



# St Barnabas Lincolnshire Hospice Quality Account 2009 – 2010

## Mission Statement

St Barnabas Lincolnshire Hospice will provide, for the people of Lincolnshire, the best possible specialist palliative care and, through provision, collaboration, innovation and education, support the wider delivery of supportive and palliative care.

St Barnabas Lincolnshire Hospice  
36, Nettleham Road, Lincoln LN2 1RE  
Registered Charity Number 1053814

## **Part 1:**

### **Trust Board Chairman's Statement**

It gives me great pleasure to present this, the first Quality Account for St Barnabas Hospice for 2009/10. Quality sits at the centre of all that the Hospice does and we evidence this through the Board's approach to both Corporate and Clinical Governance.

In Corporate Governance we install systems and processes to ensure that we grow as a viable and responsible organisation and ensure that our income streams are assured – without these funds we cannot offer the services that patients so dearly need. Clinical Governance ensures that our services are of the highest quality and deliver the aspirations set out in our mission statement.

But our service is not just about achieving clinical targets – it is also a human service that embraces the patient and treats them as an individual. In our last patient survey where we asked patients if they were treated with respect and dignity; all patients said that they were. Indeed if I may quote one relative who said “The staff ensured everything was so dignified. Thank you.”

We have refurbished our Inpatient Unit to bring it up to the standards of the 21<sup>st</sup> century and to ensure it reaches the demanding clinical standards of the Care Quality Commission. “Nice but not too posh” as our Chief Executive said to Professor Mike Richards when it was opened in January 2009. We also installed living accommodation for patients' relatives so that they could be with their loved ones at critical times but recognising that in Lincolnshire there are long journeys to be made and it isn't always possible to visit after work and get back home at a reasonable hour. We have recently merged with the hospice in Grantham and look forward to offering our services to patients in the south west of the county.

Within our Clinical Governance Strategy we say “Quality is at the heart of everything we do”. Quality doesn't happen by itself – it is the application of best knowledge derived from research and clinical experience and patient preferences. We care for patients at a very critical time in their lives; you have to get things right as there aren't any second chances.

This Quality Account is the product of a number of individuals and individual strategies, e.g. the Risk Management Strategy, Integrated Governance Strategy, Infection Prevention and Control Strategy, Education, Training and Development Strategy; Informatics and IT Strategy; and, not least the Audit Strategy.

I am pleased to present this Quality Account for 2009/10 and, to the best of my knowledge the information contained therein is accurate.

A handwritten signature in black ink, consisting of a stylized 'R' followed by a horizontal line that ends in a small arrowhead.

Mr Robert Neilans  
Chairman of the Board of Trustees

## **Part 2: Priorities for improvement and statements of assurance from the board (in regulations)**

### **1. IMPROVEMENT**

The Board of Trustees is committed to the delivery of high quality care. That is care which is safe, is effective and provides patients and carers with a positive experience.

The priorities for quality improvement we have identified for 2010/11 are set out below. We have selected one that will impact directly on each of the three headings; patient safety, clinical effectiveness and patient experience.

#### **1a. Priorities for improvement 2010 – 2011**

##### **Patient Safety**

###### **Priority One: The prevention of urethral catheter related infections**

###### **Standards:**

- Patients will only be catheterised if it is the most appropriate method of managing their clinical need.
- All catheter interventions will be managed in accordance with the High Impact Intervention urinary catheter care guidance
- The duration of insertion will be minimised to reduce the potential for catheter related urinary tract infection.

##### **How was this identified as a priority?**

The need to review the catheter acquired urinary tract infections was highlighted as a priority by the Patient Care Executive following a review of monthly Infection Control data. Urinary tract infections are the second largest single group of healthcare-associated infections in the UK.

##### **How will priority one be achieved?**

###### **Urethral Catheter Care**

There will be an initial audit of:

- The decision making around the insertion of catheters
- The clinical processes of catheter insertion and care
- The duration of insertion of catheters

The results of the audit will inform the programme of education and training that will be delivered to staff. The training will include external experts.

### **How will progress be monitored and reported?**

The progress will be monitored using the High Impact Intervention audit tools for insertion and clinical process and the results will be reported through the infection Control Committee to the Clinical Governance and Patient Care Executive groups.

Continuing monthly surveillance will identify trends. These will continue to be reported to the Patient Care Executive and to the Commissioners.

### **Clinical Effectiveness**

#### **Priority Two: The use of SystemOne to improve clinical communication.**

##### **Standard:**

- All patients discharged from the Inpatient Unit will have a discharge letter attached to SystemOne or, where the GP is not a SystemOne user, faxed to the GP surgery within 24 hours of discharge.

### **How was the priority identified?**

This priority was identified through feedback from clinical colleagues in the community.

### **How will priority two be achieved?**

#### **Discharge letters**

A base line assessment of current achievement against the standard will be undertaken.

A team of medical, nursing and administrative staff will work to develop a process by which letters will be dictated, typed and transmitted within the required time.

Staff will then be trained to ensure they understand the process and are able to attach documents to SystemOne.

An audit of the new process will be completed after 6 months and further changes made as required.

### **How will progress be monitored and reported?**

The work programme will be monitored by the Clinical Governance Group and exceptions reported to the Patient Care Executive. Data related to discharge letters will be monitored and reported on a monthly basis and compared to the baseline.

### **Priority Three: Advanced Care Planning (ACP) and Preferred Place of Care (PPC) and Death.**

#### **Standard:**

- All patients will be given the opportunity to discuss and complete an advanced care plan and state their preferred place of care and death.

### **How was the priority identified?**

This priority was identified through the Omega (2009) End of Life Care in Primary Care (After Death) Audit.

### **How will priority three be achieved?**

#### **Advanced Care Plans**

A base line assessment of current achievement against the standard will be undertaken.

Training will be delivered to ensure staff understand the process and feel confident to discuss ACP and PPC with patients and families.

Staff will then be trained to ensure that the appropriate documents are completed and attached to SystemOne to ensure that the information is available to other health professionals, particularly this working out of hours.

An audit of the new process will be completed after 6 months and further changes made as required.

### **How will progress be monitored and reported?**

Progress will be monitored by the Clinical Governance Group and data reported to the Patient Care Executive. Data will be monitored and reported on a monthly basis and compared to the baseline.

## **Patient Experience**

### **Priority Four: Refurbishment of the Grantham Hospice by March 2011**

#### **Standard:**

- The facility will meet all statutory legislation and regulatory requirements.

#### **How was this priority identified?**

Following the merger of GIFTS Hospice with St Barnabas Lincolnshire Hospice the Trust Board identified the refurbishment of the Barrowby Road premises in Grantham as a very high priority to ensure that it will meet current health legislation. Comments were received from patients, volunteers and staff about the poor quality of the environment and the impact this had on the patient's experience of care. A governance report also identified a number of significant short falls with the building.

#### **How will priority four be achieved?**

##### **Refurbishment of Grantham Hospice**

The refurbishment of Grantham Hospice is a significant project and work has already begun on drawing up the new plans. The architect, clinical staff, and the clinical governance / infection control nurse have already been consulted. The plans have received planning approval and as the result of an application to the Department of Health a grant of £800,000 has been awarded to the Trust to fund a significant proportion of the refurbishment. The building and renovation work will commence in from July with completion and handover set for 14<sup>th</sup> March 2011. Completion of our own commissioning of the new facility will enable us to open for patient care on 29<sup>th</sup> March 2010.

Due to the extent of the refurbishment the centre will close and day care patients will be relocated to our Sleaford Hospice whilst the Hospice at Home community team will be relocated locally ensuring continuity of service.

#### **How will progress be monitored and reported?**

The progress of the refurbishment will be monitored through a project group which has already started to meet regularly. General progress including financial monitoring of the work will be reported to the Trust Board and its executive sub-committees. The Trust is also required to report on progress to the Department of Health through Help the Hospices who are administering the grants.

## 1b. Priorities for improvement 2009 – 2010

### Patient Safety

#### **Priority One: Further development of clinical governance within the Trust.**

This was achieved through the appointment of a clinical governance nurse to work with the audit officer. A review of the Clinical Governance Group (CGG) activity was also undertaken and changes made to the structure and work of the group to strengthen the outcomes it achieved. This included a five day workshop to improve systems of reporting and the storage of data.

This work has ensured that the CGG has become more productive with a revised Clinical Governance Strategy for the Trust and annual clinical governance and audit work plans.

### Clinical Effectiveness

#### **Priority Two: Development of Care Pathways**

The documentation group has developed and implemented a care pathway for a palliative rehabilitation model of day care and developed a care pathway for the Inpatient Unit that is currently being piloted. Once completed both care pathways will be converted to read coded electronic documents. This will enable the Trust to audit patient notes more efficiently and effectively supporting the work of the audit officer in monitoring the quality and clinical effectiveness of the care and treatment provided to patients.

### Patient Experience

#### **Priority Three: Ensure the Trust is compliant with all aspects of the Hygiene Code (Health and Social Care Act 2008).**

The Trust undertook a full review of its activity in relation to the hygiene code to identify any areas in which it did not comply. Where shortfalls were identified these were rectified. This included revising policies and procedures and ensuring all relevant job descriptions included appropriate statements on infection prevention and control.

A programme of internal and external infection control audits was planned and implemented throughout the year. Where the audits identified shortfalls action plans to rectify these were developed and completed. Audits were repeated where necessary to ensure that there had been improvement. A list of the audits and action can be found in part three of this document.

## 2. STATEMENT OF ASSURANCE FROM THE BOARD

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers, and therefore explanations of what these statements mean are also given.

### 2a. Review of Services

- During 2009/10 St Barnabas Lincolnshire Hospice provided the following services to the NHS:
  - Inpatient Unit
  - Hospice at Home
  - Day Hospice
  - Occupational Therapy
  - Physiotherapy
  - Lymphoedema
  - Welfare Benefits
  - Family and Carer Support Services, including bereavement support
  
- During the reporting period 2009/10 St Barnabas Lincolnshire Hospice provided or sub-contracted eight NHS services. St Barnabas Lincolnshire hospice has reviewed all the data available to them on the quality of care in eight of these NHS services.
  
- The income generated by the NHS services reviewed in 2009/10 represents one hundred per cent of the total income generated from the provision of NHS services by St Barnabas Lincolnshire Hospice for 2009/10.

#### **What this means:**

St Barnabas Lincolnshire Hospice is funded through an NHS grant and fundraising activity. The grant allocated by NHS Lincolnshire represents approximately 50% of the Trust's total income. The Trust also has a small contract with Lincolnshire County Council for the provision of community Occupational Therapy services. The remaining income is generated through fundraising, shops and lottery activity and investments.

The NHS grant means that all services delivered by the Trust are partly funded by the NHS and partly funded from charitable Trust funds. The Trust together with NHS Lincolnshire is working on signing the new national commissioning contract for 2010/11 and as such the funding of services will look significantly different in the future.

## **2b. Participation in Clinical Audit**

- During 2009/10 no national clinical audits or confidential enquiries covered NHS services provided by St Barnabas Lincolnshire Hospice.
- During the period St Barnabas Lincolnshire Hospice participated in no (0%) national clinical audits and no (0%) confidential enquiries of the national clinical audits and national confidential enquiries it was eligible to participate in.
- The national clinical audits and national confidential enquiries that St Barnabas Lincolnshire Hospice was eligible to participate in during 2009/10 are as follows: NONE
- The national clinical audits and national confidential enquiries that St Barnabas Lincolnshire Hospice participated in during 2009/10 are as follows: NONE
- The national clinical audits and national confidential enquiries that St Barnabas Lincolnshire Hospice participated in and for which data collection was completed during 2009/10 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.
- St Barnabas Lincolnshire Hospice was not eligible in 2009/10 to participate in any national clinical audits or national confidential enquiries and therefore there is no information to submit.

### **What this means:**

As a provider of specialist palliative care St Barnabas Lincolnshire Hospice is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2009/10 audits or enquiries related to specialist palliative care.

The Hospice will also not be eligible to take part in any national audit or confidential enquiry in 2010/11 for the same reason.

- The report of one national clinical audit, the NCEPOD report 'Caring to the end?' was reviewed by the provider in the reporting 2009/10 and St Barnabas Lincolnshire Hospice intends to take the following actions to improve the quality of health care provided by:

- To work with colleagues from secondary care to strengthen the pathways of referral from secondary care, the hospitals, to the Inpatient Unit, so that patients requiring specialist palliative care can be transferred to the Hospice without delay.
- The report of one local clinical audit, the After Death Analysis was reviewed by the provider in 2009/10 and St Barnabas intends to take the following actions to improve quality of healthcare provided by:
  - To work with the wider health community to improve the number of patients having a completed Advance Care Plan. To this end St Barnabas have included this as one of the priorities within this Quality Account and also as part of the Commissioning for Quality and Innovation (CQUIN) scheme.

**2c. Research**

The number of patients receiving NHS services provided or sub-contracted by St Barnabas Lincolnshire Hospice in 2009/10 that were recruited during that period to participate in research approved by a research ethics committee was NONE.

**2d. Use of the CQUIN payment framework**

St Barnabas Lincolnshire hospice income in 2009/10 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because it is a third sector organisation and as such was not eligible to participate in this scheme during the reporting period.

**2e. Statement from the Care Quality Commission**

St Barnabas Lincolnshire Hospice is required to register with the Care Quality Commission and its current registration status is Independent Hospital, Hospice for Adults. St Barnabas Lincolnshire hospice has the following conditions on registration:

- The service may only be provided for persons aged 18 years or over
- A maximum of 11 patients may only be accommodated overnight
- Notification in writing must be provided to the Care Quality Commission at least one month prior to providing treatment or services not detailed in your Statement of Purpose

St Barnabas Lincolnshire Hospice is subject to periodic reviews by the Care Quality Commission and the last review was April 2009. The CQC's assessment of St Barnabas Lincolnshire Hospice following that review was:  
'... following receipt of self-assessment documentation and subsequent analysis of information provided therein ... a statutory inspection of St Barnabas Hospice will not currently be required during the 2009/10 fiscal year.'

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2009/10.

**2f Data Quality**

St Barnabas Lincolnshire Hospice did not submit records during 2009/10 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

**Why is this?**

This is because St Barnabas Lincolnshire Hospice is not eligible to participate in this scheme. However, in the absence of this we have our own system in place for monitoring the quality of data and the use of the electronic Patient Information system, SystemOne. This is important because, with the patients' consent, we share data with other health professionals to support the care of patients in the community.

**2g. Information Governance Toolkit attainment levels**

St Barnabas Lincolnshire Hospice score for 2009/10 for Information Quality and Records Management, assessed using the Information Governance Toolkit, was: Level 0 - 37%; Level 1 - 30%; Level 2 - 26%; Level 3 - 4%; Not Relevant – 3%

The Trust is considered level two compliant as it has an action plan in place with a target date for completion of September 2010. The aim is that the Trust becomes fully compliant at level three within the next two years.

**2h. Clinical coding error rate**

St Barnabas Lincolnshire Hospice was not subject to the Payment by results clinical coding audit during 2009/10 by the Audit Commission.

## Part 3: Review of quality performance

### The National Council for Palliative Care: Minimum Data Sets

<b>St Barnabas Lincolnshire Hospice</b>	
<b>Inpatient Unit Services</b>	
Total number of patients	<b>158</b>
% New patients	<b>81%</b>
% Re-referred patients	<b>16%</b>
% Occupancy	<b>80%</b>
% Patients returning home	<b>37%</b>
Average length of stay – cancer	<b>18 days</b>
Average length of stay – non-cancer	<b>16 days</b>

<b>Day Hospice</b>	
Total number of patients	<b>461</b>
% New patients	<b>63.5%</b>
% Re-referred patients	<b>3%</b>
% Places used	<b>56%</b>
% of places booked but not used	<b>30%</b>
Average length of care	<b>209 days</b>

<b>Hospice at Home</b>	
Total number of patients	<b>1690</b>
% New patients	<b>87%</b>
% Re-referred patients	<b>6%</b>
% of patients who died at home	<b>68%</b>
% of patients who died in acute hospital	<b>12%</b>
Average length of care	<b>48 days</b>

<b>Bereavement Support</b>	
Total Service Users	<b>209</b>
Number of telephone contacts	<b>791</b>
Number of group work contacts	<b>3084</b>
Number of individual counselling sessions	<b>341</b>

The figures above provide information on the activity and outcomes of care for patients.

#### **Inpatient Unit**

In the inpatient unit the average length of stay for patients is 17 days although there is wide variation according to need. The vast majority of patients who were discharged from the unit returned to their homes.

### **Day Care**

In day care the average attendance was 56%; patients attended for an average of seven months. The percentage of patients unable to attend use their day care place was 30%. This is because patients may not be well enough to attend or because they have to attend hospital appointments.

### **Hospice at Home**

The hospice at home services cared for patients for an average of 48 days. Patients were supported to be cared for and to die at home, with only 12% of patients under the care of the hospice at home teams dying in an acute hospital.

## **Quality Markers we have chosen to measure**

In addition to the limited number of suitable quality measures in the national data set for palliative care, we have chosen to measure our performance against the following:

<b>INDICATOR</b>	<b>2009/10</b>
<b>Complaints</b>	
Total number of complaints	<b>4</b>
The number of complaints upheld in full	<b>2</b>
The number of complaints upheld in part	<b>2</b>
<b>Patient Safety Incidents</b>	
The number of serious patient safety incidents (excluding falls)	<b>2</b>
The number of slips, trips and falls	<b>18</b>
The number of patients who experienced a fracture or other serious injury as a result of a fall.	<b>0</b>
<b>Pressure Damage</b>	
Number of patients admitted to the Inpatient Unit with pressure damage	<b>57</b>
Number of patients who developed pressure damage whilst in the Inpatient Unit	<b>30</b>
<b>Safeguarding</b>	
Number of patients, clients and families referred to Family Support Services because of safeguarding issues	<b>18</b>

<b>INDICATOR</b>	<b>2009/10</b>
<b>Infection Prevention and Control</b>	
The number of patients know to be infected with MRSA on admission to the Inpatient Unit	<b>1</b>
The number of patients infected with MRSA whilst on the Inpatient Unit	<b>0</b>
The number of patients admitted to the Inpatient Unit with C. difficile	<b>2</b>
The number of patients infected with C. difficile whilst in the Inpatient Unit	<b>0</b>
The number of patients known to be infected with an alert organism for example, Staph aureus, Pseudomonas aeruginosa, ESBL, Klebsiella, and Streptococcus pneumoniae on admission	<b>4</b>
The number of patients who contracted any of these infections whilst in the Inpatient Unit	<b>9</b>

### **What about next year?**

Our aim during the forthcoming year is to work with patients, their families and the wider public to understand what, for them, is the most important information that will help them to make a decision on the quality of the services being provided. We aim to be able to report some of these next year and to put in place the data collection systems to enable us to report the rest in the following year.

### **Clinical Audit**

The Audit group, under the guidance of the Clinical Governance Group, has undertaken a programme of audits using national audit tools designed specifically for hospices.

A patient and relative surveys is also administered to all patients / relatives (as appropriate) admitted to the Inpatient Unit. As required by the National Care Standards the survey reported here reflects the NHS patient survey. Clinical staff are involved in the audit process and a number of staff have led audits related to infection control.

The following audits were completed during the reporting period 2009/10:

Audit	Completed	Action Plan	Actions to be undertaken to improve practice	Action Plan Completed / to be completed
<b>Medicines Management Audits</b>				
Antibiotics (Feb 2009)	Yes	Yes	Remind all staff to document ongoing progress in response to treatment Use stickers for stop dates rather than hand written	Completed
Medical Gases (pilot tool)  (May 2009)	Yes	Yes	Re-write the policy Review prescription Information for patients on oxygen therapy Check storage meets statutory requirements Staff training Repeat audit July 2010	Completed  Ongoing 30 July 2010
Syringe Diver (May 2009)	Yes	Yes	Provision of written information on syringe drivers Ensuring consent is always documented Reconciling drug volumes at end of infusion	Completed
Medicines Management Audit (June 2009)	Yes	Yes	Remind staff to sign receipts for medicines Procure a second set of master keys	Completed
Accountable Officer Self Assessment (March 2010)	Yes	Yes	To develop competency workbook to cover policy and management of controlled drugs for all staff who work with controlled drugs to ensure evidence of ongoing training	30 <sup>th</sup> September 2010
Controlled Drug Audit  (March 2010)	Yes	Yes	Review of policy to provide greater detail on transfer of CDs from old to new book Feedback to staff on findings of audit  Snap shot audit of sections 4 & 5 of audit tool	Completed  July 2010
<b>Infection Prevention and Control Audits</b>				
Policies and Processes (Jan 2009)	Yes	Yes	Implement system for monitoring policy review dates Review process for dissemination of changes to policy and compliance with policy	Complete

<b>Audit</b>	<b>Completed</b>	<b>Action Plan</b>	<b>Actions to be undertaken to improve practice</b>	<b>Action Plan Completed / to be completed</b>
Sharps (Feb2009)	Yes	Yes	Remind staff not to over fill bins and to use temporary closure mechanism Re-audited May (2009) 100% compliance	Completed
External Infection Control (Apr 2009)	Yes	Yes	Development of cleaning directory to support decontamination of equipment Remove children's soft toys	Completed
Sluice (June 2009)	Yes	Yes	Remind staff not to over fill clinical waste bins	Completed
Environment cleanliness audit (PEAT adapted) (Nov 2009)	Yes	Yes	Remove clutter to make cleaning easier Revise cleaning schedules to include dusting to cupboards and shelves	Completed
Hand Hygiene (Nov 2009)	Yes	Yes	To remove lime scale from some taps Ensure bins are cleaned as per schedule Staff hand hygiene commended	Completed
Mattress audit (Nov 2009)	Yes	Yes	Replacement mattress and covers ordered Re-audit May 2010	Completed
Chapel of Rest (Dec 2009)	Yes	No	Fully compliant	N/A
<b>Patient and Relative Surveys</b>				
Patient Survey Apr 2009 to Mar 2010	Yes	No		N/A
Relative Survey Apr 2009 to Mar 2010	Yes	No		N/A

Audit	Completed	Action Plan	Actions to be undertaken to improve practice	Action Plan Completed / to be completed
<b>Practice Audits</b>				
Complex Case (Mar 2010)	Yes	Yes	Enhance staff training and support around complex family dynamics Improve outpatient management strategy Work with the wider primary and secondary care health community to prevent inappropriate admission of EoL patients to hospital through education, referral pathways and use of ACP and PPC tools	July 2010
Documentation Mar 2010 and ongoing	Yes	Yes	Training days planned for 17 <sup>th</sup> June and 8 <sup>th</sup> July Repeat audit planned and spot check audits ongoing SystemOne road shows to all clinical sites	Dec 2010

Where issues are identified during an audit an action plan is developed to put the problems right. Progress on the action plans is monitored through the Clinical governance Group to ensure that they are completed. We will then undertake a further audit to see if the actions we have taken have resolved the issues identified.

## **What patients and families say about the services they receive.**

We value the feedback we receive from patients and families as this is an important way in which staff can identify issues, resolve problems and improve the quality of the care we provide. As part of our commitment to ensuring patients and families have a voice we give a survey to all patients discharged from the Inpatient Unit and send a survey to the family of patients who die on the unit. The results of these surveys are collated into an annual report which is also sent to our regulators as part of the annual self assessment process. The surveys are anonymous but where concerns are raised and people identify themselves this is followed up in a timely manner to resolve the issue and to learn from what has gone wrong.

## **The Patient Survey**

The annual Patient survey from April 2009 to March 2010 had a response rate of 45%.

When asked what could be done to develop our services patients said:

- “Keep hold of the wonderful team of workers and let staff from the hospital visit to see how to treat people with dignity.”
- “I was most impressed with what the Hospice had to offer to all the patients. The friendliness of the staff and the volunteer helpers is excellent. It is good that there are several places you can go with visitors. My family felt they could approach nurses and ask questions and were never rushed.”
- “To make it more widely known that the Hospice is not there just for end of life patients.”

## **The Relatives' Survey**

The annual Relatives' survey from April 2009 to March 2010 had a response rate of 51%.

When asked what could be done to develop our services relatives said:

- “As I have said before it could not have been better”
- “We could not have wished for better care and environment for my relatives final days.”
- “Sad as I am, your services and the memory of them have remained a great comfort to me.”
- “I was completely and totally satisfied with the care and attention they received from everyone who came into contact with them. The food and facilities in the hospice are first class and I have no complaints whatsoever.”
- “I can not rate too highly the care given to both my relative and me. Indeed to all the visitors.”

- “We found all the doctors and staff made us feel welcome and when it was my relatives birthday, made a big effort for them to have a family get together without making other patients aware of us all being there.”
- “.. everyone was superb and genuinely caring and considerate.”

A copy of the full surveys will be available on the Trust web-site [www.stbarnabashospice.co.uk](http://www.stbarnabashospice.co.uk) from August 2010.

### Statement from the Overview and Scrutiny Committee

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

This statement has been prepared by the Health Scrutiny Committee for Lincolnshire.

#### General

The Health Scrutiny Committee for Lincolnshire welcomes the opportunity to comment on St Barnabas Lincolnshire Hospice’s first *Quality Account* and congratulates the Hospice for producing the *Quality Account* one year in advance of the requirement to do so.

#### Priorities for 2010/11

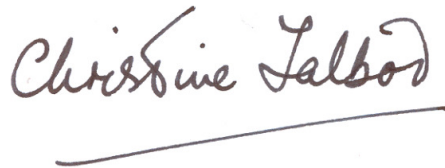
The Health Scrutiny Committee for Lincolnshire supports the four priorities for 2010/11 in the St Barnabas *Quality Account*. The Committee notes that these four priorities are based on evidence and if delivered will represent an improvement for patients.

### Priorities for 2009/10

The Health Scrutiny Committee is pleased to see the information on how the three priorities for improvement in 2009/2010 have been progressed and are leading to improvements for patients.

### Conclusion

The Health Scrutiny Committee for Lincolnshire believes that the *Quality Account* is representative and provides a comprehensive statement of services provided by St Barnabas Hospice Quality Account.

A handwritten signature in dark ink, reading "Christine Talbot", written in a cursive style. Below the signature is a horizontal line.

**Councillor Mrs Christine Talbot  
Chairman  
Health Scrutiny Committee for Lincolnshire**

### **Statement from NHS Lincolnshire (Commissioners)**

NHS Lincolnshire endorses the areas identified for improvement for 2010/11 and the associated initiatives as detailed within the St Barnabas Lincolnshire Hospice Quality Account as:

#### **Priority one**

Patients will only be catheterised if it is the most appropriate method of managing their clinical need, in order to prevent catheter acquired urinary tract infections. This priority has been chosen as urinary tract infections were highlighted by the Patient Care Executive.

#### **Priority two**

Improving clinical communication to ensure all patients discharged will have a letter faxed to their GP surgery within 24 hours of discharge. This priority was identified through feedback from colleagues in the community.

#### **Priority three**

Every patient who expresses a preference about where they want to be cared for and die will have this noted and communicated to all staff involved in their care

so that they have the best opportunity to achieve this. This priority has been identified through the End of Life in Primary Care (After Death) Audit.

#### **Priority four**

The refurbishment of Grantham Hospice, following the merger of GIFTS hospice with St Barnabas to meet current health legislation. This priority was identified following comments from patients, volunteers and staff.

#### **Commissioning for Quality and Innovation (CQUIN) framework**

St Barnabas Hospice, working together with NHS Lincolnshire has identified 6 CQUIN indicators for 2010/11 aimed to improve patient experience, clinical effectiveness and patient safety to include:

- Reducing infection rates
- Improve responsiveness to personal needs of patients
- The use of SystmOne to improve clinical communication
- Advance care planning and preferred place of care
- Annual appraisal for all staff and PDP
- A baseline audit of emergency admissions to secondary care of patients know to be palliative

#### **Review of quality performance**

NHS Lincolnshire notes St Barnabas' use of evidence and acknowledges the excellent feedback from patients, carers and colleagues alike. NHS Lincolnshire supports the ongoing work to improve the patient experience and the focus on treating all patients with dignity and respect and notes the progress across a range of initiatives to raise standards.

Examples given within the Quality Account highlighted areas of service that demonstrate high quality care using the three key areas of effectiveness, safety and patient experience.

NHS Lincolnshire commends St Barnabas for the publication of the 09/10 Quality Account in advance of the requirement for community providers in 2010/2011. This Quality Account and its learning will be shared with the East Midlands Strategic Health Authority which is a 'pilot' site for community providers this year.

NHS Lincolnshire endorses the accuracy of the information presented within the St Barnabas Quality Account and the overall quality programme performance will be reviewed through the formal contract quality review process and triangulation through patient experience surveys.