



QUALITY ACCOUNT

2017/18



Contents

Part 1	2
Statement from the Chief Executive of Haven House	2
Our services	3
Part 2	4
Priorities for improvement and statement of assurance from the Board	4
Key priorities for improvement in 2018/19.....	4
Key priorities in 2018/19.....	4
Statements of assurance from the Board and review of services	5
Participation in national clinical audits	5
Participation in in-house clinical audits	5
Participation in clinical research	7
Use of the commissioning for quality and innovation (CQUIN) payment framework	7
Regulation and quality assurance	7
CQC inspection rating	8
Part 3	9
Review of quality performance.....	9
Service data	12
Quarterly performance targets agreed with the North East London commissioners	15
Safeguarding report.....	15
Safeguarding training/supervision	15
Influence children’s nursing workforce of the future	15
External training in the holistic care centre	16
Feedback from service users, professionals and staff	16
Our partnership networks.....	19
Endorsement letter from Barking & Dagenham, Havering and Redbridge CCG.....	20
Endorsement letter from Waltham Forest CCG.....	21

Part 1

Statement from the Chief Executive of Haven House

I am delighted to present the Quality Account for Haven House Children's Hospice covering the year 2017/18.

On behalf of the Board of Trustees and Senior Management Team at Haven House, I would like to thank all our staff and volunteers for their huge commitment and achievements over the past year. In 2017/8 we successfully provided more specialist palliative care and a wider range of services than ever before to even more children and families. For this, yet again I want to acknowledge the contribution of our local communities and our statutory partners.



Haven House has a culture of continuous quality improvement, in which opportunities to improve care delivery, and any shortfalls, are identified and quickly acted upon. The experiences and outcomes for children, young people and their families are of paramount importance to us all. Our Clinical Governance Committee and Board provide assurance, oversight and scrutiny on all matters relating to quality of care.

In the last year we supported 367 children and young people. We reached this number by providing more services, clinical and non-clinical, both in the hospice and increasingly outside the hospice. Our Hospice at Home work was purposely extended beyond Waltham Forest into other neighbouring boroughs supporting 71 children and young people who might not otherwise have received our support.

We continued to widen opportunities for feedback from young people and families, whether through an anonymous survey and/or forums where all parents had the chance to talk direct, and privately where appropriate, to key Trustees. This feedback has led to a number of service developments including family days in the hospice grounds (which we will be increasing further this summer), and our new Dads' group, offering Dads the chance to have some fun and share their own experiences with others in the same position.

We are particularly proud to have overseen a successful refurbishment programme which ensures that we can continue to offer the highest quality services to families in the best possible surroundings. We are equally proud of achieving 27th position in the Sunday Times Best Employers Awards with an Outstanding score.

Having successfully completed year three of our five year strategy, Vision 2020, we are currently in the process of refreshing this through to 2023 and will be seeking the views of our service users, commissioners and all our various stakeholders.

Looking at the year ahead, as set out inside, three areas of key focus will be advance care planning, nurse retention and rotation and ensuring smooth pathways for those young people approaching transition.

I am responsible for the preparation of this report and its contents, with the support of my Senior Management Team and in particular the Director of Care. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of health care services provided by Haven House.

A handwritten signature in black ink that reads "Mike Palfreman". The signature is written in a cursive style.

Mike Palfreman
Chief Executive

Haven House delivers the following services for babies, children and young people with life-limiting and life-threatening conditions:

Our services

Respite care

This includes day care sessions and overnight stays both during the week and at weekends.

Nursing palliative care and symptom management

To prevent hospital admissions or reduce the length of a hospital stay. Telephone advice 24/7.

Step-down transitional care

We facilitate transition from hospital to home for babies, children and young people; either where families need to learn new skills to care for their children, or for children who have more complex needs and are unable to go directly home.

End-of-life care

For babies, children and young people who are reaching the end of their lives and support to their families.

Bereavement suite

Services for children who have used Haven House, and also for children who have died at home or in hospital, and for their families.

Post-bereavement care

For families, including memory day and counselling.

The holistic care centre

- Music therapy
- Therapeutic yoga
- Physiotherapy
- Expert parent training sessions to inform and empower parents and carers
- Law clinic in collaboration with Together for Short Lives
- Complementary therapies for parents
- Counselling
- Coffee mornings & family events
- Dads group
- Parent forum

Community services

- Play activities in children's homes, and in the hospice
- Specialised toy and equipment loan service at home
- Buddies support for siblings of current users of our services and also bereaved siblings
- Teenage cancer group
- Young adult groups in collaboration with St Francis hospice and Revitalise respite holidays
- Neonatal music service
- End of life care at home with out of hours nursing support at home
- Respite care at home

Part 2

Priorities for improvement and statement of assurance from the Board

2.1 Key priorities for improvement in 2018/19

There were no areas of improvement identified as a result of the inspection of Haven House by the Care Quality Commission in 2016 (see page 8).

Following consultation with care managers and using feedback from service users, incidents and complaints, Haven House has identified the following priority areas for quality improvement in 2018/19. Our priorities for improvement aim to further improve upon the safety, experiences and outcomes for babies, children, young people and their families cared for by Haven House. Progress is monitored by the Clinical Governance Board and reported to the Trustee Board and commissioning partners quarterly.

Key priorities in 2018/19

Clinical effectiveness:

Priority one – Explore the adoption of Children and Young Person’s Advanced Care Plan Collaborative (CYPACP) documentation in partnership with other agencies across London

Haven House believes that babies, children, young people and their families have a right to be involved in decision making and care planning. This includes where they would prefer to be cared for and where they would prefer to die. Our planning priority from 2016/17 and 2017/18 of expanding our hospice at home service identified the need to explore the adoption of the CYPACP.

The CYPACP addresses current gaps in meeting the NICE NG61 Recommendations and NICE Quality Standard QS160 for advanced care planning for babies, children and young people with palliative care needs. In particular the CYPACP creates space for documentation of the wishes of children and their families living with complex health needs and psychosocial and spiritual needs in relation to managing dying, death and bereavement. The CYPACP is already recognised and used in multiple organisations across the UK but not in London. By working in partnership with other organisations providing children’s palliative care (hospitals, community nursing teams, tertiary palliative care centres) we hope to improve continuity of care across settings and reduce the burden on children and their families to take part in often difficult conversations re-telling their stories and repeatedly articulating their wishes.

In order to achieve this we plan to:

- Work in partnership with other providers of care in delivering this priority
- Build on existing learning and understanding of CYPACPs using experience from other organisations
- Arrange multi professional workshops to train staff in the concept of CYPACPs
- Support families who wish to adopt advance care plans for babies children and young people

Patient experience:

Priority two – Further develop individualised pathways for young people nearing transition to adult services

This priority was identified as a direct result of involving families in shaping service delivery (Planning Priority 2 in 2017/18) over the past year. With an increasing number of young people surviving with life-limiting or life-threatening conditions into adulthood, understanding all their needs, during transition into adult services is paramount.

Not so long ago the entire course of some diseases occurred within childhood and this can still be the case, but now these conditions can persist into adulthood and the need for the continuation of palliative care for a young person may range from weeks to years or even decades. During this time some young people will want to continue their education, to be given an opportunity to progress socially, to experience life and to have a role in the community. For others, those whose condition does not allow them the capacity to

experience life in this way, their needs may be identical in adulthood, as they were in childhood and therefore, requiring a very different type of service.

When contemplating the next stage of service provision for these young people it is important that we listen to what they want from that service and what further support is important to them and their families.

In order to achieve this we plan to:

- Explore the individualised needs of the young people on our caseload
- Work in partnership with local collaborators to offer choices to young people and their families who are approaching transition to adult services using the Pentagon of Support (Together for Short Lives)
- Contribution to the Together for Short Lives regional action group on transition

Patient safety:

Priority three – Explore the development of nurse rotation posts to improve nurse recruitment, and retention in collaboration with Children’s hospices across London (CHaL) and local collaborators.

This priority was identified in collaboration with Richard House, Noah’s Ark, Shooting Star Chase, Ellenor and Demelza Children’s hospices. The aim of this collaboration is to inform, develop and test career pathways which promote retention of resilient nurses whilst maximising patient benefit. Rotation posts will be developed for nurses across bands. Recruitment onto the rotation will be from CHaL partners, local NHS collaborators and from tertiary centres. We also have academic partners working with us from Kings College London and the University of Hertfordshire.

We expect that the rotation post will enhance the knowledge, skills and experience of our nursing team which in turn will improve patient experience as well as patient safety.

2.2 Statements of assurance from the Board and review of services

Participation in national clinical audits

During 2017/18, there were no national clinical audits and no national confidential enquiries relevant to NHS services that Haven House provides

Participation in in-house clinical audits

Haven House has a comprehensive internal audit cycle. Monitoring of the clinical audit calendar takes place at the Clinical Governance Committee and Board meetings. Learning from audit findings has been embedded in practice to improve the quality of care provided.

Nine local clinical audits were completed and reviewed in 2017/18

Clinical Audits
Management of general medicines Management of controlled drugs Medication incident audit
Safeguarding
Health & safety
Prevention and control of infection Hand hygiene/mattress audit
NICE Clinical Guidance NG61 Baseline Assessment Tool for End of Life Care for Infants, Children and Young People with life limiting conditions: Planning and Management

Clinical Audits**Bereavement support**

Findings from Audits	Actions
<p>Medication audits</p> <ul style="list-style-type: none"> • No Standard Operating Procedure (SOP) on transcribing medication in place • Medication Incident themes identified and learning needs 	<ul style="list-style-type: none"> • SOP is now embedded in the medicines reconciliation pharmacy clinic SOP • Training delivered to all nurses which reduced incident trends • Introduced use of red sash when undertaking medication administration • Five Rights of medication laminated cards now on all medication cabinets
<p>Safeguarding</p> <ul style="list-style-type: none"> • 100% of staff and volunteers feel that Haven House makes safeguarding children a priority • 100% of staff and volunteers said they would know what to do if they had any concerns about a child or young person • 96% of staff and volunteers have read the updated Safeguarding Policy and know where to find it • 96% of staff and volunteers can name the Designated Leads for Safeguarding • 93% of staff and volunteers would know what action to take if they saw a child being treated unfairly by another member of staff or volunteer • 90% of staff and volunteers have attended Safeguarding Training within the past year 	<ul style="list-style-type: none"> • Revise Terms of Reference for safeguarding committee • Include safeguarding supervision statistics in quarterly reporting • Expand safeguarding supervision for all staff who work directly with CYP including therapists and family and community team
<p>Health and safety</p>	<ul style="list-style-type: none"> • New evacuation lift installed to enable easier transfer of CYP from first floor in the event of a major incident
<p>Infection control</p> <ul style="list-style-type: none"> • Carpet flooring evident in some care areas • 88% of staff underwent hand hygiene audit • 83% of staff passed the hand hygiene audit 	<ul style="list-style-type: none"> • Carpets removed and replaced with vinyl which meets infection control standards • New 'Dirty Utility' room installed • New COSHH cupboard designed • Quarterly hand hygiene audits to continue • Nurse in charge at each shift to assess staff to ensure uniform policy adhered to.

<p>NICE Clinical Guidance NG61 Basement Assessment Tool for End of Life Care</p> <ul style="list-style-type: none"> NICE recommendation of the use of Advance Care Plans not evident 	<ul style="list-style-type: none"> Advance Care Plans identified as a priority for improvement for new financial year
<p>Bereavement support</p> <ul style="list-style-type: none"> No clear protocol for assessing bereavement need Location of bereavement suite felt to be less private than it could have been for grieving families and not in the best interest of the CYP attending for respite 	<ul style="list-style-type: none"> Introduced a bereavement pathway to assess bereavement needs Home visits introduced by bereavement coordinator 6 weeks post bereavement to assess any bereavement need Bereavement suite moved to a more private location near the family accommodation

Participation in clinical research

Haven House is involved in a qualitative study in collaboration with Kingston University and St. George's University London. The aim of the research is to study parents' experiences during the neonatal period when accessing hospice services. The Neonatal Palliative Care in Children's Hospices (NePaCH) study is led by Dr Jayne Price, an experienced children's nurse and researcher. The ultimate aim of the study is to improve care for babies with life-limiting and life-threatening conditions and their families in the future.

Use of the commissioning for quality and innovation (CQUIN) payment framework

Hospice income in 2017/18 was not conditional on achieving Quality Innovation (CQUIN) goals through the CQUIN payment framework because the Commissioners did not request them.

Regulation and quality assurance

The hospice is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. The hospice has no conditions on registration. The regulated activity that may be carried on, at or from the location is: **Treatment of disease, disorder or injury and Personal Care**. In 2017/18 Haven House applied for a temporary new location to be added to the hospice registration to enable the provision of respite care at The Holly private hospital in Buckhurst Hill for a period of four months whilst necessary renovations took place at the hospice.

No CQC inspection was carried out in 2017/18. The last comprehensive inspection was undertaken in August 2016. The inspection rated Haven House as Good across all five key lines of enquiry with an overall rating of Good (see following page).

CQC inspection rating



Last rated
12 October 2016

Haven House Foundation

Haven House Children's Hospice



Are services

Safe?	Good
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

Part 3
Review of quality performance

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

Clinical effectiveness - progress made in 2017/18

Planning priority 1 – Extend our outreach support and provide a rapid response pathway for end of life care at home.

Our priority for 2017/18 was to extend our outreach services and provide a rapid response pathway for end of life care in our local community. This priority supports the recently published NICE quality standards on end of life care for babies, children and young people. It was anticipated that this service would respond to an unmet local need to provide a 24 hour seven day a week responsive paediatric palliative care service to support families to care for their children in their own homes if this is their choice.

In 2017/18 71 babies, children and young people, along with 1 adult, received hospice at home support from Haven House.

What we did:

Actions	Outcomes
Commissioning workshop hosted in collaboration with a neighbouring children’s hospice. Rapid response pathway designed in collaboration with statutory partners in local Barking & Dagenham, Havering and Redbridge (BHR) CCG.	Haven House provided end of life support to one young person whose preferred place for end of life care was home. Local children’s community nursing service unable to provide out of hours support at home. Positive discussions with commissioning team around Hospice at Home and rapid discharge pathway. Young person was rapidly discharged from hospital and supported by Haven House outreach team in collaboration with other services for six days and died peacefully at home. Rapid response discharge pathway ratified with BHR CCG
Expansion of outreach team	Recruited a second senior specialist outreach nurse and further play coordinator to extend our outreach support.
Development of outreach services	24/7 nursing support for end of life care at home Nursing assessments at home Respite at home Play in the home Therapeutic support at home (physiotherapy, music therapy, therapeutic yoga)
Support for CYP with cancer	Collaborative relationships developed with three local paediatric oncology shared care units (POSCU) Monthly teenage cancer group Play at home and inhouse Respite inhouse and at home Therapeutic support Family support and family events End of life wishes and dreams End of life care choices (home/hospice)

Patient experience - progress made in 2017/18

Planning priority 2 – Ensure a commitment to family involvement in shaping our service delivery.

During 2017/18 Haven House continued to engage service users and their families. Senior managers and members of the Board of Trustees conducted regular parent forums. One of the biggest achievements of 2017-18 was a refurbishment of Haven House. Families were fully involved in discussions before, during and after this project.

What we did:

Actions	Outcomes
Hospice refurbishment	New larger evacuation lift installed, Café area created for families to meet other families and enjoy hospice grounds Bereavement suite relocated on the first floor closer to family accommodation to promote privacy and dignity at end of life and safeguard other service users Carpet removed throughout the hospice and replaced with vinyl flooring 'Dirty Utility' room installed New wet room created in a bigger space En-suite wet room created for teenage bedroom to promote privacy, dignity and independence Improved nurses hub located centrally on first floor
Quarterly trustee led parent forums	Parent forum feedback form devised on website Consultation with parents about refurbishment and temporary move to new location Guided tours of new temporary location
Full family satisfaction survey	92 families responded
Improve communication with families	Family E-newsletter devised Secure parent page added to website
Service user involvement group	5 year strategy and vision presented to parents Consultation with parents on refurbishment design Consultation with young people on design of new teenage bedroom Consultation with bereaved parents on design of new bereavement suite
Transition pathways	Consultation with parents and young people on scoping our transition service

Patient safety - progress made in 2017/18

Planning priority 3 – Further develop and measure processes around medicines management

Haven House commenced an SLA with the pharmacy department at Guys and St Thomas' NHS Foundation Trust (GSTT) in 2016. The service is led by a consultant pharmacist and specialist team with over 20 years of experience in specialist palliative and end of life care. The service provided optimises pharmacy costs, ensures regulatory standards are met and supports Haven House to keep service users safe. The service improves the quality of medicines management by training staff and improves the experience for families and staff.

What we did:

Actions	Outcomes
Weekly pharmacy admissions clinic	Advance planning for safe and efficient admission Medicines reconciliation Re-use of Patient own drugs (PODs) Home visits if requested by families
Staff training	Expertise in medicines optimisation (NICE 2015) Guidelines, Bulletins Face to face training
Collaboration	Joint Pharmacy Performance and Medicines Safety Group with neighbouring hospice Co-development of guidelines with GSTT and other hospices Sharing best practice across GSTT CD Improvement Group LOSIG CQC National CD Group EOLC Incident Surveillance & Improvement Group
Policies, procedures and clinical guidelines	Written guidance covering the entire medicines cycle National safety alerts, drug recalls Learning around incidents
Audit and evaluation	Review of service performance Risk management and quality improvement Incident surveillance and action planning Medicines safety assurance reports to Clinical Governance and Trustee Board

Service data

Haven House is funded through NHS contracts, local authority funding, grants, fundraising activity, donations, legacies and generous support from our local community and businesses. During 2017/18, NHS funding represented 18% of Haven House's income.

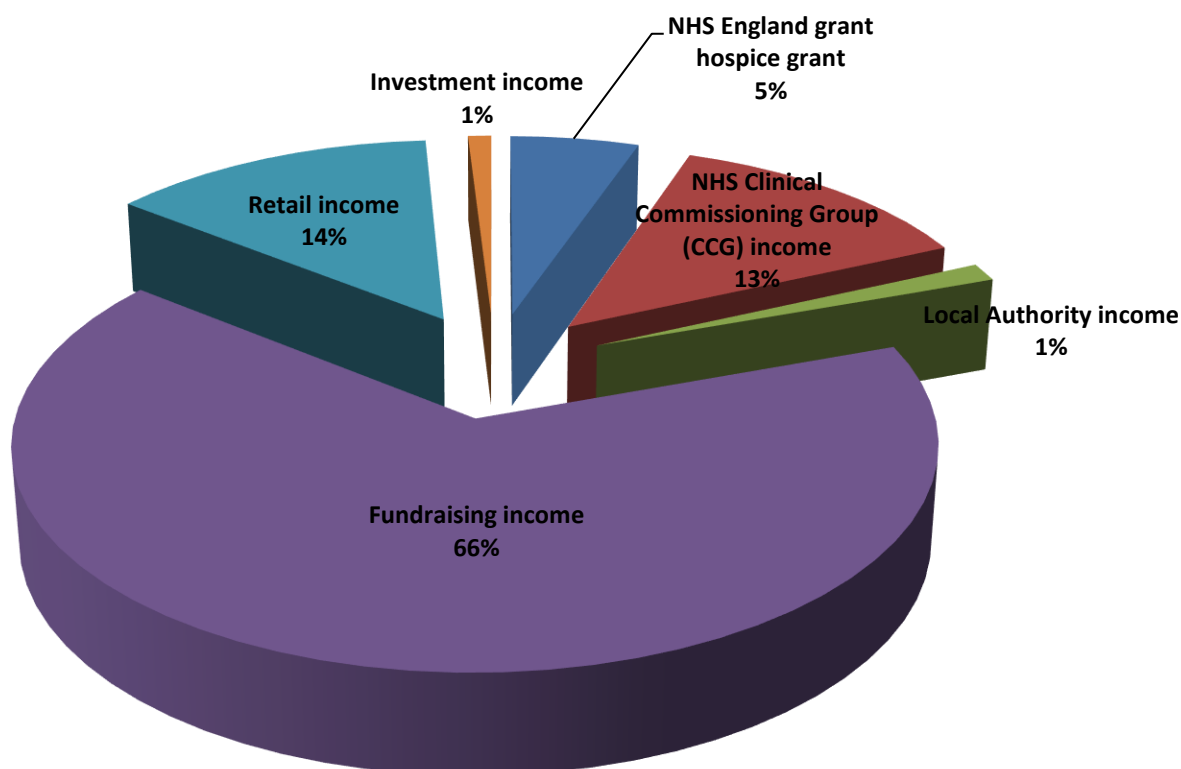
In 2017/18 the hospice provided 805 bed nights under NHS contracts and 82 bed nights under local authority contracts.

Income sources

Please note that figures are not audited as at 30 June 2018

Income source	£000k
NHS England hospice grant	205
NHS clinical commissioning group (CCG) income	506
Local authority income	47
Fundraising income	2556
Retail income	519
Investment income	37
Total income	3870

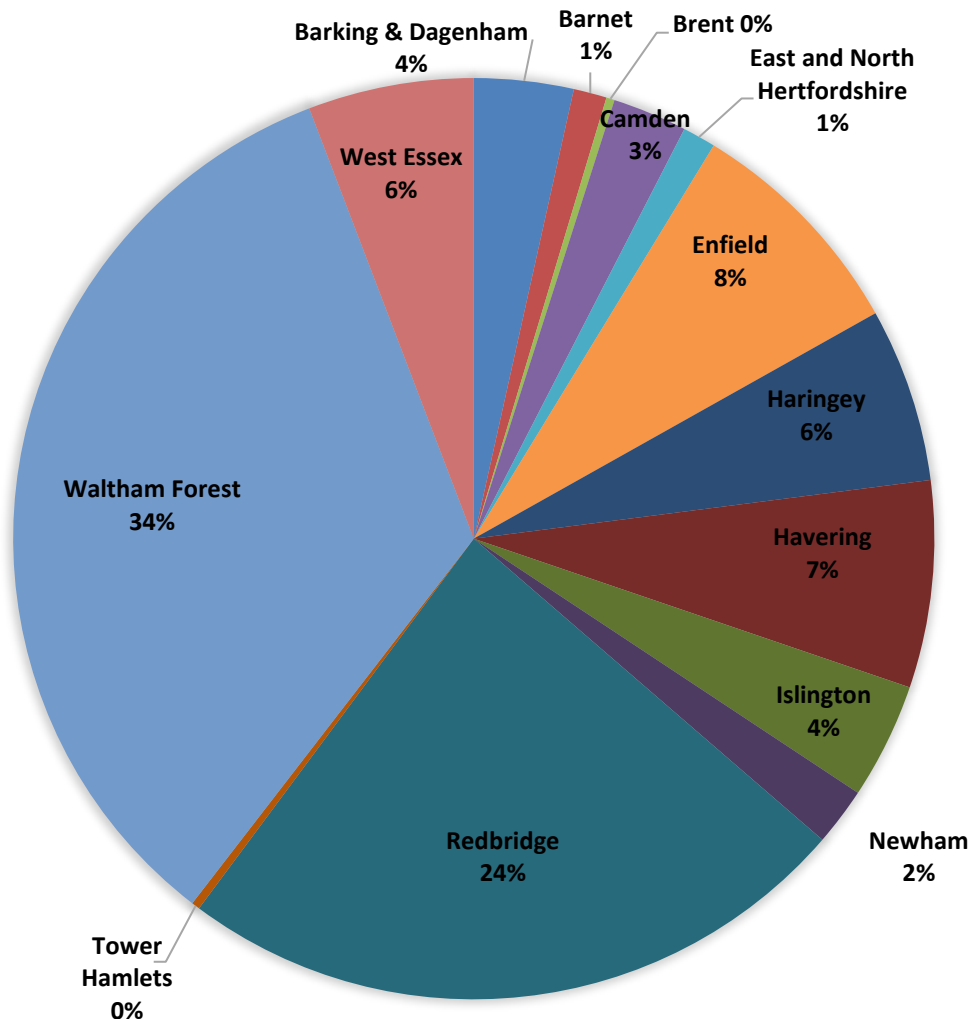
Total income for 2017 / 2018



Review of quality performance 1 April 2017 - 31 March 2018

Total number of children and young people	367 children and young people
Number of referrals received	103 new referrals <ul style="list-style-type: none"> • 69 care referrals • 34 family support services referrals
% occupancy figures vs staffed capacity	81%
Young people in transition	52 young people aged 14 and over
Hospice at Home	71 children and 1 adult
Therapy sessions (Music Therapy, Physiotherapy and Therapeutic Yoga)	634
Toy Home Loan Sessions	286
1:1 Sibling Support Sessions	79

Children and young people at Haven House in 2017 / 2018



End-of-life care

The ability to support children, young people and their families for end-of-life care in the place of their choice, including home is vital.

Haven House has provided holistic inhouse end-of-life care for children and young people and their families since 2003 and in 2017 has been able to support existing community services in providing end of life care for children and young people at home in the local area.

Haven House monitors all services including end of life care and the place of death. This enables the place of death to be compared against the children and young peoples' care plan and their wishes.

Place of death	Numbers of children
Home	1
Hospital	13
Hospice (Haven House)	2
Not Recorded	1

Age at death (years)	Numbers of children
0	0
1-5	7
6-10	5
11-15	3
16-19	2

Patient safety:

Number of medication incidents:	34
Dispensing	6
Prescribing	2
Transcribing	3
Procedural	19
Other	4
Number of accidents:	1
Number of clinical incidents	4
Number of safeguarding incidents reported by the hospice	2
Infection prevention and control rates	
Total number of children contracting infection at hospice	0
Total number of children admitted with a known infection	3
Complaints made to the hospice	2

Quarterly performance targets agreed with the North East London commissioners

Organise patient parents/carers survey or feedback	Annually
The number of incidents that have been reported to the National Reporting and Learning Service	Quarterly
Serious incidents, clinical incidents, never events and other requirements. Including medicines management	Quarterly
Duty of Candour This applies to patient safety incidents that result in moderate or severe harm or death and that are reported to local risk management systems	Quarterly
Staff turnover rates	Quarterly
Sickness levels	Quarterly
Report on specific safeguarding issues and number of protection cases	Quarterly
Safeguarding alert/concern we have received	Quarterly
Relevant staff and volunteers have a DBS which is still up to date	Quarterly
Percentage of staff that have done safeguarding training over those who require it	Quarterly
Quality account progress report against quality priorities	Quarterly
Increase the level of self-reported ability to manage the needs of patients at home	Quarterly
Reason for leaving the service (patients)	Quarterly

Safeguarding report

Haven House is committed to developing and maintaining a thorough and transparent Child Protection and Safeguarding strategy to afford all children who use services maximum safeguards. We recognise that in protecting and safeguarding children, it is also providing a framework for all paid staff, volunteers and visitors which identifies and promotes best practice and minimises uncertainty for those working with children.

Safeguarding training/supervision (adults and children)

Mandatory training is delivered on induction for all staff and volunteers followed by the appropriate level required. Training takes place regularly throughout the year and is updated depending on the level of training and the position held. External child protection supervision is provided for designated leads for safeguarding. Group supervision and one to one supervision is now offered to direct care staff, family and community team and therapists.

Influence children's nursing workforce of the future

We provide a training placement for student nurses. Our Registered Sick Children's Nurses complete the mentorship module to support the students through their placements. This enables a reciprocal arrangement for staff development with level 6 and 7 education modules.

The table below provides a summary of the student placements offered in 2017/18. On average student placements ran over a four week period.

University	Number of Students
London South Bank University	3
Middlesex University	5
Anglia Ruskin University	8
University of West London	1
Total	17

External training in the holistic care centre

Training	Attendees	Number of attendees
Child bereavement Training	All care staff and external candidates	12
Neonatal and infant Palliative Care	Internal and external	13
CYP life limited and palliative care	LSBU	17
Caring for children with cancer	All care staff and CHaL colleagues	23
T34 Mckinley update	All nurses	7
Respiratory day	All CHaL colleagues and all inhouse care staff	19
LSCB grief and loss L1	All Redbridge attendees	9
LSCB grief and loss level 1	All external candidates	9

Feedback from service users, professionals and staff

Organisational learning days (OLD)

The organisational learning days are held twice a year and are an opportunity for staff across all departments to come together, share information and promote team building. Case studies are presented and service users speak about their experience of using Haven House. Feedback from a few members of staff at a recent OLD included:

- *This was my first OLD and I enjoyed learning about the contributions and work of every team member. Very good for team bonding. Very interactive and fun sessions which kept learning interesting. Positive and emotional reinforcement from hearing real life events – a range of inspirational presentations*
- *I enjoyed the interactive nature of the core values session. I found all of it beneficial in different ways. Learned more about peoples' roles and challenges, fun opening session set a good 'mood' for the day*
- *Great day brings teams together, proud of what we have collectively achieved over the past year*
- *This was a very well structured OLD. Many thanks to all those who put the topics together*

What professionals say about us

- *Thanks very much for showing me around Haven House yesterday, you have such lovely facilities in a beautiful setting. Looking forward to setting up and rolling out our referral process so that we can facilitate more transfers to Haven. (Neonatal Nurse).*
- *Thank you for a fantastic four week placement! You are all such a friendly, supportive, knowledgeable, committed and well-oiled team. You've made me feel so welcome as soon as I arrived and by the time that my placement had come to end, I really did feel as if I had become part of a family. I've learnt so much from all of you. The hospice is such an amazing place, and I'm really sad to leave. Thanks very much for all you have shown me, and taught me. (Student Nurse)*
- *Hope you are well! Just thought I'd drop you a quick email to say that I recommended you all to a colleague who is working with a particular case at the moment. I think she has made contact with K, but just wanted to say it was lovely to be able to genuinely promote the fabulous care that you and the team provide (Nurse in acute setting)*
- *I was really inspired by what you are achieving at Haven House and your innovative thinking. I am really looking forward to working with the team to get the Music Therapy started and I really hope we can capture both some quantitative and qualitative data. (Nurse in acute setting)*
- *I have received your blended diet guideline from a patient (very impressed!). I am discussing with my school whether this is something school could provide and wondered if I could come to visit with the acting head of school to discuss some of the practicalities and how you came to the decision to support children and families with this. (Paediatric Dietician)*

What service users say about us

- *Thank you all so much for taking such great care of C. It was lovely to meet some of the new (to me) staff. I think A knows his routine better than me and certainly styles his hair better!! G is amazing at suction and everything else of course. I thought I was the worst organised/cleaning freak but then I met N! Haha*
- *Thank you so much for accommodating us while our adaptations were going on. It would not have been possible without you all! We love you Haven House and all that you do for us. We really appreciate it. Lots of love, H,A, and E*
- *Our break was much needed & therapeutic for both of us. Hopefully we are mentally stronger and at peace to take on the next part of our journey.*
- *With Christmas now upon us and as we come towards the end of another year, I wanted to thank you and all the staff at Haven House for all that you have done and continue to do for our family following the loss of our dear grandson M in the Spring. I understand his mummy, (my daughter), attends counselling sessions at Haven House and we still have warm thoughts on how well you all looked after us during such a stressful time for our family.*
- *We miss you all very much. I treasure the memories of G's stays, the lovely experiences he had, the happy times and most of all the wonderful care he received. Rest assured G settled well at Seaside Cottage. In the summer G attended the Mersea Island Festival where he went down a zip*

wire, up a high wire on a quad bike and partied til late! He also has trips to the cinema, walks to the seafront and trips to the pier/circus. I'm so happy for him and pleased I didn't accept the alternative that was offered. G will be leaving school in the summer so we have more changes coming up. G has the honour of being his school's first ever head boy – a proud moment for me. (Transitioned young adult)

- Thank you for coming to K.'s funeral and supporting us with your love, prayers, physical, moral and financial support. We couldn't have coped with the grief without your presence and assistance. God bless you. (Bereaved parent)
- Thanks for looking after our D. at such short notice to enable A. and I to have a fantastic holiday which for me was totally unexpected. I stepped in as A. friend was ill and was unable to go away. Our first holiday together in 8 years (alone). Much love, J and A. (D's mum and dad)
- Thanks again for all your care of L. throughout the year, for allowing me to have time off and little breaks, which would not be possible without you.

Comments from family satisfaction survey July 2017

- I think the service is fantastic. My child's very complex conditions and needs are always met. It's a lovely safe haven that makes my child feel special and loved. I can't recommend the place, the staff and whole atmosphere enough. I am truly grateful for being introduced to such a wonderful caring warm friendly fun environment for my child and myself. The staff go over and above to ensure everything and everyone is catered for
- I would like to have the at home service as I do not like bringing my son to Haven House, he does not like being away from us and he cries when he comes there. It is necessary as I know we need the respite but it breaks my heart knowing he has separation issues. Not everyone wants respite away from the home. 2) I think the garden could have more special needs equipment e.g. gazebo with mats, roundabout, one more swing, a slide, sensory toys and sounds 3) An annual disco for kids and family, my son loves music or fund raising activity such as a dance then etc. 4) More nights of course would be nice 5) An option to offer adult services long term 6) The staff deserve a lot of recognition for their hard work, patience and the love they give our kids 7) Loving the extra services such as yoga and music therapy, you need to tell other moms about it

What our staff say

Birdsong charity consulting staff survey results August 2017

Staff were asked "What is the best thing about working for your charity?" and made the following comments:

- Knowing that we are making a difference to lives of families and children who need it
- Working with people who are passionate and seeing the heart of our organisation...families and children everyday
- Very caring, supportive and generally a lovely and fulfilling place to work
- The people - staff, volunteers, children and parents
- Receiving praise from parents -Being told that I'm doing a good job and making a difference -Training sessions are always available
- Knowing that the work you do goes towards supporting the children and families the care staff look after

- *The people I work with and the aims of the charity*
- *The staff and what we do here - I have seen the most amazing changes and growth in the past 12 months and I am genuinely proud to work here, everyone does an amazing job*
- *Feeling like I am making a difference and working with like-minded positive people.*
- *Working with like-minded people with similar beliefs and values and feeling like I make a positive contribution*
- *Being able to see and meet our service users is amazing and to see the impact of our work first hand*
- *Seeing the impact the care has on the children and the families*
- *The best thing is being able to speak with honesty and pride about the fantastic work our Care staff do and the amazing difference HH is making to the lives of our families.*
- *Working as part of an amazing team dedicated to improving the lives of children and families with life limiting conditions.*
- *The people are lovely and are so passionate and committed about what they do*

Following the success of the Birdsong staff survey we entered the Sunday Times Best Not for profit Employer and were proud to achieve 27th in the top 100 Sunday Times Best Not for Profit Employers. The score also put Haven House in the two star, “Outstanding” category.



Our partnership networks

This Quality Account will be made available to NHS England and a wider network of partners as part of our commitment to transparency and improved partnership working. We will encourage feedback and any questions generated by this document will be addressed as part of our commitment to accountability and engagement with our statutory partners and wider community.

**Barking and Dagenham, Havering and Redbridge
Clinical Commissioning Groups**

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Date: 18 June 2018
Ref: Quality Accounts 2017-18

Dear Glen

Thank you for sending through your quality account for 2017/18. It was a pleasure to go through the account to analyse and understand the detailed; caring; high quality professional work that Haven House provide in our community.

It is a very clear and well-structured report with a clear statement from CEO; clearly stated priorities for improvement; you have reviewed your quality performance i.e. Collaboration with other hospices; BHRCCG; expansion of outreach team; commitment to family involvement; and your commitment not only to the children and families in your care but also the high level of commitment to your staff.

It is my pleasure to endorse this quality account and to say that I look forward to continued close working in the future.

Yours sincerely



Ronan Fox
Children's Commissioner BHR
Email: ronan.fox@nhs.net

Managing Director: Ceri Jacob
Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups

Chairs:
Dr Jagan John, Barking and Dagenham Clinical Commissioning Group
Dr Atul Aggarwal, Havering Clinical Commissioning Group
Dr Anil Mehta, Redbridge Clinical Commissioning Group



Eileen White
Haven House Children's Hospice

(sent by email)

18 June 2018

Dear Eileen

RE: Haven NHS Waltham Forest Clinical Commission Group Response to Haven House Children's Hospice Draft Quality Accounts 2017 - 18.

Waltham Forest Clinical Commissioning Group (WF CCG) welcome the opportunity to review the Quality Accounts provided by Haven House Children's Hospice which set out an overview of the quality of care provided by the organisation during 2017/18 and the priorities for 2018/19. Overall the Quality Account read well are easy to understand and clearly state the organisations vision, aims and objectives

WF CCG have reviewed the content of the draft Quality Account comparing the content and format as mandated by NHS Improvement requirements 2017/18. The Quality Account is predominately compliant with most of the requirements

We are supportive of the three quality indicators/areas of key focus for 2018/19 that have been developed with key stakeholders which demonstrates that these are based on the needs of the patients and families as well as the organisation;

1. Advance care planning
2. Nurse retention and rotation and
3. Effective pathways for those young people approaching transition

However the Quality Account could be strengthened in line with guidance which states that the indicators should state performance in previous years, how these will be achieved, monitored, measured and reported. The draft account could do more to meet these requirements. This also would demonstrate real impact of safe and effective care that provides a great patient experience.

It is positive to note the audits undertaken and that the report demonstrates the actions taken to make improvements where necessary, it is noted that Medications remain the highest reported incident and WF CCG would support the ongoing use of audit in this area to promote and ensure safe care.

WF CCG would like to thank Haven House for requesting input into the draft Quality Accounts and to give comment on the quality improvements both made and planned for the coming year. We look forward to working in partnership to move the Vision Strategy to 2023.

I write to confirm that NHS Waltham Forest Clinical Commissioning Group are happy to endorse your Quality Accounts for 2017/18.

If you have any further questions or queries please do not hesitate to come back to me,

Yours Sincerely,



**Kelvin Hankins,
Assistant Director of Contracts**