



Quality Account 2017/18

Our Vision

“Making the Difference When It Matters the Most”

Our Mission statement:

To lead the way in providing excellent care, supporting children and adults with life-limiting conditions and those affected by death and dying, helping them to live well and make every day count

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Part 1: Report from the Chief Executive Officer and Clinical Director

I would like to start by thanking all the staff and volunteers for their outstanding work throughout the year.

At Keech Hospice Care we recognise the importance of outside spaces in the therapeutic support of our patients. Last year I reported that we had been working with Adam Frost, celebrity landscape gardener, to design and build our new courtyard garden. The design was informed by our patients and families reflecting our desire to be a responsive service. I am pleased to report that our new courtyard garden is now open! Adam Frost attended to do some of the planting out, and now the plants have started to take hold its looking beautiful.



Throughout the year we have been reviewing the capacity of our hydrotherapy pool and identifying how we can meet the growing demands. We have also been reviewing and agreeing contracts with our external clients who use the pool. Our 'Make a Splash' campaign was launched in the first quarter of the year with an aim to recruit more volunteer lifeguards.

During quarter 2 we held a public launch of our new Macmillan and Keech Hospice Care Independence and Wellbeing Service and in October we held our first Neurological Conference, arranged by our Specialist Nurse. Both events were very well attended by many highly regarded practitioners and specialists from our local area.

We are very proud of our My Care Coordination Team who won the 'Care in the Community' and 'The People's Choice' awards in the Luton's Best Awards. The team have worked very hard and absolutely deserve these awards. I was also proud and honoured to receive the award for Inspiring Communicator with Charity Communications.

Earlier in the year I was part of a CQC-led hospice co-production group focussing on adapting CQC's new approach to assessing hospices as 'health care services' (previously they have been assessed as 'social care services'), which comes into effect in 2018/19. CQC have recently produced new draft 'sector-specific guidance' documents showing how the health care service requirements should be interpreted from a hospice perspective, demonstrating good results from the co-production work.

Finally, we have updated our new, totally up-to-date, easy-to-navigate and visitor-friendly website which was launched in February. Our digital marketing officer, worked with every department across Keech to ensure it's the go-to place for patients and their families, supporters and other visitors when they want information on all our services and events. It can even translate our information into different languages.

In the last year, we have provided care to 2344 beneficiaries. This includes providing 226 adults and children with 2447 in-patient bed nights; we have undertaken 1681 community visits to children's service patients; 218 adult patients have attended our Palliative Care Centre 1901 times; 1144 adult patients have been supported by our 'My Care Co-ordination Service '.

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

Liz Searle
Chief Executive Officer

Report from the Clinical Director



Keetch Hospice Care continues to provide high quality, specialist palliative care to adults and children with progressive life limiting illnesses. We provide this to adults in Luton and South Bedfordshire and children in Bedfordshire, Hertfordshire and Milton Keynes.

Over the last year our focus has been on supporting people to live well and to remain as independent as possible. In our adult services our Macmillan independence and wellbeing service has gone from strength to strength offering a range of individual appointments and groups to improve stamina, function, and independence. Along with our outpatient department and my care coordination team we are supporting more people to remain at home, and our services are responsive and flexible for people to access.

In our children's service, we support families to be at home with care from our day support services, community team, advice line and support groups. Our teams support families to create memories, and maximise their time at home.

For those who require admission for complex symptom control or care at the end of life, our adult and children's in-patient units provide a homely environment where specialist staff provide individualised care, respecting the persons dignity and allowing them to be involved in the decisions about their treatment.

Following our scoping of education needs of health and social care professionals we have appointed a head of education, innovation and research. They will work closely with our practice development lead, Bedfordshire university and local CCGs to develop our education provision for professionals in health and social care.

Elaine Tolliday
Clinical Director

Part 1: Objectives

Achievements and highlights from 2017/18 were monitored against our strategic objectives:

- **Palliative Care Centre:** Activity through the Palliative Care Centre is slightly down on last year, although activity through this quarter has increased in comparison to the same time last year. As the service offering expands to incorporate a range of outpatient's services, collaborative working across the teams is making more effective use of the resources available and offers patients a more bespoke programme of support. While attendance numbers are slightly down, the number of nurse-led patients has increased 14% year on year and it is anticipated that this will continue to grow as we invest in developing our senior nurses to complete their non-medical prescribing training and look for opportunities to provide outpatient support where service gaps in the community currently exist.
- **My Care Co-ordination service:** The My Care Co-ordination team are slightly down on patient referrals this year compared to 2016-2017. The end of life training provided to the Luton and Dunstable Hospital and Paramedic services came to a natural end in the last quarter. The training included promotion of the MCCT service which initially increased referrals., we are working with the hospital to plan further training this year which will hopefully raise awareness again within the hospital. It is important that we continue to do this due to the high turnover in hospital staff. During the last year the My Care Co-ordination team have recorded 446 hospital admission avoidances.
- **Rare Neurological:** The 12-month project is now nearing completion and a report was submitted in February to enable this group of patients with complex healthcare needs to continue to receive the same level of specialist support beyond the project. There has been positive feedback from patients, carers and healthcare professionals alike and evidence to support the impact this role has had in a relatively short period of time.
- **Independence and Wellbeing:** This is a Macmillan funded service which started in 2016 comprising of an Occupational Therapist and a Physiotherapist. During 2017/18, 205 patients were supported by this service, an increase of 147% against the previous year. The current staffing levels and increased demand for the service has meant development of new groups, service promotion and improvement has been on hold. It was agreed that recruitment of a rehabilitation assistant was required to meet capacity demands and allow more time for the therapists to look at service and group development. The post was advertised in March and the successful candidate joined the team in April.
- **Adult In-Patient:** The unit continues to support as many patients as possible with pain and symptom management as well as end of life care. The patients we care for on the adult in-patient unit often have challenging and complex healthcare needs, this offers

good learning opportunities for our staff, expanding their knowledge and enhancing their patient care. We continue to work collaboratively with community and hospital colleagues, to ensure that we remain responsive and supportive to the needs of the patients within our community.

- **Children's In-Patient:** The unit continues to support as many children and their families as possible. The Children's Inpatient Unit works closely with the children's community team to provide support to families in their preferred place of care. As a service, we work with other agencies across Hertfordshire, Bedfordshire and Milton Keynes to provide holistic care to our caseload of families.
- **Children's Community Services:** The workload for the community team has been busy throughout the year. The team continue to care for patients across Bedfordshire, Hertfordshire, Luton and Milton Keynes. 2017/18 saw an increase of 8% in the number of patients cared for by the Community Team. The team have supported a number of children and young people at home for end of life care, they have also worked with hospitals in our area to support symptom management.
- **Children's Day Support:** Day Support continues to be an area of development with services being offered in-house and in the community based on the assessed need of the individual child and family. The Day Support social calendar has continued to be busy, providing a range of social opportunities for many of our families in addition to the supportive environment offered within Keech. The Tots and Toys group, held on Thursdays has taken place at a different accessible venue at least once a month including Hitchin, Stevenage and Watford. 163 patients were supported by the Day Support team in 2017/18, this is a 2% increase on the previous year.
- **Supportive Care Services:** This year a new support group facilitated by the Hospice at Home Co-ordinator has been providing support to patients who have been discharged from the Palliative Care Centre but who wish to have somewhere to meet up with other patients for peer to peer support.

The three Remembrance events (Light up a Life, Daffodil Sunday for Children's Services and Streatley Service for Adult Services) were all well attended, with positive feedback.

A total of 813 patients and relatives have been supported this year by the Supportive Care Team.

- **Schwartz Rounds:** The Clinical Development Lead continues to lead on the delivery of Schwartz Rounds at the Hospice with the support of the steering group. Round 6 took place in February with the title 'Taking Keech Home'. On the panel were a mix of clinical and non-clinical staff who all told moving personal stories. The round was well attended.

Our strategic themes from 2017/18 were:

1. To deliver excellent palliative care.
2. To educate, communicate and influence others to deliver excellent palliative care by sharing our experience and expertise. To educate the public about death and dying.
3. To be well funded so we maximise organisational impact
4. To be well governed and led
5. To maximise our people resource (staff and volunteers)
6. To use business intelligence to further our aims

Part 2: Priorities for improvement

The Board of Trustees is committed to the delivery of high quality care that is safe, effective and provides patients and carers with a positive experience.

2a. Priorities for improvement in 2018/19 (Adults and Children’s)

Priority 1:	Dedicated children’s service 24-hour advice line
Target:	To provide a dedicated 24-hour support to professionals and families
How was this identified as a priority?	Professionals and families have been contacting the general number for the children’s in-patient unit seeking advice. There is a risk that the telephone may not be answered by an appropriately qualified member of staff.
How will this priority be achieved?	There will be a public launch of the telephone advice line in May 2018 during Children’s Hospice Week.
How will progress be monitored?	Monitor calls coming through to both the dedicated advice line and the general children’s in-patient number. Record number of telephone calls in monthly stats.

Priority 2:	To ensure an efficient and co-ordinated response to incoming referrals
Target:	To have 1 central point for incoming referrals to the adult service to ensure patients are seen quickly by the service most appropriate to care for their needs
How was this identified as a priority?	We have been using the same process for handling referrals for many years. With the increase in services available and the number of referrals received, this process is no longer effective in ensuring patients are seen as quickly as possible by the most appropriate service.
How will this priority be achieved?	A senior nurse has been appointed to the role of 'Senior Sister Community Liaison'. She will facilitate a single point of contact for all adult service referrals. The referrals will be triaged to ensure the patient is directed to the most appropriate service according to their needs.
How will progress be monitored?	We will report monthly on all referrals received, monitoring response times from when the referral is received to when the patient is first seen
Priority 3:	Information for professionals
Target:	To develop a Directory of Services for professionals wishing to access/refer to our services
How was this identified as a priority?	We currently have no literature that provides information about our services for professionals. We have also received feedback from professionals that they do not understand the range of services we offer
How will this priority be achieved?	We have updated our website with more up to date information about our range of services. We will also be providing a quarterly e-newsletter aimed at professionals in health and social care.
How will progress be monitored?	Evidence provided that e-newsletter is being produced and circulated quarterly
Priority 4:	To continue our 'Good to Great' Journey
Target:	To embed our Values into our recruitment and appraisal process To Link our values to staff and volunteer recognition schemes

How was this identified as a priority?	This is a continuation of the work we started last year to undertake the activities identified within the action plan for the 'Good to Great' strategy which are aligned to the themes of our strategy
How will this priority be achieved?	We will use our STAR Group (Continuous Improvement) to drive this forward and generate more systems change at first and second order level
How will progress be monitored?	Progress updates will be presented to the Performance Committee and Board of Trustees

2b. Progress against Priorities for Improvement in 2017/18

To Deliver Excellent Care		Progress in 2017/18
Priority 1	To reach more people by working collaboratively and in partnership with other local care providers, to ensure equitable access to our services.	
Target:	To increase the numbers of people accessing our services who are currently under represented on our caseload in 2016/17, this caseload will be our benchmark.	<p>In the adult services we have partnered with Macmillan to develop our Independence and Wellbeing service. In the last year the number of services users accessing this service have increased by 147%.</p> <p>Working with the MNDA we have been growing the rare neurological caseload over the last 12 months with 39 patients being supported on the caseload in the first year. We have received positive feedback from patients, carers and healthcare professionals.</p> <p>The number of beneficiaries using the children's service has increased by 8%. This has been achieved by working collaboratively with statutory colleagues to develop multi-disciplinary team meetings in Hertfordshire and Luton.</p>

Priority 2:	To further develop our Palliative Rehabilitation Services	
Target:	To increase capacity within the team using a rehabilitation assistant and volunteers to increase the range of services we offer.	The new Rehabilitation Assistant started in April 2018 and is working with the Occupational Therapist and the Physiotherapist, the team also has their own admin support. Six volunteers have been recruited to help the team support patients with some of the activities provided, including Fatigue Clinic, Books Aloud, Move, Mind and Music, Strength in Numbers and the Walking Group.
Priority 3:	To provide bereavement support to families on the 'My Care Co-ordination' caseload	
Target:	To support more patients who require bereavement care using our 2016/17 caseload as a baseline.	A new family support worker has been appointed which has enabled us to provide bereavement support to relatives of patients on the My Care Co-ordination Service (this has not been done previously). During 2017/18 we saw a 94% increase in adult service beneficiaries receiving bereavement care and a 12% increase in the children's service.
Priority 4:	To ensure we are fully compliant with the Duty of Candour Regulations	
Target:	To have evidence that Duty of Candour has been implemented in line with the requirements of the regulation following incidents and accidents.	A section on Duty of Candour has been added to our incident, accident and complaint forms which will help us demonstrate that we are following this requirement. We have also added a section to our website that covers Duty of Candour.
Priority 5:	To create a strong safety culture within the organisation, ensuring that patients are protected from avoidable harm.	

Target:	Internal Safety Thermometer score to be >80%	<p>The CEO and Clinical Director continue to conduct workplace and safety inspections within the care environment. Our Safety Thermometer score is consistent at >80%</p> <p>We have a 'Safety First' working group who have focussed for part of this year on reducing patient falls, this has proved successful with the number of falls reducing by 43% against the previous year.</p>
Priority 6:	To maintain our 'Good' overall rating with the Care Quality Commission whilst striving to become 'Outstanding'	
Target:	As above	We have not been inspected by the Care Quality Commission during 2017/18, therefore our overall rating remains 'Good'
To maximise our people resource (staff and volunteers)		
Priority 7:	Launch our 'Good to Great' Strategy	
Target:	To undertake the activities identified within the action plan for the 'Good to Great' strategy which are aligned to the themes of our strategy.	<p>During 2017/18 we have:</p> <ul style="list-style-type: none"> • Refreshed our Values • Conducted our first Pulse Survey and calculated an engagement score for each service. • Delivered a series of behavioural skills training designed to support people to make change. • Created processes for our continuous improvement group; STAR which has resulted in a number of projects delivering more efficient services and reducing waste. • Introduced a more comprehensive management development programme that includes Action Learning Sets. • Reviewed our Internal communications and introduced 'in the loop' a regular SLT update for all staff and volunteers

Part 3: Statements of assurance from the Board

3a. Review of our services

During 2017/18 Keech Hospice Care provided the following specialist palliative care services to the NHS:

Adult Service

In-patient unit
Palliative Care Centre
Care Co-ordination Services
Drug Therapies
Independence and Wellbeing Service
Rare Neurological

Children's Service

Inpatient unit
Day Support
Community Nursing Team

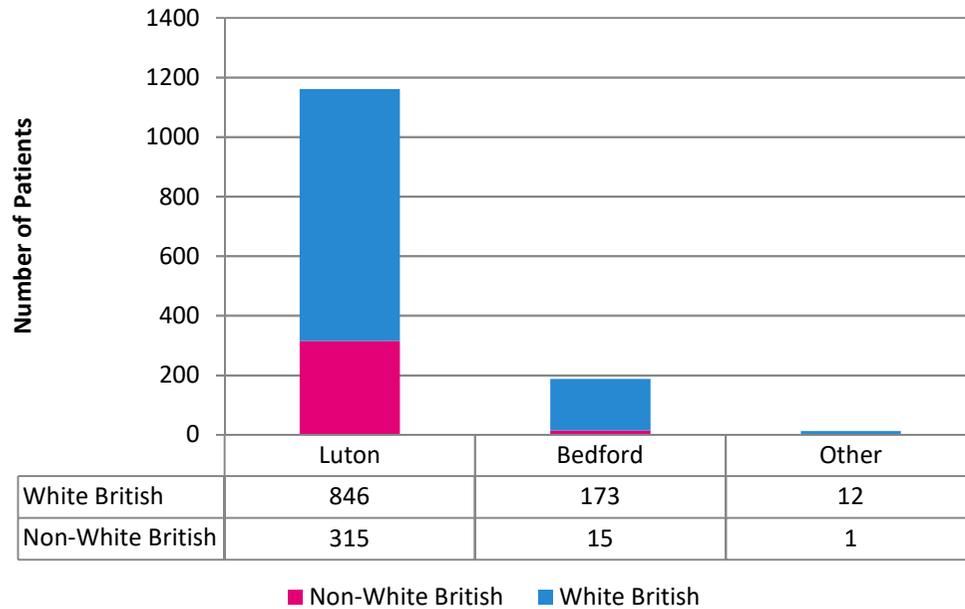
In addition, we have also provided the following services through charitable funding:

Hospice at Home
Complementary Therapy
Music Therapy
Family and Carer support
Bereavement Care
Spiritual Care
Hydrotherapy pool

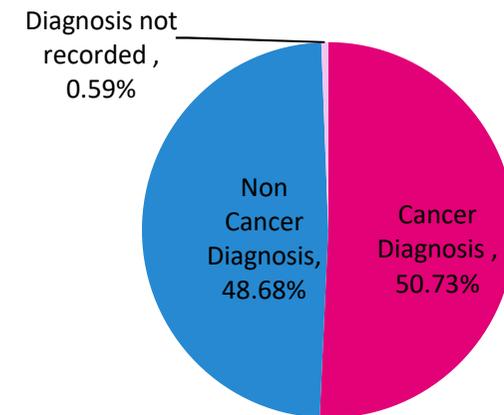
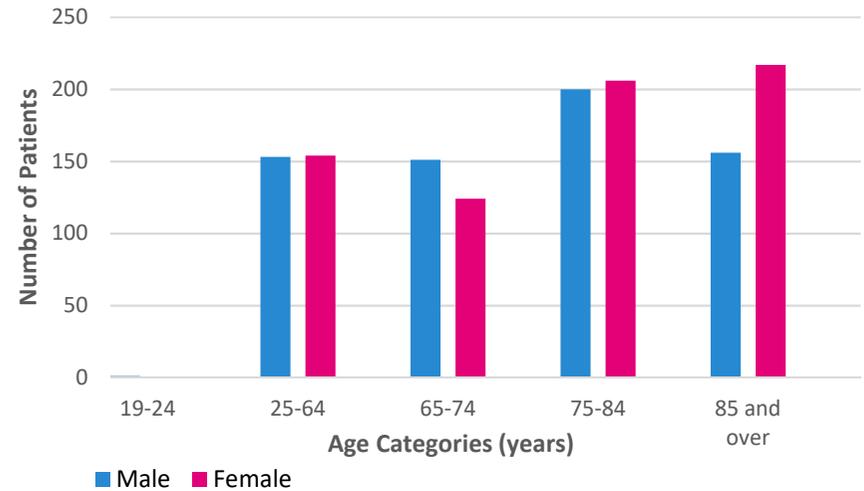
Adult Service

Total number of beneficiaries in 2017/18 in the adult service was 1798. This is made up of 1362 patients and 436 relatives/family members.

Patient Demographics



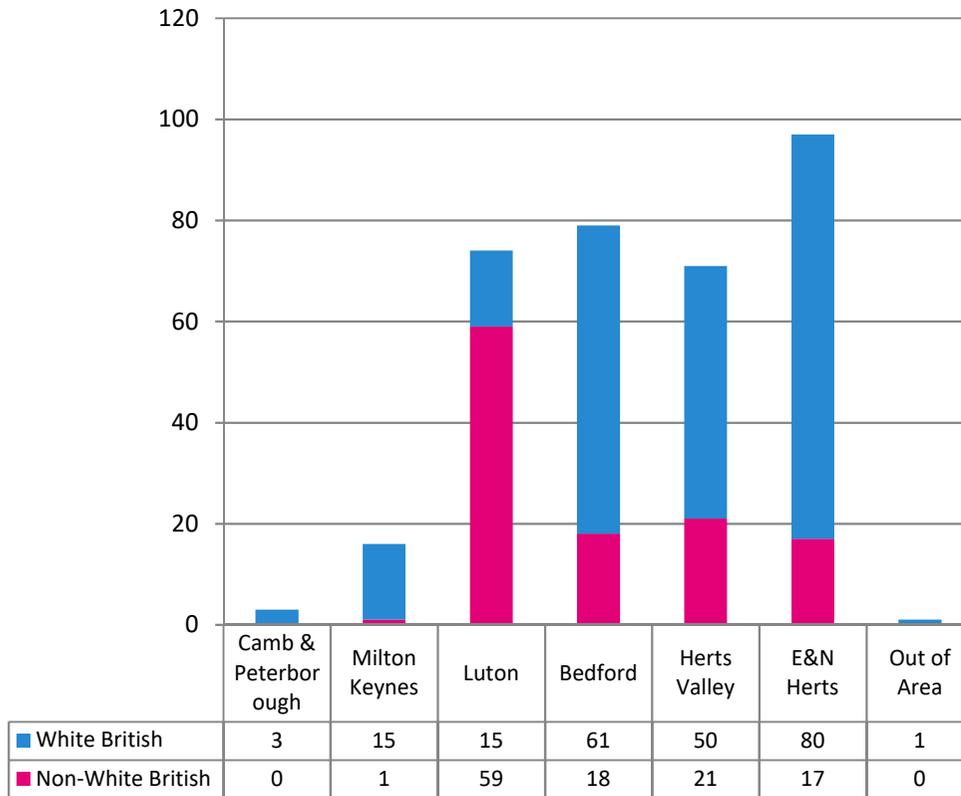
Total BME year to date = 24% (Last year 24%)



Children's Service

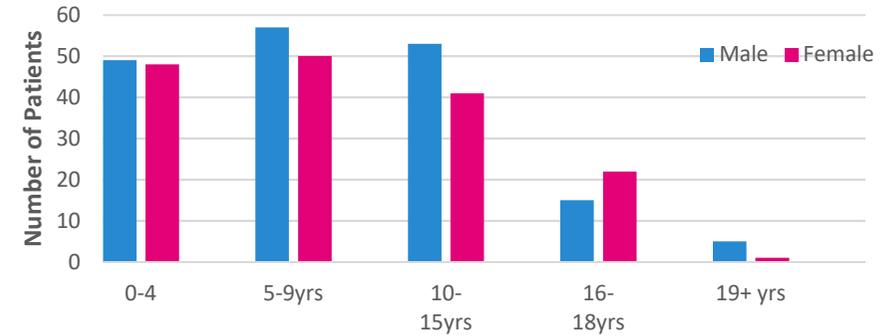
Total number of beneficiaries in 2017/18 in the children's service was **546**. This is made up of **341** children and **205** relatives/family members.

Patient Demographics

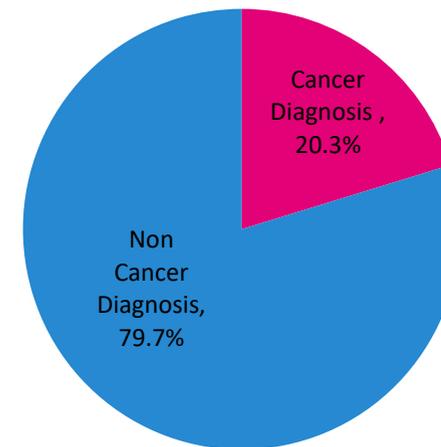


Total Non-White British in 2017/18 = 34%

Total Non-White British in 2016/17 = 34%



Age Categories (years)



My Care Co-ordination Service

Total number of new registrations	584
Deaths	597
Discharges	16
Average length of time on caseload	471 days
Number of hospital avoidances	446

3b. Participation in Clinical Audit

- During 2017/18 no national clinical audits or confidential enquiries covered NHS services that Keech Hospice Care provides
- During 2017/18 Keech Hospice Care participated in no national clinical audits and no confidential enquiries of the national clinical audits and national confidential enquiries as it was not eligible to participate in. However, we ensured that key audits were completed using nationally recognised excellence audit tools for hospices developed by Hospice UK.
- The national clinical audits and national confidential enquiries that Keech Hospice Care participated in during 2017/18 are as follows:
N/A
- The national clinical audits and national confidential enquiries that Keech Hospice Care participated in and for which data collection was completed during 2017/18 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry: N/A
- The reports of 0 national clinical audits were reviewed by the provider in 2017/18. This is because there were no national clinical audits relevant to the work of Keech Hospice Care.
- Keech Hospice Care was not eligible in 2017/18 to participate in any national clinical audits or national confidential enquiries and therefore there is no information to submit.

- The local clinical audits that were reviewed in 2017/18 are listed further in the document.

3c. Research

The number of patients receiving NHS services provided or sub-contracted by Keech Hospice Care in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was NONE.

3d. Use of CQUIN payment framework

A proportion of Keech Hospice Care income in 2017/18 was conditional on achieving quality improvement and innovation goals as specified by our Commissioning Partners and the agreed CQUIN's were achieved in 2017/18.

3e. Statement on the Care Quality Commission

Keech Hospice Care is required to register with the Care Quality Commission and is currently registered to carry out the regulated activities:

- Treatment of disease, disorder or injury
- Accommodation for persons who require nursing or personal care
- Nursing Care
- Personal Care

There are no restrictions on our registration.

The Care Quality Commission has not taken any enforcement action against Keech Hospice Care in 2017/18.

Keech Hospice Care has not participated in any special reviews or investigations by the Care Quality Commission in 2017/18.

Keech Hospice Care had an unannounced inspection from the Care Quality Commission in June 2016. We have been awarded the following ratings. A copy of our full Inspection Report can be found on the Care Quality Commission website.

Overview and CQC Inspections



3f. Data Quality

Keech Hospice Care did not submit records during 2017/18 to the Secondary Users Services for inclusion in the Hospital Episodes Statistics which are included in the latest published date because it is not eligible to participate in this scheme. We do however have our own system for monitoring the quality of data.

We continue to use SystemOne, electronic patient record system, which is also used by many healthcare professionals in the community meaning that we can share information from and with other services (with given consent from the patient). SystemOne is also linked with the NHS spine which makes for an easier registration process when a patient is referred into the service, it also means that our doctors can access test results online.

3g. Information Governance Toolkit

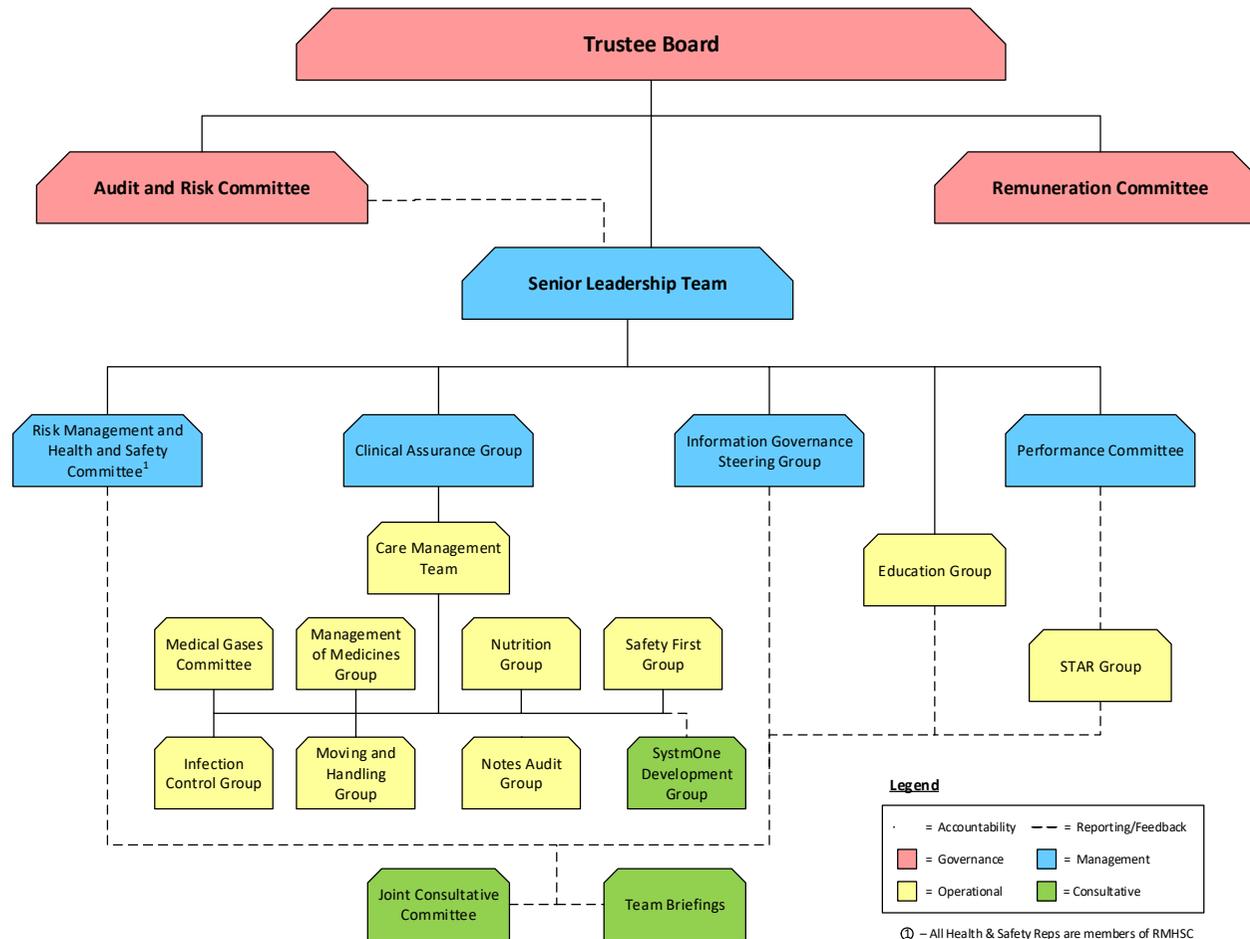
Keech Hospice Care achieved **93%** using version 14 of the Information Governance Assessment Report for 2017/18: This is well above

the 67% we are expected/required to score to maintain Level 2 compliance.

3h. Clinical coding error rate

Keech Hospice was not subject to the Payment by Results clinical coding Audit during 2015/16 undertaken by the audit commission.

3i. Organisational Meeting Structure



Legend

- = Accountability
- = Reporting/Feedback
- Red box = Governance
- Blue box = Management
- Yellow box = Operational
- Green box = Consultative

Ⓜ - All Health & Safety Reps are members of RMHSC

v2.5



Part 4: Review of Quality and Safety Performance

4a. Internal Audit Activity 2017/18

During 2017/18 we have undertaken the audit activity listed in the table below, for most audits we use the approved Hospice UK Audit Tools.

The Clinical Managers meet quarterly as the 'Clinical Governance Group', the meeting is chaired by the Clinical Director. All clinical audits are presented to the group; the group also monitors action plans which arise from recommendations made through audit and progress with the annual audit program.

Progress with our audit program is then reported quarterly to our Audit and Risk Committee which is made up of trustees, senior leadership team, lay persons and Head of Quality and Governance.

Since April 2017 the following audits have been conducted and presented to the above groups:

<p>Admissions and Assessments</p>  <p>Audit of admission and assessment processes in Adult Services. Completed in September 2017</p>	<p>IT</p>  <p>Audit of IT security, availability, integrity, training and accountabilities. Completed in April 2017</p>	<p>Blood Transfusions</p>  <p>Two external audits by NHS services on our transfusion processes and practice. Completed in November 2017</p>	<p>Notes</p>  <p>Audit of clinical record keeping in all care services. Completed in July 2017</p>	<p>Safeguarding</p>  <p>Audit of staff knowledge, training and processes for reporting concerns. Completed in October 2017</p>
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IG and Confidentiality



Audit of information governance processes and practice around confidentiality.

Completed in March 2018

Volunteer Recruitment



Audit of volunteer recruitment records and satisfaction at the hospice and at our shops.

Completed in January 2018

Patient Accidents



Audit of all reported accidents in last year to ensure correct procedure was followed.

Completed in May 2017

Complaints



Audit of all formal complaints in last year to ensure correct procedure was followed.

Completed in May 2017

Fire Risk



Assessment of fire risks and audit of control measures at main hospice site.

Completed in October 2017

Consent for Publicity



Audit of processes and records for obtaining consent to use photos/case studies in publicity.

Completed in August 2018

On Call Service



Monitoring of telephone calls and visits required by Children's Service on call nurses.

Completed in January 2018

Response to Drug Alerts



Audit of timely response to drug alerts and safety notices.

Completed in August 2018

Gift Aid



Audit and verification of Gift Aid declarations in Fundraising.

Completed in July 2017.

Payroll and Pensions



Audit of payroll and pension processes.

Completed in October 2017.

Transdermal Patches



Audit of management of transdermal patches in Adult IPU.

Completed in January 2018

Resuscitation Decisions



Audit of clinical record keeping around decisions about resuscitation.

Completed in October 2017

Health & Safety



Assessment of health and safety risk controls at main hospice site.

Completed in October 2017

Care Plans



Audit of care planning documentation in Children's IPU.

Completed in September 2017.

General Medicines



Audit of ordering, storage, prescribing and administration of medicines.

Completed in February 2018

Major Incident



Audit of business continuity and disaster recovery readiness.

Completed in January 2018.

Medical Gases



Audit of medical gas training, ordering, storage, prescribing and administration.

Completed in March 2018

Infection Control



Audit of cleanliness and processes for controlling risks of infection.

Completed in February 2018

Hand Hygiene



Audit of hand hygiene technique and occasions.

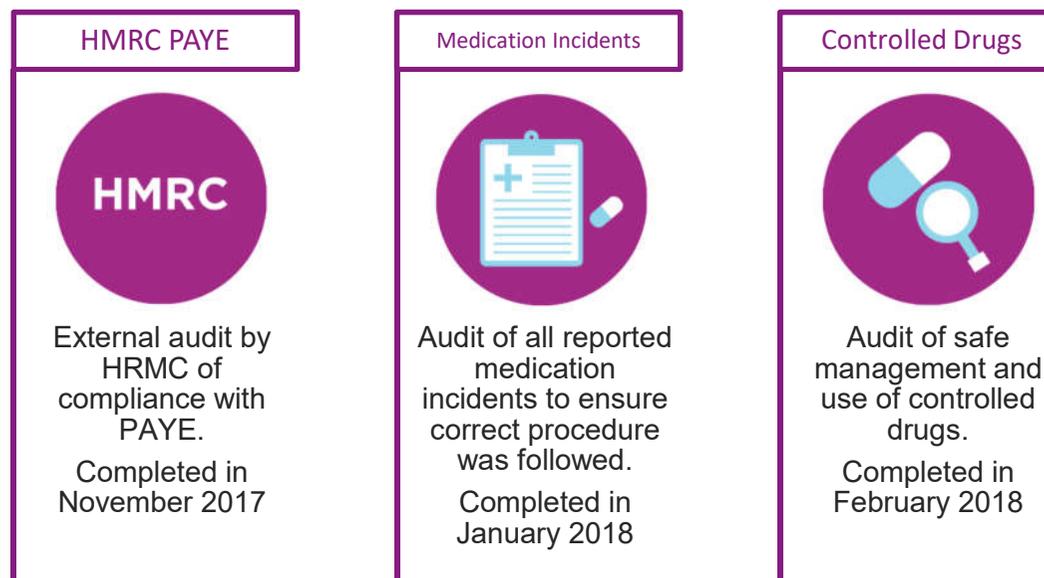
Completed quarterly

Practicing Privileges



Review of documents needed to grant practicing privileges.

Completed in January 2018



4b. Trustee Visits

Our Trustees take their role very seriously and are committed to a programme of four trustee visits a year. The visits last a full day and are conducted by 2 trustees on a rotational basis, they provide an excellent opportunity for trustees to observe the day to day activity of the hospice and talk to patients, visitors, staff and volunteers about their experiences and concerns (what do we do well and not so well).

4c. Patient Led Assessment of the Care Environment (PLACE)

Keech joined the PLACE programme in 2015, our latest assessment took place on 3rd May 2018. We invited 10 service users (patients and relatives), and 2 independent assessors to conduct our PLACE Survey, they were supported by 6 staff members who guided and assisted them around the building. Areas covered included: Children's IPU; Adult IPU; KPCC; Communal Areas (reception, Valerie's, public corridors and toilets); Catering, and; Dementia.

Overall, the feedback was very positive from all assessors. Everyone stated they were “very confident” that our environment supports good care. Some minor issues were spotted here and there, such as markings/stains on walls, dust in corners, faulty cupboard doors and lack of signage in certain places, all of which have been put onto an action plan for correction.

4d. Workplace Inspections

Six monthly workplace inspections continue to take place and are conducted by the Health and Safety Co-ordinator, a member of the Quality and Compliance team and a Representative of Employee Safety (ROES). The Chief Executive attends both inspection's. The Clinical Director conducts 'safe care' checks quarterly within the care areas. Any issues observed or raised are recorded on an action plan which is regularly reviewed by the Risk Management and Health and Safety Committee.

The care team also conduct monthly safety checks in their areas.

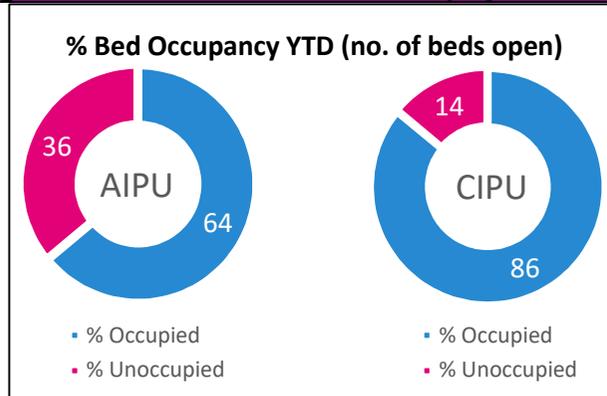
4e. Benchmarking

We take part in the national Hospice UK Benchmarking project. We benchmark against falls, and medication incidents with similar size organisations. We continue to submit monthly data to the NHS Safety Thermometer.

4f. Keech Hospice Care clinical governance overview (April 2017 – March 2018)

Friends and Family Test		
	Responses	Extremely likely
Adults'	51	89%
Children's	37	89%

Complaints (Care)	
2017/18	2016/17
6	4



HR Data		
Staffing levels	Est WTE	Actual WTE
Clinical staffing	90.3	78.85

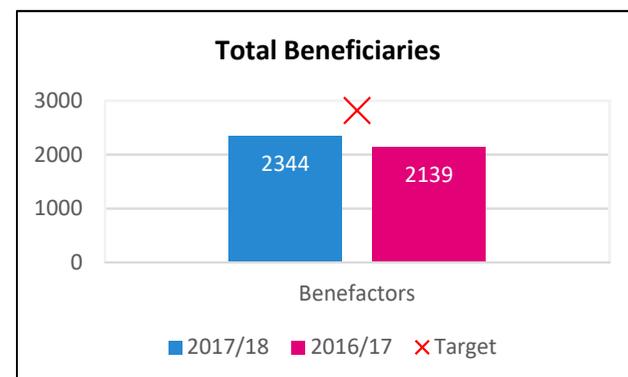
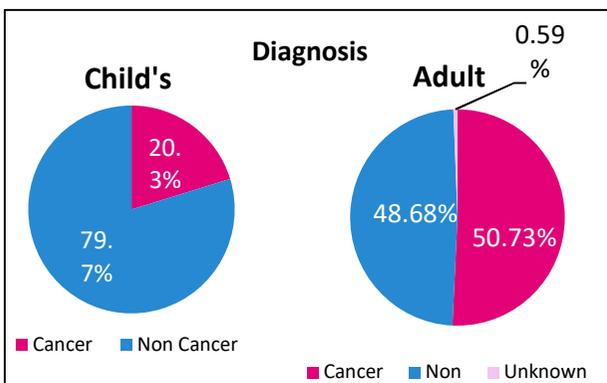
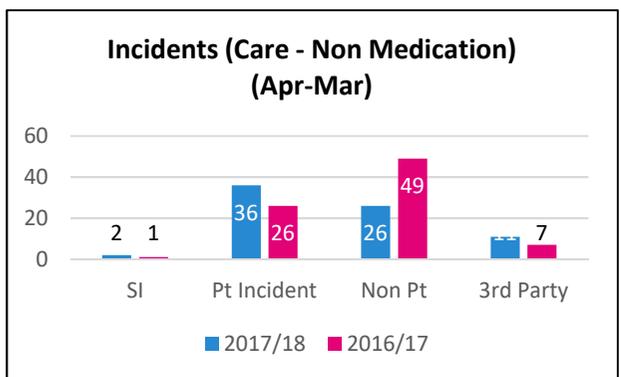
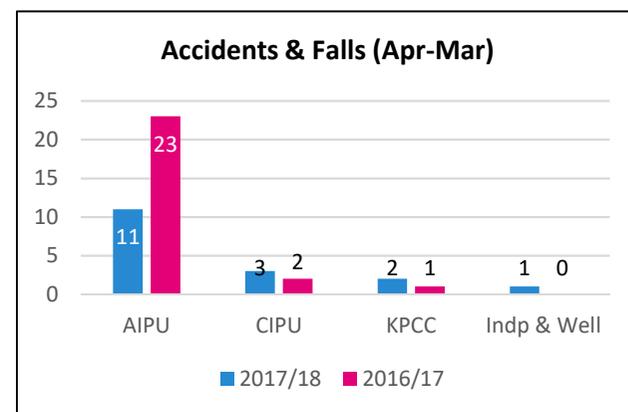
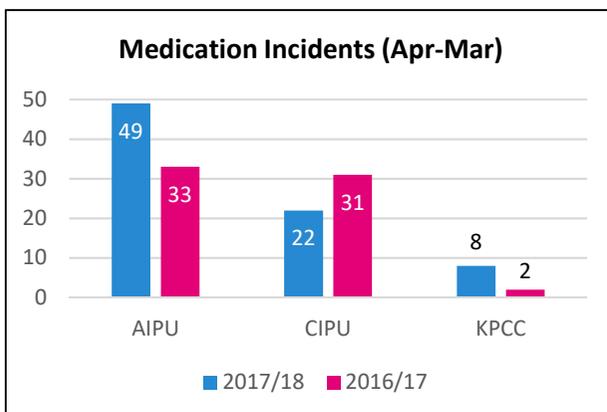
Training	
Organisation completed appraisal	
	88%
Mandatory Training	
	79.4%

Sickness % WTE	Clinical	Non-clinical
	8.3%	17%

Our Patients strongly agree that...	
Staff are Friendly and Approachable	88%
they are treated with respect	88%
Staff respect their confidentiality	85%

Acquired Unavoidable Pressure Ulcers Grade 2 and below	Apr 17–Mar 18	Apr 16–Mar 17
	13	11

MCCT: Hospital Avoidances	Apr 17–Mar 18	Apr 17–Mar 18
	446	224



Summary of Accidents April – March 2018

- 13 patient falls, 10 less than the same period last year
- 2 falls this year have been reported as Serious Incidents as the patients involved sustained fractures. Notifications have been made to the CCG and CQC.

An internal investigation was conducted and the outcomes and learning shared with relevant staff, Bedfordshire Clinical Commissioning Group and the Care Quality Commission. A multi-disciplinary falls prevention group has been set up to implement the action plan from this investigation, actions include the following:

- Review of falls prevention training for relevant staff, including housekeeping staff
 - Falls prevention care plan is being developed for SystmOne
 - Falls assessment to be completed for all patients within 24 hours of admission
 - A review of our current moving and handling assessment
 - Once all of the above has been implemented and audit will be conducted to ensure compliance
- 3 RIDDOR reports (2 of these were 2 serious incidents mentioned above, the other was an over 7-day injury)

Summary of Medication Incidents April – March 2018

- No patient has been harmed as a result of a medication incident taking place
- Medication incidents categorised as 'patient medication incidents' are on par with the same period last year.
- We have reviewed our medicine competencies and all staff (qualified and unqualified) will be required to do them again. E-learning is being written for new staff to complete within their first few weeks of employment.
- We have audited our medication incidents to see if we can identify trends and individual training needs. This involved reviewing the way we assess the level of risk for each incident to ensure consistency across the care areas, reviewing the level of harm to patients and reviewing the contributory factors that have led to the incidents taking place. We are also updating the medication incident form to include more information which will help us monitor incidents more effectively in the future. As a result of the audit we have included new graphs in this report that haven't been used in previous years, giving a breakdown of the risk levels, patient harm and contributing factors associated with our medication incidents based on the reviewed recording method.

Other Controls

- We have purchased new, glass measuring cylinders and reviewed how we measure to ensure more accuracy
- Following training, in-house, non-clinical staff are now witnessing the destruction of controlled drugs on the care units. This had previously been an issue for the units as we were reliant on a community pharmacist doing this on an adhoc basis. Destruction is now happening on a regular basis and we hope this will reduce the risk in relation to the storage of controlled drugs requiring destruction.

- 1 incident at the beginning of the reporting year involves a patient who became aggressive towards staff following an opioid reaction to medication (this was also reported as an incident). The situation was managed by the care team, the patient was transferred to another location.
- We have investigated unexplained medication losses on our adult in-patient unit and various improvements have been made to the security of these medications as a result including a review of stock levels held, review of room layout, classifying some non-CD's as high risk and treating them in the same way as a CD and installing CCTV in the medication room.

4g. What people say about us.....

“We cannot quite put into words the truly amazing care, love and support you gave us and continue to do so,”
(Children)

“You could not have done more for us and we will be eternally grateful. Keech will always have a very special place in our hearts,”
Parent of Child Patient

“You’re all Heroes in our eyes!”
Relative of Adult Patient

“You helped us so much and you made my mum feel so warm and welcomed as well as the rest of my family. My Mum had some good memories in her last few days. if she passed away in the hospital it would’ve been so much harder for us as well as her. Thank you so much.”
Relative of Adult Patient

“I will always be grateful for everything you have done for me. My family are all so happy to see me looking so well and up and about,”
Patient

Section 5: Feedback from our NHS Commissioners

Requests for feedback were sent to Bedfordshire Clinical Commissioning Group, East and North Hertfordshire Clinical Commissioning Group, Herts Valleys Clinical Commissioning Group, Luton Clinical Commissioning Group and Milton Keynes Clinical Commissioning Group. The following two responses were received:

- 1) **East and North Hertfordshire Clinical Commissioning Group** have reviewed the information provided by Keech Hospice and we believe this is a true reflection of performance during 2017/18, based on the information submitted during the year as part of the on-going quality monitoring process.

The Quality Priorities set out for 2018/19 build on those of the previous year and will be important in continued improvement which demonstrates a commitment to developing services further whilst maintaining a focus on improving quality of care, choice and outcomes for adults, children and families in the hospices' care.

The Quality Account describes the achievements for 2017/18 and demonstrates continued quality initiatives in various areas where improvements have been noted in order to increase the range of services the hospice offers.

Keech Hospice Quality Accounts also highlight an on-going commitment to working collaboratively with other professionals, supporting, sharing expertise and knowledge. The hospice continues to carry out various clinical audits and can show how they use the results of the audits and patient feedback for quality improvement.

During 2018/19 the CCG looks forward to building on the positive relationships already developed with the hospice to ensure open dialogue and continued quality improvement for the children and young people of Hertfordshire.

- 2) **Milton Keynes Clinical Commissioning Group** have reviewed the information provided by Keech Hospice Care. We are pleased that Keech Cottage has continued to work alongside MKCCG to sustain and further improve the quality of their services. The content of the report is well structured, with a good balance between quantitative and qualitative data and information. The report not only focuses on where the organisation has achieved its quality goals but also acknowledges where further improvements could be made.

The report provides details on 2017/18 objective achievements. This included the recruitment of a new family support worker which has enabled the provision of bereavement support to relatives of relevant patients. Duty of candour compliance has been fully embedded across the services which ensures an open and transparent approach to incident management.

The work carried out around local audit has demonstrated some excellent progress, learning responsive actions. Specifically, the improvements around medication incidents. The Keech team should be applauded for their commitment to transparency and improvement driven approach.

The CCG endorses the 2018/19 priorities for improvement. The implementation of a dedicated children's service 24-hour advice line will provide clear support for healthcare professionals. The single point of access for referrals will allow an efficient and co-ordinated response to incoming referrals. This, together with the continued work around embedding of values, to ensure continuous improvements, will support the delivery of high standards of patient care.

MKCCG can confirm, to the best of our knowledge, that the Quality Account contains accurate and transparent information in relation to the range of services provided and the quality of services that Keech Cottage provides. The information provides both positive achievements and opportunities for continuous improvement.

During 2018/19 the MKCCG looks forward to working collaboratively with Keech Cottage to continually develop quality services for the residents of Milton Keynes.