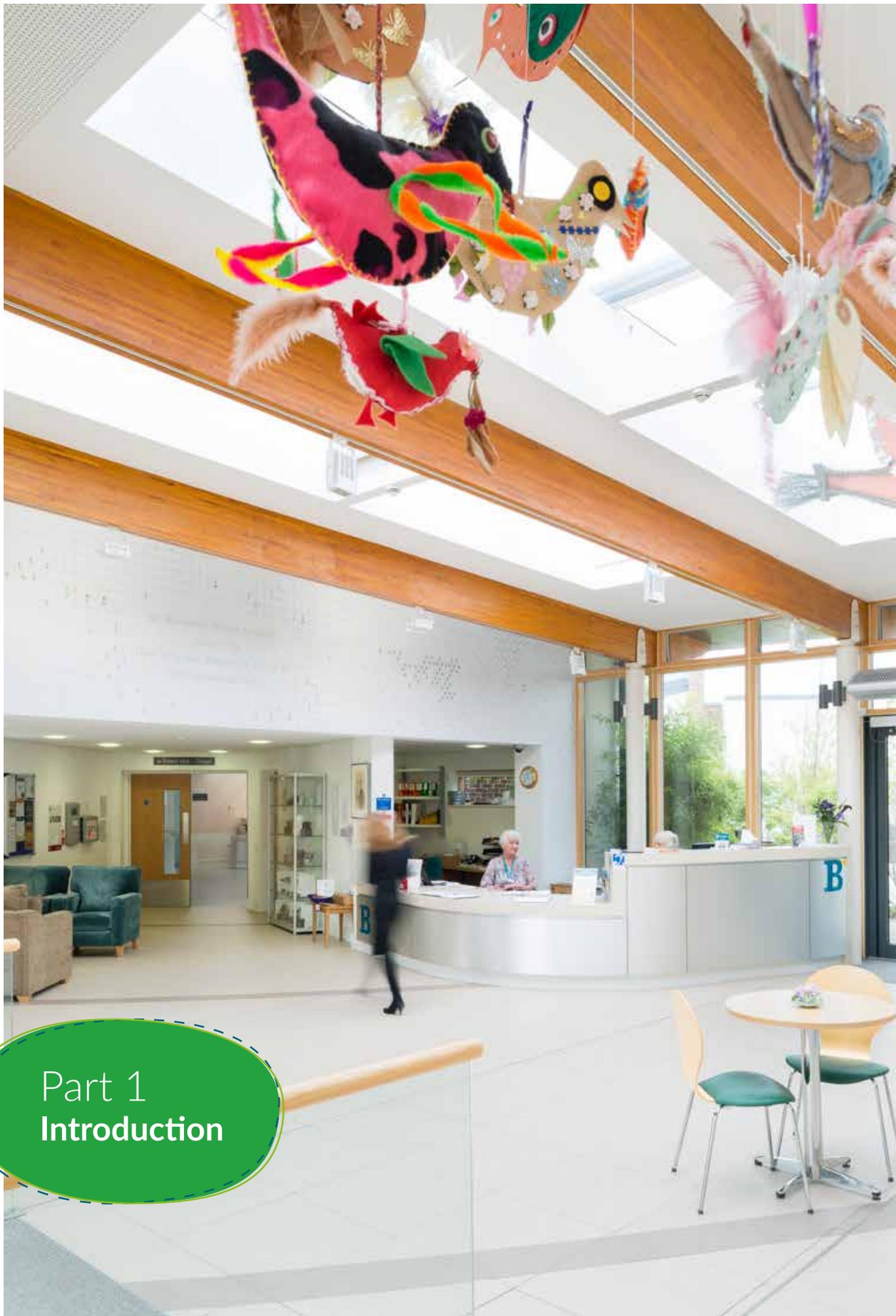


# St Barnabas House Quality Account 2019–2020

Our vision is that anyone facing life-limiting illness  
should receive the care and support they deserve.





Part 1  
Introduction



## The Board of Trustees' commitment to quality

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The Board of Trustees is fully committed to the quality agenda. The hospice has reviewed its governance structure, with a Trustee sitting on the Quality Assurance Committee. This ensures that the Board of Trustees have an active role in guaranteeing that the hospice provides a high-quality service in accordance with its terms of reference.

Two members of the Board of Trustees undertake unannounced visits twice a year – gaining first-hand insight into what the patients and staff think about the quality of the service. The Board is confident that the treatment and care provided by the hospice is of high quality and is cost-effective.

The Coronavirus pandemic has meant that we have had to overcome many challenges and ensure we apply best practice and learn from other professionals' experiences. Business continuity is paramount, but the Trustees, and I, are assured that, through the internal governance systems, the quality management within our hospices has not been overlooked or side-lined. We will continue to focus on providing excellent care to all those who need our services.

**Patricia Woolgar**  
Chair of Trustees

## Statement of Assurance from the Chair of the Board of Trustees and Chief Executive Officer

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This is our seventh Annual Quality Account. On behalf of the Board of Trustees, and the Senior Management Team at St Barnabas House, I would like to thank all our staff and volunteers for their excellent accomplishments over the past year.



## Chestnut Tree House Interim Chief Executive Officer's Statement

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Welcome to the 2019-20 Quality Account which, I hope, you will find informative. We welcome questions and comments and please do contact me [cathy.stone@stbh.org.uk](mailto:cathy.stone@stbh.org.uk) for further information or clarification on any aspects of this account.

We have had a very busy year at St Barnabas House, and many developments have taken place during this period.

We have developed our new 5-Year Patient-Led Strategy and its related work-plans, as we strive to ensure that children, young people and adults, their carers, and their families, are cared for and supported at the right time in the right environment, according to their needs and wishes. The launch of the strategy corresponded with the Care Quality Commission's introduction of the new key lines of enquiry for hospices. The CQC is likely to place emphasis on the extent to which services are integrated locally and are well-led. The work we have already started as part of our Patient Led Strategy puts us in a good position to demonstrate this. We have also launched our new Intranet – The Heart – which acts as our go-to site for important information, news and resources and is helping us to connect as one team.

We participated in October's Hospice Care Week, alongside over 200 hospices across the country joining forces to raise awareness of hospice care. This year, the theme was 'This is what it takes' and to show what it takes to provide free hospice care to over 1,780 local people each year, we produced a series of short films with staff, volunteers and some of our patients. During Hospice Care Week we shone a light on some of the less known or celebrated activities it takes to run St Barnabas House – the gardeners and housekeeping teams, the art supplies, and cups of tea, and so much more.

This year also saw the launch of our Environment and Sustainability Policy, as all of us can help make a difference and contribute towards making St Barnabas Hospices a greener place. The related programme of work will drive efficiencies, reducing waste and enhancing quality.

We were excited and proud to have had several posters displayed at national conferences, such as the National Association for Hospice at Home and Hospice UK Conferences. It showcased our excellent care and support services, and the amazing work our staff and volunteers do.

Two of our nurses were awarded two highly sought-after and prestigious Florence Nightingale Foundation (FNF) national scholarships: one for an Emerging Leader scholarship, and the second for a Research scholarship. Their experience through this scholarship will be invaluable to our hospice.

One of our strategic ambitions is to be leaders and innovators in research and education and presenting and speaking to our communities and peers about best practice will not only share learning, but it will also enable close working relationships and collaboration with other organisations, including other hospices. To support our Research Strategy, we have appointed a Research Lead to take forward our ambitions set out in the strategic plan.

In January, we were very pleased to have formally signed a Memorandum of Understanding committing the seven Sussex Hospices to collaborate more closely. With the approval of individual Boards of Trustees, the hospices have agreed five areas of collaboration, which will be getting underway in 2020-21. The seven hospices believe that this shared approach will enable them to improve their reach, impact and effectiveness for patients and families throughout Sussex. The different work-streams will progress through staff members from each hospice working together along with joint investment in shared facilitation and programme management.

At the end of this financial year, like everyone else, we have unfortunately, encountered the challenges brought about by the Coronavirus pandemic. We all know that there will be some really tough months ahead of us, with the healthcare system, including hospices, falling under tremendous pressure.

I would like to take this opportunity to thank all our staff and volunteers. What we have achieved this year would not have been possible without all their hard work, focus and commitment not only for today, but also their dedication to improving our services for tomorrow.

This Quality Account is a means by which we can publicly share information about the quality of care services St Barnabas House provides. It is in a format common to other providers of services to the NHS.

This document is an account of the quality of healthcare in the form of an annual report, evidencing our achievements over the past year and our commitment to excellence through our quality improvements priorities.

The report has been prepared jointly by the Clinical Director and the Business Development Officer, and it is endorsed by the Board of Trustees.

To the best of my knowledge, the information within this Quality Account is accurate and a fair representation of the quality of care services provided by St Barnabas House.

**Cathy Stone**  
Interim Chief Executive Officer  
St Barnabas House



Part 2  
Looking back and  
looking forward

## Looking back 2019- 2020

The hospice has seen a few changes over the 2019-20 period which have presented new and exciting opportunities.

There have been some departures and new appointments amongst our Trustees. We would like to take this opportunity to thank our former and current Trustees for their support and dedication to St Barnabas Hospices.

After a short period as Interim, Rosemarie Finley was appointed as the hospices' CEO. We also had some changes within the Senior Management Team, with our HR Director, Steve Richards, and long-serving Income Generation and Marketing Director, Stephanie Smith, taking up new positions and challenges with other organisations. We wish them the very best in their new endeavours.

This has meant that there were two new appointments, and we have welcomed Dave Hays as the HR, Research and Education Director, and Becki Jupp as the Income Generation and Marketing Director. Both Dave and Becki bring a wealth of knowledge and expertise in their respective fields, and we are looking forward to working together.



## Priorities for Improvement

St Barnabas House provides end of life care services, both at the hospice and in the local community, to adults with advanced progressive life-limiting conditions.

### Priority 1 – Community Palliative Care Service review recommendations

#### What we wanted to achieve:

Following the previous year's full review of the service, a series of recommendations were put forward. Recommendations were made around decreasing variations in processes, further clarity around referrals and acceptance criteria, as well as increasing efficiencies around communication and strengthening team members' support.

We also aimed to assess the impact of the NHS Long Term Plan on our service and planned to look at developing closer relationships with Local Community Networks, Primary Care Networks, and to build on current collaboration with the commissioners.

#### What we achieved:

Following the completion of the review, we embarked on the implementation of its findings and recommendations. To support this critical area of work, we have appointed a Community Palliative Care Nursing Strategy Lead to ensure that this is done at the highest standard.

There was a re-structuring of the team and a full caseload review. This had a positive outcome, and we are proud that we no longer have patients waiting for urgent referrals. Since the implementation of the service's review recommendations, following referral, all patients are now contacted by phone, and they will be seen, should they wish, within 24 hours of referral.



## Priority 2 – Provision of in-patient and respite, including therapeutics

### What we wanted to achieve:

St Barnabas House has 20 in-patient beds, two of which are generally allocated for respite services. We are still running at 85% occupancy rate, which is in line with national guidelines. Over the past couple of years, we have seen a steady increase in demand, both for symptom management and respite beds. Coupled with this, there are patients with condition specific requirements. We need to ensure that the needs and wishes of our patients are fully met, and therefore, we wanted to review and explore options for additional support. This included development of additional care and support services for our patients.

### What we achieved:

We undertook a full review of the caseload, following which we held an away day attended by one of our Trustees, who is the Professional Head of Allied Health Professions (AHPs) at NHS Improvement. We went on to appoint a full time Occupational Therapist, and after a challenging year, we have successfully recruited to all vacant posts.

We undertake daily Board round reviews of all hospice in-patients to ensure their physical and emotional needs and wishes are met.

Through this work, and the appointment of new staff, we have successfully reduced our waiting list and we are looking forward to enhancing the delivery of this priority in the next year.

## Priority 3 – Development of integrated governance structure

### What we wanted to achieve:

We have worked hard to ensure the organisational Clinical and Non-clinical Governance Structures are robust.

We now have a fully functioning Clinical Governance and Care Quality Commission (CQC) compliance team. They support the delivery of safe and effective care based on available evidence and best practice.

We wanted to take this work forward and aimed to complete the full review of our policies. As part of this process, we wanted to integrate the clinical and non-clinical governance structures under Quality Assurance Committee (QAC), to ensure joined-up and seamless functions and activities.

### What we achieved:

We have a fully established Quality Assurance Committee (QAC) which incorporates non-clinical and clinical governance, as well as Information Management and Technology, which provide assurances of compliance across our services.

“

It is hard to actually put my feelings into words but when I came to Day Hospice last week it was like being discovered again as everyone cared so much and helped me to control my symptoms.

”

## Priority 4 – Information Governance and General Data Protection Regulations (GDPR)

### What we wanted to achieve:

St Barnabas Hospices has been working towards becoming research engaged, with further activities to be undertaken to achieve our long-term ambition of becoming leaders and innovators in research and education.

Part of this work was to consider our Information Governance processes. St Barnabas Hospices hold sensitive and personal information regarding patients and service users. The processing of this patient or person identifiable information (PII) is governed by the Data Protection Act 2018 (DPA). Other legislation and professional obligations also impact on this processing and we will review these as well.

Where staff work with other organisations, it is essential to disclose certain PII to provide a necessary service. The processing of PII under these circumstances requires consent to be addressed and where appropriate, supporting protocols and procedures to be in place to fulfil legal, professional, and ethical obligations.

### What we achieved:

#### Audits

An external on-site Information Governance Audit was undertaken in October 2019, which comprised of:

1. Review of 6 key Information Governance policies
2. A review of any current Privacy Notices
3. Review of training arrangements (including with volunteers, staff induction, contractors, as well as specialist areas such as Senior Information Risk Owner (SIRO), Subject Access Requests (SAR), Caldicott Guardian)
4. An appraisal of the organizational governance arrangements and current roles and responsibilities
5. An overview of the Data Breach Management responses and reporting procedures
6. A review of the current procedures regarding Data Protection Impact Assessments

A further paper based 'Policies and Processes' Review was undertaken in February 2020 by a third party which found St Barnabas Hospices policies and processes to be very detailed and concise. Any highlighted necessary changes, amendments and recommendations from these audits have either been completed or are being tracked through the Information Governance Committee (IGC).

“

Words will never be enough to express our gratitude for the care you showed our daughter. We are grateful she got to such an incredible and special place. You are all amazing, an incredible team and should be proud of what you do every single day and night.

”

## Toolkit

The Data Security and Protection (DSP) Toolkit is an online tool that enables organisations to measure their performance against data security and information governance requirements which reflect legal rules and Department of Health policy.

All organisations that have access to NHS patient information must provide assurances that they are practising good information governance and use the Data Security and Protection Toolkit to evidence this by the publication of annual assessments. DSP Toolkit submissions were made for St Barnabas Hospices (both St Barnabas House and Chestnut Tree House) with the required standards being met.

## Cyber Essentials Plus

Cyber Essentials is a Government-backed and industry-supported scheme that helps protect organisations against cyber-attacks. There are two levels of certification:

- Cyber Essentials is the minimum certification an organisation needs to implement to be able to bid for new public sector contracts which include the transfer of public sector identifiable information.
- Cyber Essentials Plus is a more rigorous test of an organisation's cyber security systems where cyber security experts carry out vulnerability tests to make sure that the organisation is protected against basic hacking and phishing attacks.

St Barnabas Hospices achieved Cyber Essential Plus certification in March 2020.

## Information Governance Committee

The Information Governance Committee meets quarterly, and an Information Governance report is presented at the organisational Quality Assurance Committee (which has Board of Trustees



# FREEDOM TO SPEAK UP

LISTENING TO YOUR CONCERNS

## Priority 5 – Freedom to Speak Up

### What we wanted to achieve:

All NHS trusts and foundation trusts are mandated by the NHS contract to nominate a Freedom to Speak Up Guardian. Whilst our hospices are not NHS organisations, we do provide NHS services, and it is considered best practice by the Care Quality Commission to make provisions for such a role.

Coupled with this, following the Gosport Independent Panel Report, the Government committed to legislation requiring all trusts in England to report annually on staff who speak up (including whistle-blowers).

Our aim is to deliver the best quality care, compassion and wellbeing to our patients, their carers, families, and colleagues. An important part of ensuring we continue to provide this is to create an open and honest reporting culture, where everyone feels safe to speak up and raise concerns at work. Regardless of the issue, it is important that it is listened to and dealt with effectively.

We therefore aimed to appoint a 'Freedom to Speak Up Guardian', a person who will be responsible for helping to raise the profile of 'speaking up', by providing confidential advice and support to colleagues in relation to concerns they have about patient safety, and/or the way their concern(s) have been handled.

### What we achieved:

We successfully appointed two Freedom to Speak Up Guardians, both of whom have been fully trained through the National Guardian Office training sessions.

The hospice's Whistleblowing Policy has been reviewed and updated to include information regarding FtSU, and regular reports will be submitted to the hospice's Board of Trustees to enable them to keep up to date on speaking up matters (including whistleblowing). Reports will be presented in a way that maintains the confidentiality of individuals who speak up.

“

To all the staff at St Barnabas from Doctors, nurses, carers, kitchen, and domestic staff not forgetting the volunteers for the care and comfort you gave to my husband. You treated him with great kindness and respect as you did with his son and myself. I will never forget you.

”



## Looking forward – 2020-2021

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Following the launch of our 5-Year Patient Led Strategy, our focus will be on ensuring services are fit-for-purpose and future-proofed. In support of our organisational strategy, we have identified three key quality improvement areas:

### Quality Priorities 2020-2021

1. Learning from the Coronavirus pandemic
2. Further develop collaborations within the new Local Health Economy landscape
3. Implementation of the next stage of the Research Strategy



## Areas for improvement

### Priority 1 – Learning from the Coronavirus pandemic

Following the COVID-19 pandemic, we had to temporarily close some of our services and staff were re-deployed, with staff from our sister children's hospice (Chestnut Tree House) joining and working with colleagues from St Barnabas House. This was both in the community, and in the In-patient Unit.

We wish to build upon this integration across both sites to include clinical and non-clinical services and learn from the circumstances we faced.

### Priority 2 – Further develop collaborations within the new Local Health Economy landscape

We want to maintain our care provision within the top decile across all services and ensure these are meeting our patients' physical and emotional needs and wishes.

There is a new landscape across the Local Health Economy, as several Clinical Commissioning Groups have merged. We want to continue and strengthen our collaboration within the local health economy, and forge new relationships in the emerging health and social care environment.

### Priority 3 – Implement the next stage of the Research Strategy

Following the appointment of the Research Lead, we will be focusing on taking the Research Strategy forward with the main goal being to undertake our own research projects, thus enabling us and the wider community, to provide the most appropriate care to our patients.

The immediate activity is to continue in participating in local and national research programmes, and to nurture the relationships already forged with local, regional, and national research organisations.

“

To everyone at St Barnabas. I want to say a huge thank you for looking after my mum during the last few weeks of her life. You were all so caring and treated her with dignity. She said that she enjoyed her pampering sessions and that you were lovely. I also want to thank you for the caring support that you gave to me and my husband. We couldn't have done it without you all. It meant that mum had her wish to be in her own home. We appreciated all your advice and understanding. You always went the extra mile!

”





## Mandatory statements

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### Review of service

During the period 1st April 2019 – 31st March 2020, St Barnabas House has provided five NHS services. These were as follows:

- In-patient Unit
- Day Hospice
- Outpatients
- Specialist Community Palliative Care Service
- Hospice at Home

St Barnabas House has reviewed all the data available to the organisation on the quality of care in all these NHS services.

The income generated by the NHS services reviewed in 2019-20 represents 100% of the total income generated from the provision of NHS services by St

Barnabas House. The income generated from the NHS represents approximately 15% of the cost of running these services, this is down from the 16% reported for the previous 12-month period.

### National Audit

There were no national audits applicable to St Barnabas House in the period 2019-20.

### Local Audit

The annual multi-professional audit programme is reviewed monthly at Clinical Governance meetings. The programme covers both local and national audits, and it includes statutory activities.

## Clinical governance – audits and reports 2019-20

### 1. Statutory/Legal Audits

Audit	Timeframe	Group Reporting To	Status	Actions Taken/Planned
Infection Control	Ongoing	Clinical Governance	Apr 2019 – Mar 2020	Compliant
Controlled Drugs	Jul 2019	Formulary & Medicines Management	Sep 2019	Compliant
Accountable Officer Controlled Drugs	August 2019	Formulary & Medicines Management	Nov 2019	Compliant

### 2. On-Going/regular Audits

Copying letters to Patients	Jan 2019	Clinical Governance	Jan 2019	Re audit in 1 year
Medicine security self-assessment tool	Sep 2019	Formulary & Medicines Management	Dec 2019	Audit completed
Prevalence of dermatitis amongst staff & flu vaccination programme	December 2019	Clinical Governance		Total uptake "All Staff" = 50.8%

### 3. Other On-Going Audits

DNACPR Audit	Feb 2019	Clinical Governance	Mar 2019	Discharge process with DNACPR form reviewed. Regular audit every 2 years.
VTE prophylaxis	Mar 2019	Clinical Governance	May 2019	Induction of new starters & Locum's to the St B's IPU medical team includes required information on VTE. Re-audit in 6-12 months' time.
Corneal donations	August 2019	Clinical Governance	June 2019	Reviewed and various recommendations implemented.
Antimicrobial stewardship	July 2019	Clinical Governance Formulary & Medicines Management	September 2019	Reviewed and various recommendations implemented. Re-audit in 4-6 months in view of low attainment of standards, then yearly.

Oxygen prescribing in Day Hospice	September 2019	Formulary & Medicines Management		Recommendation: Create a SystemOne template for patient who have been prescribed oxygen. Re-Audit 2021/22
Blood/iron infusion audit	August 2019	Clinical Governance		Feb20 data has been collated and is currently being analysed. Audit report to follow.

#### 4. Community Team Audits

Low clearance clinic attendees (Renal)	December 2019	Clinical Governance		Reviewed and recommendations put forward.
Syringe Driver	July 2019	Clinical Governance	August 2019	Current practice appropriate. Audit to be repeated to confirm ongoing adherence to current levels of practice.
Heart Failure	June 2019	Clinical Governance	August 2019	There has been significant improvement of the medical management of our patients with advanced heart failure with reduced ejection fraction.
Community Documentation	July 2019	Clinical Governance	December 2019	Areas for improvement. The audit showed the need for enhanced focus on all record keeping aspects that were reviewed. Series of recommendations made. Re-audit 2020.

## Clinical Research

The number of patients receiving NHS services provided or subcontracted by St Barnabas House in 2019-20 that were recruited during this period to participate in research approved by a research ethics committee, was five patients which were recruited for the national Motor Neurone Disease (MND) Register.

Throughout our care and support services, we aim to provide palliative and end of life care that is shaped by research where healthcare professionals are empowered to deliver services based on the latest evidence, and to develop new and innovative approaches to improve patients' outcomes.

One of the two scholarships awarded to one of our nurses, was to develop organisational capacity and capability for research. This scholarship led to the robust formation of the Research and Innovation Group, learning and education sessions to raise awareness of research and its importance, and formulate our Research Strategy.

Our ambition is to become leaders and innovators in research and education and the recently formed Research and Innovation Group aims to build the capacity and capability of our charity to become research engaged. In addition, the appointment of the Research Lead will drive forward the charity's research strategy.



## What does the Care Quality Commission (CQC) say about us?

St Barnabas House is required to register with the Care Quality Commission (CQC), the regulatory body that ensures that we meet our legal obligations in all aspects of care.

Since moving to our current site in March 2011 we have had four unannounced inspections, the last one being in February 2016. No further inspections have been carried out at St Barnabas House since the inspection on 22nd, 23rd and 24th February 2016. Following this inspection, the CQC gave St Barnabas House a rating of 'Outstanding'. This was an unannounced inspection and the strength of the overall clinical service at St Barnabas House is reflected in the fact that the highest rating of 'Outstanding' was attained.

### Registered Manager

The charity has developed a robust governance structure to provide compliance against the new Care Quality Commission (CQC) standards. This work is being taken forward by our Clinical Director, Cathy Stone, who is the CQC Registered Manager for both St Barnabas House and Chestnut Tree House.

We have also obtained a quality assurance software system that allows us to ensure that we are aligned with the CQC fundamental standards. It hosts all our clinical policies with a robust facility around version control and review due dates.

### Accuracy of our data

St Barnabas House shares recorded information in accordance with the Data Protection Act and monitors the handling of data through our Information Governance Working Group.

### NHS Number and the General Medical Practice Code

During 2019-20, St Barnabas House did not submit records to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics. St Barnabas House is not eligible to participate in this scheme.

### Self-Assessment Score

With the new General Data Protection Regulations (GDPR) introduced in May 2018, the NHS Information Governance toolkit has been replaced by the Data Protection and Security Toolkit. All organisations that have access to NHS patient information must provide assurances that they are practising good information governance and use the Data Security and Protection Toolkit to evidence this by the publication of annual assessments. DSP Toolkit submissions were made for St Barnabas Hospices (both St Barnabas House and Chestnut Tree House) with the required standards being met.

### Clinical Coding Errors

St Barnabas House was not subject to Payment by Results clinical audit coding during 2019-20 by the Audit Commission.

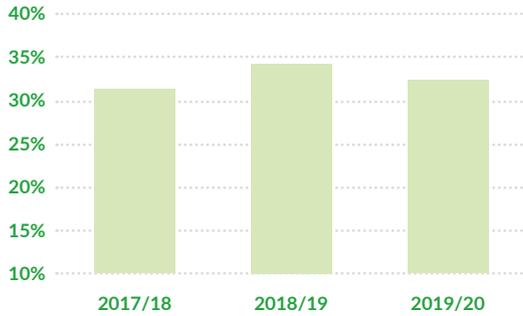
Part 3  
Review of quality  
performance



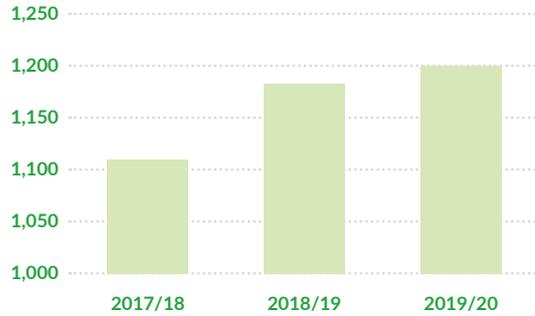
# Activity

The charts below show some of the activities undertaken by St Barnabas House:

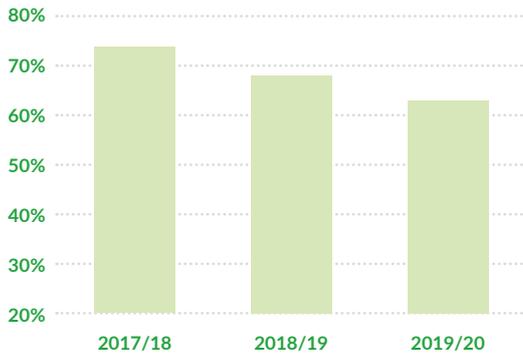
**% of patients cared for with non-cancer diagnosis**



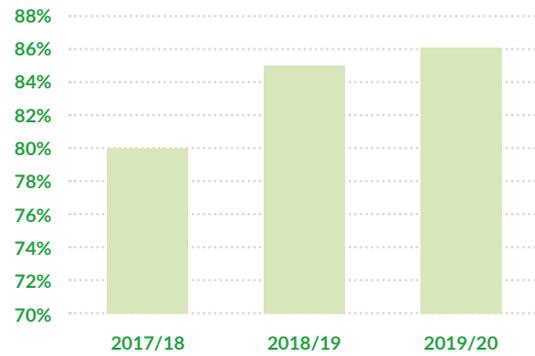
**New patients referrals to St Barnabas House**



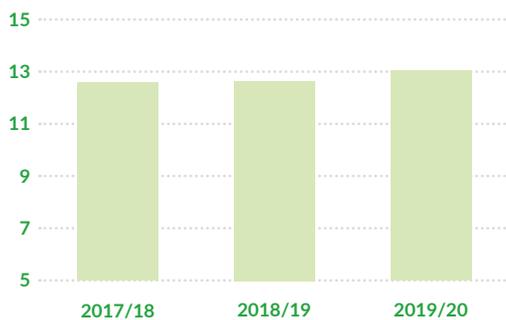
**Admitted to In-patient Unit within 3 days of request**



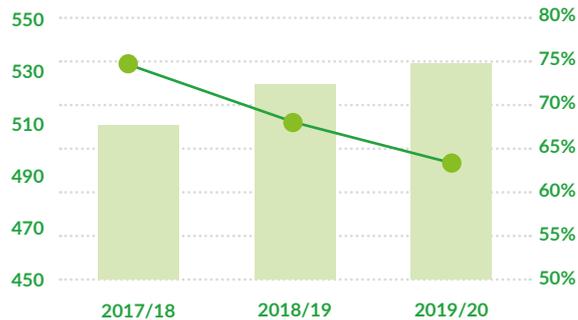
**In-patient Unit occupancy %**



**Average length of stay per patient on In-patient Unit**



**Waiting admission to In-patient Unit**

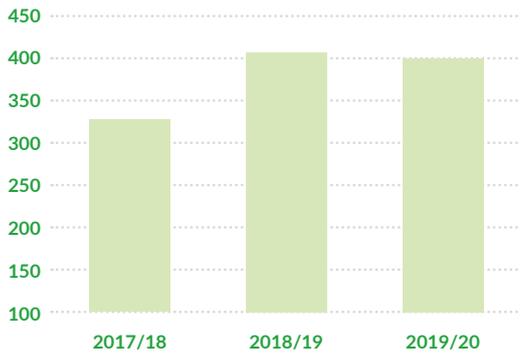


In line with national trends at around 12 days

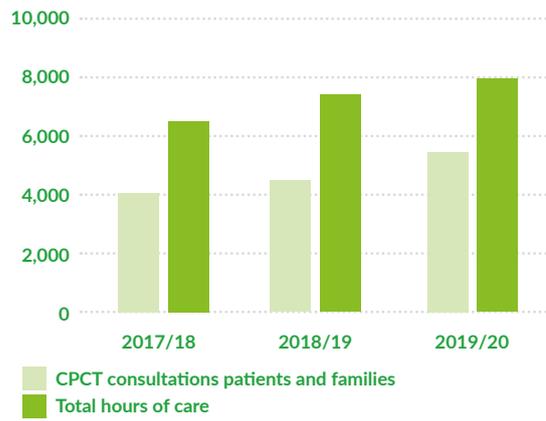
■ Number of patients on the waiting list  
● Admitted to In-patient Unit within 2 days of

The average wait for all admitted patients on the waiting list was 2.7 days

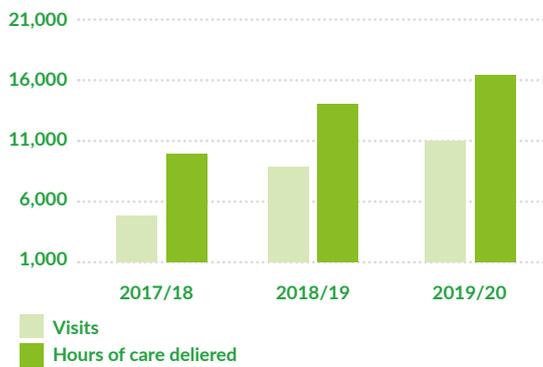
### Average monthly CPCT caseload



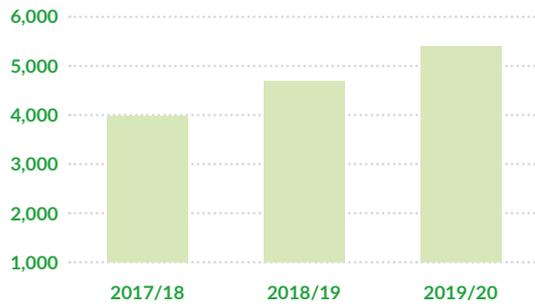
### CPCT activity



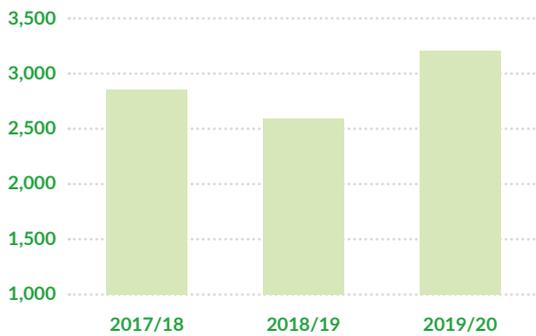
### Hospice at Home activity



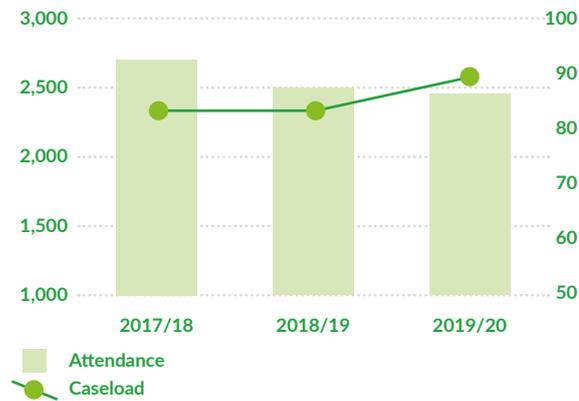
### CPCT consultations patients and families



### Therapy services sessions



### Day Hospice activity



## Mandatory training

In July 2019 we updated the organisational Statutory and Mandatory Training matrix, enabling us to support our staff with ease of access and timelines of required training. Monthly monitoring and review of mandatory and statutory training is undertaken via the internal HR Dashboard.

Over the past year, we have worked closely with our staff, HR, and the Education departments to provide on-line and face-to-face training sessions. Our overall average target for completion of mandatory training is 90%, and this year we achieved 95%.

All our staff are required to complete the mandatory training listed within the table below:

Course title	2017-18	2018-19	2019-2020
Cardio-Pulmonary Resuscitation	81%	91%	98%
Fire training	87%	92%	88%
Health and Safety	81%	93%	99%
Infection Prevention and Control	90%	97%	92%
Manual Handling	88%	90%	93%
Safeguarding Vulnerable Children	89%	89%	93%
Safeguarding Adults	88%	98%	98%
Mental Capacity Act	76%	90%	96%
GDPR	-	100%	98%
Average	85%	93%	95%

Medical Revalidation – statement received from Western Sussex Hospital Foundation Trust and we are in line with the statutory requirements.



## NICE guidance

Both NICE Quality Standard [QS13] for End of Life Care for Adults (published in 2011, updated March 2017), and NICE Guideline [NG142] for End of Life Care for Adults: Service Delivery (published October 2019) are regularly audited against.

## Quality data

### National Benchmarking – Hospice UK

Patient safety is a key domain of quality in hospice care. Quality indicators are useful to demonstrate safe and harm-free care.

In 2017, the NHS Benchmarking Network identified that benchmarking is the use of structured comparisons to help define best practice.

The Hospice UK Clinical Benchmarking toolkit focuses on three core patient safety metrics and two relating to patient activity and occupancy:

- Falls
- Pressure ulcers
- Medication incidents
- Length of stay
- Bed occupancy

### IPU benchmarking results data against Hospice UK data 2019-20

The Hospice UK data has been provided in a revised format and the results for St Barnabas House have been added to the benchmarking results and is shown in the table below.

The only area of concern remains as in previous years with pressures ulcers, which are unrelated to direct hospice care, and is around pressure ulcers present on admission for example from NHS providers, care homes or patient's actual homes.

#### Bed data – adults

	Hospice UK	St Barnabas
Bed occupancy	77%	86%
Average length of stay	15.8 days	13 days
Patients who were discharged to another place of residence	33%	45%
Patients who died at the hospice	67%	55%

#### Medication Incidents

	Hospice UK	St Barnabas
No harm reported from incident	88%	100%
Low harm reported from incident	10%	0%
Moderate harm reported from incident	<2%	0%
Incidents resulting in severe harm	6	0

## Patient Falls

	Hospice UK	St Barnabas
No harm reported on admission	60%	92%
Low harm reported at time of fall	37%	8%
Moderate harm reported at time of fall	2%	0%
Falls resulting in severe harm	20%	0%

## Pressure Ulcers

	Hospice UK	St Barnabas
Pressure ulcers reported on admission	66%	93%
Newly acquired pressure ulcers reported during stay	34%	7%
New Cat 1	20%	67%
New Cat 2	48%	11%
New Cat 3	6%	11%
New Cat 4	<1%	0%
New deep tissue injury	17%	0%
New unstageable	7%	(Unstageable) 11%

To support addressing this issue, the Local Health and Care Providers and the Clinical Commissioning Group have been made aware of this situation. Otherwise, St Barnabas House's performance against all parameters relating to tissue viability reflect an excellent positive care position.

## Patient Safety Incidents

St Barnabas House continues to report incidents and clinical events of concern and there is evidence of organisational learning. The Risk Register, when tested, reflects concerns and issues consistent with those identified at ward level.

The Quality Assurance Committee review themes, trends and improvements relating to serious and other untoward incidents (both staff and patients). The Committee reviews recommendations from site-based clinical and non-clinical governance reviews.

## Duty of candour

NHS England requires providers to indicate how they are implementing Duty of Candour. The Duty relates to the culture as well as the practice of being open and transparent with service users and relevant stakeholders, regarding care and treatment.

In the case of any serious clinical incidents reported then it will be subject to Duty of Candour.

## Infection Control

St Barnabas House had an excellent record of infection control throughout 2019-20. There were no hospice attributable cases of MRSA, C-difficile, or Norovirus. There were no reported outbreaks of any other infections and at no time during this year was St Barnabas House closed because of infection.

To ensure compliance and regular review, external audits are undertaken 6-monthly. Internally there is a schedule of on-going monitoring for infection control compliance.

### Covid-19 Pandemic

In response to the COVID-19 pandemic the organisation has implemented all Public Health England (PHE) guidance related to the care and management of suspected and confirmed cases of COVID-19. A weekly briefing is provided to a subcommittee of the hospice board which includes activity and adherence to compliance relating to the pandemic.

## Safeguarding adults

St Barnabas House had no serious safeguarding incident reviews during 2019-20.

A review of adult safeguarding training utilising the skills for health module which provides level III training to relevant staff is underway.

## Complaints

	Number of complaints
2017-18	12
2018-19	12
2019-20	3

All complaints whether formal or informal were fully investigated and were resolved in a timely and acceptable manner. A review of these complaints has not identified any theme relating to staff members or absence of training.

There has been a marked decrease in the number of formal complaints received at St Barnabas House during 2019-20 and reflects the positive care that is offered to our patients.

“

Thank you for the support and kindness you showed not only to mum but also to us as a family. You helped to make mum's final weeks as easy and comfortable as possible and for that we are so grateful. Although it may not have been for long the positive impact you had on one of the hardest times in our family's lives will stay with us for a long time to come. Thank you again.”

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## Quality Account Feedback

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It is an NHS requirement that Quality Accounts are shared, in draft, with Healthwatch and external scrutineers. (e.g. NHS England, CCGs, Healthwatch, Overview and Scrutiny Committees or the Health and Wellbeing Board).

### Coastal West Sussex Clinical Commissioning Group (now West Sussex CCG)

A copy of this account has been shared with the local commissioners.

We have requested supporting statements from external partners and stakeholders, and we are yet to receive their statements. We will publish these within this document as soon as received.

### HealthWatch

#### Other Healthcare Professionals and Partners

From Consultant:

“I just wanted to share the lovely feedback I received from one of our Consultants regarding the superb level of professionalism, knowledge, and expertise you demonstrated at a joint new patient visit today. You clearly led the consultation with confidence including tackling difficult conversations on a first visit. I would also add in conjunction with this feedback, that your beautiful handling of a particularly sad situation over the last few days has been deeply impressive and ensured each member of the family had both sensitive and informed support and care. A hard day but you can feel very proud of the care you have given.”

From a local funeral director:

“[...] further to our telephone conversation just to reiterate how much positive feedback we are receiving from the families we are taking care of regarding the superb job all of your team do. I personally sat with the daughter of the late Mrs [...], who was close to tears when she was talking about how both her mother and the rest of her family had been treated by members of your team.”





**We are connected**



**We are courageous**



**We are caring**

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 [www.stbh.org.uk](http://www.stbh.org.uk)

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