

# Quality Account 2009/10



**A report detailing the quality of health care services provided by Pilgrims Hospices**

# Chief Executive Statement



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.

Pilgrims Hospices has a well-established and effective clinical governance function which acts as the driver for continuous improvement in the quality of patient care.

In late 2009, the Care Quality Commission (CQC) inspected all three hospice sites and confirmed that they met the conditions of registration.

The Medical Director is responsible for the preparation of this report and its contents. 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.

**Steve Auty**  
**Chief Executive**  
**22 June 2010**

# The Board of Trustees' commitment to quality

The Board of Trustees is committed to providing a high quality, locally based, financially secure service to our east Kent population in all areas of palliative care. To ensure this we place great value and emphasis on our clinical governance, research and audit work as well as promoting education.

Unannounced visits by trustees to our three Inpatient and Day Hospice units provide an important method of monitoring our commitment to high quality services. The Board of Trustees ensures that the views of patients and their carers are embedded in our future plans.

**Richard Morey**  
**Chairman of the Trustees**



## **Priorities for improvement 2010-2011**

**Building a strong platform for continued improvement in the delivery of clinical services**

**Consolidation of new Information Technology system**

**Rapid response hospice at home service and research evaluation.**

## **Reporting on priorities for improvement 2009-2010**

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# Priorities for improvement 2010-2011

Pilgrims Hospices has declared itself compliant with the Health and Social Care Act 2008 and the CQC regulations 2009. All 3 hospices were inspected during 2009 and any recommendations resulting from these visits have been actioned.

## **Building a strong platform for continued improvement in the delivery of clinical services**

Pilgrims wants to ensure that patients have the most appropriate and timely responses to their palliative care needs.

Experienced managers joined the organisation in 2010 to support the expert clinical teams. The managers bring fresh ideas, innovation and improvement in the structure of services to promote the best value for money for service users. Where possible, decisions about how services are planned and delivered are made in collaboration with patients, their families and the public.

## **Consolidation of a new Information Technology system**

Between July and December of 2009, a new electronic clinical records system was introduced across the three hospice sites and in community services which all clinical staff are now using. This has benefited the delivery of care to patients by providing timely access to patient records across sites and remotely. It enables electronic links with other healthcare professionals for the smooth and confidential transfer of important clinical information that helps us to achieve the best possible care for patients. The next objectives are to ensure our system is being used to best possible effect. This means supporting staff to enter data more rapidly and confidently and to generate reports from the system to support daily clinical work, audit and research.

Pilgrims Hospices has been accredited and has established an N3 connection which required the satisfaction of 27 information governance requirements. This means that Pilgrims can establish a direct, secure internet link to the NHS and can obtain and provide information in a timely manner to benefit patient care.

## Rapid response hospice at home service and research evaluation

In November 2009, a small pilot in the Dover area was the first phase of a new rapid response hospice at home service which will eventually be available to all patients in east Kent. This new service will undergo a formal research evaluation to assess whether it makes a significant difference to patients who wish to die at home. The service currently operates in the Canterbury and Thanet area. It will be available across the whole area from January 2011; the research reports in 2012.





# Reporting on priorities for improvement 2009-2010

## **Implementation of clinical Information Technology system**

Between July and December of 2009, a new electronic clinical records system was introduced across the three hospice sites and in community services. This involved training all clinical staff and installing new equipment. The initial phase was completed on target in terms of both time and budget.

## **Extending our community and out patient services**

During 2008 / 9 the hospice reviewed its community services and a number of recommendations were made to develop and expand both existing and new services for patients and their carers. Patients and carers were involved throughout the process and provided valuable feedback. Examples of service developments included; increased out patient clinics, breathlessness management sessions and a new range of programmes aimed at supporting patients and carers.

The new programmes aim to help patients and carers to understand their symptoms and live as independently as possible. Both patients and carers are encouraged to explore new hobbies and interests.

The new programmes support a key part of the hospice's strategy to enhance equity of access for patients at the end of life regardless of diagnosis.





# Review of services

During 2009/10 Pilgrims Hospices provided the following services (based on 3 sites: Canterbury, Ashford, Margate):

- ☐ In-Patient Units
- ☐ Day Hospice
- ☐ Out Patient Clinics
- ☐ Community Palliative Care Nurse specialist Service

Pilgrims Hospices have reviewed all the data available to them on the quality of care in all of these services. The income generated by the NHS represented 26 per cent of the total income required to provide the services which were delivered by Pilgrims Hospices in the reporting period 2009/10.



# Research

## **Pilgrims Hospice Research Facilitation Forum**

The Research Forum has been running since December 2008. It meets approximately three times a year with email communication in-between. It oversees, facilitates and encourages research within the charity.



## **National portfolio research study**

Dr Claire Butler (Consultant and Medical Director at Pilgrims Hospices) is the principle investigator for a research project funded by an NHS funding scheme called Research for Patient Benefit (PB-PG-0808-16126).

This grant funds the evaluation of Pilgrims Hospices Rapid Response Hospice at Home Service and is running over 29 months from 1<sup>st</sup> December 2009. The research is being delivered by a team from Pilgrims Hospices and the Centre for Health Services Studies at the University of Kent. The project has received Ethics approval and is under the research governance systems of the East Kent Hospitals University NHS Foundation Trust.

## **New Academic Consultant Post**

In September 2009, Pilgrims Hospices appointed a new post of Consultant/ Research Fellow with a special interest in non cancer Palliative Care. The post is half clinical and half academic, based at the Centre for Professional Practice, University of Kent.

This innovative post is intended to develop non cancer clinical work together with developing research projects. Projects arise from clinical need and then feedback into service delivery for non cancer patients facing the end of life. The post holder has registered for a PhD at the University of Kent in a project relating to the palliative care needs of patients with chronic lung disease.

# Quality improvement and innovation goals agreed with our commissioners

Pilgrims Hospices NHS income in 2009/10 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

## **What others say about us**

Pilgrims Hospices is required to register with the Care Quality Commission. The Care Quality Commission has not taken any enforcement action against Pilgrims Hospices during 2009/10.

Pilgrims Hospices has not participated in any special reviews or investigations by the CQC during the reporting period.

## **Data quality**

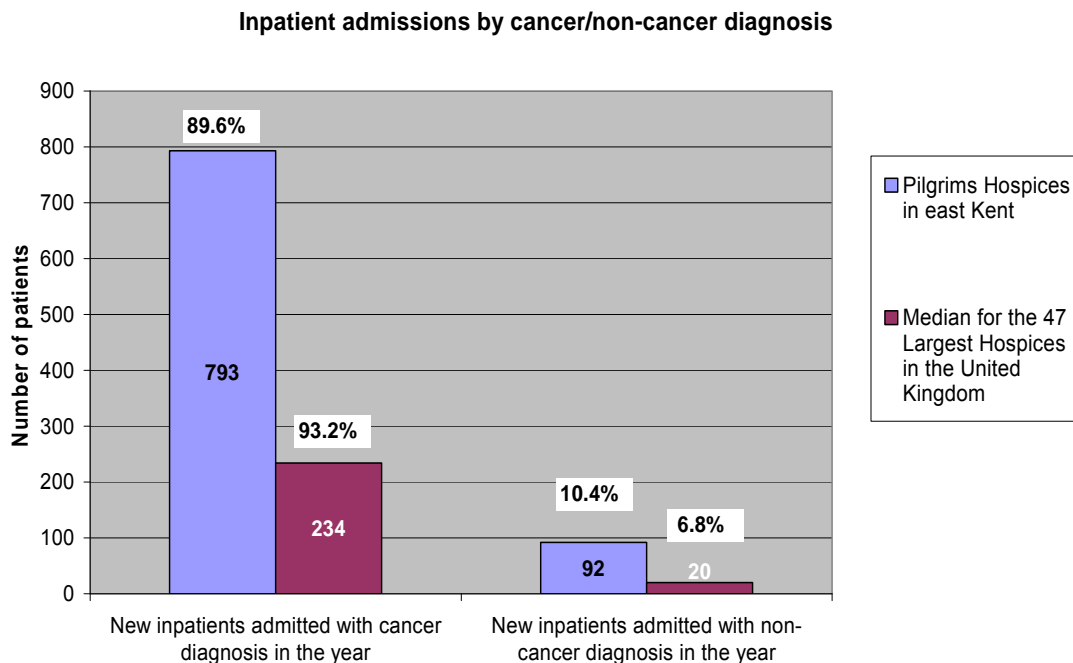
In accordance with agreement with the Department of Health, Pilgrims Hospices submits a National Minimum Dataset (MDS) to the National Council for Palliative Care. Pilgrims Hospices also provides the MDS to the local Primary Care Trust.

However, due to the transfer from written patient records to a new electronic patient record during 2009, no MDS data has been submitted for this reporting period 2009/2010. Full MDS data will be available for the next reporting period (2010/11).

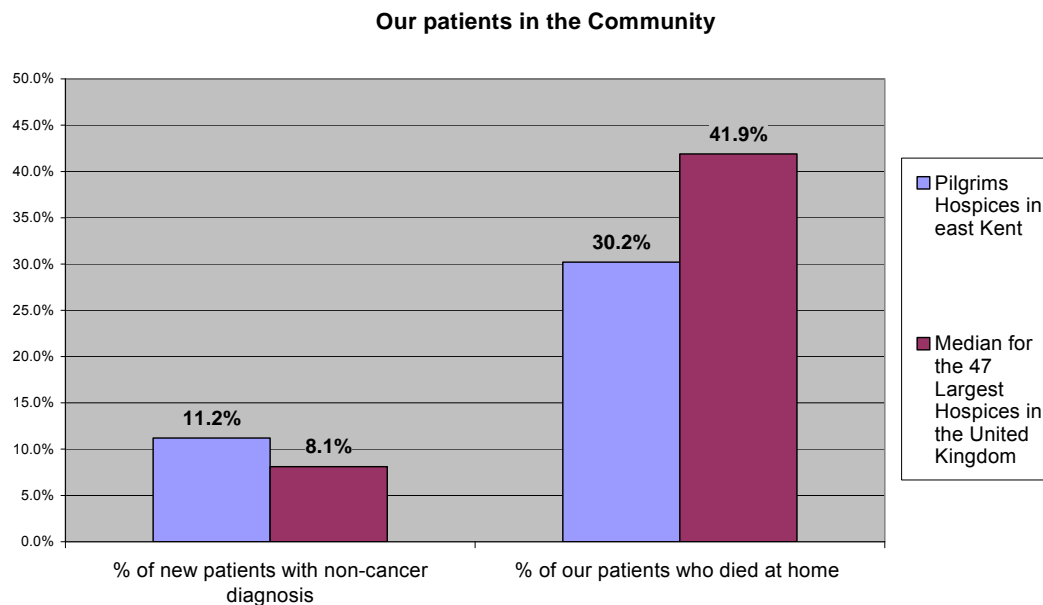
# Quality Overview

## The National Council for Palliative Care: Minimum Data Sets for Palliative Care 2008-2009

**Inpatients** - In this year our proportion of non-cancer admissions was high in comparison with other hospices. The comparison is with the 47 largest hospices which provide their annual statistics. By “large” this means hospices with more than 16 beds in their inpatient unit(s) Pilgrims has 48. Pilgrims is one of the largest hospices in the UK.

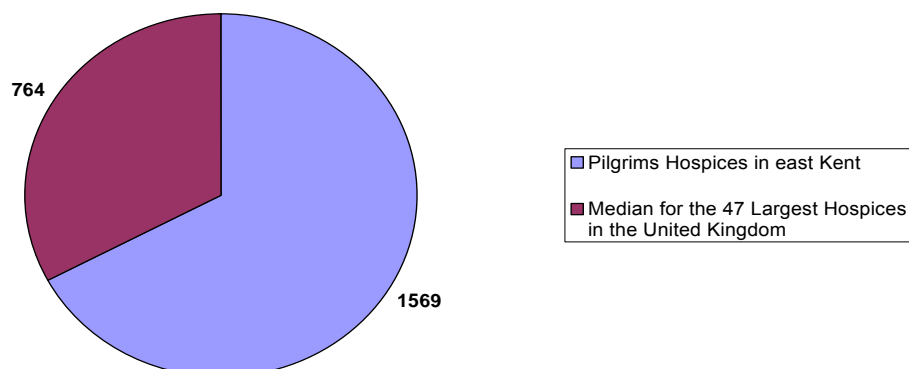


## Community Patients



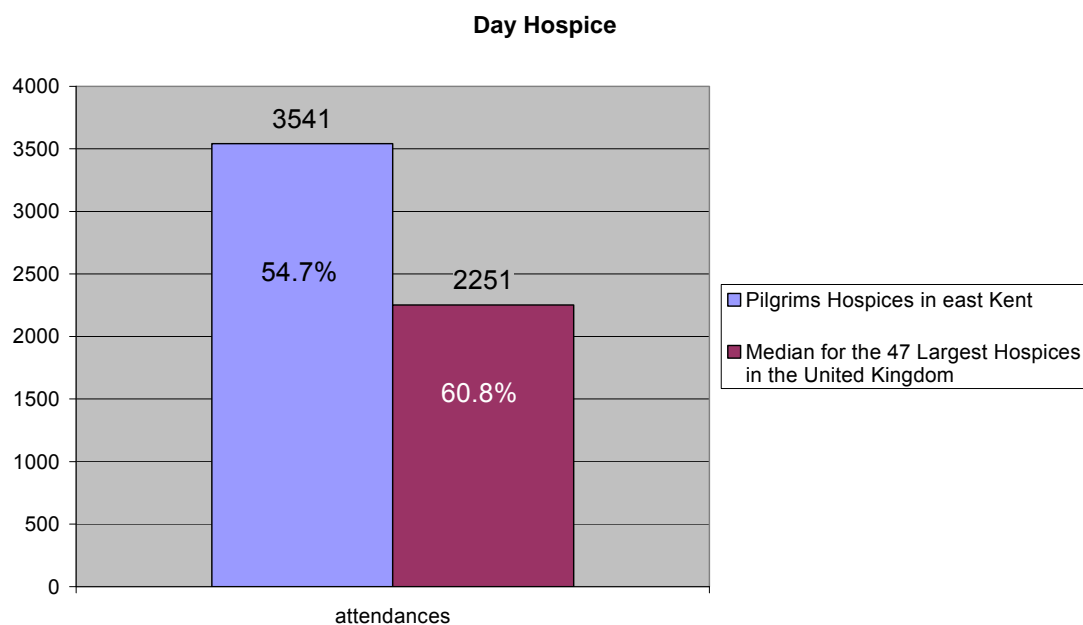
The percentage of newcomers to Pilgrims who are non-cancer patients is even higher amongst those we visit in the home (11.2% compared with 10.4% who are admitted to the Wards - see above). In the first six months of 2010 we recorded 20% of our new patients referred to Pilgrims for palliative care who were diagnosed with non-cancer diseases. The Chart also shows we were lagging behind other hospices in caring for patients who die in the home. Our response to this was the development of our Rapid Response – Hospice at Home service. (Please see page 6)

Number of new patients who joined the hospice from the community in the year



This Chart again shows the size of Pilgrims Hospices compared with our

## Day Hospice Patients



The Chart above shows that we had 3541 patients attend day hospice in 2008-9 out of 6476 places available which amounts to 54.7% attendance. The further development of our new Day Hospice programmes aims to increase the utilisation of these facilities. (Please see page 8.)

# Clinical Governance

## **Progress with high quality care and environment for our patients**

The hospice runs a Clinical Governance programme to ensure the delivery of effective and safe care for patients, families and carers. It incorporates the areas of clinical effectiveness, evidence-based care and clinical risk management.

### **Infection prevention and control**

The annual infection control update for all hospice clinical staff was held in April 2009 across the 3 hospice sites.

As a result of the update, there has been a positive improvement in practices relating to the disposal of needles and syringes and cleaning of patient equipment.

Weekly hand hygiene audits are performed to demonstrate compliance in hand hygiene practices across the 3 sites with the results handed back to each hospice to share.

We have updated our infection control manual in line with best practice guidance.

Another thirty two policies and procedures relating to clinical practices were ratified through the Clinical Practice Development Forum during this year. All are available in paper format on the wards in addition to the hospices' computer system for staff to access.

The agenda is achieved by means of:

- continuing professional education of all staff,
- a rolling programme of audit of various aspects of the services, whether inpatient, day hospice or community services;
- regular review of critical incidents including: drug errors, patient accidents and near-misses in the units,
- a systematic review of any complaints that may occur and dissemination of any recommendations that may result,
- ensuring that all clinical staff have access to up-to-date evidence through a range of literature and journals,
- risk review and management.



## **Patient falls**

Patients near the end of their lives, for whom quality of life and freedom of expression are important, should not be unduly restrained. Whilst some falls may well be unavoidable, it is Pilgrims' duty to prevent injury and loss of confidence to patients and distress to families and carers.

Pilgrims Hospices participated in a benchmarking exercise with ten other hospices in the UK in 2007 to determine, among other things, the level of patient falls. It was found that our hospices experienced 5.6 falls per occupied bed per year in line with published evidence from Pearse et al 2004.

The number of serious injuries resulting from a fall was low in our hospices at 3 out of 108 falls in a six month period. Pilgrims has since participated in the development of a Falls "Toolkit" (Policy Care Plans and Incident Reporting) scheduled to be launched this month which has had the endorsement of the National Patient Safety Agency.

This will improve the assessment of the risk of patient falls and hopes to reduce the number of avoidable incidents.

## **Medication incidents and errors on hospice inpatient units**

During the period April 09 - end March 10 there were 1.48 errors per occupied bed per year reported to the Medicines Management Board. The reduction of medication incidents and errors is a continuous programme of review and improvement, but this figure for 2009 compares well with a benchmarking exercise that Pilgrims Hospices undertook with another large provider of inpatient palliative care which was published (see References).

## **Human Resources Report**

### **Staff health and absence**

In 2009, we had a higher rate of sickness than expected due to a number of cases of suspected swine flu and some full time members of staff having major surgery. This equated to 4.2% of the entire workforce. (If no members of staff had been off sick that year it would have been 0%.)

By promoting better absence management, using occupational health where appropriate and using new computer software, we aim to achieve 3.5% absence or less in the year 2010.



# Our participation in clinical audits

**During 2009 we took part in 22 audits. Highlights are summarised below.**

## **Nutrition Audit**

Having investigated what food is provided to inpatients during their stay we realised there was a long gap between evening meals and breakfast the following morning. We have made snacks more widely available and volunteers will develop their role to bring food and drinks to patients. They will also assist patients with eating and drinking if required.

## **Mattresses Audits**

The mattress audit is carried out annually at each hospice to make sure the mattresses and covers are clean. Some faults were identified and mattresses were repaired or replaced.

## **Infection Control**

Weekly hand washing audits are held at each site to help prevent outbreaks of infections such as MRSA and Clostridium Difficile. These are unlikely to occur but can be brought in without our knowledge so we need to be vigilant.

## **Clinical Interventions in the Home**

Our clinical nurse specialists who visit patients at home are trained and employed to provide specialist advice. We investigated the possibility that they could also use hands on nursing skills or even be trained to prescribe medication. This would improve the patients' experience by streamlining care delivery.

## **Accountable Officer for Controlled Drugs**

Each independent hospice has a senior member of the organisation responsible to the Department of Health for overseeing the management of controlled drugs. We use audit tools that we share with many other hospices across the UK. They enabled us to demonstrate to the appropriate authorities that Pilgrims Hospices' Accountable Officer would be able to protect our patients.

## **Drug Round Interruptions**

For the last three years we have been making a determined effort to make sure that our nurses can administer medication even more safely. We check to make sure that if they have to be interrupted there is a valid reason for this. All nurses administering drugs wear a red apron that warns people not to interrupt them unless it is an emergency. Our drug errors have been reduced over this period.

*Two audits were conducted to improve care in the inpatient unit, they were:*

## **Hospital Transfers Audit**

Sometimes patients go into the hospital for investigations or treatment. To save them the journey and the inconvenience and distress this can cause, we audited the existing arrangements.

## **Intravenous Line Management Audit**

We then looked at the nurse training and qualifications required to perform the investigations or treatments ourselves. As a result of these audits, a training programme is currently underway to help reduce the hospital transfers.

# Our participation in clinical audits

During 2009/10 there were no national clinical audits or confidential enquiries covering NHS services relating to palliative care.

The reports of thirteen local clinical audits undertaken at the hospice sites were reviewed by Pilgrims Hospices during 2009/10. As a result, Pilgrims Hospices intends to take the following actions to improve the quality of care delivered:

## **Audit recommendations for implementation 2010/11**

### **Clinical Interventions in the Home**

To begin a process of evolving our community service to include nurses with advanced skills that will benefit patients by for example prescribing drugs and clinical assessment skills.

### **Symptomatic therapy**

As palliative medicine advances, the hospice can sometimes offer interventions that can help patients with particular symptoms. We will train our staff to ensure they are all confident and competent in any new techniques. This will mean that whenever possible the hospice will be able to ensure that unwanted or unnecessary transfers to hospital will be avoided.

### **Liverpool care pathway**

The Liverpool Care Pathway [LCP] for the Dying Patient has been used in Pilgrims hospices since 2006. A 2-yearly programme of re-audit exists in order to continually monitor standards of documentation. This in turn demonstrates the delivery of best quality care.

### **Infection prevention and control**

Hand hygiene is an important element for preventing cross infection between patients. Weekly audits are performed on all clinical staff, training is given and any problem areas are addressed immediately. We have also given extra training on the cleaning of patient equipment and ensuring that sharps boxes for the disposal of needles and syringes are not overfilled. Infection Control Link Nurses are active at each site and good practice and lessons learnt are shared with all staff.

### **Drug and device alerts**

A new policy, process and procedures for the management of drug and device alerts is now in place.

# What our service users say about the organisation

## Patient Survey, November 2009

The Patient Survey in 2009 was based on two patient questionnaires in the three inpatient units. The Essence of Care Nutrition survey is reported on the previous page.

The results of the Productive Ward survey were broadly positive. Patients were asked about admission, explanation of medical condition, staff courteousness, cleanliness of the environment and the atmosphere and response times to the call bell.

The CQC report identified the positive effect of the productive ward programme on resources and patient care within the hospice.

We do receive complaints about our services . All complaints are taken very seriously, investigated and responded to in detail. Where we have made mistakes we apologise unreservedly and endeavour to learn from them.

Pilgrims Hospices gets a daily delivery of thank you cards and letters of compliments from patients and their families.



# What our regulators say about the organisation



Pilgrims Hospices has to submit a self-assessment to the Care Quality Commission (CQC) on an annual basis. The self assessment submitted in November 2008, covering the inspection period 1st April 2008 to 31<sup>st</sup> March 2009, provided our regulator with sufficient evidence to grade Pilgrims Hospices as low risk. This meant that the hospice would not receive an announced inspection.

## **Ashford:**

In November 2009, the Care Quality Commission undertook an unannounced target based inspection looking specifically at the National Minimum Core Standards within the domains of safety, governance, patient focus, care environment and amenities and clinical and cost effectiveness. The CQC reported that the hospice was providing a service that meets

the needs of its patients within an environment that is clean and well maintained. Any matters of concern identified were discussed and an action plan put in place to correct the issues. The action plan was fully implemented by mid January 2010 and a report filed with the CQC inspectorate.

## **Canterbury:**

An unannounced CQC inspection took place in January 2010. It was a target based inspection that looked at safety, governance, patient focus, care environment and amenities and clinical and cost effectiveness. The following comment was made in the inspection report:

***“In general the establishment is providing a service that meets the needs of its patients within an environment that is clean and well maintained.”***

## **Thanet:**

The Care Quality Commission carried out an unannounced inspection of the Hospice premises in November 2009. The inspection was target focused based on the National Minimum Core Standards. Areas of concern were identified and addressed with an action plan.



# References

Goodridge, D. & Marr, H., "Factors associated with falls in an inpatient palliative care unit: an exploratory study", *International journal of palliative nursing*, 2002; 8 (11):548-556.

Pearse, H., Nicholson, L. & Bennett, M., "Falls in hospices: a cancer network observational study of fall rates and risk factors.", *Palliative medicine*, 2004; 18 (5): 478-81.

Taylor N, Fisher S, Butler C. Benchmarking medication errors in hospices. *Palliative Medicine* 2010; 24 (3):350-1.

