

# Springhill Hospice

## Quality Account

### 2018-2019



SPRINGHILL  
HOSPICE 1989 - 2019  
*Celebrating 30 Years*

Springhill Hospice  
Broad Lane, Rochdale, OL16 4PZ  
Tel; 01706 649920  
[www.springhill.org.uk](http://www.springhill.org.uk)



Registered Charity No: 701798  
Incorporated as a Company Limited  
by Guarantee No 2325905

# Welcome to the Springhill Hospice Quality Account 2018-2019

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## Introduction

### Statement from our Chief Executive

I am delighted to present this Quality Account for Springhill Hospice.

As an organisation, we continually strive to offer the best possible service to our patients and their families at all times ensuring a high quality and individualised approach.


As you read through this report, I hope that you will recognise that quality runs throughout everything we do. You will see examples where we have adjusted our approach, to ensure that quality is high on our agenda, and that the services we provide are meeting the needs of those we serve in a way they expect.

We value our staff and our volunteers, our service users and supporters, who all deserve to be a part of a high quality service which is second to none.

It is testament to the hard work and dedication of Trustees, Staff and Volunteers who deliver our services that we have met and indeed exceeded our key priorities for previous years, at the same time as undertaking some significant service development.

This quality account is intended to demonstrate to all who read it, that our Hospice provides a high quality service, where patients and their families will receive the very best standards of care possible.

I confirm that to the best of my knowledge, the information contained within this Quality Account is a true and accurate reflection of quality at Springhill Hospice.



Julie Halliwell  
Chief Executive

## Statement from our Chairman of Trustees

In October this year, the Hospice will celebrate its 30th year of service to the Borough of Rochdale and beyond.

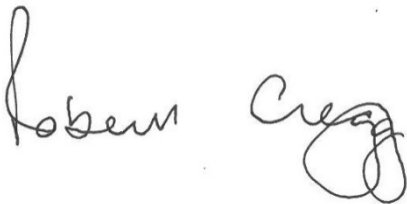
In that time thousands of patients and their families have benefitted from the services that we offer.

At the heart of that provision has been the drive for the best quality possible and that remains the highest priority for the Board and all of the staff and volunteers who work for the Hospice. In the very early days we provided just an inpatient service but now with outpatients, day patients and community based services, Springhill offers a quite unique palliative care service of which we should all be very proud.

Through a well organised Governance structure, we continue to monitor and review our practices to ensure that staff keep up-to-date and maintain their professional standards.

The organisation continues to raise the necessary funds to maintain and continue to develop the services we are able to provide and without the financial support of our many sponsors and supporters, we would be lost. Volunteers also make a massive difference to the patient experience, whether here at Springhill or in the patients' own homes.

I trust as you read our Quality Accounts, you will appreciate just how much everyone here cares about the quality of our patients and their relatives' experience.



Robert Clegg OBE  
Chairman of Board of Trustees

## About us

Springhill Hospice provides specialist palliative care services to patients with life-limiting illnesses and emotional and psychological support for their families. Hospice services include a 16-bed Inpatient Unit, where patients are admitted for symptom management, end-of-life care and respite; Day Hospice where patients can access psychological, complementary and creative therapies, Counselling and Bereavement services and a 24 hour specialist palliative care advice line for patients, families and healthcare professionals.

We also offer Specialist Palliative Care and End-of-Life Community Services consisting of a Clinical Specialist led Medical service, Specialist Nursing service, Hospice at Home service for patients at the end of life, a Night sitting service, Physiotherapy, Social Work, Counselling and Spiritual Support.

Springhill Hospice serves the population of Rochdale, Heywood and Middleton (HMR), a total population of approximately 200,000 people. In addition people who live outside the borough but have an HMR GP. There are also agreements with other local NHS Clinical Commissioning Groups (CCGs) for people who live in some neighbouring boroughs, to access our services.



## Statement of Philosophy

As a specialist palliative care unit, Springhill Hospice:

- Provides the highest standard of physical, psychological, emotional and spiritual care for patients and their families, friends and carers.
- Encourages patients to maintain independence and control, and to make informed choices, whilst respecting privacy and dignity.
- Offers advice and support from the time of referral, throughout the illness and into the bereavement period.
- Offers post bereavement therapies, psychotherapy and counselling.
- Offers information and education to patients, families, friends, carers and professionals, to promote a high standard of palliative care across the community.
- Respects all cultural, religious and personal beliefs, placing the emphasis of care on individual need.
- Audits and reviews the services it provides to ensure appropriate clinical standards are maintained and services are delivered effectively.

## Part two: Priorities for Improvement

Springhill Hospice is fully compliant with the Care Quality Commission Fundamental Standards and with the Health and Social Care Act, 2008. As such, the Board did not have any areas of shortfall to include in its priorities for improvement for 2018/19.

### Progress on priorities for improvement 2017-2018

#### Progress Priority 1: Develop new income generation strategies

To support measuring the effectiveness of all of our income generation strategies an evaluation report document has been developed and implemented to review fundraising activities (events and campaigns) through the year.

Working tasks are being reviewed and areas where support could be provided by volunteers identified to maximise the Fundraising Team's time and therefore maximising return on investment and income.

A new Customer relationship management database has been introduced to the Fundraising Team, with time being spent ensuring this has been set up appropriately to provide an accurate reporting tool for donor support, to fully align with our financial and management reports and also to ensure compliance under GDPR.

Whilst we have reviewed our current complement of fundraising activities, we have also spent time identifying other activities that would diversify our income through different streams.

#### Progress Priority 2: Strengthen Partnership Working

We continue to work alongside our neighbouring Hospices across Greater Manchester, as part of the Greater Manchester Hospices Group, working together more strategically and influencing the provision and delivery of Specialist Palliative Care and End of Life Care services across Greater Manchester, whilst retaining our identity and individuality.

The Group's intention is for Hospices to work together to help shape the vision and delivery of Greater Manchester's Palliative and End of Life Strategy, to promote the work Hospices do across Greater Manchester and to influence and shape the future commissioning of Hospice and Palliative Care services.

### Progress Priority 3: Quality and Development lead post

The Hospice identified a need for this new post with a focus on improving quality across the organisation.

The post holder supports managers and staff demonstrate the high standard of care to ensure that we fulfil the increasing statutory and legislative requirements. Initially while the post holder familiarised herself with the organisation, staff had time to understand the purpose of the role which is now an integral part of the team.

A year into post which has been diverse and responsive to identified needs. With experience working in other hospices in different roles and valid nursing registration, the post holder has worked alongside clinical staff to witness the excellent care they provide and identify where improvements could enhance this. This may be within the documentation or a change in the process.

There was already a robust system in place to devise policies and risk assessments. The quality is monitored by annual review and audit. This post holder is involved in all of the governance sub groups, chair of the Audit sub group so has an overview of many aspects of the whole organisation and able to maintain consistency, maintain patient safety and support staff to provide the best experience.

A significant quantity of time is spent assisting the Executive Management team generate quarterly reports for the Clinical Commissioning Group, annual council Safeguarding self-assessment, new Care Quality Commission inspection framework and other statutory requirements across all services including the support services and income services.



The Board and Executive Management Team have identified several key priorities for 2018/19.

### **Future Planning Priority 1: Succession planning to ensure effective workforce**

The Hospice identified a need for succession planning within the Inpatient unit to ensure the team is able to continue to deliver the high standard of care. An experienced existing member of the nursing team was successfully appointed into a developmental Junior Sister post. There is a robust action plan to ensure that the senior nurse is equipped to maintain the clinical effectiveness whilst learning new skills to support the leadership and development of the existing team to meet the changing needs of the patients. The Director of Clinical Services will monitor progress through the action plan at regular intervals and report to the Chief Executive and Board of Trustees.

Alongside this, there is a request from some of the team to develop their skills. The Hospice has embraced this previously with Assistant Practitioners and the new Junior Sister will create a clinical competency framework. Progress of attainment will be monitored by mentors who will report progress to the Inpatient unit Sisters and Director of Clinical Services.

Springhill Hospice provides specialist palliative medical care with Specialty and Associate Specialist (SAS) doctors. One doctor sits on the North West committee who are formulating a framework for ongoing professional development in line with expectations of palliative trainees. The network will create increased awareness of future development opportunities through training and involvement in committees. There will be increased support through the process of Certificate of Eligibility for Specialist Registration (CESR) and links for supervisors and mentors. This aims to improve morale for SAS doctors in the hospice through better recognition and involvement in training and career development opportunities. Progress will be monitored thorough annual appraisal.



## **Future Planning Priority 2: Update Nurse call system**

30 years ago more patients were admitted into hospices for end of life care and were bedbound. Now people are admitted for symptom control and respite that may have mobility difficulties and staff increasingly encounter patients who are confused and at risk of falling.

The existing nurse call system on the Inpatient unit is in need of updating to respond to this change. Staff are unable to hear the alarm sounding when in certain rooms. This significant improvement will promote the safety of patients and colleagues but has the potential to link with other falls prevention equipment and pendants for patients who wish to sit outside.

As an action of the Hospice Risk Management sub group Development plan, progress will be monitored on a monthly basis. The Hospice report incidents and falls internally and externally and are able to benchmark against previous data. With additional specialist falls equipment, there is an expectation that the incidence of falls will reduce.

## **Future Planning Priority 3: Income Generation Strategy**

Following changes to the team structure and the introduction of GDPR in 2018, in addition to the forecasted deficit there is a need to revisit some of the fundraising and communications strategy to identify areas that could provide a quick return, balanced with our long term strategy.

Further work will take place to take advantage of income through new income streams (such as developing our in memoriam/legacy activity and income from trusts/foundations). A retail strategy will be developed to support a programme to rebuild our income from retail activity, exploring options to strengthen and standardise our current activity, including the rollout of EPOS systems and Gift Aid, and to identify new opportunities and growth in the retail market.

## **Future Planning Priority 4: Financial efficiency**

As a charity, the Hospice strives to ensure that our income is spent effectively. With the recent appointment of a new Finance manager, there is a review of current accounting practices with a view to streamlining processes and integrate them more closely with fundraising and retail processes.

For the next financial year, a priority is to improve the budget process and redesign management and budget reports. This is reported directly to the Executive management team and Board of Trustees.

## Part three: Review of quality performance

### Statement of Assurance

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers.

### Review of Services

During 2018/19, Springhill Hospice provided the following services to palliative care patients and their carers and families:

- Inpatient services
- Day Hospice services
- Outpatient services
- Psychological and Supportive Care services including Counselling service and Bereavement service
- Community Specialist Palliative Care Medical and Nursing services
- Community Physiotherapy, Social Work, Counselling and Spiritual Care services
- Hospice at Home service
- Night sitting service
- Bereavement service
- 24 hour Advice Line service

Springhill Hospice has reviewed all the data available on the quality of care in all of these services.

Springhill Hospice Specialist Palliative Care and End of Life integrated Community Service receives 100% funding from Heywood, Middleton and Rochdale Clinical Commissioning Group. The service is currently subject to a Standard NHS Contract for 2 years to March 2021.

For other Hospice services, the income generated by a variety of contracts and agreements with the NHS represents 24.7% of the total income generated to enable the provision of these services by Springhill Hospice. The remaining funds were generated through fundraising and the Hospice's own subsidiary companies working with the local community.

## Our activity in numbers

<b>INPATIENT UNIT - 16 beds</b>	<b>1 April 2018 - 31 March 2019</b>	<b>1 April 2017 - 31 March 2018</b>
Total number of admissions	354	359
Total number of discharges	178	183
Total number of deaths in Hospice	176	176

<b>DAY HOSPICE</b>	<b>1 April 2018 - 31 March 2019</b>	<b>1 April 2017 - 31 March 2018</b>
Total number of patients referred	202	204
Total number of attendances	1852	Not collected previously

<b>MEDICAL OUT-PATIENTS</b>	<b>1 April 2018 - 31 March 2019</b>	<b>1 April 2017 - 31 March 2018</b>
Total number of patients referred	3	11
Total number of attendances	8	18

The Hospice receives very few formal referrals. Most OP appointments are picked up from SPCT visits.

<b>SPECIALIST COMMUNITY SERVICE</b>	<b>1 April 2018 - 31 March 2019</b>	<b>1 April 2017 - 31 March 2018</b>
Total number of patients referred	583	633
Doctor visits	174	156
Specialist Nurse visits	3453	3291
SPC Assistant Practitioner visits	575	499
Physiotherapy visits	318	379 inc AP (below)
Assistant Practitioner (rehabilitation) visits	190	See above
Social Worker visits	25	114
Counsellor visits	47	34
Chaplain visits	17	53
Complementary Therapist visits	156	120
Current caseload/'on hold'	267/93	254/175

<b>HOSPICE AT HOME</b>	<b>1 April 2018 - 31 March 2019</b>	<b>1 April 2017 - 31 March 2018</b>
Total number of patients/ families referred	228	247
Total number of H@H team visits	1998	1891

<b>NIGHT SITTING SERVICE</b>	<b>1 April 2018 - 31 March 2019</b>	<b>1 April 2017 - 31 March 2018</b>
Total number of referrals	64	86
Total number of Hospice night sits	753	731
Total number of Marie Curie night sits	135	467

<b>24 HOUR SPECIALIST PALLIATIVE CARE ADVICE LINE</b>	<b>1 April 2018 - 31 March 2019</b>	<b>1 April 2017 - 31 March 2018</b>
Total number of calls received	64	86

<b>PSYCHOLOGICAL SERVICES</b>	<b>1 April 2018 - 31 March 2019</b>	<b>1 April 2017 - 31 March 2018</b>
Total number of referrals to service	375	280
Number of counselling interventions (1-2-1)	365	412
Number of bereavement interventions (1-2-1)	1230	987
Number of clients attended Ber.Group	1342	1546
Number of Bereavement home visits	279	94

### Night Sitting Service

Springhill Hospice provides a night sitting service for patients in their own home, supporting their families and helping to prevent unnecessary hospital admissions.

This used to be in collaboration with Marie Curie but we found that it was difficult to manage the consistency of sitters when managed by another organisation.

The Hospice has increased its team of sitters to meet the need in the community and all have high quality training in house and supports them to care for with patients competently and confidently.

Their induction period depends on previous experience but initially work night shifts on the Inpatient unit with staff who demonstrate how to care for palliative patients and supervise their practice. Before lone working in the community they accompany experienced sitters to work alongside them.

The Hospice is able to monitor the quality of care as we manage the whole process; recruitment, induction, training, appraisal and most importantly obtain feedback from patients or families.



Springhill's Night Sitting team



Creative Therapy in Day Hospice

## Bereavement Service

The Counselling Team recognised that specific bereavement groups were difficult to access locally, especially for people who have lost a child or people who have been bereaved by suicide. After Hospice approval, preparation and training of staff and volunteers, new groups to meet these needs began in the summer of 2018. They both meet at Springhill Hospice every month.

The suicide bereavement group is open to all adults who have experienced bereavement by suicide, regardless of the relationship to the person who has died, or time since the bereavement. One of the volunteers and contributors to the creation of the group at Springhill Hospice has been bereaved by suicide and is able to bring a wealth of experience to the meetings.

The Compassionate Friend (TCF) is the recognised national expert in supporting bereaved parents, but was unable to find local facilitators in Rochdale. They have been very generous in sharing information about best practice which has been adapted to suit the needs of our service.

The groups connect people with others facing the same loss, they share their experiences and the facilitator normalises grief. A monthly programme of topics is devised for each group after consultation with the attendees in the first session. These include such things as symptoms of grief, communicating about loss, creative ways to express grief, difficult events and days such as birthdays and Christmas.

The groups have been well received by clients. Initially, most of the attendees were clients who came through Springhill Hospice's one to one counselling service, but gradually more attendees are coming from elsewhere in the community. Social media is being used to increase awareness of the new groups.

Feedback about both groups has been very positive. Several clients have remarked that being in the groups has allowed them to talk openly and honestly about their loss for the first time. Some clients have chosen to discharge themselves from one to one counselling, finding that the groups are more helpful. Each month, we consult the group about what has been helpful and use this feedback to shape future sessions.

## Research

Springhill Hospice has not participated in any research studies in 2018/19.

## Participation in clinical audits

Springhill Hospice has not participated in any national Clinical Audits in 2018/19 however the Hospice participated in a regional audit.

The Strategic Clinical Network group asked The North West Palliative Care Audit Group to do a piece of work reviewing the use of syringe pumps across the North West. As a member, Springhill Hospice contributed.

This is examining the use of opioids, benzodiazepines (sedatives) and anti-psychotic medications commenced in a continuous subcutaneous infusion (CSCI). The audit measures whether prescribers are following the Strategic Clinical Network Guidelines for Pain and Symptom Control for adult palliative patients in hospitals, hospices and the community.

This didn't include patients already with a CSCI in place and for ease, staff audited the Inpatient unit. 10 patient records as the minimum were selected randomly and 3 of the Hospice Doctors completed a few preventing any bias. The data will be collated and the findings or any learning will be disseminated to the participants.

During 2018/19 there were no national clinical audits or national confidential enquiries covering NHS services relating to palliative care. Springhill Hospice only provides palliative care services.

During 2018/19 Springhill Hospice undertook an internal programme of audits across the organisation. Audit tools are developed to measure compliance with Hospice policy and Standard Operational Procedures, which in turn reflect our commitment to ensure compliance with the Care Quality Commission Fundamental Standards.

### Clinical Audit

Audit	Compliance	Findings	Learning and Action
Assessment of patients nutritional status	100%	All standards met	
Do not attempt resuscitation documentation (community)	70% Improved to 100% after 6 months	Documentation didn't reflect excellent clinical practice. Not always recorded in patients if discussion had with NoK or if not, why.	Discussion with staff about importance of documentation. Amended recording tool. Re-audit in 6 months.

Do not attempt resuscitation documentation (inpatient)	100%	All essential standards met.	Doctor considered areas where could improve practice further by notifying GP of DNACPR decision.
Drug error management	60%	Staff reported errors quickly and addressed immediately. Policy states that specific detail should be written on incident form, nursing records and medical notes by reporting nurse and not always the case.	Policy reviewed and procedure flowchart amended so clear what is expected. Displayed for staff to see. Inpatient unit Sister created new incident reporting form which will identify if procedure followed correctly.
Falls	100%	Current practice maintaining patient safety.	
Infection control	80%	Minor omissions; Occasional incomplete cleaning schedule. Missing hand gels in department. Some equipment not stored correctly.	Communication with staff to discuss requirements.
Management of referrals	100%	All standards met.	
Management of medicines (Administration)	90%	On 1 occasion a patient's medication was omitted but no reason recorded in nursing notes as per policy. Another occasion when had breakthrough pain relief but no record in nursing notes or pain chart.	Staff reminded of importance of documentation.
Management of medicines (Disposal)	100%	All standards met.	
Management of medicines (Ordering & receipt)	86%	2 FP10 prescriptions not recorded in order book and another occasion where 2 drugs received from pharmacy not signed for.	Inpatient unit Sister addressed with staff at time of audit.
Management of medicines (Storage)	93%	1 box of medication not locked away in patient's drug cabinet as per policy.	Inpatient unit Sister addressed with staff member at time of audit.
Management of medicines (Syringe driver)	100%	All standards met.	
Management of medicines (Nurse prescribing)	96%	1 personnel file missing a record to state that nurse prescriber registered with local CCG.	Addressed and included at time of audit.



## Record keeping

Audit	Compliance	Findings	Learning and Action
Clinical documentation (community)	68%	Highlighted some inconsistencies in documentation completion within electronic, paper and patient held records therefore not adhering to Hospice policy, NMC standards & CQC regulations.	Reviewed immediately by dept managers to ensure staff understand importance of the information they are gathering and do random checks. Redesigned audit tool to produce more useful data. Medical records of deceased patients are now scanned and archived which has created a process where continuous monitoring is possible and highlighted to managers in a timelier manner but reinforced with annual audit.
Clinical documentation (inpatient and medical)	87%	Minor incomplete documentation in different sections.	Communication with staff about documentation importance.
Information management / security	86%	Fax receipt retained in a file rather than in patients notes. 2 staff personnel files for staff employed for a number of years didn't contain consent to disclose information.	Medical secretaries informed of correct process. Corporate services manager addressed with external HR advisors as to correct procedure.
Management of FP10 prescriptions	80%	All prescription pads stored safely. Recording was excellent once in use and staff kept copies of prescriptions for audit but initial record of receipt and who removed from locked cupboard were incomplete. Inpatient Specialist nurse used prescriptions from 3 of 5 pads rather than using 1 pad first.	Adapted documentation to demonstrate a more robust recording procedure. Procedure slightly changed for community prescribers and explained to all relevant staff who were included at all stages of process to ensure acceptable in action. Retrospective documentation to ensure all prescriptions and records correlate.
Preferred priorities for care (PPC)	37.5% 100% 1 week later	2/3 of medical notes (4 of 6) showed no record of discussion about PPC or consent to discuss treatment with family members within PPC document.	Discussed with Doctors at time of audit. Rechecked the following week and fully compliant.

## HR

Audit	Compliance	Findings	Learning and Action
Absence from work	80%	Inconsistent documentation completion by Managers.	Managers reminded of required documentation.
Professional registration	90%	On 1 occasion, an employee's registration details were in personnel file but not recorded on Staff.Care (electronic HR records).	Discussed with staff member concerned at time of audit.
Uniform and dress code	90%	Not all staff randomly selected wore their staff identity badge. 2 clinical staff wearing gel nails.	Line manager informed and staff reminded need. Addressed at time of audit.
Volunteer recruitment	100%	All standards met.	

## Environmental

Audit	Compliance	Findings	Learning and Action
Care of valuables	95%	No check or signature by Finance manager in patient property book as post vacant.	New Manager to continue practice when in post.
Fire safety	85%	Not all personnel files had completed induction checklist which includes fire safety. Fire drill not carried out as per policy.	Forms completed. Fire drill undertaken.
Maintenance of medical and clinical equipment	100%	All standards met.	
Management of clinical waste	100%	All standards met.	

## Data quality

Springhill Hospice has processes in place to ensure that information is managed appropriately with regard to confidentiality, and privacy of individuals, in line with statutory requirements including, but not limited to, the Data Protection Act 1998 and General Data Protection Regulation (GDPR) 2018.

The Hospice complies with all requirements made by the Care Quality Commission and other statutory bodies requiring information to contribute to national health care studies and data sets. In line with these requirements, an Information Sharing Protocol is in place with The Christie NHS Foundation Trust, Pennine Care NHS Foundation Trust, Heywood, Middleton and Rochdale CCG, Bury CCG, Oldham CCG and North Manchester CCG for secure information sharing. The signed documentation is held in a central file by the Data & Procurement Officer.

The Hospice ensures that records are retained for the required statutory periods, including health records, employment records and financial records.

Springhill Hospice uses the iCare patient information system. This records medical, demographic and statistical information which is shared between professionals involved in the patient's care and used to evaluate services. All clinical staff have access to, and contribute to, the system. iCare is also used to collate patient data in terms of reports for our Commissioners and for Minimum Data set recording for the National Council for Palliative Care.

The Hospice completes the annual the NHS Data Security and Protection Toolkit self-assessment to provide assurance that we are practicing good data security and that personal information is handled correctly. For the 2018/19 submission the Hospice met all the mandatory requirements.

All staff undertake annual training in Information Management & Confidentiality; this includes NHS Digital Data & Security Awareness Training. There are robust policies and procedures in place for Information Governance and Information management and security for staff to outline their responsibilities and action to take in the case if a data breach. The Hospice developed a "Data breach register" where any incidents are reviewed monthly at the HR and IT sub group meeting. To date there have been 0 incidents.

Springhill Hospice is not required to and did not submit records during 2018/19 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Springhill Hospice was not subject to Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

Compliance with Statutory Requirements:

- Care Quality Commission
- Data Protection Act 1998
- General Data Protection Regulation (GDPR) 2018
- Records Management Code of Practice for Health and Social Care 2016
- The Public Records Act 1958
- Access to Health Records Act 1990 (with regard to information held about patients who are deceased)
- Caldicott Committee Report (December 1997)
- The Hospice undertakes annual audits of documentation and information management and security to ensure data integrity.

## Learning from clinical incidents

Springhill Hospice encourages an open approach to reporting all incidents, both clinical and non-clinical. All incidents are reported, investigated and managed immediately and incident reports subsequently collated and reported through the Hospice Risk Management sub-committee and Governance Committee. All incidents are categorised according to the incident area and level of risk. Where the incident involves a patient fall, this will then be subject to a risk assessment and appropriate action taken. Any significant injury will be reported appropriately to the Care Quality Commission as a statutory notification and reported to the Health and Safety Executive (RIDDOR) as appropriate. All incidents relating to controlled drugs will be reported by the Hospice Accountable officer for Controlled Drugs (AO) to the Accountable Officer of the CCG via the Local Intelligence Network.

Reported incidents are often the catalyst for change, both in clinical practice and in policy.

The following incidents were reported in 2018/19.

Clinical incidents		2018-2019	2017-2018
A1	Directly affects patient either by action or omission	18	32
A2	Potential to affect patient	39	40
A3	No potential to affect patient	1	5
<b>Falls/injuries</b>			
B1	Significant injury - patient	2	1
B2	Minor injury	42	64
B3	No injury sustained	33	38
<b>Other incidents</b>			
C1	Directly affects patient either by action or omission	19	43
C2	Potential to affect individual/organisation	49	81
C3	No potential risk identified	1	7
<b>Drug incidents</b>			
D1	Directly affects patient either by action or omission	11	16
D2	Potential to affect patient	39	23
D3	No potential risk to patient but deviation from policy	23	18
<b>Pressure ulcers</b>			
P1	Directly affects patient either by action or omission	2	0
P2	Potential to affect patient	5	1
<b>Total number of reported incidents</b>		<b>280</b>	<b>369</b>

Members of the Risk sub group meet monthly and perform trend analysis when reviewing previous incidents.

Overall there is a reduction in the number of incidents from the previous year. There is a significant reduction in the number of falls and associated minor injuries. The Hospice uses assistive technologies for example sensor mats in chairs or on the floor in case of patients trying to move independently when not supervised. The use of a "falls bundle" which includes risk assessments, pathways and care plans has increased staffs awareness and consideration of the best way to manage people at risk of falls and evident in 100% attainment in audit. This is one of the criteria when making decisions about admitting more patients.

There has been an increase in drug incidents with the potential to affect the patient. To date the majority are documentation errors in drug registers. New staff have joined the nursing team and may be a contributory factor. The Inpatient unit Sister discusses the incident with staff involved. It is an opportunity to reflect and determine if there was an underlying reason and be reminded of correct practice to prevent recurrence.

Reported incidents are often the catalyst for change, both in clinical practice and in policy.

Evidence of this can be seen in the following examples:

1) Referral left for a patient on a Medical Secretary's desk for processing before passing to relevant department. The referral was never received and couldn't be located.

Action - New system put in place for collating referrals and all relevant staff advised of the system.

2) Nursing staff requested certain foods from the kitchen for a hypoglycaemic patient (low blood sugar level) but didn't understand the reason behind this.

Action - Explanation was given to the Catering Manager which has been shared with the Catering staff.



## Complaints, concerns, comments and suggestions

Springhill Hospice encourages feedback in a variety of ways from patients, families, staff, volunteers and visitors.

Comments / suggestions boxes are available in the Reception area, Inpatient Unit and Day Hospice unit. Comments and suggestions are reported through the Operational Management team meetings. Feedback from patients and families is also encouraged through a variety of feedback cards, satisfaction surveys and questionnaires, reported through the Clinical Standards sub group and Governance Committee.

We welcome suggestions to improve the service and care that we provide. There are times when the service is not as our patients or families expect and any complaints received are taken extremely seriously. Complaints are thoroughly investigated and a response to the complainant made in writing, in person or over the telephone depending on their preferences. Springhill Hospice has a clear policy to ensure complaints are managed in a timely manner and this is monitored through biennial audit. Managing complaints received is seen as an opportunity to consider and review the quality of services we provide and can often be a catalyst for change.

The Hospice received 16 complaints in 2018/19.

2 clinical complaints

The theme of both of these incidents related to communication and interpretation but following investigations these were not upheld. However it created an opportunity for staff to reflect on their approach and to understand how it may have appeared by the others involved.

14 non-clinical complaints

The majority of complaints related to communication issues within predominantly the retail sector about how individuals felt they were treated by staff or volunteers. These were all resolved and customers accepted the outcome of the investigation.

14 complaints resolved within timeframe (2 weeks)

Two of these were unable to be resolved within the Hospices agreed timeframe as one required a meeting with a General Practitioner but contact was maintained with the Practice Manager until the GP was able to meet with Hospice staff. The second was delayed while a volunteer was away and required a review of some retail practice and procedures. The complainant was kept informed of progress until able to resolve fully.

## Staff training

Springhill Hospice is committed to the ongoing education and development of staff in order to ensure services are delivered in a safe, effective manner to the highest possible standard.

Training and education, including mandatory training is delivered in a way that is meaningful and best suited to the learning needs of the individual staff member.

## Mandatory training

We continue to deliver our mandatory training using an online training package, over a 2 year rolling programme. Each year staff have to complete a number of modules to refresh their knowledge. For the period of January - December 2018, there is an excellent attainment level.

850 modules allocated      818 modules (96%) were completed by the deadline 31.12.18

159 staff      151 staff (95%) completed modules by the deadline 31.12.18

Some sessions require practical simulation which gives a facilitator opportunity to assess competency to ensure that staff retain their skills for example; moving and handling and resuscitation.

Moving and handling      93% attendance

Resuscitation      87% (for clinical staff)

Oxygen training      88% (for clinical staff)

Staff book onto applicable sessions that Springhill Hospice provides several times within the year. Individuals inform their line manager with a reason if unable to attend which is recorded. Some staff were unable to attend all of their required sessions due to staff shortages and increased workloads in 2018. This is reported to the Director of Clinical Services and discussed at Operational managers meetings and HR sub group meetings to address inadequate attainment.

In order to meet statutory and mandatory training requirements for NHS Digital Information Governance, and General Data Protection Regulations (2018) all staff complete the NHS Digital, Data Security Awareness Level one online module. This ensures relevant staff have knowledge of computer security, confidentiality, Data Protection Act, Caldicott principles (information is only sought when necessary and not shared without reasonable justification), Freedom of Information act, and actions to prevent data breaches or incidents or how to respond if they do. This is a requirement of the NHS Digital, Data Security and Protection Toolkit self-assessment. The Hospice had a 95% completion as some staff were off long term sick and maternity leave but will complete as soon as practicable on their return.

Volunteers also complete training dependent on their role. This year, the physiotherapist and Assistant Practitioner (Rehab) introduced training for the volunteer drivers to ensure that they and the patients they bring into the Day hospice are safe. This was very well received and demonstrates the value of their role within the organisation.

## Continuing professional development and further training

Springhill Hospice strives to provide the highest standard of training and enables Hospice staff to develop their knowledge and skills to perform their role more effectively. We have a wealth of experience within the team who provide teaching and learning opportunities on a range of subjects. These include Breathlessness, Nausea & Vomiting, Agitation, Fatigue management, Metastatic Spinal Cord Compression, Drug Calculations and Palliative Care Emergencies. These support staff not only in the clinical environment but also to manage calls to the advice line which supports patients, carers or other healthcare professionals 24/7.

A number of staff have undertaken additional training and gained recognised qualifications. 4 completed their Foundation level degree and are now in post as Assistant Practitioners; 2 on the Inpatient unit, 1 as a support worker working alongside the Specialist palliative care nurses and 1 who works in both with the community team and on the Inpatient unit with the physiotherapist focussing on rehabilitation. Another has commenced her course which will further enhance the clinical team. A specialist palliative care nurse acquired her Clinical assessment skills and Nurse prescribing which allows her to perform patient consultations, interpret some investigation results and using this to determine the best treatment plan with the patient and prescribe appropriate medications. A senior Hospice Doctor has achieved her Diploma in Palliative medicine.

Staff are encouraged to undertake external training or conferences which they disseminate to colleagues for the benefit of the wider team and patients in our care. Specialist palliative care nurses and allied health professionals have attended an annual training event to enhance their knowledge of symptom management and learn about new treatments.

*"It provided knowledge to inform my practice which was delivered by expert speakers. It is a means of ensuring my practice compared with "good practice" benchmarking against peers. An excellent opportunity for networking, stimulation, time for thinking and reflection."*



Springhill's Day Hospice team



The Assistant Practitioners here at the Hospice



## Safeguarding

In accordance with the NHS contract, Springhill Hospice submitted the Safeguarding self-assessment toolkit with Rochdale Borough Safeguarding Adults Board (RBSAB), demonstrating compliance across all areas in January 2019.

All Hospice staff have received training in respect of Safeguarding Vulnerable Adults, Mental Capacity and Deprivation of Liberty Safeguarding.

During the self-assessment review discussion, the Safeguarding panel identified that in line with Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018) staff need face to face training every 3 years. This is currently online every 2 years but our Hospice Education team are able to deliver this training and incorporate children's safeguarding training.

## Goals agreed with Commissioners

Under the terms of the NHS Standard Contract, Springhill Hospice income in 2018/19 is conditional on achieving identified Key Performance Indicators (KPIs) relating to activity and quality standards agreed with Commissioners and is also conditional on evidence of achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

This year the Commissioners have not agreed any specific KPI's but the Hospice continue to submit quarterly reports on quality and activity data.

Springhill Hospice secured some "Transformation funding" which is locally held NHS money for health and social care. This has enabled us to recruit into 2 clinical posts; a Gold standards framework facilitator to work with staff in the care homes and a Counsellor. An existing member of our education team increased their hours in the spring to take on this role as they already have a good working relationship with the care homes, an excellent underpinning knowledge and complements their current role with community palliative care education. We have recruited into the Transformation funded Bereavement Counsellor post resulting in a reduction in waiting times and the ability to provide a more flexible service. Progress is monitored monthly and reported to Clinical Commissioning Group.

## What others say about Springhill Hospice

### Statements from CQC

Springhill Hospice is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against Springhill Hospice during 2018/19.

Springhill Hospice has not participated in any special reviews or investigations by the CQC during the reporting period.

Springhill Hospice was subject to a routine inspection by the Care Quality Commission in June 2016 with a formal report on 22 December 2016. From this inspection the Care Quality Commission issued Springhill Hospice with the following overall rating for the services provided:



The graphic shows a green box on the left with the text 'Overall Good' and a link 'Read overall summary'. To the right is a table of five categories with their respective ratings and icons.

Safe	Requires improvement ●
Effective	Outstanding ☆
Caring	Outstanding ☆
Responsive	Good ●
Well-led	Good ●

#### Is the service safe?

“All areas of the Hospice were secure, well maintained and accessible for people with limited mobility. In addition good infection control procedures were in place, making it a safe environment for people to live and work in.

Sufficient suitably qualified and competent staff that had been safely recruited were available at all times to meet people’s needs. Suitable arrangements were in place to help safeguard people from abuse.

Medicines were not always given as prescribed, appropriate systems were not in place for the management of medicines requiring refrigeration and relevant information to enable staff to administer ‘when required’ medicine safely was not in place.”

#### Is the service effective?

“Staff were passionate about the need to spread awareness and knowledge of end of life care by introducing an innovative and creative programme of training for staff caring for people in care homes. The education provided by the Hospice also extended to other professionals in the community caring for people with a life limiting illness; helping to ensure the best possible care for people and for their families.”

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were involved in making decisions about all aspects of their treatment and care.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met. People were supported to eat and drink and maintain a balanced diet”

### **Is the service caring?**

“People told us they received the care they needed when they needed it and that staff were knowledgeable and committed. People spoke highly of the kindness and caring attitude of the staff. People were care for with the utmost compassion, kindness, dignity and respect.

People were supported at the end of their life to have a comfortable, dignified and pain free death. The nursing and medical staff showed they were highly skilled in pain and symptom control and provided outstanding end of life care”

### **Is the service responsive?**

“The care records showed people were involved in the assessment of their needs. A person’s preferred place of care at all stages of their illness and the arrangements in the event of their death was documented.

Staff were skilled in recognising when a person was in the last days of life and were able to provide the appropriate care.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.”

### **Is the service well-led?**

“The service had a manager in post who was registered with the CQC.

Clear lines of accountability and effective methods of communication were in place to ensure people received the best possible service. Systems were in place to monitor the quality of the service provided to help ensure that people received safe, effective care and support.

Accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.”

### **Action taken from inspection:**

- 1) A process has been put in place to ensure that, where the clinical refrigerator exceeds the maximum temperature (8°C) this will be reported promptly and appropriate action taken.

**Update for 2018/19** -There have been a few incidences where the fridge temperature exceeded the maximum temperature albeit only for a few minutes but staff are responsive to the issue and report the incident. The Nursing team continue to monitor and record daily temperatures. Another member of staff checks twice a week and the integral thermometer provides electronic records which are checked weekly or after an incident is reported. Any temperature which exceeds the normal range are reported to the Director of Clinical services and the Inpatient unit Sister.

- 2) The ‘as required’ medication chart has been reviewed and amended to ensure sufficient information and instruction is available to staff administering medication.

**Update for 2018/19** - The chart continues in use and staff are very familiar with the content.

## Statements from others we work with

*As a group of Community Mental Health Nurses, we have worked with Springhill Hospice over the past 5 or 6 years, myself being a dementia champ and also doing some informal training with the hospice regarding end of life care and dementia.*

*Through this multi-professional working end of life care has become normal talk within this office, staff have accessed the passport training through the links we have forged with the hospice, relationships built with the trainers. We now cascade the language we have learned around death and dying to the wards and to Community Mental Health Nurses.*

*A classic example at the moment is that I've just been given permission for a couple of days during "Dying Matters" awareness week to put a couple of leaflets and posters in the foyer of the memory clinic at Birch Hill. I know the team that I work with feel it extremely beneficial to do the joint working with other disciplines and feedback from them regarding the end of life training from Springhill Hospice is invaluable.*

*The informal feedback from the team is it has increased their confidence of talking about death and dying remarkably; this is only through Springhill hospice being open and accessible to us.*

Margaret Diggle, RMN,  
Birch Hill Hospital, Pennine Care NHS Foundation Trust, Rochdale

*Fairfield General Hospital Macmillan Specialist Palliative care nursing team have an excellent collaborative working relationship with both the Community Specialist Palliative Care team & Inpatient services based at Springhill Hospice. This proactive working relationship provides a seamless transition between sectors ensuring high quality specialist palliative care is delivered to the patients & their loved ones & assists in meeting patients' wishes & preferred choices.*

Yvonne Loughlin, Macmillan Specialist Palliative care nurse, Fairfield Hospital, Bury.



The Margaret Geoghegan Education Suite

*Joanne Maxwell and Stacey Campbell came to our Training Day in Leeds for new bereavement support group facilitators. We are a peer-to-peer support organisation for bereaved parents and we were running a Training Day for bereaved parent volunteers who wished to set up a support group in their locality for bereaved parents. Joanne and Stacey came along to the day to learn and it was a pleasure to have them there. They were highly sensitive to the fact that they were participating in training with bereaved parents and were hugely respectful on the day of the different experiences of the volunteers attending compared to their own as professionals.*

*Overall, we were impressed with both of their commitment and willingness to offer support to bereaved parents when they came on our one-day course and the ways in which they appreciated the differences between peer and professional support. We also appreciated their knowledge and experience of bereavement support and they both made valuable contributions to the training day.*

Carolyn Brice, Chief Executive

The Compassionate Friends, London

*Supported the Bereavement/Counselling team to set up the Group for bereaved parents and families.*



Hospice supporters in 2019

## What our patients and families say about Springhill Hospice

Springhill Hospice's feedback programme is designed to elicit information about the care and services received by patients and families from their individual perspective. A variety of feedback cards have been developed to capture the experience of patients and their relatives and friends, across the Inpatient unit, Day hospice unit and community service settings. The cards, based on the concept of the 'family and friends test' have been designed to be easy to complete and to capture, from the perspective of the patient or family member ... "What did we do well?" and "What could we do better?"

### Our patients and their families

*"The staff cannot do enough to help you, the patient and their guests. The staff are culturally aware and do their best to accommodate everyone. Nothing was ever too much - A fantastic support during this difficult time."*

*"The facilitators are great and very friendly and approachable. Someone to talk and share things with, even just a sympathetic -listening ear."*

Community Bereavement Social Groups

*"\*\*\* role is invaluable", (referring to a Specialist palliative care nurse.)"*

Community specialist palliative care team feedback

*"Welcomed to Springhill by the nursing team and Dr \*\*\* where her medical needs were immediately addressed and the care she received was exceptional. My wife and I and our extended family were supported and the whole experience exceeded our expectations."*

Letter from inpatient unit family.

*"I have enjoyed every minute since I started at the hospice, and I don't think that you could do better, you all work very hard and with a nice caring attitude to all that attend."*

Day Hospice feedback

*"Springhill wouldn't be Springhill without the amazing staff and volunteers that make this place feel like home."*

Inpatient unit feedback

*"Helped me to relax and feel like the person I was before my loss."*

Complementary therapy feedback

*"The food is amazing!! Mum is eating so well she's putting weight on - which is a good thing."*

Inpatient unit feedback

*"I am so glad Mum got to come here - her pain relief has improved 100% and the care and help she's getting better is making her stronger and better every day."*

Inpatient unit feedback



## Staff and volunteers survey

Springhill Hospice endeavours to provide a high standard of treatment and care to patients and families who access our services. We continually ask for feedback from patients and families, in a variety of ways, in respect of the provision of services to ensure consistently high standards and identification of areas where we could improve.

We are, in addition, mindful of the fact that services are only as good as the people who deliver them; our staff who have been carefully selected for their skills, knowledge and experience; and our volunteers who bring a wealth of knowledge, experience and commitment and who give of their time freely to support the work of the Hospice.

As an employer Springhill Hospice recognises the importance of having a team of staff and volunteers who feel supported and valued. We strive to ensure our staff and volunteers receive the training, supervision, support and the resources they need in order for them to fulfil their roles.

We hope that staff and volunteers feel able to come to us if they experience any difficulties in the workplace or if they have any concerns, suggestions or comments to make about their roles and the services we provide. Our staff and volunteers, here at Springhill, are integral to the services we provide, and with this in mind we want to ensure they feel they have a voice.

We have recently sent out questionnaires to our staff and volunteer workforce asking them a variety of questions in respect of their roles and giving them the opportunity to comment freely about their time working or volunteering at Springhill and any improvements they feel we could make to improve the care we give our patients and families and their own experience of working or volunteering.

In total, we sent out 600 questionnaires. 96 questionnaires were completed and returned; a response rate of 31% for staff and 11% for volunteers.

The results of the survey will be reviewed by the Operational Management Team and an action plan developed to address those issues identified as requiring further action.







## "Springhill Hospice friends and family test"

We asked, within this survey:

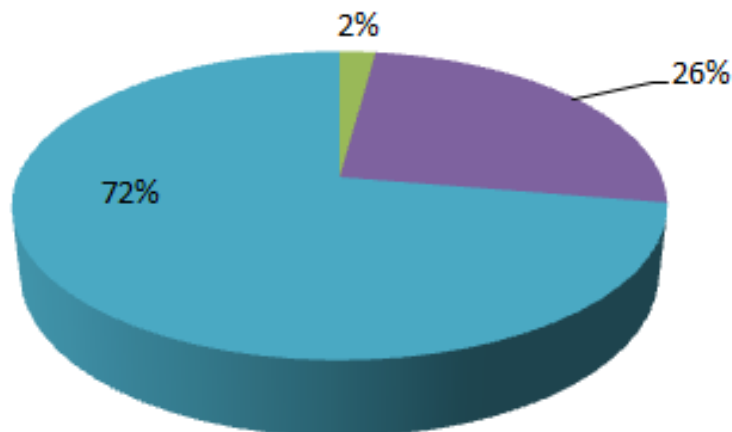
"How likely are you to recommend Springhill Hospice to your family or friends if they need such care and treatment?"

100% of the Hospice volunteers and staff who completed the survey, said they would be extremely likely or highly likely to recommend Springhill Hospice to family or friends.

### Staff survey 2018- Summary of results (46 returns)

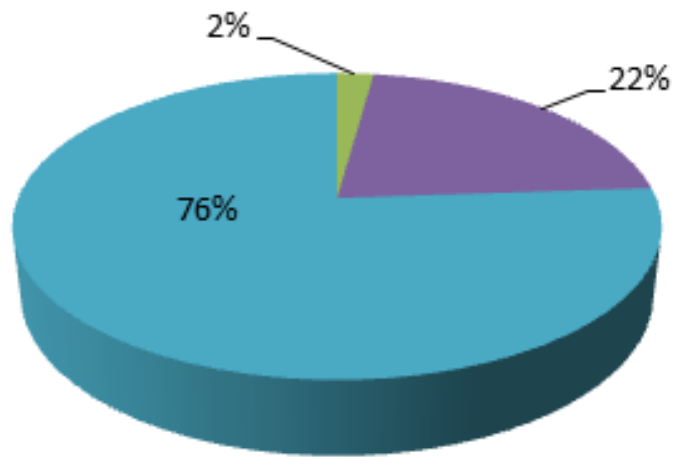
	Strongly disagree
	Disagree
	Neutral
	Agree
	Strongly agree
	No response

### 1. I am enjoying working at Springhill Hospice

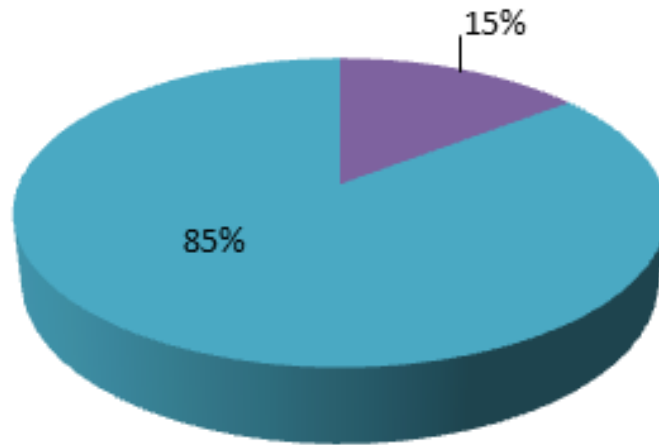




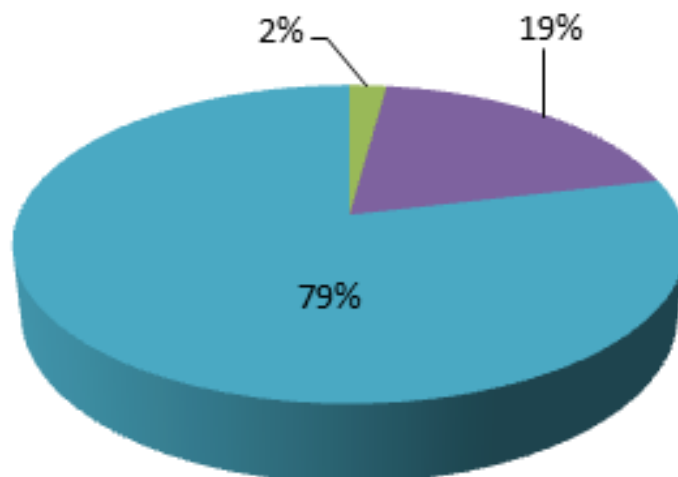
**2. My experience has been personally fulfilling**



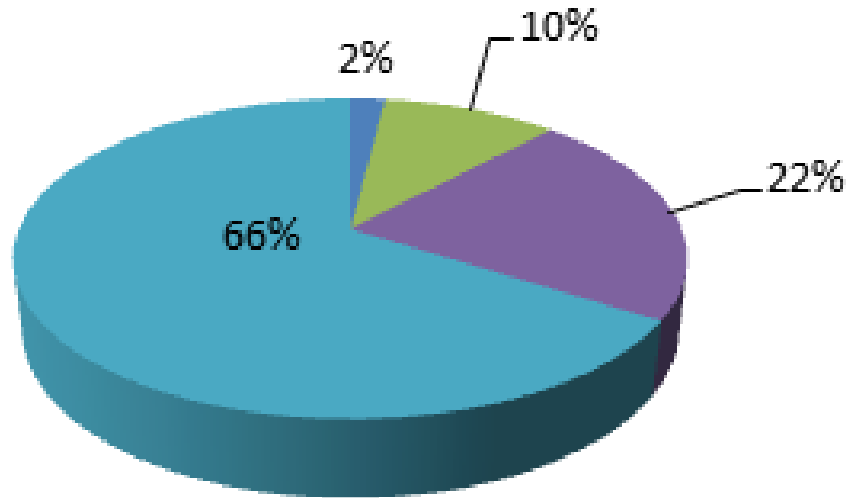
**3. The experience of working at the Hospice has been a worthwhile one**



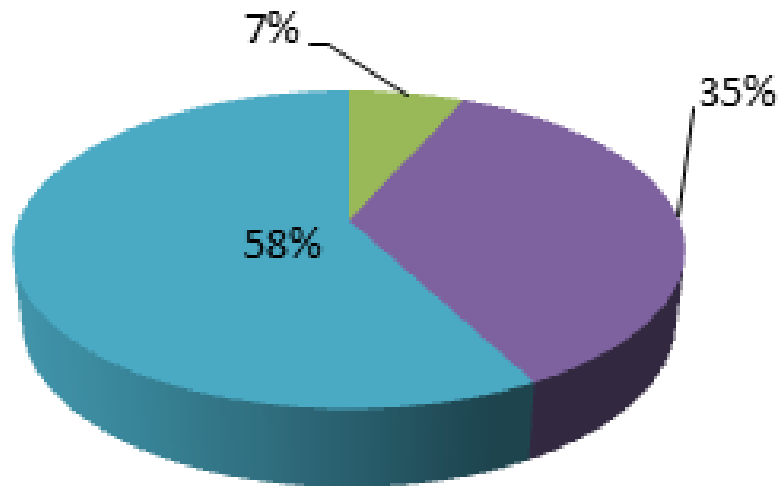
**4. I feel I am able to make an important contribution by working at Springhill**



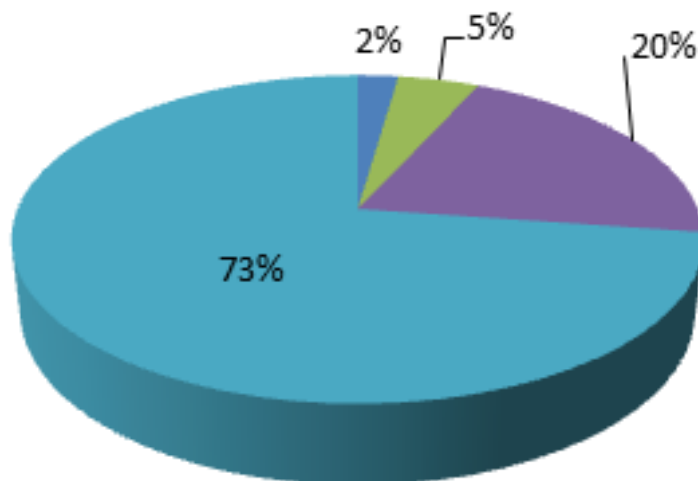
**5. I have been given the opportunity to attend the training I need to carry out my role**



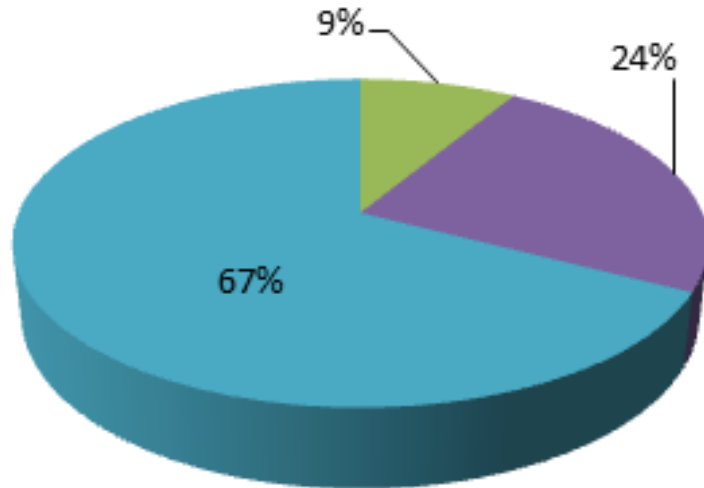
**6. There is a positive feeling of teamwork between employed and volunteer staff**



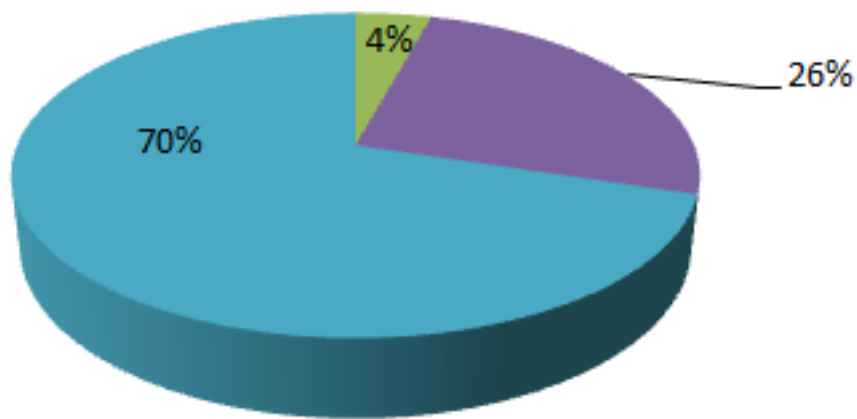
**7. I have the necessary support and guidance to fulfil my role**



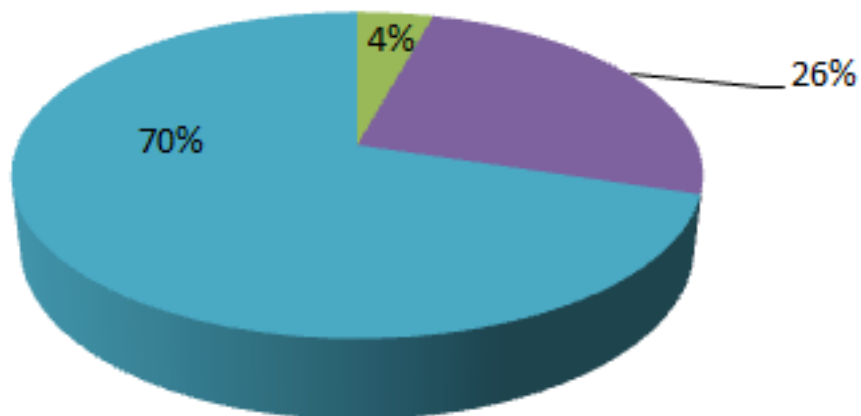
**8. I am made to feel that I am a valuable member of the organisation**



**9. Springhill Hospice is an excellent organisation to work for**



**10. I would recommend Springhill Hospice to a friend as a place to work**









How likely are you to recommend Springhill Hospice to family or friends if they needed such care and treatment?

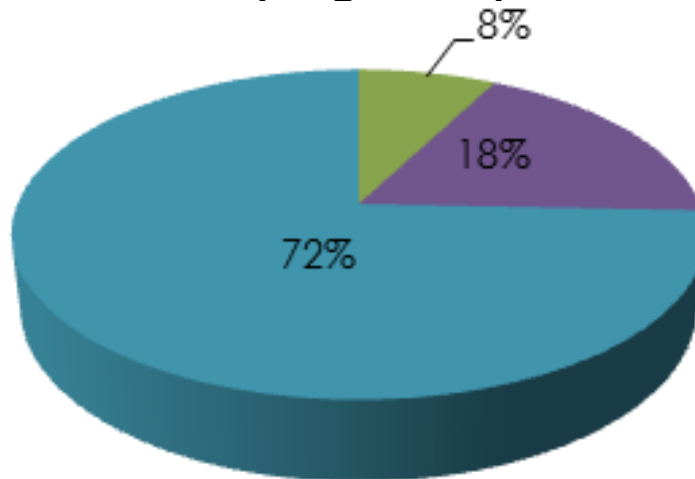
**43 extremely likely; 3 = highly likely**

## Volunteer survey 2018- Summary of results

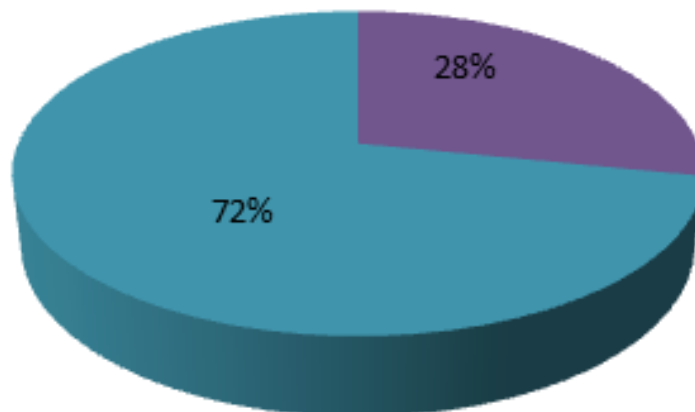
(50 returns)

	Strongly disagree
	Disagree
	Neutral
	Agree
	Strongly agree
	No response

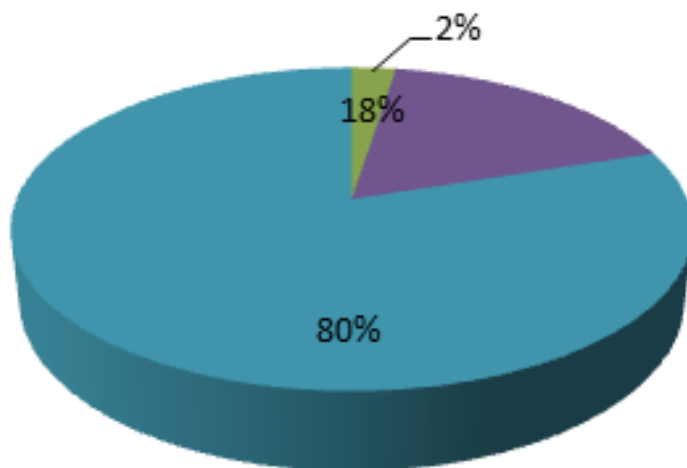
### 1. I am enjoying my volunteer experience with Springhill Hospice



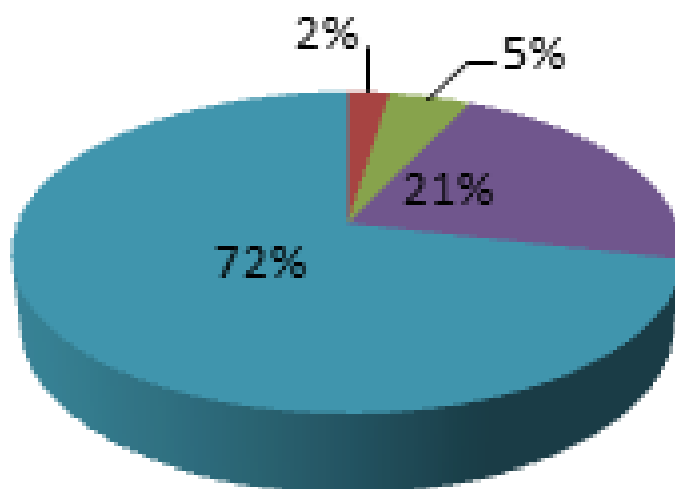
### 2. My volunteer experience has been personally fulfilling



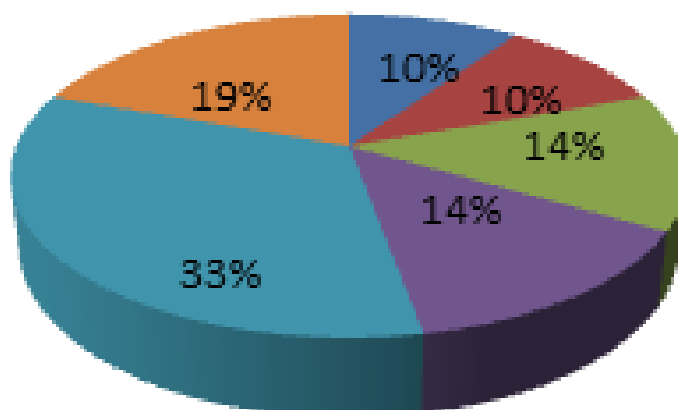
**3. The experience of volunteering with the Hospice has been a worthwhile one**



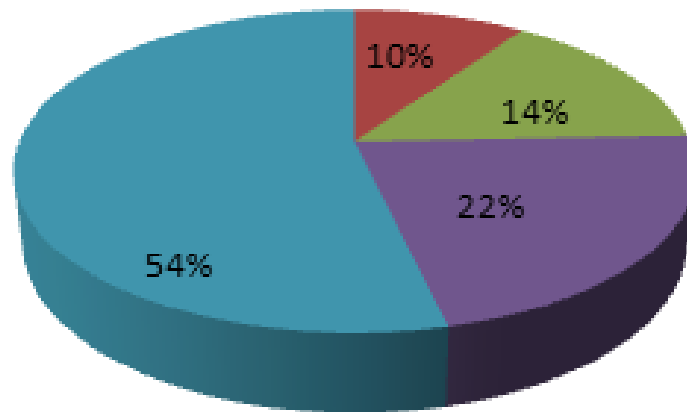
**4. I feel I am able to make an important contribution by volunteering at Springhill**



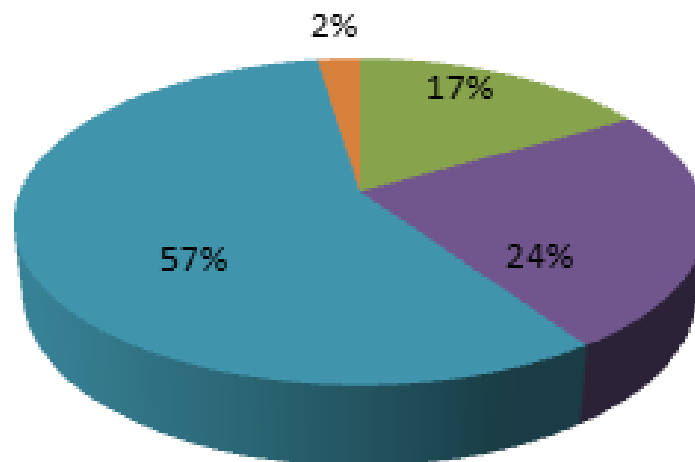
**5. I have been given the opportunity to attend the training I need to carry out my role**



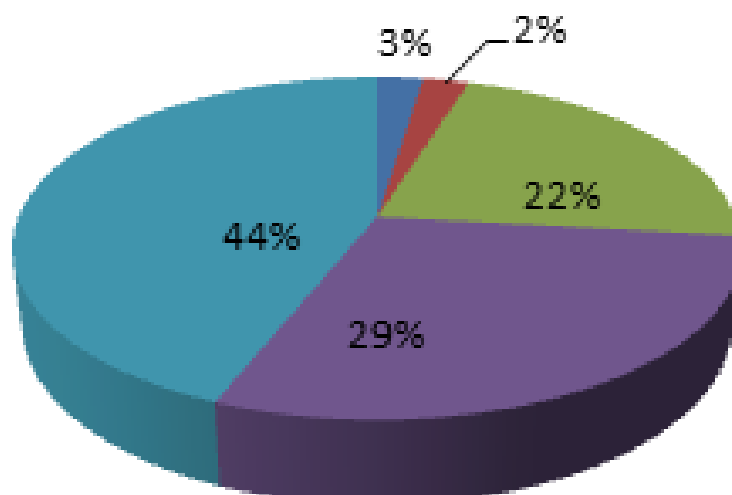
**6. There is a positive feeling of teamwork between employed and volunteer staff**



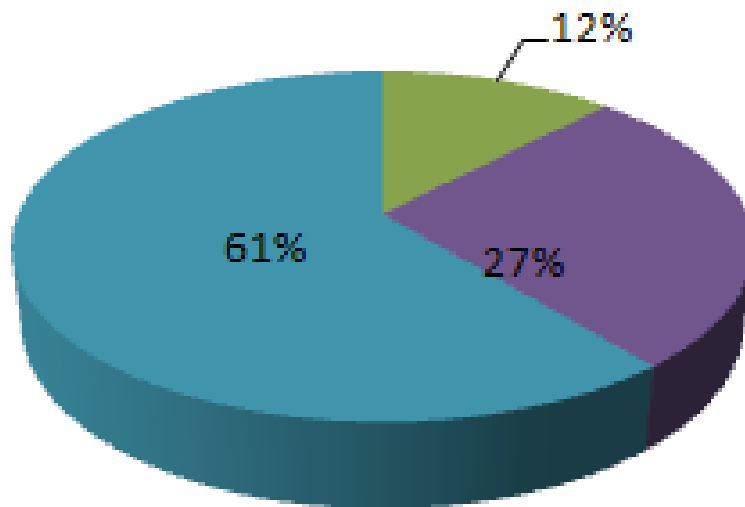
**7. I have the necessary support and guidance to fulfill my volunteer role**



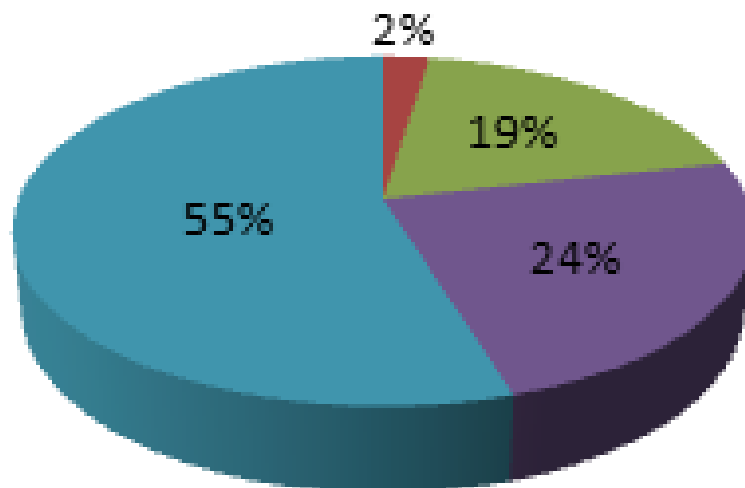
**8. I am made to feel that I am a valuable member of the organisation**



**9. Springhill Hospice is an excellent organisation to volunteer for**



**10. I would recommend Springhill Hospice to a friend as a place to volunteer**



How likely are you to recommend Springhill Hospice to family or friends if they needed such care and treatment?

**41 extremely likely; 9 = highly likely**

## Submissions for comment

Springhill Hospice Quality Account 2018/19 has been forwarded to the following bodies for comment:

- **Heywood, Middleton and Rochdale Clinical Commissioning Group (CCG)**

Submitted to HMR CCG. Comment received from Alison Kelly, Head of Quality and Safeguarding/ Deputy Executive Nurse (Appendix A)

- **Healthwatch Rochdale**

Comment received from Kate Jones, CEO:

“Healthwatch Rochdale confirm receipt of Springhill Hospice Quality Accounts 2018/2019.

Healthwatch Rochdale have noted the contents of the report and have no further comments to make.”

- **Overview and Scrutiny Committee, Rochdale Metropolitan Borough Council**

On the agenda for the Health, Schools and Care Overview & Scrutiny Committee meeting on 26th June 2019.



## Appendix A

Quality Accounts enhance public accountability and engage the leaders of an organisation and Commissioning Organisations in the quality improvement agenda. They allow formative challenge and celebration of good practice.

The Quality Account from Springhill Hospice looks at achievements within the last 12 months, gaps in provision and sets out the Quality Plan for the next 12 months.

It was good to see Springhill Hospice's progress on last year Quality Priorities -

- Developing new income generation strategies
- Strengthening partnership working
- Quality and development lead post

Good progress has been seen on all the above and the Quality Report evidences this clearly. The Quality Account lays down the priorities for the forthcoming year -

- Succession Planning- this is difficult in the current National Workforce crisis within health services. The Hospice however are showing innovation around role development which can only improve services
- Update of the Nurse call System
- Income Generation Strategy
- Financial efficiency

Development of the Night Sitting Service to improve quality care is seen as a positive step.

The Bereavement service is yielding positive outcomes, and this is welcomed by the CCG.

The audit program shows the empirical evidence to support the narrative within the Quality Account and the commitment of the Hospice to challenge and test their provision.

The Hospice displays good understanding of Confidentiality and GDPR directives as well as the management and reduction of incidents. This is coupled with a robust complaint procedure. Staff can access training including Safeguarding Training. There is no reference however to PREVENT training. Issues around Level 3 Children's Safeguarding training were raised at the Section 11 Challenge Panel.

Commissioners accept the Quality Account but request -

- Evidence of Safeguarding Children's training with specific time frames for compliance
- Completion of the NHSE None-NHS Provider Safeguarding Assurance Tool
- Possible links into wider research work

Alison Kelly

Head of Quality and Safeguarding

Deputy Executive Nurse