



**Shooting
Star Chase**
Children's Hospice Care



**Quality Account
2017/18**

Contents

Part 1: Statement from the Chief Executive of Shooting Star Chase

Part 2: Priorities for improvement and statements of assurance from the Board

2.1 Key priorities for improvement 2018/19

Patient safety

Clinical effectiveness

Patient experience

2.2 Statements of assurance from the Board

Review of services

Part 3: Review of quality performance

Patient safety progress made in 2017/18

Clinical effectiveness progress made 2017/18

Patient experience progress made 2017/18

Service data

Patient safety

Part 1: Statement from the Acting Chief Executive

I am very pleased to present the fifth Quality Account for Shooting Star Chase Children's Hospice covering the year 2017/18 which demonstrates significant progress on our previous years' priorities.

Shooting Star Chase is a leading children's hospice charity caring for babies, children and young people with life-limiting conditions, and their families. We support families from diagnosis to end-of-life and throughout bereavement with a range of nursing, practical, emotional and medical care.

Our responsive care service includes short breaks at our two hospices (Shooting Star House in Hampton and Christopher's in Guildford), Hospice at Home, day care, symptom management, end-of-life care, bereavement care and a comprehensive range of therapies and support groups for the whole family.

The aim of this report is to give clear information and assurance about the quality and safety of our services, to demonstrate that our children, young people and their families can feel safe and well cared for and that all of our services are of high quality. The report will give clear status updates of the priorities identified for last year and will demonstrate the organisation's excellent progress and outcomes for all of those priorities. In addition the report will identify key priorities going forward for the coming year (2018/19).

We could not ensure such high standards of care without the hard work of our staff and volunteers, and together with the Board of Trustees, I would like to thank them all for their support.

The Quality Governance and Risk Committee provides guidance, assurance and support to the Shooting Star Chase Board on all matters relating to clinical governance, and monitors clinical governance activities through a robust reporting structure from floor to Board. The committee has a particular remit to ensure that the hospice has a culture of continuous learning and improvement and to champion an open approach to care.

We were inspected by the Care Quality Commission at Christopher's in July 2016 and I am proud to report that we were awarded a second overall outstanding rating, following the outstanding rating received for Shooting Star House in 2014.

2017/18 was an exceptionally challenging year for the charity where it needed to make savings and seek sustainable additional income of £1.25m to address a long term funding deficit.

To achieve this with the lowest possible impact to the quality of our service we set clear quality criteria under which savings would be made ensuring the risks of making the savings were fully analysed and assessed. I am confident that this work has led to the lowest possible impact of making these cost savings.



Due to the sensitive nature of our work and the need to engage with our families who are often in the most difficult of circumstances we needed also to determine appropriate ways to communicate and consult with them about our changes. Our family engagement work since the changes were made has also indicated high ongoing levels of satisfaction with the service.

We also needed to engage with the 22 CCGs and 16 local authorities in our catchment area, to demonstrate the need for our children's needs to be addressed through sustainable statutory funding rather than simply via fundraising. I am pleased to say this communication was successful and we have significant commitments for increased sustainable statutory income in the 2018/19.

During 2017/18 we also implemented a significant upgrade to the electronic care system that is used by the hospices that had taken three years of planning, developing and testing. This allowed staff to connect remotely through tablets to record child and family information, develop their own care plans and submit electronic notes. This was implemented successfully and the remaining modules in the system will be rolled out during the coming year.

Shooting Star Chase's Director of Care and all clinical managers are responsible for the preparation of this report and its content. To the best of my knowledge, the information in the Quality Account is accurate and a fair representation of the quality of care provided by Shooting Star Chase.

Piers Vimpany

Acting Chief Executive

Part 2: Priorities for improvement and statements of assurance from the Board

2.1 Key priorities for improvement in 2018/19

Following consultation with care managers and hospice leaders, and using feedback from service users, incidents and complaints, Shooting Star Chase identified the following six priority areas for quality improvement in 2018/19.

Patient safety – Key priorities 2018/19

Priority one – Develop and measure the culture of a learning organisation

As an organisation we are committed to continuous learning and development, and improving harm-free care.

In order to achieve this, in 2018/19 we will:

- Introduce a bedside safety checklist for high risk ventilation care
- Review the current process for body mapping and strengthen practice and education for unexplained bruising in response to recent incidents
- Implement actions learning from a serious incident at another children's hospice, including survey of staff willingness to challenge as well as introducing the 'can do safely' culture
- Review policies and process for information security in line with GDPR e.g. secure email service, update consent for media photography policy
- Undertake a detailed electronic care plan review to ensure safe effective risk planning

Priority two – Care and nursing workforce and recruitment

Care and nursing workforce will continue to be a priority in the coming year as a skilled and stable workforce is crucial to the provision of safe care.

With the success of the recruitment work over the last two years, we need to build on this in 2018/19 by ensuring we retain and train our workforce.

We also need to support teams through the impact of provision changes following restructures.

In order to achieve this we plan to:

- Improve mandatory training compliance
- Focus on strategies for retention and resilience of staff, to include nurse remuneration and the implementation of Burdett rotation program
- Strengthen clinical leadership training – roll out team building workshops across both hospice sites and aspire to engage with NHS Leadership academy and Mary Seacole programme
- Work with CHaL (Children's Hospices across London) to develop a shared educational framework and competencies

- Review model for antenatal and neonatal referrals and explore the potential for a link neonatal nurse

Clinical effectiveness – Key priorities 2018/19

Priority three – Enhance care through clinical informatics

At Shooting Star Chase we are committed to the use of technological solutions to support clinical effectiveness. Following the safe and successful implementation of a new system of electronic care records in 2017/18, we are now committed to completing the implementation of the wider scope of the system and further develop our use of informatics to enhance the care we provide.

In order to achieve this we will:

- Complete implementation of the remaining systems of The Care Database in manageable phases, including nurse rostering, administration reporting and therapy bookings.
- Develop and appoint the Clinical Informatics post to enhance quality and safety
- Continue to review, learn and troubleshooting as the system and new ways of working are established
- Provide ongoing training for staff according to their level and style of learning to enable high-quality clinical records

Priority four – Leading change and adding value

At Shooting Star Chase, as in other similar organisations, we are facing challenging times as the demand for our services and complexity of treatment grows, and resources become ever more squeezed. It is essential that we ensure the services we provide are affordable, continue to add value to the children and families we support and represent good use of our resources.

Care staff are uniquely placed to lead positive change based on interventions that can add value to our families and do less of the things that create unnecessary process driven work.

In 2018/19 we want to build on the clinical review undertaken in 2017/18 to ensure we have a responsive, sustainable and affordable care service that continues to support and care for our families.

To achieve this we will:

- Undertake an evidence-based clinical-led review of the model and provision of therapeutic and non-therapeutic groups to maximise value to the families we support and the organisation
- Work with partners in a neighbouring local authority to deliver a pilot educational program for carers in special educational needs services
- Establish professional working arrangements with our partners in Local Authorities and CCGs to ensure robust pathways of care for the children we support

- Aim to deliver 750 statutory funded respite nights to children who are assessed as requiring additional support in their Education, Health and Care plans
- Review our model of care and allocation of care models through 2018/19 in tandem with statutory funding work

Patient experience – Key priorities 2018/19

Priority five – Move to a responsive care model

In 2018/19 we will continue to co-design our services with supported families to ensure we are responsive to their needs.

As part of this work we will:

- Undertake a bereaved family survey to better understand how we can support families in collaboration with other services
- Introduce ‘feedback fortnight’ in order to develop a greater breadth of information from families, focusing on capturing timely information on what we can improve
- Develop and recruit the Family Link Worker role to respond to family priorities
- Review current care allocation and consider moving towards a needs based assessment
- Review and develop our transition model to support the young person moving into adult services
- Introduce a family friendly webpage to publicise groups and events available to them to enhance family engagement and access

Priority six – Work collaboratively to achieve NICE quality standards

Priority six is to work collaboratively with our partners to deliver end-of-life care for babies, children and young people that meet the NICE quality standard 2017.

In order to achieve this we will:

- Review our Hospice at Home provision and work with other providers to enable home as a real choice of place of death for children and young people, and to provide a robust 24 hour nursing service in the community
- Implement a regular operational audit to measure our compliance to NICE standards for choice of place of death
- Review model for antenatal and neonatal referrals and explore the potential for a link neonatal nurse

2.2 Statements of assurance from the Board

Review of services

Participation in national clinical audits

During 2017/18, no national clinical audits and no national confidential enquiries covered the NHS services that Shooting Star Chase provides.

Participation in in-house clinical audits

As documented as part of the Priorities for Improvement above, Shooting Star Chase has a comprehensive internal audit cycle.

Participation in clinical research

The number of patients receiving NHS services provided or sub-contracted by the hospice in 2017/18 that were recruited, during that period, to participate in research approved by a research ethics committee was zero.

Use of the Commissioning for Quality Improvement and Innovation (CQUIN) payment framework

Hospice income in 2017/18 was not conditional on achieving CQUIN goals through the commissioning for Quality and Innovation payment framework. We do not use any of the NHS National Standard Contracts, therefore we are not eligible to negotiate a CQUIN Scheme.

What others say about us

The hospice is registered with the Care Quality Commission (CQC) and its current registration status is unconditional. The hospice has no conditions on registration. The CQC has not taken any enforcement action against the hospice during 2017/18.

Both hospices have an outstanding rating.

Data quality

The hospice did not submit records during 2017/18 to the Secondary Users Service for inclusion in the hospital episode statistics, which are included in the latest published data. This is because the hospice is not eligible to participate in this scheme.

Clinical coding error rate

The Hospice was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

Part 3 – Review of quality performance

Patient safety – progress made in 2017/18

This section describes the progress made against the patient safety priorities set for 2017/18.

Previous year priority one – Develop and measure the culture of a learning organisation

Our priority for 2017/18 was to further develop the learning culture at Shooting Star Chase, embedding the new governance processes, building on previous work and introducing ways in which we could benchmark our outcomes effectively.

What we did

- We developed and introduced into our practice a bed side safety check list and plan for two high risk care procedures:
 - NG tube feeding in response to NPSA guidance
 - Long-term ventilation care
- We took action to learn directly from a serious incident in another children’s hospice regarding a child on long term ventilation, we introduced:
 - A refreshed ventilation training day for our staff
 - Nominated ventilation leads at each hospice
 - A bedside handover safety plan
- We introduced a ‘safety snippet’ section in the Care Bulletin bringing learning from incidents to the whole care team
- We introduced a system for reporting issues and incidents related to the new Care Database and for taking remedial/improvement actions
- The senior care leadership quality and risk team benchmarked our services against NICE guidance and quality standard using the published tool and identified gaps in services offered to families and children

What the outcomes were

- The rate of medication incidents per administration remained low: 2018 Q4 Shooting Star House 0.14% and Christopher’s 0.15%
- There was a significant improvement in quality of documentation in medication charts compared to previous year: 90% were fully compliant with policy
- Incidents, accidents and complaints were reduced overall by 21% and the severity was also reduced. All were categorised as low or moderate severity
- We implemented a new nasogastric tube risk assessment document and a learning package
- We implemented a new bedside safety plan for ventilation care and introduced a ventilation lead at each hospice site

Previous year priority two – Care and nursing workforce and recruitment

Appropriately skilled care and nursing workforce continued to be a priority in 2017/18 as a skilled and stable workforce is crucial to the provision of safe care.

What we did

- Following a review of staff resilience using the Hospice UK self-assessment tool, we developed a bespoke package of resilience training and rolled this out to all staff
- We held Chief Executive and Director of Care briefings and engagement meetings with staff and teams to support them through the transformation of care services and the restructure
- We supported the therapies team through a root and branch review of the groups provision to ensure we made changes that enhanced care and provided more value to supported families
- We worked with CHaL to review competencies for children's hospices, however this work was superseded by a project to develop a rotational program for nurses across the sector

What the outcomes were

- We have optimal staffing in place for nursing, care and therapy services with vacancies only where posts are under review
- Our average in-house occupancy remained above target at 90%

Clinical effectiveness – progress made in 2017/18

This section describes the progress made against the clinical effectiveness priorities set for 2017/18.

Previous year priority three – Care information system

A key priority for care in 2017/18 was the safe implementation of a new system of electronic care records to enhance and support our staff by providing the tools they need to carry out safe and effective care.

Shooting Star chase are committed to the use of technology solutions to support clinical effectiveness. Our priority was to prepare the care information system and our staff to ensure safe implementation of the new system from April 2017.

What we did

- We safely and successfully implemented the electronic patient record, care planning and reporting, and bookings system of The Care Data base using a phased approach
- We put in place a robust incident reporting system / log for The Care Database project in order to ensure concerns or issues that arose were quickly identified and actioned
- We appointed a clinician to work on The Care Database for the implementation phase to identify clinical risks and best practice opportunities

- We provided ongoing training for all staff members according to their level and style of learning to enable high-quality clinical records
- We introduced a two-way feedback system for staff to review on implementation and published a newsletter about The Care Database to report on progress

What the outcomes were

- The Care Database was successfully implemented in May 2018 when all clinical staff received their own handheld tablet device for bed side recording
- All clinical staff that required it received bespoke training on their specific learning needs until they were confident in its safe use
- 24-hour technical and advice support was in place for ongoing troubleshooting

Previous year priority four – Leading change and adding value

At Shooting Star Chase, as in other similar organisations, in 2017/18 we faced challenging times as the demand for our services and complexity of treatment grew, and resources become ever more squeezed. We had a priority therefore to ensure the services we provide are affordable, continue to add value for our children and families and represent good use of our resources.

What we did

We undertook a clinical led review of our services to ensure we have a sustainable and affordable care service that continues to support and care for our families.

- We mapped our focus of care with the Senior Care Leadership Team, reviewing it against the newly published best practice NICE guidelines to identify the priorities for care and the key interdependencies that exist between services
- We used this work to inform the changes in services that were needed, whilst at the same time adding value to families where we were able to
- We partnered with our local authority to design and provide a bespoke clinical learning package for staff working in a children's centre, using our expertise to support across boundaries
- We reviewed our annual review system of children receiving our care service and reduced the burden of time and stress on families by ensuring a more responsive approach
- We developed some workable pathways of care with the local authority to provide statutory funded respite for children with the most complex needs
- We reviewed our suite of support and therapeutic groups to ensure we offered the best value for the staff time commitment and changed the offer for families, adding value where we could

What the outcomes were

- We increased cost effectiveness of the care provision, achieving the targeted reduction in costs whilst maintaining and in some cases enhancing the service to families e.g. the groups
- We have secured commissioning for the provision of a bespoke training programme with a neighbouring local authority

Patient experience – progress made in 2017/18

This section describes the progress made against the patient experience priorities set for 2017/18.

Previous year priority five – Co-design our services with supported children and families

Shooting Star Chase is committed to further developing our focus on co-design to shape our services and funding model.

What we did

- We completed a family survey to better understand how families are supported through statutory funding
- We arranged workshops with supported families, the Chief Executive and Director of Care to listen to their views and share our plans
- We introduced a new fair and transparent process for recruiting families to special days out in response to feedback in the family survey
- We have a project in place reviewing how we can implement a valid user outcome measure for children's hospices

What the outcomes were

- Feedback from the survey and workshops has enabled us to better support families to access new statutory funding for respite nights to meet their needs
- We have agreed to fully adopt the assessment of family's needs undertaken by the local authority
- Families have fed back to us that the new process is now fairer

Previous year priority six – Refurbishment of Christopher's Hospice

The refurbishment of Christopher's Hospice was a key priority for us in 2017/18. It was essential that we carried out the work to meet supported family's needs and Care Quality Commission feedback with the least disruption to business continuity whilst maintaining safe care.

The work was completed on time and on budget with minimal disruption to our care provision. The work included enhancement of the environment plus work to ensure current safety standards were met. This included handwashing facilities and removing carpeted areas that had become an infection control risk. It was necessary to close the hospice for a two week period, however children receiving critical end-of-life care were moved to our other hospice.

What the outcomes were

- Excellent user feedback on the refurbishment
- Safety standards for infection control met
- Knowledge and learning from others and a benefit of cross site working
- Mandatory and other essential training completed during closure of Christopher's

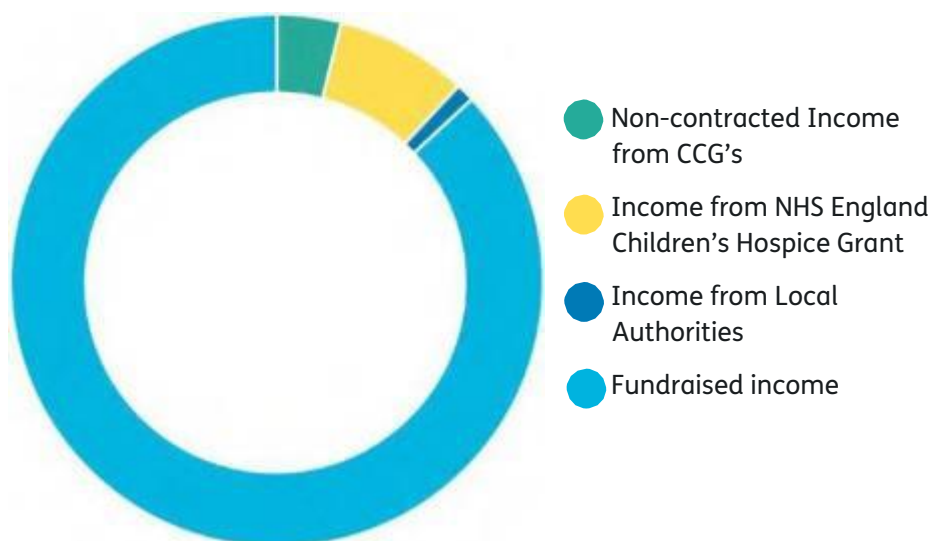
Service Data

Shooting Star Chase did not provide any direct NHS services. We have reviewed all the data available to us on the quality of care across our services.

All services delivered by our hospices are funded through a combination of fundraising activity, the Children's Hospices Core Grant from NHS England and some ad hoc funded activity, usually emergency stays, from a range of CCG's and local authorities. The total funding received from CCG's in 2017/18 was £261,616 this came from 12 CCG's for the care of 18 children, however none was contracted income via a standard NHS contract.

Cost of running Shooting Star Chase care service	£ 7,497,000
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Non-contracted Income from CCG's	£ 261,616	3%
Income from NHS England Children's Hospice Grant	£ 640,107	9%
Income from Local Authorities	£ 126,561	2%
Fundraised income	£ 6,468,716	86%



Please find below a snapshot of the services that we provide based on the data that we collect.

Children, families and siblings total

	C's	SSH	Total
LLC Children supported	309	340	649
Bereaved families	81	151	232

The total number of LLC children and families supported has risen by 6% (30 more families). The number of bereaved families has increased by 8%.

Referrals

Referrals	Total
Received	125
Accepted	110

Deaths

Deaths	Total
Total	71
In the hospice	16

Nights

	Total
Respite	2995
Emergency/EOL	276
Total	3,271

EOL care

	Total
EOL Nights	192
EOL Care in the Community Hrs	
Bereavement Suite Nights	200

Hospice at Home activity

	Total
Short Break Hrs	6424
Average Hrs per child per year	13

Children and Families by CCG

Each child's GP is linked to a Clinical Commissioning Group. There are 21 CCG's officially in our catchment area, although as can be seen from the list below, children also come from other CCG Areas.

CCG
NHS Barnet CCG
NHS Bracknell and Ascot CCG
NHS Brent CCG
NHS Central London (Westminster) CCG
NHS Coastal West Sussex CCG
NHS Crawley CCG
NHS Croydon CCG
NHS Ealing CCG
NHS East Surrey CCG
NHS Guildford and Waverley CCG
NHS Hammersmith and Fulham CCG
NHS Harrow CCG
NHS Hillingdon CCG
NHS Horsham and Mid Sussex CCG
NHS Hounslow CCG
NHS Kingston CCG
NHS Lambeth CCG
NHS Merton CCG
NHS North East Hampshire and Farnham CCG
NHS North Hampshire CCG
NHS North West Surrey CCG
NHS Portsmouth CCG
NHS Richmond CCG
NHS Slough CCG
NHS South Eastern Hampshire CCG
NHS Southampton CCG
NHS Surrey Downs CCG
NHS Surrey Heath CCG
NHS Sutton CCG
NHS Wandsworth CCG
NHS West London (Kensington and Chelsea, Queen's Park and Paddington) CCG

Patient safety

Incidents by type and severity 2017/18.

Safeguarding report

There were 38 safeguarding concerns raised about children in our care in 2017/18. This is compared to 32 concerns in 2016/17.

	low	minor	mod	major
Medication – Procedural	2	41	0	0
Medication – Transcribing SSH	0	13	0	0
Medication – Transcribing Other	0	0	0	0

Medication – Near Miss	0	8	0	0
Security	1	8	0	0
Verbal Aggression	0	0	0	0
Violent Behaviour	0	3	0	0
Other – Care	2	35	2	0
Other	0	14	0	0
TOTAL	5	122	2	0

Updated policies

In 2017/18, the following policies were reviewed and updated:

- Serious Untoward Incident
- Central Alerting Management
- Lone Worker - Care
- Oxygen Management of Piped/Cylinder
- Standards of Record Keeping
- Hydrotherapy Pool Safety & Management
- Anaphylaxis
- Administration & Storage of Medicines
- Intimate Care & Caring for Children of the opposite sex
- Management of Health Records
- Food Handling & Hygiene

To do this, we researched others organisations policies on these subjects and devised procedures that we feel make the reporting and tracking of any incidents easier for staff. We have changed the timescales of reporting safeguarding concerns in order to minimise the possibility of delay for children/young people. We have also devised an action plan and feedback element of the safeguarding form to ensure that there is a full circle of communication and information sharing as per lessons learnt in serious case reviews and recommendations nationwide. The feedback element of the form is to aid learning and development across the organisation.

Safeguarding report

When we receive information about a family that does not meet threshold for a safeguarding referral, we fill out an advisory form in order to track the work that we undertake and place actions for other staff members if appropriate. This ensures that all actions are monitored and reviewed regularly. It also aids communications between professionals and keeps the information in one place that everyone appropriate can access.

When we receive safeguarding forms we input these onto a spreadsheet so that the information around timescales and frequency is monitored. There is a quarterly audit that is undertaken by the Shooting Star Chase Designated Lead for Safeguarding.

Transition

We have been working closely with the three adult hospices in Surrey to create a triage system for young people to enable them to access the local

adult hospice provision. A very strong partnership has been established with these hospices and a Transition Conference for both professionals and parents was held.

Training

We hold mandatory training for all staff and volunteers within the organisation. This is a three hour session for direct care members, 2.5 hours for care support staff, 1.5 hours for non-care staff and 1 hour for volunteers. These take place regularly throughout the year. We also meet with new staff as part of their induction.

Direct work with families

Upon referral by Shooting Star Chase staff, we undertake direct work with families based on need. This includes work on parenting, assisting with housing needs, care/support packages, benefits, immigration etc.

We also attend statutory meetings for families using our services. These include safeguarding meetings, Core Group Meetings, Looked After Children Reviews, Child In Need Meetings, Team Around the Child Meetings and Strategy Discussions. Our knowledge of frontline services helps us to support both staff and families at these meetings.

Supervision

As part of our profession and role as a safeguarding team, we have an external supervisor who sees the social workers individually every four to six weeks for 1.5 hours and who meets with the social workers and Designated Lead for Safeguarding for group supervision for 1.5 hours every three months. This provides us with a space for reflection and learning.

Group work

We are involved in the following groups to offer our skills and expertise:

- Dads' Days
- Memory Days
- Siblings' Groups
- Grandparents' Days

MDT/panel

We attend MDT weekly and Panel fortnightly

Working groups

We are facilitating communication and challenging behaviour working groups. These groups were created as part of the actions identified from incidents and feedback from families to address learning and development needs for staff. The groups meet once every eight weeks and are gradually implementing changes within the organisation that will improve the services offered to Shooting Star Chase supported families.

Clinical effectiveness

Please see Priority for Improvement two for details of our full clinical audit cycle.