Quality Account 2012 – 2013

High quality care for all

Part 1 - Chief Executive statement of Quality

Welcome to our third Quality Account. This report is for our patients, their families and friends, the general public and the local NHS organisations that give us a third of our costs. We raise the rest of the money to pay for our services through fundraising, legacies and Dorothy House shops. The aim of this report is to give clear information about the quality of our services so that patients feel safe and well cared for, their families and friends are supported and reassured that all of our services are of the highest standard and that the NHS is receiving very good value for money. During the year we received a planned visit from the Bath and North East Somerset Quality Assurance Team and we received positive feedback on the high quality of our services. During the year we received the results of a patient satisfaction survey carried out nationally by an independent research unit. Our Day Patient Unit was benchmarked against 12 other hospices. In all areas of care we scored above the average and in a number of them we were the top score for our Day Patient Unit. We could not give such high standards of care without our hardworking staff and volunteers, and together with the Board of Trustees, I would like to thank them all very much for continuing to provide a high quality service.

Our Director of Nursing & Therapies and Inpatient Unit Ward Manager are mainly responsible for the preparation of this report and its contents. To the best of my knowledge, the information in the Quality Account is accurate and a fair representation of the quality of health care services provided by Dorothy House.

The safety, experience and outcomes for all of our patients and those who care for them are of paramount importance to us. We continue to actively seek the views of all who use our services.

Sarah Whitfield MSc BSc RN
Chief Executive
May 2012

PART 2

2.1 Priorities for improvement 2012-2013

Dorothy House Hospice Care (DH) has agreed a quality action plan for the next year (Appendix 1) This action plan has been approved by the Dorothy House Clinical Audit Support Group (CASG), a working group of the Board of Trustees set up to monitor quality and plan ahead and the Senior Management Team (SMT). Key priorities within this action plan have been agreed with these groups and include the following:

Future planning Priority 1 - Effectiveness

To implement and develop a new patient database system to ensure effective documentation and statistical reporting for all aspects of electronic record keeping and evaluate effectiveness of this.

Future planning Priority 2 – Patient Experience

To implement a new Dorothy House Volunteer Companion service and evaluate effectiveness of this from both patient and professional perspectives.

Future planning Priority 3 – Safety

In line with national guidance, introduce a handwashing programme of training and audit for staff and volunteers to ensure safe practice in all aspects of patient care.

2.2 Statements of assurance from the Board of Trustees

The Board of Trustees' commitment to quality

The Board of Trustees is fully committed to delivering high quality services to all our patients whether in the community or in the hospice and our two Outreach centres. Trustees are involved in monitoring the health and safety of patients, the standards of care given to patients, feedback from patients, including complaints, and plans to improve services further. They do this by receiving regular reports on all these aspects of care and discussing them at Board meetings. Equally important, two Trustees visit the hospice and other settings where services are delivered e.g. patients homes and the Dorothy House Outreach centres every six months. These visits are unannounced and a written report is discussed by the Board and then sent to the Care Quality Commission and local NHS organisations. Copies are available on request to the Chief Executive. During the visit Trustees speak to patients, carers, staff and volunteers. In this way the Board has first hand knowledge of what patients and carers think about the quality of services provided, and feedback from staff and volunteers.

In November 2011 the Board agreed a new five year rolling strategic plan with nine key objectives. The plan reflects the demographic changes with people living longer and with long term chronic conditions, including dementia, the desire of most people to stay at home to die, whether that is their own home or a care home, and to make our services more accessible through opening two permanent outreach centres in Trowbridge and Peasedown. The Five Year Plan is available on our website or on request to our Chief Executive.

The Board is confident that the care and treatment provided by Dorothy House is of a high quality and cost effective and can be sustained in the foreseeable future.

2.3 Review of services

During 2012/13 DH will provide 8 services that have agreed service level specifications with the NHS. DH has reviewed all the data available to them on the quality of care for all of these services.

These services are as follows:

- In Patient Unit – 10 beds and 24 hour advice line
- Day Patient Services – 11 patients 5 days per week
- Lymphoedema service – treatment for patients with swelling due to cancer, other conditions or side effects of treatment
- Physiotherapy/Occupational Therapy – to help patients maintain a good quality of life for as long as possible
- Hospice at Home – to enable patients to die at home
- Nurse Specialist Service – advice, support and symptom control
- Consultants – cover the hospice, the community and the Royal United Hospital, Bath
- Family Support Service and Spiritual care – emotional and spiritual support for patients, families and carers

Dorothy House continually monitors the effectiveness of these services through number of patients seen and contacts made, clinical audit, patient/carer feedback and specific service reviews

Dorothy House also funds, through charitable money and the support of volunteers, a range of complementary therapies, a rehabilitation programme, patient support groups and carer support groups to help patients and families deal with the physical and emotional aspects of terminal illness.

2.4 Participation in clinical audits

To ensure provision of a consistently high quality service, DH has an annual clinical audit plan which contributes to the overall Quality action plan. This provides a means to monitor the quality of care being provided in a systematic way and creates a framework where we can review this information and make improvements where needed.

Each year, the Clinical Governance Committee of the Board of Trustees approves the audit schedule for the coming year. Priorities are selected in accordance with what is required, requests from individual departments where practice can be reviewed and any areas where a formal audit would inform the risk management processes within the hospice.

Dorothy House is currently participating in a national Hospice at Home audit. Dorothy House is not currently participating in any national confidential enquiries.

At the regular multidisciplinary Clinical Audit Support Group meetings there are many interesting discussions in an effort to strive to demonstrate our effectiveness in terms of achieving the outcomes currently identified in our NHS Community contract and also to use audit as a tool to evaluate our new service developments e.g. evaluation of Triage pilot.

Through the annual Clinical Governance report, the Board of Trustees is kept fully informed about the audit results and any identified shortfalls. Through this process, the Board has received an assurance of the quality of the services provided.

The annual audit plan relates specifically to the Quality improvement plan and all audits identified for the forthcoming year are incorporated in this plan.

2.5 Research

DH has a research policy and any participation in research is carefully monitored and approved by the Clinical Governance Committee.

During the year several of our patients were recruited for two multi-centre drug trials for breakthrough cancer pain. Our associate specialist is also carrying out research into the control of night sweats.

2.6 Quality improvement and innovation goals agreed with commissioners

A small proportion of DH NHS income in 2012/13 is conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUINS). These include:

Indicator 1: Improve responsiveness to personal needs of patients during the Out of Hours period
Indicator 2: To improve triage of Out of Hours calls
Indicator 3: To improve patient information regarding care at the end of life

2.7 What others say about Dorothy House Hospice Care?

Dorothy House is currently registered as an independent health care provider under the Care Standards Act 2000. In 2012/13 Dorothy House is registered for three regulated activities with the Care Quality Commission (CQC) under the Health and Social Care Act 2008. DH is subject to annual self assessment reviews with the last assessment in January 2011.

There were no actions to take following the last assessment as the hospice was fully compliant. DH is not currently participating in any special reviews or investigations by the CQC.

When the Bath and North East Somerset commissioning representatives did a quality assurance visit to our Inpatient Unit on 19th January 2012, the patient feedback was excellent with patients interviewed scoring Dorothy House 10 out of 10. The representatives “felt that the quality of care was very good, that staffing levels are excellent and the environment is lovely”. Four recommendations were made in relation to further learning for staff about patients from different cultural backgrounds, admission of patients to the Inpatient Unit out of hours, how we monitor fluid intake for patients and a prescribing issue.

2.8 Data Quality

DH provides quarterly contract activity data in the agreed format to the local NHS Organisations.

Data is stored and utilised in accordance with the DH Information Governance policies and an annual audit of Information Governance is undertaken with a report and recommendations approved by the Clinical Governance Committee.

DH is not subject to the payment by results clinical coding audit by the Audit Commission.

PART 3

Review of Quality Performance

The hospice receives approximately 1667 referrals per year across all services. A whole hospice approach is utilised to monitor and improve the quality of services delivered. This is achieved through clear polices and procedures, recognised forums for discussion and agreement of best practice, a robust recruitment and induction process, an ongoing performance review system supported by excellent training and education for staff and volunteers. Where possible, service users are consulted in relation to service delivery and future development.

All letters of complaint received are investigated thoroughly and reported to the Board of Trustees and NHS organisations. Where shortfalls are identified, immediate action is taken to minimise the risk of recurrence. In 2011/12 there were five patient complaints, all from relatives. These are summarised in the next section.

Complaints

We have had five complaints about our services during the year. They were all from relatives and were investigated and responded to within the time limits of our Complaints Policy. They were also shared, anonymously, with the lead Primary Care Trust and our Board of Trustees. The complaints were all different i.e. there was no consistent theme and they covered a variety of issues from a confused patient entering another patient's room on the Inpatient Unit at night, the dosage of a drug and its side effects, the cancellation of a Hospice at Home carer, being sent information about a carers' event when the patient had died over two years ago and inappropriate advice given to a relative from a staff member. In all cases an explanation of the events was given and an apology made where appropriate. Lessons learned and acted upon included tightening up on how we use our patient data base system, review of how we care for confused patients, meeting with a GP practice about prescribing and monitoring of drugs and further education for a member of staff.

Achievements in 2011/2012

The Quality improvement plan for 2011/2012 as been completed (Appendix 1). Achievements included meeting the requirements of the 4 CQUINS agreed with the PCT's:

1. To improve responsiveness to personal needs of patients
2. To meet needs of patients at End of Life and to improve on service delivery where possible
3. Reduction in the number of falls on IPU
4. To improve responsiveness to carer needs

Other achievements included:

- the ongoing recording of patient's views about DH services through Patient reported outcome measurement, this was extended to include physio, OT and H@H.
- as part of the annual infection control audit a hand hygiene audit was piloted and demonstrated a 'high level' of compliance.
- The number of in patients who died on IPU who had their preferred place of death wishes recorded increased from 50% to 91.5%.
- Evaluation of the recently introduced Triage system for the majority of Dorothy House referrals indicated that patients and carers are promptly allocated to the correct service or provided with the information they require.
- Bereaved clients remain very satisfied with bereavement support.
- Pressure ulcers, falls and drug errors on IPU are all below the regional average.
- Dorothy House has introduced a South West Informatics Project looking at comparisons with 9 other hospices and how we can learn from each other to improve the patient experience.

What our patients/clients say about the organisation

DH participates in a national patient satisfaction survey commissioned by Help the Hospices and carried out by the Health and Social Survey Unit, based in Kent. Each hospice receives its own results as well as the collated results from all the other hospices that took part. The time frame for distribution and return of questionnaires was between 1 September 2010 and 30 April 2011. DH received 41 responses from day patients and 26 from inpatients.

Overall the results were very positive for the Day Patient Unit with a large number of complimentary remarks. Staff and volunteers were described as friendly, welcoming, kind, helpful and understanding. Several respondents described the care as "excellent" and they could not speak highly enough about the care. The volunteer drivers who bring patients to Day Care and take them home were seen as very helpful, polite, kind, caring and made them feel at ease. Because we had more than 40 respondents from day care our service could be benchmarked against 12 other hospices. Compared to these other hospices we achieved the highest scores for patients who were not at all anxious about their first visit, for staff always introducing themselves to patients, for staff always explaining what they were doing and for the quality of the food. We also scored highly for the cleanliness of the hospice, the range of activities available for the patients and the general environment and surroundings.

The results for the Inpatient Unit were also very positive with lots of comments about the staff – very good care, very friendly and helpful, excellent all round care and attention and showed great respect. We did not have enough patients to be compared with other hospices. However, we had high scores for patients feeling they were always treated with respect and dignity (92%), the cleanliness of the hospice (83% said 'excellent' and 8% said 'good'), the quality and choice of food, and 89% of patients had their medicines explained by our staff on discharge in a way they could understand.

There were a few suggestions made by patients which we will be addressing. These include having photographs of younger patients in our patient booklet and having a more bland dish as a choice for those who do not like or struggle with spicy foods.

Board of Trustees Provider Visits

In May 2011 two trustees carried out their provider visit. They spent some time with our Hospice at Home team as our carers provide around 20,000 hours of service in patients' homes to enable them to die in the place of their choice. At the time of their visit there were 20 active cases being managed by the team. This was a mixture of respite and terminal care patients. The team was preparing to extend the co-ordination of the service from weekdays only to weekends and bank holidays and up to 7pm during the week. The carers work seven days a week, mainly at night, as this is when families need a break. The trustees were given information about how new referrals are assessed, the reporting system for carers, the supervision and teaching of carers and feedback received from patients and families. The trustees concluded that the team clearly works well in a highly organised fashion to co-ordinate care for patients needing assistance to remain at home. Staff are clearly committed to their work and have worked creatively to enable the service to expand.

One of the trustees in May also visited the Inpatient Unit. There were eight patients (capacity is 10) and the atmosphere was calm and orderly. Whilst privacy was maintained, the nursing staff were also vigilant of patients and checking on patient needs. This trustee is also a local GP and her own patients benefit from the services of Dorothy House. Her comment at the end of the report was that "patients are very appreciative of the broad range of services offered by Dorothy House, both

its practical assistance but also the time and opportunity to share and express fears at the end of life with the professional staff that work there".
The second provider visit took place in December 2011 and January 2012. In December 2011 the two trustees joined the daily multidisciplinary meeting on the Inpatient Unit. This was well attended with representation from all the disciplines. Throughout the meeting the tone, pace and content was diligent and highly professional. The central focus of the meeting concentrated on the specific needs of each individual patient and their family. The trustees met two in-patients who were effusive in their praise for the quality of care being received by them and their broader family and friends. The trustees also met day patients attending their Christmas lunch who gave high praise for the quality of medical, nursing and pastoral care and deep recognition of the role of staff and volunteers in making the quality of care possible. Trustees saw high standards of cleanliness and hygiene in the hospice. Trustees spoke to a range of staff, including administrative and support staff. It was clear that all staff focus on the importance and significance of their roles in delivering care to our patients. One trustee returned in the evening in early January to see the staff on the late shift and on night duty. They chatted openly to him about their work and had no concerns about the quality of service and care they were able to give patients.

User involvement

In response to our local Polish community we have produced a short DVD about the work of the hospice with sub-titles in Polish and translated our general information leaflet about patient services into Polish. These have been distributed to GP surgeries known to have a number of Polish patients. We did a launch of the DVD and leaflet for the Polish community at the hospice in September 2011. Although not many attended, those who did gave us very positive feedback on the DVD and leaflet and enjoyed the Polish cake that was served. We plan to take the DVD to some of the local Polish communities during 2012.

Work has continued with three local people with learning disability to produce easy to read versions of our leaflets about our services including the Day Patient Unit and Inpatient Unit and one on how to make a complaint.

We have held a focus group with patients as part of our review of physiotherapy and occupational therapy services and this gave some useful feedback about how these services enable patients to cope better and have an improved quality of life. We asked patients about how the environment feels to them as part of our environment audit. All but one said that the environment felt calm and safe and that the staff were kind and friendly. However, only just over half knew who was looking after them that day so we are exploring how we can increase patients' awareness of the nurses responsible for their care by shift. We also asked visitors about the environment and 100% said that it felt calm and safe, the unit was clean and tidy and they felt welcomed. Our child visitors gave similar responses, and 100% had been shown the Family Room and they all found things they liked in the Family Room.

What our staff say about the organisation

During their Provider visits the trustees talked to staff on duty. The clinical staff told them that they feel well supported by management, that the physical working environment is very good and that they have regular supervision and good access to education and training. The finance staff reported that their workloads were high but manageable and staff expressed satisfaction with the support and direction provided by senior management. All staff consulted were highly committed to the work of the hospice and to the development of their own role within it. They were supportive of senior management and greatly valued the culture within which they work.

Staff Survey

In 2011/12 we carried out a staff survey. There were several issues which needed addressing and it was agreed with the staff consultative forum that we would focus on these during the year. There were three departments where there were negative responses from staff in relation to line management. The Personnel Adviser has done some targeted work with these managers and developed action plans. There were some issues in relation to office space, the working environment and staff facilities due to lack of space now in the hospice. In June 2012 we will be opening an Outreach Centre in Trowbridge and some staff will move to office accommodation there. This will enable us to have a staff room at the hospice and more space to improve parts of the working environment. Some responses indicated that the organisation as a whole could be better at communicating. During the year we have introduced a series of updates from each department in our weekly staff newsletter, put a suggestions box for staff in a central location which are fed back through the newsletter, done a review of the Personal Development/Staff Appraisal process and asked each department to review their own internal communications processes.

We have had a working party looking at the possibility of an intranet which we do not have. The Board of Trustees has agreed to fund this in next year's budget. We will be carrying out another staff survey during 2012.

Staff Training and Appraisals

All staff receive an annual appraisal and this is monitored by our Personnel Adviser. At the appraisal meeting objectives are agreed for the following year along with a personal development plan which is sent to the education department. These plans feed into the annual education and training plan for the organisation. During 2011 we have introduced e-learning for some mandatory training including fire training and moving and manual handling theory. We also implemented a new software system for recording education and training. This sends reminders to staff about when their mandatory training is due and also informs the line manager if it is overdue. This system has increased compliance by staff and reduced the time spent by the managers ensuring that their staff are undertaking their mandatory training. A number of clinical staff have completed higher education modules run by the University of the West of England on care of the dying. Appropriate staff also attended courses on communication, bereavement, pain relief and other distressing symptoms. There is also a well developed system of clinical supervision in place.

What our regulators say about the organisation

Since our inspection by the Care Quality Commission in January 2011 we have not had another visit or been asked to complete a self assessment form. We did have a visit from the Bath and North East Somerset commissioning representatives in January 2012 when they did a quality assurance visit to the Inpatient Unit. The outcomes of this visit are described in Paragraph 2.7, 'What others say about Dorothy House Hospice Care'.

Alison Stevens	**Director of Nursing**
Sarah Whitfield	**Chief Executive**
Ruth Gretton	**Ward Manager**

May 2012

Annex

What the PCT's say about the organisation – review of 2011/2012

NHS Bath and North East Somerset (B&NES) has taken the opportunity to review the Quality Account prepared by the Dorothy House Hospice for 2011/12. It is our view that the account is comprehensive and accurate.

In a joint vision to maintain and continually improve the quality of services, NHS B&NES and the Dorothy House Hospice have worked in collaboration to establish a comprehensive quality framework.

The National NHS Contract and Commissioning for Quality and Innovation (CQuin) scheme provide further support for ensuring robust quality measures are in place. Through the CQUIN Scheme Dorothy House Hospice set out to demonstrate a robust improvement programme by agreeing to 3 stretch targets. These were agreed as follows, improvement in numbers of patients who have a documented discussion regarding preferred place of death, improving patient experience using a locally developed patient reported outcome measure (PROM), and supporting carers. These schemes were achieved by Dorothy House Hospice.

Dorothy House Hospice Board of Trustees has 2 members who carry out visits to the Hospice and other sites on a six monthly basis, Dorothy House Hospice shares these reports with us. The feedback from the trustees has always been excellent, the visits are comprehensive with patients, staff carers and volunteers all giving feedback on the quality of services provided by Dorothy House Hospice. In addition, in 11/12 the PCT carried out a Quality Assurance Visit to Dorothy House Hospice Inpatient Unit, patient feedback at this visit was excellent. Areas of good practice were reported and recommendations were made as a result of this visit.

There are robust arrangements in place with Dorothy House Hospice to agree, monitor and review the quality of services, covering the key quality domains of safety, effectiveness and experience of care. This is managed through the Contracts and Clinical Quality Review Group (QRG) that meets quarterly, with representation form senior clinicians and managers from both the Dorothy House Hospice and NHS B&NES to review, monitor and provide assurance in relation to quality of care. Areas for improvement are identified and agreed within the Contract and QRG process and we monitor action plans until improvements are achieved. Dorothy House Hospice has participated in a benchmarking exercise with other hospices in the South West, this provides very useful information against a set of indicators and it promotes learning and sharing of good practice.

Through the quality framework for 2011/12 the Dorothy House Hospice has improved the safety, effectiveness and patient experience of their services across a wide range of key areas; these are described in this Quality Account. NHS B&NES have also received assurance throughout the year from the Dorothy House Hospice in relation to key quality issues.

The priorities for 2012/13 have been developed in partnership and NHS B&NES endorse the proposals set out in the Quality Account. We believe these to be representative for the patient population and services provided by Dorothy House Hospice. We are pleased that the indicators chosen for 12/13 are clinically focussed and are linked to areas for improvement.

NHS B&NES can confirm that we consider that the Quality Account contains accurate information in relation to the quality of services they provide to the residents of B&NES and beyond.

What the LINks say about the organisation – review of 2011/2012

Dorothy House Hospice Care – Quality Improvement Plan

Year 1: April 2011 - March 2012

ACTION	BY WHEN	EXPECTED OUTCOME	ACHIEVED
Infection Control Audit and identification of areas for improvement	May 2011	Necessary changes identified and linked to action plan	Achieved Dec 2011
Evaluation of Triage pilot	May 2011	Evidence that the triage processes implemented support timely and appropriate allocation of referrals in line with patient/carer needs.	Achieved May 11
Monitor number of patient deaths where H@H carer present	June 2011	Evidence that H@H service supports patients/families at time of death. Necessary changes identified and linked to action plan	Achieved July 2011
Administration of Medicines Audit	July 2011	Evidence that medicines are administered correctly and necessary changes identified and linked to QIP	Achieved Dec 2011
Audit ordering, collection, transportation, receipt and storage of Controlled drugs	July 2011	Evidence that controlled drugs are managed correctly and necessary changes identified and linked action plan	Achieved Mar 2012
Audit patient reported outcome measures (PROMS) for IPU	August 2011	Evidence received from patients that DH service makes a difference	Achieved Dec 2011
Audit use of Advanced decision code and documentation of patients' wishes (PPC and ACP)	August 2011	Evidence that patients' wishes are correctly documented on electronic patient record	Achieved Aug 2011
Audit facilitation of discharge from hospital/hospice by H@H service	August 2011	Evidence that H@H service enables timely discharge form hospital or hospice and necessary changes identified and linked to action plan	Achieved Dec 2011
Audit of addressing carers needs (CQUIN)	June 2011/Sept 2011	Evidence that offers are made to identify and meet carers needs and necessary changes identified and linked to action plan	Achieved Oct 2011
Review results of Patient satisfaction surveys and identify any required actions	September 2011	Evidence that patients are satisfied with DH services and necessary changes identified and linked to action plan	Achieved Nov 2011
Assess In Patient care environment using Essence of Care benchmarks	October 2011	Evidence that DH provides high quality care environment and necessary changes identified and put into action	Achieved Dec 2011
Prevention of avoidable Hospital admissions by H@H service	October 2011	Evidence that H@H service helps to prevent avoidable admissions to hospital and necessary changes linked to action plan	Achieved Dec 2011
Audit preferred place of death – documentation of patient wishes on In patient unit	November 2011	Evidence that patients wishes are documented	Achieved Jan 2012
Evaluation of PC Social work service	November 2011	Evidence that PC social work service meets the needs of patients/families and carers and necessary changes linked to action plan.	Ongoing
Audit of children's service	November 2011	Evidence received that children's service is effective	In progress

ACTION	BY WHEN	EXPECTED OUTCOME	ACHIEVED
Implement phased and revised patient assessment system and evaluate e.g. Nutritional assessment	December 2011	Patient assessment is accurately completed and documented	Ongoing
Audit patient reported outcome measures (PROMS) for Physio/OT (CQUIN)	June 2011/Dec 2011	Evidence received from patients that DH service makes a difference	Achieved Dec 2011
Audit preferred place of death – documentation of patient wishes for H@H and Nurse specialists (CQUIN)	June 2011/March 2012	Evidence that patients wishes are documented	H@H – Feb 12 NSP – Feb 12
Audit patient reported outcome measures (PROMS) for DPU (CQUIN)	Sept 2011/March 2012	Evidence received from patients that DH service makes a difference	Achieved
Ongoing monitoring of previously established benchmarks for • Pressure Sores • Falls • Drug Errors	March 2012	Evidence of compliance with DH standards and necessary changes identified and linked to action plan	Achieved and ongoing
Monitor if inpatients who expressed a wish to be discharged to die at home were able to do so.	March 2012	Evidence that patients who wish to die at home are able to do so and necessary changes identified and linked to QIP	Achieved
Missed medicines on IPU Audit	March 2012	Evidence that medicines are administered correctly/timely and necessary changes identified and linked to QIP	Included in full Root Cause Analysis Jan 2012
Report on quality of DH services and revise action plan	March 2012	Clear plan for DH quality improvement linked to key performance indicators	Achieved Apr 2012
Monitor Staff sickness and benchmark against NHS figures	March 2012	DH benchmarks established and standards set.	Ongoing
Monitor clinical staff knowledge and skills using Skills for Health/Care End of Life competencies via staff meetings, organisational groups and staff training records	March 2012	Evidence that DH clinical staff are meeting required competencies to provide a high standard of End of Life care	Ongoing
Catheter Audit for IPU patients	1 day per quarter	Evidence that DH complies with NHS guidelines on catheter usage	Achieved Mar 2012
Information Governance Audit	March 2012	Evidence that DH staff are compliant with Information Governance established policies and necessary changes identified and linked to QIP	Achieved Feb 2012
Audit number of patients who received copy letters	(2 snap shot audits)	Evidence that DH is compliant with NNS guidelines	Achieved Jan 2012
Evaluate Patient support groups	March 2012	Evidence that patient support groups meet patients needs	Ongoing
Evaluate managing early programme (MND)	March 2012	Evidence that managing early programme meets patients needs	Achieved Jan 2012
Audit of bereaved client satisfaction	March 2012	Evidence that bereaved client was satisfied with the service received from their allocated worker and necessary changes identified and linked to action plan	Achieved Jan 2012

Dorothy House Hospice Care – Quality Improvement Plan

Year 2: April 2012 - March 2013

ACTION	BY WHEN	EXPECTED OUTCOME	ACHIEVED
PATIENT SAFETY			
Maintain 2011-12 level of medication management on discharge	Mar 2013	Evidence that medicine information is provided on discharge	
Audit of missed medicines on IPU	Dec 2012	Evidence that medicines are administered correctly and necessary changes identified and linked to QIP	
Administration of Medicines audit	Aug2012	Evidence that medicines are administered correctly and necessary changes identified and linked to QIP	
Audit ordering, collection, transportation, receipt and storage of Controlled Drugs	Jan 2013	Evidence that DH complies with Controlled Drugs regulations	
Ongoing monitoring of previously established benchmarks for - Pressure ulcers - Falls - Drug errors	Mar 2013	Evidence of compliance with DH standards, and comparison with other hospices in SW region	
Perform hand hygiene audit	1 day per 6 months	Evidence that hand hygiene practise follows 'My 5 Moments' principles	
Urinary catheter audit for inpatients	1 day per quarter	Evidence that DH complies with NHS guidance on catheter usage	
Develop a collaborative End of Life call handling pathway with Out of Hours linked to DH Triage pathway	Mar 2013	Evidence of timely co-ordinated admission to DH services during the out-of-hours period	
Audit of night sedation prescribing on the Inpatient Unit	Jun 2012	Evidence that night sedation prescribing is to a consistent standard	
EFFECTIVENESS			
To improve responsiveness to personal needs of patients during the out-of-hours period	Oct 2012	Evidence that patients can access Specialist Palliative Care assessment/support during the out-of-hours period	
Audit practise against Essence of Care Nutritional benchmarks	Mar 2013	Evidence that DH provides high quality nutritional care that meets Essence of Care standards	
Monitor staff sickness and benchmark against NHS and DH figures	Mar 2013	Comparison against last year's figures	
Monitor clinical staff knowledge and skills as they apply to End of Life Care	Mar 2013	Evidence that DH clinical staff provide care to a standard described in Quality Markers and Measures for End of Life Care.	
Ongoing monitoring of 5 year project programme	Mar 2013	Necessary changes identified and linked to action plan.	
Audit and review the quality of End of Life Care provided for inpatients through audit of documentation	Mar 2013	Evidence that End of Life Care is provided to a standard defined by Quality Markers and Measures for End of Life Care	

Audit of Safeguarding Children	Dec 2012	Evidence that Dorothy House is compliant with Safeguarding Children Standard	
Implement new patient database system and evaluate effectiveness	Dec 2012	To have effective documentation and statistical reporting for all aspects of electronic record keeping	
Evaluate effectiveness of Trowbridge Outreach Centre	Mar 2013	Evidence that the service is meeting need and business plan requirements	
Participation in National Audit of length of stay within Hospice @ Home service	Apr-Jun 2012	Evidence that the service is meeting need of patients at end of life	
Audit the number of patients who cannot be admitted at weekends as they are deemed inappropriate, giving details of alternatives to admission	Jan 2013	Evidence that where requests for admission to IPU are declined an alternative action is alternative action is suggested to referrer	
EXPERIENCE			
Audit of patients awareness of who to contact, how to contact them and when to make contact about their ongoing end of life care needs	Aug 2012	Evidence that Dorothy House patients are given the Dorothy House Handbook including information and contact details required	
Audit patient reported outcome measures (PROMS) for lymphoedema	Sep 2012	Evidence received from patients that DH service makes a difference	
Ongoing monitoring of patient experience with Hospice @ Home service	Quarterly	Evidence received from patients that Hospice @ Home service makes a difference	
Audit patient and professional experience of Volunteer companions	Jan 2013	Evidence that Volunteer Companions make a difference.	