



Quality Account

2015 -2016

"I would like to suggest a way of improving St Luke's, but as hard as I try, I can't. I started coming to the Day Hospice 8 weeks ago. At first I was a stranger, but within a couple of hours I felt like part of the family, I was made to feel very welcome.

All the staff are brilliant and very patient. Nothing seems too much trouble; the volunteers are fantastic people and hard working.

A great place to come."



Day Hospice Patient

St Luke's Hospice
Nethermayne
Basildon
Essex
SS16 5NJ

Registered Charity No. 289466 and as a Company in England No. 1812104

Introduction

Chief Executive Statement

St Lukes Hospice continues to provide a diverse range of services specifically designed to deliver high levels of support and care to the community it serves. The Hospice strongly advocates the need for services to be flexible to address the individual needs of patients wherever possible, including the place in which they are cared for.

2015/16 marked St Luke's 25th Anniversary; it was an opportunity to reflect on the past and all that had been achieved, but also to look to the future, and creating a framework for development of end of life care services in a rapidly changing health economy. The year provided an opportunity to celebrate this momentous event with patients, families, staff and volunteers and the wider community who have supported us so steadfastly throughout the period.

The success of the organisation is very much dependent on the commitment and dedication of staff and volunteers who work across all of our services, with a sole aim to deliver the highest level of care. In conjunction with this is the support of the community with whom we work closely to encourage support of our work but also to raise awareness of the wide range of services on offer.

The Hospice works closely with both of our Clinical Commissioning Groups, to shape end of life care services and is grateful to Basildon and Brentwood and Thurrock CCGs and other funding organisations for their financial support, and support of the organisation. The relationship clearly evidences the benefit of partnership working to enable innovation support growth.

The commitment to continuously improve the quality of service is very much embedded in the ethos and culture of the organisation at all levels. The Hospice promotes this concept whilst also working with a wide range of other health care professionals, and views partnership working and collaboration as increasingly important to the patient experience. The Hospice has developed a co-commissioning role which helps to support joint working initiatives and maximise scarce resources to enhance patient support and present a co-joined approach for the benefit of the patient.

We actively seek the views of all who access our services in order to maintain the highest standards of quality. Feedback from patients, their families, professionals, staff and volunteers are actively encouraged to help to deliver and improve services via a variety of methods and the points raised receive careful consideration. The Hospice User Group also contributes to this process.

The breadth of services offered by the Hospice helps to enable patients to achieve choice in the delivery of places of care and at all stages of their illnesses.

This account reflects on the achievements of the past year and looks forward to some of our priorities in the year ahead,

I am responsible for the preparation of the Quality Account for 2015/16 and to the best of my knowledge the information reported is fair and accurate.



Eileen Marshall, Chief Executive, St Luke's Hospice, June 2016

Part 1.

Reflecting on priorities identified for 2015/16

1.1 Embedding OneResponse and Fast Track Care (Priorities 1 and 2)

OneResponse

The activity and embedding of OneResponse has seen significant growth over the last year, with feedback from service users and professionals evidencing the improved co-ordination and high level 24/7 palliative and end of life care provision the service can deliver. This integrated model has been seen as a best practice innovation nationwide with the team receiving a prestigious National Council of Palliative Care award as a finalist in the 'Effective Co-ordination of Care' category. Providing 24/7 telephone triage and support with specialist expert advice and offering a rapid response service, with access to 24/7 holistic face-to-face assessment to manage changing needs has significantly improved the patient and carer outcome with:

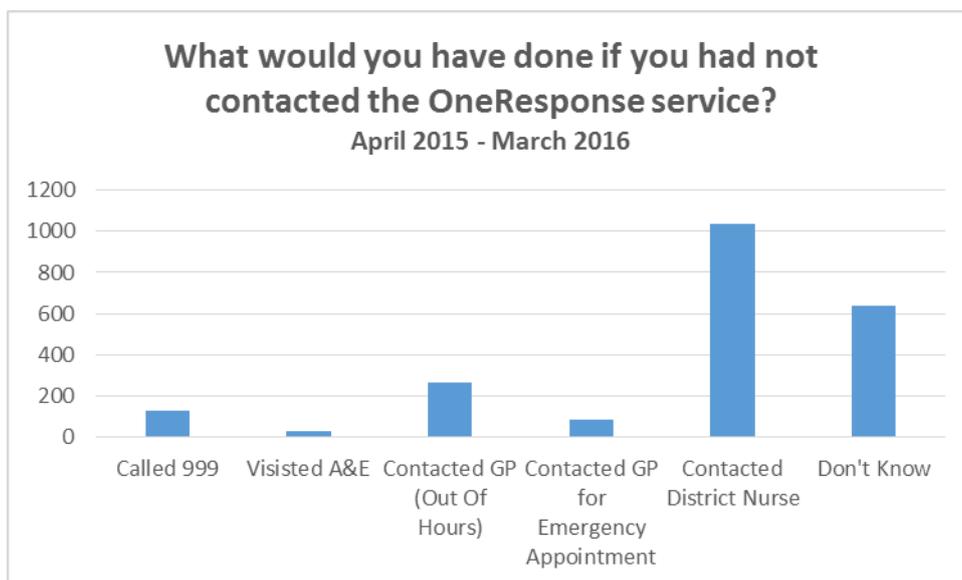
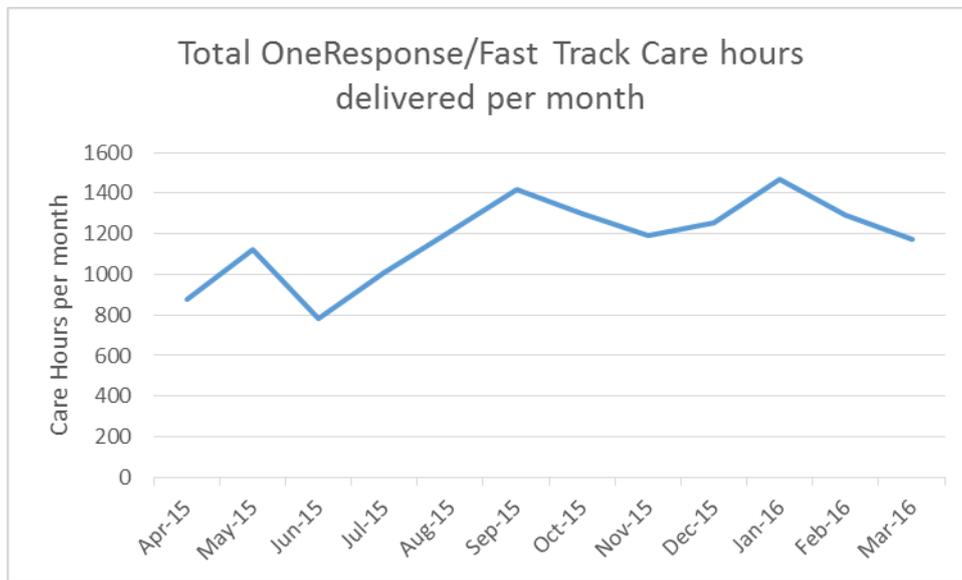
- 19,727 incoming calls handled (April 2015 – March 2016)
- 5379 referrals for care received by OneResponse (April 2015 – March 2016)
- 387 admissions to hospital avoided, of which 278 were out of hours (April 2015 – March 2016)
- 71.5% of patients under OneResponse care achieved their Preferred Place of Death (PPD) (April 2015 – March 2016)

This has been achieved by a small dedicated team and the Service now has to recruit to meet demand.

The development and testing of the Fast Track Care model has been successful during the year, demonstrating improved quality outcomes for patients, carers and families, increased person-centred, flexible care/care packages, care delivered by carers trained specifically in End of Life care with the back-up of specialist palliative care teams, 24/7 access to OneResponse and delivery of a more robust and cost-effective service model.

Working collaboratively with other Hospice Community Services (Hospice at Home and OneResponse) has supported the initial development of Fast Track Care, with OneResponse also offering some 'care hours' to support care at home until there is availability in other services.

While full delivery of the model has been delayed due to slow recruitment, the success of the model when applied has enhanced patient and carer experiences, demonstrating adherence to national Fast Track frameworks and has supported a system-wide change in terms of provider working and cost effectiveness.



Halfway through the year, there had already been a 25% increase in care hours delivered to people with palliative and end of life care needs.

Further development of the model will continue during 2016/17.

Service User Quotes

“The service provided by OneResponse was very good. My wife had a grade 4 brain tumour, and this brought about acute head pain and nausea. I phoned OneResponse in a state of blind panic one morning, and the nurses somehow managed to drop round within 30 minutes. They administered some pain relief and anti-emetics. The compassion and medication were very timely and appreciated.”

“From the first contact, OneResponse provided warmth, expertise and support to the entire family. The whole team exuded efficiency, care, guidance and even some appropriate humour at a time when we desperately needed it.”

“You really are the “4th” emergency service – all staff go above and beyond!”

“My husband was always treated with dignity and respect, and not as a number. Highly recommended, the staff and team are fantastic.”

1.2 Improving Accommodation

The Hospice’s commitment to develop and increase services to meet patient need has placed a heavy burden on existing accommodation. Over progressive years the organisation has participated in the exploration of a number of options to increase its property portfolio to ensure resources are sufficient and fit for purpose.

A primary objective within this review has been the progression of a planning application to Thurrock Council to build at Malgrave Farm in Thurrock.

Planning consent was finalised in 2015/16 and work began to finalise design and confirm construction costs and this work is continuing. Construction on the site is expected to commence in 2017/18.

In addition to this the Hospice has sought to secure its position at its Nethermayne site amidst plans to considerably develop the area with a significant housing development programme.

Looking to future years and the growth in community support, the organisation is looking to consolidate its estate but will be exploring the opportunity to create small hubs to support community activity and ensure access to services across the community. These hubs will assist in delivering care to the heart of the community and will assist the organisation’s environmental policy by minimising travel time to clients.

The Hospice’s Strategy will be linked to IT developments, which will support this infrastructure.

Part 2

2.1 Statements of Assurance from the Board

Review of services

During 2015/16 St Luke’s Hospice provided the following services:

- OneResponse – Support Assessment and Advice Service
- Fast Track Care
- Hospice at Home
- In-Patient Unit
- Day Hospice
- Out Patients
- Counselling Services (Adults)
- Counselling Services (Children and Young People)
- Lymphoedema Services, including non-cancer and primary, across South Essex
- Specialist Physiotherapy Service
- Social Work Service
- Complementary Therapy Service
- Information Resource Service and Information Centre
- Quality and Education Service
- Carers Support Service

The Hospice has reviewed all the data available to them on the 'quality of care' in all of these NHS services.

The income generated by the NHS services reviewed in 2015/16 represents 41% of the total income generated from the provision of NHS services by St Luke's Hospice for the reporting period 2015/16.

2.2 Participation in clinical audits and research

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

The Consultant in Palliative Medicine carried out an audit looking at the decision making and discussions about Cardiopulmonary Resuscitation (CPR) over a one year period.

The large majority of patients admitted to the Hospice who are in the end stage of their disease, have no further treatments options and often have other illnesses which makes CPR in the event of cardiac arrest very unlikely to benefit them. The focus is then on controlling symptoms, comfort, care and support. For this reason, 95% of patients had a 'Do Not Attempt Resuscitation' decision form completed.

St Luke's is committed to enabling patients to make the healthcare choices that are right for them. In over 75% of cases, appropriate discussions were had with the patient enabling them to be fully involved in the decision making process. Unfortunately, the rest of the patients were too unwell or confused to have those discussions. In these cases, the doctors and family made the decision in their best interests following appropriate discussions about the aims of care. In 5% of patients who were well enough for CPR to be of benefit in the event of cardiac arrest, full appropriate discussions were had to enable patients to make the decision.

Consultant – Out of Hours Advice

The Consultants in Palliative Medicine in South Essex have provided an out of hours (nights, weekends and bank holidays) advice service since 2004. An audit of the calls received was carried out over two six week periods in August/September 2014 and March/April 2015. This was done to assess the types of calls and their outcomes, and also to see whether the introduction of St Lukes OneResponse (SAAS) Service had any impact on calls.

There had been a significant increase in the number of calls received compared with an initial audit carried out after the service started in 2004. In the two periods there was an average of eight calls per week, compared to three in 2004. The service is available for Health Care Professionals in the Hospice's, the Acute Trusts and in the Community; and there is a fairly even spread of calls from all areas.

Although the audit did not show an increase in calls after the introduction of OneResponse, more of the community calls for advice came from their staff. This suggests they are heavily involved in decision making about the complex palliative patients in the community. The majority of calls resulted in specialist symptom control advice being given. A small number of calls from the community team led to an admission to the Hospice or Hospital. It is likely, however, that these were unavoidable if a specialist was involved in the decision making process. It is also likely that the support and advice given to other services enables patients to be more appropriately managed, and unwanted admission avoided.

Advanced Liver Disease **(A collaborative pilot project between St Lukes and BTUH)**

The Hospice was successful in its bid to secure funding from the Health Foundation to launch an innovative programme defining a new pathway for palliative liver care patients, working in partnership with specialist colleagues at Basildon and Thurrock University Hospital. The holistic approach is designed to demonstrate the advantages of collaborative working and the improved quality of life for participants, and affords the opportunity to signpost patients to other Hospice services and interventions much earlier in their disease trajectory.

It is apparent that of the 15 patients registered on the project so far, there are a number occasions when attendance at a GP or crisis attendance at A&E has been avoided, leading to improved patient experience and outcomes as well as cost efficiencies, for example one patient had paracentesis three times at the Hospice during this time, and twice in Ambulatory care. The total cost of these interventions was £2,234.00 compared to a potential cost of £12,280.00 if the patient had presented via A&E. These costs are based on the original figures included in the bid to the Health Foundation. The project is making a significant impact on the monitoring of patients with Ascites and facilitating drainage in a more controlled and anticipatory manner.

This innovative project has begun to demonstrate significant quality improvements in relation to the impact on the individuals quality of life and illness trajectory including supporting people to remain well enough to be considered for transplantation (in three cases). Discussion around Advance Care Planning has happened in 50% of patients on the project where this would have been unlikely to be discussed had they not been part of the cohort. This is an essential element to the work as three patients have died since the start of the project. The team are observing that a small number of patients had repeated A&E attendance prior to the project commencing, but this appears to have diminished since their enrolment on the project.

Fuller data will be available as the project develops with a final impact report at project completion.

2.3 Quality Improvement and Innovation Goals Agreed with our Commissioners

A proportion of St. Luke's Hospice income was conditional on achieving quality improvement and innovation goals agreed between the Hospice and Basildon and Brentwood and Thurrock CCG's.

CQINs agreed were defined as :

1. OneResponse promotion and embedding
2. Fast Track Care development and delivery

Both CQINs were successfully achieved with a high level of service promotion for both OneResponse and Fast Track Care carried out across the South West Essex locality, both formally and informally by a range of staff. In Brentwood, this was often done collaboratively with Saint Francis Hospice.

2.4 Priorities for Improvement (2016/17)

Priority 1. Care Homes

Patients with life-limiting illnesses often reside in Care Homes, sometimes electing to stay there as their Preferred Place of Care. It is the aim of the Hospice to reach these patients to provide the specialist palliative and end of life care that they may not otherwise receive and/or to support staff in care homes to deliver appropriate and sustainable end of life care. In addition to direct provision of this high level of specialist care, the proposed new post of Clinical Nurse Practitioner (Care Homes) will facilitate the close working of the Hospice with other care providers to deliver new initiatives around care homes. This role will link together with a range of different care providers to develop training packages for identified care homes in the South West Essex locality, supporting care home staff to manage the individual needs of palliative and end of life patients, including advance care planning and anticipatory prescribing. Teaching packages will form part of an overall campaign, including posters and close working, to raise awareness of the different needs of palliative and end of life patients in care homes, to develop ways to deliver care appropriate to these needs and to minimise the risk of unnecessary admission/re-admission to hospitals.

Priority 2. Clinical Nurse Practitioner Posts

During 2016/17, the Hospice will develop a range of Clinical Nurse Practitioner roles to enhance practice and allow a more holistic delivery of care across the organisation and into the community.

The roles will vary in focus, however all post holders will have the same high level clinical skills in order to ensure a flexible team who can offer cross-cover. The post holders will hold individual service responsibilities, often being based primarily in a single service, whilst also having a dedicated organisation-wide remit (for example the Care Homes post as described above) for which they will work collaboratively across a range of services, both internally and externally, to ensure the Hospice delivers appropriate interventions, high-level specialist input and develops appropriate care pathways. The CNP team will evolve and develop as the team grows and matures, supporting each other to demonstrate clear team-building and leadership skills, both in a clinical and organisational setting.

Beyond offering high level clinical skills the introduction of the Clinical Nurse Practitioner Post will complement the existing clinical staffing structure and enable a structure to encourage staff advancement and retention in an increasingly competitive market, where competition for skilled staff is high.

As such this initiative will also compliment the organisation's succession planning process.

Priority 3. Treating Illnesses Other than Cancer

Increasingly there is national recognition that Hospices need to ensure that care and support is provided to adults with life-shortening illnesses other than cancer. Evidence continues to identify that this group experience less opportunity to benefit from hospice care.

St Luke's has continually striven to extend services to all individuals with palliative care needs and has actively sought to explore and develop partnership with other health colleagues to formalise care pathways to increase access to services by these disadvantaged groups, widening access for conditions other than cancer as early as 1999.

Following an audit of advanced liver disease patients in conjunction with Basildon and Thurrock University Hospital (reported in Quality Account 2014/15), the two organisations are working collaboratively to develop a pathway for patients via a shared care model which enables earlier access to hospice care for advanced liver disease patients as well as allowing sign posting to other hospice services.

Funding was secured for the project in 2015/16 from the Health Foundation, a fund that specifically supports innovation in health care, (The Hospice is the only hospice nationally to currently undertake this work).

The programme will be monitored and reported nationally and following evaluation, options to extend the model to other illness groups will be assessed.

Additionally a large cohort of the population is facing the challenge of dementia which is increasingly becoming a focus for the Hospice. The challenges of extending care to dementia patients and their families is complex both in respect of anticipated numbers but also in respect of the disease trajectory. However without doubt the Hospice has a level of knowledge and expertise to support these patients and their families.

The Hospice has begun to consider the needs of dementia patients, particularly assessing the issue of co-morbidities. Training is being provided to clinical staff to enhance understanding of the disease; assessments of the environment and equipment to safeguard patients is also being reviewed.

Care and support is readily available to carers of dementia patients and the Hospice is exploring how the needs of dementia patients can be further supported in the future.

Essex Success Regime

The Hospice works actively across the local health economy to develop strategy and support service development. It is anticipated that within the area the population will increase and this will include a higher proportion of older people. In addition to this there will be an anticipated growth in people living with a range of complex long-term conditions.

Set against this is a recognition that funding is unlikely to significantly increase despite demand for services being higher.

Within this context the Hospice has taken an active role in the work of the Essex Success Regime (ESR) Project, (a collaborative project across mid and South Essex), the aim of which is to ensure the delivery of equity through a collaboratively resourced approach.

The principles of the ESR are very compatible with the ethos and aspirations of the Hospice to deliver patient care more effectively through a collaborative approach.

The Hospice has been pleased to make a valued contribution to the development of the programme promoting and delivering a framework which achieves a joint approach for patient advantage, and will actively seek to progress and implement recommendations.

All of the Hospice's service priorities for 2016/17 are embedded within the concept of ESR.

2.5 What others say about us

St Luke's Hospice is required to register with the Care Quality Commission and its current registration status is unconditional. The Hospice has no conditions on registration.

The Care Quality Commission has not taken any enforcement action against St Luke's Hospice during 2014/15.

St Luke's Hospice has not participated in any special reviews or investigations by the Commission during the reporting period.

St Luke's Hospice is subject to periodic reviews by the Care Quality Commission and its last review was in June 2013. Arising from the inspection the Hospice was deemed to be compliant with no actions to take arising from the Commissioner's assessment. The Hospice was rated as low risk.

A further inspection is anticipated soon

NHS Number and General Medical Practice Code Validity

St Luke's Hospice did not submit records during 2014/15 to the Secondary Users Service for inclusion in the hospital episode statistics, which are included in the latest published data.

Information Governance Toolkit attainment levels

This is not applicable for St Luke's Hospice and palliative care.

Clinical Coding error rate

St Luke's Hospice was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission.

Comments about Services and Quality

i) Care Quality Commission

The CQC Compliance Officer undertook an unannounced one day inspection in June 2013. The subsequent report was very positive and reflected the competence and enthusiasm of all staff and volunteers.

Observations and Comments from the Compliance Officer included:-

The Hospice is continuing to develop new services to support people and carers both in the Hospice and wider health community including those living with long term health conditions, disability or those who have recovered from cancer and their carers.

Comments from the Compliance Officer (June 2013) inspection included:-

"The service had a full range of literature in the form of leaflets displayed at the main entrance, that clearly explained the types of care and treatment that they offered. There were many others available to view and all contained a good level of information."

“Notice boards within the premises also displayed clear information that would inform potential service users of the services they offered.”

“A service user we spoke with said ‘All the treatments and medicines I received were explained to me before I received them. The doctors are excellent and the staff are all very approachable.’”



“People we spoke with also said that they were treated with dignity and respect, their privacy was respected and they were encouraged to be independent whenever able to do so.”

“People’s religious and cultural beliefs were recorded including their sexuality and spiritual needs. This was good practice.”

“People we spoke to were very complimentary about the staff that worked there and the care and treatment they had received.”

“Another service user said ‘It is excellent here. It is like a small family. We all know each other and nothing is too much trouble. I can’t speak highly enough of the staff and I have nothing bad to say. The care is good and they have always got time to explain things to me.’”

“When we spoke with people who had used the service and relatives, they thought that the staff were excellent and their training met their needs. They felt they were in a safe place and that staff were effective in dealing with their care and treatment.”

ii) Information Standard

The Hospice achieved the Information Standard in December 2013 (The first hospice to do so nationally). The aim of the standard is to provide confidence to the public and patients to make informed choices.

The accreditation allows the Hospice to use the Information Standard logo on relevant future care and treatment information following a robust ratification process of printed care literature.

The Hospice was pleased to successfully receive re-accreditation in December 2015.

In line with national guidelines the Hospice has been working towards achieving the Accessible Information standard, ensuring that relevant hospice information can be communicated to everyone who may need it, in the format that is most appropriate to them e.g. large print and audio format for people with visual impairment use of interpreters for people whose first language is not English and the use of text and email messaging for people with hearing impairment.

iii) Trustee Provider Visits

Six monthly Provider Visits continue to be undertaken by Board members. The visits provide an opportunity to openly converse with patients, carers, staff and volunteers and allows members the opportunity to hear first-hand the comments and or concerns of all parties.

The outcome of the visits is recorded and reported at Board level.

To date, visits have been affirming and positive and are welcomed by all parties.

Comments arising from the visits include:

- Management are open and easy to talk to
- Meals are good
- Nothing needs changing
- Disagreement from a patient in respect of the reconfigured Day Hospice chairs (Day Hospice staff have been reminded of the need to deliver flexibility to suit patient needs)
- We want to continually improve. Would like to expand services further (IPU Nurse)
- Supportive and friendly place to work (IPU Nurse)
- All services are really well linked. Been very impressed (Patient's relative)
- New building is excellent – improvements are on-going (Day Hospice staff members)
- I look forward to coming to work (Admin staff member)
- It is a privilege to work at St Luke's (Admin staff member)
- Staff always available – questions are always answered (Day Hospice patient)

iv) Staff Satisfaction Survey

A staff satisfaction survey is undertaken annually, the percentage return in 2015 was marginally lower than in 2014 (4%), however 100% of participants recommended the Hospice as a good place to work.

Staff comments indicated a high level of satisfaction across all departments. Staff noted that activity levels were high as the Hospice continued to actively meet demand across the region.

Senior management have considered these issues and embarked on a recruitment campaign, with a particular emphasis on qualified nursing staff to fulfil the needs of expanding additional services and establish a structure which supports opportunities for progression and advancement.

Communication ratings improved in 2105 and supports the practice of regular updates, staff consultation meetings, study days and training sessions.

Every effort will be made to ensure that being a Hospice employee will be a happy and rewarding experience with the Hospice seen as an employer of choice.

Comments from the survey included:

- I enjoy my role
- This is a new post which is exciting, and allows me the autonomy to carry out my role
- I feel this role is of value to the Hospice
- I am surrounded by supportive colleagues and I also feel supported by my manager
- No two days are the same

- I love being able to use my role to get out into the heart of the community and engage with children and young people
- Being able to share ideas and know I am listened to

v) What our patients say about us:

Satisfaction surveys are regularly used across services to assess patient satisfaction levels. Patients and carers also have the opportunity to comment on care by submitting comment cards which are readily available and can be anonymous. A selection of comments received are detailed below.

The Hospice will be reviewing systems for assessing patient responses during 2016/17 to enable trends to be more clearly assessed and monitored.

“We are so grateful and have nothing but admiration for the brilliant work that you do at St Luke’s.”

“You all showed huge kindness, consideration and tenderness in the last weeks of his life.”

“The idea of coming to a Hospice can be extremely frightening. The staff were friendly, caring and put the family at ease. The level of care was excellent. It’s the first time since diagnosis that xxxx has been free from pain. All the nurses were excellent and I couldn’t have got through this week without them. Excellent caring all round from the volunteers to the ward sister and the support was fantastic.”



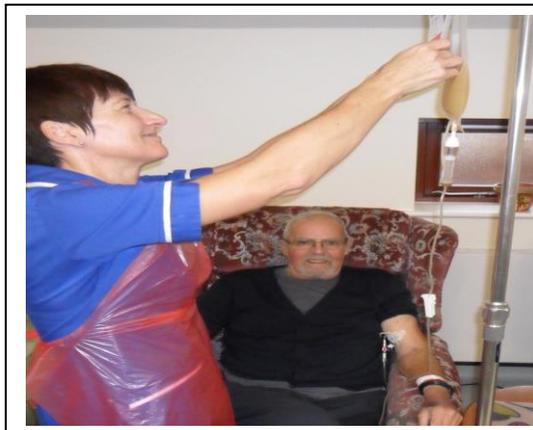
A big warm cuddle and a strong shoulder to lean on – both describe the feeling of having the support of St. Luke’s Hospice. The stress of looking after a loved one as ill as my mum is difficult to put into words – knowing that it would be a “burden” taken from me was a relief beyond measure. All the staff here are “angels on earth” – everyone, without exception.”

I would like to pass on my sincere thanks to the team with the care and support St. Luke’s provided my wife. Xxxx wished to be at home for her last days and with your help we were able to fulfill that promise to her. Our special thanks go to Hospice at Home carers. They were very compassionate and treated my wife with complete dignity.”

“The OneResponse team have been fantastic and without their support I would have been lost and unable to decide what to do for the best. The concept of OneResponse is a fantastic idea and long may it continue.”

“We are blown away by the support from the team. XXXX had more support at home than we dreamed of. Thank you so much.”

“We are so grateful for the Service. We wanted to thank you in person but unable to due to the situation but will at a later date. If OneResponse weren’t around, we don’t know what we would have done. Even though mum was in IPU for just a short while, we are still so grateful. Thank you so much.”



“At the end of mum’s time as a whole family we were informed and supported whenever we called OneResponse and for this we were so grateful. We had promised our mum to keep her in her own home and we feel this would not have been possible had it not been for St. Luke’s support. Polly and Stuart were with us at the end and the whole family were supported and comforted by their presence, they are special people.”

This is a brilliant service that has helped me so much. I cannot praise my counsellor enough for everything that she has done to support me. I would not be here if it was not for your counselling, help and support service. Thank you so much.”

“I have found these sessions to be invaluable. It has also helped having the opportunity to return for further sessions with the same person. My eldest son died suddenly aged 34 and my counsellor gave me the strength to get through our first Christmas without him and again this year to face the anniversary of his death. Having the chance to talk to a very caring professional has helped me get through the worst nightmare in my life. Without this support I may well have gone into depression. Providing this support could actually save the NHS money as medication, GP appointments and Mental Health care is saved. Thank you from the bottom of my heart.”

“I said one door in and no door out, when St. Luke’s was mentioned to me. After going to Day Hospice once a week I cannot praise this place enough now for how much they have helped me.”



Part 3

Review of Quality performance April to March 2015/2016

During 2015/16 there were 8,047 referrals to the services provided by St. Luke's Hospice, which was an increase of nearly 20% on the previous year. In addition to this OneResponse received over 21,000 calls in the year of which 5,963 were referrals/episodes of care.

St. Luke's Hospice at Home received 691 new referrals during the year, an increase of over 7%. During the year Hospice at Home worked jointly with OneResponse and Fast Track Care (together our Hospice Community Services) to deliver care at home. Many patients were cared for at home until they died or supported prior to Hospice admission, thus ensuring choice about place of care or place of death was achievable wherever possible.

The new Fast Track Care Service received 299 referrals and delivered 9,558 hours of care at home. Hospice Community Services helped to maintain care at home for people with palliative and end of life care needs leading to 449 avoided hospital admissions, of which 325 were during the "out of hours" period.

Lukes Counselling Service for Children & Young People received 250 referrals, which evidences an 18% increase compared to the previous year, enabling us to help children, siblings and families as well as providing information and advice in local schools. The newly established Family Support Workers have allowed Lukes to support even more children and young people (an increase of 14% on all Lukes' activity).

Dove Community Counselling Service, our adult counselling service received 1,560 referrals and offered individual/one-to-one contacts and group therapy as well as providing home visits and telephone support. This represents another high activity year supporting patients, carers and families.

Our Information Resource Service had 3,164 contacts through 'Outreach Services' at Basildon Hospital, drop in callers, referrals, appointments and telephone support. Of these 1,475 were face to face contacts (an increase of 80%), with 3,071 telephone contacts. Group support also helped patients and/or carers, and a range of therapeutic and creative support groups were offered throughout the year.

Our Social Work Service received 166 new referrals with 169 referrals received for our expanded Carers Support Service.

Our Day Hospice received 283 new referrals, with an annual attendance of 2,173 visits (an increase of 13% from the previous year). The Outpatient Service has developed over the year with 162 patients attending.

190 patients were cared for by St. Luke's Hospice In-Patient Unit. This continues to represent activity above the national average for a same size In-Patient Unit. There was a slight decrease in admissions due to essential remedial works; however the increase in Hospice Community Services allowed us to manage care at home for longer.

Our Complementary Therapy Service supported 248 referrals and clients through more than 1,372 treatments.

Our Specialist Physiotherapy Service received 499 referrals, of which nearly 20% were non-cancer patients and supported 1,411 face to face and group contacts

South Essex Lymphoedema Service (SELS) received 331 referrals, an increase of 72% and offered 1,087 appointments. Clinics were held across South Essex to promote local access, including Southend Hospital, Brentwood Community Hospital, Thurrock and Basildon.

The Hospice supports people with any life-limiting illness and as such, nearly 15% of people with conditions other than cancer were supported in the Hospice, at one of our satellite venues, or at home. In the coming year this will increase due to projects such as working with patients with complex liver disease and also through the work of SELS with non-cancer patient groups.

These figures represent the growing activity across all St. Luke's Hospice services in response to the needs of people across South West Essex. Hospice services respond to the real needs of local people who have individual wishes and choices. As a result, services grow each year as they meet that demand.

Statements from Basildon and Brentwood and Thurrock Clinical Commissioning Groups:

Basildon and Brentwood Clinical Commissioning Group response to the Quality Account.

The Quality Account reflects the hard work undertaken by the Hospice during 2015/16 to deliver an improved service model for our patient population. St Luke's has worked collaboratively with the CCG to implement and increase the scope of OneResponse to provide the service to the Brentwood area. The increase in the Rapid Access Discharge Service (RADS) has enabled more patients to be cared for at home when their condition is deteriorating, it has also helped support more families and patients to receive care at home and to die at home if this is their preference.

Further to the CQC Thematic review for End of Life care, it was positive to see that St Luke's VERVE Group was praised as a model for others to emulate.

2016/17 will be a challenging year for both the CCG and the Hospice with an increasing need to explore how to manage more people with a life limiting condition out of the traditional hospital setting, either through increasing hospice capacity or the non-bed based model.

The CCG looks forward to working with the Hospice over the coming year.

Thurrock Clinical Commissioning Group response to the Quality Account

NHS THURROCK CCG COMMENTARY ON ST LUKE'S HOSPICE 2015/16 QUALITY ACCOUNT

NHS Thurrock CCG welcomes the opportunity to comment on the annual Quality Account prepared by St Luke's Hospice as co-commissioner of the service.

HIGHLIGHTS FROM 2015/16

The CCG notes the progress against the priorities identified for 2015-16. The positive outcomes from the embedding of the One response and Fast track services which enables patients to access help and support on a 24/7 basis. It is recognised that the team were finalists for the prestigious National Council of Palliative Care award. It is recognised that there was some delay in full delivery of the model due to slow recruitment.

The Hospice is working with the Thurrock Council to enable further developments to increase the capacity of the service and accommodation for patients, the CCG notes that planning consent was finalised during 2015-16 and construction will be commencing during 2017-18.

Clinical Audit and Research has been undertaken on decision making and discussions with patients on cardio-pulmonary resuscitation, the audit was conducted over a one year period. The majority of patients had no further treatment options and the focus is on controlling symptoms and 95% of patients had a Do Not Attempt Cardio-Pulmonary Resuscitation form completed.

The CCG notes the Hospice's involvement in the collaborative pilot with BTUH for the management of patients with advanced liver disease. The project is making a significant impact on the monitoring of patients with ascites and their symptom control.

PRIORITIES FOR 2016/17

The CCG is pleased to note that the Hospice has identified the following priorities for improvement:

The service will support palliative care of residents and education for staff in care homes.

Development of a range of clinical practitioner roles to enhance service provision and allow a more holistic delivery of care across the organisation and into the community.

Enhancing recruitment in order to deliver a comprehensive Domiciliary fast-track service and additional enhancement to the One Response fast track service.

Working collaboratively with the Essex Success Regime (a project across mid and South Essex), the aim of which is to ensure the delivery of equity through a collaboratively resourced approach.

NHS Thurrock CCG is fully supportive of all the priorities identified by St Luke's Hospice in taking forward the patient safety, effectiveness, experience and involvement agenda and looks forward to working in partnership with the Hospice in the forthcoming year.



Jane Foster-Taylor
Chief Nurse, Thurrock CCG