



# Quality Account 2021-2022

**Registered Office:**

Woking Hospice  
Goldsworth Park Centre  
Woking  
Surrey, GU21 3LG

Registered Charities Woking Hospice [1082798] and Sam Beare Hospice [1115439] and Company Limited by Guarantee in England and Wales No: 3955487 [Woking] and 5822985 [Sam Beare].

## Contents Page

<b>Part 1: Chief Executive’s Summary</b>	<b>3</b>
<b>Part 2: Priorities for Improvement and Statements of Assurance</b>	<b>4</b>
2.1 Priorities for Improvement 2022-2023	4
2.2 Quality Account - Achievement of Priorities 2021-2022	7
2.3 Statements of Assurance	10
2.3.1 Review of Services	10
2.3.2 Participation in National Clinical Audits	11
2.3.3 Participation in Local Audits	11
2.3.4 Research	12
2.3.5 Use of the CQUIN Payment Framework	13
2.3.6 Care Quality Commission	13
2.3.7 Data Quality	13
2.3.7.1 Information Governance	14
2.3.7.2 Clinical Coding	14
<b>Part 3: Review of Quality Performance</b>	<b>15</b>
3.1 Quality Overview	15
3.1.1 Service Activity Data	15
3.1.2 Governance Policy Statement	15
3.1.3 Quality Markers	18
3.1.3.1 Compliments from patients and their families	19
3.1.3.2 Clinical Complaints	19
3.1.3.3 Workforce Engagement	20
3.1.3.4 Patient Safety Incidents	21
3.1.3.5 Duty of Candour	24
3.1.3.6 Raising Concerns	24
3.2 Involvement in Quality Account 2021-2022	24
3.3 Statements provided by the Clinical Commissioning Group	25

## Part 1: Chief Executive's Summary

By its very nature, the process of preparing a Quality Account means that we need to look back on what has been achieved in the year that has just gone – and what needs to be tackled in the year ahead. This Account (for 2021-2022) is being written at the end of a two year period in which the global pandemic presented its own unique challenges. Whilst this has undoubtedly delayed progress on some of our plans, it has also enabled us to accelerate others as we have had to find new and innovative ways of meeting the needs of our community.

In recent years (and in common with many other hospices), we have focused on assuring our long term financial sustainability. This has allowed us to continue to play a key role in supporting our partners in the delivery of health and social care across North West Surrey.

In March 2021, we set ourselves four priorities for quality improvement and we have assessed how we have performed against each of these in Section 2.2. The progress that we have made has established a firm foundation for us to build upon as we look to the year ahead.

Our priorities for quality improvement for 2022-2023 are set out in Section 2.1. They have been identified as a result of a clear focus on the following key principles that underpin our Strategy.

- *Increasing collaboration with our partners in the North West Surrey Health and Care Alliance*
- *Introducing new (“SMARTER”) ways of working*
- *Increasing our reach and impact*
- *Investing in our Workforce and increasing our resilience*

We enter the year with a renewed confidence that we can continue to improve the way that we work alongside our colleagues across the North West Surrey Health and Care Alliance to deliver quality care and to extend access to our services.

Finally, I am happy to confirm that, to the best of my knowledge, the information contained in this document is accurate.

**Marian Imrie**  
**Chief Executive Officer**  
**13 May 2022**

## Part 2: Priorities for Improvement and Statements of Assurance

### 2.1 Priorities for Improvement 2022-2023

In October 2021 the Board approved a Strategic Framework document that sets out the direction of travel for the Hospice for the next 18 months. The priorities below have been identified from this framework and will support the delivery of our objectives.

#### Priority 1: Optimising the use of the EMIS Clinical System

##### Description of the priority

In the 2021-22 Quality Account, we set ourselves the priority of implementing the EMIS clinical system into our Community services. Whilst achieving consensus on partnering options proved challenging during the pandemic, implementation is well underway and will be completed during Q2. The priority for 2022-2023 is to build upon this success by ensuring that the benefits of this clinical system (and the potential for further collaboration with our community partners) are fully realised and that overall service delivery is materially improved.

##### How was the priority decided?

As a result of engagement with our Alliance partners in the Integrated Care Partnership (ICP) during 2021–22, it has become increasingly clear that sustainability and resilience within the local healthcare system is dependent upon increased collaboration between providers.

##### How will the priority be achieved?

In June 2021, we commenced working with Central Surrey Health (CSH) on the implementation process. The scope of the initial project has now been extended to include a focus on collaborative working across the local healthcare system and this is being facilitated in conjunction with a CSH Project Manager.

##### How will progress be monitored and reported?

The timetable for monthly project meetings has been extended. Progress against agreed milestones will be reported and monitored at the appropriate meetings as outlined in our Governance Structure.

#### Priority 2: Review of the Hospice at Home Service

##### Description of the priority

A review of our Hospice at Home Service to encourage further integration with the Community Service Team in order to optimise the use of resources and extend our reach.

##### How was the priority decided?

The Hospice at Home Service (formerly known as CoSI) provides end of life care for people in their last 6-8 weeks of life. The service was introduced in 2014 as a pilot and commissioned in 2015 and enables people to remain at home where this is their preferred place of care.

We recognise that there can be duplication in assessment and there is the potential to increase access and capacity through further refinement of the model.

#### How will the priority be achieved?

We will work with the team to review the current model and identify opportunities for improvement and innovation.

We will pilot the agreed model and monitor the impact on patient care, capacity and outcomes.

#### How will progress be monitored and reported?

The project will be led by the Service Lead and reported at the Clinical Quality Group Meeting.

### Priority 3: Development of a Palliative & End of Life Care “hub” for NW Surrey

#### Description of the priority

Following a series of meetings during 2021, the Hospice is now the primary provider of specialist medical services and leads on the specialist palliative care agenda across North West Surrey. Our priority is to now transition the existing model, a Service Level Agreement (SLA) between the Hospice and the Ashford and St Peters Hospitals NHS Trust (ASPH) into a more collaborative one in which resources are allocated on the basis of clinical need rather than in accordance with the terms of an SLA.

#### How was the priority decided?

It has long been acknowledged that providing Specialist Palliative & End of Life (P&EoL) services and resources across sites (with independently recruited and managed) teams is an inefficient use of the scarce resources within those teams. Consultants and senior clinicians are difficult to recruit and, whilst this was the initial driver for the development of the existing SLA, there is now a consensus that closer collaboration can deliver greater efficiency and efficacy.

#### How will the priority be achieved?

A “proof of concept” Paper (*A Collaborative Partnership for Palliative & End of Life Care*) was submitted to ASPH in mid-April 2022. It set out the case for a shared staffing model (for both medical and specialist clinical services) and for the consolidation of all P&EoL patient services at the Hospice.

This Priority will be achieved by a focus on the next steps identified in that Paper, namely:

- To identify the resourcing implications of the proposed Model
- To develop a Business Case for additional funding for the expansion of the Community Nurse Specialist (CNS) and Hospice @ Home teams to work across NWS

To commit resources to develop proposals for the consolidation of all P&EoL patient services at the Hospice

#### How will progress be monitored and reported?

The next steps identified above and in the “proof of concept” Paper will form the basis of a Project Plan which will be agreed between all key stakeholders including the Hospice, ASPH and the Clinical Commissioning Groups. A Steering Group will be established which will review progress at each meeting.

## Priority 4: Investing in our Workforce

### Description of the priority

In our Quality Account for 2020-21, we set ourselves the priority of developing a workforce that was sustainable and fit for the future. This priority was based on integrated working with ASPH to develop innovative ways of working across both sites. Our progress against this is evaluated in section 2.2 below.

The priority for 2022-2023 is to build upon this success by a focus on developing our staff. We will work with them to develop their full potential and, in doing so, to introduce increased resilience into our services.

### How was the priority decided?

The challenges of recruitment and retention that all providers are facing was undoubtedly a trigger for determining this priority as was the sense that it was the right action to be taking if we were to achieve our strategic objective of becoming an “Employer of Choice”.

We recognise that, in the current employment market, it is increasingly difficult to recruit staff who have all the skills and qualifications that are required.

### How will the priority be achieved?

We have appointed a Training & Education Manager to focus on this priority. She has undertaken an organisation wide “Gap Analysis” and we have committed to a significant investment (in both finance and in management time) in a programme of mentoring and formal training (both internal and external) that has included:

#### Clinical:

- Care Certificate for HCA’s
- Programme to transition HCA’s and Associate Practitioners to Nurse Associates
- Associate Clinical Nurse Specialist (ACNS) Programme
- Appointment of Paramedics to ACNS posts
- External training courses (Prescribing / Physical Assessment) for existing CNS’s
- Introduction of CNS’s to support the Medical Staff on the Inpatient Unit (IPU)
- Introduction of Associate Specialists / Specialist Doctors to support the Consultant Team; both these post holders will be encouraged to work towards Consultant status
- Enrolment of trained staff on the European Palliative Care Course

#### Non Clinical

- Funding of NEBOSH (Health & Safety) and Electrician courses
- Funding of CIPD (H.R Management) course

### How will progress be monitored and reported?

The Training & Education Manager works closely with the Director of Clinical Services and the H.R Manager. Progress against the Gap Analysis will be monitored at the Workforce, Training and Education Group each month and will be the subject of a Report to the (Trustee-led) Governance Committee each quarter.

## 2.2 Quality Account - Achievement of Priorities for 2021-2022

In March 2021, we set out four priority areas for quality improvement in 2021/22 and we shared these in our Quality Account for 2020-2021. We have set out our progress in achieving these priorities in the following summary.

<b>Priority 1: Implementation of EMIS Clinical System</b>	
<b>How identified as a priority?</b>	The priority was identified prior to the commencement of the Integrated Community Care Project (2019-2020 priority). It was recognised that an electronic clinical notes system would improve efficiency and coordination of care with our partners.
<b>How priority was to be achieved?</b>	A project plan will be developed for implementation by March 2022.
<b>How progress was to be monitored &amp; reported?</b>	Progress against the project plan will be reported by a Project Team and monitored at the appropriate meetings as outlined in our Governance Structure.
<b>End of year results</b>	<p>The project was delayed in start-up due to discussions with CSH on the implementation model. Taking time to complete an options appraisal has enabled us to work collaboratively with CSH, benefit from their recent implementation and get support from their Digital Team.</p> <p>The first stage of the Project Plan has been completed and the focus is now on optimising the utilisation of this System (see Priority 1 in Section 2.1 above).</p>

<b>Priority 2: Implementation of a New Training and Development Programme</b>	
<b>How identified as a priority?</b>	Given the challenges we face with recruitment and following feedback from our staff, we recognise that improvements in our education and training programme are required in order to develop and retain our staff and to attract new staff.
<b>How priority was to be achieved?</b>	We will conduct a Gap Analysis to inform a structured and sustainable training programme. A project plan will be developed for implementation which will inform the development of a new in-house training programme utilising experience within our teams and linking more widely with external education providers.
<b>How progress was to be monitored &amp; reported?</b>	The results of the Gap Analysis will be shared with our teams. Progress against the project plan will be reported and monitored at the appropriate meetings as outlined in our Governance Structure.
<b>End of year results</b>	<p>An in house training programme was developed and implemented in January 2022 utilising the skills and expertise within our staff groups. Examples of this include:</p> <ul style="list-style-type: none"> <li>• Lunchtime learning sessions held on the Inpatient Unit to include topics such as: assessment of palliative patients, nausea and vomiting, agitation, breathlessness, secretions, communication and nutrition</li> </ul>

<p><b>End of year results (cont'd)</b></p>	<ul style="list-style-type: none"> <li>• Dementia awareness from one of our Community Clinical Nurse Specialists to all staff</li> <li>• Spiritual awareness for all patient facing staff</li> <li>• Sessions by the medical team on palliative care emergencies, palliative care for patients with heart failure and Mental Capacity Act and ReSPECT training</li> </ul> <p>Staff also took part in a wide range of external courses throughout 2021-2022 including:</p> <ul style="list-style-type: none"> <li>• Mental health awareness for managers</li> <li>• Mental health first aid</li> <li>• Moving and Handling</li> <li>• Medical Gases</li> <li>• European Certificate in Palliative Care</li> <li>• Non-Medical Prescribing in End of Life Care</li> <li>• Medicines Management</li> <li>• Physical Assessment</li> <li>• Symptom management for the end of life care</li> </ul> <p>A new Education and Training Manager came into post in January 2022 and met with all Heads of Department/Managers and developed a draft Gap Analysis identifying gaps in training provision, and developed an action plan outlining the priorities for 2022-2023.</p> <p>The Education and Training Manager has joined an Education Leads Group working with Phyllis Tuckwell Hospice and Princess Alice Hospice to share best practice, identify courses and develop more collaborative working.</p>
--	--

<p><b>Priority 3. Development of a new Wellbeing Model</b></p>	
<p><b>How identified as a priority?</b></p>	<p>With increasing demand for Hospice care we identified that there was an opportunity for innovation to provide more individualised care and an enhanced range of services. During the pandemic new resources were added to our website and online services were piloted and learning from this will be incorporated in to the service plans.</p>
<p><b>How priority was to be achieved?</b></p>	<p>New Wellbeing programmes have been developed to support the individualised needs of each patient and their carer.</p> <p>Following the lifting of COVID-19 restrictions we will implement the new Wellbeing Programmes</p>
<p><b>How progress was to be monitored &amp; reported?</b></p>	<p>We will monitor progress against this priority through a number of measures including an increase in activity, patient satisfaction and reports to our Governance Committee and Board.</p>

<b>End of year results</b>	<p>Phased implementation of the new Wellbeing Model was achieved this year. The key features of the model are:</p> <ul style="list-style-type: none"> <li>• Personalised care</li> <li>• Identified goals</li> <li>• Measurement of outcomes</li> <li>• Increased access through time limited programmes and signposting to other services</li> <li>• A wide range of activities</li> </ul> <p>In addition to services provided in the Wellbeing Centre, services were extended to patients and carers on the Inpatient Unit. A home based Complementary Therapy service was also established for patients and their carers unable to attend the Hospice.</p> <p>Complementary Therapy was also offered to all staff.</p> <p>In 2022-2023, the service will aim to increase referral rates with the plan to extend services to 5 days / week in the Wellbeing Centre.</p>
----------------------------	---

<b>Priority 4: The development of a workforce that is sustainable and fit for the future.</b>	
<b>How identified as a priority?</b>	<p>We have been liaising directly with ASPH on a number of initiatives including integrated opportunities for nursing staff. We recognise the challenges both organisations face with recruitment and acknowledge that innovative ways of working are required to support career development.</p> <p>This will in turn provide exposure to palliative care and end of life care experience and will lead to more seamless patient care and a better patient experience.</p>
<b>How priority was to be achieved?</b>	<p>A review of clinical establishment and skill mix will be undertaken to inform our workforce plan. We will work with the ASPH Consultant Palliative and End of Life Care Nurse to develop secondment and rotational opportunities for nursing staff.</p>
<b>How progress was to be monitored &amp; reported?</b>	<p>Schemes for secondment and rotational opportunities to be developed and promoted. Progress against the agreed plan will be reported and monitored at the appropriate meetings as outlined in our Governance Structure.</p>
<b>End of year results</b>	<p>An experienced Palliative Care Nurse was seconded from ASPH who took up her post as Inpatient Unit Manager in July 2021. The Manager has focused on improving existing clinical documentation and competency templates for all staff groups.</p> <p>New Senior Staff Nurse Roles were introduced this year and we successfully recruited 3 nurses into this role.</p>

<b>End of year results (cont'd)</b>	<p>A new rostering tool (currently in use at ASPH) is to be implemented which will facilitate the deployment of Bank staff between ASPH and the Hospice.</p> <p>The focus on attracting candidates into an internal rotation scheme continues. Recruitment of clinical staff remains a significant risk to the organisation and a new priority for 2022-2023 has been set to develop existing staff and consider innovative roles (see Priority 1 in Section 2.1 above).</p>
-------------------------------------	--

## 2.3 Statements of Assurance

At Woking & Sam Beare Hospice, we are committed to the continual improvement of the quality of the services that we provide to our patients and their families. We demonstrate this commitment through a robust approach to our Governance processes and through an open and supportive culture in which our staff can acknowledge mistakes or poor practice and are then supported to improve their performance.

As a continued response to the COVID-19 pandemic the Hospice has implemented relevant UK Health Security Agency (replacement for Public Health England) and Infection Prevention and Control guidance related to the care and management of all patients including suspected and confirmed cases of COVID-19.

We are required to include the following Statements in our Quality Account. Some of these Statements are not directly applicable to providers of Palliative and End of Life care.

### 2.3.1 Review of Services

During 2021 / 2022 Woking & Sam Beare Hospice provided the following services:

- Inpatient Unit (IPU)
- Wellbeing (Reopened July 2021)
- Community Care
- Hospice at Home (formerly known as CoSI)
- 24 Hour Advice and Support Line
- Patient and Family Support (Counselling and Bereavement Services)
- Therapy (Physiotherapy, Occupational Therapy)
- Education and Professional Development
- Medical Consultant led outpatient clinics and domiciliary visits

Woking & Sam Beare Hospice has reviewed all the data available to it on the quality of care of these services.

Woking & Sam Beare Hospice has a contract for services with the Surrey Heartlands CCG (SHCCG). NHS funding contributes approximately 40% of the costs of our clinical operation and just over 30% of our overall costs. The balance is raised through fundraising, retail shops, legacies, investments and the generous support of our communities. In the year the Hospice has also received additional support through the NHS emergency capacity funding grants via Hospice UK and Government grants to support non-essential retail and the Coronavirus Job Retention Scheme.

### 2.3.2 Participation in National Clinical Audits

As a provider of specialist palliative care, Woking & Sam Beare Hospice was not eligible to participate in National Clinical Audits or any of the national confidential enquiries as they did not relate to specialist palliative care. To ensure that we are continually meeting standards and providing a consistently high level of service, however, the Hospice has a quality and audit programme in place.

We took part in the 2021 National Independent FAMCARE Audit for the 10th consecutive year measuring satisfaction with end of life care amongst bereaved relatives of patients cared for at home and in the Hospice.

This audit was undertaken between 1<sup>st</sup> June and 31<sup>st</sup> August 2021 and, as in previous years, the majority of the results were either 'very satisfied' or 'satisfied'. The response rate for Inpatient care was 32.6%, below the national rate of 42.9%. The community response rate was higher this year at 34.5% compared with the national response rate of 31.3%.

### 2.3.3 Participation in Local Audits

An annual clinical audit plan for 2021-2022 was agreed with the Clinical Leads and monitored by the Clinical Quality and Medicines Management Groups. Regular audits continued to focus on Infection Prevention and Control (IPC) and the key incident trends.

Action plans were reviewed and signed off once completed and these were reported to the Governance Committee in the quarterly Governance Report.

Woking & Sam Beare Hospice has Service Level Agreements in place with ASPH for IPC and Pharmacy and external audits were carried out as part of these agreements for the relevant areas.

Examples of local audits undertaken 2021-2022 and key outcomes include:

Audit	Key Outcomes and Improvements
Infection Prevention & Control: Environmental	<p>Feedback from ASPH IPC Consultant Nurse: <i>'The overall audit score achieved is 88% which is a compliant score. Well done to the Hospice for achieving this; it is indicative of good IPC'.</i></p> <p>Recommendations completed:</p> <ul style="list-style-type: none"> <li>• Reminders to clinical staff about IPC control measures</li> <li>• A review of water flushing records and sink requirements in low use areas</li> <li>• Rationalisation of cleaning products</li> <li>• Flooring and shelving change in one store area</li> </ul>
Infection Prevention & Control (IPC) / Handwashing	<ul style="list-style-type: none"> <li>• Regular COVID-19 updates to all staff including use of appropriate PPE</li> <li>• Quarterly Audits</li> <li>• New IPC Link Nurse role</li> <li>• Regular visits by external IPC Nurse</li> </ul>

ReSPECT	<ul style="list-style-type: none"> <li>• Reminders to staff on filing the ReSPECT forms correctly at the front of the notes for easy access</li> <li>• Improved checks on completion of: <ul style="list-style-type: none"> <li>○ A legal welfare proxy after discussion with the patient/ next of kin</li> <li>○ Preferences regarding transfer to hospital in the event of deterioration for further investigations/treatment</li> <li>○ Emergency Contact Details where possible</li> <li>○ A review where there is a pre-existing ReSPECT form</li> </ul> </li> </ul>
Falls	<ul style="list-style-type: none"> <li>• New low profile bed</li> <li>• New assessment / reassessment documentation</li> <li>• Root Cause Analysis (RCA) completed for all falls</li> </ul>
Data Protection	<ul style="list-style-type: none"> <li>• Increased restriction in data access to Hospice at Home files for deceased patients</li> <li>• New deeper files storage for IPU Notes Trolley</li> <li>• New locks to IPU cupboards</li> <li>• Access to Information Governance Policies for long term agency staff</li> </ul>
Antibiotic	<ul style="list-style-type: none"> <li>• Microguide App used by all clinical staff to support antibiotic prescribing. To note antibiotics are not commonly prescribed on IPU</li> <li>• Change to nitrofurantoin stock dose to meet local guidance</li> </ul>
Medication Incidents	<ul style="list-style-type: none"> <li>• RCA template revision and improved completion of RCAs</li> <li>• Change in measuring devices to improve the accuracy of recording</li> <li>• Use of calculator for all liquid volumes</li> <li>• Maximum of 2 members of staff in drug room rule</li> <li>• New competency templates</li> <li>• Additional staff guidance on management of drug round disruptions to reduce the potential for medication errors</li> </ul>
Controlled Drugs Prescribing	<ul style="list-style-type: none"> <li>• Reminders to Medical and Non-medical Prescribers to: <ul style="list-style-type: none"> <li>○ Print name on every prescription, not just signature</li> <li>○ Write clear instructions on when/how to use PRN drugs</li> <li>○ Write micrograms on prescription instead of mcg</li> </ul> </li> </ul>
Controlled Drugs Destruction	<ul style="list-style-type: none"> <li>• Improvements by nurses in entering CDs for destruction to the record book.</li> <li>• A review of the CD Destruction book template</li> </ul>
Controlled Drugs (external)	<ul style="list-style-type: none"> <li>• Quarterly Audit; 100% compliance achieved</li> </ul>

### 2.3.4. Research

Of those patients receiving NHS services provided or subcontracted by Woking & Sam Beare Hospice in 2021-2022, none were recruited to participate in research activity that was approved by a Research Ethics Committee.

There have been no National Research projects in Palliative Care in which our patients have been invited to participate.

### 2.3.5. Use of the CQUIN Payment Framework

The income that Woking & Sam Beare Hospice received in 2021- 2022 was not conditional on achieving quality improvement and innovation goals through the commissioning for quality and innovation (CQUIN) payment framework. The Hospice was not eligible to participate in this scheme as it is a third sector organisation.

### 2.3.6. The Care Quality Commission (CQC)

Woking & Sam Beare Hospice is registered with the Care Quality Commission (CQC) in respect of the following regulated activities:

- Treatment of disease, disorder or injury – this includes care by a multidisciplinary team which includes nursing care
- Diagnostic and screening procedures
- Personal Care (Hospice at Home)

The CQC last inspected the Hospice premises on 3 December 2019 and the Hospice was assessed as compliant across all the domains (Safe, Effective, Caring, Responsive and Well-led) and it was awarded an overall rating of 'Good'. To access a full copy of this report, please visit our website where there is a link to the report from our home page.

In March 2020, the CQC suspended their routine inspection programme in response to Covid-19 and developed an approach of on-site and off-site monitoring. During 2021 / 2022 there were no on-site visits and we received a monthly e-mail noting: *'We have not found evidence that we need to carry out an inspection or reassess our rating at this stage'*

In August 2021, our CQC Inspector provided a virtual learning session to our Clinical Leads and Management Team to discuss her role, to outline the new CQC Strategy and to highlight the changes and new inspection process.

The Hospice is not subject to any special reviews under section 48 of the Health and Social Care Act 2008.

### 2.3.7. Data Quality

Woking & Sam Beare Hospice did not submit data information during 2021 / 2022 for inclusion in the Hospital Episode Statistics as it is not eligible to participate in this scheme.

The Hospice submits data to Hospice UK for benchmarking on a quarterly basis which contribute to an annual report enabling comparison to similar size hospices and the entire sector.

The Hospice UK Clinical Benchmarking toolkit focuses on three core patient safety metrics, namely:

- Falls
- Pressure ulcers
- Medication incidents

The report results are provided as numbers of incidents per 1,000 occupied bed days and are compared against other participating hospices. Woking & Sam Beare Hospice results compare very favourably with those of other hospices across all safety metrics.

#### 2.3.7.1 Information Governance

Information Governance (IG) refers to the way in which organisations process and use information in order to ensure that this is managed in a secure and confidential manner.

The Data Security and Protection Toolkit is an online self-assessment tool that must be completed annually by all organisations that have access to NHS patient data and systems. It enables these organisations to measure their performance against the National Data Guardian's 10 data security standards and to provide assurance that they are carrying out good information governance.

The Hospice reported 100% compliance with a classification of 'Standards Met' at 30 June 2021 and expects to remain fully compliant when reporting in June 2022.

#### 2.3.7.2 Clinical Coding

Woking & Sam Beare Hospice was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2021-2022.

## Part 3: Review of Quality Performance

### 3.1 Quality Overview

#### 3.1.1 Service Activity Data

Woking & Sam Beare Hospice monitors performance of services monthly and provided a quarterly report to the Governance Committee and to the Board.

##### Patient Mortality

All inpatient deaths are reported by our Medical Team to the Medical Examiner's Office at ASPH. All deaths are discussed at Multi-Disciplinary Meetings (MDT's) to identify and discuss any concerns that may require changes to practice or other learning to our teams.

In 2022-2023 we will implement a new co-ordinated approach with the Medical Examiner's Office to improve the mortality review process, identify learning from deaths and any themes where there are opportunities for improvement.

Deaths in our care	2020-2021	2021-2022
IPU	234	215
Community Team	646	542
Hospice at Home	178	127

##### Patient Place of Death

Place of Death	2020-21 (%)	2021-22 (%)
Home (including nursing and care home)	66	61
Hospice	21	22
Hospital	11	15
Other	2	2

The Hospice undertakes a review of all its registered patients who die in hospital in order to assess whether there was any opportunity for the hospital admission to be avoided where this was not the preferred place of death.

#### 3.1.2 Governance Policy Statement

Woking & Sam Beare Hospice assures the overall direction, effectiveness, monitoring and accountability of its operation through the embedding of its Governance system and processes which:

- Deliver continuous improvements through the identification and sharing of best practice
- Encourage an open and honest culture in which staff are encouraged to learn from their mistakes
- Assure compliance with Regulations and Legislation and with its own Memorandum of Association

The Hospice has a Risk Register which is reviewed each month. Risk Assessments and Incidents are reviewed at the Health and Safety Committee and at the Clinical Quality Group each month.

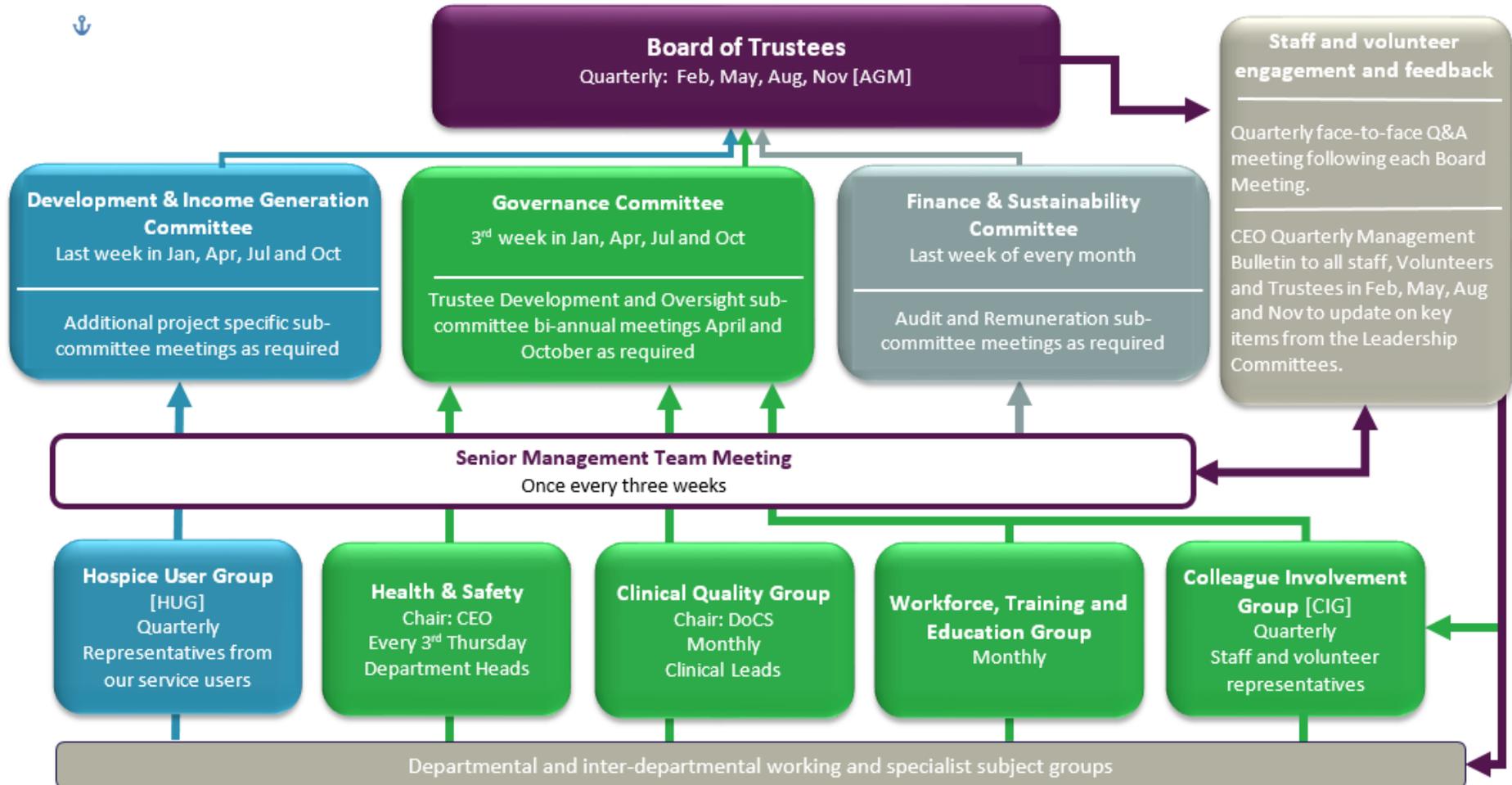
The Hospice appointed a new Medical Director in November 2021. It also has a Lead Consultant. All doctors are appraised on an annual basis and revalidated every five years. All systems and processes are in place to ensure that this happens.

Other key posts are as follows:

Nominated Individual	Chief Executive Officer
Registered Manager	Chief Executive Officer
CD Accountable Officer	Director of Clinical Services
Caldicott Guardian	Director of Clinical Services
Information Governance	IT Manager

The Governance structure is set out overleaf and we have worked hard to ensure that this is robust and that it supports the delivery of safe and effective care based on all available evidence and best practice.

**Governance Structure**



### 3.1.3 Quality Markers

In order to inform the governance process the Hospice monitors its quality performance using recognised tools and national benchmarking data. This enables the Board to look at areas of development over a period of twelve months to monitor progress and identify actions for any areas of concern.

The Hospice uses a variety of methods to gather patient experience feedback that we can use to inform ongoing service improvements. Examples of this include:

- Patient surveys
- Complaints and concerns
- Informal feedback from patients, families and carers
- Our website
- Patient stories
- Compliments

The Hospice has reconvened its User Group to provide a forum for patients and carers to influence where appropriate our service improvements.

### 3.1.3.1 Compliments from patients and their families

#### A sample of comments given and recorded in 2021/ 22

*I cannot fault the care provided for my Dad during his 3 week stay until his death. The staff were fantastic, regardless of their role. Doctors and nurses were so accessible, helpful and kind. I am hugely thankful to the hospice for providing a safe place where my Dad was treated with dignity and respect and kept pain free for his final weeks.*

*There isn't any aspect of the hospice whereby the staff, doctors, maintenance or the facilities provided could have done a better job. I had the opportunity to meet a great team of people all working towards the same goal, firstly making my mother feel as well and comfortable as possible and secondly making me always feel cared for emotionally and physically.*

*We would like to thank you for the wonderful care you have given dad over the last week or so. It's a huge comfort to us that xx final days were so calm and comfortable and we as a family have had the chance to spend some precious time with him.*

*Please accept our heartfelt thanks for your help and that of your colleagues during his final days. You made it possible for him to remain at home with us his family and not enough words can express our thanks and gratitude to you.  
You truly are amazing.*

*Overall the service was more like 'Excellent' rather than very good. All care and support staff demonstrated absolute empathy for my mum, sister and myself and the care for Dad was exemplary. Thank you so much, our appreciation is beyond words xxx*

*The ladies were very skilled and professional and gave excellent care and support. The whole experience was explained throughout and they were easy to understand. Their care was exemplary and they had great empathy with the patient and the family members. Nothing was too much trouble and we are very grateful for easing us through this difficult time.*

*My husband loved the Friday group, we made lots of friends and it gave me the help needed. I have met some wonderful people. What is great is we see each other outside the hospice. That would never of happened if it wasn't for Friday Wellbeing. The treatment and meeting people on a Friday is great and I look forward to it. I think the Wellbeing is so helpful.*

*Helped me immensely to understand my grief and it was 'normal' the way I was feeling. I will always have up and down days but they are few and far between and great to speak to someone outside of the family. Thank you so much.*

### 3.1.3.2 Clinical Complaints

All complaints received by the Hospice are taken seriously, fully investigated and processed in a timely manner in accordance with its Complaints Procedure. The Hospice continuously assesses how it can use feedback to improve quality and for service development in an open and transparent way.

This year we received 7 formal complaints relating to clinical services:

<b>Complaint</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>
Number of clinical complaints	2	4	7
Investigations completed:			
Complaint upheld	1	2	3
Partially upheld	1	1	3
Not upheld	0	1	1
Service involved:			
IPU	2	2	2
Community Care	0	1	5
24/7 Helpline	0	1	0

A review of the complaints identified the following themes:

- Communication within and between agencies
- Management of patient and carer expectations
- Pain management
- Timely provision of anticipatory medications

Learning has been shared with the Teams involved and at the Clinical Quality Meeting with all Clinical Leads. Additional training in the following areas will be implemented:

- Advanced communication
- Anticipatory medication
- Pain management

In addition, a complaint received in 2020-2021 was referred to the Ombudsman. This complaint was related to community care across a number of organisations. Following a full investigation and an independent review of the care provided by the Community Team, it was concluded that the overall management of the patient was entirely appropriate. The complaint was not upheld.

### **3.1.3.3 Workforce Engagement**

Woking & Sam Beare Hospice is committed to the support and development of its staff and it recognises the importance of every individual regardless of their role. It values its Workforce (both staff and Volunteers) and is committed to its development.

Our values and behaviours have been developed by our Workforce and are at the centre of what we do. We recognise the degree to which colleagues feel engaged with the Vision and purpose of the organisation is likely to impact on the overall success of the Hospice and, ultimately, upon the quality of the care, support and experience of our patients and their families.

A staff survey will be undertaken in May 2022.

The “Staff Involvement Group” (SIG) was relaunched in November 2021. It has now been renamed the “Colleague Involvement Group” (CIG) in order to recognise and include volunteer representation in accordance with the objectives set out in our Strategic Framework.

The Group provides a forum where staff and volunteers can focus on the future direction of, and the challenges faced by, the organisation.

### **3.1.3.4 Patient Safety Incidents**

Woking & Sam Beare Hospice is committed to developing a culture of openness, candour, learning and improvement. It is constantly striving to reduce avoidable harm.

We continue to use an online incident reporting system (Sentinel) to report incidents and clinical events of concern to ensure there is appropriate investigation, action planning and learning. All incidents and trends are reviewed and action plans agreed at Clinical Quality, Medicines Management and Health and Safety Group meetings.

We investigate and report all serious incidents to establish their root cause and contributory factors to identify actions and learning to reduce, where possible, the likelihood of reoccurrence.

The data contained within our Dashboard is presented to the Governance Committee and to the Board each quarter. In 2021/ 2022:

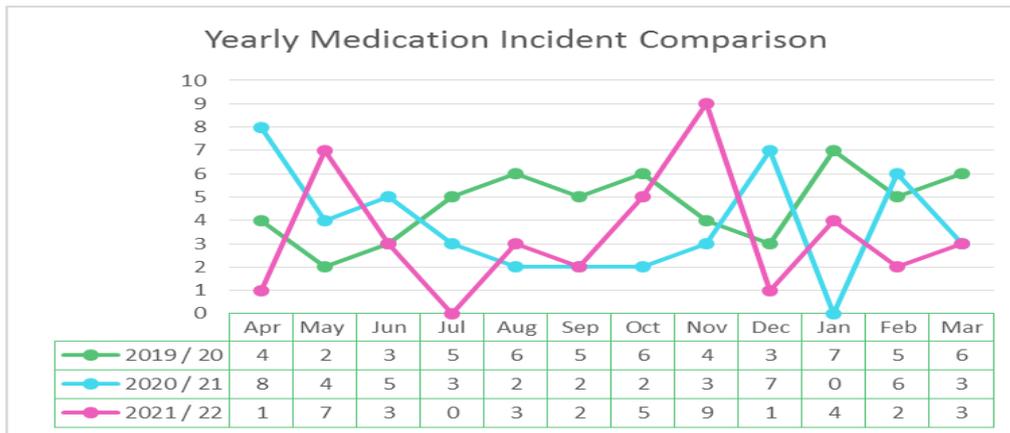
- **Serious Incidents:**
  - 3 serious incidents (1 complaint, 1 unexpected death, 1 fall causing injury and admission to hospital) were recorded in the reporting year. All incidents have been reported to SHCCG, the CQC and, in the case of the unexpected death, to the Police and Coroner. Full internal investigations have been completed and the subsequent reports will be reviewed by the SHCCG Serious Incident Review Panel.
  
- **Infection Prevention and Control:**
  - There were no cases of acquired Clostridium difficile or MRSA in the Hospice
  - There were 2 COVID-19 outbreaks, November 2021 and January 2022. These were reported to the appropriate agencies and an action plan was put in place. In each case, the Hospice was required to close to inpatient admissions for a period of 7 days.

The key trends identified from the reported incidents were medication incidents, falls and pressure ulcers.

### Medication Incidents:

There has been an overall reduction in medication incidents this year. The key themes were incorrect Controlled Drug counts and patients not given their medication.

Root Cause Analysis (RCA) is completed for all incidents. An Improvement Plan was updated and monitored by the Medicines Management Group. Further amendments have been made to the Root Cause Analysis template and improvements in reporting have been noted.

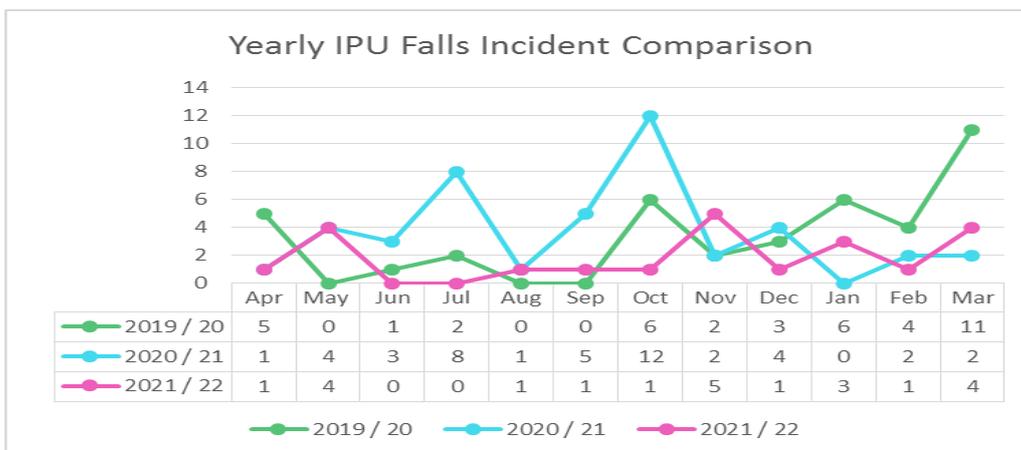


### Falls:

Most of our patients are at high risk of falls due to a number of factors including clinical condition and the medication prescribed. All patients are cared for in single rooms.

Falls risk assessments are completed for all patients and appropriate care plans and equipment are put in place. In 2021-2022 we had a reduction in falls. A Root Cause Analysis is completed for all patient falls.

In addition, a 4 month review of patient falls was undertaken for the period October 2021- January 2022.



### Pressure Ulcers:

All patients admitted to the Hospice are assessed for existing pressure ulcers and their risk of skin damage to ensure appropriate preventative measures are put in place.

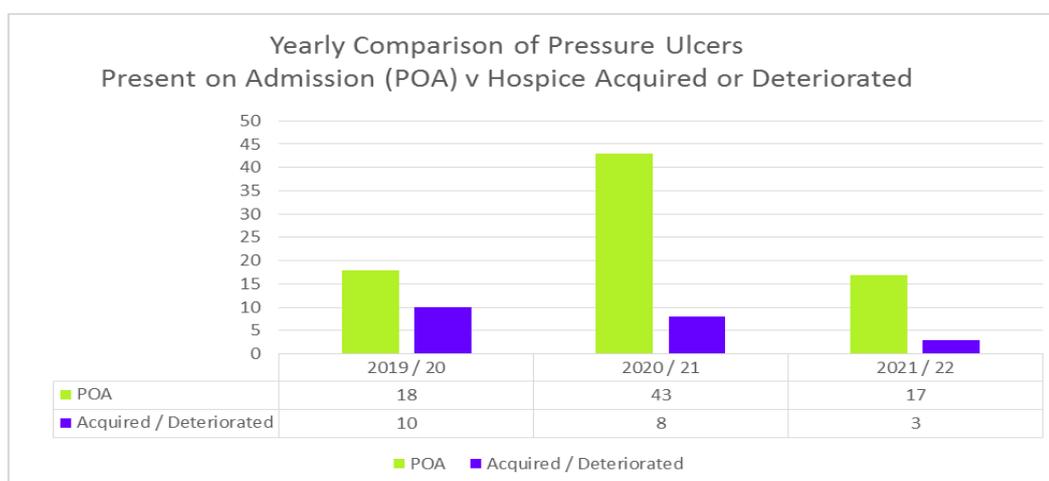
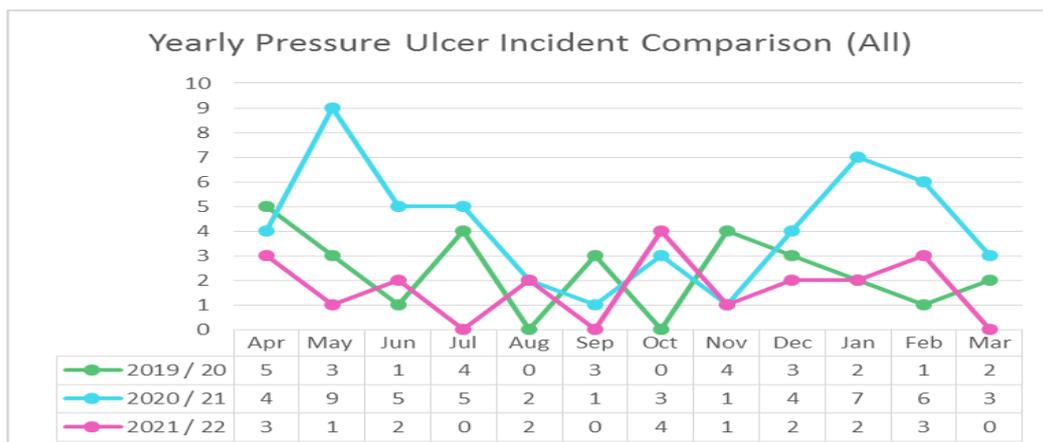
In 2021-2022 we recorded fewer IPU pressure ulcer incidents than the two previous years.

RCA is carried out for any hospice acquired or deteriorating pressure ulcers

Managing skin integrity and wounds within a palliative care environment can often be challenging. Many patients who are admitted can experience deterioration due to progression of their condition.

Our aim is to stabilise existing pressure ulcers, prevent new pressure ulcers (where possible) and manage any symptoms to improve patient comfort, wellbeing and quality of life.

The majority of pressure ulcers reported are non-hospice acquired but all incidents are reported to ensure that appropriate care plans are in place.



### **3.1.3.5 Duty of Candour**

The Duty of Candour is a legal duty to be open and honest with patients and their families when mistakes in care have led to significant harm. It applies to all health and social care organisations registered with the Care Quality Commission.

Our Duty of Candour Policy provides guidance to healthcare staff about the principles of being open and duty of candour, and sets out the processes to be followed to support openness with patients and their families following a safety incident.

### **3.1.3.6 Raising Concerns**

Woking & Sam Beare Hospice encourages an open and transparent culture. There is a Raising Concerns Policy in place and, to support this further, “Freedom to Speak Up” posters are displayed throughout the Hospice. Information has been provided on the ways in which staff can speak up confidentially if they have a concern which is of public interest or if they believe that their concern is not being taken seriously or dealt with effectively by their Line Manager or other appropriate person.

## **3.2 Involvement in Quality Account 2021-22**

The following individuals and Groups have been involved in preparing the Quality Account 2021-22.

Senior Post holders:

- Chairman
- Chief Executive Officer
- Director of Clinical Services
- Medical Director
- Lead Palliative Care Consultant
- Education and Training Manager

Groups:

- Board of Trustees
- Management Team
- Governance Sub Committee
- Clinical Quality Group
- Quality Assurance Team

### **3.3 Statements provided by the Clinical Commissioning Group**

#### **Woking & Sam Beare Hospice and Wellbeing Care Quality Account 2021/22**

#### **Commissioner Statement from NHS Surrey Heartlands Clinical Commissioning Group on behalf of North West Surrey Integrated Care Partnership (ICP)**

Surrey Heartlands Clinical Commissioning Group (CCG), on behalf of North West Surrey ICP, welcomes the opportunity to comment on the Woking and Sam Beare Hospice and Wellbeing Care Quality Account 2021/22.

The CCG has reviewed the Quality Account for 2021/22 and is satisfied that it gives an overall account and feedback of the quality of services the hospice has provided. The programmes of work and Hospice projects undertaken to improve quality of care for patients, during a national Covid-19 pandemic are to be congratulated and it is good to see the hospice now getting back to its business as usual functions, including service reviews and developments such as more integrated working supporting a 'hub' model.

We would also like to recognise the continued efforts that the Hospice and its staff made to local system partnership working and to caring for patients, staff, and visitors throughout the challenges of the Covid-19 pandemic.

The CCG would like to note and commend the areas of achievement in 2021/22, in particular the work in relation to:

- Implementation of the EMIS Clinical system – this will greatly improve care integration
- Implementation of the Wellbeing model for patients including identifying goals and measuring outcomes

The priorities for the year ahead 2022/23 will support the hospice to further improve quality of care and integration with the NWS Alliance, and we look forward to reviewing improvements in the quality and safety of services provided by the Hospice, in particular the work relating to the:

- Development of a palliative and End of Life care 'hub' for North West Surrey
- Optimising use of the EMIS system to facilitate partnership working across the NWS Alliance.

Surrey Heartlands CCG believes that Woking and Sam Beare Hospice continues to maintain to emphasis on improving quality of care and we look forward to supporting further partnership working with the Hospice to enable them to continue to innovate and deliver high quality services.

**Clare Stone**  
**ICS Director of Multi-Professional Leadership**

**24<sup>th</sup> May 2022**