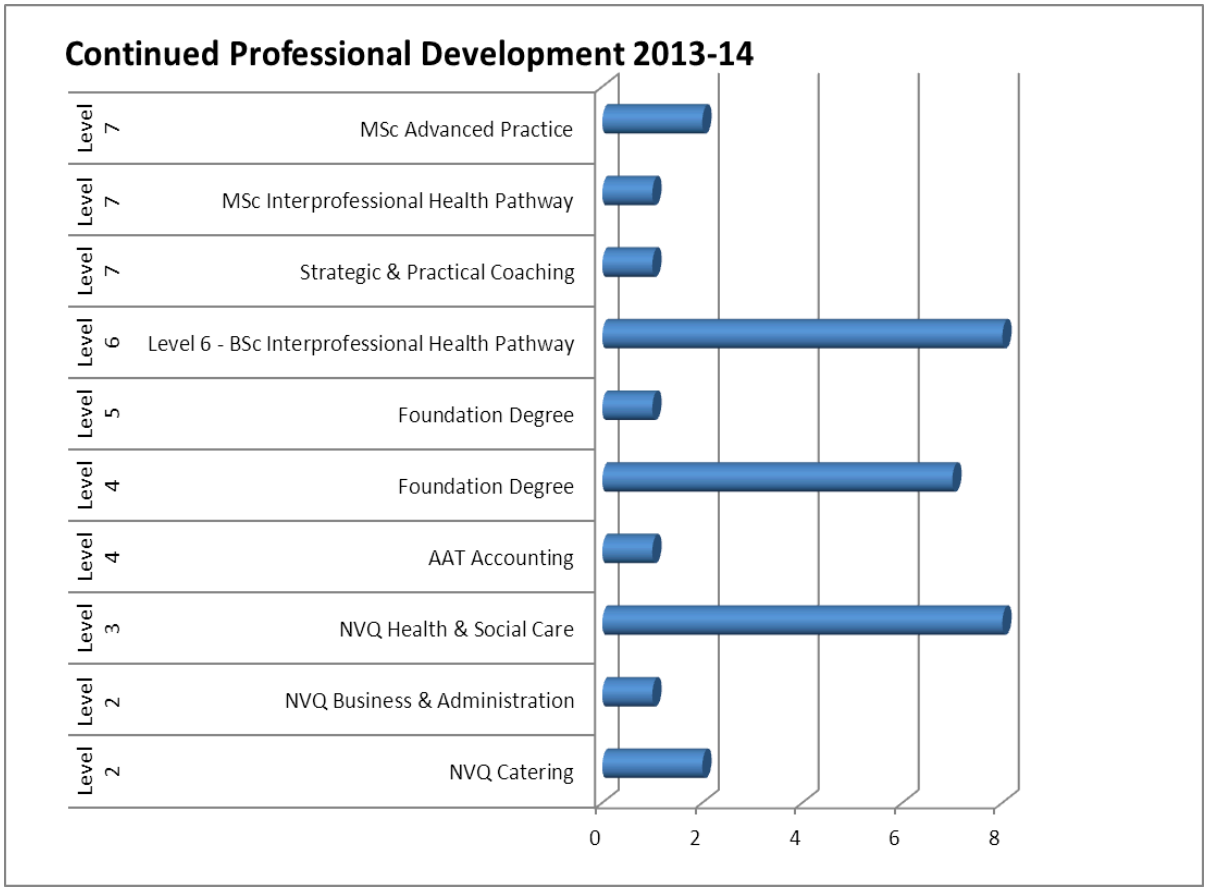
| Nine staff have been actively progressing Foundation, MSc and BSc. degree level studies<br>Three other staff are progressing their NVQ L3 in Health & Social Care<br>Two nurses are progressing with their Advanced Practitioners course |

- The chart overleaf shows the number and breadth of staff completing external courses to support their continued development.




## 2.2 Enhancing our understanding of our patients and families needs

**2.2.1** We said we would work 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 aimed 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.

Our commitments to being a research active hospice has also seen our research activity continue to grow during 2013/14 where we have participated in studies including:

- A study into breathlessness related to malignant lung disease exploring the impact for patients of high versus low intensity training in breathing techniques. As a result of this we have adapted our programmes for breathlessness management where appropriate

- A 4 year international study looking at quality indicators that will describe good quality end of life care for patients with dementia and cancer so that we can make any necessary changes to our practice in the future.

- We are in the beginning phases of two new studies aimed at improving patient and carers' experience. One of the studies will be a trial of a tool to assess the needs of carers, while the second will look at the impact of hospice care on patients' problems.

**2.2.2** 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.

Examples of our audit work this year include:

| Audits completed | Where | Actions taken from audit findings |
|---|---|---|
| An audit into patient falls | All 3 hospice sites | From this a specifically constituted group has been convened to take account of the audit and together with our patients, plan what our next steps are needed to help further reduce risks of falls. |
| An audit into the frequency and volume of intravenous procedures undertaken on our inpatient units | All 3 hospice sites | The audit showed the hospice has increased the management of patient's symptoms through use of intravenous infusions and recommended the purchase of the latest safety pumps to administer infusions. Through the generosity of our supporters we have been able to ensure the pumps have since been purchased and are now in use. |
| Controlled drugs audit 2014 | All 3 hospice sites | The audit showed that across all three sites Pilgrims Hospices were compliant with National and professional standards. Currently weekly stock takes are signed at the back of the Controlled drug register by two nurses. This process may be unclear with reference to specific drugs or if all drugs have had a stock check. Audit has resulted in making a recommendation that when recording the weekly stock, it should be recorded in red on each page of each drug in the relevant controlled drugs register. |
| Hand hygiene audits | All 3 hospice sites | Audits are completed as scheduled and results reported quarterly internally and externally to commissioners. |
| Mattress audit | All 3 hospice sites | Has begun during the year reported but will be completed later in 2014. A new audit tool has been introduced to ensure national guidance compliance. |
| Participated in a national Dementia pilot audit | All 3 hospice sites | The organisational audit and patient audits have been submitted.<br>A recommendation from the audit is that for the hospice to become |

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|---|---|---|
| | | more dementia friendly there is a need for dementia awareness training for all front line staff. |
| FAMCARE audit – this survey of bereaved carers' experiences of care was undertaken as part of a National benchmarking exercise | This data collection was completed over the 3 hospice sites between 1st June-31st July 2013 covering deaths from 1st April-30th June 2013. | This was a service evaluation rather than an audit and represents a snap shot of activity, however we can compare across sites and compare to a national benchmark. A full report is to follow and presentation at the Audit half day in October 2014 |

**2.2.3** We have invested this year in additional numbers and training for nurses to help us be well prepared for changing demands and more complex patient needs.
We have:

- Increased our ward sister establishment from 1 to 2 nurses on each site to enhance the leadership capacity and capabilities of the nursing team. Our ward sister positions in particular have a focus on training and reflection on care given at the bedside, to ensure care standards are met and maintained and that care is always given with compassion and patients treated with dignity

- Increased our specialist nurses establishment so that patients living at home are more likely to receive a timely response from the hospice

- Made use of the additional senior nursing expertise to refresh and update guidance, procedures and learning tools and resources for the nursing team as our patients needs become more complex

- Rolled out management and leadership training for our senior nurse managers.

**2.2.4** We have continued to progress our use of technology to improve patient experience this year and considered where future use of technology could help benefit patients and maximise opportunity to enhance patient care and experience.

This year to date, we have made further progress linking up important aspects of patient care and records of care with other partners who are also involved in caring for our patients. This has included:

- Revision of our future IT strategy

- Increasing the resilience of our IT systems by moving our core servers to our Ashford site where we have a generator backup in case of power failure

- Establishing a system with our local hospitals whereby the hospice is notified, via email when a patient has been admitted to or discharged from hospital

- Establishing a system whereby, with patients' consent, our patients are made known through the ambulance service call systems. Any ambulance crew knows it has been called to a patient who is known to the hospice and will have access to details of a patient's care choices and needs, thus helping ensure the most appropriate response for the patient

- Increasing access to important and latest test results that our patients may have had in the hospital setting for example, scans and X-rays

- Making a formal bid for funding to purchase a bespoke patient experience system, both hardware and software. This would enable us to build next year on the work to gather patients' feedback in 2013/14 and give us comparable information about the experience of care our patients report. As such a system has the capability to provide timely feedback to the hospice, it would enable us to quickly respond to patients if they told us we could do better

- Introducing teleconferencing on all sites to facilitate communication between teams and reduce time on travel and make us more cost effective and efficient

- Making available a small number of tablet devices for patients' use to improve communication with loved ones and enhance the patient experience**.**

*In Autumn 2013 a patient wished to renew her wedding vows before she died. The Hospice wi-fi access and an iPad were made available. A ring was chosen and ordered online, she instructed her husband to collect and pay for it. The ceremony was held at the hospice while utilising Skype allowed other relatives to join in.*

**2.2.5** We have worked hard to ensure all patients receiving care have an individual care plan, which includes a clearly specified and understood named registered nurse, known to the patient, who oversees their care.

- Every patient has a nursing care plan that is as individual as possible reflecting their particular preferences, wishes, likes and dislikes. Our regulators, the Care Quality Commission reported back to us that they observed good evidence of this effort during their inspections on all three sites this year

- Regular and timely evaluation of care happens and that plans are reviewed in the light of changes

- Individual care plans are implemented

- The patient and where appropriate agreed family members are involved in care planning and if the patient and family wish, care delivery, at all times.

**2.2.6** We have continued our focus to see where existing models of care can be appropriately adapted to meet the needs of people dying from all conditions, not just cancer.

We have progressed through our shared learning and partnership work with others including:

- Working with the community respiratory nurses to develop our services for patients with chronic obstructive pulmonary disease and developed together a tool to support patients with chronic lung disease to help manage breathlessness.

  Working with the community heart failure nurses to look at ways of developing further our care for patients with heart disease which builds on our initial work of previous years to offer more input from the hospice for patients whose latter stages of heart failure are causing particular distress and difficulty.

*Our palliative specialist nurses attend appointments, palliative care meetings and home visits with the community heart failure nurses, which has helped to improve patient assessments. We are also involved in a research study which is looking at how breathlessness work with patients taking morphine can equally apply to patients with heart failure.*

We have also developed partnerships with local renal teams, the local specialist nursing team working with patients with motor neurone disease and with local mental health services.

While unable to discuss specific cases to protect confidentiality, the team in Thanet works closely with the specialist nursing teams working with patients with heart, kidney, lung and neurological disease in the community. We use joint visits to address symptom and emotional issues and supporting them with the challenging decisions that need to be made towards the end of life. We meet at both the hospice and primary care joint meetings to discuss the people we are involved with.
Patients benefit from the joint approach using the skills of both sets of professionals to ensure all their care needs are supported, they do not have to repeat themselves so often and the care they receive is more appropriate considering their condition and preferences.

## 2.3 Learning from our patients and families to help us to improve your experience

**2.3.1** We said we would work to strengthen ways in which we learned about patient experience and satisfaction with the care, treatment and facilities we provide so we can continuously improve that experience wherever possible.

We aimed 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.

**2.3.2** Getting feedback from our patients and families is important to us and during the last year we have tried to find ways in which we can gather as much feedback as possible, as early as possible, so that we can improve the experience of those using our services in a timely manner. We have:

- Implemented a rolling programme of informal patient and carer surveys covering ward, community and day services and from feedback gained make immediate changes to things that patients have told us make a difference to them. Examples of changes we have made from feedback to us in this way included:

*A day services patient commented she was not sure exactly who to discuss any concerns with and who to ring if she needed to discuss attendance. Action – an information card was introduced which notes the patient's named practitioner and contact details for the community coordinator.*

*A carer discussed their concerns and fears around the implications of not having any guidance on morphine medicines when caring for the patient at home with breathlessness. An advice leaflet called "Morphine – your questions answered" was designed and is now provided for all patients and carers.*

- Collected direct feedback from patients on our inpatient unit as our nurses undertake their regular rounds to ensure patients' comfort. Patients have told us they feel this provides them with even better quality time spent with their nurse and they feel less worried about having to call a nurse using their bell as they can ask for whatever they need at regular and frequent intervals, day or night.

- Made sure that our comments/feedback boxes are now more prominent in our hospices and we are actively encouraging our patients and families to become involved, if they wish, as we make changes to our hospices' environment.

- Established 'service user groups' on all sites. We now have 27 patients, carers and bereaved relatives actively engaged in developing service improvements.

- As a result of the care a family received from us, we were the subject of a 10 minute documentary aired on BBC prime time television focussing on the high quality care of the hospice. This can be viewed on You Tube *www.youtube.com/watch?v=QCHWhaisk5o*

**2.3.3** As part of our continued aspiration to refine our framework to support safe, high quality patient care and experience we have also:

- Developed an initial quality dashboard which brings information related to our key quality markers into one place. Our aim was that we would be more easily able to review information across our hospices and compare it with other local information. The processes we have gone through to initiate this has in itself resulted in an improved verification process for checking our data and information compared to last year and next year, we aim to improve further by looking, as part of our IT strategy, at an automated system that can present our data and information in an improved manner

- We have developed a new incident reporting policy to help ensure consistency of reporting of all incidents

- Rationalized our use of evidence based tools for patient assessment removing the potential for inappropriate variability

- Taken part in the Help the Hospices quality assurance benchmarking programme across 100 UK hospices analysing key quality indicators including pressure ulcers, falls and medication incidents to help us understand where we are positioned against other hospices and help us target improvements.

**2.4** We have reviewed the outcome of the Francis report into the care of patients at the Mid Staffordshire NHS Trust and taken account of the recommendations to ensure that the same failings in *any* aspect of our work, never happen at Pilgrims Hospices. As such we have taken the following actions:

- Reviewed and reissued our whistleblowing guidance and put our behaviours framework and training sessions in place to ensure staff commit to and uphold our values and behaviours.

- Completed a three day leadership development programme for our local management teams which covered service leadership and service improvement and performance

- Provided short and timely 'espresso sessions' for our staff. These sessions support our newly developed behaviours framework, have been rolling out across the hospice and will continue to do so for new staff. The focus of these sessions is set out in the box below.

| |
|---|
| Understanding & Taking Ownership |
| Managing Performance |
| Developing Others for Success |
| Team Leadership |
| Delivering Excellence |
| Open & Effective Communications |
| Acting with Integrity |
| Extending our Knowledge |

- Reviewed our communication and customer care training offering to better respond to our patients, carers and families.

- Increased numbers of our staff are scheduled to progress through advanced communication training skills programmes.

### 2.5 *Planning for the future*

**2.5.1** We said we would work to ensure the long term sustainability of Pilgrims Hospices by 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 aimed to achieve this by undertaking a strategic review for the hospice during 2013/14.

Our strategic review was launched in June 2013 and set out to work through a number of clear phases.

Phase 1 established a clearer focus for the care we will offer in the future and working with our staff and volunteers who deliver our services and work with patients and the public every day, our staff told us the most important thing that people valued was our particular specialist expertise in palliative care and supporting people at the end of their lives. This formed the bedrock of phase two.

As part of phase two, project groups have been working up ways in which we could:
- Make sure we continue to be 'experts' in the field of end of life care
- Be as effective and efficient as we can keep quality of care at the very top of our agenda
- Tap in more to the valuable expertise volunteers can contribute
- Form even stronger partnerships with others to be of the best possible help to local people.

We have also taken our initial emerging thoughts out to share with our local partners and listened to their feedback on what our early thoughts would mean to them. This has enabled us to confirm and also revise some initial thinking.

**2.6** Involving and listening to our patients and families, health and social care partners and our staff, volunteers and supporters.

**2.6.1** This year we have worked hard to increase our efforts to listen to people and have:

- Actively engaged our staff and volunteers to help develop our options for future hospice services as part of our review.

- In addition to patient and carer surveys we have introduced more visual comments and suggestions boxes around the hospice to gather feedback and seek ways to improve on our services.

- We have reviewed our complaints procedure to increase local resolution to dissatisfaction with services.

- Established service user groups on each of our sites and invite the groups to help us make decisions on a variety of matters that affect patients. Examples of our service user groups informing what we do and how we do it include; groups making choices about our current refurbishments in our hospices such as choices of colour schemes and furniture; groups advising us on some of our patient information, including how helpful it is and how changes might make it more so.

## Part 3.

## 3.0 Quality Overview

### 3.1 Feedback and compliments

We are always pleased to receive feedback from our patients, supporters and partners and this year we have received many compliments that have resonance with the aims we particularly set out to achieve. We are pleased to share some of the comments received below:

***Comments from our patients and families***

"Thanks for the help, care and support you showed to xxx … through your care and support we understand that her pain and that of her friends and family was handled with kindness and dignity."

"We feel fortunate in the excellent standard of care xxx received during his illness.

"Thank you for the exceptional care and overwhelming concern shown to xxx and our family… we came to know you as extremely professional carers… kind and considerate and dedicated people who pulled out all the stops to ensure that every member of the family was looked after & cared for with kindness and good humour. Nothing was too much trouble & we can never thank you all enough. xxx thought the world of you all because he said so more than once. He described you as 'dedicated and special'.

"Thank you hardly seems enough. My husband was looked after so well, but from the doctors, nurses, chef and cleaners and volunteers you were all so dedicated, you are wonderful people. He could not have been in better hands. So from the heart, myself and family thank you."

"Sincere thanks for the excellent care. We both appreciated the sensitivity with which his EOLC was planned…. Helped greatly by the psychological as well as physical support."

"Thank you for providing exemplary levels of care. The care and compassion was performed with the best possible level of dignity and professionalism."

"Wanted to say a huge thank you for the care, compassion that you showed mum. Dying is not easy for anyone but your kindness made it easier to bear."

"Food is lovely." (PHT patient survey)

"Was very apprehensive about referral to hospice services but has felt very safe in hospice environment." (PHT patient survey)

"This place is so clean!" (PHA patient survey)

### 3.2 Learning from complaints

As well as positive feedback about our services, in 2013/14 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 | TOTAL |
|---|---|---|---|---|
| Verbal – re care | 1 | 1 | 2 | 4 |
| Written – re care | 3 | 2 | 1 | 6 |

The hospice complaints sub-committee continues to meet twice a year to review all complaints and the processes by which they are progressed, 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.

During 2014, the sub-committee revised its terms of reference, ensuring the hospice continues to manage any complaints (regarding care and other aspects of the hospice's work) 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, however, for matters relating to patient care, it will also makes 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 2013/14 the sub-committee found:

- Although only a small number of complaints had been received they tended to indicate a general perceived lack of communication between services, patients and professionals

- Negative or poor attitude (as perceived by the complainant) was also prevalent, possibly as a result of increased throughput of patients and staffing levels at each hospice site.

The further training and development we have provided for staff this year and our values and behaviours framework is aimed at improving the above points.

In addition, through our close partnership and relationship development work with other service providers, we aim to see improvement in lack of in communication between services. Our further progress on joining up our communication, through better use of information and clinical records, will also reduce the risks of poor communication impacting on patient care and experience.

- An 'easy-read' version of the complaints procedure is now available to all hospice users

- For 2014/15 the sub committee is also supporting a review of the current complaints procedure by staff, making it more streamlined and taking into account the eventual move over to an electronic system. A series of staff workshops has revised and made our complaints procedure easier for our staff to follow so that our responses to complaints from patients, families, supporters and our public are handled as swiftly and sensitively as possible.

### 3.3 Themes arising from reported clinical incidents

Pilgrims Hospices has a range of quality markers that we review regularly. A number of these are important markers that other healthcare providers, including hospices, are required to meet as part of our regulatory requirements. We also review any incidents that occur as part of our day to day service and clinical practice so that we can understand anything that might not have worked so well, keep patients free from harm and learn how we can continue to improve. We have set out and agreed a policy and procedures for recording and learning from incidents to strengthen our approach to this important work across the hospice.

Our clinical incidents fall into four main categories:
- Patient falls
- Medication errors
- Pressure ulcers
- Clinical incidents.

The hospice reports on these measures externally through the commissioners to comply with national guidance.

As a response to the identification of the above we have introduced a number of information leaflets which have received a positive response from user groups. These include advice and guidance on preventing pressure ulcers, falls, and use of medications.

#### 3.3.1 Patient falls

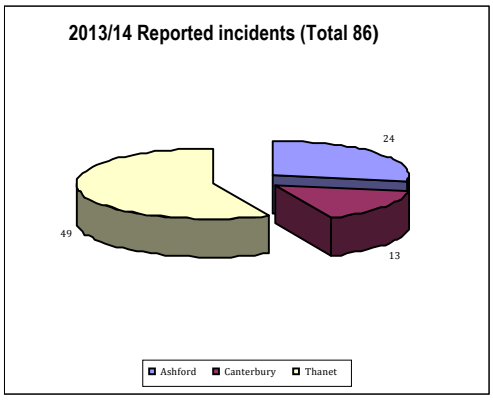
The overall number of falls sustained by patients during 2012/13 was broadly similar to 2011/12. However some trends are evident. We have noticed an increase in the number of patients having more than one fall which may indicate our increasing patient dependencies, balanced against the wishes of many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

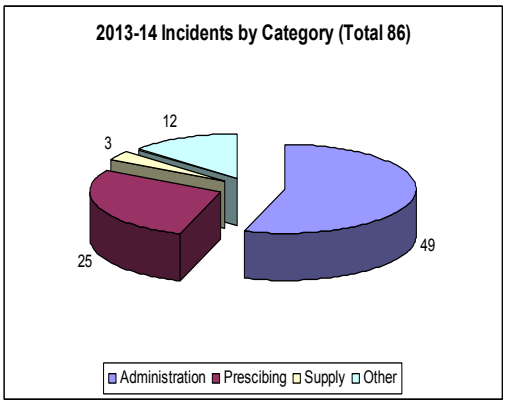
As a result we have taken a number of actions to manage more effectively the risk of patients falling. We have recently invested in a number sensor pads on each site. These act as an early warning system to alert nurses to a vulnerable patient moving from a bed or a chair. We also try to locate patients 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'

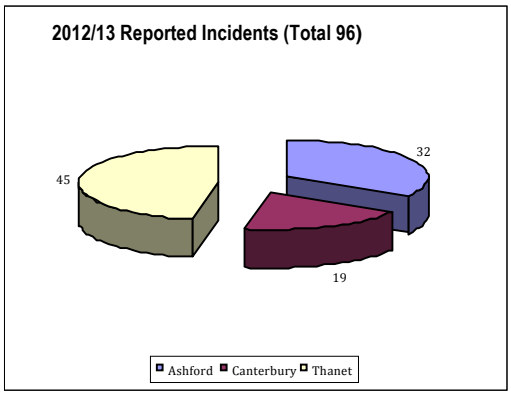
to better anticipate patients' needs and to assist them when necessary to move safely. Our increased nursing resources will enable us to increase our rounds to support safe patient care.

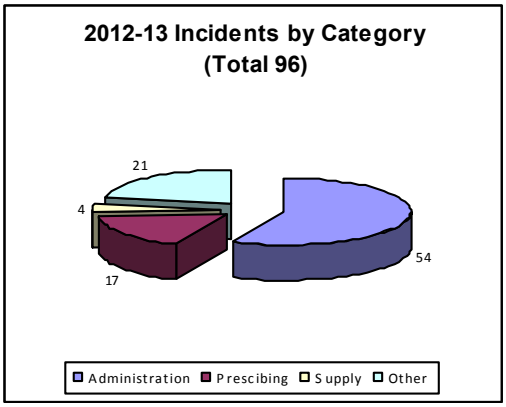
### 3.3.2 Medication

The overall number of medication incidents at Pilgrims Hospices has fallen in 2013-14 by 9% when compared to 2012-13.




During 2013-14 the Medicines Management Group has introduced a cross site system of peer review for medication incidents. This allows each hospice to learn from medication incidents reported at other sites, promotes a consistency of response to incidents and allows each Pilgrims Hospice to benefit from independent comment on the handling of their incidents.

From this review process the group has produced "Learning from Medication Incident" posters which allow medical and nursing staff to appreciate areas of practice where incidents have occurred and subsequently to take extra care when they find themselves in similar situations.

This review process has also identified where improvements to practice can be introduced, an example of which has been the inclusion on every desktop computer in the hospice of access to a clinical tool that enables staff to check doses when converting from one painkiller to another.

The group has also undertaken an audit across Pilgrims Hospices to establish how often staff administering medications are interrupted during their work and suggested changes to practice.

In early 2014, Pilgrims Hospices updated all its syringe drivers and the group worked in tandem with the Hospice Policies and Procedure group to ensure the transition was completed in a safe and effective manner. A similar process is now being undertaken with the planned introduction of new medicine administration infusion pumps to all sites.

### 3.3.2 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 its care. 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 one 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.

### 3.3.3 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.

### 3.4 Inspection by regulators

The Care Quality Commission have inspected all three hospice sites in 2013/14 and found each one to be compliant with the essential standards of care that were inspected during the visits. These included:

| Hospice site | Inspection type | Standards inspected | Example comments from patients to inspectors during the visit |
|---|---|---|---|
| **Canterbury** | Routine unannounced inspection | • Respecting and involving people who use services<br>• Care and welfare of people who use services<br>• Management of medicines.<br>• Staffing<br>• Assessing and monitoring the quality of service provision | *"It's brilliant. It's got me back to where I want to be"*<br><br>*"You can't fault the care"* |

| | | | |
|---|---|---|---|
| **Thanet** | Unannounced inspection | • Care and welfare of people who use services<br>• Cleanliness and infection control<br>• Management of medicines.<br>• Staffing<br>• Assessing and monitoring the quality of service provision | *"They really can't do enough for you"*<br><br>*"You can't fault the treatment"* |
| **Ashford** | Routine unannounced inspection | • Care and welfare of people who use services<br>• Meeting nutritional needs<br>• Management of medicines<br>• Safety, availability and suitability of equipment<br>• Requirement relating to workers | *" I feel safe and well cared for"*<br><br>*"You can not get better care than here"* |

**3.5** Improving end of life care through developing our workforce and education and training.

- Since the introduction in early 2013 of e-learning for a significant proportion of statutory and mandatory training, Pilgrims Hospices compliance is at 95% for both clinical and non-clinical packages. Internally we have delivered 149 sessions of training with 1222 attendees from across all staff groups, and covering both clinical and non-clinical subjects. Details are in Table 1 on the next page. In all external delivery has risen by 19.5% for 2013-14, from 77 events to 92, which includes receiving £41k from commissioners to provide a varied programme of courses in End of Life Care, to the wider healthcare economy across east Kent. In all we delivered 92 sessions to 1,179 attendees, to staff from care homes, primary and secondary care, domiciliary care and South East Coast Ambulance Service. Table 2 on the next page indicates the range of courses and attendance.

- For Dying Matters Week in May 2013, we gained permission to have a pop-up stand in each of the acute hospitals for a day in each, to raise awareness with fellow healthcare professionals and members of the public, not just of the work of Dying Matters, but also of the work of Pilgrims Hospices.

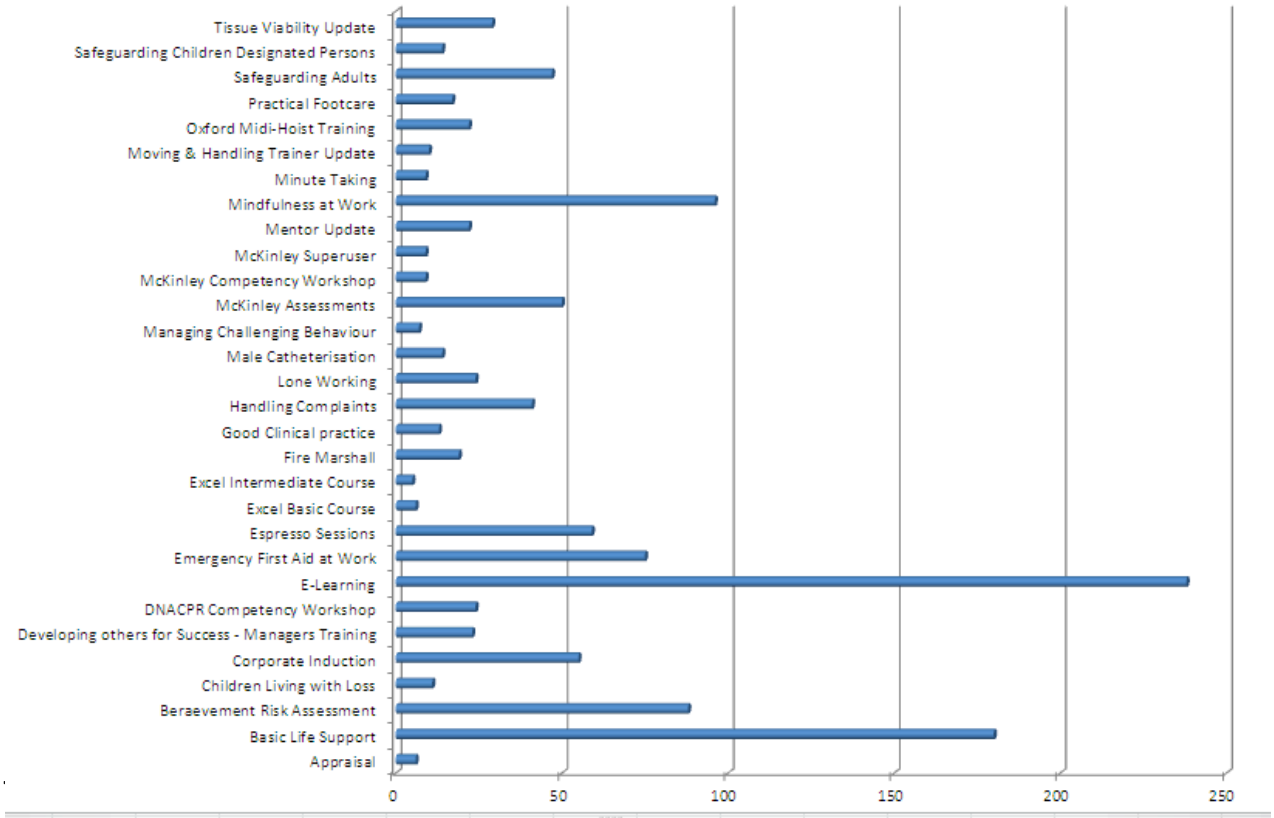
- We were invited to each of the acute hospitals for Patient Safety Week to deliver an afternoon session on end of life conversations.

As we move into 2014-15:

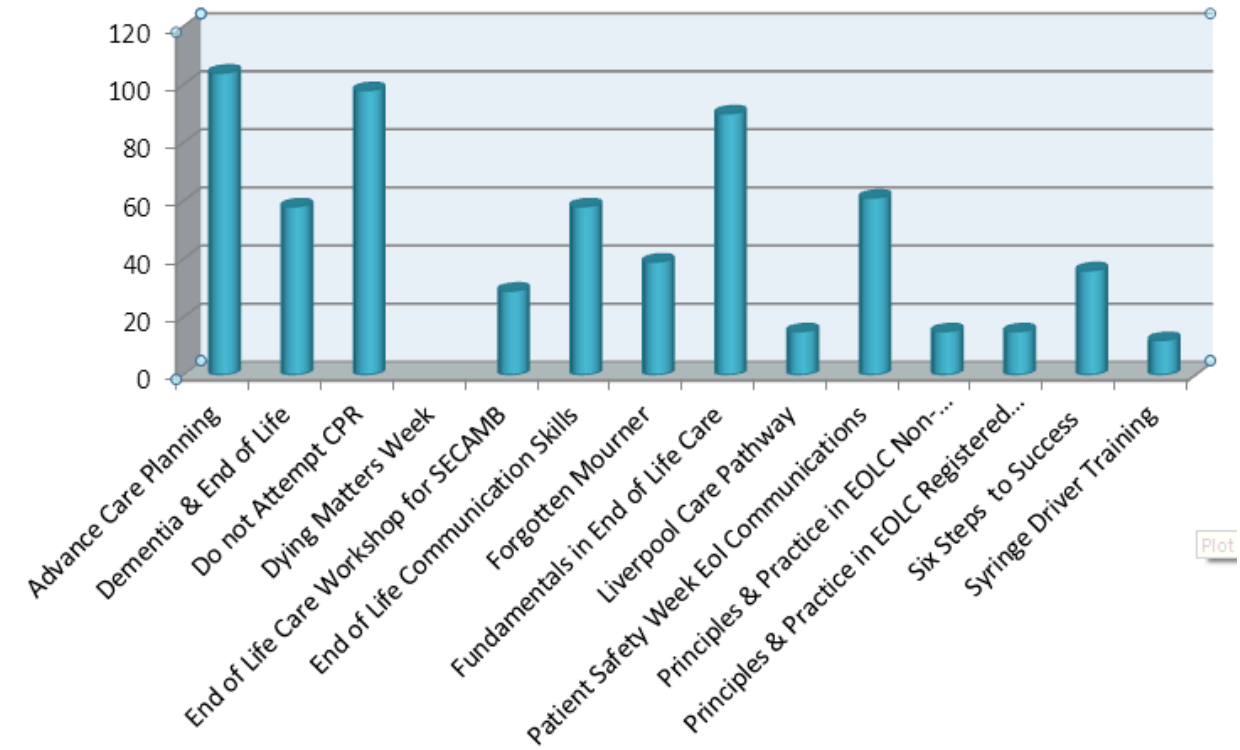
- We are included in a joint Advance Care Planning Technology Enhanced Learning Project with Canterbury Christ Church University, Kent Community Healthcare Trust and the other Kent Hospices
- We have been commissioned to develop and deliver Dementia at End of Life Training for GPs
- We were successful in a bid to develop and deliver Compassion Awareness Training, with fellow hospices in Surrey and Sussex.

**Table 1**

## Attendees Internal Courses




## Attendees External Courses



## Part 4.

## 4.0 Research Participation Overview

**4.1** Pilgrims Hospices is a research active organisation with a keen interest in making use of research findings to benefit outcomes for patients. Research activity has included participating in National Portfolio Studies and non-portfolio studies during 2013-14.

**4.2**: The portfolio studies are:

- SOB-LCII: Shortness of breath in Lung Cancer II
  This study was a randomised trial of high versus low intensity training in breathing techniques for breathless patients with malignant lung disease: early intervention. Funded by 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 breathless management techniques at weekly intervals [current practice] with a single session. The hospice joined the study in May 2012 and recruited 8 patients.

- ChemdEL: 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, sponsored by the University of Liverpool. The study provides information about the chemical compatibility and compatibility of drug combinations delivered to palliative patients via continuous subcutaneous infusion {CSCI} for symptom management during the last months and days of life. The hospice contributed to the 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. Data collection commenced in March 2013, adding 387 entries until the study closed in June 2013.

- CSNAT: The Carer Assessment Study
  This study is funded by Dimbleby Cancer Care and run by the Universities of Manchester and Cambridge. The Carer Assessment Study is looking at implementation of the Carer Support Needs Assessment Tool {CSNAT} in practice. The CSNAT is an evidence based tool developed with the help of family carers to aid the assessment of carers' support needs when caring for a relative or friend towards the end of life. It has been designed as an approach to opening up discussions with carers about their support needs. This study commenced November 2013 and will complete June 2014.

- The iPOS Validation Study
  This study is funded by an NIHR Programme grant for Applied Research and run by Kings College London. The study is testing the validity and reliability of the Integrated Palliative Care Outcomes Scale {IPOS} which is a brief clinical questionnaire developed to comprehensively assess palliative care needs. Recruitment to this study started March 2014.

- IMPACT: Implementation of Quality Indicators in Palliative Care Study
  IMPACT is a four year study {2011-2015} project in five countries, funded by the European Commission. The aim is to develop Europe wide indicators for palliative care for people with dementia and cancer. Quality indicators are measures based on research evidence that judge and describe good quality end of life care. Pilgrims has been involved in the project since summer 2013 in which time they have applied the quality indicators to their documentation and developed action plans to make improvements.

**4.3** Non-portfolio studies are**:**

- Chronic Obstructive Pulmonary Disease {COPD} PhD project
  This study explored what the triggers for holistic assessment are for COPD patients and their carers. 21 patients and nine carers were recruited for interview to describe their experiences of holistic assessment and to explore the concept of triggers to facilitate this. The findings have now been written up and published in a peer reviewed journal and presented at conferences.

- PPI 2 : Validation and accuracy of prognosis prediction by the Palliative Care Prognostic Index {PPI} in hospice patients: a multi-centre prospective study.

  This is post MSc research relating to the PPI study that involved the validation and refinement of a simple clinical prognostication tool. Recruitment started in June 2013 and is now complete. Data analysis is ongoing with a view to complete by May 2014 after which a study report will be generated.

- 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 user costs. At the end of March 2014, 27 carers had been recruited and 22 successfully interviewed. Recruitment for stakeholder interviews commenced March 2014 with some interviews arranged. A focus group took place with hospice care navigators in February. Data analysis has been commenced.

**4.4** Details of publications and presentations are contained in Appendix 1.

## Part 5.

## 5.0 Looking forward to 2014/15

The coming year will see further developments in several areas already described within this account:

- How Pilgrims gains feedback relating to the patient and family experience by participating in PLACE assessments and engaging with users within groups and exploring tools to establish real time user experience

- Continuing to refine and embed the new complaints procedure

- Pilgrims is seeking to have improved data quality reporting for both our own use, commissioning partners understanding of the service compliance and to align the hospice with national frameworks for quality markers. To do this will require the implementation of new software and development of reporting procedures through the NHS

- Consideration of how, as services are developed they are able to have quality indicators related to national guidance incorporated and outcome measures audited

- Further work developing partnerships between local providers of health and care services to benefit more end of life care patients, their families and those who support them

- Outcomes of research participation during the past year reported.

## Part 6.

## 6.0 Supporting statements

Mary Kirk, nurse consultant for end of life care with Kent Community Health NHS Trust, said: “Kent Community Health NHS Trust has strengthened relationships with Pilgrims this year. Providing community care to people at home can be extremely complex and we welcome the opportunity to work collaboratively to support people at home at the end of their life.

“Our staff work closely with Pilgrims Hospices teams, including inpatient nurses, community teams and consultants. We have collaborated to run events to bring staff together to discuss complex care issues and work together to keep staff up-to-date and share best practice. The hospice's education team has been extremely helpful supporting our training needs for staff and running education programmes for us. We have also appreciated the support Pilgrims provides in sharing research and working in collaboration countywide to make sure we look at the best care we can for those we care for.”

Hazel Carpenter, accountable officer for Thanet and South Kent Coast Clinical Commissioning Groups said: “NHS TCCG welcomes the 2013/14 Quality Account submitted by Pilgrims Hospices.

“TCCG acknowledges that the data presented demonstrates the strong progress within Pilgrims Hospices of providing high quality end of life care and would like to highlight the strong patient engagement that is demonstrated within this quality account.

“Pilgrims has excelled in ensuring excellent outcomes for its patients. There is a strong theme of learning from incidents that have been reported, for example falls, and the measures that have been put into place as a response to this. Thanet CCG looks forward to working closely with Pilgrims to support the improvement of reporting of Serious Incidents and ensuring lessons learnt.

“TCCG welcomes and supports this strong partnership working with other providers to ensure there is more joined up care for east Kent residents.

“The TCCG acknowledges and supports the priorities for 2014/15 detailed within the Quality Account around Patient Safety, Clinical Effectiveness and Patient Experience.

“NHS TCCG looks forward to continuing to work closely with Pilgrims Hospices colleagues to assure the quality of local services and ensure the culture of continuous improvement and excellence remains a constant within Pilgrims Hospices.”

## Part 7.

## 7.0 Chairman's Statement

Pilgrims has made significant headway progressing the aims developed in last year's quality account. I am particularly pleased we have been able to increase the proportion of trained nursing staff who care for our patients both in the inpatient units and in the community. As care becomes more complex and demand increases, the expertise aligned with their ethos of compassion and empathy will enable us to maintain the high quality to which we aspire.

Our Patient Safety and Quality Committee enables the Board to oversee and monitor quality and effectiveness and the work of this committee will continue this crucial work while we progress our Future Hospice Programme (FHP).

I am also encouraged by the development of patient and carer user groups on each site so we can effect constructive feedback and therefore enhance our responsiveness.

The development of outreach care is especially important as is our work within care homes, in particular with patients suffering from dementia.

Once the FHP is agreed by the Board an implementation team will be appointed to develop Pilgrim's strategic plan over the next 3-5 years. The developing themes will aim to effect a sustainable palliative care service to all in need, taking into account financial and workforce constraints. Emphasis will be put on enlarging our work in the community, integrating and coordinating care with our partners in the acute, community and primary care sector, developing more effective volunteer working and expanding our education and research remit. The updated CQC and NICE inspection guidelines will help us to align our quality aspirations because we can never be complacent where the care of our patients is concerned.

We currently help to care for more than one third of the people who die in east Kent every year and we aspire to become an even more responsive and effective service, maintaining the high quality with our staff and volunteers of whom I am immensely proud and who are passionate about palliative care.

Richard Morey
Chairman of Board of Trustees

## Part 8.

## 8.0 Acknowledgements

Thanks to all staff, volunteers and supporters who contributed to deliver services during the year reviewed. Without everyone's continued support and wish to provide a quality service to patients and families referred to Pilgrims Hospices this work would not have been possible.

In addition we would like to recognise the contribution made by our partner organisations; those we work closely with such as EKUHFT and KCHT to ensure patients receive appropriate end of life care, and Thanet CCG for leading local commissioning for End of Life Care.

## Appendix 1

## Publications during 2013/14

Pilgrims Hospice authors are in bold

Peer reviewed journal publications:

**Fisher, S** (2013) The development of a falls prevention and management toolkit for hospices. International Journal of Palliative Nursing. 2013 May;19(5):244-9.

**Butler C,** Holdsworth L (2014) Setting up a new evidence-based hospice-at-home service in England. International Journal of Palliative Nursing 2013;19(7):355-359.

Hadjiphilippou, S, Odogwu S, **Dand P** (2014) Doctors' attitudes towards prescribing opioids for refractory dyspnoea: a single-centred study BMJ Supportive & Palliative Care 2014;0:1–3.

**Cawley D,** Billings J, Oliver D, Kendell M, Pinnock H (2014) Potential triggers for the holistic assessment of people with severe chronic obstructive pulmonary disease: analysis of multiperspective, serial qualitative interviews, BMJ Supportive & Palliative Care, online first edition

**Conference Presentations during 2013/14**

Pilgrims Hospices authors are in bold

Poster presentations at the European Association for Palliative Care 13th World Congress, Prague, 30th May-2nd June 2013:

**Brigham A, Fisher S, Marshall J** & **Cawley D.** An Audit of the Provision of Anticipatory Medications in the Community for End of Life Care

**Butler C**. Developing and implementing a new Evidence Based Hospice at Home Service

Jeyakumar J, Fleming J, Henson L, Lobo P, Caulkin R, Osborne T, **Thorns A.** When Is it Acceptable for Palliative Care Patients to Participate in Research? A Comparison of Patients' and Professionals' Views

Odogwu S, Hadjiphilippou S, **Dand P.** Doctors' Attitudes Towards Prescribing Opioids for Refractory Dyspnoea in Advanced Disease

Rodgers L, **Dand P**. A baseline audit evaluating use of Open Access hospice admission policy: identifying potential problems and variation in practice

Subramanium S, **Dand P,** Ridout, M. Palliative Prognostic Index: Further Validation in Hospice Cancer Patients with a Multi-center Prospective Study

**Help the Hospices conference: Hospice care: fit for the future, 21-23rd October 2013:**

**Butler C.** Invited presentation "Hospices as research active organisations"

**Butler C.** Chair, abstract selection panel

Oral presentation at the 10th Palliative Care Congress, Harrogate 12-14th March 2014:

**Butler C**. Results of a controlled evaluation of a hospice rapid response community service for end of life care
abstract: Butler C, Holdsworth L, Gage H, Coulton S, King A. Results of a controlled evaluation of a hospice rapid response community service for end of life care. BMJ Support Palliat Care. 2014 Mar;4 Suppl 1:A10. doi:10.1136/bmjspcare-2014-000654.26

**Poster presentations at the 10th Palliative Care Congress, Harrogate 12-14th March 2014:**

**Cawley D**. Developing an educational intervention to address the discrepancies in PRN 'as required' prescriptions within a hospice setting.

**Cawley D, Marshall J, Sillett J.** Electronic patient records must talk to an Electronic Palliative Care Coordination System (EPaCCS) for effective Advance Care Planning (ACP).