Welcome to Willen Hospice
Quality Account 2017/18

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</tbody>
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Chief Executive’s Statement

Willen Hospice is proud to present this Quality Account describing our current service, and plans for future developments and improvement.

We remain committed to providing the highest standards of clinical care for our patients, throughout all areas of the service. Care is provided for all patients from the age of 18 upwards, 24 hours a day, at no cost, and focuses on four key areas – specialist symptom control, emotional support, spiritual support, and care for carers.

Our aim over the life of our business plan is to:

- **Increase the number of people we support by**
  - Integrating our community teams and use technology to drive efficiency and allow us to provide support in a number of settings
  - Reconfiguring our Patient and Family services to increase capacity
  - Expanding the scope of our wellbeing centre

- **Focus on excellence and effective outcomes by**
  - Delivering our learning and development strategy and upskilling our staff and volunteers
  - Delivering our audit plan and learning cycle
  - Implementing our IPOS questionnaire

- **Attracting and retaining high quality staff and volunteers by**
  - Defining behaviours and competencies and assessing performance against them
  - Defining career pathways and development opportunities to reduce turnover and retain staff
  - Deliver the volunteer strategy to increase volunteering hours by 10%

- **Driving growth in sustainable income by,**
  - Increasing the number of donors and supporters
  - Increasing regular giving
  - Increasing profit from our retail and fundraising activities

- **Reducing our carbon footprint by**
  - Reviewing our procurement practices
  - Reducing our energy consumption by 10%

22% of our funding is received from Milton Keynes Commissioning Care Group, and the rest is raised from the local public. This means that our Business Development team is responsible for raising £4.7 million each year.

Corporate and clinical governance are taken very seriously at Willen Hospice. Information governance is also essential to support advances in the recording of care, and to share information with fellow professionals safely and securely. Clinical governance enables us to monitor the service we provide, focusing on
patient safety, clinical effectiveness and the patient experience. The experience of every patient and family is a reflection of the quality we provide.

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is accurate, and a fair representation of the quality of healthcare services provided by Willen Hospice.

Peta Wilkinson, Chief Executive

May 2018
Section 1: Key Performance Indicators

The key performance indicators identified for 2018/19 are set out below and have been identified by the Senior Management Team following feedback from patients, carers and staff.

Priorities for Improvement 2018/19

1 – Increase patient satisfaction levels

How will this be achieved?

Our aim will be to increase patient satisfaction levels from 85-90% over the next year, and this will be measured using the existing patient satisfaction questionnaires used extensively across the hospice.

We will regularly review aspects of the service that could be improved, and these include the physical facilities for patients and their families, which are constantly inspected and recommendations made. An example of this has been to increase provision of accommodation for relatives, bathroom facilities and enhancements to the patients’ rooms. We have a relatives room on site, which is used regularly, and have also been able to use accommodation at The Well at Willen, a five minute walk from the hospice. For families that wish it, we can provide a recliner chair next to the patient’s bed. We regularly review the standard of food we provide, improving variety, taste and texture, and noting recommendations from patients and families. We have reviewed all the ‘hands-on’ services provided for patients which include not only clinical care, but also chaplaincy, housekeeping, estates and bereavement follow-up.

The success we have achieved through CHKS (Caspe Healthcare and Knowledge Systems) accreditation has involved successful completion of over 40 separate rigorous standards and an intensive inspection carried out in 2017 and followed up with further review in 2018. All staff across the organisation were involved in intensive work across the hospice to update policies, carry out required audits, and understand the sensitivities and input of patients and families in the work we do.

Inspection of all our services took place over a 3-day period and involved interviews with staff, patients, relatives and the Senior Management Team. Success in this accreditation assures us that our standards continue to be of the highest level in all areas of our work and that our users can be certain that every aspect of the care at Willen is first class.
2 – Support more patients to die at home

We know that when we have benchmarked Willen Hospice against other hospices across the UK, a greater percentage of people chose to die at the hospice than is the norm across the country.

We are aware that we enjoy a particularly beautiful site on the edge of Willen Lake, and that local clinicians regularly refer their patients to our inpatient unit rather than support more deaths at home, because they know that both patients and their families will enjoy the tranquil surroundings and excellent clinical care 24/7. Families caring for relatives at home know that they find it difficult to access out-of-hours care, and we are aware that there is no overnight service at home from ourselves or any other local service, and thus patients are often admitted even when they have expressed a wish to stay at home.

We are therefore planning to try and support an increase in the number of patients who would prefer to die at home, supported by our Hospice at Home team and local community services. Our aim is to increase this number from 141-148 over the next year. We will work with our local community nursing teams provided by Central and North-West London, in conjunction with our own integrated teams, to support families at home, directing them to our telephone advice line, and Urgent Care Services, both of whom are able to call on the Palliative Care consultant on call for further information when required.

3 – IPOS questionnaire completed by 70% of new patients

How will this be achieved?

The IPOS questionnaire is now used extensively across the hospice in all departments and is proving to be a very useful tool in reviewing the current status of patients when they are first introduced to any area of the service we provide, and comparing with follow-up questionnaires when they are subsequently reviewed. Follow-up is carried out whenever there is a change in the patient’s condition, or if they are introduced to a new service.

Our community Clinical Nurse Specialists aim to introduce the questionnaire on their first or second visit to the patient, and this is followed up regularly with every service the patient engages with.

Results are scanned into the SystmOne notes, and although we cannot yet compare data across the hospice, we are collecting the information on an individual basis so that individual staff can immediately see the difference they are making in the lives of their patients.
58% of patients are currently involved in completing the questionnaire, and we are aiming to increase its use to 70% over the forthcoming year, as it is now used in the inpatient unit, Wellbeing Centre, by Clinical Nurse Specialists, Hospice at Home and our physiotherapist.

4 – Support 20% more patients to use the Community Hub

How will this be achieved?

Currently the Wellbeing Centre is open for three days per week, running a 12-week programme for approximately 12-15 patients daily for two days, and holding an open drop-in day on the third day, where any patient with a life-limiting illness can attend as a result of either self-referral or referral by a health professional, and can access the same services as those on the programme.

We would like to offer a service to more patients, possibly those who are still working but would benefit from some support outside normal office hours. This possibility is being looked into as a pilot evening to review what uptake there may be.

The space available in the Wellbeing centre is potentially useful for a great many projects. The HOPE project is run by our Lymphoedema team on Monday mornings – a 6-8 week programme to support anyone with a cancer diagnosis, but for Willen patients, directed towards those who are finding management of their lymphoedema difficult. The patients who attend this programme would be unlikely to be known to any other service in the organisation.

The Wellbeing hub is also already being used to support a carers’ group one afternoon per week and we have introduced a physiotherapy group meeting on Fridays who are using the space to exercise. Ideally we would like to expand the space in the main hub in order to accommodate more patients. This would involve an extensive bit of construction work, and we are currently reviewing charitable grants to see if there is income available for this purpose.

5 – Achieve discharge on agreed date for 50% of patients on IPU

How will this be achieved?

Patients will be allocated a date of discharge following discussion with them and their relatives and friends who will be supporting them on discharge.
Although this is a familiar concept in acute care, it is new to palliative care and hospice care generally, and we have therefore opted to introduce the idea cautiously, with the aim of 50% of patients achieving the agreed date of discharge, whilst also appreciating that circumstances can change – sometimes much more quickly than for patients in hospital. This may be deterioration in the patient’s condition, or a sudden expressed wish to go home. In both these examples, we would adapt our expectations to meet the patient’s needs.

6 – Extend use of the Distress thermometer

How will this be achieved?

The distress thermometer is the most widely used rapid screening tool for assessing psychological distress in people affected by cancer and other terminal conditions. Use of such tools to assess patients’ emotional and physical needs is a requirement of the NICE guidelines for supportive and palliative care.

The tool was introduced in the Wellbeing Centre where both patients and staff found it useful. It enables the clinical professional to address the precise needs of the patient as identified by the patient, and to direct care appropriately.

Not only does the tool tell the professional about emotional health, but it also presents an opportunity to talk about and work out problems during a consultation with a professional.

7 – Support 10% more patients by the Patient and Family Services team

How will this be achieved?

Extra administrative support funding has been allocated to the PAFS team from September 2018 which will allow the existing team members to focus on their areas of interest and expertise, particularly around bereavement support for both adults and children, and ongoing advice to patients on the inpatient unit.

We have seen a vast increase in the number of referrals to this department and the stretch to accommodate these new clients is challenging. With the addition of a new chaplain, who will become part of the PAFS team, we are supporting more patients and families, and hence will achieve the performance indicator.
<table>
<thead>
<tr>
<th>2017</th>
<th>Referrals</th>
<th>Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement</td>
<td>36</td>
<td>307</td>
</tr>
<tr>
<td>Pre Bereavement</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Patient &amp; Carers</td>
<td>10</td>
<td>55</td>
</tr>
<tr>
<td>Young People Services</td>
<td>8</td>
<td>28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2018</th>
<th>Referrals</th>
<th>Caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement</td>
<td>48</td>
<td>301</td>
</tr>
<tr>
<td>Pre Bereavement</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Patient &amp; Carers</td>
<td>38</td>
<td>75</td>
</tr>
<tr>
<td>Young People Services</td>
<td>12</td>
<td>31</td>
</tr>
</tbody>
</table>

Patient & Family Services comprises three distinct teams each offering a wide range of support services. The teams are supported by trained volunteers, all of whom have an enhanced DBS check. In 2013 the name of the department changed from Social Care to Patient and Family Services to better reflect what the team does and to avoid any apprehension that may have been felt with the previous name by people accessing the services. The children’s service was called Macmillan Family Support so at the same time this changed to Young People’s Support, and Social Care changed to Patients & Carers. Both the Family Support and Bereavement Support Services were originally Macmillan funded posts.

The department celebrated 25 years in 2016 (Bereavement and Social Work 25 years, Young People’s Support 10 years and Patient & Carer Support 15 years).

During the intervening years the service has become much larger, supporting a greater number of patients and family members resulting in 3 much more robust services that have developed a wide range of support opportunities. The team is currently made up of a Patient & Family Services Manager, Patient & Carer Coordinator/ Social Worker, Young People’s Coordinator, Bereavement Coordinator and two Patient & Family Services Support Workers, with 64 volunteers currently supporting the work of P&FS.

Clinical Psychology Services also now falls under the remit of the P&FS as will the Chaplaincy Service from September 2018. A new administrative post has been agreed in this year’s budget for 20 hours a week commencing September 2018; some of this role will be taking on the administration of the Chaplain and Psychologist as well as P&FS.
Section 2: Review of priorities for 2017/18

Priority 1 - Integration of Integrated Patient Outcome Scale

How was this achieved?

We have made this priority one of our key performance indicators for 2018/19. It had already been adopted by our Clinical Nurse Specialists and Wellbeing Centre, but is now in use across the hospice and staff have been encouraged by responses from patients and relatives who have sometimes been involved in the completion of the tool. It is clear that professionals can clearly see where their input has been successful, and we will continue to take this work forward.

Priority 2 - Undertake the necessary work for CHKS inspection in June 2017 within the Hospice

How was this achieved?

We had a very successful CHKS inspection last year and we are currently under review following further inspection from the CHKS team, where all elements of care were examined in detail. At the time of writing we are confident that we have been approved again, but we know that the elements of our care that needed ongoing review (the most exacting of these being our Environmental Strategy, which was a new section of the inspection) are requiring some follow-up actions which are in progress.

Priority 3 – Succession Planning

How was this achieved?

Succession planning has been reviewed across the hospice, and some policies and procedures have been updated with a view to improving our retention and encouraging recruitment of a younger workforce.

We have already received notice of a number of staff planning to retire in the next 12-18 months, as a result of our staff survey and thus are aware of the need to attract and recruit new staff at every available opportunity and ensure that once they are here, they are keen to stay.

Changes made include improvements to the Maternity and Adoption Leave policy, the Carers Leave policy, and a move to increase our pay scales for those who were previously on minimum wage. These decisions have been successful in attracting younger staff, and with the planned retirement of some senior staff from across a range of disciplines, this could not be more timely.
The Human Resources committee are reviewing progress every six months, with a summary and overview produced by the Director of HR. This summary is shared with the Council of Management on a quarterly basis so that our trustees will also have insight into our plans for the future.

Priority 4 – Improve input from patients and relatives using the Willen User Group to inform developments

How was this achieved?

One of our trustees is now chair of our Service User group, which has become much more dynamic and active in the last year. The attendees include a number of current patients, but also relatives and staff, and have set out a number of projects which can be taken forward by sub-sets of the group.

- Walking group
- Emotional/spiritual care
- Feedback from patient questionnaires

The aim of these projects is to improve the service we are offering to patients and their families, and we are already seeing changes in the area of spiritual care, where we are involving more staff and reviewing how we approach this delicate area of understanding. A new chaplain is due to start at the hospice in September 2018, and will be taking forward the spiritual strategy and enabling more staff to feel that they are able to discuss areas of spiritual concern with patients.

We have trialled the use of an ‘app’ available through the current website, but this has not been particularly successful. It does not have the capacity to prompt relatives and patients to comment on our services immediately after a stay in the hospice, and thus the responses received tended to be from relatives who used our services many years ago. using a smart phone or computer.

Priority 5 – Medical Appraisal and Revalidation of Doctors

How was this achieved?

We now have a Service Level Agreement in place and have completed the AoA. There are no ‘Fitness to Practice’ issues.
Section 3: Other Quality Improvements 2017/18

Audit

1. Introduction

Audit in healthcare is a process used to assess, evaluate and improve care of patients in a systematic way. It measures current practice against defined standards.

Willen Hospice recognises the importance of clinical audit, however it also acknowledges that all areas of the Hospice should undertake audit to evaluate their practices and plan improvements in the service. This year this has been evident throughout.

Audit is key component of clinical governance, which aims to safeguard high quality clinical care for patients. Audit is visible, non-judgmental and highly regarded within the Hospice. Audit results are accessible to all staff via the Hospice Intranet.

This report focuses on the audit activity during the period April 2017 to March 2018. Statistics for this period are provided and proposed plans for 2018/19 will be described. This report therefore forms a part of the annual report which is submitted to Clinical Governance Committee and Hospice Quality Account. The report also acknowledges quality initiatives which have been introduced during this period.

2. Audit Activity 2017-2018

Each year the Audit and Quality Group identify the audits for the forthcoming year and allocates audits to various departments within the organisation. Audit activity continues to have an inter-professional approach, as all employees are encouraged to participate and undertake projects to meet the standards of identified audits and the quality initiative programme known as CHKS.
This year the audit and quality group set a target of 22 audits and have completed 9 (41%). In addition to this, 8 other audits were completed for CHKS and CQUINS. Another 9 audits were completed that were not part of the plan – either they were final audits or additional audits deemed necessary.

<table>
<thead>
<tr>
<th>Audits on the schedule that have not been completed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spiritual care policy and procedure</td>
<td>Awaiting final report</td>
</tr>
<tr>
<td>Consent Policy</td>
<td>Proposal has been submitted to the audit &amp; quality group – this audit is underway</td>
</tr>
<tr>
<td>Missing Person Policy</td>
<td>Proposal has been written, awaiting presentation to the audit &amp; quality group</td>
</tr>
<tr>
<td>Physiotherapy Audit</td>
<td>Audit proposal to be presented to the audit &amp; quality group</td>
</tr>
<tr>
<td>Advocacy Policy</td>
<td>It has been confirmed that this cannot be done – nil void</td>
</tr>
<tr>
<td>Holistic Assessment Policy</td>
<td>Audit date scheduled for late 2018</td>
</tr>
<tr>
<td>Verification of Death Policy</td>
<td>This practice has not yet been implemented, therefore audit date to be rescheduled 2018/19</td>
</tr>
<tr>
<td>Strategy for Fire Management</td>
<td>Agreed that the policy needs to be embedded before audit. Audit date rescheduled 2018/19</td>
</tr>
<tr>
<td>Policy Area</td>
<td>Status</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Occupational health policy and procedure</td>
<td>Audit date rescheduled. 2018/19</td>
</tr>
<tr>
<td>Information technology</td>
<td>Audit date rescheduled 2018/19</td>
</tr>
<tr>
<td>Delivery, Storage and Stock Control</td>
<td>Audit date rescheduled 2018/19</td>
</tr>
<tr>
<td>Housekeeping Procedure</td>
<td>Proposal has been submitted to the audit &amp; quality group – this audit is underway</td>
</tr>
</tbody>
</table>

**Extra audits undertaken**

<table>
<thead>
<tr>
<th>Policy Area</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding Adults</td>
<td>Final</td>
</tr>
<tr>
<td>Staff Expenses</td>
<td>Final</td>
</tr>
<tr>
<td>Policy for policies</td>
<td>Final</td>
</tr>
<tr>
<td>Marketing &amp; Communication policy</td>
<td>Interim</td>
</tr>
<tr>
<td>Risk Management Policy (HS040)</td>
<td>Final</td>
</tr>
<tr>
<td>Rights to work checks</td>
<td>Interim</td>
</tr>
<tr>
<td>Education Policy and Procedures</td>
<td>Final</td>
</tr>
<tr>
<td>catering cleaning policy -K002</td>
<td>Interim</td>
</tr>
<tr>
<td>Cleaning policy -K002</td>
<td>Final</td>
</tr>
</tbody>
</table>

The audit cycle at the Hospice involves an initial (interim) audit and then the audit is repeated (final) which completes a full audit cycle.
The table below indicates shows the number of interim and final audits undertaken.

<table>
<thead>
<tr>
<th>Interim Planned and completed</th>
<th>Interim Planned and not completed</th>
<th>Final Planned and completed</th>
<th>Final Planned and not completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>0 ((100%))</td>
<td>4</td>
<td>15 ((47%))</td>
</tr>
</tbody>
</table>

There has been a steady rise in audit activity since 2015 as the table below indicates:

<table>
<thead>
<tr>
<th>Total organisational Audit reports</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>29</td>
<td>31</td>
<td>26</td>
</tr>
</tbody>
</table>

All audits are available for all staff and can be found on the Hospice Intranet for reference. Audits action plans are discussed quarterly at the Clinical Effectiveness meeting and a summary produced for the Clinical Governance committee.

The action plans are monitored by the Practice Development team and update reminders are sent to the audit owners.

### 3.0 Previous Plans for 2017/18 – Progress

<table>
<thead>
<tr>
<th>Previous Audit Plan for 2017-18</th>
<th>Outcomes Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit and Quality group to focus on audits required for CQUINs and CHKS</td>
<td>This is indicated in the table. CHKS: 80% of audits achieved CQUINS 100% of audits achieved</td>
</tr>
<tr>
<td>Identify areas of the Hospice who have not participated in audit activity</td>
<td>Most areas of the Hospice have participated in audit activity. The areas identified will be informed.</td>
</tr>
<tr>
<td>Cross departmental working to achieve audits</td>
<td>Some evidence of this – needs to continue and encouragement by Heads of Department</td>
</tr>
</tbody>
</table>
### Introduction of IPOS

Introduced in Wellbeing, Community but not in IPU – ongoing process.

Poster produced for a conference

Pilot results shared with Clinical Governance Committee.

### Celebration/Discussion of quality initiatives at meetings (audit & quality; clinical effectiveness).

Quality Initiatives now a standing agenda item.

### 3.1 Proposed Plans for 2018-19

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross departmental working -</td>
<td>Continue with encourage teams to work cross-functional to understand practices</td>
</tr>
<tr>
<td>Education and Training</td>
<td>Arrange further training sessions for staff – now part of their mandatory training programme</td>
</tr>
<tr>
<td>Introduction of IPOS to IPU</td>
<td>Deadline date for June 2018 – IPOS should be used in this area as the Holistic Assessment Tool</td>
</tr>
<tr>
<td>Audit and Quality Meeting</td>
<td>Group to set realistic goals for 2018/19 audit ensuring that all audits scheduled is achieved.</td>
</tr>
</tbody>
</table>

### 3.0 Quality Initiatives

The team were successful in introducing IPOS into the Community areas of the Hospice (Wellbeing, Community CNS and Hospice at Home). This has been accepted by the teams and the IPOS facilitators will continue to meet regularly to address any issues from the various clinical areas.

The CHKS surveyors visited in June 2017 whilst the visit and feedback were encouraging there were a few standards that were not fully compliant. An action plan was proposed and the team have been proactive in gathering further evidence to work toward accreditation. The completed action plan was submitted to the surveyors at the end of March 2018, we await their response.
New quality initiatives introduced:

- Integrated Governance
- Environmental Champions and working party now in place – aims to look at ways to reduce carbon footprint within the organisation
- Dementia working party – aims to explore ways to improve dementia patients’ experience within the Hospice and to increase staff awareness, knowledge and skills
- IPOS – to gain the patient perspective of the real issues which are pertinent to them at the end of life
- A patient information leaflet for syringe drivers tailored to the specific needs of the patient and family. The Medical Team developed this.
- Conference posters were produced for the Association Palliative Medicine, Hospice UK and the Open University.

4.0 Conclusion

Audit activity continues to be normal practice within the organisation and has supported departments to examine their everyday practice against the standards set by Hospice/National Policy.

Our procedures have changed to reflect and ensure that we achieve best practices. This helps to ensure that we send a clear message to stakeholders that we recognise and strive for quality through policy change and improving staff knowledge and skill.
Section 4: Education Report

1. Introduction
Willen Hospice remains committed to education, learning and development for all staff and volunteers, hence the provision of education through the practice development team and collaborative teamwork with internal teams and external agencies. The report contributes to the annual clinical governance report, as the organisation recognises the value of learning and development to enhance quality.

This report focuses on the educational sessions and training delivered during the period April 2017 to March 2018. Statistics for that period are provided.

The Practice Development Team is involved in a comprehensive programme for learning and development, which includes:
- an internal and external education programme for Milton Keynes Health and Social Care Economy
- practice placements for student nurses, physiotherapists, social workers, art therapists, paramedics, medical students, GPs and other professionals
- contributing to strategic reports

2. Educational Activity
The Practice Development Team is responsible for managing all education and training within the organisation. This includes planning and delivering face to face sessions, writing e-learning modules, data collection and evaluation of statutory/mandatory training and other education.

2.1 Statutory & Mandatory Training
All staff are expected to undertake statutory training that the Hospice requires its employees to undertake in order to comply with the law and regulatory bodies, reduce and address areas of risk, maintain competence and to carry out duties safely and efficiently.

Our records indicate that 88% of staff have undertaken the mandatory training allocated to their role.

2.2 Education Provision (internal and external)
A variety of educational topics have been delivered throughout the year. The table below outline educational activity:
## External Education

<table>
<thead>
<tr>
<th>Course</th>
<th>Comm Nursing Team</th>
<th>Hospital</th>
<th>Care Homes</th>
<th>Misc</th>
<th>Council</th>
<th>Hospice</th>
<th>Charity Organisations</th>
<th>Teaching Assistants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Training</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sage and Thyme</td>
<td>9</td>
<td>13</td>
<td>34</td>
<td>3</td>
<td>11</td>
<td>7</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>ACP Training</td>
<td>0</td>
<td>4</td>
<td>41</td>
<td>0</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lymphoedema Information Session</td>
<td>7</td>
<td>0</td>
<td>18</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>EoLC Council training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>EoLC Forum</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>HCA End of Life Days</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Supporting people who are grieving</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Symptom Management &amp; palliative care emergencies</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Syringe Driver Training</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>RN EoLC Training</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>EoLC for Non-Cancer Patients</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Emotional Intelligence</td>
<td>11</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>21</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>43</strong></td>
<td><strong>22</strong></td>
<td><strong>98</strong></td>
<td><strong>5</strong></td>
<td><strong>87</strong></td>
<td><strong>64</strong></td>
<td><strong>14</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>

## Internal Education

<table>
<thead>
<tr>
<th>Course</th>
<th>No. of Sessions</th>
<th>Clinical</th>
<th>Non-Clinical</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appraisal Training</td>
<td>3</td>
<td>1</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Appraisal training for Managers</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Course</td>
<td>No. of Sessions</td>
<td>Clinical</td>
<td>Non-Clinical</td>
<td>Volunteer</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>----------------</td>
<td>----------</td>
<td>--------------</td>
<td>-----------</td>
</tr>
<tr>
<td>Assertiveness Training</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Audit Tool Training</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audit Training to add</td>
<td>2</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Basic Excel L1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Basic Excel L2</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Basic Word Training</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Bereavement Training</td>
<td>3</td>
<td>9</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Complaints training</td>
<td>1</td>
<td>3</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Dementia Friends</td>
<td>2</td>
<td>13</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Ear Acupuncture and Relaxation</td>
<td>2</td>
<td>9</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>IPOS</td>
<td>4</td>
<td>21</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Mentor Support Session</td>
<td>3</td>
<td>11</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Powerpoint</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Preparing reflections</td>
<td>2</td>
<td>14</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Spotlight on H@H</td>
<td></td>
<td>11</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Train the Educators</td>
<td>2</td>
<td>6</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>WEBCAST - Shifting Paradigms in BTcP Management</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>What are Apprenticeships</td>
<td>1</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>36</strong></td>
<td><strong>119</strong></td>
<td><strong>102</strong></td>
<td><strong>2</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Range of SHELL sessions:</th>
<th>Clinical</th>
<th>Non-Clinical</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dawn's Swanning Around</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Let's Talk Lymphoedema</td>
<td></td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Hospice at Home</td>
<td></td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Welcome to Christmas - Catering Dept.</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Rehabilitation in Palliative Care</td>
<td></td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>The Beliefs and Practices of a Theravada Buddhist</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>University Hospice</td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
<td><strong>79</strong></td>
<td><strong>5</strong></td>
</tr>
</tbody>
</table>
2.3 Collaborative working for Education

The Practice Development department recognises the benefits in working collaboratively with health and social care providers to provide quality education and have therefore work in collaboration with MK Council, internal departments and Specialist Practitioners – see below as examples.

2.3.1 Advance Care Planning (ACP)

The Advance Care Planning Group has continued to deliver the ACP training within the Milton Keynes area. ACP booklets and information are now available for stakeholders. During the year 4 formal ACP sessions were delivered and a roadshow took place for dying matters week throughout MK.

2.3.2 Qualification Credit Framework (QCF) Level 3 Award Awareness of End of Life Care

This is an accredited course which is facilitated by Willen Hospice Practice Development team.

The table below indicates how many students successfully completed the 4 modules for this course.

<table>
<thead>
<tr>
<th>2017/18</th>
<th>Nos learners who Registered for QCF</th>
<th>Nos learners who completed/gained the qualification</th>
<th>Nos learners withdrawn/non-completers/ deferred this year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45</td>
<td>32</td>
<td>13</td>
</tr>
</tbody>
</table>

Pre and Post Evaluation of the course (see table above) provided sound evidence which demonstrates that the learning experience has enabled learners to gain confidence to provide care for patients and relatives who are near the end of life.
2.3.3 **Communication Training – Sage and Thyme**

Funding was secured through Thames Valley Health Education England to train two facilitators for the foundation communication course. These facilitators have now delivered several sessions to Milton Keynes health and social professionals. In addition to this, the Hospice has worked with Milton Keynes University Hospital to provide this training for the medical student. The Hospice now has 5 trained facilitators to deliver this programme, and holds the licence for delivering all Sage and Thyme sessions locally.

3. **Scope for Learning**

Practice Placements are offered for Nursing Students, Medical Students, International Students, Paramedic students and any other Allied Health Care professional. These placements can be short or longer term.

Student Nurses from University of Northampton (UoN) have benefitted from a longer term placement this year and have had the opportunity to engage in Supervision whilst on this placement.

University of Bedfordshire (UoB) have approached the organisation and are keen to place their student nurses here for clinical placement. An educational audit was undertaken which proved that the Hospice is fit for purpose to accommodate their students. UoB offered funding for one RN to undertake the MSPP; one RN has commenced this course.

University of Hertfordshire placed three Art therapy students within the organisation to work with this unique group of clients. This has been successful for the students and the staff who supervise them.

In addition to this, supervision for staff continues to be developed within the organisation. Supervisors now have regular supervision sessions to develop their supervisory skills.
4. **Learning and Development Strategy (L&DS)**
   The strategy developed last year has now been taking shape. The working group have reviewed the statutory and mandatory training for the workforce. A review for trainers for statutory and mandatory training has taken place and the training programme has been reviewed to work more efficiently.

   The end of life competencies concept has been discussed at clinical level with the nursing teams.

   The L&DS strategy has been shared with the organisation.

5. **Forward Plans for 2018/19**
   1. Further implement the drivers outlined in the L&D strategy – competencies to be introduced and evaluated during the 1st year of implementation; statutory/mandatory training agreed and processes in place to monitor the standard of the training sessions and review.
   2. Gather qualitative/quantitative data from educational sessions to demonstrate consolidation and added value to practice, skills and knowledge
   3. Continue to seek funding for training from academic institutions
   4. Practice Development aim to publish an article.
   5. Processes in place to monitor external training application and feedback.
   6. Widen the attendance list and the subject topics to engage a range of learners.

6. **Review 2017–18 plans**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Outcome</th>
</tr>
</thead>
</table>
| Deliver Sage &Thyme communication workshops and train facilitators | The organisation now has 4 additional S & T facilitators to deliver training. Collaborative work with CNWL to train 2 facilitators – multi-profession approach to education.  
5 S & T workshops delivered – increase from previous year. |
| Placement of Physiotherapy Student from University of Hertfordshire | Successful placement with excellent student evaluation. |
| 2nd Emotional Intelligence Study day | Inter-professional training session – positive feedback. |
| Statutory and Mandatory Training to be agreed | Review ongoing progress to ensure all areas are addressed. |

### 7. Conclusion
The Learning and Development Service will enable the organisation to focus key elements which will encourage and support staff to maintain their professional development to ensure that service provision is achieved to high standards.

Education, learning and development are fundamental and are aligned with quality initiatives within the organisation. Our motivation is to ensure end of life care issues are addressed in accordance with local and national strategy, discussed and practiced collaboratively with providers of care, ensuring the safety of the local healthcare economy. Our commitment is shown within this report and we recognise the needs for continuous development.

**Infection Prevention & Control**

The deputy sister from the Inpatient Unit, along with a staff nurse from the Hospice at Home team, have taken on the lead role for Infection Prevention and Control.

**External audit**
No external audit has been carried out this year.

**Internal audit**
Bi-annual internal IPC audit was agreed at IPC committee and an extensive internal audit is planned for 2018.
Hand hygiene

January Staff Observed: Volunteers x0, Staff Nurses x8, Doctor x0, Hostess x0, Nursing Auxiliary x2
February Staff Observed: Volunteers x0, Staff Nurses x2, Sisters x1, Nursing Auxiliary x6, Doctor x0, Hostess x1.

March Staff Observed: Volunteers x6, Staff Nurses x3, Doctor x0, Hostess x0, Nursing Auxiliary x1 Student Nurse x0.
Figures are given for Q4 as an indication of hand hygiene results over the past year. The hand hygiene audit was completed in January by a staff nurse from the hospice at home team, in February by a Nursing Auxiliary from the inpatient unit and in March by a staff nurse from the wellbeing team. These were conducted when staff were unaware they were being observed on their hand hygiene technique. The results are based on the observation of 10 staff, in each area throughout the month at different times of day from a variety of designations; doctors, nurses, nursing students, hostesses, volunteers, and housekeeping staff. As shown above, there was not 100% compliance with hand hygiene in 1 of the clinical areas audited. The results for this have been fed back to the infection control group and also to the managers of all areas within the hospice. The teams have spoken to all their staff regarding uniform policy and highlighted the importance of it being adhered to. The infection control teaching sessions will be reviewed to see if there are any changes that can be applied.

Compliance with hand hygiene within all clinical areas in the hospice continues to be mostly positive and the infection control link nurses will continue to audit staff monthly, promote good hand hygiene and a report of the results will be produced quarterly.

Flu vaccinations 2017/2018

An initial email was send out to “All Users” at the Hospice advising them that Flu vaccinations could be given to them at the Hospice. All staff who wished to have the vaccination had to bring the relevant paperwork filled in and signed. Flu Clinics were then set up and immunisations were given on the dates below.

4th October  x 16
5th October   x 21
9th October   x 2
10th October x 1
12th October x 15
13th October x 4
15th October x 2
19th October x 4
7th November x 1
8th November x 3
14th November x 15 = 84 members of staff

16 members of staff were inoculated by their own GP = 100 staff in total

90.9% staff inoculated 77.2% Front line staff inoculated.

Infection Control and Prevention (IPC) team continue to have internal quarterly meetings to discuss current activities, changes related to infection control, and to update on any study days attended by members of the team, along with updates
from the Infection Control Lead nurse at Milton Keynes University Hospital who also attends.

Patient Satisfaction responses

The in-patient unit (IPU) patient, family and friends survey is an optional questionnaire to be completed by those who wish to share and/or comment on their experience of their admission at Willen Hospice.

Questionnaires are displayed on the whiteboard within each patient room, as well as by the noticeboard in the in-patient unit corridor, next to the most recent report.

This questionnaire is not distributed on a compulsory basis, thus the response rate is affected by bed occupancy, willingness to participate, patient condition and appropriateness of encouraging those who are grieving or bereaved.

Positive Comments

"All staff were courteous."

"Help for personal care given expertly by staff"

"Looked after very well, thanks to all the staff."

"Staff were very helpful and communicated well."

"Pain was sorted in a fast fashion."

"Privacy was given."

"Clean and tidy."

"I have been coming to Willen for some time and have got to know the Chaplain really well."

"Very friendly, kind and reassuring."

"Can’t fault any of them - excellent staff."

"Thank you for your excellent care."

"Thank you for all your hard work."

"Every member of staff I spoke to were very informative, easy to talk to and courteous."

"Staff very helpful."

"This was the second stay in the hospice to help adjust my medication in order not to be in pain. I really appreciate everything that the hospice staff have done for me. Thank you all very much."
“All assistance done with a smile.”

“Very helpful.”

“Nothing is any trouble, all requests are met with a happy manner. You are never made to feel that you are a nuisance. Very caring.”

**Neutral Comments.**

“I didn’t need help with my food but I’m sure it would have been given if needed.”

“No assistance required with food.”

“Do you do a Sunday roast.”

“I can eat by myself”

**Negative Comments**

None

**Actions**

The neutral comments regarding food and assistance of feeding shows that we have had some more independent patients who have not required assistance. This has been communicated back to the kitchen staff and ward hostesses. The patient who asked if we did a Sunday roast, was unfortunately unable to eat but wanted to know what was on offer!

**Inpatient Unit SWOT analysis of recent Patient Satisfaction questionnaires**

**Strengths**

The standard of care for the patients continues to be of a high standard.

**Weaknesses**

Even if patients are unable to eat, maybe we should be communicating to them more regarding what is on offer.

**Opportunities**

For the staff to continue to attend communication training.

**Threats**

Expectations of patients and their loved ones, as they cannot always be met.

**Summary**
Q4 response rate was slightly lower in comparison with previous quarters, though the vast majority of feedback continues to recognise the high standard of care delivered and how courteous staff can be during IPU admissions.

The vast amount of positive feedback continues which is further supported by the encouraging comments provided by patients and their relatives and carers, on their positive experience of the in-patient unit. Additionally, the sample of “Thank You” cards and anecdotal responses received from patients and families this quarter are very reassuring.

**Information Governance and IT**

We are now fully au fait with SystmOne, with most staff using laptops, both on the Inpatient Unit and in the Community.

Collecting data has been very challenging as the hospice does not have the same access to data management as NHS organisations, and thus counting is still done manually over several days by the administration team rather than by data analyst. This will need a more concerted review over the next year.

Staff are keeping their Information Governance skills updated via the NHS IG toolkit.

**Integrated Governance**

Willen Hospice’s approach to governance across the organisation brings together clinical excellence, information security and governance, health and safety and risk management. The areas we define as being part of integrated governance are the systems, processes and behaviours by which we lead, manage and deliver our services and support. The outcome of managing integrated governance well, is the provision of safe, effective, quality and well managed services and support.

The integrated governance framework consists of the following:

**Patient Experience**
- Complaints analysis
- Patient feedback and satisfaction
- User involvement
- Staff engagement

**Clinical Effectiveness**
- Professional engagement
- Audit and compliance
- Mandatory training
- Clinical competence
- Appraisal and PDP
- Education/practice development
- Guidelines and clinical policies

**Patient Safety**
- Audit to review compliance with standards
- Safeguarding vulnerable adults
- Infection control
- Medicines management

**Risk Management**
- Incident reporting
- COSHH
- HSE
- Financial controls
- Counter Fraud
- Risk register
- Risk assessment/reports
- GDPR
- IT/IG

**Regulation and compliance**
- CQC
- Professional register
- CCG
- CHCKS
- Fundraising Regulator

The Integrated Governance Committee will pull together the key data from reporting to all relevant committees and create a grid of organisation-wide governance issues for reporting to the Council of Management. Clinical and Medical leads and Heads of Department should monitor their operational risk registers to ensure that all risks are fed into the overall governance structure.
Section 5: Statutory Information and Statement of Assurances from the Board

The following are statements that all providers must include in their Quality Account. (Not all of these statements are directly applicable to specialist palliative care providers.)

Review of Services

During 2017/18, Willen Hospice provided the following services
- Inpatient beds
- CNS service
- Hospice at Home
- Wellbeing Centre
- Physiotherapy
- Lymphoedema
- Patient and Family Services
- Chaplaincy
- Art therapy
- Education and training for staff

The income generated by the NHS services reviewed in 2017/18 represents 22% of the total income required to provide services which were delivered by Willen Hospice in the reporting period.

Participation in clinical audits

During 2017/18, Willen Hospice participated in the national ‘Famcare’ audit which reviewed and benchmarked care of relatives and friends post bereavement. There have been some areas of work which we are following up, and we hope to participate again in the future in order to review improvement.

Willen Hospice did undertake internal audits, results of audits undertaken and/or presented in 2016/17 can be seen under ‘Clinical Audit’ in Section 3.

Research

During 2017/18, no patients receiving NHS services provided by Willen Hospice were recruited to participate in research approved by a research ethics committee.
What others say about us:

Care Quality Commission

Willen Hospice is required to register with the Care Quality Commission.

The Hospice current registration is for the following activities:

- Treatment of disease, disorder or injury

The Hospice is subject to periodic reviews by the Care Quality Commission, although there was not an unannounced inspection during 2017/18.

In their last inspection in March 2015, the Care Quality Commission found that the Hospice had an overall rating of GOOD and was good in the following standards:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

The full report may be read via the link below:
https://www.willen-hospice.org.uk/who-we-are/achieving-excellence/cqc

Section 6 - Quality overview

Review of Quality performance

Willen Hospice is committed to continuous quality improvement. This section provides information on the following:

- Evidence of our Quality monitoring with Milton Keynes CCG, through the NHS Quality standards measures (see scorecard below) which form part of the community contract. The CQUINS previously mentioned in section 2 also form part of this agreement.
- Audit activity undertaken.
- How we monitor the activity of the care we provide.
- Service user feedback
- Complaints
- What patients and families say about us
## Willen Hospice Monthly Scorecard 2017/18

<table>
<thead>
<tr>
<th>Indicator 1</th>
<th>CQUIN - Improving the uptake of flu vaccinations for frontline clinical staff within Providers.</th>
<th>Year 1 - Achieving an uptake of flu vaccinations by frontline clinical staff of 70%. Providers to submit cumulative data monthly on the ImmForm website.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>As above</td>
<td>Year 2 - Achieving an uptake of flu vaccinations by frontline clinical staff by 75%. Providers to submit cumulative data monthly on the ImmForm website.</td>
</tr>
<tr>
<td>Indicator 2</td>
<td>CQUIN - Improvement of staff health and wellbeing.</td>
<td>Year 1 - The NHS Annual Staff Survey. A baseline survey to be formulated and completed by May 2017. An Action Plan to be formulated and instigated.</td>
</tr>
<tr>
<td></td>
<td>Year 2 - The NHS Annual Staff Survey. The 5 percentage point improvement should be achieved, with the baseline survey being the 2017 staff survey.</td>
<td></td>
</tr>
<tr>
<td>Domain 1</td>
<td>Preventing people dying prematurely.</td>
<td>Quarterly hand hygiene report, identifying staff compliance with effective hand hygiene technique at the point of care, to include: * Before patient contact * After patient contact * Effective technique * Bare below the elbow * Appropriate use of soap/Alcohol sanitiser in line with Essential Steps Audits and reporting.</td>
</tr>
<tr>
<td>1.1 People receive healthcare from healthcare workers who effectively decontaminate their hands immediately before and after every episode of direct contact or care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 To promote an ethic of learning, it is essential that early warning signs of possible quality and safety problems are investigated and acted upon.</td>
<td>Quarterly incident report detailing: Trends, learning and changes to practice as a result of learning.</td>
<td></td>
</tr>
<tr>
<td>Domain 2</td>
<td>Enhancing the quality of life of people with long-term conditions</td>
<td>Quarterly incident report detailing: Trends, learning and changes to practice as a result of learning.</td>
</tr>
<tr>
<td>2.1 All patients without an advance care plan in place are offered the opportunity to develop one during their stay on a caseload.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2 All patients with an advance care plan already in place, are assured that all staff are aware of this and will act upon and review this document during admission to a caseload.</td>
<td>Collected through Preferred Place of Care Audit.</td>
<td></td>
</tr>
<tr>
<td>Domain 4</td>
<td>Ensuring that people have a positive experience of Care</td>
<td>Quarterly patient experience report to include data, examples of themed feedback and improvements made/lessons learnt from a variety of sources.</td>
</tr>
<tr>
<td>4.1 Provider to evidence a combination of hard (statistical) and soft (qualitative) patient experience across a) the organisation and b) within different operational areas.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4.2 | The Provider will be compliant with the standards from complaints management set out in the CQC's Key Lines of Enquiry (which, are based on "My Expectations" PHSO, 2015) | * Q1, Update action plan based on findings from Q3 audit during 2016/17.  
* Q3, provide a copy of the complete pathway for 5 complaints which includes all of the indicators and also how learning has influenced/changed practice both within the identified MK service and across other MK services. |
| 4.3 | Patients and healthcare professionals will be provided with information that conforms to the statutory. The Accessible Information Standard. | By the end of Q1 the provider must provide evidence to show how they plan to implement and meet the Accessible Information Standard. Q4 Provide and update on implementation and progress to date. |
| 4.4 | "One Chance to Get It Right" quality criteria will be continued - normalised 2015/16 CQUIN IPU. | Updates against the 2015/16 Q4 Action Plan will be provided to the CCG during Q2 and Q4 IPU. |
| 4.5 | "One Chance to Get it Right" quality criteria. From 2016/17 CQUIN for Community/H@H. | Updates against the 2016/2017 Q4 action plan will be provided to the CCG during Q2 and Q4. |

| 5.1 | Staff will be trained at appropriate level of safeguarding children in accordance with the IC document Level 1, Level 2 and Level 3. | % of staff trained at appropriate levels to be included in Service Quality Performance report. |
| 5.2 | Provider is compliant with Safeguarding Adults Self-Assessment Framework (or successor) for safeguarding adults. | Statement of Compliance and progress updates. Reviewed and monitored by Commissioning Safeguarding Adult Lead yearly in Q3 |
| 5.3 | Staff trained at appropriate level of safeguarding adults. | % of staff trained at appropriate levels to be included in Service Quality Performance report. |
| 5.4 | Provider is compliant with the NHS MKCCG Serious Incident Policy. | Quarterly SI report that details:-  
* Outline of any trends identified  
* Identification of changes in practice as a result of trends that have been identified. |
| 5.5 | Provider will ensure robust processes are in place to ensure safe prescribing, preparation and administration of medicines, including compliance with patient safety alerts in relation to safe medication practice. | Quarterly detailed report of medication patient safety incidents to include:-  
- Type of error (& medication type)  
- Level of Harm  
- Team/speciality related to The report should include evidence of investigation and actions implemented to improve patient safety and learning. |

### Domain 5: Treating and caring for people in a safe environment and protect them from avoidable harm.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
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<tbody>
<tr>
<td>5.6</td>
<td>Quality of care is improved by ensuring the workforce are supported through a regular system of appraisal and education that promotes their professional development and reflects any relevant regulatory and/or professional requirements. End of year report which demonstrates that 90% of relevant staff are up to date with their appraisal.</td>
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<tr>
<td>5.7</td>
<td>All relevant staff are supported to meet their Nurse Revalidation requirements. Exception report to CCG if identified that process has not been met for individual Nurse.</td>
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<tr>
<td>5.8</td>
<td>Provider will provide assurance of sufficient capacity and capability to provide high quality care to patients across all services. Provider will report on safer staffing to their provider Board on a quarterly basis including identifying effects on quality and impact on patient care, when fill rates are below 95% threshold.</td>
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<tr>
<td>5.9</td>
<td>Patient falls and any associated harm and avoidable pressure ulcers will be minimised through risk assessments and learning from incidents. Provider to produce a six monthly thematic review of falls (with harm) and avoidable pressure ulcers (grades 2-4) incidents and learning (Q2 &amp; Q4), this will include:- - Numbers of falls and pressure ulcers - Themes and lessons learned - Evidence of changes in practice as a result of RCA's/incidents.</td>
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<tr>
<td>5.10</td>
<td>Provider can demonstrate full implementation of NICE guidance (where applicable) or actions meet the guidance. Six monthly report which demonstrates compliance with NICE guidance or reasons for non-compliance. The CCG will randomly request the provider’s assessment against a specific NICE guideline and actions being taken to meet any gaps.</td>
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<tr>
<td>5.11</td>
<td>Provider has in place a systematic approach to learning from a range of reports such as (but not limited to) NCEPOD reports National Enquiry Reports independent reviews of care and treatment NICE guidance reviews. If an enquiry analysis or feedback to the CCG, this will be requested/discussed and agreed at the Contract meeting.</td>
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<tr>
<td>5.12</td>
<td>Educate and inform patients and healthcare professionals about the appropriate use of antibiotics and the importance of preventing resistance to antibiotics. Q1 the provider will share their plans with the CCG to include dates and topics, for antimicrobial awareness programmes for 2016/17. Q3 provide feedback to the CCG on achievements against Q1 plans including evaluation of successes achieved.</td>
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<tr>
<td>5.13</td>
<td>To ensure key learning is identified and acted upon in relation to all avoidable pressure ulcers. Provider to produce a six monthly thematic review of avoidable pressure ulcers (grades 2-4), incidents and learning (Q2 &amp; Q4), this will include: - Numbers of pressure ulcers - Themes and lessons learned - Evidence of changes in practice as a result of RCA's/incidents * This should be reported by service line/ward/dept.</td>
</tr>
</tbody>
</table>
Willen Hospice views complaints as part of a transparent and important form of user feedback to enable learning and where needed improve our services.

 Whilst we receive very few complaints, we use both complaints and clinical incidents to support our learning in the hospice, and lessons learned are shared in the monthly Hospice newsletter which is read by everyone.

**What our Regulator says**

Willen Hospice is registered with the Care Quality Commission and as such is subject to regular review in the form of unannounced inspections. No inspections took place during the period of this Quality Account. However the details of the inspection undertaken on 24 March 2015 are covered in section 2 of this document.

Regular meetings with the CQC inspector are held and she has sight of all our patient satisfaction questionnaire results.

**The Board of Trustees’ commitment to Quality**

The Board of Trustees of Willen Hospice is fully committed to prioritising the quality of patient and family care. All Trustees participate and take the opportunity to familiarise themselves first hand with the workings of the Hospice and to hear the views of patients, families, staff and volunteers. The organisation has a robust Quality Assurance framework with Trustees taking an active role in ensuring that the Hospice provides the best possible evidence based care and fulfils its Statement of Purpose.