



# Mountbatten

Living, dying,  
remembering.

## Quality Account

2017/18

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

'A heartfelt thank you to the most amazing team of caring people. Without you we would not have been able to fulfil his wishes to die peacefully in his own home. The support and kindness you gave to me helped me through a very emotional time.'

Feedback from  
a family member

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## Part One

# Our Mission, Vision and Values

**In July 2015 Mountbatten published its new 2015 - 2020 strategy, outlining its future direction and aspirations against a backdrop of challenges and demands faced by our services. Our mission, vision and values are at the heart of this strategy and these guiding principles have been developed in partnership with our staff, volunteers and trustees.**

### Our Mission

To promote and to provide good care and support for those people **living with, affected by, or curious about** death, dying and bereavement, across the Isle of Wight.

### Our Vision

... is of a world where all dying people and those close to them have access to expert, compassionate and cost effective care of the highest quality, whatever the illness, whoever they are and wherever they happen to be.

### Our Values

- **We care about what we do.** We appreciate that people are different and we are kind and compassionate to our patients and families, to our local community and to each other.
- **We are experts in our field.** We are professional at all times, aspiring to be the best that we can be in everything that we do.

- **We are innovative and bold.** We respond quickly and creatively to the changing needs of our society, within the scope of our human and financial resources.
- **We respect our community.** We exist for our local population now and into the future, and we believe that we can achieve more together by working in partnership with others.

*Our values, which have been defined by our staff and volunteers, are underpinned by a set of expectations and behaviours which we have all agreed to.*

### Strategic Aims

We will:

- **Reach more people, to achieve scale**
- **Work in partnership, to achieve our aims**
- **Ensure our services to, and our impact on, our Island community are sustainable for the future**

Living, dying, remembering.

# Statement on Quality

**During the past year, together with staff, volunteers, as well as our Board of Trustees and our local community, we have worked hard to continue to justify and sustain our 'Outstanding' rating with the Care Quality Commission.**

As a dynamic and responsive organisation, it is inevitable that we will persist in developing new and much-needed services and approaches, responding to the growing needs of our local community through continuing to fill the deficits in the local care system.



Our strategic aims continue to be to develop scale, to lead our partners with our specific expertise and knowledge, and to ensure that we are sustainable for the future. As we continue to grow, it is vital that everything we deliver is of the highest quality and scrutinised meticulously through developing robust outcome measures, gaining clear and concise user feedback, developing strong evaluation models to prove our impact on the wider health and social care system, and through careful and wise utilisation of our limited human and financial resources.

You will read in this Quality Account that we have carried on striving hard to continue to prove our worth and also to ensure that our services are sustainable and available for our community throughout the coming years. I believe that as an organisation we are indispensable; what I mean by this is that our local community cannot do without us, and neither can our local Health and Social Care system. Our work is our message and what we do matters. Creating a positive working culture, which is achieved by how we behave towards each other and by developing strong relationships with those who come to us for care, as well as with our other partners, gives us the confidence to be at our best at all times and in all that we do. Hopefully, as you read this Quality Account, you too will catch this confidence and feel excited and proud of our achievements and our continuous commitment to self-critique and focused internal examination.

A clear and increased focus on Information Governance during the last year gives us confidence that the security of information shared with us is both safe and contained.

A strong governance system is now in place with a named Caldicott Guardian, a new Data Protection Officer and Senior Information Risk Owner working together through a newly formed Integrated Information Governance Committee which reports to our Senior Management Team and the Board of Trustees. We have also further developed a suite of Outcome Measures (OACCS), and we are beginning to be able to prove more strongly our impact on people's living, dying and remembering, as well as across the wider system through the development of a new set of key and concise reporting dashboards. During the past year we have also implemented a new electronic patient record system, SystemOne. This puts us in direct relationship with our Health and Social Care partners across our community, enabling more effective communication and sharing of information for the good of those we care for. A new risk management system, DATIX, enables us to keep accurate records of incidents and complaints, ensuring timely response and thorough inspection in the most effective way possible.

We know that what we do is of a high quality. People tell us that the care they receive is exemplary and truly focused on the individual and those who matter most to them. Good care is essential both to us and those that we serve, and we strive for it to be the best it can be, always and without fail. However, such a commitment to good care needs to be underpinned with thorough and effective systems and structures. You will see that this year, as our world becomes more concentrated on regulation and scrutiny, we have focused more, in a measured and sensible way, on strengthening our systems to ensure that nothing is left to chance and that all of the

## Living, dying, remembering.

care and support we deliver is integrated, well governed and supported in the most effective way possible.

Alongside this, you will also read about our new services and our absolute focus on responding to what our users tell us they want and need. A new Mountbatten Coordination Centre will enable us to reach the thousands of people who are living with illness during the last five years of life, including those living with long-term conditions and also older people living with increased frailty. Growing our education offering also gives us more of an opportunity for us to extend our reach, to touch the living, the dying and the remembering of more people, which is essential if we are to cope with the challenges the future is already bringing to our door.

Our intention has always been to give away our expertise, what we know, to our partners, so more people can receive care 'The Mountbatten Way'. We are outstanding, but we also never sit back on our laurels. We need to ensure that the quality of what we do and what we develop is always high; we also need to ensure that our partners strive to live up to this standard. There is a value to generosity which is hard to articulate. Hopefully our generosity, which is only possible due to the generosity of our outstanding local community, will enable more people to receive high quality care, either from ourselves, or from those we pledge to support and to educate throughout the years ahead.

I am able to confirm that the information in this Quality Account is, to the best of my knowledge and understanding, accurate.

**Nigel Hartley**  
CEO Mountbatten, Isle of Wight

## Part Two

# Looking Forward

### 2.1 Priorities for Improvement 1 April 2018 – 31 March 2019

At Mountbatten, we continually review the quality of our services to improve and develop them according to the needs of the community we serve. Understanding what is important to our local community is critical to developing future priorities. Therefore, our priorities were discussed with a wide range of people. This has included holding an interactive focus group in January 2018, where we asked people to consider and discuss priorities for improvement

for 2018/19. Users of our services, staff, volunteers, trustees and representatives from the Isle of Wight Clinical Commissioning Group attended the focus group. A detailed action plan has been produced, identifying nominated key leads to work with staff, volunteers, and users of the service to drive the identified priorities for improvement. The Quality and Governance Committee will monitor the action plan quarterly.

#### Priority 1: Safety

Target	How we measure success
<b>1.1</b> Develop a strategy, together with service users, which promotes positive risk taking, enabling as much freedom and choice as possible	<ul style="list-style-type: none"> <li>Risk-taking strategy approved by Services Committee in place following consultation with service users</li> <li>A series of Open Forum sessions delivered to staff and volunteers to launch new strategy</li> </ul>
<b>1.2</b> Further develop the volunteer role of 'Mountbatten Neighbours' working alongside clinical staff, supporting people and their families in clinical settings. Train and involve volunteers in helping people with eating, drinking, personal care and social/leisure activities	<ul style="list-style-type: none"> <li>A series of training sessions delivered to enable development of patient-focused competencies for volunteers</li> <li>All patient-facing volunteers involved in helping people with eating, drinking, personal care and social/leisure activities have signed off competencies to demonstrate confidence and competence in the role</li> </ul>

#### Priority 2: Clinical Effectiveness

Target	How we measure success
<b>2.1</b> Develop a Mountbatten Care Coordination Centre with Vanguard and private funding	<ul style="list-style-type: none"> <li>Mountbatten Care Coordination Centre launched and fully operational</li> <li>Able to demonstrate that 100% of patients on the 'Share My Care Register' have a plan of care</li> </ul>
<b>2.2</b> Review current Admiral Nurse service for people living with dementia and develop a Dementia Strategy for future provision of services	<ul style="list-style-type: none"> <li>Full review has been undertaken and presented to the Services Committee</li> <li>Dementia Strategy in place approved at Board level for the future provision of services for those living with dementia</li> </ul>

#### Priority 3: People's Experience

Target	How we measure success
<b>3.1</b> Develop an Island community who are more at ease talking about death, dying and bereavement, including planning a 'Death Festival' and using Mountbatten shops as a venue for earlier conversations to take place	<ul style="list-style-type: none"> <li>First 'Death Festival' delivered on the Isle of Wight in November 2018 as part of the 'Art of Dying Well' programme</li> <li>A new model and approach piloted in the Ventnor Shop to enable earlier conversations about death and dying to take place within community settings, with a full review reported to the Resources Committee</li> </ul>
<b>3.2</b> Facilitate sessions, every two months, inviting staff and volunteers, where stories of those using Mountbatten services are reviewed. Collate a folder of evidence of these stories with appropriate consent	<ul style="list-style-type: none"> <li>Sessions held throughout 2018-19 every two months for staff and volunteers to attend and share stories about people using Mountbatten services</li> <li>A folder of evidence of stories has been collated</li> </ul>

## 2.2 Quality across our Services

### 2.2.1 Review of Services

During 2017/18 Mountbatten Hospice provided specialist palliative care services within the following areas:	These areas are supported by the following services:
<ul style="list-style-type: none"> <li>• Inpatient Unit</li> <li>• Day Services at John Cheverton Centre (JCC)</li> <li>• Community</li> <li>• Outpatients</li> <li>• St Mary's Hospital</li> <li>• Nursing/Residential homes</li> </ul>	<ul style="list-style-type: none"> <li>• Community Team</li> <li>• Domiciliary Care @ Home Team</li> <li>• Mountbatten Coordination Centre</li> <li>• Medical Team</li> <li>• Pharmacy</li> <li>• Psychological and Bereavement Services</li> <li>• Spiritual Care</li> <li>• Social Worker</li> <li>• Admiral Nurse (End of Life Care) for Dementia</li> <li>• Physiotherapy</li> <li>• Occupational Therapy</li> <li>• Complementary Therapy</li> <li>• Creative Therapies – art, music and drama</li> <li>• Specialist Lymphoedema Service</li> <li>• Education</li> <li>• Voluntary Services</li> </ul>

### Mountbatten Coordination Centre

Funding to the value of £340k has been received from a private donor and Vanguard to support this innovation for two years. The Mountbatten Coordination Centre is a service for people who may be identified as being in the last five years of life, or who may have palliative care needs. It is for people living with any disease in which a deterioration may be life threatening. The service will support choice by:

- Improving the coordination and continuity of care and support for people and their families and carers

- Introducing a central 24/7 contact telephone number offering information and support, and enabling direct access to support for health and social care professionals, patients and their families and carers
- A rapid response out of hours visiting element to support the 24/7 advice line
- Creation of a 'Share My Care Register' – a database that enables clinicians round the clock access to information on the type and location of care people would like to receive as their illness changes or progresses, including as they approach the end of life. The register is hosted by the Mountbatten Centre and is available through SystmOne, the electronic patient record.

The Mountbatten Coordination Centre was launched in January 2018 and works in partnership with other services, such as General Practitioners (GP), District Nurses (DNs), Specialist Nurses or Social Workers. Following a referral to the Coordination Centre the following services will be provided, depending on the person's needs:

- Initial and ongoing assessment by an expert Mountbatten professional
- A comprehensive individualised plan, which articulates and records the person's wishes for the future
- Access to the 24/7 telephone advice and support line
- Access to Mountbatten volunteer services, which may be able to provide a volunteer to visit and to support at home
- Access to activities at the John Cheverton Centre which will be discussed during the initial assessment
- Rapid response home visit service for those people who require urgent care and support

### Admiral Nurse (Advanced Dementia and End of Life Care)

The Admiral Nursing service provides specialist dementia support, enabling more families living with dementia on the Isle of Wight to access high quality palliative and end of life care, wherever they are cared for. Admiral Nurses work alongside people with dementia, their families and carers, giving one-to-one support, expert guidance and practical solutions to face the challenges with more confidence and less fear. Admiral Nurses also raise awareness and increase understanding of dementia with professional colleagues. They offer supportive education to GPs, district nurses, health visitors, mental health teams, memory services, and staff in day care, domiciliary care, residential and nursing homes. Admiral Nurses are trained, developed and supported by Dementia UK.

The proportion of Isle of Wight residents diagnosed with dementia is the highest in England, and double the England average (Isle of Wight Council Public Health Information Team, 2016). There are an estimated 2,494 people aged 65+ living with dementia on the Isle of

Wight, of whom 1,804 have a formal diagnosis of dementia (NHS Digital, 2017). People living with dementia often have one or more chronic long-term condition, highlighting the complexity of caring for people with dementia and the need to consider people's full range of physical, social and psychological health needs.

During 2017-18, the Admiral Nurse has worked with the wider Admiral Nurse team from the Memory Service at the IW NHS Healthcare Trust to deliver support groups to meet the needs of people living with dementia and their families. Approximately 18 people attend this group on a regular basis. A recent evaluation has revealed that all of those attending have found the sessions beneficial and would recommend the group to friends and family if they needed similar support. A successful weekly Music Group has also been launched in 2017 by the Admiral Nurse and Music Therapist working together. Music and emotion are linked in a powerful way and people respond to music from a very early age, before words and language are developed, and this continues even towards the end of life, when verbal abilities may be lost.

### Psychosocial and Spiritual Care

We will all experience bereavement at some time in our lives, and although grief is a natural and normal process it can sometimes leave people feeling anxious and isolated. Mountbatten Psychosocial Care leads the way with outstanding support for Islanders who are experiencing difficult times through bereavement. Services are open to anyone, of whatever age and wherever the death may have taken place. The team works with people who have been bereaved through suicide or sudden and unexpected deaths, as well as those who are already under Mountbatten care. The level of bereavement care people need differs; some people use their own existing care network made up of friends or relatives, others may find it helpful to seek professional support, which includes one-to-one care and group support as well as therapy for families or couples. Regular memorial services are also offered where people can come and remember their loved ones, whilst being supported by Mountbatten spiritual and bereavement care services.

Mountbatten's Psychosocial service for adults includes a wide range of professional support, including from expert psychologists, psychotherapists, counsellors and bereavement volunteers, who are trained in supporting people through their loss. Our service for children and families, which is funded by our partners KissyPuppy, the Sophie Rolf Trust, offers art, music and drama therapy as well as counselling. Again, these services are available in groups or individually to suit the person's individual needs.

In September 2017 we welcomed a new Spiritual Care Lead, ensuring that Mountbatten has a full time spiritual care service. This service is vital and central to our work in palliative care. The Spiritual Care Lead works alongside a team of volunteers to provide spiritual support to patients and their families across all Mountbatten services. This is provided through memorial services, reflective groups, weekly death chat, staff support and a weekly Sunday communion service. The Spiritual Care Lead has taken funerals for patients seen by Mountbatten services as it has been important for families to continue an on-going relationship. Future developments that are planned in the service include: regular relaxation and meditation sessions, a contemplative prayer group, use of the space within the building and its gardens for



meditation and prayer, and building a network with local community clergy to ensure that the spiritual needs of the dying are met.

The Young Adults Transition service supports children and young people aged between 14 and 25 years, who have a life shortening condition, and their families. This service works alongside statutory and other Mountbatten services improving and enhancing the quality of lives of those using the service and their families. The service has evolved to incorporate three integral themes:

• **Care Co-ordination**

The young people and their families have identified that having one point of contact is important to them because they sometimes felt overwhelmed by the amount of appointments, phone calls and organisations that are involved in managing their care. This can be especially difficult during times of 'crisis' and if there are other siblings to care for. Families can now contact the Young Adult Transition service by phone, text or e-mail and request support. Each young person receives an initial assessment on referral into the service and will then be reviewed on a three-monthly basis. An individual package of support is developed based on a person-centred approach, with liaison with other services.

• **Transition**

Transition between paediatric and adult services can be a worrying and uncertain time for young people and their families. The Young Adult Transition service facilitates a transition process that aims to be timely and seamless, commencing when young people are 14 years of age.

• **Activities**

The Young Adult transition service promotes time for fun and enjoyment through activities such as participating in Young People's Days or completing a bucket list. The Young People's days are held one Saturday every month and one day a week in school holidays in the John Cheverton Centre.

**Enablement and Palliative Rehabilitative Care**

A successful funding application in June 2016 led to the award of a grant from the St. James Foundation through Hospice UK for a total of £35,000.

The project has promoted a shift in culture towards blending compassion and care with enablement, empowerment, self-management and rehabilitation of people with advanced illness and at the end of life, across all Mountbatten clinical care settings. The focus of the project has been on enabling rather than disabling people and embedding a culture of empowering people to live well, focusing on their individual goals.

The Head of Quality, who is an experienced physiotherapist from a rehabilitative background in both palliative care and working with older people, led the project.

The project commenced in September 2016 and was completed in February 2018, achieving the following outcomes and activities:

- Development of training and education for staff and volunteers across all clinical settings in an enablement and rehabilitative approach, including competency-based training, and embedding the principles into induction and mandatory training for all staff and volunteers
- Implementation of circuit exercise in the gym for people with advanced illness and at end of life, including development of sessions for those with Lymphoedema
- Implementation of a self-management 'Positive Steps to Well-being' programme for people with life limiting and long term conditions and their families and carers
- Development of documentation to support 'what matters most to me' person-focused goal and priority setting, across all clinical care settings
- Development of an information leaflet for patients and families to help preparation for an admission to Mountbatten Hospice, emphasising a commitment to normality as much as possible and provision of an enablement approach, where appropriate

- Training and piloting a small team of volunteer community assistants to work alongside people and their families to help them achieve their personal goals and priorities within the community

There is evidence to suggest that this project has improved the total rehabilitative palliative care score from 51/111 (August 2016) to 98/111 in February 2018 by using the tool 'How rehabilitative is your hospice? A benchmark for best practice' (Hospice UK, 2015).

**Patient Services Strategic Implementation Plan Year 3**

Following the publication of the Mountbatten Strategy 2015-2020 and strategic implementation plan, senior members of the clinical teams from across the organisation joined together to agree the priorities for the development of services during 2017/18. A total of thirty-five objectives and over one hundred and fifty key actions were agreed under the following themes:

- Demonstrating and evidencing compliance and quality improvements across the organisation
- Implementing new national outcome measures in palliative care to evidence and demonstrate the quality of services
- Further developing Nurse-Led Palliative Care on the Inpatient Unit, including development of the workforce
- Implementing a new model of planned and unplanned day care services in the John Cheverton Centre
- Developing a rehabilitative and enablement approach across all clinical services
- Further developing psychosocial, spiritual and bereavement services across all ages to meet the needs of users of the services
- Working in partnership with the IW NHS Trust and Isle of Wight Motor Neurone Disease (MND) Association, implementing multidisciplinary MND clinics in the John Cheverton Centre
- Further developing the Mountbatten Community Service model and provision, including delivering a 24 hour and seven day week service

- Further developing the Hospital Palliative Care Team model and provision
- Developing Mountbatten Volunteers and Education and Research

### Quality Improvement Action Plan 2017-19

The Quality Improvement action plan has been developed in the latter part of 2017. The plan ensures that Mountbatten services continue to demonstrate and evidence quality improvements in line with the Care Quality Commission key lines of enquiry in the domains of, are our services safe, effective, caring, responsive and well-led?

A total of forty-three key objectives have been agreed, which are monitored monthly by a team of senior staff from across the organisation and quarterly at the Quality and Governance Committee.

### Financial Considerations

Earl Mountbatten Hospice is a registered charity and our patient and family services are delivered free of charge to our Island community. Mountbatten services cost over £7 million in the financial year 2017/18.

We rely heavily on the support of our community through donations, legacies, investments, grants, and through our charity shops. In addition to NHS Isle of Wight CCG funding, we raised over £4 million, enabling us to continue to deliver compassionate and timely care to local people, in the place of their choice.

Mountbatten services receive an annual sum from the NHS Isle of Wight Clinical Commissioning Group which equates to approximately 32% of our total income for the year ended 2017/18.

We review all our services continually to ensure we are delivering them efficiently and that we spend our money wisely. This is particularly important in the light of the challenging economic climate we currently face. High quality, compassionate care for our patients and their families remains our number one priority.

### 2.2.2

#### Goals agreed with Commissioners

One quality improvement goal was agreed with the Isle of Wight Clinical Commissioning Group for 2017-19 and this was:

To improve Advance Care Planning (ACP) across the Isle of Wight by:

- Agreeing and putting in place systems and processes to ensure that the relevant patient population can be identified
- Ensuring that the relevant workforce receive appropriate training
- Incorporating Advance Care Planning conversations into consultations with patients and carers.

In year one of the two year project the following has been achieved:

- Recruitment of an ACP Facilitator
- Submission of a two year project plan and key performance indicators to the Clinical Commissioning Group
- Establishing and formalising an agreed new ACP template on SystemOne patient electronic notes and a method of sharing ACPs with GPs and district nurses
- An ACP training programme has been devised and implemented to improve knowledge, skills and confidence of staff in facilitating ACP conversations. A 2 hour session has been delivered monthly to Mountbatten clinical staff and to local health and social care workforce since September 2017 and will continue to run monthly throughout 2018. Over 100 staff have attended training (September 2017 – February 2018).

Income of £67,666 for each of the two years ending March 2018 and March 2019 was conditional on achieving improvement and innovation goals through the Commissioning for Quality and Innovation Schemes (CQUINS) payment framework. The work has progressed and implementation of year one's objectives have been achieved.

### 2.2.3

#### Statement from the Care Quality Commission

*Mountbatten Hospice is required to register as a provider of healthcare services with the Care Quality Commission (CQC). Earl Mountbatten Hospice is currently registered to provide the following activities:*

- Personal care
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

*Earl Mountbatten Hospice did not participate in any special reviews or investigations by the CQC during 2017/18. The CQC has not taken enforcement action against Earl Mountbatten Hospice during 2017/18.*

Mountbatten services are subject to periodic inspections by the CQC and the last inspection was carried out by four inspectors on the 30th and 31st January 2017. It was an announced inspection to ensure that the staff the inspectors needed to speak with would be available. CQC's model of inspection for providers changed in 2014 using a framework of key lines of enquiry encompassing five themes and questions: is the service safe, effective, responsive, caring and well-led?

The CQC's findings are shown below:



#### Are services

Safe?	<b>Good</b>
Effective?	<b>Good</b>
Caring?	<b>Outstanding</b> ☆
Responsive?	<b>Outstanding</b> ☆
Well led?	<b>Outstanding</b> ☆

### A synopsis of the CQC's summary of their inspection is as follows:

"The Earl Mountbatten Hospice provided an outstanding service that creatively enabled people to choose where they wanted to receive end of life care. People spoke of a service that was tailor-made for them, highly personalised and focussed on their individual needs and that of their families. Earl Mountbatten Hospice has developed services innovatively with local agencies to ensure their population received the support they needed at the time they needed it and in a place that best suited them.

People, their relatives and staff spoke overwhelmingly of the positive support, guidance and healthcare interventions that people had received. They were full of praise for the staff in terms of their kindness, compassion and knowledge about end of life matters.

Managers showed outstanding leadership and they recognised, promoted and implemented innovative ways of working in order to provide a high quality service. The management team promoted a culture of openness, reflection and excellence. There was a kindness and warmth about the management team that made them approachable to everyone and people knew them by their first names and told us they were visible and solved matters when they were raised. Staff were involved in the development of the values and vision of the service.

Governance of the service was of a high standard and robust quality assurance systems were in place that showed people were right to have confidence in this local hospice"

(Care Quality Commission, 2017, p. 2)





## 2.3 Participation in Clinical Audits

### National Clinical Audits

During the period 2017/18 there has been one national clinical audit relating to Mountbatten services. The Controlled Drugs Regulation Team has compiled the Controlled Drug Self-Assessment Tool. The tool is designed to help the Controlled Drugs Accountable Officer (CDAO) assess their organisation's arrangements for controlled drugs governance and identify areas requiring improvement. The tool covers the following aspects of controlled drugs governance: access to controlled drugs, standard operating procedures, management of controlled drugs in hospital pharmacy, management of controlled drugs in hospital ward/department, transport of controlled drugs, auditing (including recording and monitoring), and reporting of controlled drug incidents and information sharing.

Mountbatten Hospice has completed the controlled drug self-assessment tool and is compliant in all related areas.

### Regional Audits

There were no requests from NHS England or the Isle of Wight Clinical Commissioning Group for specific audits during 2017/18.

### Local Audits and Surveys

A series of workshops was held in February 2017, where an annual organisational audit programme was devised, consisting of 54 different audits. The audit programme is monitored through the Quality and Governance Committee on a quarterly basis. The results of audits undertaken are reported and monitored at the Education and Research Committee meetings and are displayed on quality information boards for staff, volunteers, patients and visitors to view.

A chart showing a sample of completed audits can be found on **pages 17-19** of this report.

A quarterly comprehensive governance and assurance report informs the Patient Services Committee and the local Clinical Commissioning Group. The report includes completed audits, experience survey reports, data gathered from incidents, feedback, mandatory training compliance, staff sickness rates and a summary of the status of the risk register.

Since January 2014 Mountbatten Hospice has taken part in Hospice UK's national benchmarking scheme. Using benchmarking data enables hospices to improve quality by comparing their performance to identify improvements that have been successful in other hospices. The benchmarking reports are used to assure and provide evidence of quality to the Board of Trustees, CQC and our local Clinical Commissioning Group. Two working groups of clinicians, working across all clinical settings, meet regularly to monitor pressure ulcers and patient falls. These groups evaluate national guidance, review all reported pressure ulcer and falls incidents and share good practice and lessons learnt with their clinical colleagues.

For completed local surveys see section 3.2 of the report: 'People's Experience of Mountbatten Services'.

### Visiting Fellow

Our Chief Executive (CEO) has been asked to become a Visiting Fellow at the University of Southampton.

He currently provides a number of sessions both in the Palliative Care department and also in the Management School.

### University of Southampton Partnership

We continue our development discussions with the University of Southampton, including consideration of the following:

- **Clinical Doctorate post:**  
This post will be taken from existing vacancies, supported by some funding from the University. It will be a clinical post e.g. Nursing, Social Work or Allied Health Professional and the post-holder will work clinically for part of the week and spend some time researching into key, agreed projects being undertaken by the hospice. We are hoping to develop these roles further during 2018
- **Clinical Teaching Fellowship:**  
One of our Clinical Nurse Specialist team is a Clinical Teaching Fellow at the University
- **Practicum:**  
We are currently developing a potential 'practicum' programme for a small number of our more senior clinical staff. This programme will support them in teacher training, learning to write more academically, and prepare them to support our education programmes.

## Participation in Education and Research

### Head of Education and Research

We have appointed a new Head of Education and Research who started in March 2018. The new post holder is a nurse by training and has much experience in the University sector; she joined us from King's College, London where she was an Associate Professor in the School of Nursing and Midwifery. We are currently working with the University of Southampton regarding how the role will be utilised there.



## Island Better Care Together Project

Mountbatten Hospice has been commissioned, via funding from the Island Better Care Fund, to develop and deliver a new and innovative three year training programme for local nursing and residential homes and domiciliary care providers. Initially, the programme will support providers who have received a Care Quality Commission (CQC) rating of 'Inadequate' or 'Requires Improvement'. The programme focuses on two of the CQC's five Key Lines of Enquiry, 'Safe' and 'Well-Led'.

The first programme commenced in January 2018. Ten care providers were represented, with 23 participants in attendance ranging from proprietors to registered managers and deputies. Four programmes will be facilitated over the course of 2018, with ongoing evaluation and programme development as required. In addition to the five day classroom based training, there is a three month period during which providers will be supported by the Mountbatten Team to progress their individual quality improvement plans.

## 35<sup>th</sup> Anniversary Conference

Mountbatten's inaugural conference was held on 3rd November 2017 and was attended by health and social care staff from the Isle of Wight and the South Coast. Feedback has been extremely positive. We are planning for this to become an annual event and we are currently planning another conference in November 2018.

## Spirituality in Hospice Care

A new book entitled 'Spirituality in Hospice Care' was published in December 2017 and co-edited by our CEO. Three chapters within the book were contributed by members of the Mountbatten team.

## Hospice UK Conference Posters

Six members of the hospice team attended the national Hospice UK annual conference in November 2017. The conference was entitled 'Leading, Learning and Innovating'. Six posters were accepted from the Earl Mountbatten team for presentation as follows:

- Mountbatten Memories: celebrating 35 years of our hospice
- Bridging the Gap: creation of a lifespan bereavement service
- Enabling not Disabling
- 8 Positive Steps to Wellbeing
- Hospices in Harmony: the community choir phenomenon
- Aspiring to be the best we can be – a hospice journey

## Sample of Completed audits during 2017/18

Audit Subject	Area	Outcome Actions
<b>Call Bell</b>	Inpatient Unit	<ul style="list-style-type: none"> <li>• Call bell audits were completed in each quarter of 2017/18. The standard of call bells being answered within 2 minutes was met in 100% of cases. Call bells were found on average to be answered within 35 seconds (range 1-120 seconds). Quarterly audits will take place in 2018/19 to monitor</li> </ul>
<b>Mountbatten Community Equipment Service Delivery Response Times</b>	Community Equipment	<ul style="list-style-type: none"> <li>• A Community Equipment Service delivery response times audit was completed in quarter 2. The standard of delivery of prescribed equipment within 12 working hours for urgent equipment and within 3 working days for non-urgent equipment provision was met in 100% of cases other than when a family member requested a different delivery date and the equipment was delivered by the clinical team on their next visit</li> <li>• An annual audit will take place in 2018/9 to monitor. A Community Equipment Service collection response time audit is also carried out annually</li> </ul>
<b>Controlled Drug (CD)</b>	Pharmacy	<ul style="list-style-type: none"> <li>• The Pharmacy team audit the CD order book, stock register, patients' own CD register, returns/disposal, prescribing CDs and discrepancies quarterly. Feedback is given to the team where discrepancies are identified, and these are fully investigated where applicable. Quarterly audit to continue in 2018/19 to monitor</li> </ul>
<b>Infection Control</b>	Inpatient Unit	<ul style="list-style-type: none"> <li>• Monthly audits carried out – over 90% compliance demonstrated on each audit other than in five individual standards over the year – A hand hygiene audit was introduced for volunteers on the Inpatient Unit and compliance has increased from 93-100% over quarter 4</li> <li>• Actions plans in place after each audit and work with nursing, housekeeping and facilities staff to ensure wide ownership of actions and improvements within practice</li> <li>• An external audit carried out by Infection Control Consultancy in September 2017 revealed 91.91% compliance achieved across all areas. Full action plan in place &amp; monitored</li> <li>• Internal monthly audits will continue in 2018/19 with external audits taking place twice a year</li> </ul>

## Sample of Completed audits during 2017/18

Audit Subject	Area	Outcome Actions
<b>Medical Gases</b>	Facilities	<ul style="list-style-type: none"> <li>An annual Hospice UK audit carried out in January 2018. 100% compliance in all subtopics in the audit</li> <li>An annual audit will be repeated in 2018/9</li> </ul>
<b>Nutrition &amp; Hydration</b>	Inpatient Unit	<ul style="list-style-type: none"> <li>Nutrition and Hydration audits were completed in each quarter of 2017/18 following staff training on the Inpatient Unit in 2017. Standards were met in &gt;90% of cases when audited. Results shared with team for ongoing learning and improvement</li> <li>Quarterly audits will continue in 2018/19</li> </ul>
<b>Patient Slips, Trips and Falls</b>	Inpatient Unit and Community Team	<ul style="list-style-type: none"> <li>First falls audit carried out in quarters 2 and 4 following the implementation of a new falls care plan within the electronic patient record as part of locally implementing the Hospice UK Falls Toolkit</li> <li>Further work to complete in 2018 to ensure the Falls Risk Assessment Tool and care plan is used consistently in the community and patients are given written/oral falls information across all services</li> </ul>
<b>Patient Led Assessment of the Care Environment (PLACE)</b>	Inpatient Unit & John Cheverton Centre	<ul style="list-style-type: none"> <li>Teams (including users of Mountbatten services, Trustees, clinical, housekeeping and facilities staff) carried out environmental assessments six-monthly in each area. Issues were identified and a full action plan put in place and reviewed by the team</li> <li>Six-monthly audits will take place in 2018/19 to monitor</li> </ul>
<b>Pressure Ulcer</b>	Inpatient Unit	<ul style="list-style-type: none"> <li>An annual Hospice UK audit was carried out in October 2017. This audit ensures that patients who are at risk of development pressure ulcers, or those with an existing pressure ulcer are managed in line with national guidelines. All standards met &gt;80% compliance other than for discharge but only 2 sets of records audited. An action plan in place for improvements and on-going monthly internal audits</li> <li>An annual audit will be repeated in 2018/19</li> </ul>

Audit Subject	Area	Outcome Actions
<b>Safeguarding Adults</b>	Social Work	<ul style="list-style-type: none"> <li>Local Safeguarding Adults Board audit of arrangements to safeguard adults audit tool completed for the first time in quarter 2. The audit indicated 5 standards were fully met and 2 standards partially met. An improvements action plan was put in place which is monitored by the Social Worker</li> <li>An annual audit will take place in 2018/19 to monitor improvements</li> </ul>
<b>Safeguarding Children</b>	Social Work	<ul style="list-style-type: none"> <li>Local Safeguarding Children's Board audit of arrangements to safeguard and promote the welfare of children audit tool completed for the first time in quarter 2. The audit indicated 21 outstanding, 33 good, 5 requires improvement areas. An improvements action plan was put in place which is monitored by the Social Worker</li> <li>An annual audit will take place in 2018/19 to monitor improvements</li> </ul>
<b>Venous Thromboembolism (VTE) Prevention</b>	Medical	<ul style="list-style-type: none"> <li>Standard of VTE treatment or prophylaxis being prescribed where indicated has been met in 100% of cases</li> <li>Quarterly audits will continue in 2018/19</li> </ul>

## 2.4 Data Quality

### 2.4.1

#### Data

Mountbatten Hospice is not required to submit records to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

A quarterly service activity report is provided to the Isle of Wight Clinical Commissioning Group which is first approved through the Quality and Governance Committee and also presented to the Services Committee.

### 2.4.2

#### Steps to improve Data Quality

During 2017/18 a number of initiatives have been put in place to improve data quality. These include:

- Implementation of SystmOne Palliative Hospital, an electronic patient record system, which is shared with the General Practitioners and District Nursing teams on the Isle of Wight
- Implementation of a DATIX Risk Management System
- Data and quality have been realigned to sit within the same department, managed by the Head of Quality
- A full time Data and Quality Assistant has been recruited to support in the provision of high quality, timely and accurate management information that meets both internal and external requirements
- Performance dashboards developed for the Senior Management Team, Quality and Governance Committee, Resources and Services Committees and the Clinical Commissioning Group, which include staff resource, financial, activity, quality, and patient safety data
- Team dashboards are currently in development.

### Performance Data

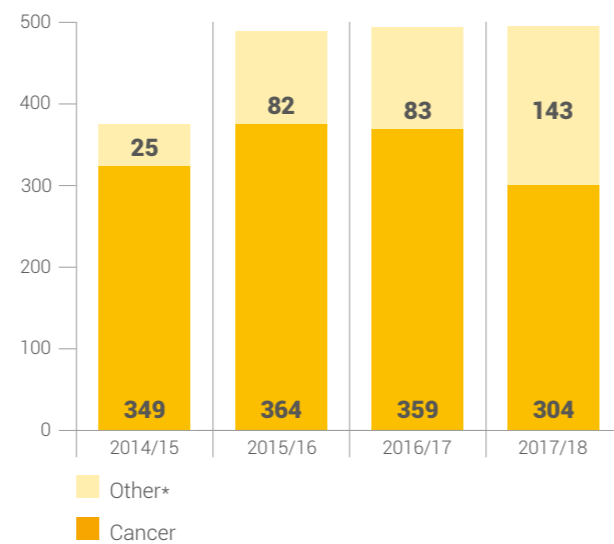
A total of 1895 people were seen in 2017/18, with an average of 709 open cases to services at the end of each month, and 855 people receiving services at the end of the year.

This compares with 1799 people seen during 2016/7 and 581 people receiving services at the end of 2016/17.

### Mountbatten Inpatient Unit

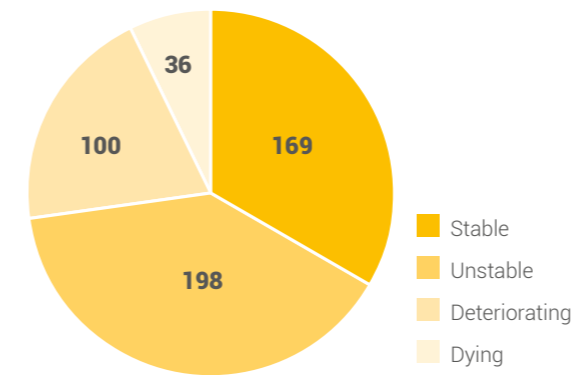
- There were a total of 447 admissions to the Mountbatten Inpatient Unit during 2017/18, with 40% being admitted from St Mary's Hospital compared to a third in 2016/17.
- The average length of stay in the Mountbatten Inpatient Unit during 2017/18 was 9.6 days
- 35% of people admitted to the Mountbatten Inpatient Unit returned home (including to nursing and residential homes).

### Admissions to Mountbatten Inpatient Unit



\*Other relates to other diseases, including neurological conditions, heart failure, respiratory disease, Dementia and Motor Neurone Disease

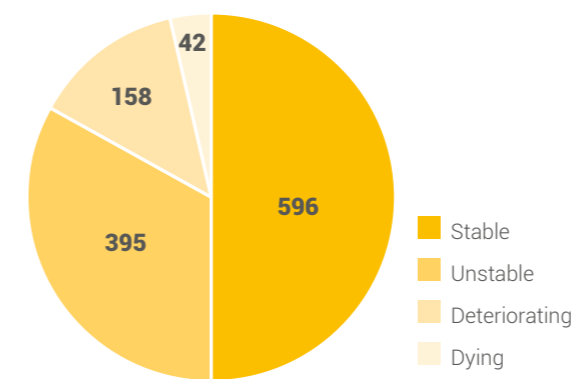
### Phase of Illness at admission for all people admitted to the Inpatient Unit during 2017-18



### Mountbatten at Home

- A total of 577 new people were seen and supported by the Community Clinical Nurse Specialist (CNS) team in 2017/18.
- A total of 3346 visits were made by the wider Mountbatten Community Nursing team.

### Phase of Illness at first contact for people referred to Mountbatten At Home during 2017-18



### Mountbatten Day Services

- 112 people were referred to day services during 2017/18, compared with 72 people during 2016/17.
- 244 people attended planned day services in 2017/18 compared with 104 people during 2016/17.
- A growing number of people attend the John Cheverton Centre socially and for groups.

### Mountbatten Allied Health Professions (Occupational Therapy and Physiotherapy)

- 202 patients were referred to Physiotherapy and 126 patients to Occupational Therapy during 2017/18.
- A total of 196 home visits were carried out by the Allied Health Professional Team in 2017/8.

### Mountbatten Lymphoedema Service

- The Lymphoedema Service received a total of 107 referrals in 2017/18. This included those with palliative and non-palliative conditions.
- The Lymphoedema service saw an average of 228 people each month during 2017/18.

### Mountbatten at St Mary's Hospital

- 466 people were referred to the Mountbatten at St. Mary's Hospital team and 138 people to the Mountbatten Discharge Coordinator (from September 2017) during 2017/18. The teams supported people within the hospital setting, arranged transfers to Mountbatten Hospice, and facilitated discharges home, working with the wider hospital teams.

### Mountbatten Admiral Nurse

- The Mountbatten Admiral Nurse was referred 171 people with dementia during 2017/18.
- A total of 600 contacts were made with people with dementia and their families during 2017/18.

### Mountbatten Psychological & Bereavement Services

- 475 people were referred to the Psychological and Bereavement service during 2017/18, compared with 340 people in 2016/17.
- 229 people received bereavement support during 2017/18.
- 140 families were referred to Mountbatten's Children's Bereavement service during 2017/18, compared with 61 families in 2016/17. A total of 350 sessions of support were delivered in 2017/18, compared with 81 in 2016/17.

### 2.4.3

#### Information Governance

**During 2017/8 the Department of Health Information Governance Toolkit was completed. Level 2 compliance was achieved in eight areas and Level 3 in nine areas, an improvement in two areas compared with 2016/17.**

This demonstrates that the organisation has improved its processes to maintain protection and confidentiality of its patient information and that it adheres to data protection legislation and good record keeping practice.

During 2017/18 Mountbatten's Information Governance Group met quarterly, chaired by the Head of Information and Communications Technology, and information governance is monitored at every committee and at Board level. Mountbatten Hospice has its own on-site Caldicott and Deputy Caldicott Guardians, and Data Protection Officer. A new Integrated Information Governance Committee was set up in March 2018, which now meets monthly with new terms of reference and is chaired by the Data Protection Officer. The Integrated Information Governance Committee has commenced work on the new EU General Data Protection Regulations (GDPR) which come into force in May 2018. Action will be taken during 2018/19 to further improve information governance and data protection within the organisation and a robust action plan is in place to monitor this.

### 2.4.4

#### Outcome Measures

**During 2017/18 the use of standardised palliative care specific outcome measures across all clinical areas has further developed.**



The Outcome and Assessment and Complexity Collaborative (OACC) project is led by a team at the Cicely Saunders Institute, King's College, London working in partnership with Hospice UK. The OACC project seeks to implement outcome measures into palliative care services to measure, demonstrate and improve care

for patients and their families. Four outcome measures from the OACC suite of measures that capture the phase of illness, the patient's functional status, physical symptoms, psychological, emotional and spiritual, and information and support needs have been successfully implemented into clinical practice. All the outcome measures are embedded within the electronic patient record system.

Further work is being planned in 2018/19 to fully incorporate outcome measure data within performance and team dashboards to help inform clinicians and evidence the impact of the care given to patients and their families.

### 2.4.5

#### SystemOne Electronic Patient Record

SystemOne is an electronic patient records system. Its implementation in April 2017 across all clinical areas was designed by a small team at the hospice who consulted with the clinical teams as part of this process. The system improves links with primary care providers across the Isle of Wight and provides better co-ordination of the patient pathway, with improved communication and more seamless patient care. The GP practices and district nurse teams on the Isle of Wight have also implemented SystemOne. The transfer from paper patient records to Mountbatten's first electronic patient record system was successfully implemented with robust planning, processes, training and on-hand support from the implementation team during the first weeks of staff using the system.

The implementation of SystemOne allows Mountbatten to control its patient and clinical data. All data is now managed in-house ensuring a timely reporting and analysis of performance. A bi-monthly SystemOne User Group has been established with representation from all clinical areas, giving staff an opportunity to feed back and discuss future system developments to improve clinical practice.

### 2.4.6

#### DATIX Risk Management System

The DATIX Risk Management system for incident reporting, feedback (complaints, concerns and written compliments) and the organisation's Risk Register was implemented in November 2017. The system has been built, working with DATIX, tailored to Mountbatten's unique needs across clinical and non-clinical areas.

It streamlines the organisation's quality reporting, giving an increased level of data intelligence and forms part of the development of internal and external performance dashboards. The system will enable the organisation to compare trends over time in the future, and become more proactive in managing incidents, feedback and risks.



## Part Three

# Looking Back

### 3.1

## Achievement against our priorities for 2017/18

### Priority 1: Patient Safety

**Target 1.1 To develop an information leaflet, for carers of people with dementia at the end of life, about services available to them on the Isle of Wight - to educate, inform and signpost**

The information leaflet for family members of those living with dementia was developed to ensure that they have relevant and helpful information at their fingertips.

The information in the leaflet is wide-ranging and highlights the frequent queries that arise when families are caring for someone living with dementia, to empower and enable them. It is clear and easy to read and navigate. It includes and explains the following information:

- how people are referred to the service
- groups available at Mountbatten
- tips for carers
- further information, including useful resources and websites.

Information in the leaflet was agreed following consultation with users of the service. It is due for approval by the Information Review Group in May 2018. It was crucial to strike the right balance in terms of providing all the detail needed while at the same time making sure families did not feel overwhelmed by too much information.

**Target 1.2 To provide annual, mandatory training for all volunteers across the organisation**

Volunteers support our work in every department and service. As part of our work of valuing our volunteers we have developed a robust programme of training for all volunteers, which includes:

- An **induction volunteer training programme** for all new volunteers. This was delivered during 2017-18, with over 50 volunteers taking part in the six-session programme. The programme provides comprehensive training, comprising six four-hour sessions covering a wide range of topics, including communication skills, hospitality, customer care, complaints and incidents management and spiritual care. The six session training has been formally reviewed twice following feedback from volunteers, with improvements made to the timing of sessions, content and programme, and ensuring a facilitator is present at each session. The feedback from volunteers attending the training has been very positive and encouraging, with most volunteers saying that they would recommend attending the programme to every Mountbatten volunteer. Feedback received included:

"Good to meet others"

"Useful to refresh my knowledge of policy and procedures and to update myself on new subjects"

"I feel included and better informed and updated. I'm encouraged to feel I belong and to fully participate"

- An **annual mandatory training programme** for all volunteers across the organisation was delivered every month during 2017-18, with over 130 volunteers taking part in the two day sessions. The sessions include training and annual updates in the mission, vision, values of the organisation; health and safety; food hygiene, moving and handling; safeguarding vulnerable adults and children, data protection and looking after yourself. The commitment to training has increased over time, with volunteers reporting the value of training. Line managers are encouraged to generate participation through monthly meetings with volunteers and uptake of training is closely monitored through the Volunteer Development Group to ensure that there is a 100% commitment from volunteers to undertake the training. The sessions have consistently received good feedback, with an overall rating of the training showing an average upward trend from 3.5 to 4.5 out of the score maximum of 5, over the period April-September 2017. Evaluation has focused on the quality of the content and delivery of the training rather than confidence in undertaking specific volunteer roles. It is recognised that volunteers undertaking the training have different levels of experience of volunteering (from being new to the role to having volunteered many years) and Mountbatten services are moving towards having more flexible volunteer roles, where volunteers move between areas, as required by the service.

**Target 1.3 To provide adequate resting places and facilities throughout the building to assist those who are limited in mobility and/or function**

Patients and service users identified that as the hospice building has grown and developed they would value adequate resting places throughout the building to enable accessibility. For example, the walk from the John Cheverton Centre to the Art Gallery is some distance for those limited in mobility and/or function. The User Group and other service users have been consulted to establish the ideal locations of resting places. The appropriate furniture has been chosen and will be purchased in 2018 following receipt of funding.

### Priority 2: Clinical Effectiveness

**Target 2.1 To develop the role of Palliative Care Discharge Coordinator to facilitate responsive, timely and coordinated discharge of patients who are at end of life within St Mary's Hospital, when their preferred place of care is at home**

The discharge of a person who is nearing the end of life requires skilled, careful coordination and communication and can be highly time consuming. Supported by System Resilience funding for a period of one year, the Mountbatten Discharge Facilitator role is responsible for actively supporting discharge and care at home (or nursing/residential home), as a viable option for people at the end of life who are admitted to St Mary's Hospital. Research suggests that responsive, seamless discharges most often occur when one person is dedicated to the function to ensure that all aspects of the discharge process have been covered and nothing has been missed. There are no winners when a person's discharge from hospital is delayed; the frustration is felt by the person themselves, their family and the healthcare professionals, and when a person is in the last days or weeks of life, time is of the essence. Ultimately the entire system is affected; the person does not want or need to be in hospital and the bed cannot be used for other people who may need to come into the hospital.

Early communication with people and their families is vital to establish what is important, as many people who are at the end of life would choose to be at home or another care setting. The Mountbatten Discharge Coordinator works across all wards and the Emergency Department at St. Mary's Hospital, having conversations with the person and their families to ensure the right decisions are made. This communication allows them to feel supported and involved in the decisions about their care. The involvement of the Discharge Coordinator with each discharge varies: it can be very active and involve organising equipment for home, arranging transport, ensuring medication is prescribed and handing over to district nurses or other care providers.

Since September 2017, when the Mountbatten Discharge Coordinator post commenced, 88 discharges have been facilitated and 100% of these people were discharged to their preferred place of care; 47% went to their own home and 53% went to either a Residential or Nursing Home.

**Target 2.2 To review the format of Multidisciplinary Team (MDT) meetings where Mountbatten patients are discussed to ensure appropriate treatment is agreed, the use of outcome measures is embedded in discussions, and full contribution from all team members is actively encouraged**

The Multidisciplinary Team meeting is held weekly to discuss updates on patients and families who have had significant changes in their health conditions, physical, psychological, emotional, spiritual needs and social circumstances. The group makes joint decisions regarding patient care, using the specialist knowledge and resources available within the team, following discussions with the patient and family. Advance Care Planning, complex discharge planning and internal and external referrals to agencies form part of the discussion. The MDT meeting was fully reviewed following consultation with all clinical staff in 2017 through a series of focus groups and a survey, with the aim of making the meetings more focused. New terms of reference were agreed and approved at the Senior Management Team and Patient Services Committee and the new format of meetings commenced in January 2018. The terms of reference included:

- improved structure of meetings with a rotating chair, clear agenda and agreed start time to the meeting
- agreed core membership of the meeting
- use of the SystmOne electronic patient record live during the meeting to record decision making directly into the patient record
- utilising the outcome measures as part of the discussion about the patient

A further review of the new format to the MDT meeting is planned at the end of May 2018, to ensure that the meeting is fully fit for purpose.

**Target 2.3 To review the Inpatient Unit MDT handover sheet within SystmOne to ensure it is person-centred, individualised and incorporates the use of outcome measures**

Effective handover of care from shift to shift and across different professions and departments is paramount in delivering safe and seamless patient care. Bhabra et al (2007) found that '99% (of information) was retained when a printed handout containing all patient information was used' compared with verbal or verbal and note taking handovers.

A written handover sheet has been used in the Inpatient Unit at Mountbatten Hospice for many years but it required a review to ensure that it was person-centred, individualised and incorporated the use of outcome measures. The handover sheet was reviewed by the Sister, Deputy Sister, Head of Community and Head of Quality and revisions were made. The new handover sheet now incorporates a more multidisciplinary approach documenting the person's physical, psychological, social and spiritual needs, any discharge plans, incidents, outcome measures, and current plan of care. Practical training in updating the revised handover sheet daily has been delivered to Inpatient Unit staff.

**Priority 3: Patient and Family Experience**

**Target 3.1 To review the furniture in the JCC to ensure that it meets the needs of the service users**

The John Cheverton Centre was opened in September 2012 and the centre has expanded in terms of the numbers and diversity of people using the building. As some of the furniture was coming to the end of its useful life, much of it having been moved from the previous Day Unit, a full review of the furniture was undertaken. The Head of Quality involved consultation of users of the services as part of the review. It was established that furniture needed to meet the needs of different people in terms of size and height, and include chairs with and without arms. A small working party identified the type and style of furniture required and planned the location of where furniture needed to be located within the building, working with a healthcare furniture supplier. The furniture was planned to ensure that there is a mix of quiet and social spaces throughout the building, making full use of the whole available space. The Income Generation department has secured Trust funding to enable the purchase of the new and bespoke furniture for the centre and this will be purchased on receipt of the funding.

**Target 3.2 To scope the use of outpatient services, identifying gaps in services and the reasons why patients on Community Clinical Nurse Specialist caseloads are not accessing them**

Traditionally most new patients referred to the Mountbatten at Home team were offered first appointments in their homes rather than being given the choice to be seen as an outpatient. During 2017/18 there has been work undertaken to fully review the clinics held in the John Cheverton Centre to ensure that people who are able to access outpatient services are offered them. Clinical Nurse Manager Assessment Clinics are now held two mornings a week for assessment and signposting to services available in the John Cheverton Centre and in the local community. Clinical Nurse Manager Procedure Clinics are held five days a week for people requiring nursing procedures that include bisphosphonate treatments, wound dressings and blood tests. Heart Failure Clinical Nurse Specialists from the IW NHS Trust continue to hold clinics in the Centre three days per week.

With the commencement of the Mountbatten Coordination Centre, three further Clinical Nurse Specialist clinics have been developed. These additional clinics will enable first assessments and reviews of people who are thought to be in their last five years of life. The increase in clinics has enabled early triage of patients, more people to be seen, and eligible people to access a full range of services provided at the Centre.

A new group programme is commencing in April 2018 for people in the last years of life and their relatives, with some groups available for the general public. The planned programme of group activities will include self-management sessions, circuit exercise classes and art, music and creative sessions.

Further work to develop services within the Centre will continue in 2018/19, led by the Chief Executive.

**Target 3.3 To introduce Multidisciplinary Motor Neurone Disease (MND) clinics in the JCC every two months, working in partnership with both the Isle of Wight and Southampton NHS Trusts**

Currently, on the Isle of Wight a person with MND will see healthcare professionals in a variety of clinics situated on the Isle of Wight and Southampton. The clinic location depends on the base of the clinician, and may involve multiple clinic appointments and frequent travel for the person, often only to see one healthcare professional at a time. People living with MND report that as their mobility and function deteriorates this becomes harder for them and their family to manage, and the multiple clinics lack effective coordination and communication between professionals.

The National Institute for Health and Clinical Excellence guidance (2016) for the assessment and management of Motor Neurone Disease states that services should 'Provide coordinated care for people with MND, using a clinic-based,

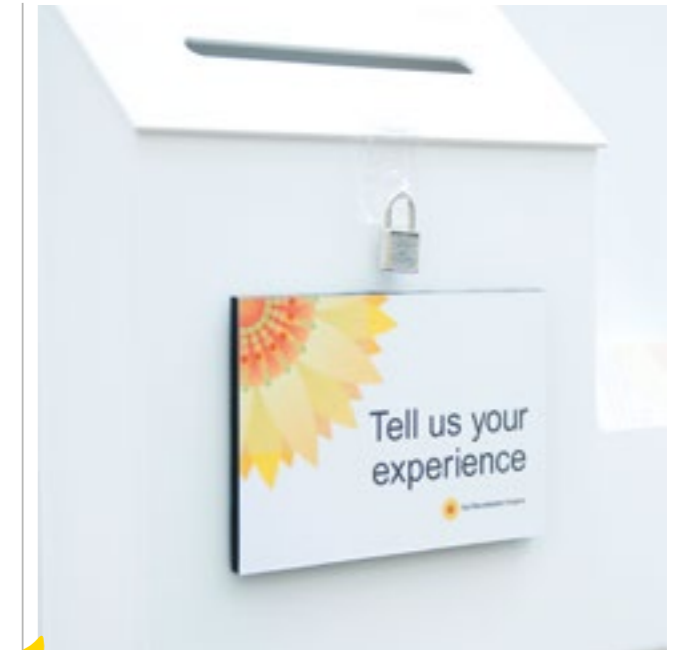
specialist MND multidisciplinary team approach'. Agreement has been reached with key partners at Mountbatten, Isle of Wight and Southampton NHS Trusts to deliver a clinic every two months at the John Cheverton Centre. The clinic would enable a person with MND to see a range of professionals from across the multidisciplinary team in one place and at one time, as required. This would include a Consultant Neurologist, Speech and Language Therapist, Dietician, Respiratory Technician, Physiotherapist, Occupational Therapist, Clinical Nurse Specialist and Psychologist. Staff have spent time at the renowned Oxford MND Clinic to learn more about the delivery of a MND Clinic. The new MND Clinic will commence in the John Cheverton Centre during 2018. Further work will be carried out to fully evaluate the new clinic from the patient and family perspective once the clinic has been operational for at least three months.

**3.2 People's Experience of Mountbatten Services**

**Feedback received in 2017/18**

We always welcome feedback from our patients, their families and visitors. Patient Experience surveys are carried out on the Inpatient Unit, in the John Cheverton Centre, and in Community, Psychology and Bereavement, and Complementary Therapy services. Improvement action plans are developed from the feedback given by patients and families and fed back on 'You said...We did' boards displayed in both the Inpatient Unit and John Cheverton Centre. A report is also written by the lead clinician and shared with staff, volunteers, the Services Committee and local Clinical Commissioning Group.

The table below details some of the feedback and actions implemented following patient and family feedback:



You said...	We did...
<b>"We would like access to a microwave when visiting family in the Inpatient Unit"</b>	A family purchased a microwave which is now available for use in the overnight family room
<b>"The carpet in the quiet room in the Inpatient Unit is worn"</b>	A patient's family kindly replaced the carpet to say thank you for the care and support received
<b>"It's noisy in the bedrooms in the Inpatient Unit with people walking upstairs"</b>	The Head of Estates and Facilities is investigating options to decrease noise from upstairs
<b>"The catering trollies from the kitchen are noisy"</b>	The Facilities team checked and serviced all the catering trolley wheels to reduce the noise
<b>"The glass water jugs in the Café are too heavy for me to pour my own water"</b>	Plastic water jugs are now available in the Café
<b>"Hooks on the back of the WC doors would be useful"</b>	Hooks have been fitted to all WC doors



**The importance of the service user voice is acknowledged in ensuring that our services and facilities are of high quality and meet the needs of users. During 2017/18 Mountbatten further implemented some new and innovative ways of involving our service users at all levels in the development of our services and facilities, recognising that there needs to be a variety of different ways for people to feed back. These include:**

### **“Tell Us your Experience” cards**

‘Tell us Your Experience’ cards are available at feedback boxes located throughout the building and on the website. This gives an opportunity for our service users to tell us about the experience of their stay or visit, the services provided, and feedback about a member of staff or volunteer who made a real difference. The Head of Quality reviews all completed cards and works with the teams to make improvements where possible and appropriate. The themes and actions from the cards are reported quarterly at the Services Committee, Quality and Governance Committee and the local Clinical Commissioning Group.

### **Visitor's Books**

Visitor's books are now available in the Inpatient Unit and John Cheverton Centre for feedback and comments by any patient, family member or visitor. The Head of Quality reviews the books and works with the wider Mountbatten teams to make improvements where possible and as appropriate.

### **User Group**

User Group is facilitated by the Head of Quality. The User Group provides patient and carer scrutiny and reporting through our internal structures on whether the facilities and services are viewed as welcoming, user friendly and of high quality to patients, families, visitors, staff and volunteers. The information provided by the User Group informs and assists with priority setting and service developments/changes to patient and user services and facilities. User Group members have taken part in ad hoc focus and discussion groups regarding potential service developments and changes, annual discussion of quality improvement priorities, and as the user voice on a range of emerging topics. The group are involved in the 'Patient-Led Assessment of the Care Environment' (PLACE) tool from NHS England. This tool helps to look at the care environment through the eyes of patients and service users, capturing what a good quality care environment looks, sounds and feels like and is a method for creating positive improvements and dialogue about the quality of the care environment. Regular reports from the User Group are made to the Services Committee and Clinical Commissioning Group to inform the priorities for improvements.



## Quotes from Patients, Families and Carers

"Thank you for everything you do to enable dad to stay at home, and for treating dad as a valuable person."

"The care I witnessed was exemplary and I would like you to pass on my sincere thanks to all the staff that made his last months so comfortable. He loved the attention he received there and said that it was like staying at a five star hotel! He particularly enjoyed the puddings that were served for lunch and dinner."

"There is so much love here. It feels as though he is being cared for by loving relations."

"Thank you for being such an outstanding team."

"We would like to thank every one of you for the care, support and kindness shown, not only to mum but to the family also..."

Being hundreds of miles from our own homes we felt you took us under your roof and into your hearts... Everyone we met was professional in their duties and yet made us feel we were not just another family passing through."

"Without you we would not have been able to fulfil his wishes to die peacefully in his own home. The support and kindness you gave to me helped me through a very emotional time."

"I appreciated all the support you gave me in helping me see the light at the end of what was a very long dark tunnel."

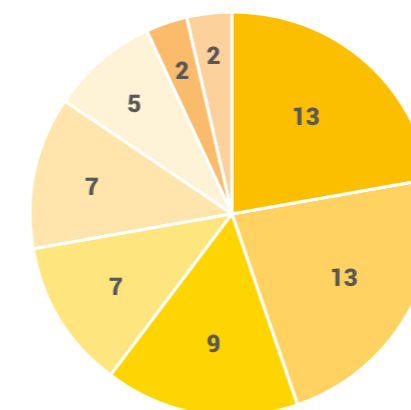
"Heartfelt thanks to the nurses, doctors, volunteers and Chaplaincy for the kindness, care and dignity with which you treated my mother. Thank you also for the help and kindness shown to all of the family, it truly helped a difficult time be more bearable."

"We would just like to thank you for all the care that you gave and organising all the equipment."

## Lessons Learnt

Sometimes we receive feedback from which we need to learn and improve our ways of working. For the year ending 31st March 2018 we received six clinical and 23 non-clinical complaints and 12 clinical and 18 non-clinical concerns.

## Themes of complaints and concerns across all Mountbatten services



- Communication
- Staff/Volunteer attitude
- System or process failure
- Other
- Quality of care
- Customer Service
- Admissions/Discharge/Transfers Procedure
- Catering

All complaints and concerns, whether written or verbal, are investigated thoroughly and reported anonymously to the Board of Trustees and the local Clinical Commissioning Group. Where shortfalls are identified, immediate action is taken to minimise the risk of recurrence and a comprehensive action plan put in place, led by a senior member of staff for the area concerned, working with staff and volunteers. Wherever possible, a senior member of staff will try to meet with the complainant and share action plans and lessons learnt in order that they can see how their feedback has been able to drive quality and enhance our service user experience.

The following actions were taken as a result of the investigation of complaints and concerns to ensure improvements were made and lessons learnt:

- A review of process in triaging new referrals to the Mountbatten at St. Mary's Hospital team over the weekend, by the on call Mountbatten team
- Introduction of the use of volunteers to support transition of people moving from the Mountbatten Inpatient Unit to a nursing or residential home
- A full review of the Mountbatten Fundraising database
- Reinstatement of standard and pledge packs for the Walk the Wight event in all Mountbatten shops, following feedback from supporters
- Development of a new retail leaflet providing clarity about donated items that Mountbatten can accept.

## Duty of Candour

Mountbatten operates an open and honest approach with people using its services if something goes wrong with their treatment or care or has the potential to cause, harm or distress. Staff apologise to the person, or, where appropriate, their advocate, carer or family member/s. An appropriate remedy or support is offered to put matters right, wherever possible.

Any incident that causes moderate or severe harm to a person using Mountbatten services is reported to the relevant external regulatory bodies – there were no such incidents that occurred and required reporting during 2017/18.

The Head of Quality facilitates 'Lessons Learnt' sessions. These sessions, which are open to all staff and volunteers working in both clinical and non-clinical roles, are held every month with additional bespoke sessions arranged if there is a specific incident. Each session focuses on learning from recent complaints, concerns and compliments, and from incidents, accidents and near misses, finding solutions together, in an open and transparent environment.

The Head of Quality delivers mandatory training to all staff and volunteers annually and at induction about the importance of handling complaints and concerns well.



### 3.3 Mountbatten Staff and Volunteers

Mountbatten currently employs 207 staff, which is equivalent to 131.58 full time roles, who work alongside over 500 volunteers.

The last year has seen significant development in the support and development of staff and volunteers. This has included further investment in the support structures for volunteers to ensure appropriate training, development and engagement of volunteers through the increased management and administration staff in Voluntary Services.

Mountbatten has continued delivering staff and management development programmes with the consolidation of the Human Resources Department, ensuring that they are aligned with staff and organisational requirements.

#### Education and Training

Managers work with staff and volunteers to identify individual and group training needs and support staff and volunteers to fulfil these requirements. These can be identified via:

- Observation – daily management
- Performance
- Individual Performance Review – annual appraisal process
- Departmental Review – a department need
- Strategic review – an organisation requirement linked to future plans

Staff may also request study leave and financial support to undertake study through the study leave policy. Four staff are currently undertaking Master's degree-level training.

Mountbatten has been developing its apprenticeship provision and now has apprentices in retail, administration and health and social care. These training and development roles enable local people to develop careers.

Currently work experience placements are only available for people over the age of 18, but there are plans to develop frameworks to enable younger people to experience the varied roles available at Mountbatten. Relationships with education and training providers, including the Isle of Wight College, continue to be developed to broaden the apprenticeship and work experience opportunities.

#### Staff and Volunteer Support

The provision of support for staff and volunteers at Mountbatten is seen as paramount. The research indicates that there are specific sources of stress for those working within Hospices which includes the nature of working with people who are dying, the increased complexity of the work with people with multiple morbidities and general increasing demands, and changes to work within funding constraints (Hospice UK, 2015).

To ensure there is appropriate support, Mountbatten has taken three key steps this year. Firstly, the provision of supervision is reviewed every year and assessed in the staff survey. The current supervision framework includes:

- Formal one to one supervision
- Clinical supervision
- Team meetings
- Individual support
- Organisational support – Lessons Learnt and Mountbatten Rounds
- Volunteer support meetings
- Volunteer Departmental or Service Meetings
- De-briefs - offered following difficult and challenging clinical situations

Secondly, the appraisal process has been reviewed to ensure support needs are explored. Finally, the Occupational Health provider has been changed to ensure a more responsive service can be provided to staff.

## Staff and Volunteer data and reporting

This year has seen the development of comprehensive staff and volunteer reporting so that key information is presented to senior managers and the Trustees to enable trends and issues to be identified. The data monitors the numbers of new staff and volunteers, numbers of leavers, turnover, staff absence levels, and completion of mandatory training.

## Staff Survey

A staff survey was undertaken at the end of 2017, exploring the overall perception of Mountbatten and staff experiences of management, team working, communication, reporting errors, near misses and incidents, training and development and the quality of care provided.

The results were incredibly positive, with staff expressing how proud they were to work for Mountbatten and sharing constructive feedback and comments. There are already plans to put some of the practical solutions in place, including the provision of a secure drop box for storage of out of hours donations.

**"I feel proud to work at the hospice.... We all try and go the extra mile in all that we do and the positive attitude is contagious"**

**"Wonderful atmosphere to work in.... The values and principles are interwoven into every aspect of the hospice and all decisions made within it".**

**"Proud of working with a team where what matters most to the people we serve is highly valued, even in the small things."**

## 3.4 Statements of Assurance

### 3.4.1

## Isle of Wight CCG 'Statement in Response'

Isle of Wight Clinical Commissioning Group (CCG) welcomed the opportunity to participate in the governance 'sign-off' process and provide a statement in response to the presented Quality Account from Mountbatten. The Quality Account has been shared with representatives of the Clinical Commissioning Group; Clinical Executives, Commissioners, and CCG Clinical Leads for their comments.

The 2017/18 Quality Account is well presented and written in an easy to read format. It clearly articulates the organisation's mission, vision and values, with a strong focus on the importance of collaboration with and engagement of others in delivering high quality end of life care. The account sets out its values and aims, supported by a useful glossary of terms and acronyms.

Mountbatten is to be commended on its 'Outstanding' Care Quality Commission rating which is indicative of how it not only cares for patients and their families, but also the staff and volunteers who deliver a wide range of services both within the hospice and the wider community.

Throughout the year Mountbatten has continued to identify different ways of delivering person-centred end of life care in partnership with others which is responsive to the changing needs of the Island's population; demonstrating a willingness to share their knowledge and expertise with other organisations, which in turn enhances the services they provide.

The three priorities identified by Mountbatten are considered to be appropriate. Whilst safety is paramount, it acknowledges that there is a place for positive risk-taking to ensure individuals' freedom and choices are not unjustifiably curtailed. The clinical effectiveness of services are being further promoted through the introduction of the Mountbatten Coordination Centre and the taboos associated with death and dying are being challenged through people's experiences of being supported to have 'earlier conversations' about their end of life wishes.

It is assuring to note the achievement of the 2017/18 element of the Commissioning for Quality Incentive Scheme (CQUINS). With the appointment of the Advance Care Planning Facilitator, the two year project is well underway to improve advance care planning across the Island by 2019.

The local clinical audit programme outlines the breadth of activity to aspire to evidence-based practice and to monitor Mountbatten's service delivery against recognised standards to ensure that the best possible care is provided. Quarterly reports to the Clinical Commissioning Group summarise the activity from the audit programme.

The account reflects Mountbatten's continued work to forge developments with education and research establishments and participation in national events. It also recognises the importance of good quality data to both inform and develop business activity.

Mountbatten has demonstrated quality improvement in the priorities it set out in last year's Quality Account, supported with examples. Where aspects of the priorities are on-going, actions have been clearly outlined. Priorities are planned to continue into business as usual and not just feature as one-off pieces of work.

It is evident from the account that Mountbatten uses a wide variety of engagement methods and that feedback is highly valued; listening and responding to patient and family, staff and volunteer feedback drives continuous improvement and innovation.

Overall, the Isle of Wight Clinical Commissioning Group would agree that the Quality Account is an accurate reflection of Mountbatten's positive achievements across the quality agenda and the high level of commitment and effort across the organisation to constantly improve the quality of services provided.





### 3.4.2

## Statement from Isle of Wight Healthwatch

Healthwatch Isle of Wight has reviewed the Mountbatten Quality Account 2017/18 and once again, we would like to thank both staff and the management team for developing a clear and reflective document. Quality Accounts present a useful opportunity for the local Healthwatch to provide constructive comments based on feedback we have received about the service. It is pleasing to see that many of the comments contained within the account accurately reflect that feedback.

Kindness and compassion are two of the most underrated values, yet they can have the most significant impact on people who use services, their family, carers and friends. It is encouraging to see these highlighted throughout this year's account.

The culture of working towards continuous improvement is clearly shown throughout the document. We share the ethos of Mountbatten in recognising that listening and learning from the views and experiences of patients is the key to delivering an outstanding service.

Looking back at progress against the last year's priorities demonstrates attention to detail and highlights the level of work undertaken to improve both services and processes. It is pleasing to note that most of the priorities had a direct impact on improving patient experience.

The Island Better Care Together Project is an innovative idea, and shows how collaboration and integrated working can support development within the social care sector. We commend the Mountbatten leadership team for their willingness to share their experience and expertise.

We look forward to working in continued partnership with Mountbatten and fully support their priorities for 2018/19.

**Chris Orchin**

**Chair Healthwatch Isle of Wight**



### 3.4.3

## Statement from Dr Carol Tozer, Director of Adult Social Care, Isle of Wight Council

Our Mountbatten Hospice is cherished by local people for good reason. It provides outstanding care and support to those children, adults and elders experiencing a terminal illness, ensuring that they and their loved ones can make the most of every moment available to them in safe, person-centred and dignified ways.

When you speak to a Mountbatten member of staff or volunteer, no matter what their role, they explain with pride and genuine enthusiasm how they are striving to do even better for those they serve. There has been no complacency anywhere in the organisation since the Care Quality Commission awarded them the rating of "outstanding" in 2017.

Indeed, this Quality Account sets out a large number of the new initiatives underway, all of which are focused on continuing to earn the trust and accolade of the people who use their services. And when you speak to a patient or one of their loved ones, they confirm what staff and volunteers tell you – the care they receive is safe, delivered with the utmost sensitivity, and focused on responding always to their individual wishes, preferences and circumstances.

I started my own job on the Isle of Wight at the end of 2016. I quickly came to appreciate that Mountbatten was an innovative, well led and person-centred organisation delivering excellent care and focused entirely on achieving best outcomes for patients and families they serve.

That is why I approached Mountbatten and used Improved Better Care Funds to commission it to deliver the "Island Better Together" project described on page 16. This programme will run several times so that every single Registered Manager of a CQC regulated adult social care service on the Isle of Wight can be supported to deliver excellence, as those we serve have the right to expect no less. In this way, Mountbatten is placed centre stage in supporting system-wide improvement across adult social care.

I am privileged to commend this Quality Account to you. It details the necessary rigour, attention to detail in terms of action planning and improved governance systems that will help to ensure "our" Mountbatten Hospice continues to be a provider of excellence, a highly respected leader within the health and social care system (locally and more widespread), an organisation that remains close to local people's hearts and, most importantly, a valued and trusted ally to those Islanders who so desperately need its help and support.

**Dr Carol Tozer**

**Director of Adult Social Care – Isle of Wight Council**

### 3.5

## Endorsement of Quality Account by Board of Trustees

The Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 require the Directors to prepare Quality Accounts for each financial year.

The Department of Health has issued guidance on the form and content of annual Quality Accounts. This incorporates the above legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010, (as amended by the National Health Service, (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, Trustees are required to take steps to satisfy themselves that:

- this report presents a balanced picture of the Mountbatten's performance over the period covered
- the performance information reported in the Quality Account is reliable and accurate

- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account are robust and reliable, conform to specified data quality standards and prescribed definitions, and are subject to appropriate scrutiny and review, and that
- this Quality Account has been prepared in accordance with Department of Health guidance.

The Trustees confirm that to the best of their knowledge and belief that they have complied with the above requirements in preparing the Quality Account.

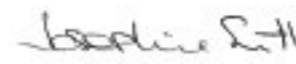
### Board of Trustees Earl Mountbatten Hospice



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CHAIR



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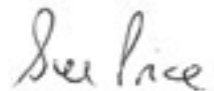
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## Glossary and Further Information

### Admiral Nurse

A specialist dementia nurse who gives expert practical, clinical and emotional support to those living with dementia and their families.

### Advance Care Planning

An Advance Care Plan is a written statement that sets out a person's wishes, beliefs values and preferences about their future care. It provides a guide to help healthcare professionals and anyone else who might have to make decisions about a person's care, if they become too unwell to make decisions or to communicate them.

### CCG - Clinical Commissioning Group for the Isle of Wight

Clinical commissioning groups are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

### Controlled Drugs

Some prescription medicines are controlled under the 'Misuse of Drugs' legislation 2001 (and subsequent amendments) to prevent them being misused, obtained illegally or cause harm, and to govern how they are stored, supplied and prescribed. Examples include morphine and methadone.

### CQC - Care Quality Commission

The independent regulator of health and social care in England. It regulates health and adult social care services provided by the NHS, local authorities, private companies or voluntary organisations.

### CQUINS - Commissioning for Quality and Innovation Schemes

A payment framework that enables commissioners to reward excellence, by linking a proportion of English healthcare providers' income to the achievement of local quality improvement goals.

### Data Protection Officer

The Data Protection Officer is an essential role in facilitating accountability and an organisation's ability to demonstrate compliance with the EU General Data Protection Regulation.

### DATIX Risk Management System

Web-based incident, feedback and risk management recording software

### DH - The Department of Health

A ministerial department supported by 26 agencies and public bodies who help people to live better for longer.

### Enablement and Palliative Rehabilitation

aims to optimise people's function and well-being and enable them to live as independently and fully as possible, with choice and autonomy, within the limitations of advancing illness.

### EU General Data Protection Regulation (GDPR)

This new legislation will apply from 25 May 2018, when it supersedes the UK Data Protection Act 1998. The legislation expands the rights of individuals to control how their personal information is collected and processed, and places a range of new obligations on organisations to be more accountable for data protection.

### Hospice UK

A national umbrella charity for hospice care, supporting over 200 hospices in the UK.

### Hospice UK Falls Toolkit

A template which can be adapted by hospices to help manage and prevent falls among their patients in an individualised, multidisciplinary and person-centered way. Hospice UK produced the first falls toolkit in 2010 and revised it in 2016, developed by members for members.

### 'How rehabilitative is your hospice? A benchmark for best practice' tool

This checklist is a tool developed by Hospice UK which provides hospices with the opportunity to benchmark how rehabilitative your hospice is – to identify areas for development and to capture progress.

### John Cheverton Centre

This is a centre based on the Mountbatten site providing day services, open access groups and sessions and social space for patients, families and visitors.

### **Kissy Puppy**

A local charity which was set up to fundraise for Sophie Rolf and her family in 2012. The charity continues to provide support to children on the Isle of Wight suffering from life shortening conditions.

### **Multidisciplinary Team (MDT)**

This is composed of members from different health and social care professions with specialised skills and expertise. The members collaborate to make treatment recommendations that facilitate quality patient care.

### **Motor Neurone Disease (MND)**

A rare condition that progressively damages parts of the nervous system. This leads to muscle weakness, often with visible wasting.

### **Mountbatten Rounds**

A Mountbatten Round is a forum where staff who work across all different departments can discuss emotional and social dilemmas that arise in caring for patients.

### **National Institute for Health and Clinical Excellence (NICE) Guidance**

The National Institute for Health and Clinical Excellence is the independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health. NICE guidance is developed using the expertise of healthcare and other professionals, patients, service users and carers, the academic world and the healthcare industry.

### **Outcome Measure**

Captures 'change in health status' as a consequence of healthcare or interventions.

### **Vanguard Funding**

NHS funding for development of new care models which will act as the blueprints for the health and care system moving forwards.

## **References**

Bhabra G, Mackeith S, Monteiro P and Pothier DD (2007) 'An experimental comparison of handover methods', *Annals Royal College Surgeons England*, 89(3), pp. 298-300. doi 10.1308/003588407X168352.

Care Quality Commission (2017) *Earl Mountbatten Hospice Inspection Report*. Available at: [http://www.cqc.org.uk/sites/default/files/new\\_reports/INS2-2473716172.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473716172.pdf) [Accessed 16. March 2018].

Isle of Wight Council Public Health Information Team (2016) *Joint Strategic Needs Assessment*. Available at: <https://www.iwight.com/azservices/documents/2552-Dementia-2016-FT-RB-v0.4-v1.pdf> [Accessed 26. February 2018].

Hospice UK (2015) *Resilience: A Framework Supporting Hospice to Flourish in Stressful times*. London: Hospice UK.

NHS Digital (2017) *Recorded Dementia Diagnoses June 2017*. Available at: <http://digital.nhs.uk/catalogue/PUB30029> [Accessed 26. February 2018].

NICE Guideline (2016) *Motor neurone disease: assessment and management NG42*. Available at: <https://www.nice.org.uk/guidance/NG42/chapter/Recommendations#organisation-of-care> [Accessed 19. February 2018].

## **Further Information**

Throughout this report there are statements, which have to be included in the report by law. There are a number of these statements which are not applicable to this Hospice. They are:

- *The number of national clinical audits and the number of confidential enquiries.*
- *Records submitted to the Secondary Users service for inclusion in the Hospital Episodes Statistics.*
- *Mountbatten Hospice was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.*

## **How to give us your feedback**

This important document sets out how we continue to improve the quality of the services we provide.

We welcome your views and suggestions on our Quality Priorities for 2018/19 as set out in Part 2 of this Quality Account.

We welcome feedback at any time on our Quality Account; please contact Nigel Hartley, Chief Executive on 01983 217310 or [chiefexec@mountbatten.org.uk](mailto:chiefexec@mountbatten.org.uk)

You can read more about the national requirements for Quality Accounts on the NHS Choices or Department of Health websites.

You can download a copy of this Quality Account from [www.mountbatten.org.uk/page/whospice-quality-account.html](http://www.mountbatten.org.uk/page/whospice-quality-account.html)

## **Acknowledgements**

Thank you to all who have contributed to this report. In particular:

**Nigel Hartley** Chief Executive Officer

**Liz Arnold** Director of Patient Services

**Becky McGregor** Head of Quality

**Linda Wright** Project Coordinator

**John Sharman** Data and Quality Assistant

**Emma Topping** Head of Communications

**Chris Lund** Volunteer Communications Department

### **Board of Trustees**

### **Senior Management Team**

**Staff, volunteer and service user focus group members**



# Mountbatten

Living, dying, remembering

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