



Quality Account

2019/20



Compassion



Ambition



Respect



Excellence



Registered charity number 270194



Willen Hospice
always there to care



Welcome to Willen Hospice Quality Account 2019/20

Page No	Contents
3	Chief Executive's Statement
5	Section 1 - Priorities for Improvement 2019/20
6	Section 2 - Review of Priorities for 2018/19
9	Section 3 - Other Quality Improvements
12	Section 4 - Statutory Information and Statement of Assurances from the Board
14	Section 5 - Quality Overview and what others say about us

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Chief Executive's Statement - 2019/20

I am delighted to introduce the new Quality Account report for 2019/20 for Willen Hospice. The report gives us and opportunity to reflect on our many quality achievements, and key successes over the year. It also enables us to identify areas where we need to focus attention on the agreed quality priorities for the coming year 2020/21.

The Hospice has continued in its aim to provide safe, effective and personalised care to our patients, their families and loved ones. The high quality of care our staff deliver is driven by an organisational culture that embraces the Hospice values Compassion, Ambition, Respect and Trust all of which are embedded in the appraisal system for staff.

Working with our partners across the MK health and social care system we strive to integrate our care and improve outcomes for local people. The focus we place on improving quality will continue to ensure that we are able to deliver improvements across organisational boundaries.

In line with national and locally identified areas of improvements to quality the Hospice Council of Management have agreed three new priorities:

Determine a Method of Evaluation of service user feedback

Utilising themed approaches linked to the Hospice values we plan to review all aspects of care and support using variable methods of collection. In this way we will be able to improve practice and support in the best interests of our patients.

Achieve 90% of current investigation targets in Vantage

Vantage, our electronic incident management system, has supported us to better understand and capture incidents and improve our learning from them. In order for learning to be in real time we have established targets for initial and final investigation times in order that we can disseminate information and learning to inform practice.

Increase patient occupancy by 10% without increasing length of stay

We aim to increase average occupancy and keep length of stay to less than 12 days. We will do this through a series of initiatives including nurse led admissions, non-medical prescribing and a revised skill mix.

These priorities have been agreed with staff teams, stakeholders and trustees and have been formalised as part of our strategic plan, objectives and KPIs.

Achievements in 19/20

- **Personalised Outcome Framework**

We have undertaken a baseline assessment and have begun the process of implementing the personalisation toolkit and developing training and support for staff.

- **Programme of integrated interventions across Therapeutic and Wellbeing Service**

During the year we have re-modelled the entire service creating a modular programme of interventions to support people holistically in every area of their lives. We are currently revising the programme to meet COVID-19 legislation.

- **Deliver a Compliance Structure**

We have created a structure to better manage compliance across the organisation including data capture through Vantage, learning tracker, data security and protection measures and activity monitoring. We have also embedded our Integrated Governance structures to better understand and manage risk across the organisation.

- **Differentiate our service offering to support a non-cancer case load**

The community team have developed nursing roles with special interests to support this workload. We are also working with MKUH to engage with consultants around the delivery of additional community support to enhance our offering.

- **Develop Leadership and Core Competencies**

We have developed both sets of competencies, which are now assessed as part of the appraisal process.

- **Develop and run a Management and Leadership Development Programme**

In partnership with Shoosmith's Solicitors we developed and ran a management programme with the expressed outcome of improving people's confidence and competence in managing staff and workload. It has been evaluated well and met its KPI of improving confidence. The leadership development programme was developed with the Open University and was attended by the whole of the Senior Management and Strategic Delivery Group. It focused specifically on leading collaboratively in the voluntary sector.

- **Delivering the Information Management & Technology (IM&T) Road-Map**

We have made significant strides this year with our IM&T partner Silverbug. We have achieved all the milestones in the road map and have been able to support the organisation to remain agile and delivering service and care throughout the COVID-19 crisis.

I am proud of our achievements and the dedication hard work and commitment of our staff and volunteers. Much has been achieved to benefit and improve patient care and outcomes.

On the basis of the process that the Hospice has put in place for the production of this Quality Account, I can confirm that to the best of my knowledge the information contained within this document is accurate.

Best wishes,



Peta Wilkinson, Chief Executive

October 2020

Section 1: Priorities

The key performance indicators identified for 2019/20 have been identified by the Senior Management Team and are set out below.

Priorities for Improvement 2019/20

1 - Determine a method of evaluation for service user feedback

How will this be achieved?

Service user feedback has always been a useful component for quality improvement within the organisation and has collated this data part of the NHS quality schedule for the Clinical Commissioning Group.

The team at Willen is eager to develop a new way of collating this data that is fit for purpose. The team are keen to link the Hospice Values to the feedback. The data extracted would be meaningful to all areas of the Hospice and useful to improve care provision.

2 - Achieve a 90% of current investigation targets in the e-incident report system (Vantage)

How will this be achieved?

Since the introduction of the e-incident reporting system (Vantage), all incidents are investigated by a member of the team. There are two stages of investigation initial and final. The organisation has set itself an objective to meet targets within a specific timeframe.

We will continue to monitor this timeframe throughout the year and audit the investigation process.

3 - Increase the patient occupancy by 10% in In-Patient Unit (IPU) without increasing the length of stay

How will this be achieved?

Patients are admitted to the Inpatient Unit for complex care needs requiring input from the multi-disciplinary team. Our aim to increase the occupancy on the IPU by supporting more patients who require specialist care provision. The team will, in partnership with the patient and family, provide efficient care without increasing their time within the IPU. If we increase patient occupancy, we can offer an efficient palliative care service to as many people within our communities.

Section 2: Review of priorities for 2018/19

Priority 1 - Deliver a personalised outcome framework

How was this achieved?

Personalisation of care is important to the team at Willen Hospice, as we strongly believe that patients have choice and control over the way their care is planned and delivered. We acknowledge that it is based on 'what matters' to the individual and addresses their strengths and needs.

The team undertook a baseline audit of the organisation during 2019 and found that the organisational practices do not fully meet the standards for personalised care. This will be an ongoing project for the organisation, as we will be required to provide education to both clinical and non-clinical staff, and the clinical teams will have to undertake baseline audits to identify the areas to focus on.

The clinical teams however do understand the importance of meeting patients care needs and value the need to individualise care to suit the requirements of each person under their care. This continues to be a key performance indicator for the Hospice.

Priority 2 - Create an integrated set of services and interventions across Therapeutic and Wellbeing Services

How was this achieved?

Work is well underway in the redesign of our Therapeutic and Wellbeing services. In November 2019, the Associate Director (AD) for Therapeutic and Wellbeing (T&W) presented the service overview and gained the approval for the redesign vision and plan from the Willen Council of Management (COM). With COM approval, affected staff were presented with the strategic vision, new organisation structure and job descriptions; consequently a staff consultation process began in late November and this was completed at the end of December 2019.

In December 2019, the AD for T&W and our CEO completed staff briefings to share the wider organisational strategic plan including the developments in T&W service; this was extended to volunteers in January 2020. Additionally, two workshops were completed in January 2020 to begin the process of understanding next steps in mobilising a new holistic needs assessment approach across the clinical areas and the development of the personalised programme. Staff are in the process of transitioning to the new structure, with new staff recruited and roles out to advert.

Tim Williams from the Cranfield Trust who has been a great asset to the project has supported the AD for T&W in the development of this project.

Priority 3 - Develop and deliver a compliance structure and framework

How was this achieved?

Previously, the Hospice process for collating data was fragmented and inaccurate. The incident report system was scattered in various areas of the Hospice. By creating a quality and compliance department there is a single central department held responsible for developing a framework for complaints, policy management and data collation which ultimately has improved the reporting process to committees.

The Hospice is proud that we have managed to implement a compliance structure to capture data through an electronic incident data management system. We invested in the programme – Vantage – and introduced it to the team in October 2019.

Since its introduction, we have been able to collate accurate data of incidents, and see trends in our reporting system and practices. The system allows us to identify themes which we can examine in depth and learn from to improve our care delivery and practice.

We have successfully achieved this priority.

Priority 4 - Differentiate our service offering to meet the needs of people with life-limiting illness other than cancer

How was this achieved?

The Willen at Home team restructured over a year ago, and one of their key priorities was to identify 'champions' for non-cancer diagnosis. The team have successfully within the confines of their caseload, have now identified clinical nurse specialists who have an interest in the following conditions: dementia, respiratory, neurological and frailty.

A functioning working group within the Hospice has been developed to examine the care needs required for dementia patients at the end of life. The dementia lead nurse for the organisation has successfully completed a dementia course at the University of Northampton. In addition to this, she regularly attends the Health Education England Thames Valley (Dementia and End of Life Care) meetings. The information gained from these meeting is disseminated internally with staff.

Team members have attended educational days on their relevant subject and attend the multi-disciplinary team meetings to gain insight into the management of these conditions.

We are pleased that we have achieved this priority and will continue to develop in the future.

Priority 5 - Implement leadership and core competencies

How was this achieved?

During 2018, in collaboration with 75% of our colleagues, Willen Hospice developed a set of 'Core' and 'Leadership' Competencies. The core competencies describe the behaviours and skills we expect all our colleagues to display in order to deliver their roles in line with our Values. Six further management/leadership competencies have also been prepared to describe the additional expectations of this population.

Having launched the Values, the next priority was to further develop Management and Leadership competencies in those who manage the teams, ensuring they were clear on expectations of the organisation and had the knowledge and skills to deliver.

A Management Development Programme (MDP) was developed in conjunction with external specialists with each of the modules focussed around key competencies and this was offered to c 30 members of the Willen Team. At the outset, self-assessed 'confidence' questionnaires were completed and overall, the cohort reported a 67% confidence level against the competencies.

At the end of the 9-month programme, the overall confidence score had increased to 81%, representing an excellent improvement, certainly in terms of knowledge. Areas for further development focussed around holding challenging conversations, particularly around poor performance and behaviour, and we will continue to support people through coaching to gain confidence in this area.

Additionally, 12 members of senior management have completed a Leadership in the Voluntary Sector programme through the Open University. This 13-module programme has challenged the concept of leadership, describing it as a practice, not invested in one person, and encouraging a more collaborative approach to the challenges that face the voluntary sector.

Our annual appraisal process requires those in management roles to be assessed against the agreed leadership competencies and thus chart how performance has improved following the investment in learning.

Priority 6 - Implement the revised appraisal process

How was this achieved?

Following the embedding of the organisational Values and Competencies, the annual appraisal process has moved away from assessing colleagues against the list of tasks on a Job Description, to appraising performance in role against organisational Values, Core/Leadership Competencies and Business Objectives.

Input regarding the way appraisals should operate moving forward has been sought from all team members and alternative solutions researched, both in terms of methodology and content.

The organisation is keen to move away from annual appraisal meetings and implement more continuous assessment, using a combination of 1:1 meetings and quarterly 'check-ins' to help provide more consistent support and feedback during the year.

Building the appraisal process into the new HR Database, PERCI, to completely alleviate the need for paper and enable easier identification of training needs is also anticipated. However, the cost of procuring the 'performance management module' is prohibitive, so internal development of PERCI is necessary. Although initial steps have been taken to define needs of the system, the onset of Covid-19 has slowed this project and the initial target date for completion, November 2020, is at risk.

Section 3: Other Quality Improvements 2019/20

Patient Satisfaction Feedback

Feedback continues to be high on the Hospice agenda and the clinical teams have obtained feedback throughout the year. During the year, 353 patient survey were sent out and 236 were received for all departments. The return rate was 69%. This is an area we will continue to review and improve upon.

We have addressed the areas that require improvement.

An example of comments are provided below:

Physiotherapy

"I found muscles I'd forgotten I had"

"Gentle therapy than can be done anywhere"

WAH

"Every time I needed to get hold of the team I got through or had a call back"

"Would have been better if the referral was earlier"

IPU

"Dad was unable to eat but would have liked the food choices"

"The staff have aimed to fulfil my personal preferences well"

Wellbeing

"Well run. Happy Bunch"

"I did not feel comfortable sharing my feelings in a group"

"What a fab place. Volunteers great. Kind staff"

Lymphoedema

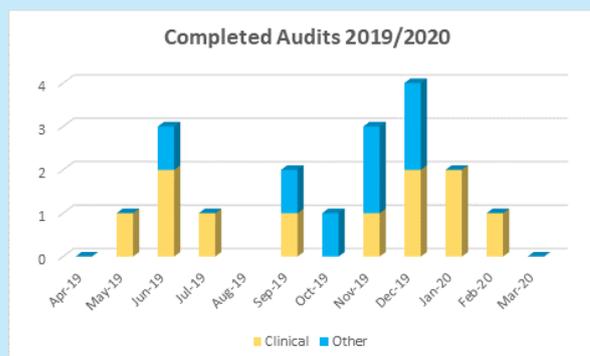
"It's the first time a health professional has listened to me in 2 years"

"Staff were very knowledgeable & professional, reassuring me & putting me at ease. Thank you"

Audit Activity

Throughout the year, the clinical and non-clinical teams have undertaken various audit that explore our practices in relation to our policies and procedures.

In total, the team have undertaken 11 clinical audits and 7 non-clinical audits.



GDPR compliance/ Data Protection	<p>In 2019/20 we built on the previous year's significant progress towards Data Protection compliance. We established the Data Protection 'architecture' to bring together all essential elements, including our Records of Processing Activity, Database Compliance progress and Data Breach Register. Management and Trustees are updated regularly on Data Protection matters.</p> <p>Our ability to respond to any personal data breaches was enhanced in October 2019 when we introduced an electronic incident reporting system, Vantage. This system gathers information in a systematic manner and ensures incident reports are immediately presented to managers for investigation. The system records actions taken to resolve issues and to prevent them from happening again. In 2019/20 we had no reportable personal data breaches.</p>
CQC preparation	<p>The CQC relationship owner met with the staff in 2019 and provided information sessions to demystify the CQC inspection. This was an excellent opportunity to allay staffs anxieties, as they were able to answer question about the process.</p> <p>In addition to this, the Associate Directors (Inpatient/Community and Quality) and an external Hospice Clinical Director undertook an internal 'mock' inspection with staff, which demonstrated that staff understand the process but occasionally found it difficult to express their responses to reflect their good practice.</p> <p>The external Clinical Director met with staff from various disciplines and volunteers to explore the Key Lines of Enquiry (KLOE). Staff were proud of the organisation and spoke highly about the Hospice Values, acknowledging the importance to model them in our behaviours. The ability to communicate with managers was evident in the feedback, and valued the organisations ability to be open and transparent.</p> <p>The 'mock' inspection has proven to be a useful exercise to identify areas of knowledge that could improve prior to the next CQC inspection. The Registered Manager has since highlighted the 'KLOE's and provided an outline of their importance. This is an ongoing process for the organisation as we work towards an inspection this year.</p>
CHKS	<p>The Hospice agreed to continue with an application for the quality initiative accreditation. The Senior Management Team met with the client manager in 2019 to discuss plans for the inspection to be held in 2020. Throughout the year, the team have actively contributed to gathering evidence to support their practices.</p>
Education to develop competent staff	<p>The Education Team have continued to work collaboratively with the managers to provide education for the clinical teams to achieve clinical 'end of life care' competencies.</p> <p>In addition, the creation of other competencies such as Single Nurse Administration of Drugs (SNAD), Continuous Subcutaneous Infusion (CSCI) and Verification of Death (VOD) has enabled staff to demonstrate their skills and knowledge to provide best practice in the clinical environments.</p>

<p>Education to develop competent staff (continued)</p>	<p>By amending previous e-learning training to inter-professional face-to-face sessions has proven to be successful as it has increased communication through meaningful discussions and staffs ability to share learning in a comprehensive way.</p> <p>The Practice Development Team has been proactive in developing and delivering education via 'TEAMS', which has been well received and staff have embraced this new mode of learning. The practice development nurse (PDN) role has proven to be a valuable role, as we have been able to combine theory to practice, by enabling the nurse to work with the clinical areas to achieve competency-based practice.</p> <p>Going forward this is a role we will seek to expand in the future.</p>
<p>Service User Meeting Revision</p>	<p>The Hospice created a service user strategy to drive the service user group forward to involve them in decision making to develop the Hospice services.</p> <p>We have collaborated with organisations that work with service users who represent our under-represented groups; Adults with a Learning Disability - McIntyre, Homelessness - Salvation Army, faith groups - Hindu Temple.</p> <p>The group now has much clearer goals for its work plan including; personalisation, community engagement, and feedback in addition to reviewing patient documentation.</p>

Integrated Governance and Information Technology

The Senior Management Team and Trustees have now embedded the new structure for Integrated Governance (IG). The IG framework combines the high-level risk management and performance management framework. The process is clear, fit for purpose and embodies the IG framework, without duplication. It also enables the Hospice to monitor and deliver its strategic objectives. This is a great improvement and achievement from a quality and safety perspective.

The Hospice transferred its IT support requirements to Silverbug a Managed Service Provider with 17+ years' experience, delivering business-shaped technology solutions at the end of 2018.

Working with Silverbug, the Hospice launched its successful IM&T Roadmap implementation plan in February 2019, which has ably supported the work of the Hospice in these extraordinary times. New and improved networking, improved security through offsite servers utilising cloud based technology, enhanced Wi-Fi, better mobile technology all supported by a capable IT resource has enabled the Hospice to connect and communicate successfully during the COVID-19 pandemic. Support staff have been able to work remotely and our clinical teams have continued to deliver with the help of IT our full range of services with minimal disruption.

The IM&T Forum receive monthly performance reports from Silverbug, which demonstrate SLA compliance at circa 95%.

The Hospice working in conjunction with Silverbug is now planning phase 2 of the IM&T Roadmap, which will seek to interface systems, support our Go paperlight initiative, facilitate a new website with SharePoint integration and review security upgrading as necessary.

Section 4: Statutory Information and Statement of Assurances from the Board

Statutory Information

Willen Hospice is a company limited by guarantee (Company No. 1231909) and a registered charity (Charity No. 270194), governed by its Memorandum and Articles of Association. Willen Hospice submits an Annual Return to the Charity Commission and files its Audited Accounts at Companies House.

Income generated from the contracting of services to the NHS in 2019-20 represented 19.4% of total income, 100% of this has been spent by Willen Hospice in providing those NHS services.

The remaining 80.6% required to provide our services is funded through a combination of Voluntary income, Events and Fundraising, Lottery and Retail from the communities we serve.

Willen Hospice actively engages in constructive dialogue with all our commissioners about quality of care, models of care, sustainability of services and added value of service provision. Increasingly our services are being used to support more complex cases, and support hospital avoidance or early discharge.

It is difficult to predict the full financial implication of the outbreak of Covid-19. The pandemic has placed a huge strain on our ability to generate income and like other Hospices we have had to review and adapt all areas of income generation to safeguard the long term future of the Hospice.

As a Hospice, we rely greatly on the generosity of the local community to help us raise the additional £5.5 million we need to ensure we are always there to provide our vital services to patients and their loved ones.

Review of Services 2019/20

During 2019/20, Willen Hospice continued to provide the following services:

- Inpatient
- Community Services – Willen at Home
- Lymphoedema
- Education, Learning and Development internally and externally

In addition, we have reviewed rebranded the Wellbeing and Therapeutic Service as explained in Priority 2. Services provided now include:

- Psychological Wellbeing Services
- Spiritual Care to encompasses community engagement
- Complementary Therapies
- Social Care & Supportive Care
- Physiotherapy
- Cancer Care in the Community
- And a revamped 'Living Well' Service

What others say about us:

Care Quality Commission (CQC)

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

The Hospice current registration is for the following activities:

- Treatment of disease, disorder or injury

The Hospice is subject to periodic reviews by the CQC, although we did not experience an unannounced inspection during 2019/20.

In their last inspection in March 2015, the CQC found that the Hospice had an overall rating of **GOOD**.

Ratings	Outcome
Is the service safe?	Good
Is the service caring?	Good
Is the service well-led?	Good
Is the service effective?	Good
Is the service responsive?	Good

The Registered Manager for the Hospice works in collaboration with the CQC relationship officer and we are fully aware that an inspection is due in 2020.

Section 5 - Quality overview

Review of Quality performance

Willen Hospice remains committed to continuous quality improvement.

As a team, we ensure quality is maintained by undertaking the following the quality initiatives:

- Comprehensive Audit Schedule and audit activity
- Service User feedback
- Complaints review
- Evidence provision to the MKCCG via the NHS Quality Standard measure & CQUIN that form part of the community contract.
- Preparation for CHKS accreditation
- Key Performance Indicators
- Review of our Services for equitable care provision
- Monitoring incidents and collating data

Annual Complaints Summary April 2019 - March 2020

Formal written complaints received	3
Verbal complaints	6

We have undertaken an audit to ensure we respond within the expected specific timeframe and utilise the risk assessment for each complaint.

The outcome of the audit indicated that the risk assessment requires improvement therefore we have taken the decision to add the complaints process to the e-incident reporting system (VANTAGE).

We have reviewed the complaints policy and procedure to reflect the audit outcomes. We provided the CCG with a detailed outline of the complaints received, our actions, feedback and lessons learnt. The main reoccurring theme from complaints remains communication. Training provision and delivery will continue in 2020 to address this in more detail.

The Board of Trustees' commitment to Quality

The Board of Trustees of Willen Hospice is fully committed to prioritising the quality of patient and family care. All Trustees participate and take the opportunity to familiarise themselves first hand with the workings of the Hospice and to hear the views of patients, families, staff and volunteers.

The organisation has a robust Quality Assurance framework with Trustees taking an active role in ensuring that the Hospice provides the best possible evidence based care and fulfils its Statement of Purpose.

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