


Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Community Health Services NHS Trust and Butterfly Hospice

Report to	Health Scrutiny Committee for Lincolnshire
Date:	15 February 2017
Subject:	The Butterfly Hospice, Boston

Summary:

This report provides information to the Committee on the Butterfly Hospice in Boston, which opened to in-patients in 2014. In 2015 (the Hospice's first full year), 106 patients were admitted to the Hospice, with the number of admissions increasing to 161 for 2016.

The report also provides information on the planned future developments for the Hospice.

Actions Required:

- (1) To consider and comment on the information presented on the Butterfly Hospice.

1. Background

Butterfly Hospice – History

There was a meeting of approximately 600 local Boston residents in September 2000 to discuss the need for palliative care in the local area. Later that year a Trustee Board was formed for The Butterfly Hospice Trust. The Trust is a registered charity and private limited company. (It is not uncommon for charities to be registered as

limited companies, as this status means that trustees and individual employees cannot be liable for business debts). Fundraising began in earnest and £1.2 million was raised in order to build the hospice. In March 2009, NHS Lincolnshire (the former primary care trust) committed to commissioning twenty two additional community in-patient beds for service users identified as end of Life in localities across Lincolnshire in order to prevent inappropriate hospital admissions, support choice for those people dying in acute care and at home and meet the supportive and palliative care needs of Service Users. The building was opened in 2011 by the HRH The Princess Royal. As a result of the 2009 commitment six in-patient beds were commissioned in Boston by Lincolnshire East Clinical Commissioning Group (LECCG). A three year partnership agreement was put in place between the Butterfly Hospice and Lincolnshire Community Health Services NHS Trust (LCHS) in August 2014, and the first patient, Cecil Taylor, was admitted to the Hospice in 2014.

Model of Care

The care is delivered with a nurse-led model with GP input. LCHS provide the nursing care and the Butterfly Hospice Trust agreed to raise the funds to cover all the operational and maintenance costs associated with the building. The Butterfly Hospice also employ chefs and housekeeping staff. Recently wi-fi has been installed for the benefit of patients and visitors.

The key principles of care are followed to ensure End of Life Care Service Users: -

- are treated with dignity and respect at all times
- receive effective symptom management whatever the diagnosis
- have choice and control over where they would prefer to die
- are in the company of people who care about them when they die

Expected Outcomes

The Butterfly Hospice has the following expected outcomes: -

- Increase the quality of life for Service Users through the reduction of distressing symptoms
- Increase Service User and Carer/family satisfaction of the service
- Increase the number of Service users who achieve their Preferred Priorities of Care (PPoC)
- Increase the number of Service Users who achieve their Preferred Priorities of Death (PPoD)
- Service users will have an Advance Care Plan in place
- Increase the number of non-cancer Service Users accessing services
- Reduce the number of deaths in acute hospitals
- Reduce carer strain and anxiety in the short term

Referral Criteria

The Butterfly Hospice has the following referral criteria: -

- The referring clinician shall have answered “no” to the ‘surprise question’ of: “Would you be surprised if this Service User were to die in the next six - twelve months?” from the Prognostic Indicator Guidance, the Gold Standard Framework
- Service Users wishing to return to their home or usual residence, e.g. care home
- Service Users shall be registered with a Lincolnshire East GP practice
- The Service User has needs identified under one of the following two categories:
 - a) Palliative and End of Life / Terminal Care
 - b) Respite Care

Management Arrangements

The Butterfly Hospice Trust management, LCHS management and LECCG meet on a quarterly basis to review quality issues and KPI indicators.

Key Performance Indicators

The Butterfly Hospice's current Key Performance Indicators (KPIs) are associated with:

1. patient, family and carer experience and satisfaction,
2. reducing transfers to acute providers,
3. Increasing the number of non- cancer patients accessing the service.
4. Case management and recognition of GSF.
5. Preferred place of death and care.
6. Length of stay 14 days, review of longer stays and bed occupancy
7. Staffing turnover and sickness

Number of Patient Admissions

Between 11 and 17 patients have been admitted every month and the average length of stay is 10.11 days. A total of 106 patients were admitted in 2015, with 161 patients admitted during 2016. There are variable rates of admissions from either the acute or the patient’s own home.

Patients continue to be predominantly cancer patients for both respite and terminal care, and the main referrers are from allied health professionals, community nursing teams and Macmillan and specialist nursing staff. Fewer patients are referred from GPs. Only very small numbers are considered inappropriate, and feedback is always given to the referrer as to why the referral was inappropriate. The occupancy rate has ranged between 57 and 77%.

As an organisation we report on number of discharges per month and deaths, including if the hospice was the preferred place, on some occasions it is not possible to ascertain the patient’s wishes so this is reported separately. The number of deaths ranges between three and ten per month.

Compliments

The Hospice team receive frequent accolades, below are a few examples received:

"Thank you for all your kindness and support and everything you have done for me during my stay."

"Heartfelt thanks to all the staff and volunteers; you make such a tremendous difference to all who need to make use of this wonderful facility."

"To all you lovely 'Band of Angels' who do such a good, kind and loving ways with all the patients. Your love shines through like the stars above. God bless you all."

"We would like to say a very big thank you to all the carers and staff who helped care for ----- during his stay with you. We are all so very grateful for the care and support you gave and would like to offer the collection from his funeral to the Butterfly Hospice and flowers to the in-patient-unit Nurses as a thank you from all the family."

"A big thank you for helping me through the year (Bereavement) it gives me such peace of mind knowing that you are always there, with love to you all."

The Hospice has not received any formal complaints or escalated any serious incidents.

Challenges and Risks

1. Bed occupancy – In-reach work continues to the acute providers and strong links are maintained between the Hospice and Macmillan nursing team. The public and professional awareness of the service needs constant promotion to ensure the effective use of the service. We continue to improve our relationship with local providers and GP's.
2. There is a two bedded room in addition to the four single rooms, which on occasions cannot be fully utilised. Single sex accommodation requirements have to be followed and there have been no breaches.
3. There are GPs identified who do not utilise the GSF and therefore there is a risk that appropriate patients are not being informed about the Hospice services, impacting on utilisation of beds.
4. Momentum to continue to raise the profile of the Hospice. Collaborative work needs to continue to ensure a sustainable future for the teams and improved referral rates from GPs.
5. Contracting Arrangements – The current contract comes to an end 31 August 2017. Meetings are planned to progress this and understand future requirements.
6. Criteria for Admission – Restrictions due to GPs in locality, consideration is given and flexibility applied if needed for patients out of area.
7. Workforce Model – ensuring a sustainable and appropriate skill mix to meet the needs of the service, creating resilience within the team. Active recruitment is underway to replace staff and further discussions are being held about long term needs of the service.

Income from Shops

The Butterfly Hospice receives income from four shops: two in Boston, one in Spalding and one in Skegness.

Future Developments

The Hospice has aspirations to build. It is intended to offer a range of day services and complementary therapies in the new build. It is anticipated it will begin a capital appeal for funds in approximately October 2018. The website is currently being updated and developed, it is anticipated that this will help improve ticket sales for events as well as make it possible for people to donate on line. The Butterfly Hospice Trust continues to develop existing fundraising events as well as introducing new fundraising ideas. Currently the Trust employs a full time Fundraising and Events manager as well as a part time Corporate Grants and Trust Officer.

There is the potential for growth in service in line with pathways being offered within other inpatient services. A single intervention pathway is developed for use in Community Hospitals and interventions including pre-planned infusions or assessments could be safely delivered in the Hospice. The appropriate acute/community arrangements, treatment plans and appropriate skill mix would be needed.

Continued partnership working to increase opportunities within Integrated Neighbourhood Team, and ensure sustainable provision for local patients.

2. Conclusion

The Health Scrutiny Committee for Lincolnshire is requested to consider and comment on the information presented.

3. Consultation

This is not a direct consultation item.

4. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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