

Quality Account

2019-20



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1.1 Statement of Assurance from the Joint Chief Executives

It is our pleasure to introduce this Quality Account for your perusal.

As we reflect on the period of 2019/20 and what has happened since we recognise in retrospect the “ordinariness” of it and the relative ease with which we worked consistently towards new goals set in the previous Quality Account. Since then, we have encountered a global pandemic with significant implications for life and care at St Christopher’s and so next year’s Quality Account will look quite different.

2019/20 began with some significant boosts in relation to quality. We had recently appointed a new Director in Quality and Innovation. She brought new energy, insights and intentions in relation to this important activity and during the course of the year being reviewed, introduced a new model of quality and another related to quality improvement.

Her arrival coincided with an intention also to review the organisation of quality governance at St Christopher’s. Whilst we had always enjoyed a very engaged and skilled group of staff and trustees as part of the Quality Governance Committee, we realised that we were asking them to review too much data and too superficially at each meeting. As described later in this report we redesigned the meetings so that committee members could enjoy a “deep dive” at least once a year into aspects of quality in sufficient detail to reassure themselves of our progress and advise regarding further work required.

This work was well received and both the committee and related governance processes are much stronger as a result. We feel assured that care and other services provided by St Christopher’s receive greater internal scrutiny and hope that this will continue to grow as we improve the quality of data available to the committee and other elements of the governance structure. Sustained input was made to improving clinical audit and outcomes measurement and a number of quality improvement initiatives were established in response to feedback about where we could do better.

We believe that these efforts led by our new director contributed to the success of our inspection on the part of the Care Quality Commission in December 2019. In February 2020 we heard that we had received a rating of “outstanding” – an important tribute to the ongoing efforts of our staff and volunteers who really want to make a difference.

In March we were catapulted, like every other organisation delivering health care in the country, into an emergency response to COVID-19. We declared it a major incident and worked according to that procedure in the following weeks and months. We were led in this work by a business continuity plan focused on delivering our ongoing responsibilities to people in our care, reaching out to the NHS to support its staff, hospitals and community services, maintaining levels of income to support our work and the reputation of the hospice as a safe place in which people could find help around death, dying and loss.

We finish by confirming that this has been accomplished to date. Our staff and volunteers have done an extraordinary job over the last eight months not only to keep our services running but to reach more people than ever before. More on this next year!



Heather Richardson and Shaun O’Leary
Joint Chief Executives

1.2 Statement of Assurance from the Board

The Board of Trustees of St Christopher's Hospice commends this Quality Account to the audiences who read it.

We, as two Trustees with delegated responsibilities for Quality from the Board are members of the Quality Governance Committee, where we consider a wide range of quality issues and reports presented to the Committee, provide challenge and scrutiny, and feed back to the Board key issues arising, including good practice and any concerns on our part.

As outlined in the Chief Executives' statement, this year has seen a number of key achievements in quality governance, not least the results of the CQC inspection undertaken in December 2019, with a rating of 'outstanding' awarded in February 2020. The result is testament to the total professionalism and dedication of all our staff and volunteers, and the exceptional care they provide to our service users and their families every day of the year.

This year, we have also been pleased to see the embedding of the new structure of quality governance reported on in last year's report, under the leadership of the newly appointed Director of Quality and Innovation. The new more strategic focus on different areas of quality at the Quality Governance Committee has enabled a much more holistic and integrated assessment of quality governance performance and key issues, and enabled focus on areas for quality improvement as necessary. In support of this new approach, we have particularly welcomed the further development of the Sentinel system to include an ever greater range of modules, and the specific focus on improving feedback from our service users in 'real time', both of which have added to the diversity and quality of data, better reporting and opportunities for quality improvement.

We welcome these all these developments which have strengthened Board oversight and understanding, but even more importantly is recognised by staff themselves as enabling a more integrated approach to quality assurance, reporting and improvement.

Of course, during the year under review, the COVID pandemic started, and the organisation responded magnificently and compassionately to the challenges it faced. The pandemic has proved to be the ultimate test of both quality and governance for all health and social care organisations. At St Christopher's, both the established systems for emergency planning and business continuity and the strengthened systems of quality governance came together to help deliver the best possible care to all our service users, and to play our part as a member of the wider health and social care community. As Trustees responsible for quality governance, we commend the organisation's professional response to the pandemic, and for their continuing efforts during the rest of 2020 on which we will reflect fully in next year's report.

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 with patients, families, other users and each other towards our strategic priorities is guided by our organisational values



Part 2 - Priorities for improvement and statements of assurance

2.1 Priorities for improvement 2019/20 - what we achieved last year

2.1.1 Expand the use of software in order to capture data on a wider range of quality-related indicators

Why was this a priority?

Once our new accident and incident reporting module on the database held by Sentinel, had been embedded throughout the organisation we focused on developing further modules to collect data regarding the quality of our services. These included modules to capture information on risk management, compliments, complaints and clinical audit.

How did we achieve this?

The Head of Quality worked with key staff to support the development of each module. The Risk Assessment module went live in September 2019. It focusses on generic processes, events and situations rather than individual staff or patients. Use of the module allows teams and quality committees to view the risk ascribed to activities, what actions have been taken to mitigate against those risks, and to prioritise those areas where further action is needed or where no further mitigating actions can be undertaken.

The Service User Feedback and Compliments module went live in November 2019. It allows staff to record compliments and other feedback (excluding complaints) from any source and in any medium. Linked to the hospice's Values, the feedback allows teams to gauge what it is service users are thanking them for e.g. whether it's purely for our clinical input, or other reasons such as compassion or teamwork.

The Complaints module was built at the beginning of 2020 and went live on 1 April 2020 in order to facilitate reporting linked to the Financial Year. Access to the module is restricted for data protection reasons. The module automatically indicates to staff involved in the complaints process what the timelines are for replying to complainants and it also allows for each complaint to be RAG rated and, as with compliments, link them to a hospice Value.

The Clinical Audit module was designed to reflect all stages of the clinical audit progress, including: staff registration of intent to undertake clinical audit; ensuring auditors understand and fully consider all stages of the audit cycle such as comparing to an audit standard and adequate data collection; supporting auditors to develop an appropriate clinical audit plan.

In addition, all modules allow the Quality Team and the relevant supporting quality committees to produce real time reports giving both general and detailed data including numbers, trends and the learning that has been identified from the compliment, complaint, risk assessment or clinical audit.

How did we monitor and report progress?

Project development was overseen by the Head of Quality, reporting to the Quality Governance Committee.

2.1.2 Review of the Bereavement 'follow up' process

Why was this a priority?

Learning from two complaints in the past 6 months has highlighted the need to review this process. Carer feedback via a VOICES questionnaire is sent out 3 months after a death, sometimes these are returned with a relative expressing concerns about their experience of our service. By reviewing the bereavement process we hope to enable people to connect in a more timely way with the hospice, in the event of outstanding concerns or additional requirements for support.

How did we achieve this?

We initiated a Q1 initiative. In Q3 / Q4 two meetings took place where members of the multi professional team met to map the current bereavement process and identify areas of improvement.

Results of two audits showed that the community teams were not consistent in the timing of the first Bereavement a telephone call to the next of kin. In March 2020 the decision was made for the Hospice Bereavement Team to offer a telephone call to the next of kin on the day after death (Early Bereavement Call) to free up capacity for ward staff and community teams when the pandemic began.

In addition, the bereavement leaflet was updated in light of changes to funerals and support available. The website also reflected these changes and provided resources for bereaved people.

We have introduced condolence cards which are sent to the next of kin following a death of someone we have supported, these are hand written by the team members.

Other areas of development in this year has been the expansion of our Bereavement Help Points, which were launched in 2018. We now have three in Bromley, two in Lambeth and one each in Lewisham and Croydon. The Bereavement Help Points provide places in the community where people can come to find out more about bereavement services in their area and meet with other people who may be experiencing something similar. Since 2018 the Bereavement Help Points have provided support and guidance for 846 people.

St Christopher's has been providing bereavement counselling to patients' families for over 45 years. Our Candle Child Bereavement Service extends this support to all children, young people and their families in the five boroughs we serve. In 2019/20 Candle received referrals for 257 families and 442 children. Additionally, the service handled 334 calls from people seeking advice around childhood bereavement counselling.

How did we monitor and report progress?

The project was led by the Director of Quality and Innovation, reporting to the Quality Governance Committee.

2.1.3 Feedback from users in 'real' time

Why was this a priority?

We are committed to increasing the engagement we have with users as they are receiving care, rather than after care is ended. Care may end because the patient has been transferred from our service or because the patient has died, in which case the feedback we receive is from a next of kin or carer. We

would prefer to receive feedback as concerns arise so we can do our best to resolve them and improve the patient/ carer experience.

How did we achieve this?

This year we trained several volunteers to collect real-time feedback from patients on our wards. This feedback, collected within the first four days of a patient's time with us, has made it easier to address concerns and problems at the outset rather than finding out about these weeks or months later following the patient survey. Actions resulting from feedback included the allocation of single rooms, when capacity allowed, to patients who requested greater privacy.

To identify other areas for improvement, we introduced patient led assessment of our care environment at both sites last year. This involved a number of patients and carers completing a questionnaire focusing on the impression given when arriving in our buildings and the cleanliness, tidiness, decoration and condition in all areas: including receptions, Anniversary Centre, Caritas Centre, outpatient clinics, toilets and external areas. In response, we are looking to make improvements to our signage, decoration, artwork, toilet facilities and heating of the reception area

How did we monitor and report progress?

Feedback was reviewed as it was received by the Head of Quality, who is responsible for contacting the relevant team if there are any issues that need resolving. A report was reviewed at each Service User Experience Committee.

2.1.4 Timely and appropriate support to care home staff

Why was this a priority?

Our model of supporting care home staff has changed over the previous year. We know there will be a significant increase in the numbers of people who will be dying in care homes in the coming years. We are committed to ensuring our staff are available and responsive to calls for help from care home staff, particularly out of hours.

How did we achieve this?

This Quality Improvement project started in October 19 and is due to run until the end of 20/21.

We secured funding for two part time Clinical Nurse Specialists (Care Home Leads) who had a dedicated role to support care homes as part of our Single Point of Contact team. Their focus was on triaging all new referrals from care homes and responding to calls from care home staff. Care Home staff were encouraged to call for advice for residents that were approaching the end of life, when a formal referral was not necessary. A telephone assessment template was developed to use with care home staff, to help identify the resident's needs and the level of support the care home staff require. Admission criteria to St Christopher's community service and discharge criteria has been reviewed and rewritten, all residents are discussed at a Multi-Disciplinary Meeting prior to discharge. There have been two education sessions delivered by the Care Home Leads to all our clinicians to share this knowledge, using case studies to stimulate discussion and learning.

A database of all the care homes in our area was created with the intention that it will help staff (particularly out of hours) to identify the level of support the care home may have needed.

A questionnaire was sent to all Care Home Managers at the beginning of the Quality Improvement project and will be repeated near the completion of the project.

How did we monitor and report progress?

The project team meet regularly to review progress and report to the Care Directorate, the Quality Governance Committee, and the Commissioners who have funded this project and supported the Quality Improvement initiative.

2.2 Priorities for improvement 2020/21 - what we will achieve next year

2.2.1 Strengthen and develop Learning panels

Improving the care of service users has been a key driver in the introduction of learning panels. These groups of multi disciplinary professionals have been used to learn from a complaint. As a result of learning panels, we improved the care of more complex patients in care homes by ensuring their care is regularly reviewed by a consultant.

Why this is a priority?

We plan to extend our learning alongside our external colleagues, to improve the patient experience across the whole system. We are intending to hold learning panels where we feel there could be learning from an incident or where a case has been particularly complex and challenging to the care team.

How will we achieve this?

We will extend the invitation to Learning Panels to external colleagues to include GPs, District Nurses, Hospital Consultant colleagues, Marie Curie and other relevant external stakeholders. As part of the panel, areas of good practice are identified as well as learning points and action plans to implement any learning.

How will we monitor and report this?

Learning panel reports and actions will be reviewed at team meetings and the Service User Feedback committee.

2.2.2 To develop a new Clinical Supervision Framework

Why is this a priority?

The wellbeing and resilience of our staff at St Christopher's is a priority, we recognise that the workload can be demanding and we are committed to ensure staff are offered support in a number of ways.

How will we achieve this?

This work will form part of our Organisational Health & Well-being initiatives, a priority for the Workforce Development Committee. The new framework will incorporate ways in which line managers, peers/colleagues and other supervisors from inside or outside the organisation (depending on the circumstances) can provide a safe and confidential environment for staff to be able to reflect on and discuss their personal/professional responses to the situations they experience as part of their role, either on an individual or group basis. It is our intention to broaden the scope beyond direct care staff so that we include other people who are part of, albeit indirectly, the services we provide e.g. clinical administrators and

stewards. To further support this work, we are also looking to develop a new volunteering Clinical Supervisor role (based on Havens Hospice model).

How will we monitor and report progress?

The new supervision framework will be shared with all the relevant teams with an invitation to join a group. The Director of People & Organisational Development and the Care Director will allocate groups. Attendance will be monitored by the Department of People and OD.

2.2.3 To development a new service - Choose Home

Why is this a priority?

Over the last year from analysing data we have recognized that nearly 30% of patients that are admitted to the wards die within 3 days of admission, with a proportion being admitted because they live alone or the family need more support. We want to explore if we deliver additional practical support whether more people can stay in their own home at end of life.

How will we achieve this?

We have been successful in receiving a Grant from the Burdett Trust, this will allow us to develop a service in two of our CCG's, in Bromley and Lewisham. Support will be delivered to residents who need care to stay in their own home at the end of life to remain there predominantly supported by care workers and volunteers.

How will we monitor and report progress?

The Care Director is leading on this new service, data will be regularly to the Care Team and a steering group. An important part of this work will be to collate feedback where possible from patients and their carers/ family.

Part 3 - Review of the quality of our performance in 2019/20

3.1 Internal Assurance

St Christopher's works across 5 boroughs in South East London. In 2019/20 we provided care and support for 7500 people. During the year 14,237 home visits took place, with 3061 rehabilitation sessions being delivered.

In April 2019 we launched our new model of Quality within the hospice, which has relevance for the whole organisation and not just the care services. This model is based on training from The Sheffield Microsystems Coaching Academy, aspects of quality improvement in our model include: systems thinking; process mapping; generating change ideas; PDSA cycles; outcome measures.

Each of our quarterly Quality and Governance meetings now focuses on one quality domain: Safety, Experience, or Effectiveness. The fourth meeting allows us to bring together all three domains in a considered review of quality care across the organisation.

The purpose of this new model is to create a workplace that supports its staff and volunteers to achieve our vision of high quality care and services. Drawing on and reflecting our Values, this will: encourage staff and volunteers to fully engage with the organisation in a culture formed around openness and justice; make better use of data to support quality improvement; and ensure we are always learning.

This Quality Account outlines the progress we have made in each of these quality domains.

3.1.1 Safety

We consider 'Safety' to mean, *"The prevention of harm, and freedom from accidental or preventable injury to patients, visitors, staff and volunteers."* It also applies to our neighbours, and the broader general public who have a relationship with us.

Emphasis is placed on systems of care delivery, workforce and organisational development that prevents errors, learns from the errors that do occur, and is built on a culture of safety that involves health care professionals, the organisation, and patients.

In 2019/20 we undertook a range of safety-related activities corporately and within our governance sub-committees, including appointing a new Director of Quality and Innovation with a remit that includes safety, and investment in a new risk management database called Sentinel. Since going live on 1st July 2019, Sentinel has proved to be easier to use and more flexible than the previous software, the number of incidents reported has increased. Using a Red/Amber/Yellow/Green rating system, more than 90% of our incidents are rated Yellow or below, indicating a positive attitude by staff to reporting incidents.

Within the Organisational Safety Committee (OSC) we have:

- Realigned the membership of the committee to better reflect the needs of the organisation
- Supported the Health and Safety representatives on the OSC to complete a 3 day, IOSH-based 'Managing Safety' course in order to gain a greater understanding of identifying risks and how organisations can mitigate against them
- Developed a new Risk Assessments module on Sentinel as a central place to record all risks

Within our Patient and Service User Safety Committee we have:

- Commissioned an externally-led Infection Prevention and Control audit, which showed good compliance by the hospice
- Undertaken a root cause analysis on all pressure ulcers that develop on patients under our care. The RCA is reviewed by the Tissue Viability Group, a sub-group of Patient Safety.

Within our Workforce Development Committee we have:

- Established a central place for all training and development information on the hospice intranet, 'The Vine'. This has provided a centralised space for all staff for information regarding their training and development needs
- Safeguarding module incorporated into Volunteer Learning Handouts
- Began work on 'Investing in Volunteering' to achieve the national Kitemark
- Rolled out 'Prevent' training to all staff. Prevent aims to safeguard vulnerable people from being radicalised in supporting terrorism or becoming terrorists themselves.
- Updated the Volunteer Recruitment Procedure finalised to include the training requirements for each volunteering role across the organisation
- Updated the Disciplinary Policy to incorporate a separate Doctors Disciplinary Policy

Within our Safeguarding Committee we have:

- Made significant progress in staff completion of safeguarding training, with more than 90% of staff completing the safeguarding training appropriate to their role
- Introduced Case Reflections into meeting. At each meeting a safeguarding case is looked at in more detail in order to share any learning that has been identified
- Developed strong links with our five local CCGs, to the extent that our lead CCG has provided us with very positive feedback on how we manage safeguarding within the hospice

- Rolled out 'Prevent' training to all staff & volunteers. Prevent aims to safeguard vulnerable people from being radicalised in supporting terrorism or becoming terrorists themselves.

3.1.2 Experience

We consider 'Experience' to mean the service (both clinical and non-clinical) received by all our services users that impacts view or opinion of St Christopher's

In our 2018/19 Quality Account we reported how we had streamlined our feedback process to make this a more meaningful procedure for service users in how they can contact us, and also for how we as an organisation can learn from feedback. This year we have continued to build on this, with an increasing number of processes benefitting from using Sentinel - our system for capturing quality-related information, including complaints and compliments.

Within our Service User Experience Committee we have:

- Continued to use the VOICES questionnaire to receive retrospective information about patient care – see below
- Implemented Visitor Boards on the wards, giving clear and concise information to service users on the levels of care they should expect and the feedback opportunities available to them
- Worked with our volunteers to supported service users on our inpatient unit, to identify issues at an early stage and deal with them before they lead to a complaint
- Undertaken a Patient Led Assessment of Clinical Environment (PLACE) inspection, which gave us valuable feedback in to the experience of visitors to our main building.
- Carried out our second annual patient survey, which continued to record high levels of satisfaction among service users – see below.

VOICES questionnaire

We continue to receive regular and consistently positive feedback via the VOICES questionnaire of the recently bereaved, with 90% saying they are 'extremely likely' or 'likely' to recommend St Christopher's to a family member if our services were required.

Second Annual Patient Survey

The survey was undertaken in October and November 2019 and included inpatients, outpatients and community patients. Results were broadly similar to the previous year, with high levels of satisfaction across all areas and 95% of service users 'Likely' or 'Highly Likely' to recommend us to friends and family.

Within our Information Governance Committee we have:

- Ensured compliance against GDPR requirements through an external audit
- Improved the level of awareness in and compliance with staff training in IT security
- Created an information sheet, which summarises the 10 National Data Guardian's security standards that are now included in all NHS contracts.

Complaints

28 formal complaints were received in the year 2019/20, which include both clinical (12) and non-clinical (16) complaints, a reduction of 48% compared to 2018/19. 14 were fully or partially substantiated and 14 were not substantiated.

Compliments

We continue to place high value on learning from compliments and other forms of feedback. This year we developed a module that enables staff to record ad-hoc 'thank you' messages and compliments in a way that supports them in supervision and reevaluation processes and also enables the hospice to gain a wider

overview of exactly what service users are thanking us for. The responses were categorised into the hospice Value that most closely fitted to the feedback.

Hospice value	Percentage
Expert	38%
Empowering and compassionate	37%
One team working together	17%
Of and for the community	4%
Pioneering and bold	1%
Other	3%

A selection of feedback comments

We received a number of calls from the hospice during this period and every individual I spoke to, was extremely caring, understanding and endlessly supportive. Not to mention their experience and knowledge on palliative care. We cannot thank you enough for the invaluable service you provide. Your support made our time that much easier.

Community

The team in City Ward were just amazing. My husband felt so safe and loved. The care and love for [name of patient] was just beautiful.

IPU

We will forever be grateful to St Christopher's and especially [name of doctor], who came on an afternoon when we had suddenly and unexpectedly had to face that our lovely Mum may only have a short time left. His gentle, genuine compassion and help showed us that Mum and ourselves did not have to face this alone. St Christopher's would be there beside us helping us through the very difficult days ahead. In the end Mum passed away the next day, but at a time of darkness St Christopher's was our 'light'.

Community

Compassion appears to be the common thread woven into the service

Whole hospice

You all made the most difficult time of our lives a little easier! You kept [the patient] as comfortable as possible and that's all I could have asked for. He is no longer suffering. I want to also thank you for looking after me the way you did. You all knew I couldn't leave [the patient's] side and you all helped me stay there. You all made me feel like I could ask you anything or just have a chat and a laugh with you, for that I am very grateful.

IPU

3.1.3 Effectiveness

We consider Effectiveness of care to mean the extent to which interventions of care and support do what they are intended to do: to maintain and improve the health of service users, securing the greatest possible health gain from the available resources. In practice this involves measuring and evaluating the latest evidence and updating practice based on it.

In the last year we have strengthened efforts around measuring and ensuring effectiveness – which we define as maintaining or improving the quality of someone's life, regardless of their deteriorating condition. Related health improvements could include reduced symptoms, less anxiety or depression. We have been working with Hull York Medical School to collect and analyse data regarding individual patients in our care. This data allows us to measure aspects of their health and identify whether we make a positive difference to them over time. The good news is that for many of our patients we do (the study showed improvements

in pain, breathlessness, anxiety and depression), and that is a great achievement given how sick many of our patients are.

Research

In the past 12 months the majority of our research projects have been externally generated, albeit with strong internal connections that may well have a direct bearing on our future plans for care and support. Our research projects include:

Palliative Care & Homelessness

Two social workers and two CNSs linked to two local homeless shelters will offer a 'train the trainer' programme and create 'homelessness champions'. The project evaluation will help us to understand the impact of the model and access to high quality palliative care for the homeless population.

Community Engagement and Community Development Practices by Specialised Palliative care Services: A survey study in 4 European Countries.

This project is an exploration into specialised palliative care services working with a public health approach to palliative care, focussing on community engagement and development approaches. It will evaluate public health approaches in different countries and how far they are embedded in palliative care services.

Conversations on living and dying. Facilitating advance care planning for community-dwelling frail elders: Developing an intervention. The CLaD study.

This research project aims to enhance the understanding of frail older people's priorities for Advance Care Planning, including the facilitators, barriers and behaviours in implementing ACP. An intervention will be prototyped, refined and tested for its feasibility

An Interpretative Phenomenological Analysis (IPA): Exploring palliative care physicians' grief experiences in the hospice context. This project is an investigation into and exploration of the grief experiences of doctors in the hospice context.

User and Patient Outcome Measures (UPROMS)

St Christopher's utilises a number of outcome measures to assess the clinical care we deliver:

- Integrated Palliative Care Outcome Score (IPOS). This is used nationally and internationally in different formats. There are version for patient, carers and staff to assess the impact of a specific issue
- Phase of illness measure. Used to describe need for clinical input, its review and its complexity.
- Australia-modified Karnofsky Performance Scale. This enables the understanding of current level of patient independence.
- Views on Care. A patient-reported outcome measure to understand their views on the care delivered.

The data these tools provide enables staff to gain a greater overall understanding of the care being provided. For example, analysis of IPOS data for the period May 2019 to Nov 2019 shows improvements across all the patient symptoms measured. For the inpatient Unit, improvement in symptoms include: vomiting (79% improvement); information (78%); nausea (72%); sharing feelings (60%). Within the community setting improvement in symptoms include: vomiting (72%); information (71%); nausea (58%); constipation (56%).

3.2 Clinical Audit

In 2018 we embarked on a programme that would both encourage quality improvement projects on a key area of patient care, and support staff to undertake clinical audit in a structured, educational way. Following

on from last years successful audit sessions focusing on Transfer of Care, this year's clinical audits were on a wider range of topics.

The project took place over four months. Staff from a variety of backgrounds (including nurses, physiotherapists, administrators and doctors) volunteered to take part in six training sessions. Each session focused on a particular aspect of clinical audit, ranging from choosing a topic to presenting audit results.

The format for each training session was broadly similar. A short presentation and training session allowed participants to gain an understanding of the next step in the audit cycle and to be able to relate it to their project. There was then a set period of a number of weeks for staff to undertake the next audit step, before moving on to the next phase. By the end of the programme each group was required to produce an audit report and to present it to a relevant staff group/committee. Action plans will be implemented throughout 2020.

CSNAT audit

The Carers Support Needs Assessment Tool (CSNAT) is an evidence-based tool that facilitates tailored support for unpaid carers of adults with long term life-limiting conditions. It comprises 14 domains in which carers commonly say they require support. The audit looked to identify whether this was being offered and documented appropriately in a community setting. The results show that the documentation of details for a carer is lower than expected and, of those carers who are identified, fewer than 10% have had their needs assessed. In addition, community-based staff identified that more training was needed in order for them to fully utilise the tool. A re-audit will be undertaken in 2020 following additional staff training.

Bereavement support in the community

After the death of a patient, carers should receive a follow up telephone call to discuss bereavement support. The audit showed that just over half of bereaved relatives/next of kin received a follow up call, with just over a third receiving a second follow up call. As a result of the audit better staff guidance will be developed, supported by improved staff training.

Does bereavement support happen in a timely manner?

Another audit looked at a slightly different aspect of bereavement support in the community, including what written information was given to next of kin, and whether the death of the patient was recorded on the shared healthcare system Co-ordinate My Care (CMC). The audit showed that there was evidence of a bereavement booklet being offered in just over half of the cases audited, with the death of the patient recorded on CMC 47% of the time. Further training for staff will be held at multidisciplinary team meetings.

The use of the Barthel Assessment

The Barthel Index (BI) consists of 10 items that measure a person's daily functioning, particularly the activities of daily living (ADL) and mobility. The audit showed that, on average, only about two thirds of records reviewed in the audit showed evidence of a Barthel Assessment being undertaken, and only 55% at their first face to face. In just under one fifth of the records audited did a patient have a Barthel recorded at every change of their phase of illness. Changes to practice as a result of this audit include running staff awareness training sessions, better use of IT to prompt clinical staff, and inclusion of Barthel data in MD meetings in order to prompt discussion on the topic.

Other clinical audits undertaken in the last year focused on:

- Falls Assessments on IPU and O/P
- Anticipatory Injectable Medications
- Documentation for psychological distress
- Communication for CPCT patients transferred to/from Lewisham Hospital

- CMC and Resuscitation Decisions
- Patient Notes on S1
- Allergy recording for IPU patients

In addition to the above 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
- Equipment store
- Mattresses
- Annual infection control audit

3.3 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.

3.4 Quality Markers

Staff reported 639 incidents or accidents for the period 2019-20, an increase of 37% on the previous year. This increase correlates with the introduction of a new online incident and accident reporting system in July 2019. Incidents were reported by staff groups who had not been able to engage with the previous incident reporting system, and a wider range of incident categories were reported including data quality.

In 2019 we introduced a new rating category of Yellow to enable a greater understanding of the severity of incidents. Fewer than 10% of all incidents were rated Amber, while none were rated as Red.

15 Notifications were sent to CQC including 7 that were either patient falls or the development of a Category 3 or 4 pressure ulcer.

3.4.1 Hospice UK Benchmarking

St Christopher's participates in the Hospice UK benchmarking programme, which enables hospices to compare data per 1000 occupied bed days (OBDs) on the Inpatient Unit for specific types of incidents. St Christopher's is categorised as a Large Hospice.

Patient Slips, Trips and Falls

On our inpatient unit there were 14.6 patient falls per 1000 OBDs during 2019/20, a fall from 12.2 in 18/19 from the previous year. This compares to an average of 10.6 patient falls per 1000 OBDs for similarly sized hospices. 99.2% of our patients experienced No or Low Harm in their falls compared to 97.3% in similarly sized hospices.

Medication Incidents

On our inpatient unit there were 6.8 medication incidents per 1000 OBDs, a slight increase from 5.3 last year. 10% involved patients needing only a moderate increase in treatment following the incident; the other 90% needed extra observation at most.

Pressure Ulcers

The hospice UK benchmarking programme require the team to record individual pressure ulcers that had developed on patients before they were admitted to the ward, and then to record any that develop while an inpatient. For every 1000 OBDs there were 31.7 pressure ulcers of any kind including Category 1 pressure ulcers.

3.4.2 Infection Prevention and Control

In 2019/20 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.

3.5 External assurance (CQC)

We were delighted to receive an 'Outstanding' rating from the CQC in early March. We believe that this is a fair and accurate reflection of the work that our staff and volunteers do to ensure that people's lives matter until their last moment.

The unannounced inspection took place on 11 and 12 December 2019. Inspectors spoke with a variety of patients and staff from all areas of the hospice; from healthcare assistants and orderlies, to welfare and bereavement support workers. The report recognised we are outstanding overall, having been rated as good in the categories of safe and caring, and outstanding in the remaining categories of effective, responsive and well led.

The inspectors highlighted the high quality of care that we provide; the compassion we have for patients; the kindness of our staff and the communication we have with patients to maintain their involvement in decision making about their treatment.

Each CQC domain received the following ratings:

Domain	CQC Rating
Safe	Good
Effective	Outstanding
Caring	Good
Responsive	Outstanding
Well-led	Outstanding
Overall rating	Outstanding

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

The CQUIN was to consider ways to give people more control over their care by using a patient activation tool. Patient activation describes the knowledge, skills and confidence a person has in managing their own health and care. Evidence shows that when people are supported to become more activated, they benefit from better health outcomes, improved experiences of care and fewer unplanned care admissions. Patient activation is of particular importance to the 15 million people living with long-term conditions (LTCs) who rely, more than most, on NHS services. By understanding people's activation levels, the NHS can support those people with LTCs in ways appropriate to their individual needs. The Patient Activation Measure (PAM) is a tool that enables healthcare professionals to understand a patient's activation level, or their level of knowledge, skills and confidence to manage their LTC.

The study at the hospice involved 50 people, who set themselves goals related to regain or improving their activity, or alleviating symptoms such as pain and breathlessness. For the first time in a palliative care setting we used a newly developed system to measure people's success in measuring people's goals. The new system was a success and, going forward. It will help up support and train clinicians to know when to use it as an aid to enabling people to play a more active role in their care.

3.6 Feedback from Commissioners

South East London Clinical Commissioning Group Statement on St Christopher's Quality Account 2019/2020.

South East London Clinical Commissioning Group was formed in April 2020 from a merger of the six-borough based Clinical Commissioning Groups in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark and is grateful to St Christopher's for the opportunity to comment on its 2019/2020 Quality Account. The Quality Account has been produced in unprecedented circumstances and the CCG wishes to acknowledge the enormous amount of work undertaken at the commencement of the pandemic and would like to thank staff for their continued endurance, compassion and commitment shown by all the staff at St Christopher's. We recognise the engagement of a Director of Quality and Innovation and St Christopher's commitment to assure itself that governance processes are much stronger.

Throughout 2019/2020 the local CCG worked closely with St Christopher's to seek assurance of the quality of the services it provided and appreciated the robust and frank discussions that was had, including where there were challenges.

We congratulate St Christopher's on the achievement of obtaining an 'outstanding' rating from the Care Quality Commission in February 2020 which demonstrates the commitment and dedication of all of its staff and volunteers in the delivery of a professional and sympathetic service which meets the needs of its service users and their families.

The CCG recognises the work undertaken to embed and expand quality and governance within the organisation and the delivery of care and services, this includes: -

- the use of software to capture quality related data and the production of real time reports to influence learning and decision making
- the expansion of Bereavement Help Points which provides support to the local communities
- the collection of real-time feedback from patients

The Quality Account demonstrates that a lot of work has been undertaken during the year to deliver services to their patient population and identifies areas where work is continuing. We commend the work undertaken to date in achieving their quality improvement objectives and look forward to their continued determination in providing a quality service and endorse the new quality priorities for 2020/2021. We look forward to continuing our collaborative approach to quality improvement in the year ahead.