QUALITY AND PERFORMANCE STANDARDS FOR THE CCG

Bolton Hospice

January – March 2020



QUALITY PERFORMANCE INDICATOR		APR – JUN 2019		JUL – SEP 2019			OCT – DEC 2019			JAN – MAR 2020			
Activity Inputs and Outcomes													
Number of Referrals received per quarter/year		206			215			227			196		
Referral broken down by referral source													
		Dr. Atcha	2		Dr. Atkram	1		Dr. Acomb	1		Dr. Ahsan	3	
		Dr. Acomb	2	1	Dr. Brown	1		Dr. Akram	2	=	Dr. Akram	2	
		Dr. Bax	1		Dr. Bax	2		Dr. Ariff	2	1	Dr. Al-Abadi	1	
		Dr. Bradford	1	1	Dr. Cross	2		Dr. Atcha	1	1	Dr. Arya	2	
		Dr. Davies	2	Ī	Dr. Davies	1		Dr. Athar	1		Dr. Bradford	1	
		Dr. Fiske	1		Dr. Earnshaw	1		Dr. Badat	2	1	Dr. Brown	1	
		Dr. Gupta	1		Dr. Elliot	2		Dr. Davies	1	1	Dr. Chaoch	1	
		Dr. Green	1		Dr. Green	1		Dr. Ghaie	3	1	Dr. Davies	2	
		Dr. M Hall	1		Dr. Ghaie	3		Dr. Guhathakurta	2		Dr. Durbar	1	
		Dr. Hill	3		Dr. M. Hall	1		Dr. Hague	1	1	Dr. Falouji	2	
		Dr. Hendy	1		Dr. Hallikeri	1		Dr. M Hall	1	1	Dr. Fiske	2	
		Dr. Jeena	1	1	Dr. Hill	1		Dr. Hallikeri	1	1	Dr. Ghaie	2	
		Dr. Liversedge	1	1	Dr. Hussain	1		Dr. Hampson	1	1	Dr. Goldrick	2	
		Dr. Kauser	1	1	Dr. Jeena	1		Dr. Hill	1	1	Dr. Green	1	
		Dr. Malhotra	1	1	Dr. Malhotra	2		Dr. Leach	2	1	Dr. Hallikeri	1	
GP Practice	35	Dr. McMillen	1	35	Dr. Moran	1	46	Dr. Lyon	1	52	Dr. Hendy	1	
		Dr. Mercer	3]	Dr. Mirza	1		Dr. Mercer	1		Dr. Ibrar	2	
		Mr. Mirza	1]	Dr. Panja	1		Dr. Mirza	1		Dr. Khan	1	
		Dr. Nasaruddin	2]	Dr. Pendleton	2		Dr. Mistry	2		Dr. Kumar	1	
		Dr. Rizwan	1		Dr. Tabor	2		Dr. Omed	1		Dr. Leach	3	
		Dr. Saleh	2		Dr. Uddin	2		Dr. Parr	3		Dr. Liversedge	1	
		Dr. Starkie	2		Dr. Silvert	2		Dr. Perry	1		Dr. Manoharan	1	
		Dr. Silvert	1		Dr. Webster	2		Dr. Tabor	2		Dr. Mehraj	1	
		Dr. Webster	1		Dr. Yoxall	1		Dr. Talbot	1		Dr. Mirza	1	
		Dr. Tabor	1					Dr. Uddin	1		Dr. Moran	1	
								Dr. Selvarajan	3		Dr. Ogden	1	
								Dr. Shri-kant	1		Dr. Pendleton	2	
								Dr. Simpson	1		Dr. Pomian	1	
								Dr. Stafford	1		Dr. Shri-Kant	1	
								Dr. Webster	1		Dr. Simpson	1	
								Dr. Yoxall	3		Dr. Subramanian	2	
•											Dr. Tomkinson	2	
•											Dr. Wall	2	
•											Dr. Webster	1	
•											Dr. Wright	1	
•											Dr. Yoxall	1	
Newshan of reference by the District Co.		Hub 1	7		Hub 1	11		Hub 1	15		Hub 1	7	
Number of referrals by District Nurse Team		Elaine Berry	4		Victoria Arnison	2		Jacqueline Ryder	2		Elaine Berry	6	
for Hospice at Home		Julie Derbyshire	3	1	Rizwana Adia	4		Rizwana Adia	5		Julie Derbyshire	1	
Hub 1 – Horwich/Avondale					Elaine Berry	1		Elaine Berry	6				
Hub 2 – Waters Meeting/Egerton	46			49	Louise Day	1	45	Julie Derbyshire	2	43			
Hub 3 – Breightmet/Crompton		11.1.2	2		Julie Derbyshire	3		11	-		IIh o	0	
Hub 4 – Pikes Lane/Westhoughton		Hub 2	2	-	Hub 2	6		Hub 2	6	1	Hub 2	0	
Hub 5 – Great Lever/Little Lever/Farnworth		Janet Hailwood	1	-	Julie Bentham	3		Helen Barnes Katie Gaskell	1	1			
		Julie Bentham	1	-	Rushana Khanom Donna Richardson	2		Donna Richardson	4	1			
					Donna kichardson			Donna Kichardson	4				

QUALITY PERFORMANCE INDICATOR	APR – JUN 2019		JUL – SEP 2019		OCT – DEC 2019		JAN – MAR 2020	
Number of referrals by District Nurse Team	Hub 3	21	Hub 3	14	Hub 3	11	Hub 3	22
for Hospice at Home (Cont'd)	Julie D'Attore	2	Tracey Hayes	3	Tracey Hayes	1	Julie D'Attore	4
for mospice at nome (cont a)	Tracey Hayes	4	Carole MacDonald	3	Carole MacDonald	2	Emma Harwood	2
	Carole MacDonald	4	Victoria Pytlasinski	5	Julie D'Attore	2	Carole Macdonald	6
	Victoria Pytlasinski	7	Simone Scholes	2	Victoria Pytlasinski	3	Natalie Davis	1 -
	Rachel Koseoglu	1	Natalie Whelan	1	Natalie Davis	1	Victoria Pytlasinski	5
	Simone Scholes	3			Gemma Collings Natalie Whelan	1	Natalie Whelan Deborah Ryder	3
_	Hub 4	9	Hub 4	9	Hub 4	3	Hub 4	1 4
	Nicola Bell Tye	5	Nicola Bell Tye	2	Melissa Barker	1	Nicola Bell Tye	2
	Melissa Barker	1	Melissa Barker	3	Audrey Young	2	Paula Clarke	1
	Audrey Young	2	Rachel George	2	riddicy roung		Liz Whitehead	1
	Nicola Walsh	1	Joanne Simpson	2				
	Hub 5	6	Hub 5	5	Hub 5	4	Hub 5	6
	Julie Jones	1	Kirstie Holden	1	Kirstie Holden	3	Nicky Norris	6
	Christine Beswick	1	Julie Jones	1	Jonathon Smith	1		
	Kevyn Massey	1	Dawn Magee	1				
	Jonathon Smith	1	Jonathon Smith	1				
	Lynn Harding	2	Vicky Fletcher-Simm	1				
	-78		Transport Committee					
	Unidentified	1	Unidentified	4	Unidentified	6	Unidentified	4
Hospital	28		38		37		33	
Other	7		2		3		0	
Macmillan	81		82		93		64	
Physio	9		9		2		3	
Occupational Health	0		0		1		1	
Activity broken down by service	Professionals	Carers	Professionals	Carers	Professionals	Carers	Professionals	Carers
• 24 hour advice line	34	25	22	36	35	36	31	33
Patient known to the Hospice Patient not known to the Hospice	23	14	26	12	20	15	12	11
Out of Hours Admissions IPU (Bank Holidays/Weekends)	5	14	5	12	7	13	5	11
Out of Hours Admissions IPU (After 4.00pm)	0		1		0		2	
• Inpatient			1					
Day Unit	x		x		3		Copy of Final	
	Copy of 1st Quarter		Copy of 2nd		3rd Quarter -			
Outpatients	- April - June 2019.xl		Quarter - July - Sept		October - December		Quarter - January - N	
Hospice at Home								
Activity Inputs and Outcomes								
Unplanned admissions and number of deaths in hospital from			1 unplanned admission to h	ospital				
onward referral from the Hospice	0 unplanned admiss	ions	patient treated and disch	•	1 unplanned hospital adm	ission.	0 unplanned hospital adn	nissions
The intention is to contribute to Health Economy high level target	c anplantica daniilo	. 3	home.	054	_ ap.acaopicai daii		- anglannea noopital dan	
35% of deaths at home.								
Percentage of HaH Patients died in PPD.	99%		100%		100%		100%	
Advance Care Planning(IPU)	24/24 had ACP/PP	С	10/12 had ACP/PPC		20/30 had ACP/PPC		11/21 had ACP/PP	C
Resuscitation Status (IPU)	100%		100%		90%		95%	
Preferred Place of Death (IPU)	99%		100%		40% (13% not appropriate at this time, 3% undecided).		52% (48% not discussed)	

QUALITY PERFORMANCE INDICATOR	APR – JUN 20	PR – JUN 2019 JUL – SEP 2019		OCT – [OCT – DEC 2019		JAN – MAR 2020		
NHS Safety Thermometer (Report includes all reportable Harms thro	oughout whole quarter) – <mark>ple</mark>	ase note	NHS Safety Ther	nometer will no	longer	be available after N	March 2020.		
Number Falls	No Harm	4	No Harm		4	No Harm	8	No Harm	3
	Low Harm	1	Low Harm		3	Low Harm	3	Low Harm	7
	Moderate Harm	1	Moderate Har	m	0	Moderate Harm	1	Moderate Harm	0
	Severe Harm	0	Severe Harm		0	Severe Harm	0	Severe Harm	0
	Death	0	Death		0	Death	0	Death	0
Number Pressure Ulcers	Grade 1	0	Grade 1	0		Grade 1	0	Grade 1	0
	Grade 2	2	Grade 2	4 previous / 4	new	Grade 2	3 new/1 previous	Grade 2	3 new
	Grade 3		Grade 3	0		Grade 3 3 previous		Grade 3	1 previous
	Grade 4 Ungradable	<u>1</u> 1	Grade 4 Ungradable	0 1		Grade 4 Ungradable	1 previous 1 new	Grade 4 Ungradable	1 new/1 previous
NI OLIVERIA DE LA CALITA		т		_				Offgradable	1 new/1 previous
Number UTIs	0		4 new	and 2 previous		•	Nov only)		U
Number of VTE Risk Assessments	100%			100%		100% (Oc	t/Nov only)		00%
MRSA	0			0			0		0
CDiff	0			0			0		0
Safeguarding Referrals	0			3			0	0 formal/2 enq	uiries from MCISS
Deprivation of Liberty Applications	0			2			3		1
Sharps Injury	0			1			0		1
Service User Experience / Patient Satisfaction Surveys	April 2019.pdf May 201	,	July 2019.p	df August 2019.p	odf	October 2019.pdf December 2019.pdf Survey Comments - Oct - Dec 2019.docx Nb: There were no IWGC surveys completed for November 2019		January 2020.pdf February 2020.pdf	
	June 2019.pdf Survey Com Apr - Jun 20		Septembe 2019.pdf	r Survey Commen				March 2020.pdf	Survey Comments - Jan-Mar 2020.docx
Relatives' Satisfaction Survey 'on End of Life Care' received on IPU	Due end of September	2019	Life En	e at the End of Survey of Relativ d of Life Care tives' Survey - IP		Due end of	f March 2020	End of Life Care Relatives' Survey IPU	Care at the End of Life Survey of Relativ
Relatives' Satisfaction Survey 'on End of Life Care' received from Hospice at Home	Due end of September 2	2019	Care at the End of End of Life Care Life Survey of RelatinRelatives' Survey - H		Due end of March 2020		End of Life Care Relatives' Survey Hal	Care at the End of Life Survey of Relativ	
Complaints and Compliments						•		•	
Number of complaints/concerns	Formal - 0 / Inform	al - 0	1. Review left generally ne	- 0 / Informal on Google which wa gative about the car the complainant's w Hospice.	is re	1. Formal complaint is submitted to be a but received no fol August when containing	acted for interview. made regarding hospice other/child bay at onations are being	1. Informal complaint Bereavement ques his mother SS. Pat very happy with th H@H team. Howe	tionnaire in respect of ient's son/carer was e care provided by the ver, concerns the questionnaire re:

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Number of complaints/concerns Cont'd			 Informal: Patient died and staff had incorrect phone number on iCare. As no reply they phoned daughter to inform of death and she informed her mum. Informal complaint received in Bereaved Carers' survey regarding husband's pain control before he died. Widow did express that she was very happy with all other aspects of care provided by nursing and medical staff. Informal complaint received in Bereaved Carers' Survey from sister of deceased patient regarding attitude of one staff member and family not contacted when patient actively dying. NoK complained that a Doctor had spoken with other family members after patient had died who had not been NoK. Also were distressed as it had not been explained why the patient had been referred to Coroner (this was routine as patient had had a recent procedure). Informal complaint by external support regarding attitude of volunteer and disagreement over pricing at a hospice stall. Informal complaint from a member of public regarding an article in Bolton News concerning a source of funding that had donated to hospice, complainant questioned the ethics of the donor company. 	
Subsequent Resolutions/Actions Undertaken	N/A	Discussed at SMG and following consideration of whole situation agreed no response to be made via google. Agreement made to relay to all teams the need for clear communication both written and verbal when dealing with patients and those important to them.	Formal: 1. Investigation completed and recruitment process changed for future applicants to ensure applications are processed in timely manner and progress is monitored to avoid delays. Letter sent to complainant to apologise and acknowledge shortcomings in service he received. 2. Liaised with Morrisons to agree appropriate place to park and then contacted complainant and feedback, no further contact received. Informal: 1. Unable to contact wife direct to discuss so investigated and letter sent to apologise and advise that phone number on paper records was not recorded on electronic register. Lessons learned as paper records were not checked when attempting to contact deceased patient's wife. 2. MD met with sister, gave her opportunity to express her concerns and had full discussion with explanations for management of pain and she was satisfied. No further action.	Informal: 1. Contact attempted and made successfully on 15.01.20. Discussed the content of the questionnaire and the telephone conversation with CND in respect of how to take it forward. It was suggested that this patient's case be taken to the Palliative and End of Life Strategy Group to consider the whole to enable services to learn from this relative's experience. A letter explaining this was sent to the patient's son.

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• Subsequent Resolutions/Actions Undertaken Cont'd		ATT JON 2013			 IPU Manager attempted to contact patient's sister several times but not answer. Letter sent on 14/11/19 to her in to speak with her re: her con No reply from relative 24/12/2019. Bereavement card has been sent of further contact. NoK spoken to by Sister, apologies in No further action to be taken. MD is with Doctor. Both NoK and relative been present when patient died so were spoken to together. Spoken with and apologised to don Agreed no further action needed for incident but that all future events with an apologised to don conversation with complainant, rat for accepting donation which does the hospice ethical donors' policy, complainant will still continue to surhospice. 	invite cerns. ut, no given. spoke had they or. or this would ional meet		
Number of Compliments	84 Thank You Cards / Social N	156 Thank You Cards/Social Media		88 Thank You Cards/Social Media		40 Social Media/ 51 Thank you cards		
Activity Inputs and Outcomes								
Serious Incidents (SIs)	Total No. of Incidents reported	61	TOTAL NO. OF INCIDENTS REPORTED	82	TOTAL NO. OF INCIDENTS REPORTED	81	TOTAL NO. OF INCIDENTS REPORTED	94
	Clinical Incidents	24	Clinical Incidents	51	Clinical Incidents	40	Clinical Incidents	51
	Non-clinical Incidents	37	Non-clinical Incidents	31	Non-clinical Incidents	41	Non-clinical Incidents	43
	Total No. of Serious Untoward Incidents	0	Total No. of Serious Untoward Incidents	0	Total No. of Serious Untoward Incidents	0	Total No. of Serious Untoward Incidents	0
	Reportable CD Errors to NHS England Local Intelligent Network	6	Reportable CD Errors to NHS England Local Intelligent Network	11	Reportable CD Errors to NHS England Local Intelligent Network	5	Reportable CD Errors to NHS England Local Intelligent Network	11
Clinical Governance Newsletter	Clinical Governance Newsletter Q1 2019.		Clinical Governance Newsletter Q2 2019.				Governance Newsletter - Q4.doc:	
Improving Productivity (will include activity for quarter 2 and quarter 3)	Database - Apr - Jun 2019.xlsx		Database - Jul - Sep 2019.xlsx		Database - Oct-Dec 2019.xlsx		Database - Jan-Mar 2020.xlsx	
CQC Inspection Registration Certificate and Inspection Reports	PIR forms circulated to Service Leads to start considering control that needs to be included.		CND started to compile PIR, in anticipation of inspection – caupdated as required.		CND continuing to compile PIR, in anticipation of inspection – ongoing Awaiting confirmation of CQC liaison person for hospice.		CQC suspended routine inspec at present. PIR almost comple and will require updating wher inspection arranged.	te
Future Developments Plans	 New CND now in post. Looking to roll out Child Bereavement to within a hospice clinical services. Review of service and act for HaH and BHSS in deta inform future changes/ developments to service specification. 	all ctivity ail to	 Currently undergoing a review of Education Service/team. Review of Hospice at Home service/capacity and consideration of alternative models of working to support more individuals and those important to them. BHSS redesign is ongoing. With consideration of accommodating patients for blood transfusions under SLA with FT. 		 Draft Learning and Developm Strategy developed following review of Education Service/T Ongoing development of Hos Home service/capacity to sup more individuals and those important to them. BHSS redesign is ongoing. Delivery of Child Family Bereavement session in Janua 2020. 	eam. pice at port	 BHSS redesign is ongoing. Delivery of Child Family Bereavement session when pandemic lock down lifted. To develop pilot Twilight Hospi Home Service. 	ice at

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Promotion of Service Targeted BME Population	 Celebrated Eid. We have updated our Equality and Diversity and Inclusion Strategy. Meeting with BAME individuals to discuss working with us to promote hospice services, particularly within the Muslim community. Working with LGBTQi service user. 	 Attendance at study day: Muslim Values in EoL Healthcare Decision Making by CND and a Consultant. Co-opted Iqbal Essa to the Trustee Board Participated in Bolton Pride Provision of education session on LGBTQi for staff and volunteers. 	 Attendance at Study Day: Building Trust and Confidence: Part 1 Organ Donation & Transplantation in Muslim Communities by CND and a Consultant. Hiren Patel from the Bolton Hindu Forum provided an education session for staff/volunteers regarding End of Life Care for Hindu Patients. 	Attendance by CND at Organ Donation and Transplantation in the Muslim Community: Part 2 - Exploring NHSBT "Opt-Out Protocols Study Day.
Quality Accounts	http://www.boltonhospice.org.uk/about/care-reports	Quality Account Update - 2019-2020.pdf	Quality Account Update - 2019-2020	In progress