Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

bwrdd gweithredol gofal lliniarol cymru
palliative care cymru implementation board

St Anne's Hospice as part of St David's Hospice Care

End of Life Care Peer Review

Date of Visit October 21st 2014

End of Life Care Peer Reviewing Team

Name (Print)	Job Title	Organisation
Chair: Tracy Livingstone	Director of Nursing and Patient Services	Nightingale House Hospices
Dr Sue Morgan	Clinical Lead, Consultant Palliative Medicine	ABMU Health Board
Linda Williams	County Director and Commissioner	Hywel Dda Health Board
Mansel Thomas	Lay Reviewer	Health Inspectorate Wales
Facilitation Support: Veronica Snow End of Life Care Programme Manager		

Organisation Title	St Anne's Hospice	
Team title	St Anne's Hospice	
Review Date Title	October 21st 2014	
Name (Print)	**Job Title**	**Organisation**
Emma Saysell	Chief Executive Nurse Director	St David's Hospice Care
Dr Clea Atkinson	Consultant Palliative Medicine (Medical Director)	Aneurin Bevan Health Board
Karen Hughes	Senior Hospice Manager	St David's Hospice Care
Vicky Williams	Hospice Manager	St David's Hospice Care
Rachel Buttweiler	Ward Sister	St David's Hospice Care
Gill Tanner	Social Worker	St David's Hospice Care
Hannah Williams	Physiotherapist	St Josephs Hospital
Catherine Moon	Social Worker	St David's Hospice Care
Dr Debbie Jenkins	Clinical Director	Aneurin Bevan Health Board

REVIEWERS REPORT

Review Summary
St Anne's as part of St David's Hospice Care has a clear Clinical Governance reporting structure. This includes a Clinical Governance subgroup, a Clinical Audit Group and a Medicines Management Group. There is a Complaints policy, with a clear escalation plan to undertake joint investigations with Aneurin Bevan Health Board. Arrangements are in place for risk management concerns to be shared through the Health Board reporting system. 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. All patients admitted to the Hospice between 9am -5pm Monday to Friday are assessed by the Palliative Medicine team. Patients can be admitted out of hours by arrangement with the Aneurin Bevan Health Board Consultant on call service, the Medical officer on call at St Joseph's Hospital or by a member of the St David's Clinical Nurse Specialist team. These patients are subsequently reviewed by a member of the Palliative Medicine team. All patients are reviewed daily. Communication with other local palliative care service providers and Aneurin Bevan Health Board is reported to be good. The Health Board Clinical Director post remained vacant for 2 years, the recently appointed Clinical Director was therefore not involved with the discussions between the Health Board, The Sisters of Annecy and St David's Hospice Care regarding St Anne's Hospice take over. The Clinical Director reports a good relationship emerging with St David's Hospice Care and hopes this will continue to improve. Patient surveys report high levels of patient satisfaction with the service. Aneurin Bevan Health Board as commissioners meets regularly and report good integrated working with St David's Hospice Care. The Chief Executive of St David's Hospice Care Chairs the local End of Life Care strategic group and staff participate in the Health Board Specialist Palliative Care subgroups. The HIW Inspection report November 2009 report : Standard H2 'Palliative Care expertise and training for multi professional teams' :Almost met Standards H9 'Ordering, storage, use and disposal of medicines': Almost met Standard H10 'Administration of medicines' : Almost Met All three of these Standards are now met and evidence to support this was available to the Peer Review team in the form of an Education Strategy and a Medicines Management risk assessment document. There were areas of good practice that can be shared. St David's Hospice Care received a

Sunday Times Top employer award in 2012 and wish to enter again in 2015 with the full St David's Hospice Care service.

This review was undertaken at a time of great change as St Anne's and St David's merge and develop into a comprehensive service offering Specialist inpatient care, Community Hospice at Home and Hospice Day care across the aforementioned area. The Peer Review panel felt that the coming months would be an important time, bringing together two organisations under the St David's Hospice Care name. All are to be commended on their work to achieve successful integration. Maintaining ongoing communication, working with all partners would offer the locality an excellent, comprehensive End of Life Care service into the future.

Peer Review October 21st 2014

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?

The Clinical team has a Palliative Medicine Consultant led team of 3 doctors employed by Aneurin Bevan Health Board, providing cover between Mondays to Friday 9am – 5pm. St Anne's commission out of hours cover from the on call Medical Officer at St Joseph's Hospital out of hours and at weekends and specialist advice through the South East Wales on call Palliative Medicine Consultant Rota.

The Hospice has a Nursing Management of a Senior Manager, a Hospice manager and a Hospice Sister. 20 qualified nursing staff, 10 HCWs, 2 Social Worker, an Occupational

Therapist from Aneurin Bevan Health Board, and a Hospice Secretary. Physiotherapy services are commissioned on a need basis from St Joseph's Hospital team. The Physiotherapist present at meeting reported that good cover is available for leave etc. available within physiotherapy team as a result of the St Anne's commissioning contract with St Joseph's

The newly appointed Ward Sister identified a training and education need. A new appraisal system is now in place, with all staff supported to undertake training appropriately identified to meet need. This training will link to the all NHS mandatory training. There is a safe level of mandatory training provided. There is a named Lead within St David's HR structure for registration checks/revalidation etc. The Ward sister reports that newly appointed staff is well equipped to meet the Hospice patient population need.

In addition the Hospice has nine volunteers who work intermittently to cover 7 days 9am until 9pm. Chaplaincy support is also provided by a team of volunteer who visit daily. All key core members hold appropriate qualifications and a comprehensive operational policy is in place. A weekly MDT is held and all meetings are recorded on CANISC.
There is a clear communication policy in place. All staff can access policies and guidelines on a main server through a 'Shared Drive' between the two St David's and St Anne's sites. Pharmacy support is provided by St Joseph's Hospital. All Volunteers are recruited and employed through the same HR process as paid staff.
St Anne's received 317 referrals during 2013. Of these, 215 were admitted into the unit. Of which 206 were cancer and 9 non cancers. Bed occupancy was 75%. It is recognised that the existing lay out of the Hospice, with 2 double occupancy rooms, may not always be appropriate to admit to the second bed and this can affect occupancy. The long term strategy for the future of St Anne's will address this situation.
50% of patients are admitted due to complex specialist need with high intensity. Patients are prioritised according to need as much as possible, but the Hospice also recognises Respite as important to support patient and families/ carers who want to be cared for at home. The team acknowledged that admissions to St Anne's were usually patients already known to the St David's community team

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: There are clear management pathways for patients requiring complex symptom management. Patient with suspected Metastatic Spinal Cord Compression have an MRI at the Royal Gwent Hospital and are then transferred to Velindre Cancer Centre for treatment if required. Patient will return to St Anne's for rehabilitation if appropriate. The Hospice will commission Private Ambulance if NHS Ambulance is not available. There are clear patient centred pathways of care which include the use of translators freely available by St David's Hospice Care to support patients. There are also 'ipad' translation facilities in the Hospital for day to day need. The Hospice reports a need for translation, particularly with Eastern European and Chinese patients. Clinical Governance incidents are reported using the Datix system. There is good evidence of learning and changing from Critical Incidents e.g. As a result of a drug administration incident, the team member administering drugs wears a tabard to signify they are doing a drug round and cannot be disturbed or called away. As St Anne's and St David's merge together, it is recognised that communication can be improved, as it not easy to operate on two sites. The role of the Senior Manager is to support the integration of St Anne's Hospice with St David's Hospice Care and sees good communication as vital to achieving successful transition. There is strong leadership within St Anne's Hospice from the Senior Management team, under the guidance of St David's Hospice Care Chief Executive who is also the Director of Nursing. The Medical team, provided by Aneurin Bevan Health Board also has strong leadership from the recently appointed Clinical director. As St Anne's and St David's Hospice Care move forward, further work is required to establish integrated working between the teams. The Clinical Structure framework needs to recognise the medical component of care within the organisation There is good communication between the Hospice Chief executive and the Hospice team, While the senior manager oversees the operational running of the Hospice, the Chief Executive operates an 'open door' policy and feels that particularly in her role as Director of Nursing, needs to be accessible to all staff. **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?

- As St David's Hospice consists of St Anne's Hospice and St David's Hospice at Home service, there is very good arrangements in place to support rapid discharge and facilitate admission for patients at the end of life. Provision for Hospice at home can be provided quickly with bank staff available to support existing teams.
- The use of private ambulances is favoured where required to assist with rapid discharge and admission.
- Feedback from the National patient survey iWantGreatCare is excellent. St David's Hospice care also undertake their own patient surveys, these produce similar results.
- All information is available in Welsh and English. Translation is available for patients and families who do not have English or Welsh as a first language.
- There are good facilities for care of the deceased available next to window room in Hospice – deceased patients can be moved into window room if relatives wish to visit after death.
- There is a full Adult Bereavement service and a specialist Child Bereavement service the Unicorn project, the latter being open to referrals outside of those known to the Hospice service. Both of these services are fully funded as part of St David's Hospice Care

Improving Care, Achieving Outcomes

- The Hospice was previously run alongside the St Joseph's private Hospital, both being owned by the Sisters of Annecy. St Joseph's Hospital has now been bought by a private consortium. Although the environment within the Hospice is currently suitable, the Hospice is essentially a Ward area within another Hospital. At some point in the near future, an upgrade would be required to meet the population needs. Two of the Hospice rooms available are double occupancy, this can result in 2 beds being unoccupied at any given time due to individual patient circumstance. This is not the best way to support patients with End of life care needs and their families and carers in the future. The Hospice is currently considering options for the sustainability of the Hospice in the long term
- Audit: Example: A recent Blood transfusion audit was undertaken to identify number of Blood transfusions being provided without a doctor on site. As a result of the audit, practice has changed to ensure transfusions are given while a doctor is on duty.

- Clinical Trials: the Hospice does not participate in any clinical trials currently, but hope to in future.

Commissioners Comments

The Health Board is satisfied with the service provided and there is evidence of well established joint working between the Health Board Management and St David's Hospice Care. The newly appointed Clinical Director was not in post when St David's took over St Anne's. Building upon the relationship with the newly appointed Clinical director and St David's Hospice Care Executive team will continue.

St Anne's Hospice Team Comments

The team feel that they work well together at an operational level with all providers. As the St Anne's and St David's teams merge together and new staff is employed, the team feel they are 'really beginning to evolve into one big team', 'understanding each others roles more'. The Hospice executive team report good working with the Health Board Management.

Case Note Review

6 sets of Case notes were reviewed on the day
All notes had a list of assessment and problems.
No patient identifier on 1 page in 1 set.
All entries were signed but not followed with the printed name
Signatures were difficult to decipher in certain entries

Good Practice

Identify any areas of good practice

There was much good practice to be seen at St Anne's Hospice.

- The use of private ambulance at the cost of St David's Hospice Care to support transfer of patients as needed was to be commended.
- The establishment of the Medicines Management Group to improve storage and drug administration as a result of a critical incident.
- The use of Critical Incident report to bring about change.
- The use of management of Volunteers in a ward setting, not only during 9am -5pm but at weekends.
- The development of a volunteer Chaplaincy team providing daily cover to the Hospice

Areas for Consideration

- Given the low number of non cancer patient admissions, work to identify if there is an

unmet need with this patient population.

- Recognise the Clinical Medical team within the organisational structure
- Continue to develop and strengthen the clinical partnership between Aneurin Bevan Health Board and St David's Hospice care clinical teams.
- Maintain good communication to ensure success of the merger of the 2 Hospice organisations
- To build upon the relationship with the Clinical Director of the Health Board.
- Consider, in partnership with the Health Board, the sustainability and development of the Hospice to meet future need.

Overall Findings

St Anne'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 weekly. The team described good communication with other local palliative care service providers and Aneurin Bevan 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. Aneurin Bevan Health Board as commissioners meets regularly and report good integrated working with St Anne's Hospice and participation in the local strategic group.

The St Anne's Hospice has a Chief Executive with a Clinical nursing background and provides clear leadership to the service. The Hospice has benefitted from the level of governance provided through its merger with St David's Hospice Care.

There are areas of good practice that can be shared e.g. in particular its learning from Critical Incidents and the use of private ambulances to improve quality of life for patients at the end of Life.

Following the takeover of St Anne's and the Sale of the St Joseph's private Hospital by the Nuns to a private consortium, the Hospice essentially exists as a separate unit within St Joseph's Hospital. The Hospice is currently considering its long term future as a result. There are several options to be explored in partnership with the Health Board.

It was clear that there is a new partnership emerging between the previous St Anne's team, St David's Hospice Care and the Clinical Director of Aneurin Bevan Health Board. The review team hope that this will continue, benefiting both patients and staff into the future.

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
None

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?