



# Quality Account 2018 - 19

**Katy Power**  
**Head of Clinical Services**

**Registered Charity No. 700272**



# PART 1

## Chief Executive's Statement of Quality



On behalf of the Trustees and Staff I am pleased to present the 2018/2019 Quality Account for Primrose Hospice.

The purpose of this report is to provide information about the quality of our services and to detail some of the progress we have made during the past year as well as looking at priorities for 2019/2020. The report is for all our stakeholders - our patients, their families and carers, the general public in our communities, the local statutory and voluntary sector organisations that we work with along with our NHS commissioners.

We provide all our services free to patients and their families striving to offer the highest quality we can. We welcome feedback from patients and their families and hold regular user forums; the information gathered is

then used to help us develop and improve our services.

We rely heavily on volunteers to support the staff to deliver our services. We currently have over 360 volunteers, including our Board of Trustees, and I would like to sincerely thank them all for their time and dedication to Primrose Hospice. Without them we could not provide such excellent quality services to so many local people.

We now have to raise over £1.75 million per year to provide our care free to patients and their families. I would like to give our whole-hearted thanks to all the businesses and individuals who support us throughout the year. Your continued support is greatly appreciated.

We have continued to deliver a variety of high quality services to our patients and their families. Maintaining excellence in all these services remains our highest priority and this has been reiterated by the board as we develop our strategy for the future.

To the best of my knowledge the information reported in this Quality Account is accurate and a correct representation of the quality of services provided by Primrose Hospice.

**David Burrell**  
Chief Executive Officer

# Primrose Hospice Good



St Godwalds Road, Bromsgrove, B60 3BW  
(01527) 871051

Provided by: The Primrose Hospice Limited

## CQC inspection area ratings

(Latest report published on 16 August 2016)

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●



### **Mission Statement**

*Primrose Hospice is a charity which enhances quality of life for people with life limiting illness in North East Worcestershire; in addition, we provide care and support for families, carers and friends.*

### **Vision Statement**

*To provide the best possible care and support to anyone in our catchment area who requires our services, ensuring choice and empowerment for every individual.*

## **Our Services:**

Primrose Hospice is an independent local charity based in Bromsgrove and provides services to patients and their families across the North East Worcestershire area. Supporting anyone with a life limiting illness along with their families. This has traditionally been patients with a cancer diagnosis but now we frequently focus on other illnesses such as Motor Neurone Disease, Chronic Progressive Lung Diseases and Heart Failure; we aim to make our services as accessible as possible to improve health equality.

We offer a wide range of services to our patients and also do a huge amount of work with their families and carers. Last year nearly 1000 local people received our help! We do not have any inpatient beds as those are provided at the Princess of Wales Community Hospital by the Worcestershire Health and Care Trust but

There are two main parts to our services.

**Day Hospice** – provides a range of support for patients. They usually attend one or two days per week and have access to a wide range of specialist nurses, occupational and physiotherapist, counsellors, and other emotional and spiritual support. Some patients prefer not to attend the Day Hospice. However, they can still maintain regular professional contact

With the Hospice by attending the Clinical Nurse Specialists outpatient clinic. The nurses are able to provide support, information, symptom management or refer to other services.

**Family Support** Service – offers individualized support to adults and children including a counselling service, benefits advise, complementary therapy and group support. Families are supported both prior to and after a bereavement and our specialist counsellors and trained support volunteers help individuals and families to come to terms with losing someone they love. Our specialist children's workers support young people to express their emotions through craft and play activities. We offer help both here in our specialist centre and in people's homes.

As an independent charity, we rely on the support of individuals and businesses in order to provide our services free to all who require them. The services are funded by a range of income streams. This year approximately 15% of our total costs were funded by local Clinical Commissioning Groups and the rest came from local support including donations, legacies, fundraising events, Worcestershire hospices lottery, and our 5 shops in Redditch, Bromsgrove, Rubery and Droitwich along with our eBay shop on line.

## PART 2

### Priorities for Improvement 2018 - 19

Primrose Hospice is fully compliant with the section 20 regulations of the Health and Social Care Act 2008. As such, the Board did not have any areas of shortfall to include in the priorities for improvement for 2017-18.

### Future Planning

The priorities set for the next year result from discussions with staff, service users and stakeholders and we have tried to ensure that they are achievable, measurable and will provide improvements that are important to those who use our services. Priority Improvements for 2019 – 20:-

Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
<b>1. To increase the use of Day Hospice Service.</b>	The Day Hospice provides Specialist Palliative Care with a team of nurses who act as Key Workers within the wider Palliative Care Service. Historically this service has rarely reached full capacity despite the excellent service provided. Users and their families have frequently told us the many benefits from attending. We wish to ensure our community are aware of and utilise this service.	Increase referrals to Day Hospice. Utilisation of the service last year averaged at 60%, based on 12 places 4 days per week. Our aim will be to increase utilisation to 80% in the coming year. We recognise that by the very nature of the hospice setting our Day Hospice attendance is unpredictable on a week on week basis.	Increased referrals over the coming 12 months. An increase in Healthcare Professionals knowledge and benefits of the service. Continued excellent user feedback.

Priority	Why we have chosen this priority	What we are trying to improve	What success will look like
<p><b>2.</b> <b>To integrate Wellbeing Service into The Day Hospice</b></p>	<p>The Wellbeing Service has expanded over the last 12 months and is now one of Primrose core services. The benefits of the Wellbeing sessions have been evidenced in the feedback received. It has been recognised that Day Hospice users rarely access the Wellbeing Service despite the benefits.</p>	<p>Increase the number of Day Hospice users benefitting from the Wellbeing Service. To integrate wellbeing sessions into the Day Hospice therefore ensuring users benefit without having to attend on an alternative day. We aim to promote Wellbeing Service to other Health Care Professionals and improve access of people who are not currently accessing other services within the hospice.</p>	<p>Wellbeing sessions being planned with in the Day Hospice. Day Hospice users also accessing the Wellbeing Service. We will hope to see positive feedback from these sessions. A wellbeing initial assessment will be undertaken prior to a group attendance and following to help evidence the benefits.</p>



## **Progress against the Improvement Priorities identified in 2018 – 19**

The Hospice continually strives to provide services that meet the needs of our users, this is guided by feedback we gather. The overall objective is to improve a patient's quality of life and empower them to live as well as they can for as long as they can. Aiming to provide support to patients earlier in their journey, ideally after diagnosis not just towards the end of life.

Progress is discussed below.

### **Progress made against Priority Improvement 1: To continue expanding the Wellbeing Service as part of our core services, to integrate the service with current Day Hospice Service.**

Primrose Hospice appointed a new Wellbeing Lead in September 2018 who brought a wealth of experience from the Charity Care sector. It soon became clear the service having been managed as a year pilot required an amount of work to ensure its sustainability and function going forwards. The hours were increased by an extra 5 hours per week to support this. Initially a great deal of time was spent forging links and relationships with others to ensure an effective and targeted service could be provided.

Individuals now have a wellbeing assessment to ensure they are placed in an appropriate group to meet their needs and goals. Historically there was no formal assessment, now The Warwick Edinburgh Mental Wellbeing Scale has been adapted for Primrose use (WEMWBS).

Regular attendance at the Chemotherapy Suite at Alexandra Hospital was a priority and although did not provide many referrals to the Wellbeing Service it did result in referrals to other Primrose services such as Counselling, Complementary Therapy and CNS clinic. This has gone some way to achieving our aim to meet patients earlier in their journey.

Relationships and joint working are now in place with Heart of Worcestershire College who provides qualified tutors for groups with no cost to Primrose. We have a team of volunteers for groups such as Yoga which is a popular group and will be expanded in 2019 providing 2 groups per week.

In regards to integration with the Day Hospice service our Wellbeing Lead has spent time with in the Day Hospice and now the Wellbeing Service is structured she will prioritise this project for the coming year.

Wellbeing groups that have run over the last 12 months include Cooking for patients, cooking for bereaved, journal keeping, creative arts and crafts, art with sculpture to mention a few. All have received positive feedback, 'Time is so important and that is what Primrose gives people, it gives people time'.

With the employment of a Therapy Assistant we now provide various gentle exercise sessions within the Day Hospice, these have been received positively by our users.

## **Progress made against Priority Improvement 2: To expand the Clinical Nurse Specialist Clinic Service**

The Clinical Nurse Specialist (CNS) Service has continued to expand, with a continued increase in referral and attendances over the year. Compared to 2017-2018 we have observed an increase of 10% in referrals, increase of 12% new attendances and overall increase of 6% in attendances. This shows a more gradual increase against a dramatic increase in the service of 150% during 2017-2018. The Clinical Nurse Specialist continues to fulfil the Palliative Care Key worker role within the wider Palliative Care Services.

The feedback received from users of this service was excellent and went some way towards evidencing its quality and impact.

We implemented a patient outcome scores (IPOS) assessment within the clinic but unfortunately it was not effective in evidencing impact. On reflection and in discussion with Clinical Governance Committee it was agreed that due to the very nature of our users their condition is constantly changing and are not often seen weekly. The number of patients who completed ongoing scores was small which also affected the quality of reporting.

The IPOS tool is currently being used as a four month project to assess its usability with in this service.

Primrose approached a number of local GP Practices to offer an 'outreach ' service within the surgeries but this was not taken up. The feeling from surgeries was that the services we currently provide alongside the Community Palliative Care CNS team was sufficient.





## **Statements of Assurance from the Board**

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 hospices.

### **Review of Services**

Hospices are required to report against those services commissioned by their local NHS. Primrose Hospice receives a grant representing approximately 15% of its overall costs. The funding is received from the following Clinical Commissioning Groups: Redditch and Bromsgrove, Wyre Forest and South Worcestershire.

We currently provide the following services:

- Day Hospice
- Outpatient facilities
- Family Support Services
- Well Being Services

### **Participation in clinical audits**

Primrose Hospice only provides palliative care. During 2018 - 19, there were no requests to take part in any national clinical audits or national confidential enquiries that covered Hospice services. During this period Primrose Hospice was not therefore eligible to participate in any national clinical audits and national confidential enquiries.

As Primrose Hospice was ineligible to participate in the national clinical audits and national confidential enquiries, there is no list below alongside the number of registered cases submitted by the terms of the audit or enquiry.

The reports of 18 clinical audits were reviewed by Primrose Hospice during 2018 - 19. As a result of these audits the following actions have been taken to improve the quality of services:

1. Improvements have been made to ensure patients privacy and dignity is maintained at all times. Privacy screens are available when required and improved signage is in place to indicate when rooms are in use. Visitors are also asked to exit patient areas as quickly as possible. To maintain confidentiality in communal areas music is played at reception and staff and volunteers are mindful of the confidential nature of some conversations.
2. Following the results of feedback, improvements have been made to patient meals; alternative choices and lighter options are available. Nutritional assessments are offered to patients and nurses are present during meal time.

Snack options available throughout the day now include fruit and cheese and biscuits rather than just cakes and biscuits that were previously available.

3. The Day Hospice Documentation and Referral audit highlighted that a key worker was not always documented for a patient or that an MDT review had taken place within the last 6 months. These areas of concern have been highlighted with staff and a further audit is scheduled to review improvements in these areas.
4. Items identified as requiring action on the External Infection Control Audit in October have been completed or are in process. The Audit report included the following: “As always the hospice was clean, warm and welcoming. Measures to minimise the risk of infection is taken seriously at Primrose as staff appreciate the vulnerability of their client group. This is evidenced by good standards of environmental cleanliness, IPC awareness raising and an overall enthusiasm and motivation to maintain standards. It is encouraging to see that many issues raised in previous audits have either been addressed or are planned”.
5. Environment Audits are scheduled routinely. Chairs with impermeable materials were identified as needing replacing in the dining room; new chairs in Day Hospice are already in situ.
6. Findings from the Breast Care audit highlight the positive effect of Physiotherapy on pain and function in ladies with shoulder problems relating to treatment for breast cancer. However, the outcome measure tool used does not reflect other benefits reported by ladies such as improved mood, body image and psychological adjustment. A more in depth outcome measure is being considered for the next Audit.
7. An audit of 20 sets of Day Hospice and 20 sets of Clinical Nurse Specialist (CNS) Clinic notes were audited for Allergy documentation during March 2019. This was planned following the Medicines audit carried out in November 2018 which highlighted only 30% of the audited notes had recorded allergies.

The record of Allergy information now forms part of the initial assessment template for Day Hospice and CNS Clinic patients.

Within Day Hospice 20 sets of notes were audited, representing 54% of the caseload. 75% of the 20 notes had either an allergy or no known allergy recorded. Within the Clinical Nurse Specialist Clinic 20 sets of notes were audited representing 51% of the current CNS Clinic case load. 85% of those 20 notes had either an allergy or no known allergy recorded. The results show an excellent improvement since the original audit. The aim is for 100% of patients in either service to have allergy or no known allergy recorded. Further audit in 3 months, results shared with the Nursing Team.

## **Research**

The number of patients receiving NHS services provided or sub-contracted by Primrose Hospice in 2018 – 19, that were recruited during that period to participate in research approved by a research committee was zero. There were no appropriate national, ethically approved research projects or studies in palliative in which we could participate.

## **Quality Improvement and Innovation Goals agreed with our Commissioners**

Primrose Hospice income in 2018 - 19 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

## **What others say about us**

Primrose Hospice is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional.

The Care Quality Commission has not taken any enforcement action against Primrose Hospice during 2018 - 19.

Primrose Hospice is subject to periodic reviews by the Care Quality Commission and as reported in the last Quality report its last unannounced on-site inspection review was on May 18<sup>th</sup> 2016. The hospice was awarded an overall rating of 'Good' following this inspection and was considered to be 'good' in each of the five key areas of safety, effectiveness, responsiveness, caring and well led. Primrose Hospice has not participated in any special reviews or investigations by the CQC during the reporting period.

The Quality Risk profile of Primrose Hospice states that the hospice is low risk and a comprehensive quarterly quality report is submitted to the CQC to maintain this ranking.

Primrose Hospice is subject to a quarterly review of quality as part of its contract with the Redditch and Bromsgrove Clinical Commissioning Group and all actions discussed during these meetings have been completed to the satisfaction of the commissioners.

## Data quality

Primrose Hospice did not submit records during 2018-19 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The national MDS was discontinued in 2017

## Information Governance Toolkit

In March 2019, the Senior Information Risk Officer, the Caldicott Guardian and the Data Protection Officer jointly completed the NHS Data Security and Protection Toolkit Self Assessment and Primrose Hospice were compliant with all mandatory requirements.

In accordance with agreements with our CCG, Primrose Hospice produces Quarterly reports which include data quality and performance indicators.



## PART 3

### Quality Overview and Clinical effectiveness

Primrose Hospice is a small, independent charity based in North East Worcestershire and covering Redditch and Bromsgrove and surrounding areas. The Hospice is staffed by a total of 50 people, including a number of 'bank' nursing staff. As well as staff working within the Clinical Team and Family support Services we also have staff who manage our charity shops and back office administration, finance and fundraising.

The table below shows the breakdown for the care team only.

**The care team during 2018 - 19 was staffed as follows:**

#### Position as at 31.3.19

Post	Head Count	WTE	Vacancy
Head of Clinical Services	1	1	
Lead Nurse	1	1	
Staff Nurse/Day Hospice	2	1.2	
Therapies Assistant	1	0.4	
Care Team Administrator	2	1.4	
Family Support Administrator	1	1	
Family Support Team Leader	1	0.86	
Adult Family Support Workers	1	1.04	1
Family Support Clinical Supervisor	1	0.64	
Children and Families Support Workers	3	1.5	
Complementary Therapy Coordinator	1	0.6	
Benefits Advisor	1	0.56	
Cooks	2	0.64	
Well Being Project	1	0.53	
Chaplain	1	0.32	
<b>Total</b>	<b>20</b>	<b>12.69</b>	<b>1</b>

#### Subcontracted Staff Included:

Post	Employed By	Head Count	WTE	Vacancy
Physiotherapist	WHACT	1	0.8	0
Occupational Therapist	WHACT	1	0.4	0
Total		<b>2</b>	<b>1.2</b>	<b>0</b>

Staff Mandatory training is compulsory and training that is determined essential by our organisation for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. The table below summarises the position for the care team as at 31/03/2019.

#### Care Team Staff Training position as at 31.3.19

	Care Team (percentages)
Fire Safety	100
Health & Safety and Security	100
Manual handling (theory)	100
Information Governance	100
Security	100
WRAP	100
Equality and Diversity	100
Communication Essentials	100
Infection control	100
Safeguarding children	100
Safeguarding adults	100
Complaints handling	100
Consent and capacity	100
Manual Handling (practical sessions for clinical staff)	100
Mental Capacity (clinical staff)	100
Adult Basic Life Support (clinical staff)	100
Palliative Care Emergencies	100
Suicide Risk	100
In Case of Emergency	100
Fraud awareness	100
Nutrition and Hydration	100
Care planning	100
Medicines Management	100

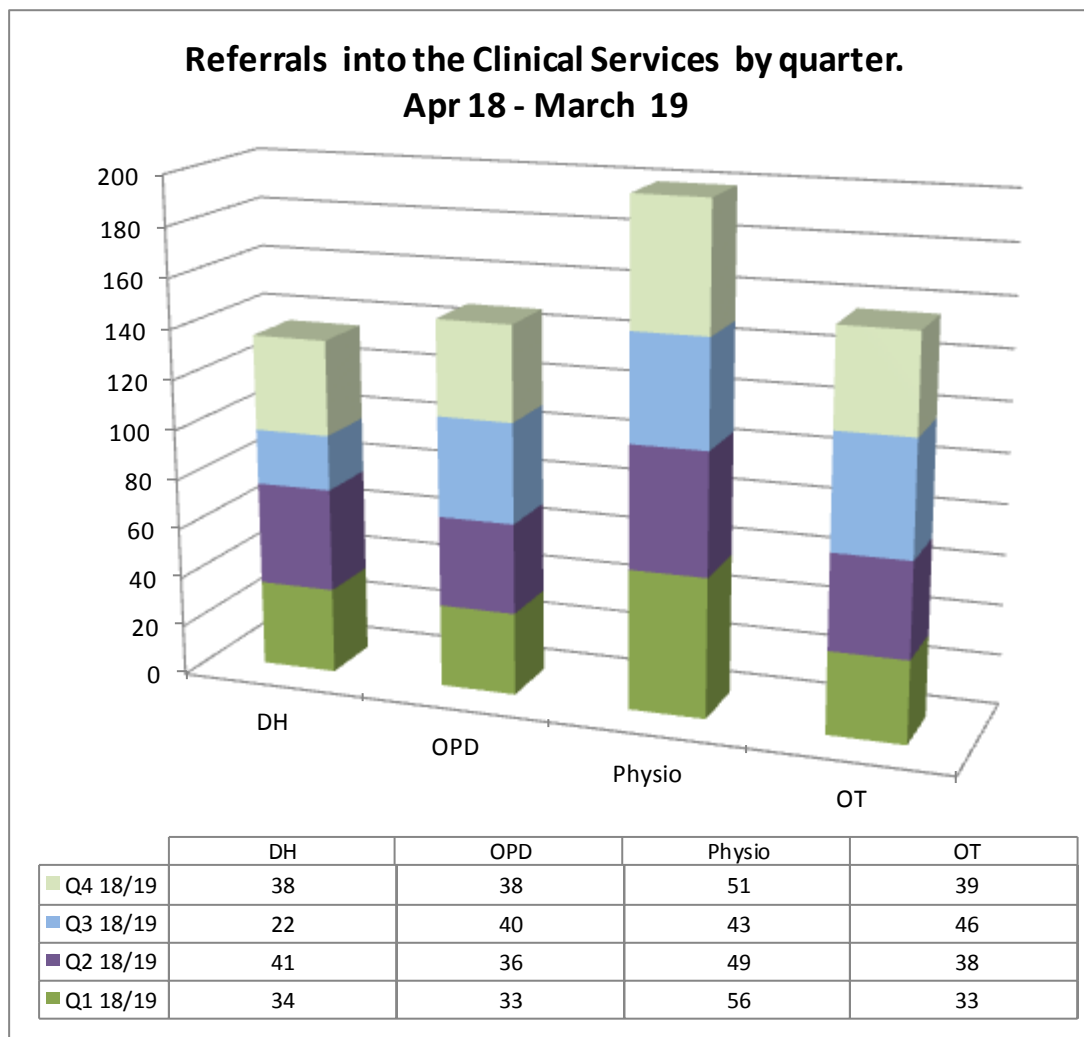


## Who has accessed our Services?

Indicator	2018-19	2017-18
Service Users who received care or support from services provided by Primrose Hospice (includes enhanced bereavement service). * Source Patient DB	978	797
New Service Users who had a first contact within any service provided by the Hospice (includes enhanced bereavement service). * Source Patient DB	653	508
Total number of Day Hospice attendances	1397	1318
Total number of Outpatients - Booked appointments	367	259
Total number of WHACT services - Outpatients	160	141
Total number of Face to Face Physiotherapy contacts	421	356
Total number of Face to Face Occupational Therapy contacts	274	244
Total number of Wellbeing Service contacts	314	NA
Total Number of Family Support Contacts including Complementary Therapy and Benefits advice	5648	5310



**Figure 1. New referrals received into Clinical services by April 18 – March 19.**



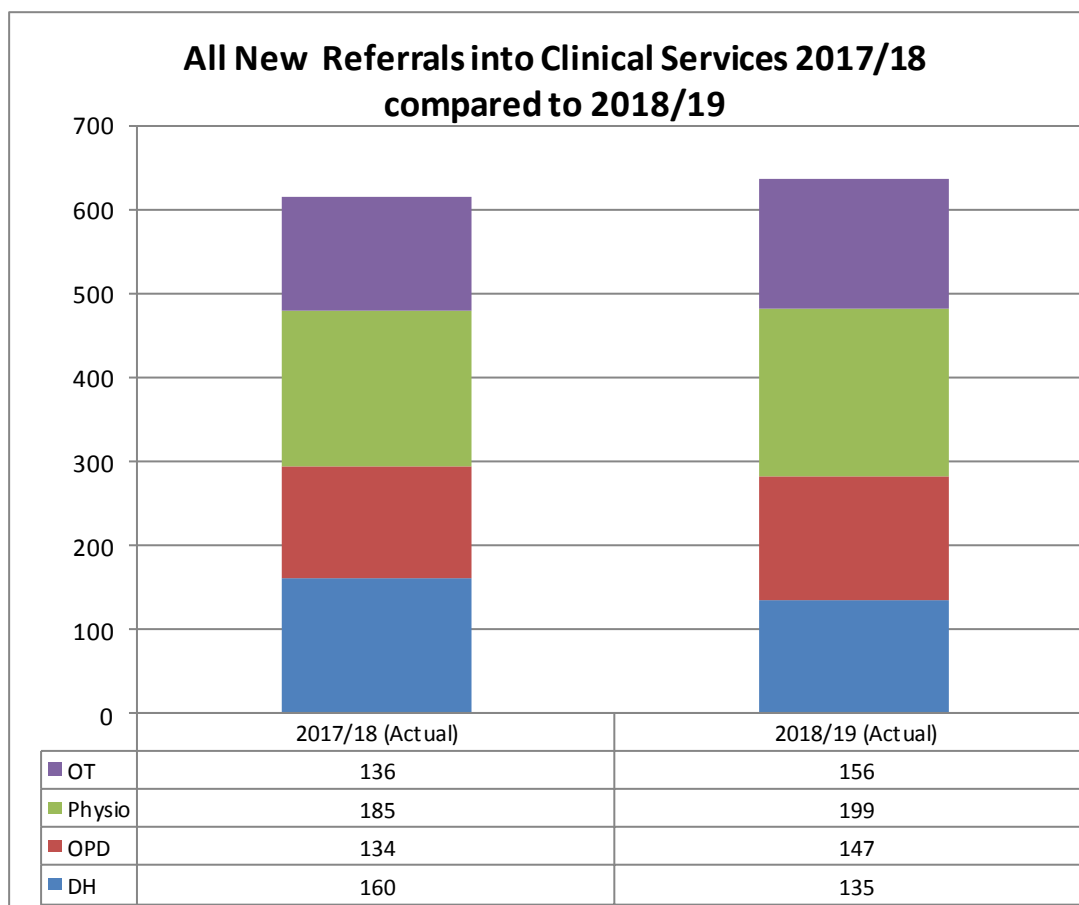
DH = Day Hospice, OPD = Outpatients, Physio = Physiotherapy, OT = Occupational Therapy.

The above graph illustrates that throughout the year there have been fluctuations in referral numbers across the quarters and within the different clinical services. The highest number of referrals were received during quarter four at 166 compared to the lowest number during quarter three at 151.

Within Day Hospice the highest number of referrals were received during quarter two (41 referrals), whilst the fewest number of referrals were made during quarter three (22 referrals); this was during the onset of the winter period where lower referral numbers have been observed historically within Day Hospice. In comparison the highest number of referrals into Outpatient services were made during quarter three with a total of 40. Overall referral levels have remained more consistent within the Outpatient service throughout the year with natural fluctuations as is the case with Physiotherapy and Occupational Therapy.



**Figure 2: Actual number of new referrals by service for 17/18 and 18/19**



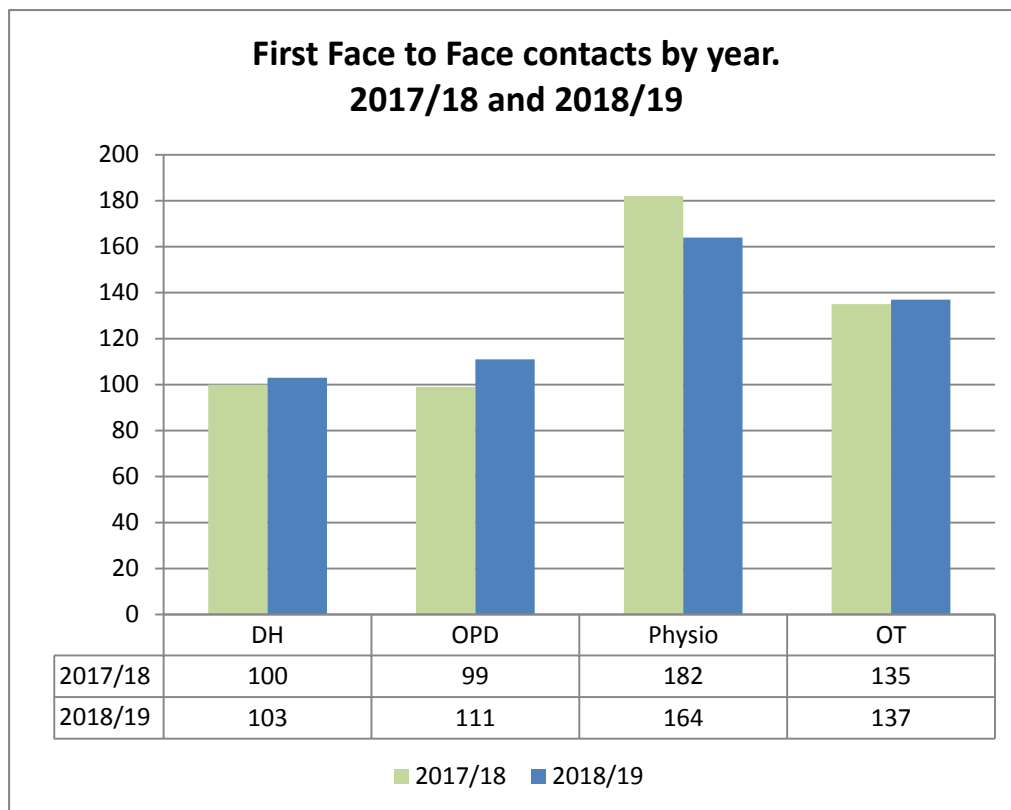
DH = Day Hospice, OPD = Outpatients, Physio = Physiotherapy, OT = Occupational Therapy.

Comparing referrals levels for all services as a total, between 2017/18 and 2018/19 numbers have remained fairly stable with 615 in 2017/18 and 637 during 2018/19.

When reviewing the individual services Day Hospice has received 15% fewer referrals when compared to last year, Outpatients 10% higher, Physiotherapy 8% higher and Occupational therapy also 15% more.

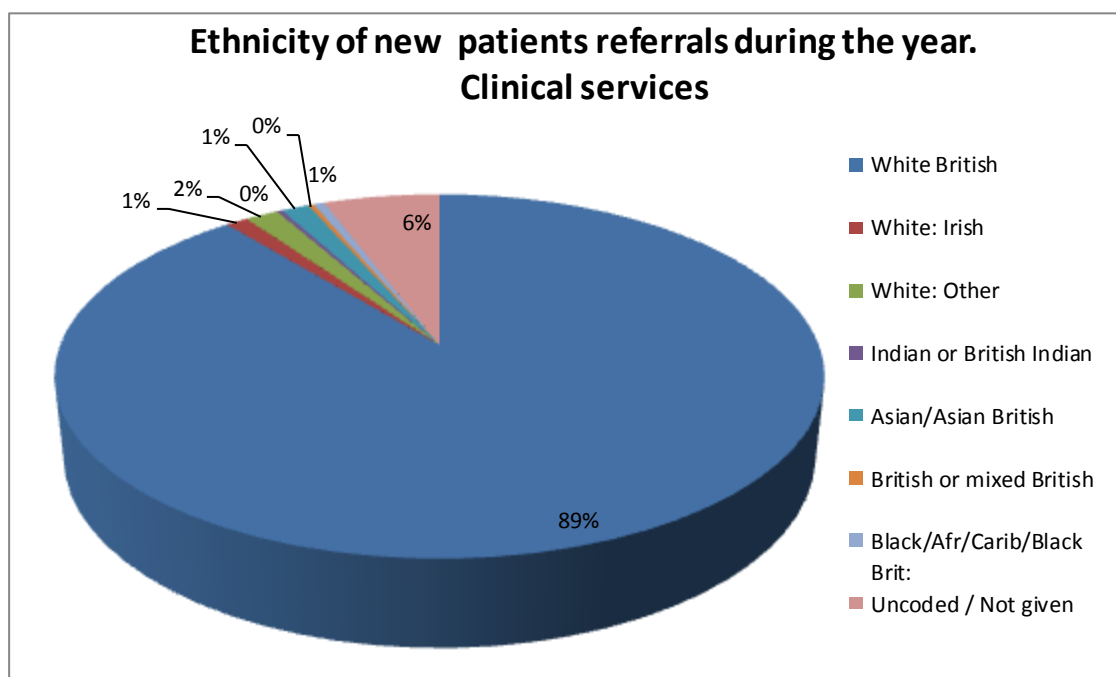
It is important to be aware that whilst patients can be referred into a service not all of them actually go onto receive care within that particular service. Figure 3 highlights the number of patients who actually started to receive a clinical service during 2018/19. For Day Hospice this was actually 103, compared to 100 during the previous year. Some patients may have been inappropriately referred or within the case of Day Hospice too unwell to attend. So whilst referrals numbers in Day Hospice have decreased in the year, patients commencing care and total attendance numbers have actually risen.

**Figure 3: First face to face contacts by service for 17/18 and 18/19**

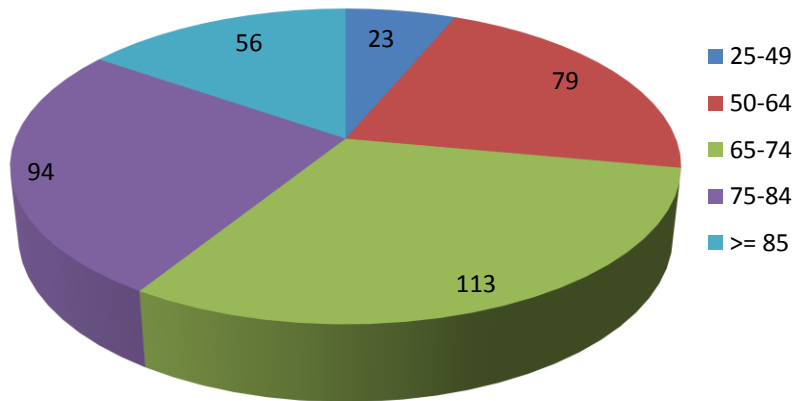


DH = Day Hospice, OPD = Outpatients, Physio = Physiotherapy, OT = Occupational Therapy.

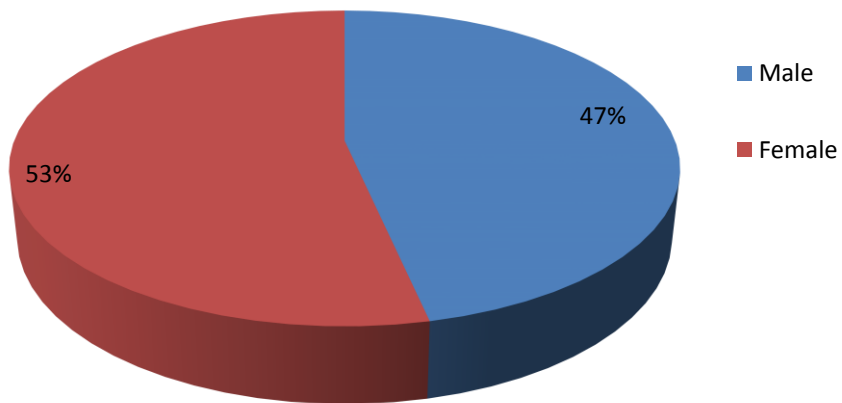
The following series of graphs provide further demographic information for new patient referrals into our clinical services:



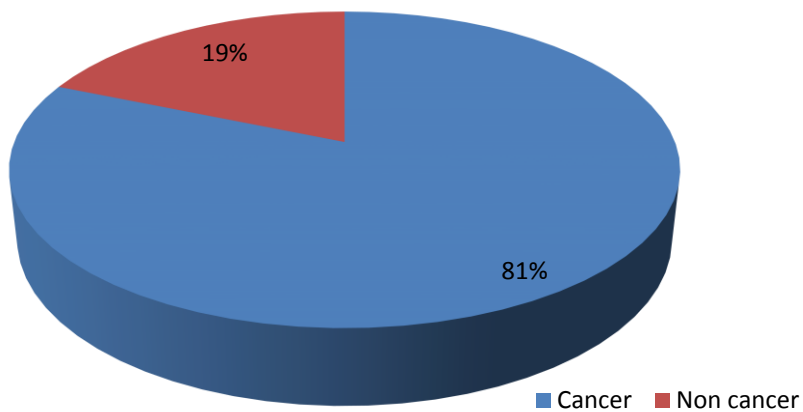
**Age group of new patient referrals 2018/19.  
Clinical services**



**Gender of new patient referrals 2018/19 .  
Clinical services**



**Clinical Services. New patients referred 2018/19  
with Cancer / Non Cancer Diagnosis**



## Safety and Effectiveness

Indicator	2018-19	2017-18	2016-17
Total number of complaints (clinical services)	0	0	3
The number of complaints which were upheld in full	0	0	1
The number of complaints which were partially upheld	0	0	0
The number of patient safety incidents within Clinical services (excluding falls)	5	2	0
Slips, trips and falls (Clinical Services)	4	2	0
The number of patients who experienced a fracture or other serious injury as a result of a fall.	0	0	0
Number of clinical audits completed	18	9	15



## Clinical Incidents

We document all incidents and near misses, or prevented incidents and have introduced more specific methods of documenting and reviewing clinical incidents.

The importance of staff raising both clinical and non clinical incidents continues to be stressed, clinical incidents have provided a useful means of reflecting on difficult situations, and how we could have improved things. During the year 3 clinical incidents were reported. Non-clinical incidents are reviewed at the regular Health and Safety meetings and all clinical incidents at the Clinical Governance Committee.

1. The first clinical incident was reported in May 2018. A patient attended the Day Hospice for a first visit and during the assessment it was identified that they had a large pressure sore, necrotic and ungradable. The following actions took place:-
  - The Waterlow was reassessed,
  - Pressure cushion and bed mattress ordered
  - Referral made to District Nurses who visited on the same day
  - CQC and CCG notified
  - Patient was then assessed at home on 24th April and pressure areas were in tact.
  - Patient and carer leaflets have been created and nutritional education sessions for clinical staff and cooks have been introduced.

Despite all efforts some patients with capacity and awareness choose to make decisions against advice. As a follow up to this incident a review took place and a disclaimer assessment form has now been introduced, in the event that patients decline assessments, advice and equipment. This was taken to Clinical Governance Board for approval. Further funding for high risk pressure cushions was also secured.

2. The second reported incident took place during February 2019. Whilst a CNS Nurse was accessing a patients notes, there was an entry that had been recorded as 'notes accessed in error'. The nurse who had recorded the error was being identified as a Primrose Hospice staff member, however the Hospice did not employ this particular nurse. The following actions took place:-
  - The Patient Administration System Manager was contacted to report the incident.
  - On investigation it was identified that the staff nurse was employed by another hospice and her access log in details had been set up incorrectly which were then amended.
3. The third clinical incident reported during September related to a patient losing balance in a wellbeing class. They were using a chair for support which suddenly tipped up causing the patient to fall. No treatment was required and no injuries sustained.

- As a follow up to this more solid chairs are now used in Yoga classes and patients are advised to wear non slip socks. This incident was also reported as an accident.
4. The fourth reported clinical incident was during March 2019. A patient was assessed at the Primrose CNS clinic during February 2019, clinical notes were completed and appropriate referrals made. The patients notes were prepared in readiness to discuss at the next MDT meeting but unfortunately in error were not listed and therefore not presented. The outcome of this was that the GP and other Healthcare Professionals did not receive a summary of the patient's assessment and care action plan. Outcomes were not effected:-
- The referral for Benefits advice was made and actioned.
  - An assessment was made for counselling and the patient was placed as urgent on the waiting list.
  - A further follow-up appointment was made for CNS clinic.
  - There were no symptom control issues at that time therefore the patient did not come to any harm.

The following actions took place:-

- Nursing staff were reminded to monitor their caseloads, ensuring patients are placed on a MDT discussion list at first assessment.
- GP informed.
- The incident was reported at Clinical Governance Committee.

5. The fifth Clinical Incident was reported in March 2019 and related to Safeguarding.

The following actions took place:-

- The GP was contacted and updated on the Safeguarding referral.
- Family updated.
- Completed Capacity Assessment
- Urgent Safeguarding referral made to Worcestershire Adult Safeguarding Team
- Primrose Safeguarding Lead updated.
- CQC notification sent

### **Accidents**

Within the care services 4 accidents were reported during the year, these were all relating to the patient falls which are reported upon in the slips, trips and fall section of this report.

### **Complaints.**

The Hospice works hard to deliver the highest possible standards of care to patients and families. During the year there were no complaints relating to our clinical services.

**Compliments:**

Last year 116 written letters of thanks and compliments were documented, and 46 verbal expressions of thanks were received. Detailed over are some of the comments received from our service users and carers.

*"Gratitude for fast response and effective support when my wife suddenly deteriorated. Being able to talk it all through on the phone and you organising GP review, equipment etc. made a very stressful situation so much more manageable."* Feb 19.

*"We were so nervous about coming to the hospice but this has changed our lives. My pain is now controlled and I feel I can live life again. Thank you."* Dec 18

*"I know today isn't the end but I wanted to thank you for all the support you have given me this year, for fighting my corner when I needed it and for understanding me, my flaws and all. I know it is your job but I want you to know I appreciate you and I'm glad I met you this year, a positive in all the negative. I will never forget you until the day comes for me to check out, you will stay in my memories".* Dec 18

*"Thank you for all the love and kindness you showed to (patient) in her time of need and for the fantastic help and support you gave us as a family in what has been a dreadful past twelve months". "We can never thank you all enough! You are truly wonderful people".* Nov 18

*"Would just like to thank you once again for the help, kindness and understanding that was shown to me when I visited you. When you are in the depth of despair it's such a relief to have someone listen to you. I think that life will be a struggle and the grief will be endless but may be I understand myself a little better now."* Oct 18

*"I can't thank you all enough for the fun, laughter, love and overwhelming support you all gave my Mum and to myself. Thursdays just aren't the same any more. Wendy- you were just amazing. Without you putting everything in place as quickly and efficiently as you did I would not have coped and Mum would not have died peacefully in her own home, surrounded by friends and family. It takes very special people to be able to do what you do and you certainly are a very special person. With much love and grateful thanks."* Aug 18

*"I find I can talk to the nurse specialist in a very relaxed way about any worries, however minor, to do with my treatment/health/relationship. Honestly I can say that some of her suggestions have made a tremendous difference to my quality of life and I am very grateful to have access to this service. I would say to anyone in my situation- use the service and the other services offered at Primrose. They are brilliant."* July 18

*"I was really worried about what it would be like in Day Hospice. I was very nervous the first time I came. However I have been overwhelmed by the support and felt so*

*much better in such a short space of time, (emotionally and symptom control). Because of this my family also feel so much more supported and we are all so much more relaxed. We have been able to have conversations at home about all our worries and concerns that before were impossible. Can't quite believe the difference it has made". Jun 18*

### **Medication Errors:**

No controlled drugs are stored or used at Primrose Hospice. The accountable officer is a member of the Local Intelligence Network and provides quarterly occurrence reports as required.

### **Slips, Trips and fall:**

During the year there have been four reported patient falls:-

1. A patient was walking from one room to another and then slowly fell to the floor after feeling dizzy. The patients mobility had been assessed prior to care commencing and was not identified as a falls risk or having a history of such. Following the fall the patient was monitored. An appointment with the GP was also made along with the appropriate falls risk documentation being completed and highlighted on the patient administration system. The mobility traffic light was increased.
2. A patient arrived at the Hospice by ambulance, being accompanied by two crew, and fell in the reception area whilst using a frame. There was no previous falls history. No injuries were sustained. A physiotherapy home visit had already been requested. The fall was reported to the Ambulance Service. Spouse informed and mobility traffic light increased to RED.
3. A patient attending the Hospice had presented at diagnosis with unsteadiness, falls and general lack of caution. A mobility assessment had been completed prior to the fall. A Physiotherapy home assessment was provided and appropriate advice given. The patient chose to decline walking aids or a wheel chair when offered. Mobility alert highlighted as RED and noted as a falls risk on the patient administration system.
4. A patient attending a family support group stumbled and fell. Nurses were called to assess and vital observations completed. The patient was able to continue with the group. No further action required.

The review of accidents and actions taken are found to wholly appropriate.

During a review of the Safer Handling Policy and Procedure, Appendix 4 'management of the falling and fallen person' addition includes:-

- Any patients attending Day Hospice who are considered a high risk of falls i.e. a fall in the last 6 months or related to their diagnosis, will have a falls risk assessment completed and referral to the Physiotherapist for an in depth



assessment in their home environment. A care plan/action plan will then be implemented with the patient and carer and recorded on their system 1 notes. An alert will be added to front page of their system 1 notes 'Falls Risk'.

- Mobility Assessment tool used now includes, unpredictable behaviour, confusion and muscle spasm.

All accidents were reviewed and reported to the Clinical Governance Committee.

The Clinical Excellence Group focused on Falls during the April 2018 meeting, where our assessment, documentation, actions and educational information were reviewed.

- A Falls assessment care plan template was produced for recording any electronic notes on the patient administration system.
- Falls Prevention leaflets 'Putting Safety First, Ways to prevent falls' is given to all Day Hospice patients and as appropriate Clinic patients.
- Meet the Team in June 2018 focused on a Falls Prevention Workshop for families and carers.
- The clinical teams remain focused on ensuring safe and holistic care for our patients.

#### **Infection Control:**

As Primrose Hospice has no inpatient facility, MRSA, MSSA and other infections are not reported. Routine infection control measures are in place. Patients and staff with diarrhoea or vomiting suspected to be related to infection are asked not to attend until 48hours clear of symptoms.

The device associated infection rate is zero.

A number of infection control audits are carried out throughout the year but also an external inspection and audit carried out yearly by the Infection Prevention and Control Nurse from Worcestershire Health and Carer Trust.

#### **Advanced Care Planning (ACP):**

Advanced Care Planning is a process that can take place over a period of time and a number of discussions. Patients attending Day Hospice and Clinical Nurse Specialist Clinic are offered the opportunity to document their preferences around end of life care and, if desired, to document a formal Advanced Decision to Refuse Treatment.

Discussions around resuscitation are approached wherever possible and appropriate. Staff use their judgement in deciding which patients would find these discussions helpful and which would find them too difficult or distressing.

The concept and opportunity to engage in Advanced Care Planning is discussed with all patients.

**Safeguarding:**

Primrose has a Safe Guarding Lead in post and training is provided for staff. There was one safe guarding incident reported during the year (as reported in the Clinical Incidents section of this report).

## What patients and carers say about the organisation

*“Primrose Hospice is such an amazing place, full of kind and gentle people who are happy to laugh with you, cry with you and anything in-between to support not just you but your family. Thank you is no where near enough to express how grateful we as a family are.” May 18.*



Our service users are at the heart of everything we do and we believe it is really important for them to get involved and have their say. By sharing their thoughts and experiences it helps us to evaluate our existing services and improve things for the future; always ensuring we are delivering the best possible care and support that we can. The Hospice is therefore keen to collect feedback from all services to ensure we are providing high quality effective care that meets our user’s needs.

During 2018 - 19 we have consulted with service users over a range of issues and in the following ways:

- A Day Hospice patient survey was completed in April 2018 and March 2019.

- Meet the team events running throughout the year provided an opportunity for families and carers to meet with the Day Hospice team outside normal hours. This provided opportunities for feedback and information sharing.
- We held a formal Service User Forum in July 2018 and March 2019.
- User feedback was collected for CNS Outpatient Clinics during July 2018.
- During December 2018 Physiotherapy and Occupational Therapy patients were invited to share their experiences with us by completing a satisfaction survey. Feedback from this was very positive.
- We gathered feedback from our GALs group during March 2018.
- We promoted the use of our 'Share Your Experience' forms during December 2018. Day Hospice patients were encouraged to complete an anonymous feedback form which were given out by volunteers and returned in sealed envelopes and gathered feedback from 20 Day Hospice patients – Overall excellent feedback which demonstrates the outstanding service Primrose are providing within the Day Hospice Service.
- We invite general feedback on a rolling basis across all services.

**The table below provides some further details:**

<b>How we consulted:</b>	<b>Conclusions:</b>
<p><b><u>Day Hospice Patient Satisfaction Surveys:</u></b>  <b>The aim of the survey is to encourage patients to share their experience of the Hospice, provide feedback to the Hospice team to help them understand how they are performing, and to help identify where improvements might be made.</b></p> <p><b>The Survey carried out in April 2018 and March 2019 used personal interviews to examine seven areas of performance that are broadly aligned with CQC fundamental standards.</b></p>	<p>The patient surveys were carried out by an external consultant. There were favourable comments about most staff groups including Day Hospice volunteers, chefs, drivers, and reception staff. This year several patients specifically commented on the commitment of the clinical staff to helping them overcome any problems they raised, and the quality of support they have had at home from the Occupational Therapist.</p> <p>Of 23 patients interviewed in April, 10 said they'd had little or no anxiety about coming to the Day Hospice. Of those who did, many had found the home visits and explanations offered by Kay reassuring. Others said the welcome and friendliness of staff and other patients made their first visits much easier.</p> <p>The high level of recommendation from current patients remains a strong indicator of the quality of the work being done by Hospice staff.</p> <p>The common pattern of anxiety about Hospice associations with death and dying persist, and are broken down without exception by the home visits and the experience of spending time at the Day Hospice.</p> <p>The Survey carried out in March 2019 continued to use</p>

personal interviews to examine seven areas of performance that are broadly aligned with CQC fundamental standards.

Interviews were carried out on each of the four operating days of the Day Hospice, Tuesday to Friday. There were 18 interviews in total, representing 56% of patients using the Day Hospice and 95% of those patients actually present on the survey days.

Patients were asked 'open' questions based on the CQC fundamental standards; questions are supplemented where necessary with relevant additional prompts.

The patient feedback on all four days was extremely positive. There were favourable comments about all staff groups, particularly the Day Hospice volunteers and clinical nursing staff.

The overall impression is still of an excellent team and facility. Patients greatly value the social aspects of the Day Hospice, spending time with others in similar circumstances to their own, and having ready access to personal reviews with clinical staff.

As in previous years there is limited awareness of the Care Quality Commission (CQC) and of any formal procedures for making complaints or sharing concerns either internally or externally. This has always been the case during patient surveys. Patients consistently say they have no major concerns, and feel they could easily raise them with staff if they did.

In conclusion the external consultant made the following summary The Primrose Day Hospice continues to provide an exceptionally good service to patients. All staff and volunteers contribute strongly to an overall environment and range of support that are highly valued by patients.

The opportunities for person-centred care offered by the clinical nursing staff through one-to-one meetings are highly valued. Patients often refer to the tenacity of clinical staff in resolving a wide range of issues associated with their well-being.

Attendance at the Day Hospice remains a very important part of the lives of many patients.

**Meet the Team:**

**The aim of the meet the team evenings is to provide families and carers with flexible access to the Clinical Team at a more convenient and suitable time. These events also provide an ideal opportunity for information sharing and service feedback.**

54 invitations were sent out for the evening in June and 8 people attended. Comments received were very positive:-

“Very useful and reassuring that we are already living in an appropriate environment for my husband. It was an enlightening and very worthwhile event.”

**Feedback from GALS Group:**

**The GALS group is a non clinical support group for younger women living with a life limiting illness. The group meets monthly with the purpose to provide group support with ‘feel good’ activities. Feedback was extremely positive with no issues to address.**

Regular feedback from people who use our services is so important and it forms the basis of new developments within the Hospice. Feedback from the GALS group in particular has been instrumental in the development of the Wellbeing Service. During February 2019, 76% of the group responded to our request for feedback; the results are presented below.

Statement	% who Totally Agreed
I enjoy the support that GALS gives me from others in a similar situation	100%
I have made friendships here that extend outside of the monthly group	85%
I would prefer it if the group met more frequently than once a month	19%
Attending has changed my views on Hospice Care	94%
I attend mainly to meet my friends	26%
Attending the group has increased my knowledge of the range of support services available at Primrose Hospice	100%
Attending the group has made me more likely to access services here in the future	100%
Attending the group has increased my confidence in going out	75%
Attending the group has increased my ability to take control of my life and wellbeing	75%
Attending the group gives me something to look forward to	100%
I have learned new skills through attendance at the group	100%

**Feedback from Physiotherapy and Occupational Therapy:**

**The aim of the survey is to encourage patients to share their experience of the Therapies Services, provide feedback to the Hospice Team to help them understand how they are performing, and to help identify where improvements might be made.**

**The Survey carried out in December 2018 used a questionnaire of performance that is broadly aligned with CQC fundamental standards.**

20 random questionnaires were completed and all the patient feedback was very positive with many complimentary comments about the service. There wasn't any negative or uncomplimentary feedback and there were no comments that might have led to reflection and potential service improvement. Any such feedback would have been received favorably and appropriate action considered.

The plan going forward is to continue to gain feed back with yearly questionnaires, providing the option for telephone responses. To also consider 'Share your experience' which is a quick and relaxed way to gain user feedback. Regular feedback is received directly from service users, their family and carers. Often face to face, written or phone calls are a good way of monitoring the standard of our services.

**Feedback from Share Your experience:**

**During December 2018 Day Hospice patients were encouraged to complete an anonymous feedback form over a week's period ensuring it captured information from each day.**

Day Hospice

During the week 20 forms were completed which represented 75% of the Day Hospice case load. The simple form had 2 questions and an area for additional comments:

1. Please tell us how you benefit from attending
2. Please tell us how we could improve.

Comments were very positive falling into general themes of:

Excellent Care and knowledgeable staff

Uplifting

Personal Service

Understanding group support

Comments included:-

"An environment where no one judges my looks, ability or difficulties."

"I have been rejuvenated."

Over all excellent feedback which demonstrates the outstanding service Primrose are providing within the Day Hospice Service. We will continue to gain feedback from service users in this fashion yearly or if there are issues highlighted.

A feedback survey for the CNS Clinic was held during July 2018. This was the first time user feedback had been collected for the CNS clinic and the Hospice was keen to consult with service users to ensure we are providing a high quality, effective service that meets our user's needs.

The Feedback survey was carried out over a two month period to ensure adequate amount to data to review the service.

A total of 32 forms were completed, representing 64% of the current case load.

During March 2019 informal written feedback was gathered from patients who have been accessing the Wellbeing Services.

The feedback from this service will be collated yearly and form part of the Primrose Audit and User feedback schedule.

### CNS Clinic

A selection of comments

- Coming here to talk to Katy is a huge help. She provides a link to other services which is useful. I am able to talk in confidence about my feelings and cry without concern that I will be judged. It's also a relief to talk to someone who's not family/friend so doesn't have the emotional ties with me. I couldn't speak highly enough of the services provided by the hospice. Thank you very much.
- This service has benefitted me in many ways, the nurse /client relationship has been brilliant. I can't recommend this service highly enough, long may it continue. Everyone has always been so professional and caring, perfect.
- Gives me peace of mind that I can call at anytime with any problems I may have. Feel that I have a 'safety net' and support that I need.
- I find I can talk to the nurse specialist in a very relaxed way about any worries, however minor, to do with my treatment/health/relationship. Honestly I can say that some of her suggestions have made a tremendous difference to my quality of life and I am very grateful to have access to this service. I would say to anyone in my situation use this service and the other services at Primrose. They are brilliant.

### Wellbeing Service

Comments included:

- 'It stands out and it's outstanding'
- 'When my husband first saw the place he said how lovely it was. If he won some money it's the first place he'd give the money to'
- 'So many people at Primrose give so much and often freely. They don't expect anything and don't

realize how important the things they do are’

- ‘Time is so important and that is what Primrose gives people, it gives people time’
- ‘When people are ill they deserve a caring, lovely environment. That’s exactly what Primrose is’.

Excellent feedback evidences the importance of the holistic care provided by Primrose Hospice.

Yearly ‘Share Your Experience’ feedback will become a part of our audit and quality schedule.

A more in depth report will be produced in August 2019, (12 months since substantial service has been in place) reviewing the service over the last 12 months.

Members of the Wellbeing Service were also included in the recent Service Users Forum.





The table below shows some of the issues raised during our consultations and how we responded.

What Service users said:	How we responded:
<p><b><u>Service User Forum Feedback:</u></b>  <b>A Family Support Service User forum took place during July 2018:- The following provides a list of some suggestions that were discussed during the event.</b></p> <ul style="list-style-type: none"> <li>• There's a view from service users that the word Hospice 'clouds' the knowledge of many of the services on offer and also that the tag line 'living well at end of life' implies that the Hospice is only for the patient and not for the family.</li> <li>• Users would like some more informal activities, i.e. strawberries in the garden.</li> <li>• With regard to reaching new service users the group felt that people are not always aware of the services offered and suggested more promotion in doctors surgeries, our own charity shops, leaflet mailing, local papers etc.</li> <li>• Clients would like to be able to 'drop-in' and see a face they know.</li> <li>• Concern raised that Carers support offered by Worcester Carers Association are not offered early enough.</li> </ul>	<ul style="list-style-type: none"> <li>• It has been agreed that the tag line can be removed at times but staff at all levels feel that the important thing to do is educate the public and about what we do rather than to change our name.</li> <li>• Cream tea events have taken place and a Beach party is due to take place later in the year. More Board games have been introduced along with a Bingo machine. Ball games are also played under the supervision of our Therapy Assistant.</li> <li>• With regard to promoting services more widely a new communication role has been developed for the Hospice.</li> <li>• Family Support staff are generally not full time. If known staff are not available when a service user drops in, then receptionists will offer a cup of tea whilst they wait or offer an alternative staff member if possible.</li> </ul>
<p><b><u>Day Hospice Patient Satisfaction Surveys:</u></b>  <b>Whilst feedback for the Day Hospice remains very positive with lots of complimentary comments all suggestions for improvement are welcomed.</b>            During the survey in April two specific ideas</p>	<p>Suggestions included:            The continued high level of satisfaction received from feedback survey rarely lead to lots of suggestions. Suggestions in previous years have been picked up and</p>

were mentioned. One suggestion was to try a TV computer games console that requires limited physical movement as an activity option. A second suggestion was to review the use of word Hospice in the organisation's name. An action plan from the survey carried out more recently in March is currently ongoing.

implemented; for example privacy issues in the Garden Room and requests for some physical activities have been responded to.

A TV and console is now in place and used regularly.

The term 'Hospice' has been discussed at various levels including Board Level. It is of concern that removing the name Hospice would have a negative impact on the understanding of the services we provide.

The new user friendly website launched in 2019 provides up to date information about all the services we provide, staff contacts and easy ways to refer in.

With regard to consistency of experience in Day Hospice it was noted in general terms that the 'group dynamic' can feel different from day to day in spite of the consistently positive feedback. Whilst the action plan is not yet complete from the most recent survey some benefit may be gained from thinking about what factors create a very positive group dynamic so this can be implemented across all four days.

**Share your Experience Feedback**

Concerns raised during the share your experience weeks were as follows:-

- The Ambulance was late which made me anxious.
- Play some music
- Parking is difficult

1. Parking is limited on site and over the years services have expanded leading to a shortage of parking spaces at times. Staff teams will now be asked to park off site two days per week in a local car park.
2. Music is played within Day Hospice and patients are often asked for requests. Volunteers reminded to offer music during the day.
3. West Midlands Ambulance Service kindly provide their service free of charge to Primrose but the team will feed back concerns either by phone or in writing if required.

# Annexe

## What Redditch and Bromsgrove Clinical Commissioning Group said about Primrose Hospice's Quality Account for 2018-19:



### **Response of the Clinical Commissioning Groups for Worcestershire to the Quality Account of Primrose Hospice Centre of Care 2018-19.**

A significant component of the work undertaken by the Clinical Commissioning Groups of Worcestershire (WCCGs), includes the quality assurance of services provided for the population of Redditch and Bromsgrove that are all or part funded by the NHS. This includes steps to assure the public that the content of this Quality Account is an accurate reflection of the quality of services provided by Primrose Hospice Centre of Care.

WCCGs have continued to receive quarterly data in alignment with an agreed annual Quality Schedule for the receipt of reports. This is in addition to engaging in Contract and Quality Review meetings with Primrose. WCCGs are therefore in a good position to confirm that, as far as it is possible, the content presented in this Quality Account appears accurate.

We were very pleased to support the improvement priorities outlined by Primrose for 2018/2019 and note the achievements made.

The priorities set for next year have resulted from discussions with staff, service users and other stakeholders, appear achievable and measurable and are set out in the report clearly. This includes integration of the Wellbeing Service with other aspects of the Day Hospice.

Progress made during 2018/19 has been positive, with the continued expansion of the Wellbeing Service, which has increased capacity to provide several workshops including cooking and art with sculpture. It is pleasing to note the continued patient feedback process throughout this expansion.

Outreach services were reviewed in consultation with General Practitioners in Redditch and Bromsgrove. It is pleasing to note the continued commitment to working with local GP practices to maximise referrals and work towards supporting patients earlier in their disease trajectory.

Primrose services have a strong history and foundation for engaging with and responding to feedback from individuals who access their services. There is confidence that information collated from individuals who access services is used in a responsive manner and clear rationales are provided where suggestions cannot be implemented.

WCCGs are pleased to confirm that there has continued to be a high level of satisfaction with the services provided by Primrose throughout 2018-19. Numbers of complaints continue to be very low and there continues to be good levels of assurance that there is a transparent process for investigating incidents and learning from findings.

In summary, WCCGs consider the Primrose Quality Account for 2018-19 to be a balanced and fair report that reflects the quality of services delivered. We continue to wish the team at Primrose every success in maintaining the delivery of highly valued and well-respected services for local people.

A handwritten signature in black ink, appearing to read 'RL Skinner'.

**Rachael Skinner**  
Associate Director of Quality

**On behalf of:**  
NHS Redditch and Bromsgrove CCG, NHS South Worcestershire CCG and NHS Wyre Forest CCG

**What the Worcestershire Health Overview and Scrutiny Committee said about Primrose Hospice's 2018-19 Quality Account:**

The Worcestershire HOSC wishes to thank you for the draft Quality Account and responds as follows:

‘The Worcestershire Health Overview and Scrutiny Committee welcomes receipt of the draft 2018-19 Quality Account for Primrose Hospice and through the routine work of HOSC, and the activities of individual Members, we hope that the scrutiny process continues to add value to the development of healthcare across all health economy partners in Worcestershire. ‘

30/05/2019

Emma James

Overview and Scrutiny

Worcestershire County Council

**What Worcestershire Healthwatch said about Primrose Hospice's 2018-19 Quality Account:**



**Healthwatch Worcestershire Response  
Quality Account 2018-2019  
May 2019**

Healthwatch Worcestershire has a statutory role as the champion for those who use publicly funded health and care services in the county. This involves ensuring that the experiences and views of patients, carers and the public are used to influence how organisations, such as Primrose Hospice provide services.

We have used national Healthwatch England guidance to form the response below to the draft Quality Account 2018-2019 for Primrose Hospice.

- 1. Do the priorities of the provider reflect the priorities of the population?**  
Healthwatch Worcestershire have no evidence to suggest that the priorities do or do not reflect the priorities of the local population. However, it is recognised that the hospice takes service user and carer feedback seriously using a variety of means such as user forums and surveys to gather the information.
- 2. Are there any important issues missed?**  
Healthwatch Worcestershire are not aware of important issues missed.
- 3. Has the provider demonstrated that they have involved patients and the public in the production of the Quality Account?**  
The priorities for 2019/20 were consulted on with staff, service users and stakeholders.

The hospice appears to take patient and carer feedback very seriously and uses it to develop and improve services. They have a regular user forum twice per year and in addition use targeted surveys whilst also listening to patients and carers. They appear to be responsive to suggestions from service users for example the changes to the patient meals and snacks available and improvement to patient privacy were in response to feedback.
- 4. Is the Quality Account clearly presented for patients and the public?**  
Healthwatch Worcestershire recognise the restrictions that arise from the formal requirements of the Quality Accounts and that some of the statements required do not apply to Hospice Services. Given those restrictions Healthwatch Worcestershire believe the Quality Account is clearly presented for patients and the public.

A handwritten signature in black ink that reads "Peter Pinfield".

Peter Pinfield  
Chairman  
Healthwatch Worcestershire

