

THE MYTON HOSPICES  
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QUALITY ACCOUNT



# Our Quality Account

The Quality Account is an annual report that summarises how the organisation is working to improve the quality of its services, the progress we have made and our priorities for the coming year.

## Contents

### Statement from the CEO

#### Part 1: Welcome to Myton Hospice

- Our Vision
- Our Mission
- The services we provide

#### Part 2: Review of Quality Performance

- Patient safety
- Clinical Effectiveness
- Statements from the Care Quality Commission (CQC)

#### Part 3: Service Improvements 2017/18

- Living Well Project
- Fatigue and Breathlessness (FAB) programme
- Lymphoedema Service

#### Part 4: Other achievements during 2017/18

- Learning and Development
- Quality End of Life Care for All (QELCA©)
- Extra Mile Award'

#### Part 5: Priorities for improvement 2018/2019

- Building on the success of Living Well and FAB programmes
- Implementation of Outcome Assessment and Complexity Collaborative (OACC) suite of measures into clinical practice.

## Introduction from Ruth Freeman CEO

On behalf of the Board of Trustees, the Senior Leadership Team and everyone who works or volunteers for us I am pleased to present The Myton Hospices Quality Accounts for the period 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018.

Our organisation is dedicated to ensuring that people with a life limiting condition living in Coventry and Warwickshire and their families have access to a range of high quality services at which they are the centre. We consistently evaluate our practise and welcome feedback from those accessing our services so that continuous improvement is embedded in everything we do.

The year has seen continued growth in patient numbers; we provided clinical support for an additional 17% more patients than in the previous year and when those that were offered advice and signposting are factored in that figure increases to 41%. These figures clearly demonstrate our on-going commitment to extending our reach and improving equity of access to all of our services.

One of our key objectives is to reach patients earlier in their illness to ensure that they get our specialist support as soon as possible; enabling them to live their normal lives well for longer. With this in mind we introduced two new programmes at our Coventry Hospice in 2017: Living Well and Coping with Fatigue and Breathlessness, following their success we aim to roll these services out to our hospices in Warwick and Rugby later in 2018.

The beginning of 2018 saw the implementation of our new clinical database which will give us the data we need to shape our services in the future to guarantee that patient needs are identified and met and that they and those that love them stay firmly at the heart of what we do.

We were delighted to receive a very positive Care Quality Commission Report in 2016 this is testament to the dedication and expertise of our medical and nursing teams and to everyone at Myton who makes a contribution to the work that we do.

To the best of my knowledge the information reported in this Quality Account is accurate and is a correct representation of the quality of services provided by The Myton Hospices.

Ruth Freeman

# Part 1: Welcome to Myton Hospice

## Our Vision

Myton believes everyone across Coventry and Warwickshire has the right to a good, natural death, the way they want it to be and with their loved ones supported.

## Our Mission

The Myton team provide high quality, specialist care to people whose condition no longer responds to curative treatment, from diagnosis to death. We aim to meet their physical, psychological, spiritual and social needs and ensure their families are supported both through and after this difficult time. We are also committed to training, supporting and encouraging other care providers to practise good palliative care

## Our Values

**RESPECT** and dignity for all

**VALUE** every individual and ourselves

**ONE MYTON**, One Team, One Goal – delivering holistic care

**PROFESSIONALISM** in all we do

## 1.2 The services we provide

The Myton Hospices are the only provider of in-patient hospice care in Coventry & Warwickshire. We have hospices in Warwick, Coventry and Rugby and specialist nursing teams that care for people in their own homes. We care for anyone with a terminal illness, aged 18 years and over registered with a GP in Coventry and Warwickshire.

Our day hospices, in **Coventry**, **Rugby** and **Warwick** offer a wide range of on-going support, which complements the treatment patients may be receiving elsewhere. Many people want to have choice over where they are cared for in the last weeks and days of life. Our Hospice at Home team support people who wish to stay in familiar surroundings, and be cared for in their own home.

- We support our patients and families' spiritual and emotional needs as well as looking after their physical symptoms
- All our care is provided free of charge
- We support families, including children, before and after bereavement
- We provide education and training in palliative and end of life care to other health and social care organisations

## Part 2: Review of Quality Performance

### 2.1 Patient Safety

#### Patient safety incidents

Patient safety remains a key priority for Myton Hospice we have a strong reporting culture, where safety incidents are reported and mechanisms are in place to ensure that we investigate all patient safety related incidents in a timely manner.

Where an incident results in a patient sustaining a significant harm i.e. a fracture to a limb following a fall or development of a Grade 3 or 4 pressure ulcer whilst in our care, we undertake a full investigation to determine any contributing factors and put measures in place to help prevent such an occurrence happening in the future.

Our Clinical Governance framework ensures that outcomes from investigations are communicated widely across our clinical teams to ensure shared learning takes place; additionally all incident reports are discussed at our Clinical Governance Committee and reported to our Board of Trustees.

We routinely notify the Care Quality Commission of all patient related incidents whereby significant harm has been sustained and advise them of the outcome of our internal investigation.

During 2017 Myton Hospice reported **10** incidents involving a patient sustaining a significant harm; **7** were related to the development of a Grade 3 pressure ulcer, the remaining **3** incidents related to significant harm sustained by patients following a fall/collapse.

#### Pressure ulcers

Whenever a patient develops a Grade 3 (or above) pressure ulcer whilst in our care our investigation process reviews the nursing and medical records to ensure the patient's risk of developing a pressure ulcer has been assessed and any identified preventative measures have been put in place and have evaluated daily. This provides us with assurance that we are appropriately meeting the care needs of our patients when they are at their most vulnerable.

It is important to acknowledge when discussing pressure ulcers that a number of patients admitted to the hospice are identified as either having existing skin damage or are deemed at high risk of these developing. In someone who is terminally ill they may not be able to tolerate the frequency of repositioning for pressure ulcer prevention. In these cases, pressure damage may be an unavoidable consequence as they approach the end of their life.

Following investigation 6 out of the 7 hospice acquired pressure ulcers were assessed as unavoidable i.e. all measures had been put in place to prevent or minimise the risk of skin damage and had been appropriately monitored and evaluated. However, 1 patient's grade 3 pressure ulcer was deemed to be avoidable.

Whilst the investigation revealed the patients risk had been evaluated and preventative measures were in place in relation to the patients lying and sitting position, no consideration had been given to the potential risk posed by the foot rest straps on the patient's wheelchair. The rubbing from the straps had caused a Grade 3 pressure ulcer to develop. As soon as the pressure damage to the patient's heels was recognised measures were put in place to rectify this and fortunately the patient's skin began to recover.

### Patient falls

All 3 incidents were fully investigated; all patients had undergone an appropriate risk assessment and where a need was identified falls prevention measures had been put in place. 2 patients sustained hip injuries as a result of a fall whilst mobilising; the 3rd patient collapsed whilst standing at the sink and also sustained an injury to her hip.



As an organisation we recognise as disease progresses muscles may become weakened contributing to a greater risk of falling. Limiting the activity of patients may be seen to lessen their risk however, confining the patient to bed will only make them frailer and subject to falls when they do wish to walk.

For patients who have a terminal illness we attempt to maintain as much independence for the patient as possible whilst keeping them safe. We incorporate 'falls mats' (a pressure device that is located next to the patients bed/chair which triggers an audible alarm to alert staff that the patient is mobile) into our falls prevention care plans.

A recently developed patient information booklet has been produced which advises patients and their relatives of how they can assist the nursing and medical team in keeping them safe and free from harm.

## Cleanliness and Infection Control

The prevention and control of healthcare acquired infection (HCAI) is a fundamental component of the care delivered within The Myton Hospices and via our Myton at Home service and is essential to the provision of a safe clinical and working environment. Our nursing and care teams undertake annual training as a mandatory requirement to ensure our practice meets national standards in relation to the prevention and control of infection.

Hospice site	Compliance score 2017	Compliance score 2018
Rugby Myton	99%	99%
Coventry Myton	99%	100%
Warwick Myton	99%	99%

Annual environmental audit is undertaken as part of our service agreement with Coventry and Warwickshire Partnership Trust Infection Prevention and Control team. During February 2018 all 3 Hospice sites were inspected using an adapted Infection Control Nurses Association (ICNA 2005) audit tools for the community setting. Results were excellent with very few additional actions noted.

## 2.2 Clinical Effectiveness

### Participation in clinical audit

Clinical audit enables us to measure our practice against agreed standards and can demonstrate where the service is doing well, and where there could be improvements. Each year our nursing and medical teams work in collaboration to establish a robust clinical audit programme for the forthcoming year. The audit programme provides an opportunity to:

- Assess the effectiveness of practice improvements implemented in the previous year(s)
- Undertake formal audit where a need has been identified following any significant incidents or events
- Measure practice against an agreed set of standards, identifying areas for improvement/development

- Encourage staff to become involved in audit
- Provide our senior management team and board of trustees with assurance in relation to patient quality and safety.

<b>Clinical Audit Programme 2017</b>	<b>Date</b>
<b>Governance audit of Clinical Environment</b>	Undertaken in December 16/January 18
<b>Use of Steroids</b>	January 2017
<b>Advance Care Planning Documentation</b>	Undertaken in Dec 2016 presented in February 2017
<b>Prescription Chart - prescribing of medicines</b>	April 2017
<b>Identity and Management of Terminal Agitation</b>	April 2017
<b>Nursing Documentation</b>	May 2017
<b>Annual Infection control Audit</b>	February 2017 February 2018
<b>Nurse Independent Prescribing Activity</b>	June 2017
<b>Hand Hygiene Audit</b>	Monthly
<b>Steroid Prescribing</b>	July 2017
<b>Physio/OT documentation</b>	July 2017
<b>ReSPECT Form implementation</b>	May 2017 /presented July
<b>Care After Death Documentation</b>	June 2017/ presented July
<b>Discharge Summary</b>	July 2017 / presented August
<b>Privacy &amp; Dignity</b>	December 2017
<b>Medicines Management</b>	January 2018
<b>Monthly spot check audits IPU's</b>	Monthly on-going
<b>Quality and Safety Audit</b>	Monthly on-going

## Patient experience

Whilst we pride ourselves on the delivery of high quality patient care we are very aware there will always be opportunities for improvement. Analysing feedback, whether positive or negative, enables us to gain a better understanding of the experience our patients and their relatives receive across several aspects of our care provision. We currently formalise the capture of patient feedback in 3 ways;

1. **Complaints**
2. **Real Time survey**
3. **Post Bereavement survey**

### Complaints

Complaints may be received as a formal, written correspondence but may also be verbal or part of a response to other correspondence such as a survey. A complaint may not necessarily always be highlighting a significant concern, it maybe someone simply bringing to our attention something that has not met their expectation. All complaints raised in relation to clinical care are discussed at our Clinical Forum; it is the responsibility of the Clinical Governance Committee to discuss complaints relating to standards in clinical care on behalf of the Board of Trustees.



Of the 11 complaints received during 2017, 1 was subsequently withdrawn. 10 complaints related to:

<b>2 x Survey letters prompting subsequent complaints</b>	<b>Bereavement survey letters continue to be issued with the acknowledgement that these may incur negative feedback due to the survivor's bereavement process</b>
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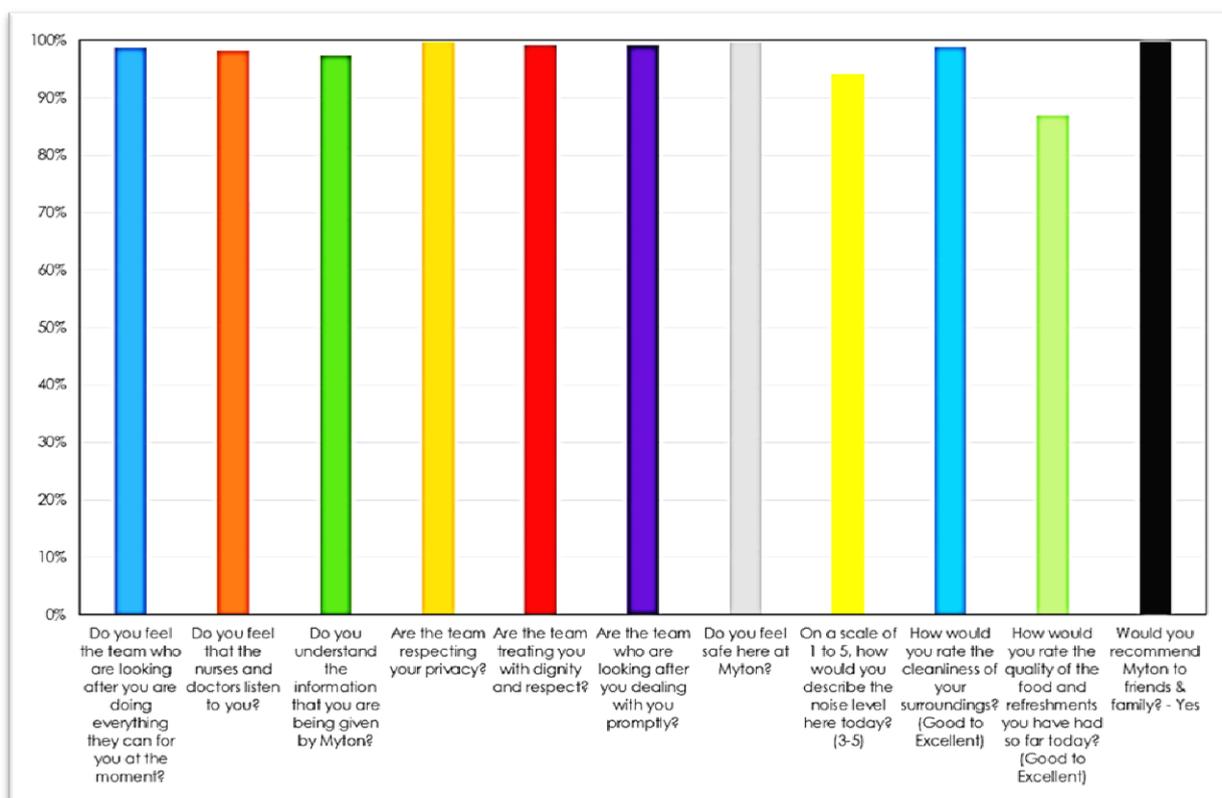
<b>1 x Day Hospice attendance</b>	Communication. Resolved following discussion between the patient and the Deputy Director of Nursing
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<b>3 x Referral and discharge process</b>	Referrals and discharge processes currently under review and has incorporated some of the feedback provided via the complaints
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<b>4 x Stay on Warwick Inpatient Unit</b>	The contents of these complaints relate to staff attitude and communication. 2 cited that clinical care could have been improved. The Ward Manager has fed back all concerns to staff and identified areas of training/mentoring. All nursing staff have been reminded of Myton's expectations
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## Real Time Survey

Our volunteers conduct face to face 'real-time' surveys, whereby feedback is captured via an electronic device at the point of care during the patient's stay or visit. The majority of questions are closed-ended but free-text comments from respondents are also recorded. The table below illustrates the cumulative satisfaction percentages recorded during 2017. Additionally a number of actual patient comments lifted directly from our real time survey have been included and demonstrate the 'difference' Hospice care can make.



*I was really struggling in hospital and the hospice has made all the difference. I've got bed sores and my first thought was "lovely a comfy bed" and it's been wonderful*

*This is the second set of sessions attending Day Hospice and feels very fortunate to be able to do so. Really enjoy company and interesting day that is arranged for people who attend, and enjoys the beautiful surroundings*

*Had a bath for first time in thirty years cos I've got bad legs - it was wonderful*

*In for pain management and was a bit anxious when I was referred as hospice has such a stigma attached to it. But it's been amazing*

*Do not have enough words to express how good they are.*

*Dr Katherine and the nurses have been amazing. Thank you, your kindness will live forever in our hearts xxx*

*I consider myself to be extremely fortunate to be here. The professionalism of the staff is outstanding and I particularly love the humour*

*Day hospice gets me out of the house and I enjoy the company*

*Because I've deteriorated so quickly, everything has been such a whirl. Coming in here has allowed us as a family some head space to sort out everything and to plan how to live the end of my life. The advice and support I've been given has been fantastic and I'm so grateful to everyone. I'm incredibly fortunate to be here and can't praise the hospice enough.*

## **Post Bereavement Survey**

Surveying bereaved relatives provides an insight into the experience of people whose 'voice' may not otherwise be heard. This post-bereavement survey gathers data retrospectively, using a postal questionnaire, from persons recorded as the next of kin in the deceased person's healthcare record. The postal survey response rate for the first 6 months of 2017 was only 29% despite pre-paid envelopes being provided. In an attempt to increase our response rate it is our intention to provide an option for future surveys to be completed on line.

The main findings are captured below;

- Whilst only **38%** of respondents indicated Myton Hospice as their relative/friends preferred place of death it is reassuring to note that most respondents **93%** whose relative died here believed that on balance this was the right place for them to have died
- The majority of respondents felt that the care the patients received from our doctors (**87%**) and nurses (**91%**) was either exceptional or excellent
- **89%** reported that they were either always or usually kept informed about the patient's condition
- **94%** of respondents confirmed that our nurses and doctors explained treatment, tests and updates on the patient's condition in a way that they found easy to understand
- **93%** of respondents either agreed or strongly agreed that the patients' personal care needs were met and enough help was available in relation to giving medicines and maintaining comfort
- **67%** of respondents agreed that the whilst being cared for in Myton the patient's pain was managed/relieved all the time, with **24%** indicating this was completely achieved some of the time
- **90%** of respondents identified that they required emotional support from our Hospice team whilst their relative/friend was in the Hospice, of those **86%** felt that they received this support when needed

- 30% of respondents' relative or friend shared a room with another patient during their stay at Myton. Out of those 42% felt this had a negative impact on the patient's level of privacy and dignity whilst 42% felt sharing a room had no impact.

## Improved patient information

It was recognised following a review of our written patient information that our approach to producing patient information was inconsistent and in some areas the quality of information fell below an acceptable standard. As a result, our clinical and marketing teams are working in close collaboration to produce a suite of patient information booklets that are of an excellent standard. Robust peer review has provided constructive feedback to authors enabling the production of information that is both clear, concise and produced in a standardised corporate format. Some teams have been able to actively engage patients in the production of certain service specific information.

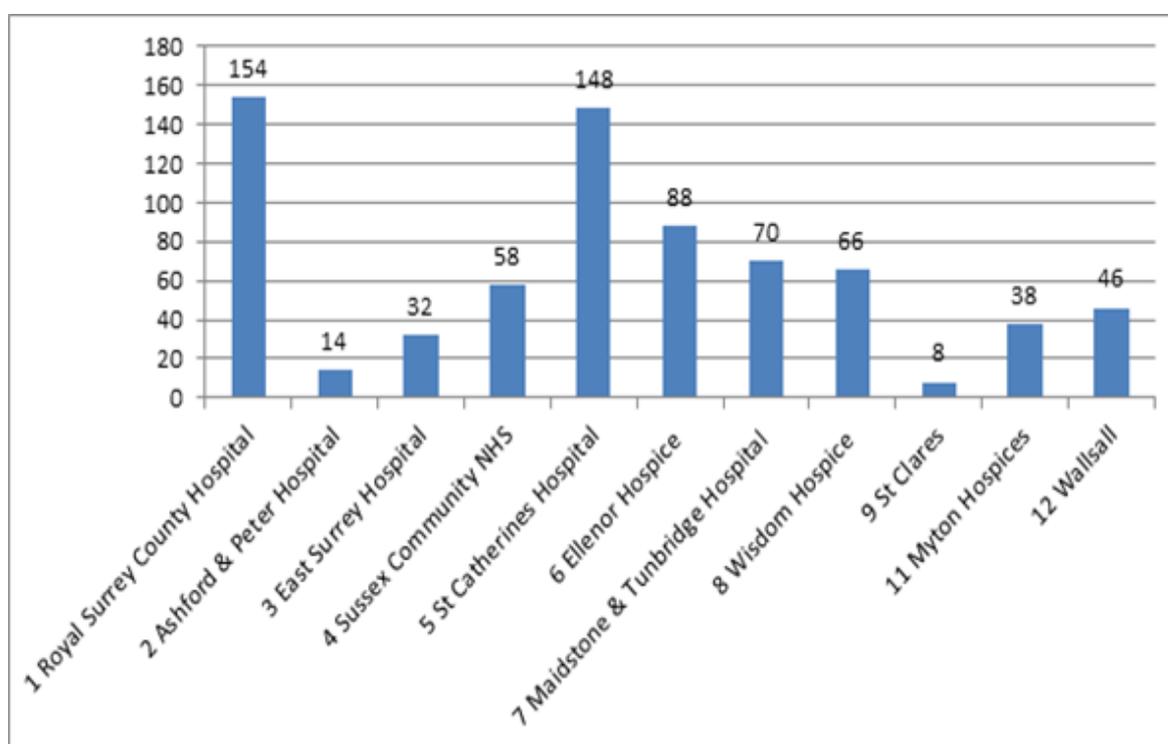
We are especially proud of our fully revised bereavement booklet which is now out in practice.



## Participation in Research

### Alcohol study

Last year we agreed to participate in the Alcohol Study, an observational study investigating the prevalence and impact of alcohol-related problems in cancer patients and their caregivers. This is a study from the National Portfolio and so we are one of 12 different sites across the country who are taking part. We came to this study late but feel proud of how many we have managed to recruit in a short time. The graph demonstrates recruitment numbers across the different sites involved at the end of last year. We have continued to identify patients for this and have managed to reach our local targets. The study is very soon to close so it will be very interesting in the future to receive the feedback from our participation in our first portfolio study.



In addition to participating in the study, we continue to try and raise the profile of research within the organisation. We received very good feedback from our Introduction to Research afternoon that we held to increase the awareness of research that has been taking place locally but also to illustrate what support is available to encourage research generated by our own staff. We would like next to be able to conduct a survey of our staff and volunteers to try and establish people's understanding of research in the hospice setting. The Clinical Research Network are offering to support us with this.

**Dr Jo Poultney Consultant in Palliative Medicine**

## 2.3 Statements from the Care Quality Commission (CQC)

The Care Quality Commission (CQC) is an independent regulator of health and adult social care service providers in England. They work with providers to make sure health and social care services provide people with safe, effective, compassionate, high-quality care and where the need for improvements are identified the CQC will support and monitor to ensure improvements are achieved.



All 3 Hospice sites have been inspected by the CQC during 2016 and received an overall rating of **GOOD**.

*The leadership team continuously looked at the local community to see how best they could respond to people's needs. Excellent work was being done in identifying the needs of the local population by developing services to meet those needs.*

### **Coventry Myton Hospice - inspection date 15<sup>th</sup> October 2016**

*People were extremely confident and positive about the abilities of staff to meet their individual needs in the right way and at the right time for them. The leadership team supported staff to undertake relevant training and career development. This was one area the leadership team had focused on to ensure improvements in care when required so that it remained effective in meeting people's palliative and clinical needs with best practice shared in end of life care.*

### **Warwick Myton Hospice – inspection date 12<sup>th</sup> to 15<sup>th</sup> September 2016**

*We received very positive feedback about the care provided by the volunteers and staff. People who used the service and their relatives felt staff went out of their way to support them in a kind, caring manner and went above and beyond what was expected to meet their diverse needs. Staff developed positive, respectful relationships with people and were kind and caring in their approach. Relatives of people who received a hospice at home service praised staff for their kindness and thoughtful ways whilst caring for their family members. They appreciated the service offered which meant their family members could have their wishes of dying at home fulfilled due to the support they received.*

### **Rugby Myton Hospice – inspection date 21<sup>st</sup> July 2016**

## Part 3: Service Improvements 2017/18

One of our strategic challenges when introducing new services was to move away from our current service based approach to become more patient and person centred. We recognise future service developments need to move away from the traditional "one size fits all" model providing greater flexibility in working to meet the needs of the individual concerned.

We developed 2 service development projects during 2017; both have received excellent feedback and it is our aim to upscale both the Living Well and Fatigue and Breathlessness (FAB) programme across all 3 hospice sites in 2018.

### 3.1 Living Well Project

The Living Well Project (LWP) was opened to referrals in December 2016 in Coventry. The concept was to test a different model of community support for people with a life limiting illness who were in the palliative phase of their illness but who were unlikely to access the existing Day Hospice model of care and who didn't require In patient care. The project was based on a person centred philosophy, putting the individual at the heart of the assessment process and working in partnership to tailor a plan of care to their specific needs.

A significant amount of time in this first year has been given to promoting the service, developing the understanding of referrers and building relationships with existing and new referrers. Referral into the service commences with a holistic assessment with our Lead Nurse. Following assessment those referred are able to access other core services Occupational Therapy, Physiotherapy, Complementary Therapy, Counselling and some Art facilitation.

Many of the people referred to The Living Well Project continue to receive physically demanding and time consuming treatment regimes such as chemotherapy; they carry a heavy "appointment burden" in relation to their illness. Some people have felt that being given time and space to tell their story has been powerful and beneficial. The element of choice within the project has been noted with high regard by some of those referred "*having something for me, not done to me*". Some have found this empowering but the challenge for others is moving away from "*you know what is best for me*" to "*I know what is best for me*".

The positive effects of complementary therapy sessions have been clear, not only from comments: "*I needed that*" "*I will be recommending this to everyone*" "*I feel energised*", but also from positive changes visible in stance and demeanour post session.

**Excerpt from Sarah Erian - Lead Nurse Report 2017**

### 3.2 Fatigue and Breathlessness (FAB) programme

The last 18 months has seen the introduction and development of a Fatigue and Breathlessness (FAB) programme in Coventry. This 6 week programme of education and support is aimed at individuals with a life-limiting condition e.g. Chronic Obstructive Pulmonary Disease (COPD), heart disease, cancer, renal failure, Motor Neurone Disease (MND) for whom breathlessness is a core symptom, but who may also suffer from the associated symptoms of fatigue, fear and anxiety.

The programme adopts a multi-professional, evidence based, proactive approach to managing the symptoms in the current time but also in preparation for times of exacerbation and future deterioration. In excess of 50 participants have completed FAB programme in 5 groups. Both participants and referrers have reported the programme as successful and as a valuable component in helping manage the crippling impact of breathlessness on quality of life. In addition, the fact that the programme is facilitated by palliative care professionals and hosted in the Hospice has increased participants knowledge and understanding of the role of palliative care in their illness experience, as well as the knowledge and understanding of referrers about the value of palliative care service for this group of patients. Following FAB some participants have appropriately been referred to other Myton services which they otherwise may not have accessed.

Participant feedback:

- One participant reported that on at least one occasion he didn't call Paramedics when breathless, when previously he would have done
- *"It helps to lift the Myton fear factor, most welcoming, lovely place."*
- *"The staff were wonderful. We were treated with dignity and respect. Their knowledge and professionalism are second to none."*
- *"I have a much greater understanding of my symptoms and how to manage them."*

Based on participant feedback an additional FAB drop-in session has been commenced. This is a 2 hr session bi-monthly is for any previous participant and their carer to drop in, seek advice, guidance and support. This is facilitated by the FAB team but encourages peer support and promotes social support.

**Maggie Tink Deputy Director of Nursing Community Services**

### 3.3 Lymphoedema Service

In April 2017 we were contacted by the General Manager of Cancer Services at South Warwickshire NHS Foundation Trust (SWFT). Due to a retirement in the team of staff that provided the Lymphoedema service to cancer patients, the service at Warwick Hospital required temporary suspension whilst a new service provider was sought. Until a new service provider is confirmed the Lymphoedema service at Myton Hospice Warwick has agreed to accept referrals and treat patients on behalf of Cancer Services at Warwick Hospital.

Adopting a collaborative relationship with health care professionals both in the Aylesford Unit at SWFT and within local community services has enabled us to provide patients with timely assessment, treatment and ongoing management. The service at Myton has proven to be extremely popular with patients and their relatives as per the comment below;

*"Yesterday my wife accompanied her father to the Lymphoedema Clinic at Myton in Warwick. Everyone smiled and said hello, made them very welcome and a cup of coffee. Lynn, the Liverpoolian nurse, was said to be delightful and will be regarded as the font of all knowledge on Lymphoedema.*

*My wife said this was how healthcare should be and how it once was when nurses had more time (she hasn't nursed for 30 years). You are very lucky to work in such a wonderful environment"*



## Part 4: Other achievements during 2017/18

### 4.1 Learning and Development

We believe that learning and development can promote a healthy culture and safe working environment for all employees and volunteers. We encourage our employees to engage in continuous professional development in the firm belief that this will lead to better care and outcomes for our patients.

Like many hospices and other healthcare organisations we are working in an era of significant change and it is important that we equip our workforce to respond to these challenges. Our learning and development programmes aim to support and build resilience and wellbeing throughout Myton; we use e-learning resources to deliver and in some cases complement our mandatory training programme for our employees and volunteers.

#### **Geoffrey Etule Director of Human Resources & Organisational Development**

During 2017 our Head of Clinical Learning and Development has developed an extensive clinical training programme delivered by internal and external facilitators. In addition to our staff, 43 delegates from external organisations including care homes, acute trusts and other hospices have attended. The feedback via the evaluation forms has been excellent. It is our intention to build on this success during 2018 and look to extend the programme content.

### Quality End of Life Care for All (QELCA®)

Myton Hospices have been working in collaboration with University Hospitals Coventry and Warwickshire NHS Trust (UHCW) to improve palliative care for patients at University Hospital in Coventry and Rugby. There are now 35 trained Quality End of Life Care for All (QELCA®) champions working with their colleagues on 21 wards at UHCW to improve palliative care for their patients.

Senior ward nurses from all over University Hospital and the Hospital of St Cross spend a week at The Myton Hospices learning more about the way Myton's staff provide palliative and end of life care. At the end of their week's training UHCW staff return to their own ward areas to work with their nursing, medical and allied health professional colleagues, empowered to improve the care provided for terminally ill patients in their hospital.

The latest group of 2017 UHCW nurses have evaluated their week at Myton very well – one even said it was; *“the best course I have been on in my entire nursing career”* While another commented; *“I thoroughly enjoyed the study sessions and believe it will be beneficial to my department and practice in the future.”*



## 4.2 Staff Health and Wellbeing

On Monday 17<sup>th</sup> October, we launched our first Health and Wellbeing Week across all three sites to encourage staff and volunteers to enhance their understanding of health and wellbeing. Our Health and Wellbeing Week aimed to encourage staff and volunteers to explore different ways of improving their mental, physical and emotional health and wellbeing.

Throughout the week, staff and volunteers were invited to take part in a range of activities from mindfulness sessions and spa treatments from Zen Ten Spa to salsa lessons and health walks. Staff and volunteers also competed in a pedometer challenge to encourage staff and volunteers to take as many steps as possible throughout the week. Organisations from across Coventry and Warwickshire, including Slimming World, Hilton Group, Simply Health, Fair Trade and the NHS, also hosted information stands across each hospice site throughout the week.

At Myton, we firmly believe that promoting health and wellbeing is good for our staff and volunteers in order for them to provide the very best care and support for our patients and other service users. Going forward, we plan to hold an annual Health and Wellbeing Week as we recognise the benefits of having a healthy workforce for our patients.

## 4.2 'Extra Mile Award'



The Coventry Integrated Motor Neurone Disease (MND) Multi-Disciplinary Team received an 'Extra Mile Award' on Friday 17<sup>th</sup> March 2017 from The MND Association for its outstanding contribution to coordinated support for people living with MND in Coventry. Members of the integrated team include neurology, respiratory and palliative care from University Hospitals Coventry and Warwickshire NHS

Trust, the community palliative team, speech and language therapists and dieticians from Coventry and Warwickshire Partnership NHS Trust, and palliative care services at Myton Hospice. The group meets monthly and is hosted at Coventry Myton Hospice. Founded in 2009 the group comprises of a team of health professionals with a special interest in MND, with the aim of:

- Regularly monitoring and reviewing people living with MND
- Ensuring coordination and cooperation between service providers
- Keeping up to date with trends, research information and drug trials
- Improving flexibility and speed of response to referrals
- Providing an opportunity for educational events

Alongside the MDT meeting there is a monthly clinic for patients to attend where they can meet with the MDT in one appointment, supplemented by continued support from specialists within the community teams as required by the person living with MND

## Part 5: Priorities for improvement 2018/2019

### Priority 1 -Building on the success of Living Well and FAB programmes

We developed 2 community service development projects during 2017; both have received excellent feedback. Our Board of Trustees have supported a proposal to upscale both the Living Well and Fatigue and Breathlessness (FAB) programme across all 3 hospice sites in 2018.

#### Living Well

Embedding the Living Well Project (LWP) within Myton's Community Service portfolio will be a positive step in ensuring that Myton continues to reach out to those who need flexible community palliative care support at a time when other services or service providers are unable to meet their needs. The longer term outcomes for those accessing the LWP are yet to be seen, however feedback suggests that some people

- are actively engaged in planning for their future care and treatment, when they previously reported not being able to do this
- having a feeling of choice and control
- are accessing other palliative care services including Inpatient care.

#### FAB

Recent reviews with referrers from local respiratory services and the Coventry and Warwickshire Respiratory Special Interest Group have again highlighted their request for access to the Fatigue and Breathlessness FAB programme for those living in South Warwickshire and Rugby. It is anticipated that the provision of a FAB programme on the Warwick site will result in a similar uptake to Coventry.

For Rugby there are two additional factors which suggest that a FAB programme would be beneficial:-

- a) Community Advanced Clinical Practitioners advise that Rugby respiratory patients currently have to travel outside of Rugby to access Pulmonary Rehabilitation services and many are unable to even when they were physically more able.
- b) the planned launch of the 'Take a Breath' social support programme will bring together groups of respiratory patients on a weekly basis which will make it possible to identify and assess those patients most likely to benefit from FAB programme and create a nature referral route.

## Priority 2 - Implementation of Outcome Assessment and Complexity Collaborative (OACC) suite of measures into clinical practice.



As an organisation we are totally committed to excellence and high quality care delivery, however up until now we have relied on a combination of patient feedback and the 'box full of thank-you letters' as proof that we are doing a good job. We therefore can only assume, rather than evidence, that we are truly meeting the needs of all our patients and their families. The use of OACC is nationally recognised as best practice within the wider specialist palliative care arena, with a significant number of healthcare providers both NHS and third sector viewing the use of outcome measures as integral

to daily clinical practice.

The introduction of the OACC measures into our clinical practice during 2018 will enable the wider Multidisciplinary Team (MDT) in collaboration with the patient to use the information revealed to;

- Facilitate the identification and screening of physical, psychological, spiritual and social unmet needs that might otherwise be overlooked
- Provide information on disease progression and impact of treatment prescribed
- Promote the model of patient-centered care by shared decision-making
- Facilitate discussion in relation to priorities and expectations regarding outcomes of treatment and disease progression, including advance care planning

## Priority 3 - Continue to build a collaborative working relationship with other Specialist Palliative Care Providers across Coventry and Warwickshire Implementation of Outcome Assessment and Complexity Collaborative (OACC) suite of measures into clinical practice.

In Coventry & Warwickshire Specialist Palliative Care (SPC) services are delivered by a number of providers incorporating both NHS and Hospice service provision. While some elements of current arrangements work well the general view is that SPC services can be fragmented and at times, difficult to navigate for both healthcare professionals and patients/families.

Developing a more collaborative approach to healthcare delivery is becoming increasingly important with more emphasis being placed on health and social care professionals from a wide range of disciplines working across professional and organisational boundaries together with patients, families, and carers to deliver the highest quality of care.

Myton Hospice is fully committed to the concept of collaborative working to improve services for our patients and their families; we know that by sharing knowledge, skills and expertise across the county we will ensure patients receive the most appropriate and best care possible when they need it most.

A number of initiatives are already underway and it is our intention to work in close collaboration with SPC colleagues to embed these changes into practice and continue to seek further opportunities with partner organisations throughout 2018.

During early 2018 Myton joined the Collaborative Specialist Palliative Care Services across Coventry and are proactively involved in;

- The delivery of a training programme for GP Practices within Coventry & Rugby.
- Establishing a 'Super MDT' for patients in Coventry known to Specialist Palliative Care Services
- Working with partners to explore the feasibility of establishing a Collaborative Specialist Palliative Care Services referral Hub in Coventry