



**ST CATHERINE'S
HOSPICE**

**Quality Account
2016/17**



Introduction

I was delighted to take up the position of Chair of Trustees in September 2016. On behalf of St Catherine's Hospice, I would like to thank my predecessor, Simon Turpitt, and all the Trustees, staff and volunteers who successfully supported the organisation to achieve its outstanding rating, secured after a Care Quality Commission inspection in February 2016.

During a two day inspection, we were assessed on whether we are safe, caring, effective, well-led and responsive to the needs of those under our care. Outstanding is an excellent result for St Catherine's but more importantly, it's an excellent result for our local community and those we care for. As a user by experience, I know only too well the importance of the dedicated care, support and compassion that makes the final months and days of a loved one's life meaningful, dignified and comfortable...and I know the value of the follow up care when one is bereaved. But what does this mean for those of you who support us – including the many NHS and social care commissioners, GPs, community and hospital based organisations that look to St Catherine's as partners in end of life care?

It means you can be assured that we will go the extra mile for those we care for. Patients are at the heart of everything we do and your support enables us to provide care that I consider very special. At St Catherine's, we look beyond illness. We're interested in patients as people; in their personalities, preferences and lives. We find out what matters to them, whether that's ensuring their breakfast is served at a certain time or that they prefer a bath to a shower, and respond to these preferences. We're flexible. We do whatever we can to meet people's wishes. Recently, a patient told us he'd like to visit his local pub for the final time so our staff took him. When another patient missed a family wedding, we arranged a reception at the hospice so she could still share in the day. For me, these examples illustrate why we have been recognised as outstanding.

It means you can be confident of our commitment to learning, development and excellence. We know there is always more we can do to improve and this drives us to deliver better care for patients and their families and friends.

And it means you can feel proud to support a charity that aspires to reach as many local people as possible. At St Catherine's, we believe in sharing our expert knowledge. We provide advice and support to doctors, nurses and other healthcare professionals caring for people at home or in care homes. This helps ensure local people benefit from high quality, joined up end of life care - because they deserve nothing less.

As your local hospice, we're proud to be a part of the community and we couldn't deliver the kind of care mentioned above without dedicated supporters drawn from the public and from all parts of the wider health economy. Every day, it costs us more than £17,000 to provide our care at our hospice buildings and in the community and every year we need to raise more than £6 million to continue to be there for people when life comes full circle.

Many people and a wide range of stakeholders choose to support St Catherine's, so I'd like to take this opportunity to wholeheartedly thank you for your ongoing support and for helping us to deliver outstanding care to local people across Mid Sussex and Surrey.

Terry O'Leary
Chair of Trustees

Part One - Report on 2016/17 improvements

CHKS Accreditation Programme for Hospice Services

We have been participating in the CHKS programme¹ which sets out 46 quality standards covering all areas of the hospice. We have measured ourselves against each of the standards and taken actions where we identified areas for improvement.

The CHKS standards have provided St Catherine's Hospice with a framework that identifies clear standards for all aspects of the hospice's activity, a foundation which St Catherine's can build on and from which it can launch further improvement. Teams have welcomed the clarity and rigour that the CHKS standards provide and recognise how this is contributing to greater consistency of practice (in clinical and non-clinical areas). The structure of CHKS requires that a pan-organisation view is maintained. This is fostering a more integrated approach.

In our 2015/16 Quality Account we highlighted a number of planned improvements to achieve in 2016/17. Here we report on the progress we have made in these areas:

New approach to community caseload management

In May 2016 we introduced a new framework to support the provision of clinical services in the community, to ensure that we identify and provide patients with the support that best meets their individual needs.

The framework includes criteria to help define the stage of each patient's illness (using the Phase of Illness measure²) and the most appropriate level of intervention. These range from Level 1: advice & information offered to external health care professionals and where the hospice has no direct contact with the patient, to Level 4: multiple interventions for ongoing problems requiring continuing, regular assessment.³

Based on information gathered at referral and during ongoing assessments, patients receive support from relevant members of the multi-disciplinary team, with a case coordinator assigned to each patient to ensure that all support from St Catherine's is provided in a coordinated way.

This new approach is helping us to improve the consistency and equality of service provision for patients cared for in the community; to ensure interventions are appropriate and responsive; and to make most effective use of hospice resources.

Introduction of Datix

We introduced Datix in May 2016 to improve our management of incidents and complaints. We wanted to improve the consistency in the way complaints and incidents are reported and investigated, and increase our capacity to learn from occasions where we don't meet people's

¹ www.chks.co.uk

² part of the OACC suite of measures:

<https://www.kcl.ac.uk/lsm/research/divisions/cicelysaunders/attachments/Studies-OACC-Brief-Introduction-Booklet.pdf>

³ Based on Webber J. The Evolving Role of the Macmillan Nurse. 1997. Macmillan Cancer Relief, London.

expectations or where things don't go according to plan. We wanted to promote a just culture. The aim is to ensure that incidents and complaints are seen predominantly as opportunities to make improvements and people are treated transparently and consistently.

All staff with responsibility for managing complaints and incidents were given training on how to use the system, and a new incident management policy was launched to coincide with the system going live.

The system is now well-established and all departments are using it to log incidents and complaints. This means all information is held centrally which facilitates reporting and analysis. Responsibility for investigating and handling incidents and complaints is delegated to a greater number of staff than previously. This has identified the need for some specific training in investigation, but will support more timely completion of investigations and will facilitate a greater openness about/learning from incidents and complaints.

Monthly, quarterly, and issue-specific reports are produced and shared - from team level up to Board level. This is increasing the visibility of incidents and complaints and helping the organisation to see incidents and complaints more objectively. Managers are now more consistently using incident and complaints data as a source of intelligence to identify risks in their area of responsibility.

Risk management

We recognise that effective risk management is an essential contribution towards the achievement of our strategic and operational objectives. During 2016/17 we introduced a comprehensive new risk management framework. This involved a thorough revision of our strategic risk register, and the development of team and department level operational risk registers. Responsibility for operational risk management has been delegated as far as possible to the wider management community, with senior managers maintaining responsibility for the management of strategic risks. To support this development, St Catherine's provided training in risk management to all managers (as part of a wider management training programme).

Further work is planned for 2017/18 to ensure quality management and risk management are fully integrated (see Part Two - Priorities for Improvement 2017/18).

Increasing our visibility and reach

We recognised that many areas of our community did not know about St Catherine's. This was a barrier to care and the income generation necessary to provide that care. To address this issue, we revisited our Vision, Mission and Values and in November 2016 launched a redesigned website and changed the way we look and sound. We hope these changes will make it easier for people in our community to engage with St Catherine's Hospice, increasing the numbers who support us with donations and voluntary time so that we can provide even more care to local people facing the end of life.

Part Two - Priorities for improvement 2017/18

St Catherine's is committed to the delivery of high quality care and recognises that this requires the effective commitment from every part of the hospice. We will continue to participate in the CHKS Accreditation Programme for Hospice Services, using the standards framework to create our own quality management system that will enable us to embed an ethos of continuous quality improvement.

Key improvement initiatives that we will be working on in 2017/18 are:

Reorganisation of our Outreach and Community service

In response to increasing need, we will be reorganising the way we provide support to patients in the community. In order to bolster our frontline services we will be setting up the **St Catherine's Telephone Advice, Referrals and Rapid Response Service (STARR)** which will provide a fully resourced telephone advice line with a dedicated team and a single point of access to the hospice for all new patients referred to us. STARR will also enable us to provide a rapid response team so that we can respond to people who have urgent needs at end of life twenty four hours a day

We will be launching this service in the autumn.

Integrated quality and risk management

Following the work that we have done to improve our management of risk, and the development of our own quality management system (an output of our participation in CHKS quality standards programme), we will put in place a framework that will ensure that quality and risk management are fully integrated. We will link each strategic risk to relevant quality standards, as we recognise that evidence of compliance with quality standards provides assurance that risks are being managed. Each risk will have an assigned owner and each standard an assigned lead. Risk owners and standard leads will work together to ensure effective risk mitigation strategies are in place, and will together provide regular reports to the SMT.

This framework will be rolled out from April 2017 onwards.

Research

St Catherine's recognises that active involvement in research makes an important contribution to developing and maintaining a quality focussed organisation. We are currently involved in three studies: Prognosis in Palliative care Study II, Prevalence and impact of alcohol-related problems in cancer patients and their non-professional caregivers, and an NIHR portfolio study which signposts individuals to 'Join Dementia Research'.

St Catherine's is keen to lead its own research and is currently working with another hospice in the region on the set up of a study exploring the experience of personal bereavement for nurses working in a palliative care setting. In addition, St Catherine's is planning a piece of research exploring the burden for carers of managing medications.

We will be looking for opportunities to share our research activity, and the benefits of it, and hope to present at relevant conferences during 2017/18.

New accommodation

We have been at our site in Crawley for nearly 40 years, since the founding of St Catherine's. With an aging population we recognise the need to consider how we can best continue to meet the needs of our community in the coming decades. After careful analysis, our current site can't support the developments we need to make. We are therefore exploring options for a new site close to our current location, leveraging some very generous gifts given to St Catherine's in recent years including a substantial gift of land at Pease Pottage. We hope that during 2017/18 we will be able to confirm our plans for this site with the Mid Sussex District Council and launch a fundraising campaign to help raise the residual funds to build a fully patient centred facility. This will offer greater capacity to meet the emerging additional need, while ensuring our staff and volunteers can continue to make their enormous contribution to the work we do.

Additionally, we aim to conclude our search for a suitable new long-term base for our East Surrey outpatient services following the closure of the Dormers care home in Caterham on the Hill (within which we were based) in 2016. Our East Surrey services are hugely important to us and it is vital that we find a permanent home with appropriate facilities to provide patients in East Surrey with the local care and support they need.

Income generation

St Catherine's has a clear vision, with a desire to reach more people who need support at the end of life. This is coupled with the opportunity to build a brand new hospice at Pease Pottage. The only way to achieve these goals is for St Catherine's to increase its income. Over the coming year we will be focussing on doing just that. An increase will help us meet the short, medium and long term needs of the hospice and we will be working with our partners in the NHS and social care, with colleagues across our trading operation and those in the community who offer us such amazing support through the provision of donations and time.

Part Three - Partnership, Collaboration and Influence

At St Catherine's we recognise the importance of collaboration in improving the care and experience of the people we seek to support. Working effectively with others helps increase the number of people we reach and makes their journey easier to navigate.

We continue to play an important role in influencing regional policy and palliative care research. Chief Executive Giles Tomsett represents hospices on the local NHS Sustainability and Transformation Board and also sits on the Kent Surrey and Sussex (KSS) Academic Health Sciences Network. Both these boards have recognised the importance of integrating plans for end of life care with those for meeting the needs of the clinically frail. This is also an important theme locally where our Medical Director Dr Patricia Brayden has just taken on a role as Clinical Lead for End of Life Care for East Surrey CCG⁴. She is working closely with other clinical leads across our area as well as with colleagues in Crawley and Horsham and Mid Sussex CCGs in their aim to ensure that high quality end of life care is integral to the way in which our local care system develops.

Our clinicians continue to work with palliative care colleagues at Surrey and Sussex Healthcare NHS Trust (SaSH), and during 2016/17 we worked with SaSH and Marie Curie to deliver a supported discharge service.

Since April 2016 our hospice at home team has been working with the West Sussex Continuing Healthcare Team as part of the Care and Support at home Framework to provide practical support to patients in their own homes in the West Sussex area. During 2016/17 we delivered approximately 2000 hours of care through this framework agreement and we are continuing to look at ways to expand our community response services.

We work closely with our Clinical Commissioning Groups and are grateful for the support and collaboration they continue to offer St Catherine's Hospice:

- NHS Coastal West Sussex CCG
- NHS Crawley
- NHS East Surrey CCG
- NHS High Weald Lewes Havens CCG
- NHS Horsham and Mid Sussex CCG
- NHS Surrey Downs CCG.

Over the year we continued to deliver our patient centred lymphoedema services on behalf of a number of CCGs. Activity during the year increased by 50%, with the service providing in excess of 1,500 hours of care compared to 1,000 hours during 2015/16.

During 2016/17, staff presented posters about the work of St Catherine's at a number of conferences including Hospice UK annual conference.

We have valued the opportunity to work more closely with hospices in our region, both to explore the potential for joint initiatives and to share and learn from each other's work.

⁴ Funded by Macmillan

Part Four - Monitoring Activity

Hospice figures:	2016/17	Notes
Reach		
Total number of people on caseload	1,823	
Referrals		
Specialist palliative care referrals		
- Received	1,555	
- Accepted	1,449	
% Cancer	70%	
% Non cancer	30%	
Inpatient Unit		
Bed occupancy	82%	Average across the year
Average length of stay	14.6 days	
Number of patients cared for on IPU	348	Some patients had more than one stay as an inpatient
Number of deaths	251	
Number of discharges	125	
Number of patient stays	388	
Day Hospice		
Number of patients cared for	250	
Number of individual patient sessions delivered	1,748	
Community and Outreach		
Number of visits	10,199	Home visits made by St Catherine's clinicians (doctors, nurses and therapists)
Number of appointments	5,262	Face-to-face appointments with individual patients/carers at the hospice
Number of telephone calls	58,883	Calls made by St Catherine's clinicians to patients or carers
Patients supported via West Sussex Continuing Healthcare	54	
Patients seen by lymphoedema service	178	

“ My dad’s cancer was very advanced and he didn’t realise how painfully sick he was. Although he was only with you for 48 hours I believe he had the love and care he needed, and at his death the love and kind support he needed. What touched me was the whole feeling of care for the family. This is so needed at such an emotionally difficult time. Your care for those left behind is exceptional in every way.”

Daughter of patient cared for on IPU

“ You helped make her last few weeks calm, comfortable and above all dignified. Everyone we met there was kind and showed dedication far beyond expectations. From help and advice with paperwork to medical care, we could not have asked for a better home for her last days.”

Family of patient cared for on IPU

“ Although my sister passed away at home, we were comforted that St Catherine’s were always at the end of the phone for advice. The palliative care team from the hospice were absolutely exceptional 24/7.”

Family member of patient cared for in the community

“ My family and I are so grateful for you taking time to get to know my dad and us. You always knew if anything had changed and knew all our names (which is a lot!). I know being in the hospice at the end made my dad feel secure and I am glad. It’s a dreadful shame my dad lost his battle but amazing luck he did it with you.”

Daughter of patient cared for on IPU

ST CATHERINE’S HOSPICE

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