



Quality Account

2022-2023

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].

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Part 1: Chief Executive's Summary

Welcome to the Quality Account for Woking & Sam Beare Hospice and Wellbeing Care for 2022-2023. 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.

Our Quality Account has been prepared by our clinicians who lead on the clinical risk, patient experience and clinical effectiveness workstreams that make up our clinical governance framework. It has been approved by the Governance Committee and will be ratified by the Board of Trustees.

These teams have worked together to refine the strategic objectives that will determine the basis of our Agenda for the year ahead. Key to this is the ambition to assure our relevance and long-term sustainability through closer collaboration with our healthcare partners across North West Surrey.

One of the priorities that we set ourselves for 2022-2023 was the development of a Palliative & End of Life Care “hub” for North West Surrey in collaboration with our partners. We recognised that, by the sharing of key scarce resources, we could extend access to services and achieve greater efficiencies. As we enter a new year, we remain confident that we can translate this ambition into changes in processes that will deliver real and tangible benefits to our local healthcare economy.

Finally, I would like to take this opportunity to shine a light on the support that we receive from the community that we serve as, without this, we simply could not provide the services that we do. As we celebrated the 25th Anniversary of Woking Hospice during 2022, we took time to express our heartfelt thanks to those who have worked so tirelessly to assure our future.

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

Marian Imrie
Chief Executive Officer
20 May 2023

Part 2: Priorities for Improvement and Statements of Assurance

2.1 Priorities for Improvement 2023-2024

Our Strategic Framework document that sets out the direction of travel for the Hospice for the period ending 31st March 2023 has been reviewed and updated. The revised Strategic Framework document sets out our objectives until March 2025. 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

The priority for 2023-2024 is to build upon the success of implementing the EMIS clinical system into our Community services in May 2023. We will ensure that the benefits of this clinical system and the improved communication with our community partners are fully realised and that overall service delivery is materially improved.

How was the priority decided?

As a result of the revised timeline for the implementation of the EMIS clinical system into our community services, we have not had the opportunity to optimise its use. Given the significant transformational change and investment, it is important to ensure the benefits are fully realised.

How will the priority be achieved?

Ongoing training will be delivered to Hospice staff with the support of Central Surrey Health (CSH) who assisted with the implementation of the EMIS clinical system.

A service contract will be agreed with CSH in order to further develop, improve and maximise the configuration and core functionality of the EMIS clinical system as we build our understanding of its capability.

Data sharing agreements with our community partners who are using EMIS will be put in place.

How will progress be monitored and reported?

Optimisation of the use of EMIS will result in improved data quality, reporting and analysis. Progress will be reported and monitored at the appropriate meetings each month as outlined in our Governance Structure.

Priority 2: Patient Safety

Description of the priority

In line with the new NHS England Patient Safety Strategy we will prepare and transition to the new Patient Safety Incident Reporting Framework (PSIRF) and implement the new processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

How was the priority decided?

The PSIRF replaces the Serious Incident Framework (SIF) (2015) and all healthcare services that are funded or part funded by the NHS will be required to implement the new Framework. The Hospice services are commissioned by Surrey Heartlands Integrated Care System (ICS).

We recognise this as an ideal opportunity to further develop the work that we have been doing on managing our clinical incidents and to align with the objectives of the Patient Safety Strategy.

How will the priority be achieved?

We will work closely with the Surrey Heartlands ICS Quality Care Team and join its Patient Safety Specialist (PSS) Network for collaborative support and to share learning and best practice.

We will review our patient safety incident profile and develop a Hospice plan that forms part of a patient safety incident response policy.

How will progress be monitored and reported?

Patient Safety is a standard agenda item at our monthly Clinical Quality and Medicine Management meetings where progress against the development and implementation of the plan will be monitored. This will be the subject of a report to the (Trustee-led) Governance Committee each quarter.

Priority 3: To develop and implement a medicines management improvement plan

Description of the priority

All clinical incidents are reviewed at the monthly Clinical Quality Meeting. There has been a small increase (and discernible upward trend) in incidents albeit with no harm to the patient.

This will now be a key area for focus and improvement and will be overseen by the Medicines Management Group which is multidisciplinary including a clinical pharmacist. The aim of this focus will support reduction of risk around prescribing and administration of medicines.

How was the priority decided?

The Hospice has a robust system for reviewing and learning from all clinical incidents. As a trend of medication incidents has been identified, a detailed themed review will be undertaken.

How will the priority be achieved?

We will undertake a detailed analysis of all medication incidents, root cause analyses and action plans over a 12-month period.

Based on our findings, we will develop and implement a medicines management improvement plan.

How will progress be monitored and reported?

This will be reported and monitored at the appropriate meetings as outlined in our Governance Structure.

Priority 4: To improve our corporate and departmental induction processes

Description of the priority

Induction is an opportunity for an organisation to welcome new starters, help them settle in and ensure they have the knowledge and support they need to perform their role.

We recognise that an employee's first impressions of an organisation will have a significant impact on their integration within the team and job satisfaction.

An innovative approach to corporate induction will be planned and introduced. In addition, improvements to the current departmental checklists will be made to ensure key elements are completed within an appropriate timescale.

How was the priority decided?

As the Hospice has a relatively low number of new starters each month, it is often impractical to offer a face to face corporate induction programme in a timely manner.

In addition, feedback from new starters has identified areas for improvement in both corporate and departmental induction.

How will the priority be achieved?

We will develop and implement an innovative online corporate induction that all new staff will access on the first day of employment.

An improved departmental induction checklist will be developed and implemented. This will set out the timeline for completion of key elements of this within the probation period.

How will progress be monitored and reported?

The implementation and subsequent completion of both programmes will be reported and monitored at the appropriate meetings as outlined in our Governance Structure.

2.2 Quality Account - Achievement of Priorities for 2022-2023

In March 2022, we set out four priority areas for quality improvement in 2022-2023 and we shared these in our Quality Account for 2021-2022. We have set out our progress in achieving these priorities in the following summary.

Priority 1: Optimising the use of the EMIS Clinical System	
How identified as a priority?	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 priority was to 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 progress was to be monitored & 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.
End of year results	The expected timetable for EMIS implementation was deferred. A considerable amount of progress was, however, made to set the foundations for project delivery in 2023. The priority to optimise the use of the EMIS clinical system has therefore been brought forward to 2023-2024.

Priority 2: Review of the Hospice at Home Service	
How identified as a priority?	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 priority was to 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 progress was to be monitored & reported?	The project will be led by the Service Lead and reported at the Clinical Quality Group Meeting.

End of year results	<p>We reviewed the model and identified the following:</p> <ul style="list-style-type: none"> ➤ Areas of duplication in assessment with our community team nurses. ➤ Registered nurses (RNs) were undertaking some health care assistant tasks ➤ The Community and Hospice at Home Teams were working independently <p>Recommendations were made to improve the clinical pathway and integrate the Hospice at Home and Community Teams.</p> <p>We engaged with the teams to develop and implement a new pathway, single assessment process and integrated service.</p> <p>The agreed model has been piloted and enables a streamlined and more efficient service with no reduction in service quality as evidenced by service outcome measures.</p>
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Priority 3. Development of a Palliative & End of Life Care “hub” for NW Surrey	
How identified as a priority?	<p>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.</p> <p>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.</p>
How priority was to be achieved?	<p>A “proof of concept” Paper (A Collaborative Partnership for Palliative & End of Life Care) was submitted to Ashford & St Peters Hospitals (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.</p> <p>This Priority will be achieved by a focus on the next steps identified in that Paper, namely:</p> <ul style="list-style-type: none"> ➤ 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 NW Surrey <p>To commit resources to develop proposals for the consolidation of all P&EoL patient services at the Hospice.</p>

<p>How progress was to be monitored & reported?</p>	<p>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.</p>
<p>End of year results</p>	<p>Hospice Doctors are working across sites; the Service Level Agreement between the Hospice and ASPH is in place until end of June 2023.</p> <p>The resourcing implications of the proposed Model have been identified; a Business Case has been developed.</p> <p>Discussions around the consolidation of all P&EoL patient services have been held throughout the year. It has not yet been possible, however, to agree a Project Plan with key stakeholders. As a consequence, the proposed changes in the traditional operating model have not been delivered.</p>

<p>Priority 4: Investing in our Workforce</p>	
<p>How identified as a priority?</p>	<p>The challenges of recruitment and retention that all providers are facing were 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”.</p> <p>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.</p>
<p>How priority was to be achieved?</p>	<p>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:</p> <p>Clinical:</p> <ul style="list-style-type: none"> ➤ 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)

	<ul style="list-style-type: none"> ➤ 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 <p>Non-Clinical</p> <ul style="list-style-type: none"> ➤ Funding of NEBOSH (Health & Safety) and Electrician courses ➤ Funding of CIPD (H.R Management) course
<p>How progress was to be monitored & reported?</p>	<p>The Training & Education Manager works closely with the Director of Clinical Services and the H.R Manager.</p> <p>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.</p>
<p>End of year results</p>	<p>We achieved our priority to deliver a new education and training programme that enabled our clinical and non-clinical staff to access training (both internal and external) throughout the year.</p> <p>We reintroduced face to face training for elements of our mandatory training that had moved online due to Covid-19 restrictions.</p> <p>We jointly commissioned (in conjunction with Phyllis Tuckwell Hospice) a 6 month Liberating Leadership Course and shared training facilities to deliver this as a collaborative training opportunity which was highly evaluated. This culminated in a shared learning day. We will repeat this course again in 2023.</p> <p>In March this year, we launched our new Clinical Education programme which offers fortnightly specialist palliative care teaching sessions.</p> <p>The full rolling programme will benefit from contributions from our Medical, Therapy, Wellbeing, Nursing and Counselling Teams and external providers.</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.

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 2022-2023 Woking & Sam Beare Hospice provided the following services:

- Inpatient Unit (IPU)
- Wellbeing
- Community Care
- Hospice at Home
- 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 Integrated Care System (SHICS). NHS funding contributes approximately 35% 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.

2.3.2 External Service Contracts

Woking and Sam Beare Hospice has a contract in place with ASPH for the following support services:

- Pharmacy: purchasing, supply, dispensing, clinical pharmacist service and audit
- Pathology: haematology, biochemistry, microbiology, histology and cytology
- Infection Prevention and Control (IPC): 24/7 advice, compliance with national standards, (i.e. Health and Social Care Act 2008: code of practice on the prevention and control of infections), audit (including monitoring against the National Standards of Healthcare Cleanliness 2021) and training oversight. In 2022-2023 the Hospice implemented the National IPC Manual as part of its IPC Policy.
- Occupational Health: employment screening, staff referrals, health surveillance and immunisations.

2.3.3 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 the Hospice has a quality and audit programme in place.

We took part in the 2022 National Independent FAMCARE Audit for the 11th 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 1st June and 31st August 2022 and, as in previous years, the majority of the results were either 'very satisfied' or 'satisfied'. The response rate for Inpatient care was 40.5% slightly below the national rate of 44.7%. The community response rate was higher this year at 51.2% compared with the national response rate of 30.9%.

2.3.4 Participation in Local Audits

An annual clinical audit plan for 2022-2023 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 2022-2023 and key outcomes include:

Audit	Key Improvements
Infection Prevention & Control: Environmental	<p>Feedback from ASPH IPC Consultant Nurse:</p> <p><i>The final score is 95% ("fully compliant") and reflects the excellent standards I observed on both of the days that I visited. Please feedback to all staff who should be very proud of the high standards that they demonstrate while at work.</i></p> <p>Recommendations:</p> <ul style="list-style-type: none"> • New signs above all handwash sinks • Single use toiletry products for patient use • New toy cleaning schedule • Minor change to medicines fridge monitoring form
Infection Prevention & Control	<ul style="list-style-type: none"> • Quarterly Audits completed • Evidence of widespread good practice in relation to handwashing and IPC. • New IPC Champion / Completion of Fundamentals in IPC Programme • Regular visits by external IPC Nurse

Audit	Key Improvements
	<ul style="list-style-type: none"> • Covid-19 staff updates in response to changes in national and local guidance
Antimicrobial	<ul style="list-style-type: none"> • Continued use of the Microguide App • Improved prescribing rationale • Prescribers recording duration of antimicrobials on drug chart and in medical record
Polypharmacy and deprescribing	<ul style="list-style-type: none"> • More frequent discussions between pharmacist and doctor to identify medications of limited benefit • Prescribers to avoid duplication of agents with identical mechanism of action
Medicine Incident Review	<ul style="list-style-type: none"> • Root cause analysis (RCA) is completed for all medication incidents • Action plans developed for reducing interruptions to drug rounds / drug preparation in medication room • Staff reflections and additional supervision / training completed
Controlled Drugs	<ul style="list-style-type: none"> • Quarterly external audit; 100% compliance achieved
Controlled Drugs Destruction	<ul style="list-style-type: none"> • New CD Destruction template agreed • CD destruction process reminders to IPU RNs
Recommended Summary Plan for Emergency Care and Treatment (ReSPECT)	<ul style="list-style-type: none"> • New training planned for nurses and junior doctors • Increased consultant review of ReSPECT documentation during ward rounds
Documentation	<ul style="list-style-type: none"> • Training implemented on IPU based on issues identified during audit. Re-audit planned for 2023-2024. • Review of care plans to be undertaken • Review of risk assessment booklet to be completed
Falls Incident Review	<ul style="list-style-type: none"> • Changes in mental capacity to trigger a review of the falls risk assessment • Regular reminders to patients to request assistance by using the call bell system • New slipper socks for all patients in multiple sizes to be provided • New chair sensor mats • Effective use of high/low bed

2.3.5 Research

Of those patients receiving NHS services provided or subcontracted by Woking & Sam Beare Hospice in 2022-2023, 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.

2.3.6 Use of the CQUIN Payment Framework

The income that Woking & Sam Beare Hospice received in 2022-2023 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.

2.3.7 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.

During 2022-2023 there were no on-site visits and we received a monthly e-mail confirming that there had been no evidence identifying a need for inspection or to reassess the rating.

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

We have kept up to date with the new single assessment framework approach being implemented by CQC, attending events and webinars in preparation for their roll out in 2023-2024.

2.3.8 Data Quality

Woking & Sam Beare Hospice did not submit data information during 2022-2023 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.

2.3.8.1 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' as at 30 June 2022 and expects to remain fully compliant when reporting in June 2023.

2.3.8.2 Clinical Coding

Woking & Sam Beare Hospice was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2022-2023.

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 outcomes for our teams.

Deaths in our care	2020-2021	2021-2022	2022-23
IPU	234	215	233
Community Team	646	542	482
Hospice at Home	178	127	119

Patient Place of Death

Place of Death	2020-2021 (%)	2021-2022 (%)	2022-2023 (%)
Home (including nursing and care home)	66	61	52
Hospice	21	22	29
Hospital	11	15	17
Other	2	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.

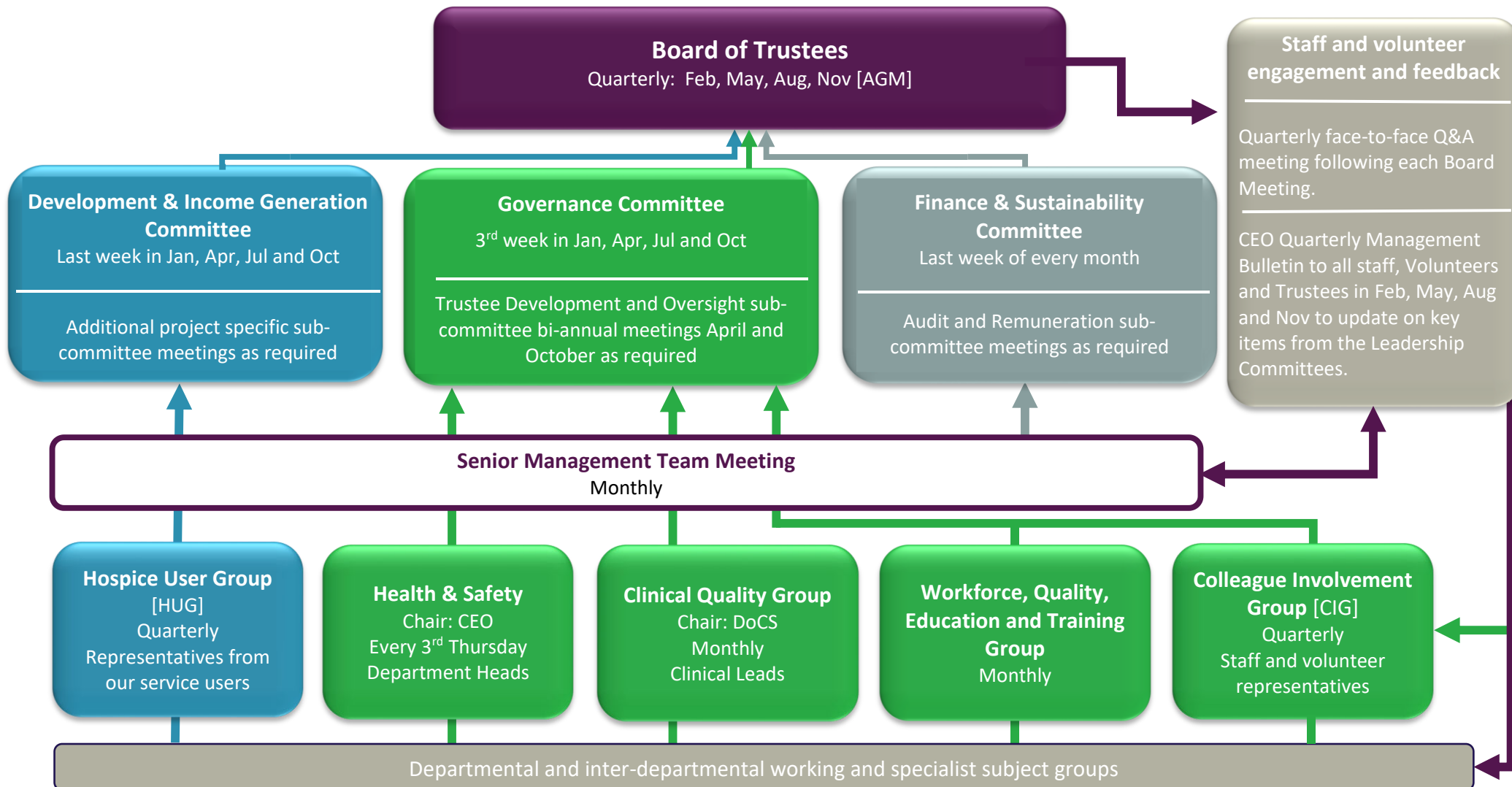
The Hospice has a Responsible Officer contract with ASPH and its Medical Director, Dr David Fluck, fulfills this role. The Hospice has a Medical Director and a Lead Consultant. All doctors are appraised on an annual basis and revalidated every five years. All systems and processes are in place to ensure that this happens as part of the ASPH contract and this is monitored by the Hospice.

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 a User Group to provide a forum for patients and carers to influence where appropriate our service improvements. At the most recent meeting, the Group was asked to carry out a review of the information available on our website. The feedback was shared with our Marketing Team.

3.1.3.1 Compliments from patients and their families

We invite and encourage patients, carers and families to provide feedback on our services to identify areas for improvement.

A sample of comments given and recorded in 2022-2023

All the staff helped make such a sad experience more bearable. You created a friendly calm space where we could be with our family in the final moment with the support when we needed. It made the last precious time of my Father's life a sad but peaceful memory for which we will be forever grateful.

I am extremely impressed and very grateful for the exceptional treatment given by all staff at Woking Hospice.

Everyone was always kind, supportive, attentive and carried out their individual roles superbly. Woking Hospice is a wonderful facility that was always clean and tidy. Thank you to everyone for all of your help.

My mum is being very well cared for and with great dignity and respect, as were all the family and visitors. The staff from all departments are lovely and can't do enough for everyone even though they are busy themselves they make time to ensure everyone is doing ok. Fantastic Hospice with fantastic staff and volunteers. Thank you so much for your kindness and care.

Death and a hospice are abstract things to us all as we trundle through life, busy with all the joys and sorrows it throws at us. Then, out of the blue, it all becomes very real, and we find we are gently lifted and carried through the dark days that come with a terminal illness.

Your beacon of light, pragmatism and honesty guided our little family's steps, and somehow it became easier. That is a gift that you have and that you brought to us, a gift of such unparalleled benefit that there are no words adequate to describe what it was for us to be the recipients.

The seemingly impossible became possible. Somehow we were not alone anymore. So, this letter is from us to say thank you to all of you. Two little words, but they say it all

I am a new service user. It is a slightly daunting prospect coming to a hospice but the welcome I received and continue to receive is fantastic. I look forward to coming each week and even if I am feeling rubbish, I know I will feel better having been here.

To the lovely community carers and the Hospice at Home team. We would like to thank you all for the dedicated, kind, and passionate care you gave to my wife in the last five weeks of her life. She really enjoyed your company and the time you spent pampering her, she particularly loved the professional hand massages which she found so relaxing - it certainly brightened her day up. You were all so very understanding, considerate and patient with her and we thank you for your hard work.

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 three formal complaints relating to clinical services:

Complaint	2020-2021	2021-2022	2022-2023
Number of clinical complaints	4	7	3
Investigations completed:			
Complaint upheld	2	3	0
Partially upheld	1	3	2
Not upheld	1	1	1
Service involved:			
IPU	2	2	1
Community Care	1	5	2
24/7 Helpline	1	0	0

The two complaints that we received about our community services shared the same theme. This was noted to be related to the families not being fully aware of the services provided by the Hospice.

The identified theme has been shared with the Team involved and the Clinical Quality Leads. To prevent a reoccurrence, the scope of service provision is set out at the first assessment and this is recorded in the clinical notes.

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 that 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 was completed by 130 colleagues across all departments (clinical, non-clinical and retail) between 23 May and 24 June 2022. This represents a response rate of 51%.

The survey was carried out by a 3rd party organisation on behalf of the Hospice who compared the responses with the "All Hospices 2022 benchmark" and our 2019 survey.

There was an increase in 'agree' and 'strongly agree' responses in 14 questions compared to the 'All Hospices' benchmark and 16 questions compared with our 2019 survey. There were some extremely positive aspects from the 2022 survey including:

1. **Camaraderie** - 95% of staff enjoy working with the people at the Hospice. Staff find their colleagues friendly, helpful, supportive, professional and dedicated.
2. **Quality of care** - 89% of staff would be happy to recommend the hospice if a friend or relative needed care; this was slightly below the *All Hospices* benchmark average of 94%.
3. **Commitment** - 97% of staff believe in the aims of the charity and 100% are proud to work here. 89% plan to be working for Woking and Sam Beare Hospices in a year's time.
4. **Work satisfaction** - 97% of staff enjoy their work. They find their work rewarding and get job satisfaction from helping people in difficult situations on a daily basis.
5. **Line management** - 85% of staff think that their line manager is a good person to work for, which is on a par with the *All Hospices* benchmark of 79%. A particular strength in this area is that staff say they are clear about what is expected of them in their roles. 93% agree that this is the case.

The areas that rated below the *All Hospices* benchmark included communication between departments, support for staff wellbeing, access to employee benefits, environmental impact and Trustee engagement.

The following actions to address these areas has been set out below:

Focus Area	Action
Communication between departments	<ul style="list-style-type: none"> ➤ Development of new staff intranet ➤ Introduction of staff rotation opportunities ➤ Development of platform for staff and volunteer integration
Employee Benefits	<ul style="list-style-type: none"> ➤ Introduction of Employee Assistance Programme (EAP) including counselling ➤ Matching Agenda for Change pay & conditions for all patient facing staff ➤ Reintroduction of staff and volunteer Long Service Awards
Staff Wellbeing	<ul style="list-style-type: none"> ➤ Complementary therapy programme ➤ Re-launch of Schwartz rounds
Environmental Impact	<ul style="list-style-type: none"> ➤ Development of an Environmental Strategy
Communication with Trustees	<ul style="list-style-type: none"> ➤ Trustees invited to attend staff & volunteer Long Service Awards

In March 2023, we relaunched Schwartz Rounds. These provide a structured forum where all staff, clinical and non-clinical, come together to discuss the emotional and social aspects of their work. Evidence shows that staff who attend Schwartz Rounds feel less stressed and isolated and benefit from increased insight and appreciation for each other's roles.

The Round was met with enthusiasm with a total of fifty-four people attending from different departments across the Hospice. Three employees spoke of their own personal experiences relating to the theme of 'Making a Difference' and their honesty and vulnerability was inspiring.

Feedback was extremely positive and Schwartz Rounds will now be a regular feature of staff development and support.

All clinical staff have access to one to one and group Clinical Supervision as a form of reflective practice. This is provided by an external supervisor.

The "Colleague Involvement Group" (CIG) continued to meet bi-monthly this year providing a forum where staff and volunteers can focus on the future direction of, and the challenges faced by, the organisation. As a result of these meetings the following changes / improvements were delivered:

- Reinstating Staff and Volunteer Long Service Awards
- Bereavement Bags for loved ones collecting belongings
- New outside cover above the side entrance for patient arrivals
- Increase in petrol paid in expenses to be more in line with the high fuel prices
- Staff & Volunteer communication including a newsletter.
- Café area, seating and prices including staff discounts and "meal deals"

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 report and investigate all 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 2022-2023:

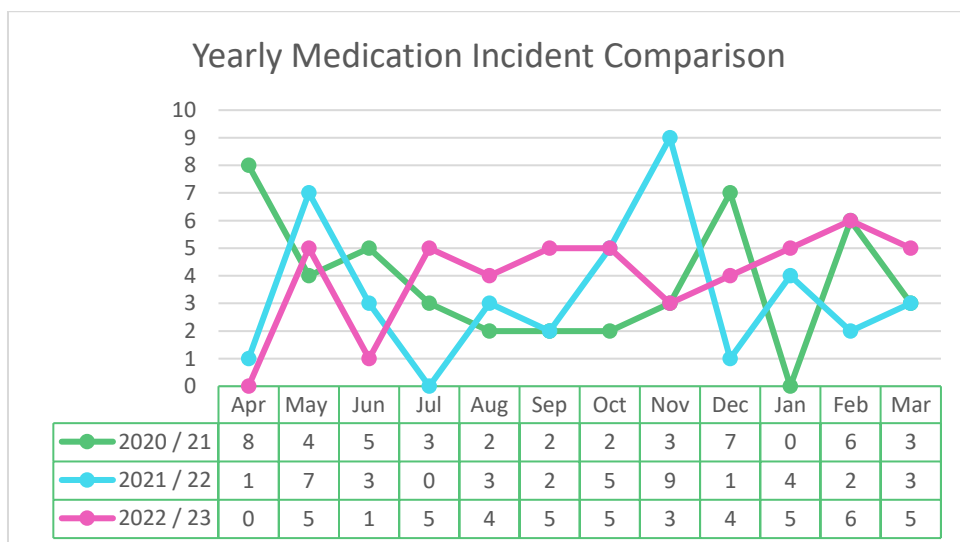
- No serious incidents were recorded in the reporting year
- There were no cases of acquired Clostridium difficile or MRSA in the Hospice
- There were no Covid-19 outbreaks. Covid-19 measures remained in place in line with the national and local guidance.
- The key trends identified from the reported incidents were medication incidents, falls and pressure ulcers.

Medication Incidents:

There has been a small increase in medication incidents this year. No patient harm was recorded as a result of the incidents and the majority were near miss incidents. The increase in events has informed our decision to prioritise improvement in medicines management in 2023-2024.

The key themes were errors in controlled drug counts and prescribing issues that were identified by our inpatient and community teams.

Root Cause Analysis (RCA) is completed for all incidents and reviewed at the monthly Medicines Management Meeting. A regular review of RCAs to inform our improvement plan is carried out and is monitored by this Group.

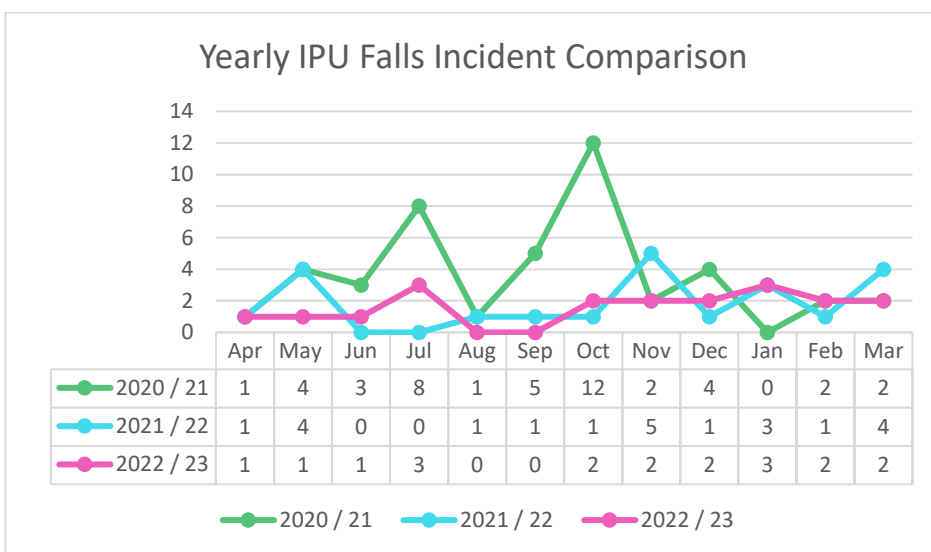


Falls:

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 with significant benefits for privacy and dignity, This does, however, reduce visibility which has been mitigated by more frequent monitoring of patients.

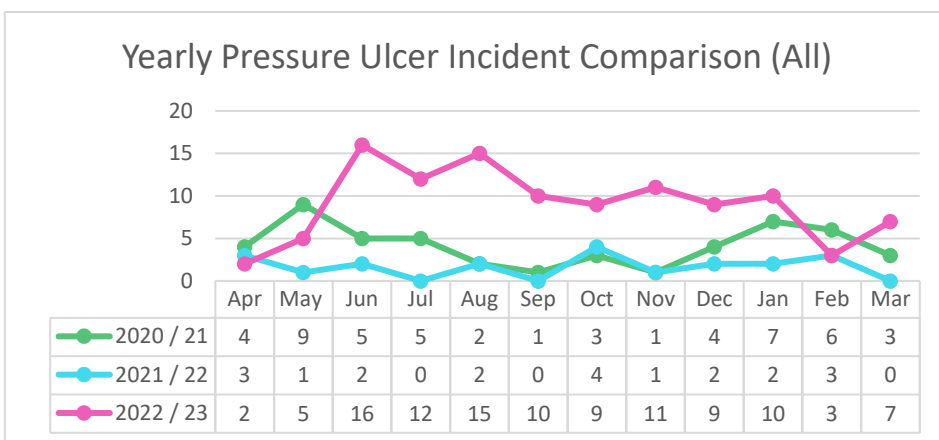
Falls risk assessments are completed for all patients and appropriate care plans and equipment are put in place. In 2022-2023 we had a small reduction in falls. A Root Cause Analysis is completed for all patient falls. All falls were recorded as no harm or low harm.

In addition, a 4-month review of patient falls was undertaken for the period 01/07/2022 – 31/01/2023. The two main contributing factors for falls were noted to be patient non-concordance with requesting assistance to mobilise and patients prescribed opioid medication.



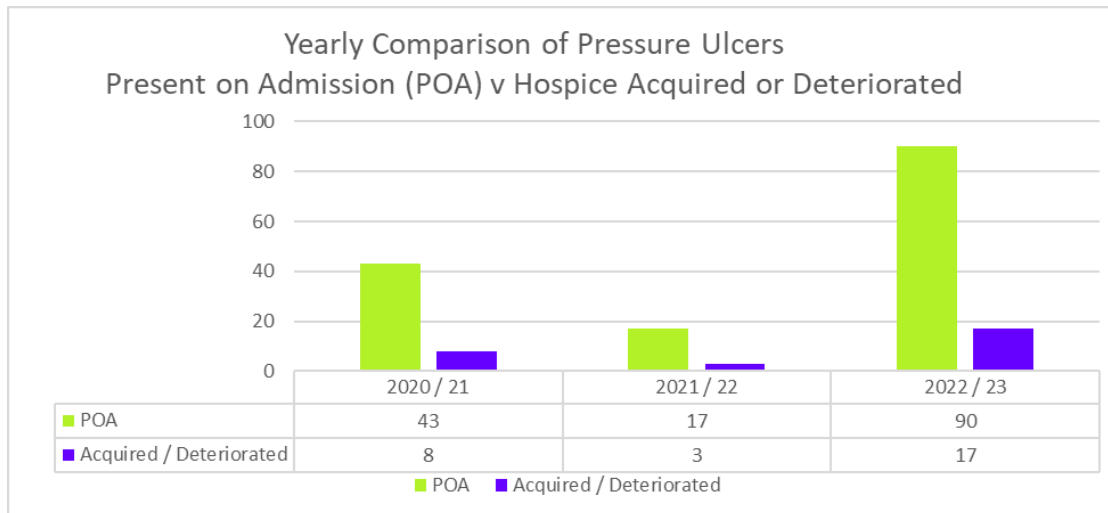
Pressure Ulcers:

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.



RCA is carried out for any hospice acquired or deteriorating pressure ulcers to ensure timely assessment and reassessment is carried out and care is planned, implemented and reviewed appropriately.

In 2022-2023, we recorded a significantly higher number of patients who were admitted from home or another healthcare facility with existing 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.

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 CQC.

Our Duty of Candour Policy provides guidance to healthcare staff about the principles of being open and duty of candour. It 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 the Quality Account 2022-2023

The following individuals and Groups have been involved in preparing the Quality Account 2022-2023.

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 Statement provided by the Integrated Care Board

Woking and Sam Beare Hospice and Wellbeing Care Quality Account 2022/23

Commissioner Statement from NHS Surrey Heartlands Integrated Care Board

Surrey Heartlands Integrated Care Board (ICB) welcomes the opportunity to comment on the Woking and Sam Beare Hospice and Wellbeing Care Quality Account 2022/23.

The ICB has reviewed the Quality Account for 2022/23 and it demonstrates an overall account and feedback of the quality of services the hospice has provided. We would also like to recognise the continued efforts that the Hospice, via its staff and volunteers, makes to improve integration and local system partnership working for the benefit of palliative care patients in Northwest Surrey.

The ICB would like to note and commend the areas of achievement in 2022/23, in particular the work in relation to:

- Review of the Hospice at Home (COSI) service which has resulted in improvements in the clinical pathway and improved integration with Community Teams
- Launch of the new Clinical Education programme which offers fortnightly specialist palliative care teaching sessions for staff to improve their specialist knowledge in this field.

The priorities for the year ahead 2023/24 will support the Hospice to further improve quality of care and integration with local neighbourhoods and we look forward to reviewing developments in the quality and safety of services provided by the Hospice, in particular work relating to the:

- Further realisation of the benefits of the EMIS clinical system to improve communication with its community partners.
- Development of the implementation of Patient Safety Incident Reporting Framework (PSIRF) at the hospice working with system partners

Surrey Heartlands ICB is pleased to recognize that Woking and Sam Beare Hospice continues to focus on improving quality of care to patients and families and we look forward to supporting further partnership working with the Hospice to facilitate them to deliver high quality services.

Clare Stone
ICS Director of Multi-Professional Leadership and Chief Nursing Officer

2nd June 2023