Quality Account

April 2019 – March 2020

Contents

Part 1

Introductory statement from the Chief Executive

I am pleased to present the 2019/20 Quality Account for Ashgate Hospicecare. It sets out our performance against the quality improvement priorities which we set for 2019/20 and how we are assured about our performance through the year. It establishes our quality priorities for the coming year and how we shall address them. It is the result of the work of a number of people, but particularly our Director of Quality and Patient Care and our Quality Improvement Team.

It is almost inevitable that we shall reflect on the past year through the lens of a global pandemic, since the Coronavirus crisis swept in at the very end of our financial year. In 2019/20, before we were aware of the huge challenges that COVID would bring, we had implemented our 'Here for the Future' programme. This programme aimed to engage all our staff and volunteers in ways that we can adapt in order to meet the changing needs of our community.

'Here for the Future' was launched in autumn 2019. It is all about looking at the changing needs of the people in North Derbyshire, the care they will need in the future and what end of life services are best provided by Ashgate, as part of the wider health system, given current and expected future funding levels.

Demand for Ashgate Hospicecare's services has been growing exponentially for many years, long before the pandemic reared its head. That demand hasn't just increased in terms of numbers. Our specialist doctors and nurses now treat a vast array of complex medical needs for patients across the whole of North Derbyshire.

While our purpose is to provide outstanding end of life care, our work doesn't just begin at the very end of someone's life. When patients are referred to us after a terminal diagnosis, we can help manage their symptoms and pain, and improve their quality of life. Often, this helps to keep them at home for longer. In 2019/20, we cared for 1,772 individual patients in our medical and clinical services and a further 516 in our supportive care services.

Despite the challenges this year has given us, we continue to build a culture which is based on a widely shared understanding of quality improvement and the impact that has on our patients and our customers. Having an explicit and embedded leadership and quality improvement culture is having a positive impact on our workforce, on patient experience and on productivity and efficiency across the organisation.

The Ashgate Hospicecare Board of Trustees has endorsed this Quality Account. To the best of my knowledge, the information presented here is an accurate and fair representation of the quality of services provided by Ashgate Hospicecare.

Barbara-Anne Walker
Chief Executive

Part 1

Statement from the Board of Trustees

Ashgate is an independent charity and governance rests with our Board of Trustees. All of the trustees are volunteers who bring a range of skills and experience to their roles. Trustees reviewed the organisational governance arrangements in 2019 and established a revised Ashgate Governance Framework with three committees: Healthcare Quality; People, Engagement and Performance; Financial Strategy. These provide assurance and report directly to the Board.

The Healthcare Quality Committee is made up of Trustees who bring both clinical and commercial expertise, as well as senior clinical and operational directors. It meets quarterly to review key performance and quality indicators. It has oversight of clinical governance, safety and risk related to all services for patients, patient experience and clinical strategic objectives. It is supported by a clinical governance structure which monitors and reports on quality improvement, audit, patient experience and outcomes, safe care and nutrition.

This governance framework offers assurance to the Board of Trustees about the quality and sustainability of the excellent care provided to patients and their families across all Ashgate Hospicecare services. The Board has a clear role in leading this work. Recent discussions at Board meetings and quality development sessions have reaffirmed our commitment to deliver safe, high-quality services with a workforce which is engaged and well informed about our vision, purpose and values.

Penny Brooks
Vice Chair, Healthcare Quality Committee

Part 2

Priorities for improvement

Our vision

That everyone in North Derbyshire with a life-limiting illness can make the most of every moment, including being with the people who are important to them, and that they can die with dignity and comfort.

Our purpose

To provide specialist palliative and end of life care for those in need and to work in partnership with others to ensure that everyone in North Derbyshire has access to appropriate, high-quality and sustainable palliative care.

Our values

We are compassionate.
We work as a team. We are respectful, open and inclusive.

Priorities for improvement from 2019/20

Priority 1: Quality Improvement and Organisational Development

During 2019/20, we have developed an organisational framework for quality improvement, to start to build a culture of continuous improvement. We are committed to improving the quality of all that we do. This is so that patients and their families, customers and supporters have an improved experience. This requires everybody to be involved in improvement, as individuals, as teams and as a whole organisation. In 2019/20, we have focused on engagement, understanding Quality Improvement (QI) and developing our bronze level QI training.

Priority 2: Measuring and Improving Outcomes

During 2019/20, our focus has been to explore our current data and business intelligence capabilities to improve our quality improvement and governance practice. Work is continuing to develop data-driven decision making for external and internal assurance of the quality and value of the work of the hospice.

Priorities for improvement from 2019/20

Priority 3: Improving Patient and Carer Engagement

During 2019/20, we have continued to work with Quality Health, a local healthcare data business, in order to obtain patient and carer feedback on the services we have provided. A number of teams, including lymphoedema, physiotherapy, supportive care and the Inpatient Unit (IPU) made use of tablet devices, provided by Quality Health, to obtain feedback electronically. In addition to this, we commenced our Patient Experience and Outcome Group which looks at how we can continue to improve our engagement with patients and carers in a variety of ways.

In 2019/20, we converted our three-bedded bays into single rooms. Prior to starting the work, we held a full consultation with patients, their families, our staff and volunteers. This meant we could develop a design that was led by the people we are here to help and support. The consultation highlighted what was important to patients. Consequently, our new rooms now provide patients with the space, environment and comfort they need to maintain their dignity and independence while in our care. Our visitors can stay with their loved one for as long as they need after they die. The rooms also give them that most precious thing - the time they need to say goodbye and express their grief freely in a private space. See page 26 to find out more about our three-bedded bay project.

Our new rooms provide a home from home for our patients and their loved ones

Priority 4: Developing our Reflective Practice

Work on developing reflective practice began this year with the creation of a Reflective Practice lead post. This enabled a focus on research findings and benchmarking against other services to inform the development of policy and a framework for delivery. It also enabled valuable time to be devoted to understanding the needs of the whole organisation and developing a framework that worked across clinical services and the rest of the organisation. Policy was agreed and a detailed plan for preparation of operational support systems and processes was completed. We used clinical services as a pilot area and the system and processes were honed from the results of the pilot. An organisation-wide rollout programme is now in place to begin during 2020. It should be nearing completion of this stage by the end of the 2020/21 reporting year.

Priorities for improvement for 2020/21

Priority 1: Quality Improvement training and development

We shall continue to build QI skills and ensure training in QI methods is accessible to all staff and volunteers, so they feel empowered and supported to carry out their own improvement work.

Priority 2: Continued development of Reflective Practice

We shall roll out the reflective practice programme, developed with our clinical services, across the whole organisation.

Priority 3: Here for the Future

In 2019/20, we implemented our ‘Here for the Future’ programme. The aim of this programme was to engage all our staff and volunteers to consider how we can adapt and meet the changing needs of the population in North Derbyshire, the care they will need in the future, and what end of life services are best provided by Ashgate as part of the wider health system.

Priority 4: Covid response

In March 2019/20, in line with national guidance, we put specific infection control measures in place to help protect our patients and staff from COVID-19. This will continue during 2020/21 and the hospice will adapt in order to support our staff, patients, their loved ones, the wider health community and acute trusts to provide timely and appropriate palliative care.

Part 2

Mandated statements

Review of services

In 2019/20, Ashgate Hospicecare provided the following services:

- 15 inpatient beds with medical, therapy and nursing support
- specialist day care
- specialist lymphoedema service
- outpatient medical clinics, in conjunction with Chesterfield Royal Hospital
- physiotherapy
- occupational therapy
- complementary therapy
- spiritual care
- art therapy
- bereavement counselling
- clinical psychology
- social work support
- benefits advice.

Community services across North Derbyshire included:

- consultant-led medical care
- community and palliative care nursing team
- physiotherapy
- occupational therapy
- supportive care
- social work.

Participation in national clinical audits

During 2019/20, Ashgate Hospicecare continued to participate in the Hospice UK clinical benchmarking scheme which compares data relating to the number of falls, pressure ulcers, medication errors, bed occupancy and throughput of patients.

Participation in national research

Funding of services

Ashgate Hospicecare is an independent registered charity that provides specialist palliative care across North Derbyshire. All services are provided free of charge to patients and their families. Income received from the NHS in 2019/20 accounted for 27% of our total income and the remainder was funded through donations, legacies and income raised by our retail and coffee shops.

Quality improvement and innovation goals agreed with our commissioners

The following is a summary of the key performance indicators agreed with our commissioners in 2019/20:

- more than 80% of patients referred will be admitted within 2 working days
- bed occupancy rate will be higher than 80%
- acute hospital admissions will be avoided through an increase in care delivery in the community, and the utilisation of an additional four inpatient beds
- a minimum of 80% patient attendance at the Day Hospice
- patients' and carers' experience surveys will be completed and should demonstrate a satisfaction score higher than 80%
- a minimum of 10 free structured educational sessions to support healthcare professionals across the health community, including those in primary care, care homes and the acute trust.

Lorraine receiving support at home from our Palliative Care Specialist Nurse Sharon

Part 3

Review of quality performance

Data quality

During 2019/20, the quality of information from the electronic patient record has been of a consistently high standard, which has enabled us to report more accurately on activity and outcomes.

The hospice submitted Version 15 of the Data Security and Protection (DSP) Toolkit at the end of March 2019 and achieved the 'Standards Met' minimum baseline. We engaged with '360 Assurance' as our external auditors for this year's submission of the toolkit. '360 Assurance' has finished the first half of its review of last year's toolkit submission and has confirmed that we can demonstrate 'Significant Assurance'.

Comparison with the previous year's data sets

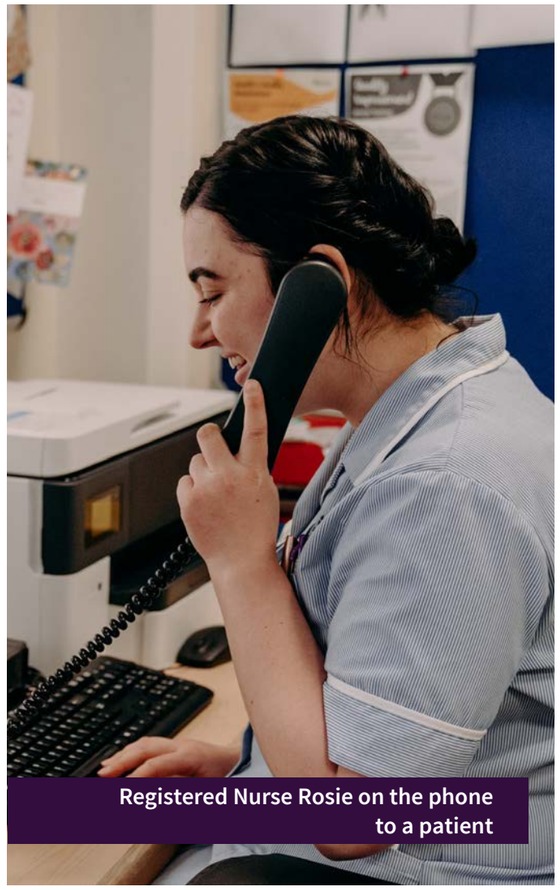
In this section, we present data for the period 1st April 2019 to 31st March 2020 and compare this to the data for the preceding year. All clinical services highlighted below provide safe and effective care, responding to the needs of patients and their families and carers.

In 2019/20, our clinical teams had 42,701 interactions with patients or their loved ones, either in their own homes or as outpatients. These can be broken down into:

- 17,904 face to face contacts
- 24,797 telephone calls to patients and their loved ones.

17,904
face-to-face contacts

24,797
telephone calls to patients and their loved ones



Registered Nurse Rosie on the phone to a patient

Community

Ashgate Hospicecare has a specialist community team, which covers the North Derbyshire area. In 2019, the Hospice at Home Team merged with the Palliative Care Nurse Specialists to provide a more cohesive team. In addition to the Nursing Team, the Community Team is supported by Occupational Therapists, Physiotherapists, and three Palliative Care Consultants.

In 2019/20, our Specialist Palliative Care Nurses and Nursing Assistants provided support for 750 patients at home. In addition to this, our medical staff provided care for 153 individual patients, while our Physiotherapists and Occupational Therapists provided care and equipment for 341 and 404 patients respectively, to enable them to be cared for at home.

750
patients received support from our Speciliast Palliative Care Nurses and Nursing Assistants.

Community Palliative Care Nursing Team

	2018/19	2019/20
Face-to-face contacts	4,458	4,982
Non face-to-face contacts	14,498	17,164
Total patient/carer contacts	18,956	22,146

Kate receiving support at home from our Support Worker Lesley

Receiving care from the palliative care specialist nurses is just like somebody giving you a big hug; you just feel safe. They want to help and they want to listen, and that makes a big difference. It's just fantastic.

Jayne Liddle

Inpatient Unit (IPU)

In March 2019, the IPU bed capacity was reduced from 21 to 13 in order to enable nine beds located in three bays to be transformed into single rooms. As a result, the IPU capacity was reduced for the first eight months of 2019/20 until the 18th November when we were able to open additional beds. The number of referrals and admissions to our IPU was therefore slightly lower in 2019/20, while our bed occupancy increased to 92%, compared with 83% in 2018/19. It remains higher than the national average for all adult hospices of a similar size (79%).

Beds at Ashgate were occupied on average for

92%

of the time.

Compared to the national average of

74%

for adult hospices.

The average length of stay for patients was 13 days and our average throughput of patients each quarter (number of discharges and deaths divided by the number of beds) was slightly lower than last year at 4.0, but it remains close to the national average for hospices of a similar size (4.2) and for all adult hospices (4.8). Although a high percentage of patients is admitted on the day of referral or the following day, the IPU has on average between one and two patients waiting for admission each day. In 2019/20, 87% of all patients referred were admitted within two days.

The table below highlights the activity of the IPU during 2019/20:

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average / cumulative total
% Monthly Occupancy	91.3	97.8	95.6	89.3	89.6	97.9	94	93.5	93.1	92.9	92.6	78.5	92.2
Available Bed Days	390	403	390	403	403	390	403	401	465	465	435	465	5,013
Bed Days occupied	356	394	373	360	361	382	379	375	433	432	403	365	4,613
Admissions	30	25	30	29	31	25	32	32	22	30	24	28	338
Average length of stay (days)	15.5	12.4	11.1	11.9	11.9	14.4	12	10.6	14.0	13.9	13.6	16.6	13.1
Discharges	14	8	8	13	14	10	14	15	8	11	10	15	140
Deaths	17	17	20	19	17	14	20	12	24	16	13	18	207
Patient throughput	1.5	1.2	1.3	1.5	1.5	1.1	1.6	1.3	1.5	1.3	1.1	1.6	1.4

Gordon with Healthcare Assistant Chrissie on the Inpatient Unit

"When my pain got too severe to manage at home, I was transferred to the hospice to receive round-the-clock care. I believe that this quality of care is what anyone with a terminal illness should receive, but I know few do. That's why it's hard to express fully how grateful I am to the entire Ashgate Hospicecare team. This includes the consultants and nurses to the receptionists, cleaning staff and those working hard behind the scenes to keep the organisation running. Every single one of them is carrying out their role with commitment, compassion and expertise to make sure that I am comfortable in my final weeks."

- Gordon Healey

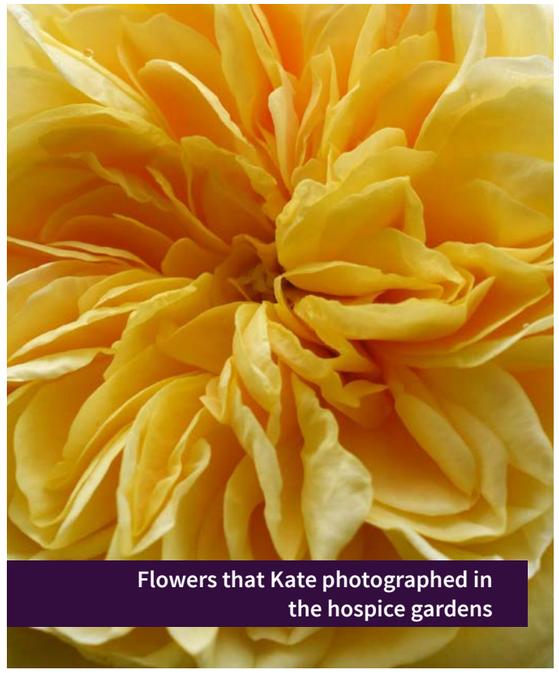
Day Hospice

The Day Hospice provides medically led day therapy for patients with a life-limiting illness. It also provides a small number of respite places, on a six-week basis in order to support carers. The number of patients referred to the Day Hospice during 2019/20 was 303 compared with 309 in 2018/19. The average occupancy was also slightly lower at 74% compared with 81% in the previous year. The Day Hospice team is continuing to work with the wider health community to highlight the importance of early referrals and the support that is available to patients. It also works to explore what the patients and other stakeholders would like from the service.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average / cumulative total
Referrals	19	28	21	31	37	22	28	27	28	21	26	15	303
Monthly attendance	226	267	205	217	222	196	241	193	149	181	158	84	2,339
% monthly occupancy	83	88	80	75	77	77	79	71	67	63	62	66	74
Monthly DNAs	21	25	25	18	20	18	20	15	20	28	13	5	228

For months, my wife Kate enjoyed her weekly trips to the Day Hospice where she was able to meet new people, see the doctors and nurses and continue with the hobbies she loved, such as photography. Kate always loved her time spent in the Day Hospice and it gave me some time to rest and look after myself too.

Keith Brown



Flowers that Kate photographed in the hospice gardens

Physiotherapist Lucy leading a session for our Day Hospice patients

Lymphoedema Service

This service is consultant led with a team of three specialist nurses and a lymphoedema technician who deliver an outpatient service at Ashgate, as well as at Blythe House Hospice in the High Peak, and some home-based care across North Derbyshire. During 2019/20, there was a slight decrease in referrals to the service, whereas the number of patient contacts increased by 8%. 242 patients had a first appointment with the team, whilst a further 1,540 follow-up appointments were undertaken. The team also continued to support GPs, District Nurses and Community Tissue Viability Nurses, undertaking 11 education sessions during 2019/20.

	2018/19	2019/20
Referrals received	389	355
Telephone contacts	1,071	1,572
Face-to-face contacts	1,893	1,668

Therapy Service

Ashgate Hospicecare provides physiotherapy and occupational therapy services. The physiotherapy team provides services in the Inpatient Unit, the Day Hospice and the community across North Derbyshire. Most of the work carried out by the occupational therapy team is in the community. This provides support and equipment that enable patients to stay independently in their own homes and help reduce the need for admission to hospital, hospice or residential care.

The teams work closely with our nursing team. Its primary focus is on enabling people to return home from an inpatient stay or to keep them at home and avoid an unplanned admission. The occupational therapy team will respond rapidly to urgent needs for equipment in the community and works proactively to enable people to die at home. It supports people with a range of life-limiting conditions and works together with other health and social care providers across North Derbyshire.

During 2019/20, the technical instructors began to work across both the physiotherapy and occupational therapy teams. Overall this year, physiotherapy face-to-face contacts increased by 29% and telephone support increased by 15% in line with the rehabilitation strategy. During 2019/20, the physiotherapy team has worked hard to increase the rehabilitation offer to our patients. Day Hospice physiotherapy treatments increased from 861 patient treatments in 2018/19 to 2,244 this year. Physiotherapy gymnasium outpatient sessions also increased from 77 to 229.

	2018/19			2019/20		
	PT	**OT**	**TIs**	**PT**	**OT**	**TIs**
Referrals received	790	844	NA	732	785	NA
Telephone contacts	1,808	3,019	429	2,029	3,019	NA
Face-to-face contacts	3,151	1,515	741	4,190	1,552	NA

PT = physiotherapy
OT = occupational therapy
TIs = technival instructors

Lawrence received support at home from our Occupational Therapy Team

When my dad, Lawrence, was discharged from hospital, Sarah, an Occupational Therapist from Ashgate, visited my dad at home. She was amazing. She arranged for different equipment to be delivered to make him more comfortable at home, including a hospital bed. Ashgate's Occapational Therapy Team, and the care agency staff worked together to rearrange the furniture and moved dad's hospital bed so that he could still enjoy the view that he loved from his window. Before he was bed nursed, that was his favourite place to sit in his chair, so, moving his hospital bed meant that his friends and neighbours were able to carry on saying hello to him through the window. Thoughtful touches like that made a very big difference and having all the equipment meant that dad was able to fulfil his wishes of staying at home.

- Linda McChesney, Lawrence's Daughter

Supportive Care Service

The aim of the supportive care service is to offer professional advice and support to patients, their families and carers, both during the patient's illness and also following bereavement, as needed. The team is made up of social workers, a clinical psychologist, art therapists, complementary therapists, a benefits advisor, counsellors, chaplains and staff who can provide specialist individual and group support work.

	SCS	CT	SCS	CT
Referrals received	475	212	456	187
Telephone contacts	957	NA	1,013	N/A
Face-to-face contacts	3,165	1,284	3,011	1,437

SCS = supportive care services

CT = complementary therapy

Supportive care services continued to develop to support the emerging needs of those requiring service throughout 2019/2020. Drop-in services expanded across three distinct geographical areas. They offered people valuable local support that is sustainable in the local communities. This year also saw the development of the Bolsover District 'caring for carers' project. This was an externally funded time-limited project that enabled a service to be tested in a specific local community. The report is being completed, but early indications show that bereavement support training sessions for schools supporting children, specific therapeutic support for bereaved children in schools and group support for children and families are much needed in this area. Work is now underway to continue what has been started for this community via a specifically funded project.

"The ability to share my pain and loss, the sensitive understanding of situations through life and the ability to enable me to turn situations around, helped me to have more confidence in myself. Though at times incredibly painful, it was constructively very supportive in giving me insight into situations and circumstances with incredible patience and understanding.

A loved one who has accessed our supportive care service.

Volunteer Counsellor Jane at a supportive care drop-in session

Quality Indicators

The registered manager for Ashgate Hospicecare is the Director of Quality and Patient Care. Our regulated activities are treatment of disease, disorder and injury, surgical procedures, diagnostic and screening procedures and nursing care.

The Clinical Quality and Governance Committee and Healthcare Quality Committee receive a quarterly report outlining the outcomes and activity within clinical services. This includes any clinical incidents that have been reported, themes and trends, actions taken and lessons learned. In addition to this information, it also contains details of clinical audits completed, patient experience and feedback and any complaints or compliments, with lessons learned.

Hayley Wardle,
Director of Quality and Patient Care

Prevention and management of pressure ulcers

Patients admitted to the hospice are at increased risk of developing pressure damage due to their general condition and co-morbidities. This risk is assessed on admission and throughout their stay with us. This ensures that they are being nursed on the most appropriate surface and that the relevant interventions are in place to reduce the risk of the development, or deterioration, of pressure damage already present on admission. During 2019/20, 338 patients were admitted to the IPU. During this year, 147 pressure ulcers were found to be present on patients on admission, with a number of patients having multiple ulcers. The table below shows the number of pressure ulcers by category that were present on admission, or that developed while the patient was in our care.

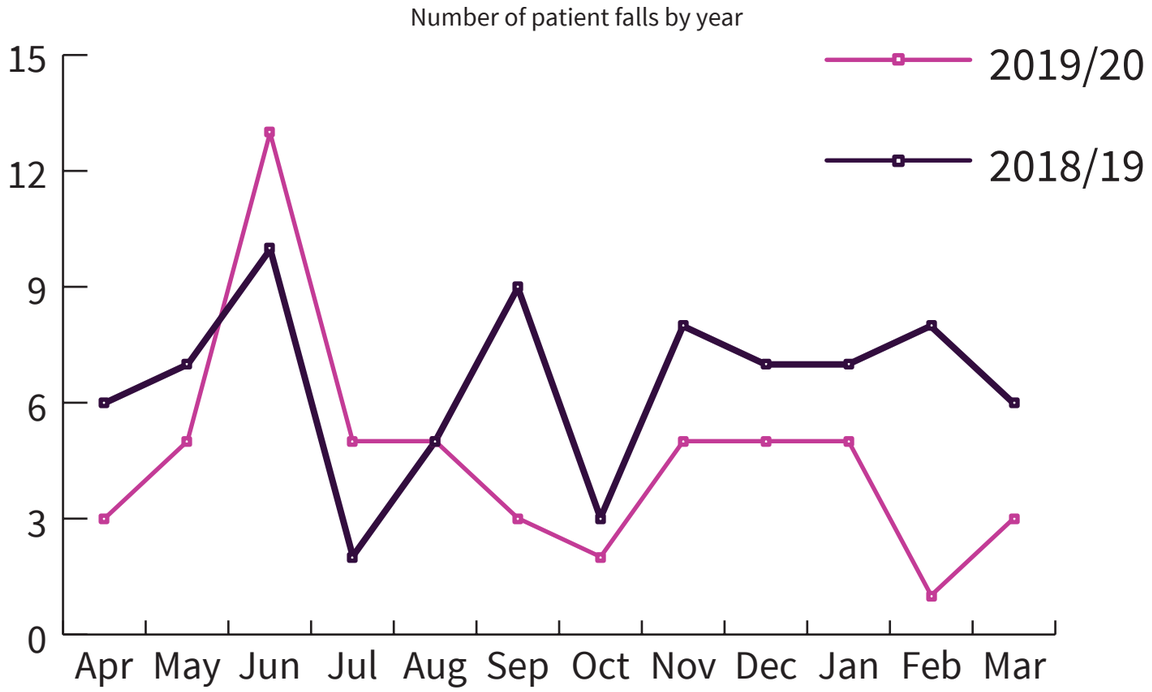
Grade of ulcer	Present on admission	Developed in our care
Category 2	65	52
Category 3	40	19
Category 4	5	2
Deep Tissue Injury (DTI)	37	9

Following on from the recommendations of a Deep Dive report in 2018/19, the 'SWARM' process was introduced in April 2019 and it continues for any new pressure ulcer at Category 3 or higher. A SWARM is an alternative approach to undertaking a Root Cause Analysis. The aim of the SWARM is to enable a prompt and consistent approach to investigating patient safety incidents. A SWARM needs to be conducted without unnecessary delay after an event and, like bees, staff swarm to the site of the incident to determine its causes and how to prevent it recurring. SWARM is a concept borrowed from other industries. Under this process, when a problem or error is identified, staff quickly hold a SWARM meeting in which all those involved in the incident or problem quickly evaluate why the issue occurred, and identify potential solutions and changes in practice or policy for implementation . A key aspect of the SWARM concept is that there will be no blame or finger pointing. The idea is to encourage staff to be forthcoming to achieve effective solutions .

During 2019/20, a detailed program of staff education commenced. A total of 51 members of IPU staff received training between November 2019 and February 2020 from either the Clinical Educator or the Quality Governance and Patient Safety Adviser. The education provided an update on the categorisation of pressure ulcer damage, as well as information on the recommended treatment of the ulcers.

Prevention and management of falls

Following the introduction of a number of measures over the past few years, we have seen a steady decline in the number of falls on the IPU. In 2019/20, 55 falls were reported on the IPU compared with 78 in 2018/19. However, due to the work around the conversion of the three-bedded bays to single rooms during 2019/20, the number of occupied bed days also reduced by 24% compared with 2018/19. In real terms, this equates to a 5% reduction in the number of falls in 2019/20 compared to 2018/19 and is reflected in the graph and table below.



Measure	Year	Apr-Jun Q1	Jul-Sept Q2	Oct-Dec Q3	Jan-Mar Q4	YTD
Rate of falls per 1,000 bed days	2019/20	16.8	12.7	9.7	7.4	11.9
Rate of falls per 1,000 bed days	2018/19	13.8	10.1	12.2	15.9	13.0
Rate of harm per 1,000 bed days	2019/20	3.56	4.5	1.6	2.5	3.0
Rate of harm per 1,000 bed days	2018/19	4.1	5.79	3.87	7.2	5.24

Mandatory training and staff education

During 2019/20, 95% of staff and volunteers completed education and training in relation to Safeguarding, the Mental Capacity Act and the Deprivation of Liberty Safeguards, with 89% attending additional essential training. This year, we reviewed our training program to ensure that it was specific to the roles of staff and volunteers and met their needs. 86% of clinical staff attended the role-specific training and 99% of volunteers who assist in the IPU completed their role-specific training.

In addition to the above, we provided 76 events including:

- evening seminars
- Sage & Thyme
- Project ECHO sessions
- End of Life Care Facilitators' Education sessions with nursing homes.

We also provided 77 additional education sessions for our staff including:

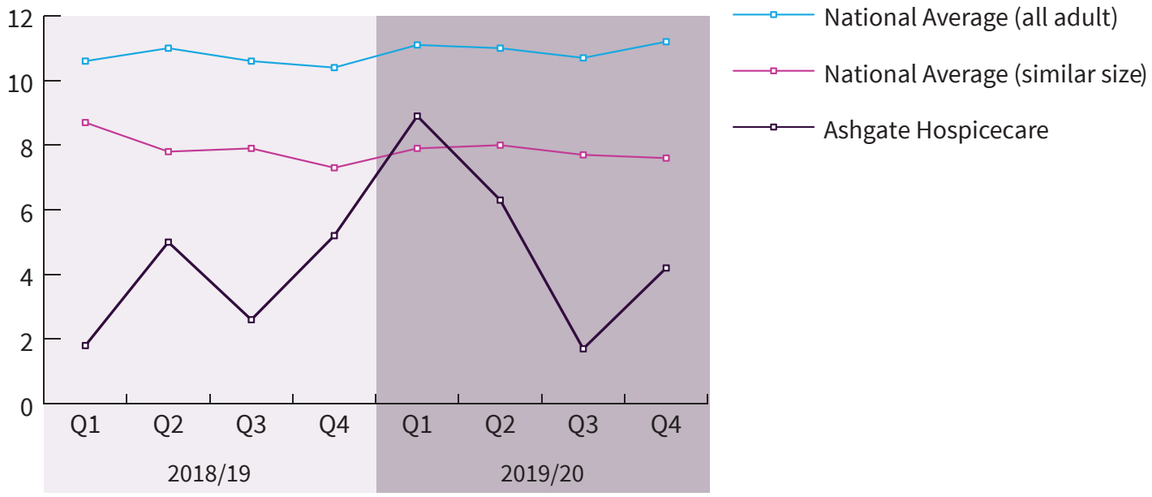
- care planning
- pressure area care
- delirium and agitation
- nausea and vomiting
- training in the use of the Malnutrition Universal Screening Tool ('MUST')
- clinical audit training
- the 'Leading Together' programme.

Project ECHO session delivered by Ashgate Hospicecare

Medication incidents

The hospice participates in the Hospice UK national benchmarking program, along with over 100 hospices. Ashgate Hospicecare is benchmarked against other hospices who are of a similar size, as well as all adult hospices. The data show that over a 12-month period, our rate of medication administration and prescribing errors continues to be significantly lower than other adult hospices, demonstrated in the graph below.

Medication incidents per 1,000 bed days



Prevention and management of infection control

During 2019/20, the hospice reviewed its infection control policies to ensure they were compliant with the most up-to -date guidance. During the year, we had no hospice-acquired infections. One patient was admitted to the IPU from another organisation where the patient had been barrier nursed, because of Clostridium Difficile (C Diff). This patient continued to be barrier nursed until discharge, following confirmation from the laboratory that toxigenic C Diff was detected in the stool sample. Patients admitted to the IPU from other organisations or care homes were swabbed on admission for MRSA in line with the hospice policy; none was found to be positive.

In March 2020, we started responding to the impact of COVID, including opening the Lavender Wing in our Inpatient Unit. This provided a separate barrier nursing area for infection prevention and control. The Lavender Wing remains in place at the end of 2020, caring solely for COVID positive and suspected COVID patients. In addition to this, a Standard Operating Procedure for staff in the management of COVID-19 patients was drawn up in line with national guidance and was updated, as and when required.

Ward Sister Paula in full Personal Protective Equipment (PPE)

Learning from incidents and complaints

The hospice is committed to an open and just culture in which staff feel comfortable to raise concerns and report incidents. This means that systems and processes can be reviewed where appropriate to continue to improve the quality of care provided and the quality of the patients' and carers' experiences.

The web-based Sentinel Risk Management System is now well embedded across the hospice services. Several modules are in use such as incident reporting, inquests and complaints management. Additional modules are currently in development. The system allows staff to record incidents as soon as they are recognised. It enables managers to track actions and provide feedback on the lessons learned to the staff reporting the incidents, as well as to other relevant staff.

Data relating to incidents, complaints and inquests and any actions or lessons learned are provided in a quarterly report to the Clinical Quality and Governance Committee, which will provide assurance to the Healthcare Quality Sub Committee to the Board that appropriate actions have been taken.

Our participation in clinical audits

During 2019/20, we reviewed our clinical audit program in order to help staff have a better understanding of the process. We introduced targeted training with all clinical staff and those non- clinical staff who were likely to be involved in audits of the clinical environment.

We were successful in appointing a Clinical Audit and Data Analyst, who came into post in January 2020.

Audits completed 2019/20

During the audit year 2019/20, there were 50 audits of the audit plan. Of these, 28 audits involved single services and 22 reports or sub-reports were expected from seven audits being undertaken across multiple services.

All services were involved in the audit process. The IPU had most involvement with inputs to 19 audits (19/50, 38%), and medics were involved in 11 audits (11/50, 22%). Single service audits were completed more fully than multi-service audits and had more projects reported and more actions completed. In 2020/21, all multi-service audits are expected to have a lead co-ordinator who will liaise with the audit and data analyst and the heads of the relevant service to ensure the projects are completed fully.

As a result of clinical audit, examples of improvements include new care plan templates, updated referral forms, refresher training and policy changes.

Below are some examples of the audits completed.

Audit 30: Day Hospice audit

The purpose of this audit was to discover reasons for patients not attending the Day Hospice and to highlight potential improvements that could be made to the Day Hospice referral process and patient experience.

The main reason for the non-arrivals of patients was found to be “patient choice”, suggesting that many patients did not wish to attend despite being referred by a health professional. This may also be due to patients having a limited understanding of the service provided by the Day Hospice and also a fear of attending a hospice-based service. Many patients were either too ill, were admitted elsewhere or had died before their initial appointment. It was acknowledged that the average waiting time from the receipt of the referral to a patient’s first appointment was around two weeks. This suggests that the patients being referred to the Day Hospice were too unwell to attend at the point of referral.

Action was taken to launch a coffee visit and triage process in January 2020, as part of the new 12-week Day Hospice programme. This allowed patients to visit the Day Hospice before being admitted to the programme.

The referral criteria and forms were amended to ensure that they were easier to complete and more patient focused, prompting staff to include additional patient specific information on the referral form

Audit 26: Oral care recommendation

The aim of this audit was to ensure that the management of a patient’s oral care is included in the patient’s care plan. It was also to ensure a good symptom control to allow the patient to eat, drink and talk comfortably. This was undertaken to ensure that oral assessment charts are being completed correctly and that any problems identified are reported to the medical team.

Action taken following the audit was to remind staff of the importance of completing patients’ oral care charts with correct information. The audit results were shared on the staff notice board and staff were reminded in face-to-face discussions during shifts.

New oral care guidance published by Health Education England in November 2019 is being reviewed and a re-audit is in the 2020/21 audit plan.

Audit 35: Recognising dying

After an inquest into the death of a patient in the IPU, recognising dying (RD) forms were introduced into Ashgate Hospicecare in September 2018. The aim of the audit was to ensure that the clinical records are complete with up-to-date RD forms for patients accessing the Inpatient Unit for end of life care.

The National Institute for Health and Care Excellence (NICE) has issued new guidelines about the care of the adult at end of life. These include advice about recognising when someone is dying. Since the introduction of the RD form at Ashgate Hospicecare, we have seen an improvement in the completion of the forms and the documentation onto SystmOne when a RD form has been completed. The review of forms has shown that appropriate conversations have been had with the family or carers. The form names the carers who have been involved in the conversation, the nature of the patient’s illness and the likely time scale of expected deaths.

The Ashgate induction for junior doctors ensures that they are aware of the need for RD forms and that they are completed in a timely fashion. In addition, the clinical handover sheets now contain details of patients who have a recognising dying form.

What others say about us - The Care Quality Commission

Ashgate Hospicecare is required to register with the Care Quality Commission (CQC). In August and September 2014, the hospice was inspected by the Care Quality Commission as part of the second wave of pilot inspections.

The CQC rated Ashgate Hospicecare as

‘Outstanding’

overall and in the following three key lines of enquiry: caring, responsive and well led.

The hospice was given a rating of

‘Good’

in the remaining two key lines of enquiry: safe and effective.

Celebrating success - Three-bedded bay project

At Ashgate Hospicecare, we aim to improve our patients' comfort and quality of life. We do this by seeking to understand how patients are feeling, alleviating their pain and easing any distressing symptoms they experience. We do all of this with the aim of helping patients maintain their dignity and independence.

One way we helped to provide dignified care in 2019/2020 was by replacing our old three-bedded bays at our hospice. Work on this project started in May 2019.

We knew that our hospice building was letting us down. Our busy Inpatient Unit was unable to offer everyone a personal room. Up to three patients had to be looked after in three-bedded bays, which had remained unchanged for 30 years. They were cramped, dated, dark, draughty and institutionalised. The North Derbyshire Clinical Commissioning Group agreed that the bays were not fit for purpose because of the impact they had on the respect and dignity of our patients.

Our fundraising and marketing teams set to work on a mission to raise enough funds to transform the three-bedded bays. We held a full consultation with patients, their families, our staff and volunteers. This was to develop a design that was led by the people we are here to help and support. Our intention was to go from having bays that belonged in the past to having modern rooms. Every single aspect of the interior of these rooms had been thought about and designed with the comfort and dignity of our patients and their loved ones in mind. The consultation highlighted what was important to patients and, as a result, our new rooms now provide the following:

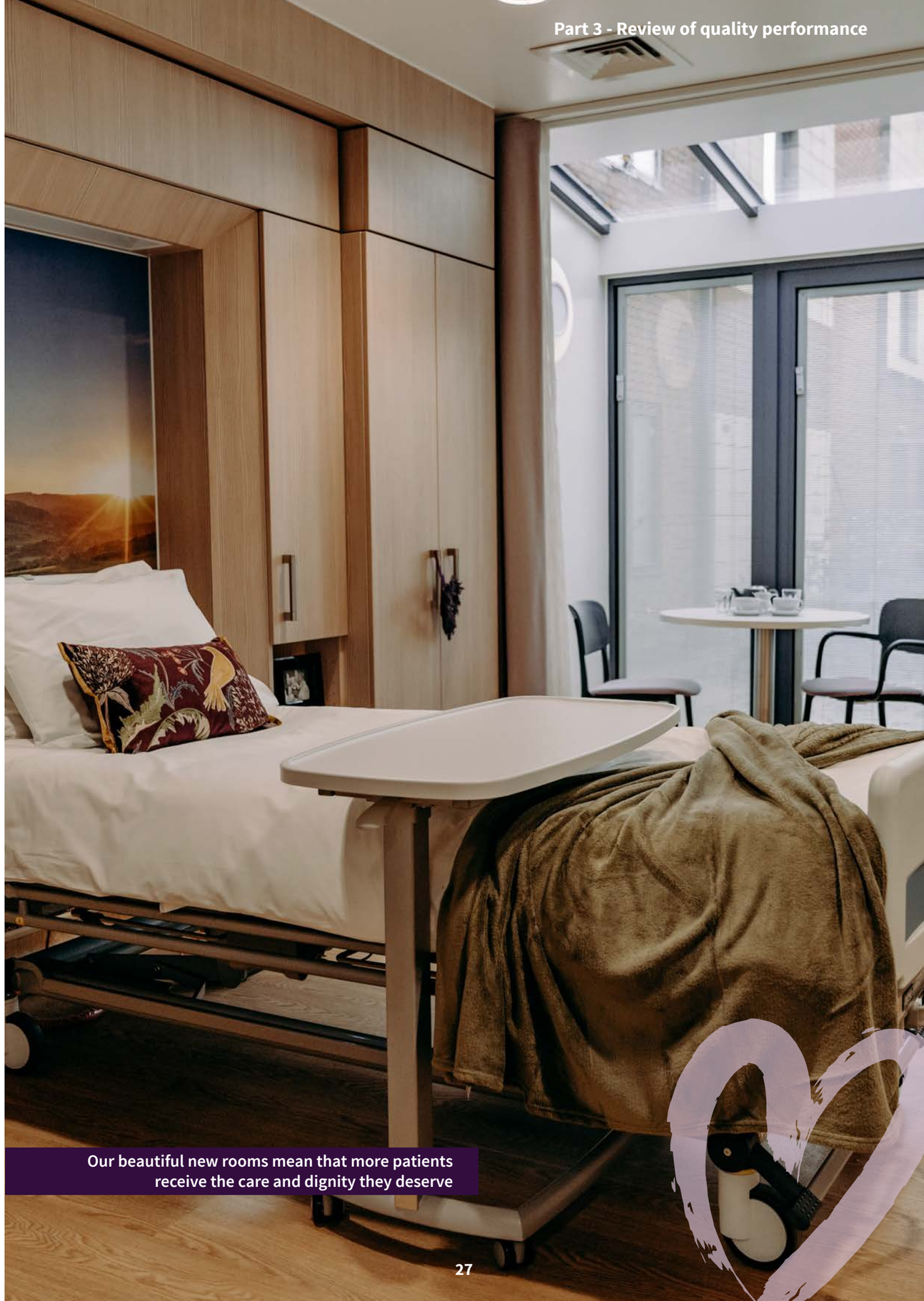
- more patients receive the care and dignity they deserve
- privacy and precious family time
- more space
- a home from home.

The transformation of the bedrooms at our hospice was an essential part of our work to provide patients with dignified care. It's not enough to focus solely on their acute medical needs. The renovation has enabled us to give our patients the space, environment and comfort they need to maintain their dignity and independence while in our care.

"Previously, we were providing care to some patients in three-bedded bays which hadn't really changed for 30 years. The bays were very old fashioned and didn't give patients the privacy and dignity they deserved. The new rooms mean our patients can now talk in privacy without the worry of being overheard. Families are able to create special, precious memories without fear of disturbing other patients. Our visitors can stay with their loved one for as long as they need after they die.

> **"The rooms also give them that most precious thing; the time they need to say goodbye and express their grief freely in a private space.**

Hayley Wardle, Director of Quality and Patient Care



Our beautiful new rooms mean that more patients receive the care and dignity they deserve

Appendix A

Ashgate Hospicecare, Commissioner Statement

General comments

NHS Derby and Derbyshire Clinical Commissioning Group (the CCG) is the commissioner for the NHS contract held with Ashgate Hospicecare in Derbyshire.

Commentary

I am pleased to confirm that the Quality Account submitted by Ashgate Hospicecare has been reviewed and I can confirm that I am assured of the achievement of the contract related data and quality improvement work that is stated in the Quality Account.

This Quality Account produced gives a detailed overview of the year 2019/20, outlining the tremendous amount of work that has been undertaken. This is additionally noteworthy given that care delivery has not only continued, but has been delivered with such passion, high quality and dedication from all their staff during the challenges and impact of the global coronavirus pandemic.

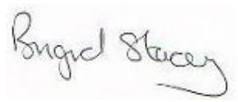
The 2019/20 strategic priorities set out at the start of the year, outlined a strong focus on delivering high quality services. This year, Ashgate Hospicecare has shown a collaborative approach to quality improvement, organisational development and implementing a cultural framework that underpinned this approach and this is demonstrated through their achievements this year.

Patients and their families in receipt of services from Ashgate Hospicecare continue to have positive experiences in the most difficult of times for them which is reflected in the patient and carer feedback. To enhance this further, the three bedded bay project has provided additional space for patients to receive the care and dignity they deserve at the end of their life.

Ashgate Hospicecare continue to monitor a range of clinical quality indicators regarding clinical effectiveness, patient safety and patient experience, allowing them to identify and improve areas of patient care thus continually improving clinical practice. This is demonstrated by the excellent work on prevention and management of falls, pressure ulcers and infection control as described in the account. A vast range of clinical audits also underpins this work ensuring a culture of continuous improvement is embedded across the organisation at all levels.

Taking an active part working with Derby and Derbyshire CCG and partner organisations across Derbyshire, Ashgate Hospicecare continue to ensure the voice of the hospice is heard in designing and leading end of life services for the future.

Ashgate Hospicecare is to be congratulated on the completion of their Quality Account which is exceptionally well written and presented.



Brigid Stacey
Chief Nursing Officer,
Derby and Derbyshire CCG

Stuart received care on our Inpatient Unit

To find out more about Ashgate Hospicecare and how you can support our vital work, please get in touch:

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LinkedIn: Ashgate Hospicecare