St Giles

Hospice Care

It's your life, and that's what matters.

St Giles Hospice Care Quality Account 2017/2018

Contents

Statement of directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the 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, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the hospice'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 is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

23rd May 2018 ..... Date ..... Chair

23rd May 2018 ..... Date ..... Chief Executive

CEO Statement

“Our ultimate goal, after all, is... a good life until the very end.”

– Atul Gawande

Emma Hodges
CEO

Last year we launched our new strategy, along with a bold new look for the hospice, and this year we have focused on bringing the first year of the strategy to life.

The strategy highlighted our commitment to care and the additional 1,000 people in the community who could benefit from our support.

This is where most of our funding is spent and where most of our time is focused.

It also outlines the need to challenge preconceptions around hospice care and tackle some of the taboos surrounding death, dying and bereavement.

We believe that encouraging open, honest conversations around end of life issues can encourage people living with palliative illnesses to seek help at an earlier stage.

We also believe that having these conversations, whether as individuals, organisations or health care providers, can help to create more compassionate communities, which are better equipped to support people who are grieving or at the end of their life.

Our Community Engagement and Phoenix teams have been working with schools, colleges, organisations and groups to help facilitate these discussions and create innovative and engaging ways of encouraging people to talk about end-of-life issues, creating community resilience and support.

Through our Bereavement Help Points, which have continued to grow in number and have now reached 11, we are supporting more than 1,000 people a month who are grieving.

These are volunteer-led drop in sessions for anyone struggling with grief who wants an opportunity to talk to a trained volunteer or to meet other people to share their stories with.

Many of the help points have been developed in partnership with other organisations in the community and, as a hospice, we are committed to working in collaboration wherever possible to increase the reach and impact of the services.

This commitment has resulted in the development of a partnership-led project in Uttoxeter, focused on encouraging people to live well locally, working with local community groups, care homes and other hospices to pilot the scheme.

In February 2018 we also launched a new service for women living with the adverse effects of cancer treatment, working with a local breast cancer support charity, who funded the project.

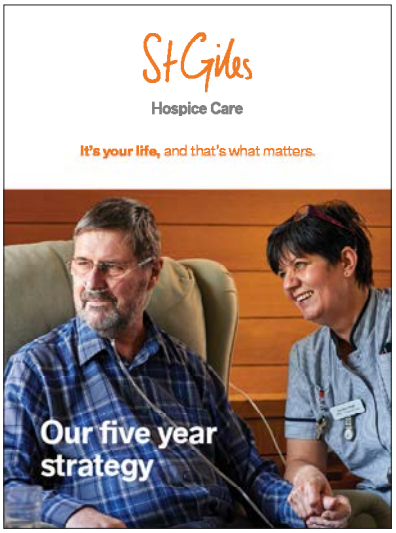
This innovative service has already helped a number of women who are living with and after cancer treatment to address issues around sexuality, body image and intimacy as well as addressing their physical symptoms.

This year has also seen our medical team exploring the use of virtual reality to help people living with incurable illnesses to manage their pain.

The team have created an app narrated by Sir David Attenborough, which is already being used within the hospice and will soon be available on an international platform.

St Giles Hospice's Quality Account aims to provide patients, families, supporters, the general public, healthcare organisations and commissioners with information relating to the quality of services that we provide.

This Quality Account describes our future goals as well as reviewing 2017/2018. I am very proud of the team at St Giles and all that our staff, volunteers and supporters achieve for our patients.



Priorities for improvement 2018-19

1. We will widen access to inpatient care for our local community.

How was this identified as a priority?

When we opened our new inpatient unit in April 2011 we had 27 beds available but only 21 were opened as they could not be funded by either the NHS or the hospice charity. This was an ongoing frustration as we knew there were people dying in hospital or care homes that we could offer care to if we were funded to do so.

What are we aiming to achieve?

We have now been able to negotiate access to fast track continuing healthcare funds in order to support the opening of these beds for people who are expected to be in the last few months of life.

The patients accessing these beds are not specialist palliative care patients, their needs are different and would typically be nursed in a nursing home under the fast track funding if beds were available. We have designed a different model of care to meet their particular needs.

Birmingham and Solihull CCG can access these beds using spot purchase. In Staffordshire the Commissioning Support Unit have implemented a system where patients requiring a fast track bed are entered onto a database and providers with beds can say whether they can meet their needs or not. Commissioners then choose which provider patients go to.

These beds are still free for people accessing them – they are funded by the NHS. They will be receiving the same high standard and quality of care that we expect for all our patients – it is just that their needs are different and require less specialist input.

Subsequently our Trustees agreed to fund a reconfiguration of part of the ward to enable capacity for six beds with full en-suite facilities and have break out areas for daily activities.

There is also the opportunity to socialise with other residents and the opportunity to attend day hospice Monday to Friday.

Over the next year we aim to assess and enhance this service further to increase the hospice's offer to people who are at the end of life but whose needs would not have previously enabled them to access a specialist bed.

How will progress be monitored and reported?

We will report to commissioners and our Care Services Governance Committee quarterly on occupancy, referrals and people's experience of our care.

We will also take steps to better understand the particular personal, health and social care needs of this group of patients.

How will we know what we have achieved?

The reports and monitoring referred to above will tell us about the demand for this type of care and about people's experience of it.

2. Piloting a new Hospice at Home service in Walsall.

How was this identified as a priority?

The community we serve through our 12-bedded St Giles Walsall unit at Walsall Palliative Care Centre did not have access to a Hospice at Home service; we know through our experience that this can make a significant difference in enabling people to remain in their own homes at end of their lives.

What are we aiming to achieve?

Following discussion with commissioners, St Giles Hospice Trustees agreed to fund a 12 month pilot of Hospice at Home in Walsall to demonstrate the positive impact on supporting and enabling patients to remain at home. From 01.02.18 we began accepting referrals for the service in Walsall, working with the District nurse teams and Specialist Palliative Care team to raise the profile. The first phase will cover the South and East Locality areas working with Dr Teoh Macmillan GP.

How will progress be monitored and reported?

We will monitor referrals, how we deliver the service and people's experience of our care. We will report this regularly to commissioners in Walsall and our Care Services Governance Committee and Board of Trustees.

How will we know what we have achieved?

We will collect quarterly data from referrers, Family Recorded Outcome Measures and other Key Performance Indicators we identified within the project specification.

3. We will complete the implementation of Datix, an electronic reporting system which will transform the way the organisation collects and reviews accidents, incidents, events or near misses and support a learning culture across the hospice.

How was this identified as a priority?

Datix is a widely used system in healthcare. The hospice's system was primarily paper based, cumbersome and time consuming to use and manage. The new system should free up both clinical and administrative time and improve monitoring, reporting and learning.

What are we aiming to achieve?

The ultimate aim is to increase our understanding of when things don't go according to plan so that we can to learn together to understand how we can improve systems or practices and to avoid, where possible, repeated incidents.

Through collaborative working with personnel from Datix we were able to amend the software to ensure that it followed St Giles Hospice processes and procedures already in place and make it as clear and easy to use as possible thus encouraging a culture of self-reporting.

How will progress be monitored and reported?

Datix will be used to report all accidents, incidents and near misses across the whole hospice group. These will be fed through to our trustee governance committees as well as operational groups together with closing the loop by informing the original reporter what actions were taken and, where relevant, lessons learned.

How will we know what we have achieved?

The system went 'live' on 1st April 2018 across the whole organisation and our challenge will be to ensure that we use the data to its maximum advantage to learn lessons and improve practice. The system itself can identify the learning that has taken place so we can demonstrate how practice has been improved.

Priorities for improvement 2017-18 - a review

1. We will begin work to develop new ways of managing common symptoms for people living with life threatening diseases.

What we did:

The original pain management programme we ran the previous year – along with some of our community development and support group work – gave us the opportunity to really review what worked and what was less successful. It meant we had to go back to basics but this has allowed us to agree a fundamental ethos and approach.

We now have a model of care and a clear vision for a holistic approach to all symptoms. We have developed a three-year plan which includes delivery services and developing the workforce we will need to achieve this.

The continued roll out of OACC, a recognised system for working hand-in-hand with patients to better understand their symptoms, needs and the impact of our care, continues and will actively support the evaluation of outcomes for patients in terms of their holistic symptom management.

What was the outcome?

We will now take this forward by implementing and developing this model in practice for delivering our pain management for patients. Once we have achieved this we will be able to adapt the approach for holistic symptom review to other common symptoms.

2. During 2017/18 all of our care services will be evaluated to demonstrate impact.

What we did

A framework which included key elements of measuring impact, such as quality and financial, was developed. We then matched each of our services against this framework to understand where the gaps were in the available understanding or data.

What was the outcome?

We have now introduced and embedded a requirement for an evaluation framework into all our service planning.

3. We will implement a new software system to manage our patient safety, risk management and incident reporting system, Datix

What we did

In November 2017 the project team began working with the support team from Datix to configure the system to follow existing processes and procedures.

By the end of December we had a test version which could be populated with real incidents to ensure it was fit for purpose.

During January the project lead introduced Datix to senior managers and encouraged them to try out the test system and feed back any problems, concerns or suggestions to enable continual development prior to Datix going 'live'.

During February and March training events were facilitated by the support team at Datix to enable St Giles staff to become administrators of the system and as the 'live' date approached training sessions were offered to all members of staff and volunteers to try out reporting an event and for managers who would undertake the review.

What was the outcome?

Datix was launched on 1st April 2018 across the whole organisation and our challenge in the coming months will be to ensure that we use the data to its maximum advantage to learn lessons and improve practice. That is why we the use of Datix remains a priority during 2018/19.

Review of services

During 2017/18 St Giles Hospice was contracted to provide six core services to the NHS:

The services were as follows:

- Clinical Nurse Specialist Community Team
- Hospice at Home services
- Day Hospice
- Outpatient care
- Lymphoedema Clinics
- In-patient care

The total value of services provided by the hospice in 2017/18 was £10,231,203. The hospice received a contribution from the NHS equalling 33.17% (1.13% less than the previous year) of the full cost of the contracted service provision. The remaining funds were generated through fundraising and the Hospice's own subsidiary companies amounting to a £6,847,679 contribution from the local community. The hospice's Clinical Governance Committee receives a quarterly report which enables them to review the quality of care provided by all clinical services. The committee reviews:

- Any reported accident, incident or near miss
- Drug errors
- Patient falls
- Complaints or concerns
- Patient and Family Outcome Measures

The Clinical Governance Committee then provides quality assurance to the Board.

Research

The hospice has significantly increased its research activity and has participated in or is undertaking a number of research studies including:

- A St Giles led study: A pilot study identifying attitudes, knowledge, facilitators and barriers of Advance Care Planning (ACP) practice in a hospice.
- With University College London we are a site for a study called The Prognosis in Palliative care Study II (PiPS2).
- With Kings College London we are a site for a cohort study called C-Change Work stream 4: Testing a case-mix classification in palliative care
- With Manchester University a study called Implementing person-centred assessment and support of patients and carers in a hospice inpatient setting
- With Keele University a study called Exploring hospice care from the perspective of people living with multiple sclerosis: An exploratory case study
- With Surrey University a study called An Observational Study Of Diagnostic Criteria, Clinical Features and Management Of Opioid - Induced Constipation (OIC) In Patients With Cancer Pain - The StOIC Project
- With Keele University a study called Qualitative pilot study using a communication app (picTTalk©) to promote therapeutic engagement and conversations with patients

We have expressed interest in a number of other research studies that are planned for 2018/19.

Assurance for NHS Commissioners in year

St Giles Hospice has sent the three principal clinical Commissioning Groups with which it contracts a Quarterly Quality Report.

We met regularly with commissioners throughout the year, where the contents of these reports form the basis for discussion and review.

The reports cover key patient safety topics including the reporting, monitoring, prevention and management of: Falls; Pressure Ulcers; Accidents, Incidents & Near Misses; Safeguarding (including where associated with Deprivation of Liberty and Mental Capacity); Infection Control; Medicines Management; Complaints and Patient & Family Reported Outcome Measures.

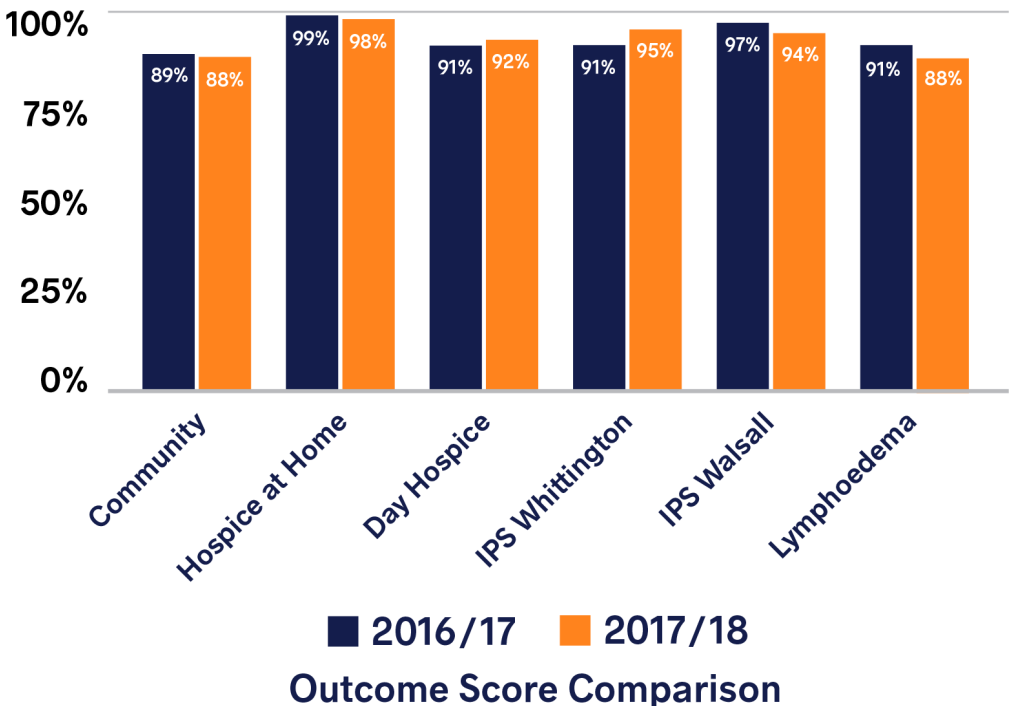
The CCG asked us to report further on one incident, a suspected norovirus outbreak. No further formal action was required as it was identified that it was not, in fact, an outbreak.

Clinical Effectiveness

We are especially proud of being able to evidence that we positively enable people to remain at home at the end of their lives, where we know they choose to be.

- 100% of patients who receive care from our Hospice at Home team are enabled to die at home.
- Our Clinical Nurse Specialist team supports over 50% more people to die at home than is expected for the CCGs served. This means we continue to make a significant contribution to supporting patient choice and avoiding unnecessary admissions to hospital.
- 98% of urgent referrals took one day or less to be received and initial contact made by the Advice and Referral team with the patient.
- In 94% of patients this 'triage' was completed within one day. We were pleased to be able to maintain our high degree of responsiveness to referrals.

Overall, during 2017/18 92% of patients and their families reported a positive outcome



Family Support and Bereavement

- 91% reported that the intervention they received had helped to support them with their distress or grief.
- 99% were satisfied with the service provided and 99% indicated that they would recommend our service to others.
- 96% reported that the service was offered at the right time.

Patient Experience

"I came in here very sad and poorly and am going home very happy and much better – and that's all thanks to you all."

"Thank you for the wonderful care you gave our loved one during his stay with you. The care he received was exceptional. As was said at his funeral service – we all prayed for a miracle for our loved one, and in the end it came in the form of St Giles."

"The care shown towards him was outstanding and we truly believe that his last days and coming to terms with the loss was helped with dad being at St Giles."

"People and their families were treated as equal partners in their care."

"Thank you for making my stay a pleasurable one. It helped to alleviate my fears and preconceived ideas of hospices."

"We can't thank you all enough for the care and compassion you showed her and for your huge efforts to get her home."

"We were really reassured that you all understood her needs."

We ask patients and their families about their experience and the difference we have made for them.

We had feedback from 430 patients and carers.

Overall, during 2017/18 95% of patients and their families reported a positive experience

Patient Safety

Safeguarding

There were three referrals regarding safeguarding in year 2017 /2018. One concern was raised with First Response Action Team but did not progress to Safeguarding.

We continue to provide staff with booster training in year concerning the Mental Capacity Act, Deprivation of Liberty and safeguarding. We have reviewed our safeguarding policies for both adults and children this year and reviewed our governance structure for safeguarding with separate leads being appointed for adults and children.

Duty of Candour

In 2017/2018 there were three matters where the legal Duty of Candour applied. These were in relation to falls.

Prevention and Management of Infections

In December 2017 we had five patients present with unexplained diarrhoea.

As a precaution the ward was closed to admissions as Norovirus was widespread in the community at the time; additionally two staff also became ill with symptoms. In the event it was shown that no infection outbreak had occurred.

However, we identified that the Toolkit for a Norovirus outbreak, which was implemented in 2016/2017, required amendment to improve clarity.

Medicines Management

In year we analysed our rate of errors concerning medicines administration.

The error rate was 0.06%, meaning less than one error per

2000 administrations, showing our medicines administration processes and delivery are safe.

Patient Safety Benchmarking

The hospice compares its data concerning occupancy, falls, pressure ulcers, infection rates and medication errors with other hospices both regionally and nationally. No variation that might give cause for concern was identified in year.

As outlined in our priorities for 2017/18, the hospice has now invested in Datix – an electronic reporting system.

The system went live on 1st April 2018 and we believe this will now further enhance our ability to report and identify any themes or actions that are required to enable further improvements in care and shared learning.

In total, during 2017/18 402 patient safety incidents were reported – over 99% of which resulted in no or minor harm.

Complaints

We work very hard to provide the highest standards of care to patients and families. We believe any concerns or complaints are an opportunity for us to learn and improve and are addressed positively and proactively.

There were 13 complaints during 2017/18 concerning care. 3 were upheld in full, 8 were partially upheld and 1 was not upheld. 1 is still open.

The main theme emerging from community complaints related to responsiveness and recognition of the need for intervention at an earlier stage. This has led to a review as to how we can improve our telephone assessment of patients who have previously been stable. For those complaints relating to inpatient care, the main theme concerned communications around symptom management and also expectations of the service in terms of discharging patients when clinically stable.

Other organisational developments

Supportive Care

- We have widened the access to support bereaved people within our community and increased the number of Bereavement Help Points available to 11 across our catchment.
- Widening access to complementary therapy in May 2017 – a revision of our complementary therapy service helped us to develop it into a service which can be accessed by people whose illness is not curable but may not be accessing other hospice services.
- Phoenix increased referrals by 100% growth with 50% of all referrals now coming from non-hospice linked deaths.
- 'Breast Friends Sutton Coldfield' partnership project - Women's Cancer Support Service developed to empower female cancer patients live their lives well, when experiencing the adverse effects of cancer and its treatment. This service particularly supports issues which have been overlooked or left unresolved, specifically where they impact on altered body image, sexuality, relationships and wellbeing.

- Increased availability and uptake of MS support service – 48 places available per week, operating at 85% capacity.
- We have offered a comprehensive programme of community engagement and support for various event weeks including Dying Matters, Carers Week and Dementia Awareness.

Community and Day Hospice

- We commenced a project working alongside GPs to integrate primary care services at end of life, using resources appropriately, reducing duplication, improving communication and – most importantly – ensuring that the patient sees the right person and at the right time.
- Nursing Home Project – we were commissioned in East Staffordshire to support nursing home staff caring for patients at the end of their life to reduce unnecessary admissions to acute hospitals, allowing patients to die in the nursing home if they wish.

Inpatient Services

- We successfully applied to the Rank Foundation to improve the inpatient ward to make it a more dementia-friendly environment with improved signage.
- We have introduced Advanced Practitioners – Senior Clinical Nurses working alongside the medical team – admitting, reviewing, assessing and treating patients. This new clinical model enables the inpatient units to have a consistent medical team, providing continuity for patients, consultants, nursing and support services.

"Every person we came into contact with at St Giles was the same – friendly, supportive and caring. What a wonderful ethos you have. I cannot think of a better place for our loved one to end his life than in the care of St Giles."

- Patient's family

What patients say about our organisation

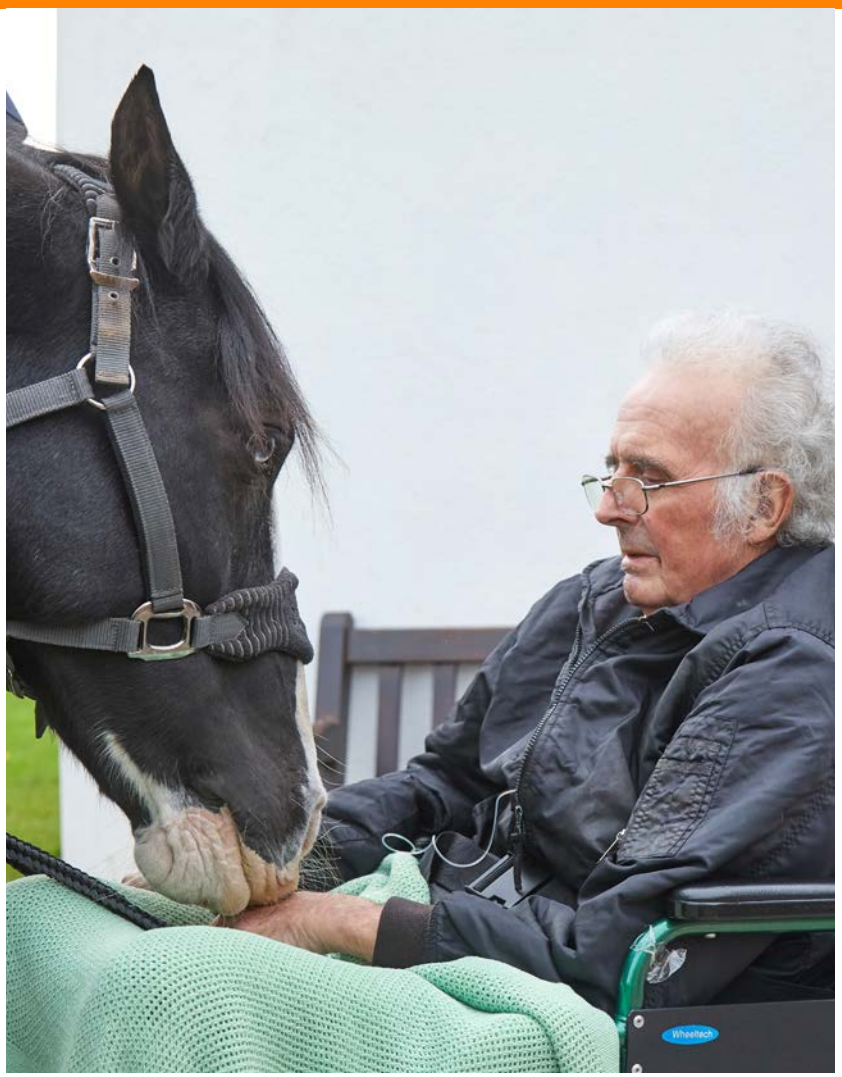
"We cannot thank St Giles enough for the care provided to our husband/dad. From the doctors, nurses, cleaners and volunteers – everyone looked after us as well as providing exceptional care to Dad. We feel that the care and comfort provided up to the date of his death has assisted us with our grief. We feel content and happy and at peace and this is all down to you and your wonderful team."

"We had always heard how sympathetic and caring St Giles was, now we know firsthand! We can't thank you enough."

"Please strive to carry on in the future bringing a glimmer of hope to people that are in a very dark place."

"I had had visits from your staff as my husband's condition deteriorated and we hoped to get him into St Giles. On Sunday I phoned to ask for help/advice as I did not know what to do. Your staff were magnificent; they arranged for a 111 doctor to call and followed it up the next day."

"We couldn't have coped without the support we received."



"Thanks for all the wonderful care you all gave to me during my stay at St Giles. The food was great – I'm sure it contributed to making me well again!"

"Excellent care and service by all staff. The whole team made a difficult time so much easier to bear. Totally professional and always friendly and caring. Each person involved would be welcomed in my home anytime just like family members. Thank you all so much."

"To the consultants, nursing staff, helpers and volunteers, many thanks for your kindness and understanding."

95% of patients and their families said that they would be extremely likely or likely to recommend St Giles Hospice to friends and family if they needed similar care.

What others say about us – CQC

We were not due an inspection by our regulator in 2017/18.

Data Quality

The national Minimum Data Set (MDS) was discontinued in 2017.

We currently hold 59,133 electronic records.

In 2017/18 we offered support to a total of 7,500 people

1,681 patients were supported at home
782 people were admitted to our inpatient units based at Whittington and Walsall
There were 3,415 attendances to the hospice Bereavement Help Points
There were 2,760 attendances at our Lymphoedema Clinic
An average of 46 people a month benefited by attending our Day Hospice and an average of 74 people a month attended our Wellbeing Day, which is held once a week throughout the year
3,229 visits were made by our Hospice at Home team to people at home
6,926 visits were made by our Community Nurse Specialists to people in their own home
233 appointments were made to see patients in their own home or at an OPA by our Consultants

Inpatient Unit – Whittington

470 patients were admitted
37% were discharged home or to a care home
The average length of stay was 14 days
The average occupancy level was 80%

Inpatient Unit – Walsall

312 patients were admitted
44% were discharged home or to a care home
The average length of stay was 11 days
The average occupancy level was 76%

Advice and Referral Centre

Our advice line was launched in May 2016. In the year 2017/2018 we handled thousands of calls.

52.8% calls were from healthcare professionals
46.5% were from members of the public
0.4% were from social care professionals
61.8% of calls were on behalf of the patient
The outcome of the call was: • 11.7% wanted advice regarding practical issues • 68.9% wanted information • 0.4% were seeking emotional support • 10.8% were referred onto another service • 4.1% required hospice support • 4.1% wanted information about symptom control

Referrals

We received a total of 2621 referrals across our clinical departments at St Giles in the year 2017/18
These referrals were to: • Community - 1,273 • Hospice At Home - 407 • Day Hospice – 307 • Lymphoedema Clinic – 634 Of these, 2,310 went on to receive care (88%)
544 referrals were made to our Bereavement Service. Of these, 505 went on to receive support
451 referrals were made to our Therapy Services
562 new referrals were made to District Nursing teams – this meant nearly 38% of patients being referred to specialist palliative care were not already known to a District Nurse.
This was an increase of 10% compared to 2016/17

CQUIN goals agreed with our commissioners

Birmingham Cross City CCG gave us a CQUIN for 2017/18. This was a collaborative CQUIN between three Birmingham hospices. The hospices, working with key stakeholders, captured and reviewed patient stories concerning people who received end-of-life care (EoLC) within the community. These patient stories were analysed to identify where, why and what type of changes could be made to improve EoLC in the community and reduce the risks of avoidable hospital admission. We also worked together to draft a directory of national and local resources for EoLC which the CCG can use to promote education and learning. We then submitted a final report based on the findings of the analyses and included recommendations for system change to the CCG.

Our participation in clinical audits

The hospice has an active internal audit programme which we select according to national, local or internal priorities.

As an independent hospice, St Giles has not participated in the national NHS clinical audit programme as there are currently no national clinical audits or national confidential enquiries covering NHS services relating to palliative care. We review the NHS programme annually to identify any such audits that may be relevant.

The forward audit programme is developed by liaison between the Deputy Chief Executive, Nursing Director, Heads of Department and Quality and Audit Manager. The

programme is shared internally with Trustees and Clinical Governance Committee and externally with our commissioning groups. The hospice recognises the importance of audit in influencing and monitoring good practice. Involvement of frontline staff is recognised as essential to raise awareness of ways to improve.

Planned Audits	Outcome
Self-Assessment Audit for the Controlled Drug Accountable Officer (CDAO)	Audited against a nationally developed tool from HospiceUK we were able to evidence **99% compliance.**
Health Records including Moving and Handling	Throughout the year we averaged **93% compliance** – each quarter the results were fed back to the team highlighting both good practice and areas for improvement. Specific areas of inconsistent practice are regularly revisited by the senior team to support staff.
Infection Prevention and Control	We audit against the Health and Social Care Act to provide evidence that the management of our service is compliant on the prevention and control of infections. Using an updated national tool from HospiceUK we evidenced 99% compliance. The re-audit identified an area of policy which needed updating. Diligent auditing and monitoring by the Infection Control Lead and support staff ensure prevention is a priority within the hospice: Highlights: • Compliance rate of **100%** for hand hygiene practice • Quarterly auditing of patient bedrooms, bathrooms and toilets – average compliance score of **96.5%** • Yearly auditing comprised 31 individual audits of a range of areas including kitchen, food storage and handling; sluice, clean and dirty utility, laundry; care of deceased patients, sharps, protective, respiratory and moving and handling equipment; public areas; staff health; offices within clinical areas and visitors' accommodation – **average compliance score of 92%**
Medicines Management	Yearly audits are undertaken using national tools developed by HospiceUK. For controlled drugs we averaged **97.5% compliance** and for general medicines the average compliance was **97.5%.** To ensure we remain vigilant we audit quarterly using tools developed by our palliative care pharmacist – overall we averaged **93% compliance** during the year.

Supporting staff and our community to have a voice within our organisation

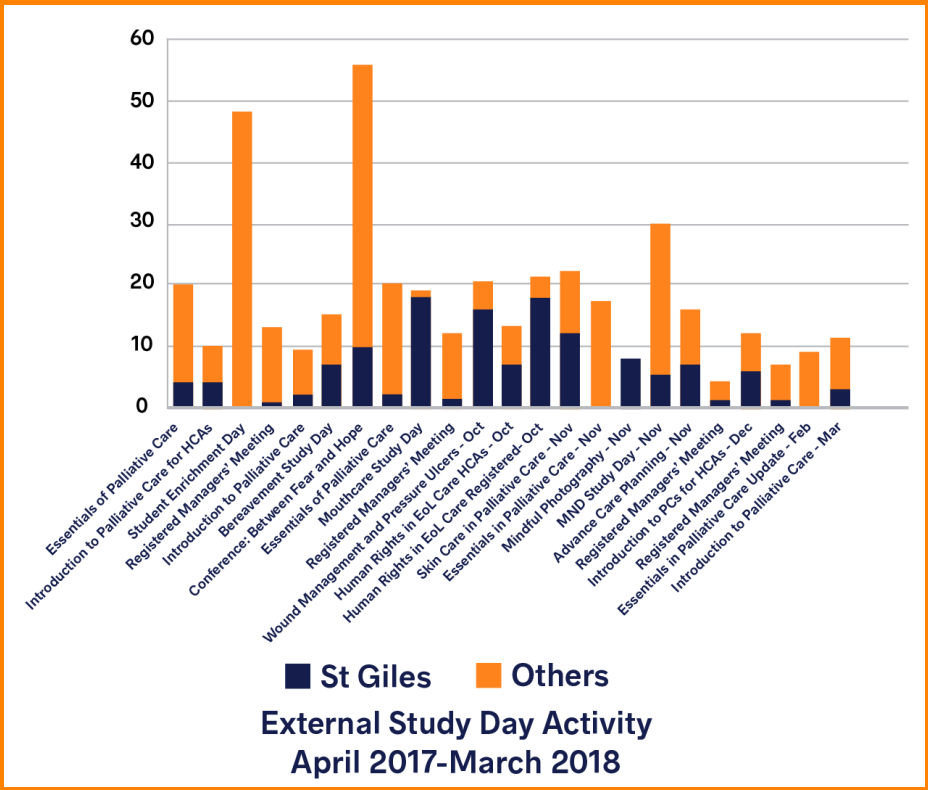
Our full five-year strategy was presented to staff, volunteers, stakeholders and the wider community at a series of events in 2017, incorporating their feedback from listening events hosted in 2016.

Staff and volunteers have been involved in Listening into Action, an NHS organisational development and improvement tool, in which St Giles Hospice was the first hospice to be involved. Crowdfixing events and giving feedback through a staff and volunteer survey were part of this programme. Teams were also involved in Listening into Action waves, which involved them leading on the specific changes they felt the organisation should make which were identified through Crowdfixing and the staff survey. Subjects that were tackled by the project included patient boredom and volunteer recruitment.

Throughout the year the senior management team hold monthly hospice briefings, which all staff and volunteers are free to attend. Besides providing updates on what is happening across the hospice it offers an opportunity for staff and volunteers to ask questions.

Supporting staff with personal development

St Giles Education and Training department is committed to providing a wide variety of learning opportunities for our own staff, volunteers and external staff working in all sectors of health and social care. The training we offer seeks to give patients, carers, professionals and our local community the confidence, skills and opportunities to promote good end of life care for all.



These include:

- Induction days for new staff and volunteers
- Mandatory study days for clinical staff
- Mentorship updates provided by local university partners
- Moving and handling key worker training
- Sage and Thyme
- Fierce Conversations
- Wound care/tissue viability study day
- Introduction to palliative care for HCAs
- Student enrichment day

Our staff have completed Higher Education Modules undertaken at local Universities including:

- Healthcare Leadership, SLAiP (mentorship), Leading Innovation and Change, Challenges of Mentorship, Developing Heath assessment and examination skills within clinical practice. The Principles and Practice of Palliative Care and Research Dissertations.

Some key developments and achievements this year included:

- OSCE (Observed Structured Clinical Examinations) programme continue to be rolled out across all clinical departments except Lymphoedema, which is planned for 2018/19. The OSCE programme requires all registered nurses and health care assistants to undergo OSCE's to ensure they remain confident and competent within their role.

Workshops and Study Sessions

We have developed and extended our external clinical and non-clinical education programme in response to local and national needs. These include:

- Induction Days for New Staff & Volunteers
- Registered Managers' Meeting in partnership with Skills for Care
- Advance Care Planning Study Day
- Fierce Conversations
- Skin Care in Palliative Care
- Introduction to Palliative Care for Registered Healthcare Professionals
- Tour and Talk open to over-14s who want to know more about us - led by Clinical or Management team
- Dementia Awareness sessions
- Essentials in Palliative Care Study Day and half-day update
- Essentials in Palliative Care Update
- Human Rights in End of Life Care for registered HCPs
- Human Rights in End of Life Care for HCAs
- Appraisal and Revalidation Confirmers Training
- Mandatory Study Days for Clinical Staff
- Mentorship
- Sage and Thyme
- Wound Care/Tissue Viability Study Day
- Mouth Care Study Day
- St Giles Hospice Conference – Between Fear and Hope: Facing Uncertainty in Life-Limiting Illness (2017)
- St Giles Hospice Conference – Social Media in Palliative Care (2018)
- Thinking about Loss, Grief and Bereavement Study Day
- Wound Management and Pressure Ulcer Prevention
- Dementia – Virtual Tour Workshop
- Menopause Awareness workshops
- Mindful Photography Workshop
- MND Study Day

QCF Qualifications

In partnership with South Staffordshire College we offered Level 2 certificates in The Principles of Dementia Care; End-of-Life Care; Team Leading; Medicine Management; Care Planning; and Customer Service for Health and Social Care Settings – also a Working with Loss qualification which includes City and Guilds qualifications.

In partnership with Staffordshire University we deliver Principles and Practice of Palliative and End-of-Life Care module level 6, 15 credits.

From Birmingham University we were once again pleased to receive a Placement of Excellence certificate from students.

"Lots of knowledge given to me on the Hospice and palliative interventions to help me develop my knowledge."

- Student Nurse

Board commitment to quality

The Clinical & Workforce Governance Committee comprises of four trustees of the main Board, the Chief Executive, Deputy Chief Executive, the Medical Director, Nursing Director and Director of Supportive Care. The committee met quarterly as scheduled during this period and then reported directly to the main Board.

Each meeting has a set agenda which considers core quality assurance measures, clinical strategy and performance, audit results and regulatory reports

The Board of Trustees has demonstrated its commitment to, and responsibility for, quality by ensuring a robust governance structure for all aspects of the organisation, with four other governance committees meeting on a regular pattern.

Abbreviations and Glossary

NHS	National Health Service.
CCG	Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.
QCF	A framework for vocational qualifications - the Qualifications and Credit Framework (QCF) will provide a more flexible approach to learning and enable learners to achieve Credit for their qualifications.
CQUIN	Commissioning for Quality and Innovation.
OACC	Outcome Assessment & Collaborative measures.
ACP	Advance Care Plan.
HCA	Healthcare Assistant.
OSCE	Objective Structured Clinical Examination - designed to assess a person's ability to competently apply professional nursing or midwifery skills and knowledge.
SLAiHP	Supporting Learning and Assessment in Practice to prepare to become a mentor and assessor
CDAO	Controlled Drugs Accountable Officer - a person who has responsibility for all aspects of Controlled Drugs management within their organisation.