

Quality Account

2016/17



Incorporating Priority Areas for 2017/18

www.willen-hospice.org.uk

Willen Hospice

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Willen Hospice
always there to care

Welcome to Willen Hospice Quality Account 2017/18

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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, and focuses on four key areas – specialist symptom control, emotional support, spiritual support, and care for carers.

We provide care 24 hours per day without cost to patients or families, and our vision continues to be the lasting and thriving provider of free care to all those affected by life limiting illness locally. We know we already touch the families of at least a third of those affected by the death of a loved one in Milton Keynes. Our aim in the forthcoming years is to increase our outreach work and enable more patients, from new communities, to access the specialist care we offer.

We are a registered charity providing specialist palliative care for people whose illness no longer responds to curative treatment. Our base enjoys stunning views across Willen Lake, and hospice buildings are organised to enable patients and families to make the most of the views and being part of the nature outside our doors. We invite families to use the grounds, and can even wheel patients in their beds on to our sunny terrace if they wish.

Our approach within Willen Hospice is multi-disciplinary and non-hierarchical. We have the Willen User Forum, chaired by a trustee, for patients, staff and relatives to provide input into our future plans. They also review any printed information we produce, to ensure it is 'user-friendly'. Thus service users, volunteers and Trustees all play a full part in the strategic plans for the hospice.

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 £3.6 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.

Paul Hinson, Chief Executive
June 2017

Section 1: Priorities for Improvement

The priorities for quality improvements identified for 2017/18 are set out below and have been identified by the Senior Clinical Team following feedback from patients, carers and staff.

Priorities for Improvement 2017/18

Priority 1 – Integration of IPOS

How will this be achieved?

We are in the process of introducing the Integrated Patient Outcome Scale across the hospice, in order to monitor and measure the impact and success of services. An extensive teaching programme has been carried out to ensure that all staff are aware of the recording process, and how we might use the information as an organisation.

In the last year, staff have familiarised themselves with the Karnofsky Performance Status Scale, an assessment tool for functional impairment which enables the comparison of different therapies and treatments to assess the prognosis in individual patients. In many of the patients treated at Willen Hospice, a low score is likely to be recorded as the patients conditions indicate a gradual deterioration.

Both the Karnofsky score and IPOS are tools which help to recognise and improve the standard of care for patients at Willen.

Results will be recorded electronically in the SystemOne notes.

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

How will this be achieved?

CHKS (Caspé Healthcare and Knowledge Systems) accreditation involves successful completion of over 40 separate rigorous standards. All staff are involved in intensive work across the hospice to update policies, carry out required audits, taking into account the sensitivities and input of patients and families in the work we do.

The work is reviewed extensively by a team from Caspé, and culminates in a 3 day inspection due in June 2017. This inspection is considerably

more detailed and rigorous than that of the Care Quality Commission, but in putting ourselves forward for this award, we are assured that an outside organisation has reviewed our entire service, made recommendations where necessary, and approved the care we give and the governance required. Successful achievement has an impact on the CQC inspection which we anticipate happening later this year.

Priority 3 – Succession Planning

How will this be achieved?

To date, this element of recruitment and retention has not been given a high priority within the hospice, and we are in the process of raising the profile of succession planning to ensure the service continues to run successfully.

The Human Resources committee will be reviewing progress every six months, with a summary and overview produced by the Director of HR. Each department head has been asked to review those staff considered 'high risk' in order to focus recruitment and retention resources in those areas.

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

How will this be achieved?

One of our trustees is now chair of this group, and has 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.

We now have an 'app' on the back of the current website enabling relatives and patients to comment on our services using a smart phone or computer.

Priority 5 – Medical Appraisal and Revalidation of Doctors

How will this be achieved?

As of 31st March 2017 there were three doctors with a prescribed connection to Willen hospice. Other medical staff include trainees for whom the responsible officer is the Dean of post graduate medical education. All underwent medical appraisals. There were no fitness to practice concerns. Appraisals for medical staff will henceforth be undertaken using Milton Keynes University Hospital Foundation Trust system.

The medical and nursing teams at Willen Hospice are supported in out-of-hours periods by the local Urgent Care Centre, offering senior medical advice.

Priorities for 2016/17 Review of progress

Priority 1 - Implementation of Integrated Patient Outcome Scale

As described in the previous section, the introduction of IPOS is now well underway, and has been piloted extensively within the Wellbeing Centre for all new patients.

Teaching sessions have been delivered to enable staff to understand the implications and purpose of another assessment, but which will reflect the value of their input to patients, from both the patient and family's point of view.

We have yet to establish a way in which data can be collected across the organisation, but individual staff will immediately be able to see the difference they are making in the lives of their patients.

Priority 2 - Collaborate in research at a high level activity within the Hospice

Following a rigorous interview process, with Willen Hospice working with the Open University (OU), a PhD student was selected to advance research as a high level activity within the Hospice.

The precise detail of the research question is still to be agreed, and Zana Saunders, the PhD student recruited, is currently spending time at the hospice on a regular basis, to appreciate the scope of the work carried out here, and enable a specific question to be formulated.

Priority 3 - Develop an Education & Development Strategy

The Education and Development strategy is now in place, and extensive teaching has been carried out across the Milton Keynes health economy, thanks in part to the funding for end-of-life care by Milton Keynes Care Commissioning Group.

In 2017/18 the CCG is reviewing this funding, and the delivery of teaching programmes is therefore still under threat at the time of writing this report.

Other Quality Improvements 2016/17

Monitoring Quality

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.

All staff at Willen Hospice have the opportunity to undertake training for audit, which is delivered by a number of internal staff. Following this, staff are expected to carry out an audit within their own area of work, to support the ongoing improvements in standards across the hospice. The Audit and Quality Committee identified the audits for the year and allocated audits to various departments within the organisation. The audits continue to have an inter-professional approach.

Audit is part of clinical governance, which aims to safeguard a high quality of clinical care for patients. Audit is transparent, non-judgmental and results are accessible to all staff via the Hospice Intranet.

There has been a steady rise in audit activity since 2013 as the table below indicates:

	2013	2014	2015	2016
Total number of organisational Audit reports	7	16	29	31

All audits are available for all staff and can be found on the Hospice Intranet for reference. Audits action plans are discussed monthly at the Clinical Effectiveness meeting to ensure actions are updated on time. In addition to this, the action plans are monitored by the Practice Development team and update reminders are sent to the audit owners.

CHKS

See priorities for 2017/18

'Caspe (Clinical Accountability, Service Planning and Evaluation) Healthcare and Knowledge Systems' . Established in 1989 and the leading provider of healthcare quality improvement services. They have designed a set of over 40 quality standards specifically for Hospices.

This framework for quality improvement and healthcare governance that promotes a culture of patient safety, also improves communication across the organisation. Good practice is recognised, shared and celebrated by all, and the process supports the organisation in achieving deadlines for actions on quality improvement and ensures all services are reviewed and improvements implemented where appropriate.

Standards Framework:

- Organisational Leadership and Management
- Risk and Safety
- Service Delivery
- Person Centred Care
- Hospice Services
- Facilities and Site Services

46 standards in total

It is appropriate for Willen Hospice to record thanks to Marilyn David for all her hard work in coordinating this project over the past four years, and ensuring we continue to produce the required documentation and meet deadlines.

Infection Prevention & Control

External audit

Prior to this audit, no external audit had been carried out for 3 years, so we were pleased that colleagues from MK University Foundation Trust were able to support us with this in 2015/16.

An external audit was carried out by the Infection Control team from Milton Keynes University Trust and the following observations were made:

On entering the hospice receptionist was very friendly and welcoming, the environment was clean and well presented. Staff and volunteers were approachable and friendly. All staff seen were compliant with bare below elbow and hand decontamination was witnessed.

There have been significant improvements since the last audit by IPCT-well done.

A number of recommendations were made, including that we standardise the supplier of our sharps bins and hand soap; carry out a review of patient chairs to ensure there were no tears in the fabric; commence regular dusting of bathroom vents, and complete replacement of the sink and surround in sluice 2 (the work for this was carried out immediately after the audit report was received).

Internal audit

A comprehensive internal audit was also conducted, which reviewed Infection Prevention and Control procedures and ensured that clinical practice followed the local policies and procedures.

The Hospice UK audit tool was used for this purpose and the audit was carried out by link members of the IPC team.

Overall results

	Module	Compliance	2015 Audit compliance	% difference
1	Policies and procedures	100%	96%	+4%
2	Hand Hygiene	92%	85%	+8%
3	Patient Areas	95%	92%	+3%
4	Clinical Rooms	94%	92%	+2%
5	Patient Bathrooms	100%	91%	+9%
6	Patient Toilets	97%	89%	+8%
7	Sluice	91%	80%	+11%
8	Domestic rooms	100%	100%	0%
9	Care of deceased patient	84%	89%	-5%
10	Sharps	97%	95%	+2%

11	Protective equipment	100%	94%	+6%
12	Kitchen areas	86%	85%	+1%
13	Public areas	88%	94%	-6%
14	Toilets for public use	100%	89%	+11%
15	Offices within clinical areas	88%	93%	-5%
16	Visitors accommodation	100%	97%	+3%

Total compliance for 2016 = 95%

The IPC policy was reviewed and updated in December 2016.

Related IPC policies including the Cleaning Policy and Clinical decontamination of the environment and the equipment have also been updated in the last couple of months. This is shown in the increase in compliance from the previous year's audit.

Hand hygiene

With the current lead IPC nurse on maternity leave, the deputy sister from the Inpatient Unit, along with a staff nurse from the Hospice at Home team, have taken on the lead role.

The hand hygiene audit is completed monthly throughout the year by a Deputy Sister, when staff were unaware they were being observed on their hand hygiene technique. The results are based on the observation of 10 staff, on the inpatient unit, throughout the month at different times of day from a variety of disciplines: doctors, nurses, nursing students, hostesses, volunteers and housekeeping staff. There was 100% compliance with hand hygiene throughout January, February & March.

Compliance with hand hygiene on the inpatient unit continues to be 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

Flu Vaccinations 2016	No. of Staff Vaccinated	% of total who were Clinical Staff
04/11/2016	18	44%
07/11/2016	16	44%
29/11/2016	15	20%

The % indicates the percentage of the number of staff in the previous box who were clinical.

IPC team continue to have internal quarterly meetings to discuss current activities, changes related to IPC and to update on any study days attended by members of the IPC team, along with updates from IPC nurse at MKUH who also attends.

IPC team also attended Hospice UK IPC annual update and continue to attend the quarterly IPC MKUH meetings and report back changes and updates to Willen IPC team.

Clinical Governance Summary

This has been a busy year with a large number of activities contributing to the delivery of clinical excellence at Willen Hospice. Our strategic priorities focus on increasing the knowledge and skills of our staff and developing our services using feedback and outcomes to inform these.

SystemOne is now embedded and we continue to develop our unit to capture clinical outcomes. The organisation encourages individuals to develop their skills and undertake further education leading to additional qualifications where possible. This year our Director of Nursing, Rachel Tomlinson successfully completed the Nye Bevan Executive Healthcare Leadership Programme run by the NHS Leadership Academy. Several nurses have embarked upon postgraduate courses and non-medical prescribing courses.

A large step in creating a 'research enabled' organisation was taken as we successfully recruited into our co-funded PhD studentship. This is an excellent opportunity to contribute to the research base for End of life Care and we look forward to the seeing the results of this over the next three years. We have completed nearly three years of our CHKS accreditation and much of the clinical governance activity is 'business as usual'. We continue to deliver a comprehensive audit programme and we are embedding smaller quality improvement projects into our practice. This report contains reports from all the working groups that contribute to maintaining safety and quality throughout our clinical practice.

Clinical Effectiveness group

This group meets fortnightly and reviews all clinical incidents, risk management, staffing, appraisals and patient feedback.

Through this forum the clinical risk is managed, with all incident reports reviewed here and trends considered. The incidents rated as causing moderate harm or worse trigger a formal root cause analysis and are reported upward to the Clinical Governance committee. This committee has continued to evolve its processes with the aim of maximising the organisational learning. The standard incident reporting system is understood and readily used by staff and incidents are investigated and harm is rated. There were no serious incidents and 16 rated as moderate harm. Overall, the number of incidents remains small with slips, trips and falls consistently the largest single category.

It is reassuring to see that in all cases an incident prompts a review of the falls risk matrix. Where minor incidents revealed a potential risk, processes were reviewed. An example of this was the development of the SALAD sticker, to label 'sounds alike and look alike' drugs.

New clinical guidance and policies are circulated through the group's membership as is all patient information. Audit action plans and other quality improvement projects are presented here. This year saw the development of a competency framework to standardise the expected competencies of all nursing roles.

Following the move to electronic records last year the ongoing development of the clinical system has continued and templates adjusted and new ones introduced. Most recently the development of a template to better capture 'best interest' decision making has been introduced. At the time of writing the ongoing financial support for the training of new staff and development of the unit is uncertain and longer term contingency for this will need to be agreed.

Blood transfusion

There have been 3 blood transfusions performed at Willen Hospice over the past year. These were all uneventful and without complication.

The Inpatient Unit Senior Sister raised concerns that there was no formal ongoing training for blood transfusions. It had been considered under intravenous administration in past. In collaboration with Milton Keynes University Hospital blood transfusion trainer, training was undertaken. The slides were adapted, and the Senior Sister now delivers an all-day course and supports all internal rotation Staff Nurses on IPU regarding safe blood transfusions. The Staff Nurses then self-certify that they are confident and competent to give blood transfusions.

The blood transfusion reaction flow chart has been printed and added to the emergency grab bag along with the anaphylaxis and BLS algorithms.

Health and Safety

The Annual Risk Management and Health and Safety Report has been produced to provide comprehensive information regarding all aspects of risk management and health and safety actions and precautions that have been undertaken in the year in question. The intention of this report is to widely inform all members of the organisation of this important work and the ongoing review of all risks to staff and users of our services.

Policy Review

Policies in the following areas were completed/reviewed and published on the hospice intranet:

- Risk Management/Health & Safety Policy & Procedures
- Health & Safety Policy
- First Aid Policy
- COSHH Policy

Audits

An audit was carried out on the Risk Management/Health & Safety Plan and Review and Risk Management/Health & Safety Policy, the First Aid Policy, the Health & Safety Policy and the Lone Worker Policy; areas for improvement were highlighted and action plans were produced. The results for these audits are available to read on the hospice intranet.

Risk Assessment

As part of the review of training and the CHKS process the risk assessment form was amended and uploaded to the intranet. A rolling programme of Departmental Risk Assessments is reviewed at each Risk Management/Health & Safety Committee meeting throughout the year and a new process for feedback of these reviews was introduced to ensure that actions are followed up. Risk assessments are also being requested from external establishments where hospice events are taking place. This is to ensure we have covered hospice responsibilities to people we have invited. Full risk assessments are completed for all hospice events that are held on site and off site; these are then uploaded to the hospice intranet. Any event that holds a significant risk is put on the Hospice Risk Register until after the event and then removed.

Risk Reporting

Risk reporting covers non-clinical accidents, near misses, security, estate alerts and information breaches, and these are reviewed at each Committee meeting. Areas for improvement and action are identified and trends studied. There was one estate alert regarding fire door self-closing devices; the effects and risks were assessed and devices adjusted and corrected as necessary.

Any security issues recorded on the Reception Security Log are reported to the Risk Management/Health & Safety Committee and where necessary remedial action is suggested.

All clinical accidents/incidents are reported to the Clinical Effectiveness Group and the Clinical Governance Committee.

Training

The review of training records is ongoing at the Risk Management/Health & Safety Committee and there has been a general improvement in completion rates. Emphasis has been given to risk assessment training with content adjusted to include more theory elements than practical.

Following an audit of the Lone Worker Policy, training was arranged in partnership with the Crime Prevention and Reduction Advisor. Further crime prevention training for all staff is being explored with the Head of Security at Milton Keynes Hospital and it is hoped this will be progressed during 2017.

The training for COSHH assessors was reviewed during the year. This needs to be completed every three years and a module will be made available on Training Tracker for the assessors to complete.

Fire extinguisher training was arranged in August 2016 with 15 members of staff attending.

Events

During the year 15 events had been successfully organised by the hospice team. Full risk assessments were completed for all events and where necessary they were added to the Hospice-wide risk register. Special note was made about the number of visitors (over 1000) to the hospice

site during the marquee week in June and also the long hours and manual handling that certain members of staff were doing during that week. Plans were being put in place for 2017 to ensure extra help is available for the manual work involved such as moving stock and equipment.

A meeting was held with the Hospice insurers to discuss events, identifying high risks and clarifying the cover we have.

Environment

Hospice Kitchen Facilities – The kitchen area underwent major refurbishment works during the year and detailed planning was undertaken prior to this to ensure that the service and environmental standards were maintained throughout.

Information Governance and IT

New developments for 2016/17 have been the use of SystmOne via 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.

Section 2: 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 2016/17, Willen Hospice provided the following services

- Inpatient beds
- CNS service
- Hospice at Home
- Well-Being Centre
- Physiotherapy
- Lymphoedema
- Patient and Family Services
- Chaplaincy
- Art therapy
- Education and training for staff

The income generated by the NHS services reviewed in 2016/17 represents 23% of the total income required to provide services which were delivered by Willen Hospice in the reporting period

Participation in clinical audits

During 2016/17, Willen Hospice was not eligible to participate in any national clinical audits or national confidential enquiries. This is because none of the audits or enquiries related to palliative care.

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

Research

During 2015/16, no patients receiving NHS services provided by Willen Hospice were recruited to participate in research approved by a research ethics committee.

The Hospice has a policy to cover inclusion in research but, during this period, there was no appropriate national, ethically approved research study in palliative care in which it could participate.

Quality improvement and Innovation goals agreed with our commissioners

One Chance to Get It Right	
Indicator Number	TBC
Indicator Name	One Chance to Get It Right
Indicator Weighting (% of CQUIN scheme available)	100%
Description of Indicator	<p>The "One Chance To Get It Right" quality criteria will assist Willen Hospice –in their inpatient environment – to capture, in a meaningful way, the quality of care given to both patients and their informal carers.</p> <p>The CQUIN incentivises the provider to review current patient experience data collection and analysis, both quantitative and qualitative, against the five priorities of the "One Change to Get It Right" framework.</p> <p>The provider will gain assurance through robust evidence (collected by the provider) that they are meeting each of the five priorities and are able to prove how these have impacted or will impact on changes to service provision</p>
Numerator	Not applicable
Denominator	Not applicable
Rationale for Inclusion	This work sets out the approach to caring for dying people that health and care organisations and staff caring for dying people should adopt in the future
Data Source	Provider
Frequency of Data Collection	Over four quarters
Organisation Responsible for Data Collection	Provider
Frequency of Reporting to Commissioner	Quarterly
Baseline Period/Date	Not applicable
Baseline Value	Not applicable
Final Indicator Period/Date (On Which Payment is Based)	April 2016
Final Indicator Value (Payment Threshold)	See milestones below
Final Indicator Reporting Date	15 th April 2016
Are There Rules for Any Agreed In-Year Milestones That Result in Payment?	Yes
Are There Any Rules for Partial Achievement of the Indicator at the Final Indicator Period/Date?	No

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 2016/17. The Care Quality Commission in their last inspection in March 2015 found that the Hospice had an overall rating of GOOD and was good in the following standards:

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

The full report may be read via the link below:

<https://www.willen-hospice.org.uk/who-we-are/achieving-excellence/cqc>

The CQC recorded in their report user comments such as: *"the nurses are very kind"* - *"this is such a wonderful service"* - *"I only have to press my call bell and someone is here, nothing is too much trouble"*

Official Visitors

During 2016/17 the Hospice was visited and supported by a number of individual officials who offered their feedback after touring the premises and meeting with patients, carers and staff;

Sir Peter Gregson the Chief Executive and Vice Chancellor of Cranfield University visited the Hospice in April 2016 to discuss ways of developing a relationship between the two organisations. Opportunities for staff to access academic training at Cranfield were discussed along with other ways that Cranfield could support the hospice. This led to Cranfield hosting the hospice's first Cycling Sportive in August 2016.

The Mayor and Mayoress of Milton Keynes visited the Hospice in June 2016.

Peter Horrocks, Vice Chancellor of the Open University visited the hospice in October 2016 to discuss ways in which the two organisations could work together in the future.

Section 3 - 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 2016/17

<p>Indicator 1 CQUIN One Chance to Get it right.</p>	<p>Quarter 1</p>	<p>Q1. Hospice at Home & CNS teams will perform a Gap Analysis on their current care provision against each of the 5 priorities of care of the dying person. The provider will create an action plan to address the identified gaps.</p>
<p>Indicator 1 CQUIN One Chance to Get it right.</p>	<p>Quarter 2</p>	<p>Q2. Hospice at Home & CNS teams will engage with a patient/carer group on the action plans & allow them the chance to make suggestions on whether the outcomes will achieve the required plan. Both teams will ensure 95% of staff have an understanding of the five priorities and both teams will understand how their services plan to meet the identified gaps.</p>
<p>Indicator 1 CQUIN One Chance to Get it right.</p>	<p>Quarter 3</p>	<p>Q3. Hospice at Home & CNS teams will have updated action plans which demonstrated 50% of the action plan is complete. The action plan must contain details on how the services have changed. If the action plan has varied from the initial assessment, this needs to be stipulated.</p>

<p>Indicator 1 CQUIN One Chance to Get it right.</p>	<p>Quarter 4</p>	<p>Q4. Hospice at Home and CNS team will have updated action plans which demonstrate the remaining 50% of the action plan is complete. The action plan must contain details on how the services have changed. If the action plan has varied from the initial assessment, this needs to be stipulated. Re-audit the services based on five priorities and submit a revised action plan for the next twelve months. The provider will communicate with patients/carers/staff on how the service has changed over the past twelve months (consider approaches like "You said, We did" or celebrating good practice.</p>
<p>Domain 1: Preventing people from dying prematurely</p>	<p>1.1 People receive healthcare from healthcare workers who effectively decontaminate their hands immediately before and after each episode of direct contact or care.</p>	<p>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 & reporting.</p>
<p>Domain 2: Enhancing the quality of life of people with long-term conditions</p>	<p>2.1 All patients without an advance care plan in place are offered the opportunity to develop one during their stay on a case load.</p>	<p>Data collected through the Preferred Place of Care Audit. Quarterly Report.</p>
	<p>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. As Above</p>	<p>Data collected through the Preferred Place of Care Audit. Quarterly Report.</p>
<p>Domain 4: Ensuring that people have a positive experience of care</p>	<p>4.1 Provider to evidence a combination of hard (statistical) and soft (qualitative) patient experience data collection methodologies that show changes to patient experiences across a) the organisation and b) within different operational areas.</p>	<p>Quarterly Patient Experience report to include data, examples of themed feedback and improvements made/lessons learnt from a variety of sources.</p>

	4.2 All complainants to health and social care providers will evidence compliance and current best practice against the "Assurance of Good Complaints Handling Toolkit" 2015	Q1. Provider will carry out a Gap Analysis against the Complaints handling toolkit and develop an action plan of improvements. Q3. Provide updates of progress against action plan.
	4.3 Patients and health care users 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 an update on implementation and progress to date.
	4.4 "One Chance to get it right" quality criteria will be continued - normalised 2015/16 CQUIN in IPU.	Updates against the 2-15/16 Q4 Action Plan will be provided to the CCG during Q2 and Q4 in IPU.
Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	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 update. 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.

	5.6 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.
	5.7 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.
	5.8 Provider will provide assurance of sufficient staffing 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
	5.9 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 and 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.
	5.10 Provider can demonstrate full implementation of NICE guidance (where applicable) or actions to meet the guidance.	Six monthly reports which demonstrate compliance with NICE guidance or reasons for non-compliance. The CCG will randomly request the providers assessment against a specific NICE guideline and actions being taken to meet any gaps.
	5.11 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.	Evidence that the provider is taking appropriate actions based on the recommendation resulting from a range of publications.
	5.12 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.

Annual Education Report April 2016 – March 2017

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.

This report focuses on the educational sessions and training delivered during the period April 2016 to March 2017. Statistics for that period are provided and plans for 2016/17 will be described.

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 Economy
- practice placements for student nurses, GPs and other professionals
- contributing to strategic reports and
- contributing to course curricula which includes The Open University

Education 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 mandatory and non-mandatory training.

Mandatory Training

All staff are expected to undertake statutory training that the Hospice requires its employees to agree to 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.

The Hospice mandatory training matrix identifies the mandatory training categorised by staff group. Some mandatory training is specific to particular staff groups, disciplines or roles determined by Hospice policy.

Our records indicate that 85% of staff have undertaken the mandatory training allocated to their role, however this does not include the Information Governance (IG) training that staff are expected to undertake. The IG training is presently being reviewed and is not accessible. There are members of staff who have not undertaken their training. The percentage would be reduced to 78% if IG is included in the mandatory training.

Non- Mandatory Training (internal and external)

A variety of education topics have been covered during this period, which are outlined in the table below.

Non Mandatory Courses held April 2016 – March 2017 (*MDP = Management Development Programme)
Adjuvant Analgesia
Appraisal training for managers
Appraisal training for staff
Art Therapy Session
Audit Tool Training
Audit Training
Basic Excel L1
Basic Excel L2
Basic IT Skills
Basic Word Training
Bereavement Training for staff
Chemotherapy
CHKS Update
Complaints Training
<u>Delirium</u>
Dementia Friends
Drug Rep Study Day
Duty of Candour
Emotional Intelligence
Fentanyl information session
Fraud Awareness
Lone Working and Personal Safety Awareness
Lymphoedema Information Session
M&H, BLS, anaphylaxis
*MDP: Coaching to create high performance teams
*MDP: Effective Leadership
*MDP: Managing & motivating the team
*MDP: Managing performance
*MDP: providing an effective service
*MDP: The Big Picture
*MDP: Time management & delegation
Mental Capacity
MSCC
Nausea and Vomiting
Opioids

Non Mandatory Courses held April 2016 – March 2017 (*MDP = Management Development Programme)
Orthopaedics in Palliative Care
P&FS information session
Pressure Sores
Sharps Update
SHELL - Self Care
SHELL - Vietnam Trek
Student Mentor Support Session
Supervision for Supervisors
Syringe Driver Advanced Users
TENS Teaching

Collaborative working for Education

The Practice Development department recognises the benefits in working collaboratively with health and social care providers to provide quality education.

Advance Care Planning (ACP)

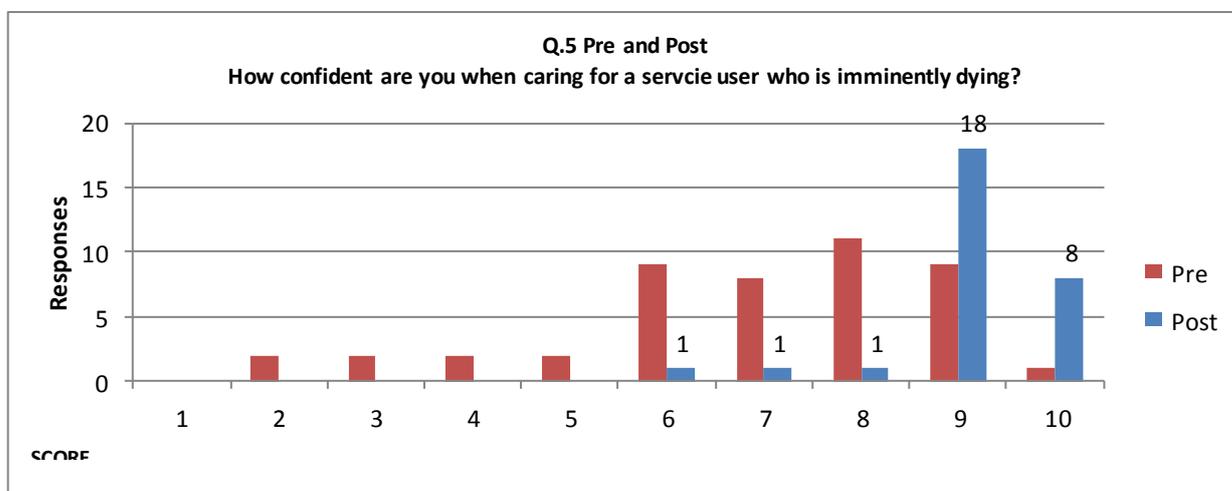
The Advance Care Planning Group has continued to deliver the ACP training within the Milton Keynes area. ACP booklets and information are now available for stakeholders. During the year 8 ACP sessions have been delivered.

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

This is an accredited course which is facilitated by Willen Hospice multi-professional team. This year is the 4th year when this has been delivered. The table below indicates how many students completed and passed all 4 modules which included core elements of Advance Care Planning, Communication, and Supportive care in EOLC and supporting individuals during the last days of life.

2016/17		
Nos learners who Registered for QCF	Nos learners who completed/gained the qualification	Nos learners withdrawn or deferred this year
44	29	17

Pre and Post Evaluation of the course (see table below) 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.



Understanding and supporting children facing loss and bereavement - workshop for professionals

This one day workshop targeted school teachers who are supporting grieving children at school. The aim of the workshop is to inform professionals who would gain an insight into grief and bereavement through the eyes of children.

In total 9 teachers attended the day from schools around Milton Keynes.

Communication Training

This training has continued into its second year as it has proven to be beneficial to internal and external staff. The outline of this training has now been adopted by HEETV and it will be delivered throughout the Thames Valley Region by different educators.

Emotional Intelligence

This new training session was devised in response to aspects addressed in the communication training and key trends national documents. Staff from Willen Hospice attended a one day education session which addressed emotional intelligence and its relationship to health care. The course enabled staff to look at themselves, use a model to understand themselves and explore their feelings and behaviours. The course inspired attendees to acknowledge how they could respond and interact differently when faced with situations.

Scope for Learning

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

Student Nurses from University of Northampton (UoN) have benefited from a longer term placement this year and have had the opportunity to engage in Clinical Supervision whilst on this placement. This has been well received.

The UoN have provided academic funding for three Registered Nurses to undertake the Mentorship and Support for Professional Practice (MSPP) to support Student Nurses in placements. All three RNs have successfully achieved the qualification.

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 proves that the Hospice is fit for purpose to accommodate their students.

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

In addition to this, supervision for staff continues to be developed within the organisation. Supervisors have had access to an external research associate, which proved to be useful as it helped developed supervisors skills.

Education Income Generation

The focus for education remains based on the provision of quality information for the delivery of quality care. However, the department is expected to income generate on an annual basis.

To date, education has raised £20,966 as income for the Hospice.

Learning and Development Strategy

During this year, the organisation has produced a learning and development strategy which focuses on key strategic drivers based on mandatory and statutory requirements: clinical expertise; non clinical expertise, management and behaviour and finally partnership working. All of the key priorities will ensure staff are skilled and competent to deliver

the tasks that are required in their role. The strategy will also assist the organisation to implement management aspects for succession planning.

Review of plans for 2016/17

Review of plans outlined for 2016/17	Progress
To further develop formal academic relationships with local Universities and with Health Education England Thames Valley – End of Life Education Group with a clear aim to support and gain accreditation for Willen Hospice’s educational programme.	This is an ongoing project which will require many discussions; however the department has contributed to reviewing an Open University module which they are upgrading. One member of the Practice Development Team is now seconded to the UoN; this may open doors for Willen Hospice to develop accredited programmes.
The team strive to provide relevant, credible, innovative and authentic education.	Ongoing progress – mainly achieved through evaluation and feedback from course attendees.
Respond to additional multi-professional staff educational needs for the hospice and requests from external stakeholders	We have responded to bespoke information technology requirements requested by staff. In addition to this a Patient Partnership Group visited Willen Hospice to understand the service provision for the area.
Develop internal staff in teaching and presenting	Dates have been agreed to deliver this session in 2017.
Seek further accreditation through Skills for Health	This is an ongoing project that the Practice Development would like to pursue in the future
To complete a new education strategy for 2016 -2019	The learning and development strategy has now been approved and work has commenced. The steering group will identify the key issues to address during the

	forthcoming year, whilst the working group will work to achieve the objectives set.
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Forward Plans for 2017/18

1. Utilise funding for Level 1 (Sage & Thyme) and Level 2 Intermediate Communication training from Health Education England Thames Valley. This will be achieved by training three facilitators to deliver the Sage and Thyme course. We will continue to develop the intermediate communication skills training using the tools outlined by HEETV.
2. University of Hertfordshire are keen to place a Physiotherapy student within the organisation. The Hospice will work with them to ensure that the placement meets their criteria.
3. Organise emotional intelligence training sessions for all staff.
4. Continue to implement the drivers outlined in the learning and development strategy 2016-17.

Conclusion

Education, learning and development remains key throughout the organisation, and is also a key driver to ensure end of life care issues are addressed and discussed and that practical elements are delivered safely to the stakeholders that we serve within the local economy.

This report shows our commitment to education and the importance of developing internal and external relationships which influence individuals to enhance their practical end of life care skills to ensure quality care is delivered.

Audit Activity 2016-2017

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 service provision areas should undertake audit to evaluate their practices and plan improvements in the service.

Audit is part of clinical governance, which aims to safeguard a high quality of clinical care for patients. Audit is transparent, non-judgmental and results are accessible to all staff via the Hospice Intranet.

This report focuses on the audit activity during the period April 2016 to March 2017. Statistics for this period are available and proposed plans for 2017/18 will be described.

The audit and quality committee identified the audits for the year and allocated audits to various departments within the organisation. The audits continue 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.

There has been a steady rise in audit activity since 2013 as the table below indicates:

	2013	2014	2015	2016
Total number of organisational Audit reports	7	16	29	31

All audits are available for all staff and can be found on the Hospice Intranet for reference. Audit action plans are discussed monthly at the Clinical Effectiveness meeting to ensure actions are updated on time. In addition to this, the action plans are monitored by the Practice Development team and update reminders are sent to the audit owners.

Previous Plans for 2016/17

Previous audit plan for 2016/17	Outcomes achieved
To revise audit education and deliver training session to staff	The Practice Development Team reviewed the audit training and combined the two previous sessions. The audit training is delivered in one session which combines theory/practical elements of the audit process Sessions during 2016/17 = 2 Attendees = 10
Audit and Quality Committee to realistically plan audit activity for 2016/17	The Committee planned several audit for the year, however it was realised that we would not be able to undertake all the audits, so the focus changed to concentrating on key audits required for the CQUINS and for CHKS

Support staff in undertaking audit projects	Practice Development will continue to support all staff to undertake audit.
Continue to monitor activity	This is continuous, and the process is effective.

Plans for 2017/18

- ❖ Audit Committee to focus on audits required for CQUINS and CHKS and identify areas which have not participated in audit activity.
- ❖ Introduce a system whereby staff are involved in undertaking audit for different departments – cross departmental working.
- ❖ Introduce Integrated Palliative Care Outcome Scale (IPOS)
- ❖ Ensure quality initiatives are discussed and celebrated at the committee meetings and clinical effectiveness meetings.

Conclusion

The Hospice has embraced audit and it is now embedded within practice, as audit owners have evidenced areas of good practice. It is evident that the audit outcomes enable the departments and the organisation to make appropriate changes to achieve best practice, change policy and improve knowledge and skill gaps. Audit activity will continue into 2017/18 as described above.

Service User Feedback

The Hospice is expected to ascertain feedback from the service users and this information has been collated by asking patients to complete a questionnaire during their stay within the inpatient unit.

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.

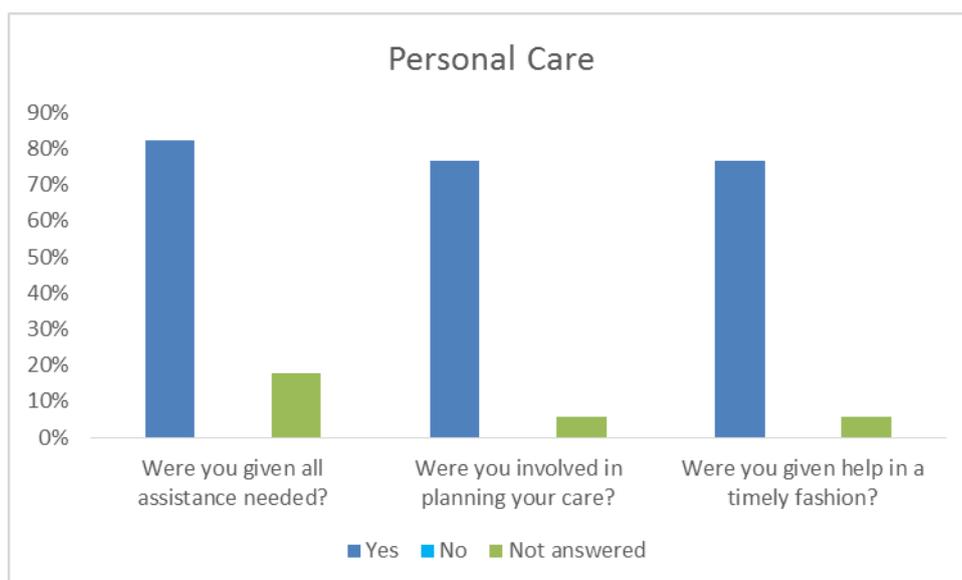
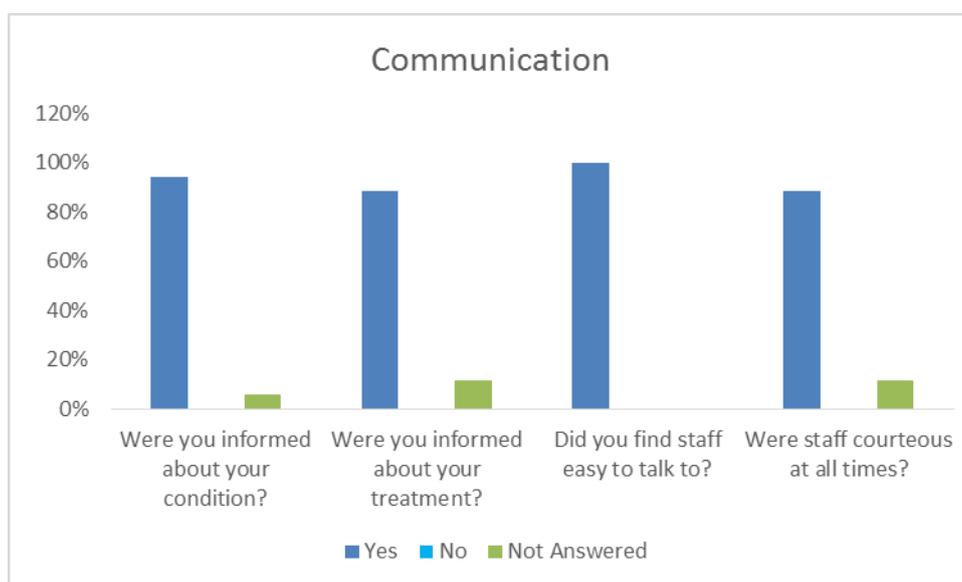
Questionnaires are displayed on the whiteboard within each patient room, as well as by the noticeboard in the in-patient unit corridor, next to the most recent report.

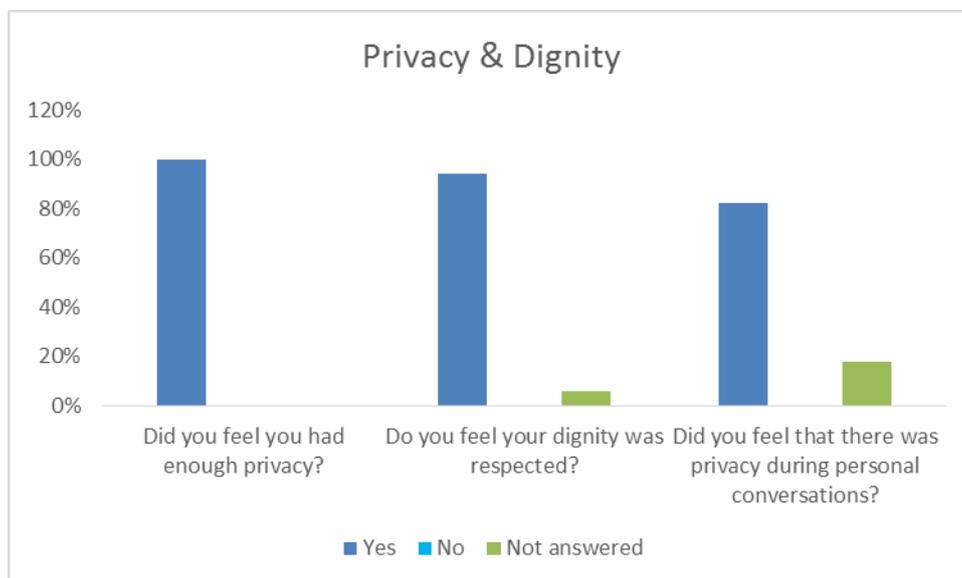
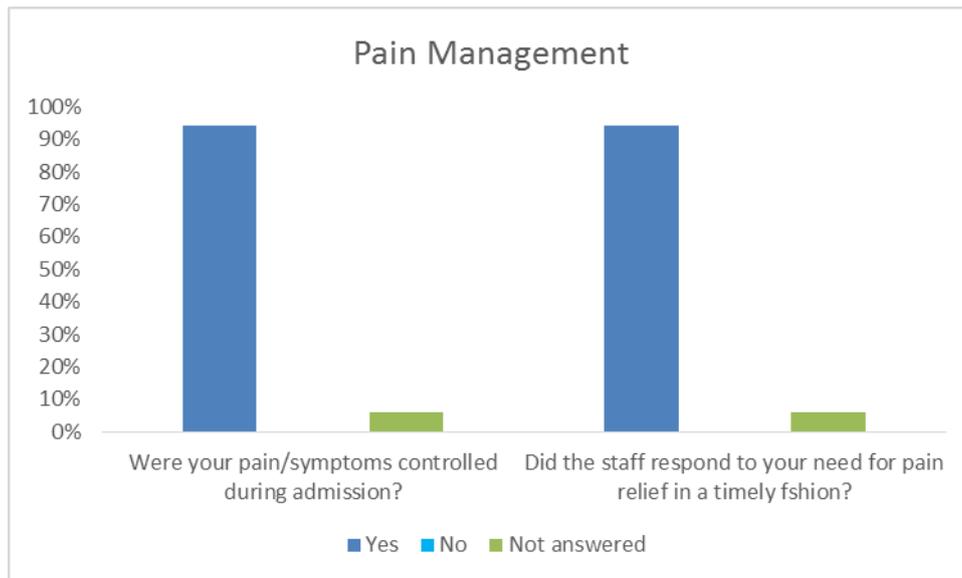
This questionnaire is not distributed on a compulsory basis, thus the response rate is affected by bed occupancy, willingness to participate, patient condition and appropriateness of encouraging those who are grieving or bereaved.

The questionnaire is divided into eight sub-sections which concentrate on key elements of care. These include communication, personal care, comfort and facilities, food and nutrition, privacy and dignity, safety and well-being, emotional, spiritual and religious care. Patients are invited to express if they would recommend the service to family and friends.

This quarter's responses were received in Q4, between 23rd December and 15th March 2017. Seventeen questionnaires were completed. Subsequently the following graphs are based on a percentage of the seventeen IPU questionnaires received.

A sample of responses received are illustrated in the following tables.





Some of the comments received are as follows:

Positive Comments

"Excellent facility and staff"

"The staff have been very helpful and friendly, they have listened to what my husband has had to say and also the family. We can't fault the hospice for the care they have given."

"A very high level of care given at all times"

"Thank you for your care, not only for our mother (which has been super but the care of us as a family."

"My husband, son and I are just so grateful for all the help, support and advice I have received in controlling my pain management. I am going home feeling more confident about my pain management. I can't thank you enough."

"The hospice and staff are lovely. Nothing is too much trouble."

"Couldn't have asked for more, staff couldn't of done anymore. They saw to all our family needs. Thank you so so much."

"Cannot recommend enough."

"I think Willen do a grand job and the government should do more to support them at all times. All the staff are great. I would recommend them to all family members and friends."

"You provide world class care; keep up the fantastic work and thank you."

"The care my dad received was amazing, could not fault it in any way. They made him comfortable and peaceful for his last days, coming from the hospital it was such a contrast."

"My dad was treated with respect and dignity, something that he had not received previously and we are very thankful for this."

"The staff have been extremely polite and courteous at all times"

Annual Complaints Summary April 2016- March 2017

Willen Hospice views complaints as part of a transparent and important form of user feedback to enable learning and where needed improve our services.

There were two complaints received for the period April 2016 to March 2017.

Complaint 1 – received on the 23 May 2016 from the wife of a patient who felt let down by the Hospice at Home team during the period of her husband's illness. This was investigated fully by the Director of Nursing & Patient Services and the complainant was invited into attend a meeting. This was arranged but the complainant failed to arrive and a new date was arranged which she also never attended. A full letter of explanation was sent to the complainant on the 17 June 2016 and no response was received.

Complaint 2 – received on the 22 August 2016 by a lady who had received a letter from the Chaplain inviting her to attend the Hospice Memorial Service when her husband had not actually been a patient of the Hospice. The Chaplain wrote a letter to the complainant apologising for any distress that the invitation had caused and offering her the help of the hospice bereavement service if she required any support.

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.

Supporting Statement Milton Keynes CCG

As the co-ordinating commissioning organisation, Milton Keynes Clinical Commissioning Group (CCG) commissions Willen Hospice on behalf of Milton Keynes CCG, Bedfordshire CCG and Nene CCG. We welcome the opportunity to provide this statement for the Willen Hospice Annual Quality Account for 2017/2018.

Willen Hospice has worked with Milton Keynes CCG throughout the year taking an active role within the End of Life Strategy Implementation Group, The Joint Palliative Care Group and the Advance Care Planning (ACP) Working Group. Within the ACP group Willen Hospice has been very active in rolling out the education and training for this programme.

In addition to the Annual Quality Account Milton Keynes CCG is pleased to have received regular and timely quarterly Quality Reports which have provided more detailed qualitative and quantitative information and demonstrated changes and improvements made as a result of any incidents or complaints, which has been positive to see. Milton Keynes CCG can confirm, to the best of our knowledge, that the Quality Account contains accurate and transparent information in relation to the range of services provided and the quality of services that Willen Hospice can provide.

Each year Milton Keynes CCG also carries out a themed Quality Visit and an action plan is developed if required. This allows both organisations to benchmark services in a real time giving assurance that service delivery is safe, effective and caring.

The commissioners also have an open invitation to visit the hospice at any time prompting an open and transparent working partnership.

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.



Willen Hospice

always there to care

Willen Hospice

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