

StChristopher's



Quality Accounts 2017/18

Part 1 – Statements of assurance and introduction to St Christopher’s	3
<i>1.1 Statement of Assurance from the Joint Chief Executives</i>	3
<i>1.2 Statement of Assurance from the Board</i>	4
<i>1.3 The Strategic Priorities of the organisation</i>	5
<i>1.4 Our Values</i>	6
Part 2 - Priorities for improvement and statements of assurance	7
<i>2.1 Priorities for improvement 2017/18 - what we achieved last year</i>	7
<i>2.2 Priorities for improvement 2018/19 - what we will achieve next year</i>	8
Part 3 - Review of the quality of our performance in 2017/18	9
<i>3.1 Internal Assurance</i>	9
<i>3.2 Clinical Activity</i>	12
<i>3.3 Quality Markers</i>	13
<i>3.4 Our response to the Commissioning for Quality and Innovation (CQUIN) Payment Framework</i>	13
<i>3.5 Clinical Audit</i>	14
<i>3.6 Infection Prevention and Control Audits</i>	15
<i>3.7 Healthwatch Bromley Feedback</i>	16

If you have any questions about this Quality Account please contact:

Head of Quality
St Christopher’s
51-59 Lawrie Park Road
London
SE26 6DZ
feedback@stchristophers.org.uk

Part 1 – Statements of assurance and introduction to St Christopher’s

1.1 Statement of Assurance from the Joint Chief Executives

The year 2017/18 was an important year of development for St Christopher’s in terms of its efforts around quality assurance and improvement. We had promised to invest in a new electronic patient system that would support high quality care and the efficient use of staff time; to improve our collection and understanding of data regarding patient and other user experience of our services; and to and to help staff across the organisation access and better utilise data regarding the care they deliver as a basis for improvements in care. Much of this has been achieved as described later in this report.

We remain confident that the quality of our care is good. One strong piece of evidence to support this statement is some work done to analyse over 80 thank you letters and cards that we received from patients and their families cared on our wards. What emerged most clearly was that the hospice provided vital care and help to patients and families at a time when they wanted to do the very best for someone they loved even if that represented a significant challenge for them. They told us that they really appreciated care that was flexible, optimistic in nature, helped people achieve their goals, was provided in a pleasant and supportive environment, enabled people to feel safe and confident and which extended into bereavement for families left behind. We will continue to reflect on these themes and look at the degree to which they are evident in feedback from other areas. Our big plan in the next year is a large patient and user survey across the organisation which will enable us to consider this.

In the meantime we continue to strive towards our strategic priorities – reaching more people and empowering the public around death, dying and loss, doing that in innovative ways and continuing to improve our services. Our activity data provide confirmation that we are achieving these ambitions – referrals continue to grow, the diversity of our patient population is increased, and our services continue to expand and develop in response to changing needs and preferences. This is not easy to maintain, particularly in a time when it is hard to recruit new staff and funding is very limited. For this reason, we are particularly grateful to our staff and volunteers who continue to help us achieve our aims despite significant pressure from a whole variety of sources.

Our Quality Governance structure remains strong and we are grateful to our two trustees who represent the Board of Trustees on the Quality Governance Committee alongside a group of committed staff drawn from across the organisation. In the last year we have done more to scrutinise the quality of care provided by services that have historically been seen as outside the remit of this Committee. Our Personal Care Service and the Charity Shops receive regular attention now from its members.

We continue to encourage ongoing improvements in the quality of care and services on the part of St Christopher’s. In the coming year we plan to invest new monies into a system to improve monitoring and response to incidents and accidents; we also intend to build the Quality Team, bringing in a data manager to work with the Head of Quality to provide data and information on a regular basis to support change. We thank you for your sustained interest in our organisation and welcome feedback regarding this report



Heather Richardson and Shaun O’Leary

1.2 Statement of Assurance from the Board

The Board of Trustees of St Christopher's Hospice commends this report to Healthcare Bromley and its readers. We, as two trustees with delegated responsibilities from the Board regularly attend the Quality Governance Committee, scrutinise and reflect upon a range of reports received by its members and inform the Board of any concerns on our part.

We are satisfied that the organisation takes its responsibilities for ensuring and improving the quality of its services seriously. Most importantly staff and volunteers are concerned to receive and examine data regarding the safety, effectiveness and experience of the organisation and its work, as a basis for further improvement as necessary. We have seen evidence of such improvement.

We are pleased to confirm that the organisation plans some review of its quality governance structure in the next year in order to further refine and improve it. We will be participating in the review, confident that it places St Christopher's in an even stronger place in the future with regards to quality assurance and improvement.

Jane Walters

Ian Judson

Trustees

1.3 The Strategic Priorities of the organisation

Set by the trustees and executive team, the Strategic Priorities give strategic direction to all we do, so we can understand what success looks like and work as a team to achieve shared goals.

OUR STRATEGIC PRIORITIES 2015-2020



1.4 Our Values

The way that we work towards our strategic priorities is guided by our organisational values



Part 2 - Priorities for improvement and statements of assurance

2.1 Priorities for improvement 2017/18 - what we achieved last year

2.1.1. Adopt an organisation-wide approach to the collection and review of data regarding user experience

Why was this a priority?

Service user feedback – both positive and negative – provides an invaluable source of information in to what we do well and where we can improve. While we currently collect a lot of this information, much of it is viewed individually and is not seen in relation to other forms of feedback.

How did we achieve this?

We created a framework that identified themes and values across all forms of feedback. This provides opportunities to use feedback as a basis for improvement at team and corporate levels.

How did we monitor and report progress?

Staff discuss the themes from user experience at team meetings, and identify and share learning. This is reported to the Quality and Governance Committee via the Service User Experience Committee.

2.1.2. Develop user friendly reports to inform team leaders and staff about the quality of their services and areas for improvement

Why was this a priority?

There is a wide range of information and data that supports staff awareness of the quality of the service they provide. This includes information about: incident and accident data; patient outcomes; clinical audit; clinical guidelines including NICE; safeguarding; and activity and reach

How did we achieve this?

The Head of Quality produces a monthly newsletter called “Quality Street” for inpatient teams, outlining key quality-related information that is discussed at team meetings. This has supported staff to identify areas for quality improvement within their teams and across services.

How did we monitor and report progress?

Issues identified from the reports help inform the work plan of relevant quality committees

2.1.3. Purchase and implement a new electronic patient record system

Why was this a priority?

Our previous EPR system no longer met the needs of a modern hospice service. A new system would allow us to improve communication across the multi professional teams and sites on which St Christopher’s operates, and the efficiency of staff in recording information and retrieving it to inform clinical decisions

How did we achieve this?

The migration of approximately 1200 records successfully took place at the end of Jan 2018. The new system was fully functional – including staff training – across both hospice sites by the end of January.

How did we monitor and report progress?

A SystemOne group has been formed. This meets fortnightly and all clinical services and admin are represented. This group will continue to process feedback and review SystemOne and its use. Representatives from the SystemOne team are in the process of arranging meetings with all the clinical and admin teams to gather feedback from their experience of using SystemOne.

2.2 Priorities for improvement 2018/19 - what we will achieve next year

2.2.1 Purchase and implement a new system to capture and report incidents and other quality-related information

Why is this a priority?

Information on accidents and incidents, risk assurance, complaints, compliments and other quality-related issues are currently each stored on separate software. None of these can be cross-referenced with each other, and all rely on nominated staff to input and extract data and reports.

How will we achieve this?

We will purchase software that will allow data on multiple quality topics to be cross-referenced and reported on within a wider quality context. Managers and team leaders will have the ability to produce their own team-specific reports, on multiple quality indicators, over a time period of their choosing. The module to facilitate the reporting by staff of incidents and accidents will be developed first, followed by a risk assurance module.

How will we monitor and report progress?

The project will be overseen by the Accident and Incident Group, a sub-group of Quality and Governance. A work plan will be developed with key milestones and deadlines.

2.2.2 Improve the quality of patient discharge from care

Why is this a priority?

Discharging patients from care can be a challenging subject for patients, their carers, and for staff. It is an aspect of patient care that affects all clinical teams.

How will we achieve this?

We will establish a programme that, over the next 12-24 months, will develop auditable standards at both organisational and team level on multiple aspects of patient discharge. It will carry out a number of quality improvement projects including clinical audit, staff training and improved communication with patients and families.

How will we monitor and report progress?

A steering group will be developed to identify and monitor quality improvement projects. It will report to the Audit and Clinical Effectiveness Committee.

2.2.3 Undertake a hospice-wide patient survey

Why is this a priority?

Building on work from last year, we have identified that service users have a number of mechanisms for giving us feedback, including compliments and complaints, "What would you like to tell us?" feedback forms, and questionnaires aimed at specific groups of service users such as the recently bereaved. While extremely useful, there are limitations to this feedback. Specifically, it only represents a small number of service users and it may not be 'real time' feedback. We wish to garner the views of current patients across all our clinical services in order to understand in which areas of our care we are doing well and where we can improve. We will use the Oxford University "Experience of Care" survey, which will also give us the opportunity to benchmark our results against other hospices.

How will we achieve this?

We will undertake a survey of all patients registered with us within a specific week. We will use both paper and electronic versions of the questionnaire.

How will we monitor and report progress?

This work will be overseen by the Service User Experience (ACE) Committee, reporting to the Quality and Governance Committee. Results will be presented for the hospice as a whole and also broken down by team/ward. Actions developed as a result of issues of concern being identified within the results will be followed up by ACE.

Part 3 - Review of the quality of our performance in 2017/18

3.1 Internal Assurance

Our Quality and Governance Committee provides assurance to the Board, and maintains a focus on quality improvement through the work of a number of sub groups. We describe them below in relation to key domains of quality health care.

SAFE

Accident and Incident Group

This group has been set up to improve how we report on and learn from accidents and incidents. It has been overseeing the implementation of a new accident and incident reporting system (see 2.2.1, above). Following a table top training exercise, our Major Incident policy has been reviewed and updated. Now called the Business Continuity policy, it focuses on ensuring our services get back to normal as soon as possible after a major incident, as well as clarifying specific roles during the course of an incident.

Medicines Optimisation Group

The MOG's focus on learning from drug-related incidents has led to an overall decrease in the number of incidents involving medicines in general, and particularly in the number of CD-related incidents. In 2016/17 MOG also: streamlined the process for letting GPs know about medicines prescribed and supplied by the hospice to aid repeat prescriptions; seen an increase in the use of the screening paperwork for the in-house use of patients' own medicines; and continued to monitor daily checks of opioid patches as part of an ongoing audit.

Organisational Safety

OSC continues to work to its cyclical reviewing programme, including a health and safety management plan that was put in place in October 2017. The main objectives of the plan are to identify any gaps or required improvements in the organisation's health and safety arrangements, and to unify the suite of health and polices in regards format and layout. Attention has also been given to how the organisation checks, monitors and audits its health and safety arrangements in order to ensure compliance with such policies and procedures.

Patient and Service User Safety

In the past twelve months there have been no cases of MRSA bacteremia or C Diff developing within the inpatient unit, or cases of Legionella. There were also no outbreaks of vomiting and diarrhoea. Infection control audits continue to be undertaken for general cleanliness: hand hygiene; waste/sharps management; isolation precautions; mattresses; equipment store. In addition, the annual infection control audit was undertaken in February 2018 and showed that the ward environments and clinic areas on the Sydenham site continue to be fully compliant with infection prevention society audit standards.

Safeguarding, compliance with the Mental Capacity Act and the Deprivation of Liberty Safeguard legislation

The number of cases of suspected and actual abuse remains low although the increase in percentage terms appears significant. This increase is down to two main factors: Firstly, as staff and community knowledge increases on adult safeguarding issues more referrals will be seen. Secondly, the inclusion of self-neglect as a category of abuse. The number of referrals has therefore risen in 2017/18 from 32 in the previous year to 58 – an increase of 81%. The fifty eight individual referrals identified 97 different incidents of abuse – an increase of 155% from the 2016/17 figure.

We continue to work closely on safeguarding issues with a number of external agencies within our five Boroughs and across South London. Our children's safeguarding policy has been reviewed in light of the advice offered by a local CCG. In addition, links have been made with the Multi agency safeguarding hub (MASH) for children in Croydon. This enabled a discussion about the role of our social workers when parents are at the end of life and they have children.

We have organised in late June 2018 a national conference on the issue of Mental Capacity and DOLS at the end of life. This has proven to be a very popular topic and was referred to by the Chief Social Worker of England as an example of exemplary social work practice within the third sector.

CARING

Service User Experience

Our Service User Experience Committee receives and reviews feedback from the services we deliver to patients and their carers. We received 19 complaints relating to some aspect of clinical care during the financial year, representing approximately 0.49% of all the people we care for over the course of a year. In addition we received 14 complaints about non-clinical matters. Just over half of all complaints were fully or partially substantiated. Substantiated complaints covered a variety of subjects, making it difficult to identify a pattern. Three substantiated complaints, however, were in relation to working with external agencies.

A selection of feedback comments

You need to be a special type of person to do the job you do and every one of you are exactly that

It was so heartwarming for me to know that he had you all caring for him (and me!) in such a dignified way

A really nice atmosphere has been created at St Christopher's

Such kind staff. So relaxed and a positive atmosphere

To all our angels on the Ward - thank you for being mum's angels

St. Christopher's is a wonderful place and I feel such gratitude that he was able to spend his last few weeks there, helped through each difficult stage with such loving kindness

You helped us all in our greatest hours of need and made us all feel so welcome

You were very attentive caring and accommodating to him and his family, providing holistic care

Many thanks for the compassionate and good humoured care you provided. It meant he was able to die as he lived – on his own terms

In addition we invite feedback from carers of people who have died under our care. This survey, known as the VOICES survey provides opportunity for quantitative and qualitative assessment of the quality of care. A selection of our feedback from the VOICES survey is as follows

Updated 1st April 2017 to 31st March 2018

IPU

- 99% (129/131) said that their relative or friend was always or mostly treated with respect and dignity by the hospice nurses
- 95% (124/130) said that St Christopher's staff & volunteers were definitely welcoming
- 98% (128/131) said that the hospice environment was definitely clean
- 82% (104/127) said that the ward doctors were exceptional or excellent

Community

- 94% (179/191) said that they were involved in decisions about treatment and care as much as they wanted
- 83% (162/195) said that the care was exceptional or excellent

Anniversary Centre & Caritas House

- 91% (51/56) said that they always felt welcome at the Anniversary Centre or Caritas Centre

Place of death

- 93% (235/254) said that on balance their relative died in the right place

Bereavement

- 55% (133/243) said they received enough help and support since the deceased person's death
- 13% (31/243) said they would have liked more help and support since the deceased person's death

Friends and Family Test

- 93% (234/251) said they were extremely likely or likely to recommend St Christopher's to their friends and family

RESPONSIVE

Activity, Diversity and Reach

The Activity, Diversity & Reach Committee commissioned a Consultant in Public Health to help us understand if our services are reaching the populations we serve. This equity profile was based on the characteristics of gender, age, ethnicity, socio-economic status, place of residence, faith, and diagnosis.

The results of this work has enabled us to identify priority actions, including measures for people with life-limiting long term conditions; an under-representation in patients with non-cancer conditions; the need for an increased provision for those over 65 and more so for those over 85; the need for an increased provision for those from ethnic minorities groups; better data collection on patient disability and sexuality.

EFFECTIVE

Audit and Clinical Effectiveness

The Audit and Clinical Effectiveness committee continues to support staff to work to the highest standards. In 2017/18 we undertook audits on a diverse range of subject including allergies and intolerances; resuscitation; constipation; and future care planning for care home residents. See Section 3.6 for further details. We continue to review NICE guidance, although only a small number were identified as being of priority to hospices.

Research

We continue to be involved in a wide range of research activities, including participating in Phase 4 of the C Change research programme. We have hosted a number of multi professional learning opportunities in the course of the last year focused on dementia, frailty, inclusivity, rehabilitative palliative care. We have enjoyed part time input from an academic seconded from Kings College London with a particular interest in frailty and older people. In the 18 months she has been attached to the hospice she has contributed to the development of Bromley Care Coordination (BCC), supported research development within the hospice and in the wider hospice sector.

Staff across the hospice have contributed various articles, chapters or books including:

- Social work and end of life care (a book edited by H Richardson and G Chowns)
- Volunteering and community engagement (chapter written by H Richardson and L Sallnow)
- Heart failure and palliative care (a case study based on research data written by Mary Brice)
- Spirituality in Hospice Care - (edited by Andrew Goodhead and Nigel Hartley) Chapters written by: Andrew Goodhead, Kostas Kontelias, Sally Mercer and Ninon Van der KroftHospice
- Coleman J., Levy J., Wiggins S. and Kinley J. (2017) Using a new end-of-life care plan in nursing homes *Nursing & Residential Care* 19(1), 38-41.
- Kinley J., Butt A., Stone L., Kenyon B. and Santos Lopes N. (2017). Developing, implementing and sustaining an end-of-life care programme in residential care homes in the UK *International Journal of Palliative Nursing* 23(4), 186-193.
- Kinley J., Preston N. and Froggatt K. (2018) Facilitation of an end-of-life care programme into practice within UK nursing care homes: A mixed-methods study *International Journal of Nursing Studies*
- Kinley J., Hockley J., Stone L. and Brazil K. (2018) Family perceptions of care at the end of life in UK nursing *Journal of Research in Nursing* DOI: 10.1177/1744987117753276
- Cognitive behavioural therapy in palliative care: evaluation of staff following a foundation level course. *Int Jnl Pall Nursing*.

WELL LED

Information Governance

The Information Governance (IG) Committee has dedicated considerable time planning for the introduction of the General Data Protection Regulations (GDPR) in May 2018. A GDPR Project Team subgroup of the IGC has been meeting since June 2017 to plan and implement steps necessary to ensure GDPR compliance. The subgroup undertook a comprehensive data mapping exercise, reviewed and updated all information (privacy) notices, co-ordinated both specific and general staff training on the implications of GDPR, and reviewed and updated all relevant policies and procedures.

Reporting to the Board, commissioners and regulators

The Board of St Christopher's meets at least four times a year and normally more than that. At each meeting it receives a comprehensive picture of the quality of care and services provided by the hospice. This includes minutes of previous Quality Governance meetings, any reports presented to that committee, an update on issues that the Quality Governance Committee feels is important for the Board to know.

Senior managers meet regularly also with NHS commissioners, reporting on the quality of their services in response to a standing item on the agenda for these meetings.

In the event of a serious incident the senior managers, known as the Executive Team are alerted as soon as possible. They will discuss the incident and agree next steps – including alerting all relevant authorities.

3.2 Clinical Activity

We have continued to see an increase in the number of patients, carers and family members we support. During 2017/18:

Inpatient Unit (IPU)

- 757 patients were admitted to the inpatient unit (838 admissions in total as some patients were admitted more than once)
- Our average length of stay during this period was just under 14 days
- 69% of those admitted to the wards died in this setting. The majority of the remainder (31%) were discharged home after admission
- 12% of all admissions took place out of normal office hours or at weekends
- 87% average occupancy level

Community (Outpatients, Care Home and Home based care)

- 2,531 unique patients were accepted for specialist, community based care
- 774 unique patients received care from the Outpatient nursing team. This was a total of 13,108 home visits (including 558 visits out of normal hours)
- The out of hours visits were augmented by over 9,775 phone call consultations with patients and families experiencing unexpected or changing problems

Bromley Care Coordination

- This service is available to people living in Bromley who are deemed to be in the last year of their life and who wish to be cared for at home. A key aim of this service is to enable people to die at home if this is their wish
- 79% of people who died whilst receiving support from the Co-ordination Centre died at home
- Approximately 38 referrals per month (459 for the year)
- 355 unique patients were accepted
- 87% of patients cared for during the course of this year had a primary diagnosis of a condition other than cancer; 90% of all patients were aged over 75 years

Bereavement Services

- For adults, families and children. St Christopher's Candle Project offers individual and group support, a national telephone advice line, consultancy and training for children and families. Adult bereavement services are available for family members of patients who die in the care of the hospice in all boroughs; additional bereavement care is available in Bromley for people bereaved in other settings.
- 936 people received bereavement support following a death of someone under the care of the hospice
- 375 people received support from the Bromley Bereavement Service
- 306 families and 512 children were referred to Candle

3.3 Quality Markers

In-patient units only. Data to December 2017

3.4.1. Patient Slips, Trips and Falls

On our inpatient unit there were 14.9 falls per 1000 occupied bed days, compared to a rate of 10.9 for similar hospices. The vast majority of our fallers (85%) experienced no harm - a much higher proportion than other hospices - while 15.4% experienced low harm.

3.4.2. Medication Incidents

On our inpatient units there were 7.9 medication incidents per 1000 occupied bed days, compared to a rate of 8.0 for similar hospices. 90.3% of these were Level 1 ('no harm, incident not prevented') compared to a national average of 67.3%

3.4.2. Infection Prevention and Control

In 2017/18 there were no cases of patients with a new diagnosis of Clostridium Difficile infection or a blood stream MRSA infection. No vomiting and diarrhoea outbreaks took place at the hospice over this year. In addition, the annual infection control audit was undertaken in February 2018 and showed that the ward environments and clinic areas on the Sydenham site continue to be fully compliant with infection prevention society audit standards.

Quality markers: summary of clinical governance data April 2017 – March 2018

All teams

Area	No.	Action/comments
Slips, trips and falls	201	As would be expected, 92% of falls were on the wards.
Pressure Ulcers	26	Seven developed in to Grade 3+, RCA undertaken on all; 19 inherited
Medication Incidents	98	We continue to see fewer serious medication incidents than comparable hospices. Drug audits identified only minor issues such as slightly out of date signature lists.
RIDDOR reports	2	Both reports rated as Amber
Notifications to CQC	2	1 x pressure sore Grade 3 or above; 1 x Deprivation of Liberty application
MRSA	0	
C Diff	0	
MHRA Alerts	45	Four resulted in emails to all or relevant staff for their information
Requiring Action	1	An alert related to the use of oxygen by patients resulted in our medical gases policy being updated to better reflect current advice
Formal complaints	33	Clinical and non-clinical. Complaints received covered a variety of topics. Very broadly, the largest single category (including those not substantiated) was clinical care.

3.4 Our response to the Commissioning for Quality and Innovation (CQUIN) Payment Framework

The hospice was required to achieve the following CQUIN in 2017/18:

Goal

Planning for transfer from IPU to care homes within Lambeth, Southwark, Lewisham, Bromley, and Croydon

Rationale

This will enable us to develop procedures that reflect the processes within the five CCG in dealing with discharges and our own internal process for managing disputed discharges.

Outcome

A patient information leaflet regarding transfer to a care home was produced. This is given to all patients at the start of the conversation about possible discharge from the IPU. Training in the new discharge to care homes process was delivered to RNs and HCAs. An audit at the end of Q4 confirmed that 28 out of 29 (96.5%) of all patients transferred from IPU to a care home from the start of Q3 were provided with written discharge information. This was against a CQUIN target of 95%.

3.5 Clinical Audit

The following clinical audits were undertaken in 2017/18:

Allergies and Intolerances

A snapshot audit on one specific day was undertaken. All inpatient records were examined, as were 50 randomly selected community-based patient records. This audit followed the introduction of new measures relating to ensuring patient allergies and intolerances were appropriately recorded on the Electronic Patient Record (EPR). Results showed that while 95.5% of inpatient records showed a recorded allergy alert on EPR, this does not always correlated with drug chart data. There were also gaps in knowledge relating to whether the patient had known reactions to medications. No patients had received the culprit allergy drug. *Outcome* Improvements were made to EPR to better flag allergies and intolerances. These improvements were incorporated in to the new electronic patient record system introduced in early 2018

Resuscitation

The purpose of this audit was to review our documentation of Cardio Pulmonary Resuscitation (CPR), and decision making in relation to CPR. It aimed to ascertain whether any patients did not have an Advanced Care Plan (ACP) containing this information and whether the rationale for this decision had been recorded. *Results*: there was better documentation of the rationale for decision in those who were for CPR. Of those where no CPR decision had been recorded it was unclear why this was in 29% of cases. *Recommendations* Improved staff training about difficult conversations with patients and families, including re-visiting the subject of CPR during later conversations.

Constipation

The purpose of this audit was to ensure adequate assessment of constipation in our inpatient population and to investigate appropriate management in conjunction with our guidelines, which reference European Association of Palliative Care. Data was collected from our Electronic Patient Record (EPR), drug charts, stool charts and other relevant forms. *Results* Improvements in how we review underlying causes and formulating clear management plans were identified, as were improvements in our documentation. *Recommendations* A review of our internal guidelines was identified, followed by improvements in our training sessions. A re-audit would be undertaken six months later.

Future Care Planning for Care Home residents

Multi-disciplinary audit of care home residents in one care home to assess whether staff undertook future care planning. The audit reviewed a range of actions, including: whether it was documented that residents were offered an opportunity for an Advanced Care Plan (ACP) discussion; whether a mental capacity assessment was undertaken; evidence of documentation in a range of issues. *Results* Inconsistencies in whether data was recorded across a range of areas audited. *Action Plan* Further training sessions to be held for RGNs and HCAs; develop better audit standards in agreement with care home staff; undertake a re-audit after these actions completed.

National Clinical Audit

St Christopher's was not eligible to participate in any of the national clinical audits or national confidential enquiries, as none of the 2017/18 audits related to specialist palliative care.

3.6 Infection Prevention and Control Audits

The following Infection Prevention and Control audits were undertaken:

- Hand hygiene
- Cleanliness of clinical/non-clinical areas
- Waste/Sharps management/pool care audits
- Aseptic Technique
- Isolation precautions
- IV cannula
- Mattresses
- Annual Infection control audit

Actions as a result of the infection prevention and control audits:

- To continue to support IV competent nurses to have updated and training regarding the care of CVADs
- To continue annual infection prevention updates for staff that have patient contact
- To continue providing induction training on venepuncture and cannulation to all new doctors
- Tracheostomy training will now be included as part of the Annual Update staff training. 'Champions' have been appointed, who will review the current guidance to ensure it complies with NICE guidance. All RNs will receive updated training during the year
- Reminder to staff to ensure equipment removed from cars following use – further audit planned to monitor change of practice

3.7 Healthwatch Bromley Feedback

Healthwatch Bromley welcomes the opportunity to reflect on the work and achievements of St. Christopher's during the year 2017-18. Healthwatch would like to note that this is a well-presented, positive and easily accessible report from St. Christopher's. In particular, Healthwatch Bromley would like to highlight St. Christopher's work in the following areas:

Areas of success

- Healthwatch welcomes the implementation of the new electronic patient record system across the hospice's sites and multiple professional teams.
- Healthwatch recognises the learning and development that has taken place in the last year and commends the positive outcomes in relation to patient and service user safety and infection control.
- The inclusion of qualitative comments from families and friends of those cared for by St. Christopher's gives a good appreciation for the outstanding work and caring nature of the staff at the hospice.
- Healthwatch commends the successful score of 93% of people saying they were extremely likely or likely to recommend St. Christopher's to their friends and family.

Looking forward

- Further work and development around the support available for families and friends after a bereavement would be beneficial.
- Healthwatch welcomes St. Christopher's commitment to undertaking a hospice wide patient survey utilising the Oxford University "experience of care" model.

Healthwatch Bromley looks forward to working with St. Christopher's going forward and to continuing to support them in the excellent work they do for the people of Bromley.

Stephanie Wood
Operations Manager
Healthwatch Bromley