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DRIVING
IMPROVEMENT
THROUGH
INDEPENDENT AND
OBJECTIVE REVIEW

St Kentigern's Hospice St Asaph

End of Life Care Peer Review

Date of Visit March 21st 2013

End of Life Care Peer Review

St Kentigern's Hospice, St Asaph, Specialist Palliative Care Team

Date of Visit : 21st March 2013

End of Life Care Peer Reviewing Team

Name (Print)	Job Title	Organisation
Dr Ian Back	Consultant Palliative Medicine	Cwm Taf Health Board
Sophie Thomas	Matron Clinical Services Manager	Paul Sartori Foundation
Kath Jones	Director of Care	Hope House Hospice
Mansel Thomas	Lay Reviewer	Healthcare Inspectorate Wales
Facilitation Team		
Veronica Snow : Programme Manager Palliative Care Implementation Board		
Gareth Brydon : Assistant Inspector Healthcare Inspectorate Wales		

Site Reviewed		
Organisation Title	St Kentigern's Hospice St Asaph	
Team title	St Kentigern's Hospice Specialist Palliative Care Team	
Review Date Title	Thursday March 21 st 2013	
Name (Print)	Job Title	Organisation
Ian Bellingham	Chief executive	St Kentigern's Hospice
Joyce Bellingham	General Manager	St Kentigern's Hospice
Dinah Hickish	Advanced Nurse Practitioner	St Kentigern's Hospice
Dr Dave Gozzard	Trustee	St Kentigern's Hospice
Alison Jones	Ward Sister	St Kentigern's Hospice
Barry Davies	HCWS	St Kentigern's Hospice

Lucy Clarke	Day Therapy Lead Occupational Therapist	St Kentigern's Hospice
Dr Nicola Wilson	Consultant	Betsi Cadwaladr University (BCU) Health Board
Dr Caroline Usborne	Clinical Director End of life Care	BCU Health Board

REVIEWERS REPORT

Review Summary

Review Summary

St Kentigern's Hospice is an integrated 8 bedded inpatient unit and Hospice Day Care Service with a clear Clinical Governance reporting structure. Multidisciplinary Team (MDT) meetings are held weekly. CANISC is used to record all information. All new patients are discussed at the weekly MDT and a care plan is agreed. Inpatients are reviewed in the MDT weekly Day Hospice and inpatients are discussed within the MDT.

Communication with other local palliative care service providers and Betsi Cadwaladr University (BCU) Health Board is reported to be good. Patient surveys report high levels of patient satisfaction with the service. BCU Health Board, as commissioners, meet regularly and report good integrated working with St Kentigern's Hospice and participation in the local strategic group.

There are areas of good practice that can be shared e.g. Undertaking the Investors in People Award for staff and its use of Volunteers. Additionally, a Respiratory programme for patients is intended to meet unmet need of end of life care for non-cancer respiratory patients, to help reduce acute admissions and help patients remain in their own homes

Following the redundancy of the Medical Director in 2010 and the loss (due to relocation) in 2012 of its dedicated consultant lead from BCU Health Board, St Kentigern's Hospice lost some of its medical support. To address need, a 'Nurse Led' service was developed which has a Senior Advanced Nurse practitioner (who is supported by an additional Advanced Nurse Practitioner) in place to oversee the day to day clinical management of inpatients. While this model has its' advantages, particularly in admitting patients Out of Hours, it relies strongly on the Senior Advanced Nurse Practitioner (SANP) in place to maintain the service. Additionally, the SANP performs a management leadership role. There is a lack of formal appraisal (the SANP has been both clinically and managerially appraised 2012/2013) and clinical supervision to support this post holder in a demanding role. Protocols in place to support the role of the SANP require updating. By utilizing the support of the BCU Health Board, St Kentigern's Hospice will be able to improve Medical Clinical Leadership input into the Hospice and review its nursing management structure to more clearly define the model of nursing leadership within the Hospice.

The Hospice has strong Executive leadership and must be commended for its ability to overcome severe financial difficulties with the help and support of the community and BCU Health Board. While recent fundraising campaigns have secured the future of the Hospice, its location is under discussion with Trustees and BCU Health Board

officials.

Peer Review March 21st 2013

Key Themes

With reference to guidance on Key Themes in the evidence guides, please provide comments including details of strengths, areas for development and overall effectiveness of the team. Any specific issues of concern or good practice should also be noted in the following sections.

Structure and function of the service

Comment in relation to leadership, membership, attendance and meeting arrangements, operational policies and workload. Teams should specifically comment with regard to the following questions:

- *Are all the key core members in place?*
- *Do all the key core members hold appropriate qualifications in Palliative Care?*
- *Is there an Operational Policy in place?*
- *Does the MDT meet weekly and record meetings on CANISC?*
- *Is there a communication protocol?*
- *How many referrals/ admissions were received into the service in the previous year?*

St Kentigern's Hospice is a voluntary sector organisation overseen by a Board of Trustees. The Hospice provides an integrated Specialist Palliative Care Inpatient and Day Hospice unit within the BCU Health Board area of Denbighshire, East Conwy and West Flintshire . The service is commissioned by BCU Health Board. (There is no formal commissioning agreement with the Health Board).

Team Composition

The Clinical team has Palliative Medicine Consultant input from BCU Health Board, currently 2 sessions a week. This is expected to increase in the near future. Session time from local GPs, 2 Advanced Nurse Practitioners (Senior ANP and Junior ANP) , 11.34 WTE RNs and 7.2 HCSW's, 1 Social Worker, 1 Occupational Therapist/Day Hospice Lead, a Bereavement Counsellor, Activities coordinator and medical clerical support. Physiotherapy, Complementary Therapies and Chaplaincy support are also provided. Pharmacy support is provided through BCU Health Board. There are 8 Inpatient beds and 10 Hospice Day care places offered 4 days a week. The Hospice has excellent support from a team of volunteers who support all the aforementioned activities and Diversional Therapies.

The majority members of qualified nursing staff have Diploma Level Palliative Care qualifications. The Senior Advanced Nurse Practitioner as the Nursing lead is highly trained as an Advanced Nurse practitioner, but does not possess postgraduate level training in Palliative Care training.

There is a clear and concise Operational policy.

There is no communication protocol in place but the team believes they work well

together, (a small staff team of 43). There is a good communication system with an active notice Board and regular staff meetings.

Bed occupancy rate has improved since reopening and is currently approximately 80%

Coordination of care/patient pathways

Is there a clear management pathway for patients requiring complex symptom management? E.g. Metastatic Spinal Cord Compression

Comment on coordination of care and patient centred pathways of care, Clinical leadership and communication

Patient Pathway

The Hospice has an Admission and Discharge policy in place. The majority of patients are referred by the Specialist Palliative Care team, but can also be referred from primary care.

Multidisciplinary Team (MDT) meetings are held weekly. CANISC is used to record all clinical information

Inpatients are reviewed in the MDT every week. Day Hospice and inpatients are discussed within the MDT.

Clinical Governance incidents are reported and managed through the Hospice Clinical Governance Structures. St Kentigern does attend BCU Significant Events Meetings and work is in progress for the Hospice to access the NADEX System.

Integrated Care Priorities

The Hospice participate in the All Wales Integrated Care Priorities project for the last days of life.

Patient Experience

Comment on patient experience and gaining feedback on patients' experience, communication with and information for patients and other patient support initiatives. Teams should comment specifically with regard to:

- What arrangements are in place to support the rapid discharge/ admission of patients at the end of life?
- What are the national patient experience survey results (iwantgreatcare) feedback results?
- I want great care (IWGC): Each patient is provided with an IWGC survey to complete in both the Inpatient and Day Care section. Returns report high level of patient satisfaction
- Feedback from patient satisfaction surveys is provided to the team.

- Information leaflets are handed to every patient.
- Links with the District Nurses and the Extended Care Teams are good and support is available to assist discharge home to die if wished.

Improving Care, Achieving Outcomes

The hospice is situated on the Site of the HM Stanley Hospital which has now closed. While the environment within the Hospice is suitable and provides appropriate accommodation in which to support patients with End of life care needs and their families and carers, the approach to the Hospice has suffered from the BCU Health Board decision to sell the site for residential development and the Hospice is currently considering its future location as a result. There are several options to be explored in partnership with the Health Board.

Commissioners Comments

BCU Health Board

The Health Board is satisfied with the service provided and there is evidence of well established joint working demonstrated by the input from the BCU Health Board Consultant in Palliative Medicine into the service. Arrangements are in place for risk management concerns to be shared through the Health Board reporting system. Staff participate in the Health Board Specialist Palliative Care subgroups

St Kentigern's Hospice Team Comments

The team feel that they work well together at a local level with all providers.

Case Note Review

Case Notes were not reviewed.

Good Practice

Identify any areas of good practice

Good Practice/Significant Achievements:

- Flexibility of admissions at the weekend due to Advanced Nurse Practitioners in place.
- Respiratory programme, (see previous comments on Respiratory Programme).
- Bereavement Counsellor with specialist expertise in working with children.
- Memorandum of understanding with the Clinical Trials team.
- Investors in People award.

Areas for Consideration

- To work with BCU Health Board to agree appropriate Consultant in Palliative Medicine support to reflect the needs of the Hospice.
- To consider clinical supervision to support the Advanced Nurse Practitioner post holder.
- Up to date Protocols in place for the Advanced Nurse practitioner for ordering

and interpreting investigations.

- To have a nominated Senior Nurse within the Organisation to undertake postgraduate level training in Palliative Care.
- To consider succession planning for areas where sole post holder provides service e.g Child Bereavement service.
- To develop and agree with partners a communication policy.

Overall Findings

St Kentigern's Hospice has a clear and concise operational policy. Multidisciplinary Team (MDT) meetings are held weekly. CANISC is used to record all information. All new patients are discussed at the weekly MDT and a care plan is agreed. Inpatients are reviewed in the MDT *every week*. Day Hospice and inpatients are discussed within the MDT.

The team described good communication with other local palliative care service providers and Betsi Cadwaladr University (BCU) Health Board. Established groups with named leads are in place for Risk Management, Medicines Management and Audit. Patient surveys report high levels of patient satisfaction with the service. BCU Health Board as commissioners meet regularly and report good integrated working with St Kentigern's Hospice and participation in the local strategic group.

The St Kentigern's Hospice has recently appointed a Chief Executive who provides strong leadership to the service.

There was evidence that Care is delivered within a framework of Clinical Governance. The Hospice works in partnership with other local providers and Health Board Commissioners. There are areas of good practice that can be shared e.g. its Respiratory programme. St Kentigern's must be commended for its ability to overcome severe financial difficulties with the help and support of the community and BCU Health Board.

Following the redundancy of the Medical Director in 2010 and the loss in 2012 of its dedicated consultant lead from BCU Health Board due to relocation, St Kentigern's Hospice has lost some of its medical support and developed a Senior Advanced Nurse practitioner to oversee the clinical management of inpatients. While this model has its advantages, particularly in admitting patients Out of Hours, there is a lack of formal support regarding appraisal and clinical supervision for the ANP role. The Senior Advanced Nurse practitioner (ANP) has more than one role, delivering care as an ANP and providing the Nursing leadership within the organisation. By utilizing the support of the BCU Health Board, St Kentigern's Hospice will be able to improve Medical Clinical Leadership input into the Hospice and review its nursing management structure to more clearly define the model of nursing leadership within the Hospice and provide appropriate support for the Senior ANP in this demanding role.

Site Concerns: The hospice is situated on the Site of the HM Stanley Hospital which has now closed. The Hospice is currently considering its future location as a result. There are several options to be explored in partnership with the Health Board.

Concerns

Refer to the guidance on identifying concerns. Any immediate risks or serious concerns must be brought directly to the attention of the core team

A lack of formal appraisal and Clinical Supervision in place to support the Senior Advance Nurse Practitioner.

Protocols for the role of ANP require updating.

Serious Concerns:

None

This form must be completed at the time of the visit and agreed by the full review team
Identifying Concerns – Issues

Issues	Level of Concern Immediate Risk (IR), Serious Concern (SC), Concern (C)	What is the specific concern?
	Concern	
	Serious Concern	