



Quality Account

2019/2020

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 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.



I would like to start by thanking all of the staff and volunteers for their outstanding work throughout the year. It has been yet another year to be proud of.

A New Service - We launched our new Wellbeing Centre, transforming patients' lives, continuing our work on maintaining independence and functionality. Living well with an illness. A first for Bedfordshire, this 'one-stop shop' brings our care together in one place, helping more patients stay at home, live well and be independent for as long as possible.

We celebrated award-winners - Our children's community team won 'Nurse/Care Worker of the Year' in both the Comet Community Awards and the Herts Advertiser Community Awards and our volunteers and fundraisers were recognised in the BBC Three Counties Radio's People Awards, Herts Advertiser Community Awards and Luton's Best Awards.

We reached our communities with two new shops in Leighton Buzzard and Newport Pagnell.

We raised awareness of our care locally and nationally - We shone the spotlight on what stops the Asian community accessing end-of-life care when Wellbeing Centre patient, Dalbagh, spoke openly about it on BBC Television News where he said *"Keech Hospice Care has made my life more comfortable, but many Sikh families simply would not consider hospice care."*

We showed what hospice care is like for our teenage patients when six million viewers watched us on *CountryFile's BBC Children in Need Special*.

We reached 1.5 million people when our film about #WhatItTakes behind the scenes to run a hospice went viral.

We made sure patients and families have everything they need at Keech.

Thanks to generous funding from supporters, we were able to:

- give patients, carers and families a place to retreat for calm and contemplation in our newly refurbished Quiet Room
- help patients remain independent for longer with our specially adapted gym

- support parents to be near their child when most needed by transforming our children's family accommodation
- make sure accessing the hospice is easy by extending our parking facilities.

At the end of the year we came together in a time of national crisis, when coronavirus turned our lives upside-down, our dedicated care teams supported patients and families on the frontline, at the hospice, in their homes, by telephone and online. We upskilled other health professionals with virtual training and ran virtual Tots 'n' Toys and exercise classes for patients.

Online, we helped our communities smile through lockdown with virtual quizzes, fitness challenges and regular vlog updates from our care team.

A year to be proud of in a time of national crisis!

Liz Searle
Chief Executive Officer

Report from the Clinical Director



Throughout the last year we have continued to deliver high quality, patient focused palliative care to our local communities of Luton, Bedfordshire, Hertfordshire and Milton Keynes. Our services offer support for adults and children who are living with a life limiting illness and experiencing distressing symptoms, both physical and emotional. Our holistic approach to care supports every aspect of their life, and that of their families.

We have focused on developing a wider range of services including outpatients which allows people to remain at home, but still able to access the specialist support they need. In adult services we launched the wellbeing centre in January 2020, with a dedicated gym and a range of private treatment rooms offering therapies, palliative care treatments for example blood transfusions and assessments.

In children's services our day support and community teams offer a range of support groups, specialist interventions and consultations to allow families to receive care where best suits their needs, for example at home, or school.

A review of the multi-disciplinary team identified a need to improve our spiritual care services. In partnership with the Bishop of Bedford we have appointed a spiritual care coordinator who will go in to develop a multi faith pastoral team of volunteers and improve our links with spiritual leaders from a range of faiths within our community. We have identified this as a priority for our coming year.

Our clinical education team continues to develop, and is offering a range of education sessions, both face to face and virtually to health and social care professionals. This education supports professionals to develop their confidence and competencies in palliative and end of life care.

In March 2020, like all other care providers we had to rapidly review the delivery of our services, to ensure patients, visitors, staff and volunteers were safe in light of the COVID 19 pandemic. We continue to work with partners in our system to ensure all that need our care can access it.

Elaine Tolliday
Clinical Director

Part 1: Objectives

Achievements and highlights from 2019/20 were monitored against our strategic objectives:

- **Wellbeing Centre:** The newly redesigned and renamed Wellbeing Centre was officially opened in January 2020 through a series of launches that enabled a wide range of staff, service users and supporters to see this amazing space and get a feel for the range of services available for both patients and their families. The redesign and development of this area had an impact on service delivery to our outpatients during quarter 3. However, the teams worked hard to ensure those patients already known to us continued to be supported as well as possible, through focused, planned appointments, telephone support, visits by Palliative Care Support workers and working closely with our community colleagues for those needing more direct support but preferring not to be exposed to the dust, noise and fumes from the building works.
- **My Care Co-ordination Team (MCCT):** MCCT continue to attend the GP MDT meetings, from which referrals continue to increase. We are taking advantage at every opportunity to encourage community and hospital colleagues to refer their patients to MCCT. Year on year we have seen an increase of 35% for new patient registrations and have achieved a 74% increase in hospital admission avoidances, from 333 to 579.
- **Rare Neurological:** Direct patient support has been the focus for the specialist neurological coordinator, as specialist community resource for these patients remains stretched. Caseload numbers remain near 40 with a lead diagnosis of Motor Neurone Disease and Parkinson's Plus syndromes.

The second multi-disciplinary team clinic for complex movement disorders, developed by the Consultant Neurologists, was attended at the Luton & Dunstable Hospital in early March. Further development for quality improvement is being proposed to incorporate a permanent commissioned role for a Coordinator within the Hospital Neurological service. The planned meeting with the quality assurance team at the Hospital at the end of March to progress this has been postponed due to the current COVID-19 crisis.

- **Rehabilitation Service:** The Rehabilitation Team were also restricted during the building work, however, activity increased steadily following the opening of the Wellbeing Centre in January, with the fabulous new gym taking centre stage. However, this activity has taken an understandable dip in March. The team have kept in contact with patients by phone and continued to provide advice to professional colleagues, both within and outside of the organisation. They are now looking at creative ways of using technology to reach more patients, which will not only help make the service more accessible for our patients now but will give us a platform for future service delivery.

- **Adult In-Patient:** The Community Liaison team continue to proactively encourage referrals in from hospital and community colleagues, keeping them regularly updated as to bed availability. We are mindful of the lateness of some referrals to us and a number of patients who have only been with us for a short time after admission before their death; however, we have managed to get them here, and their families are appreciative that we have been able to support them and care for their loved ones in their preferred place of death. We will continue to work with our colleagues to try and ensure that patients are referred to us earlier.

Our Safety-First Group have developed new processes to improve our discharge process for patients. Also, as result of improvement work undertaken by this group, we have now taken delivery of 3 new exit alarm beds; these beds are key to our falls prevention work plan.

During the summer months we were able to support patients from outside of our catchment area while a neighbouring hospice underwent refurbishment.

In quarter 3 the refurbishment of our treatment room was completed. This means we can store and monitor our medicines and medical supplies safely and effectively.

- **Blood Transfusion Service:** Our patient pathway for haematology patients who are blood transfusion dependant was accepted. Once a patient is diagnosed and their transfusion threshold established by the Consultant Haematologist, they will be referred to the clinical team here for ongoing monitoring and blood transfusions within the Wellbeing Centre. This will be the routine for all patients in this cohort, unless they have specific clinical needs that can only be managed safely in an acute setting.
- **Liver Clinic:** We were delighted to have been invited to work with Dr Khanna, Consultant Hepatologist at the Luton and Dunstable Hospital, in a joint venture to support patients with advanced liver disease. It was recognised that whilst the hospital team are the specialists in the field of hepatology, there are gaps in their palliative care experience, knowledge and expertise hence the request for our help. Over the last 12 months, two of our Senior Sisters have been working in partnership with Dr Khanna, holding clinics which focus on monitoring patient symptoms and ensuring they have access the range of palliative care support available through Keech Hospice Care that meets their individual needs, including advance care planning.
- **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:** Although the community team started the year with staffing challenges, they are now at full establishment of nurses and additional PCSW's and they are settling into the new structure around geographical locations, with the

nurses also working towards their involvement in the on call provision. The community play specialist post was reviewed and a position for a Play and Activities Coordinator has been developed. The basis behind this was to develop services in the community that are accessible to a wider range of families at times that are convenient to them. We hope that we will be able to provide more social events and activities for children and young people of all ages that run outside of school times so that they can join in.

- **Children's Day Support:** The Day Support team continue to provide very valuable input to an identified group of patients and a range of activities have been open to them and a wider group of children and families.

Day Support was offered over the summer holidays and the many requests for this over the six-week break were accommodated. Tots and Toys went on tour to venues such as Cassiobury Park, Watford and Leighton Buzzard Historic Railway. This widens the accessibility to more families with older children at some of the venues used where numbers are not restricted. On occasion children who were resident were taken to the external activity by staff members. We are reviewing some of the Day Support delivery and social support for families to ensure a consistent approach for a wider group of families.

- **Nurse Prescribers:** We now have 3 adult nurses who have successfully completed their training and are now independent prescribers.
- **Supportive Care Services:** With the launch of the Wellbeing Centre, we have been able to offer more support to patients and carers

The number of hydrotherapy sessions and pool users has increased over the course of the year. Our permanent Lifeguard position has now been successfully recruited; this position will assist our Senior Lifeguard.

Our remembrance services have been well attended, these include Daffodil Sunday in children's services, the annual remembrance event in May for adult service families and Light Up A Life which takes place in December.

As mentioned in the introduction, we have appointed a spiritual care coordinator who will go in to develop a multi faith pastoral team of volunteers and improve our links with spiritual leaders from a range of faiths within our community.

- **Clinical Education:** The Clinical Education team are committed to delivering excellent clinical education and training both internally for staff and externally for health and social care professionals within our community.
- **Schwartz Rounds:** Schwartz Rounds™ continue for all staff and volunteers at the Hospice. Our latest Schwartz Round™ took

place in February and was once again well attended. The theme of this round was 'Delivering Compassionate Care'.

- **Safeguarding:** Keech Hospice Care takes a serious approach to safeguarding to ensure all adults and children are protected from harm. We have a Safeguarding Policy and Procedure which is regularly reviewed and updated in accordance with legislation and with local protocols in Bedfordshire, Luton, Hertfordshire and Milton Keynes and we maintain links with local Safeguarding Leads.

Our Clinical Director is our Safeguarding Lead. The Children's Lead Nurse is our designated Child Sex Abuse and Exploitation Lead.

We run mandatory safeguarding training across the organisation, which is tailored to the requirement of the role, for which attendance is recorded. We also have a number of security/safeguarding measures in place which are recorded on our Safeguarding Risk Assessment. Our staff also have access to various levels of staff support.

Our strategic themes from 2019/20 were:

1. To deliver excellent care and support.
2. To educate, innovate and research.
3. To be well funded.
4. To attract, retain and engage our people, valuing difference.
5. To be well governed and well led.

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 2020/21 (Adults and Children’s)

Priority 1:	Delivering safe services to our community in the Covid-19 pandemic
Target:	To respond effectively to the need of our patient population
How was this identified as a priority?	Challenges experienced as a result of the Covid-19 pandemic
How will this priority be achieved?	To assess the needs of our patients To provide opportunities to patients and families to voice their ideas and to listen and act on their ideas as far as reasonably practicable to deliver safe, effective care To keep abreast on national Covid-19 guidance
How will progress be monitored?	Through our integrated governance structure reporting

Priority 2:	To embed the delivery of spiritual care within the organisation
Target:	To have a team of multi-faith pastoral volunteers; To raise awareness of spiritual needs of patients within the care directorate
How was this identified as a priority?	Through a gap analysis of the services we provide
How will this priority be achieved?	Working with the volunteer department to recruit pastoral volunteers Liaising with other spiritual leaders across the faiths Provide training to care staff and the volunteers Developing a Standard Operating Procedure for Spiritual Care
How will progress be monitored?	Through our integrated governance structure reporting
Priority 3:	The delivery of education through virtual platforms
Target:	To provide palliative and end of life education to health and social care professionals within our STP
How was this identified as a priority?	Discussions with commissioners following benchmarking with NICE and Government Guidance which showed gaps in confidence and competence to deliver care services
How will this priority be achieved?	Through collaborative working with the leads of provider organisations in identifying learning and development needs
How will progress be monitored?	Through our integrated governance structure reporting; Commissioner contract review meetings

2b. Progress against Priorities for Improvement in 2019/20

To Deliver Excellent Care		Progress in 2019/20
Priority 1	Youth Voice Project	
Target:	To actively engage young people who access our services, in offering feedback and embedding Youth Voice in Keech Hospice strategy	<ul style="list-style-type: none"> • We completed 5 workshops over the course of the year • We have received report with learning and feedback from young people who took part, we are developing and action plan from this learning to help us embed the voice of young people within our culture
Priority 2:	Children's MDT across all areas	
Target:	To have an effective MDT in each locality	<ul style="list-style-type: none"> • We now have MDT's in each of our localities attended by a wide range of professionals, these MDT's not only focus on the planning of patient care but also are a venue for education and shared learning

Priority 3:	Provision of spiritual care	
Target:	Spiritual support is easily available to all those (patients, families and carers) that access Keech Hospice Care services irrespective of religion, culture or background.	<ul style="list-style-type: none"> • We have now appointed a Spiritual Care Co-ordinator. We plan to further develop this service in 2020/21

Part 3: Statements of assurance from the Board

3a. Review of our services

During 2019/20 Keech Hospice Care provided the following specialist palliative care services to the NHS:

Adult Service

In-patient unit
Palliative Care Centre (became the Wellbeing Centre in January 2020)
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
Art Therapy
Family and Carer support
Bereavement Care
Spiritual Care
Hydrotherapy
Aquatherapy

Service Usage - Performance at a glance
(April 2019 – March 2020)

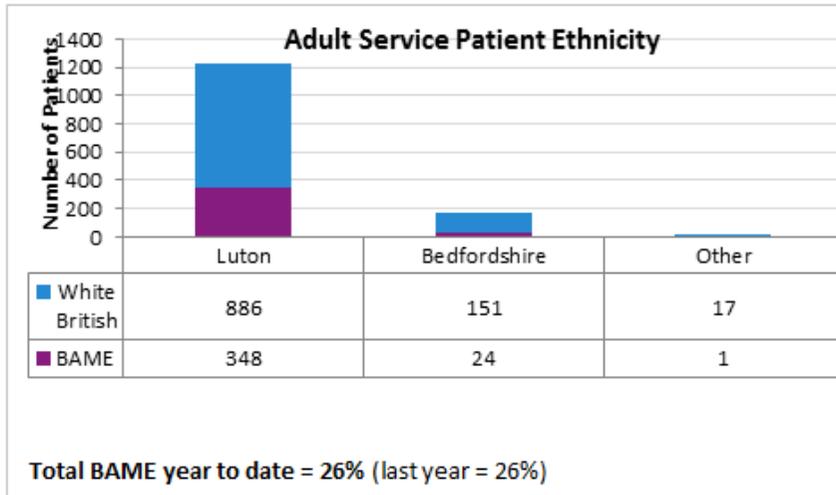
	Number of Beneficiaries	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Current Year Total (Apr 19 - Mar 20)	Previous Year Total (Apr 18 – Mar 19)	Percentage Change (%)
Adult Service	Patients	599	601	627	664	669	684	700	715	713	753	746	755	1427	1262	+13%
	Relatives	88	91	109	85	47	53	70	69	54	73	61	58	362	530	-32%
	Total Number of Beneficiaries	687	692	736	749	716	737	770	784	767	826	807	813	1789	1792	-0.2%
Children's Service	Patients	153	155	145	143	155	140	162	130	112	136	136	144	352	374	-6%
	Relatives	52	37	30	35	15	27	42	43	44	38	41	21	141	213	-34%
	Total Number of Beneficiaries	205	192	175	178	170	167	204	173	156	174	177	165	493	587	-16%
Totals	Patients	752	756	772	807	824	824	862	845	825	889	882	899	1779	1636	+9%
	Relatives	140	128	139	120	62	80	112	112	98	111	102	79	503	743	-32%
	Total Number of Beneficiaries	892	884	911	927	886	904	974	957	923	1000	984	978	2282	2379	-4%

Patient Demographics: Ethnicity and Diagnosis (April 2019 – March 2020)

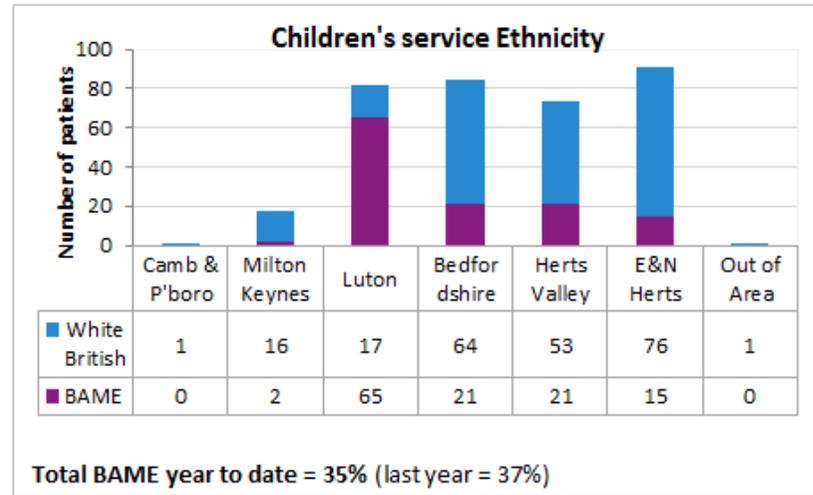
'I want to be cared for as an individual'

Adults

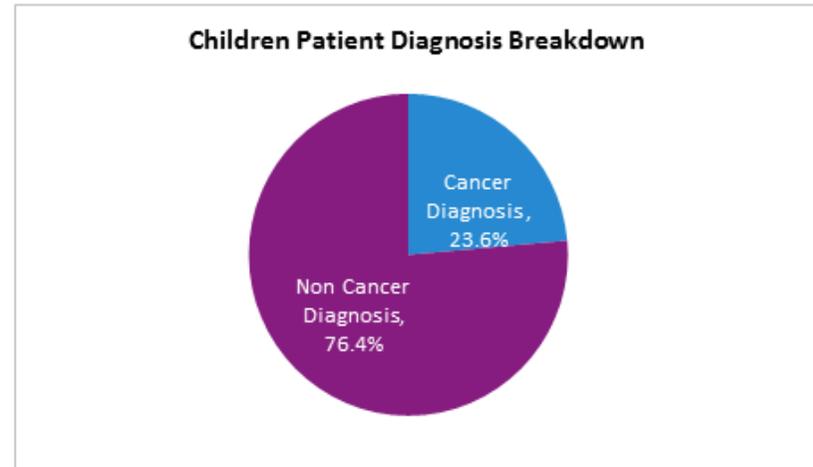
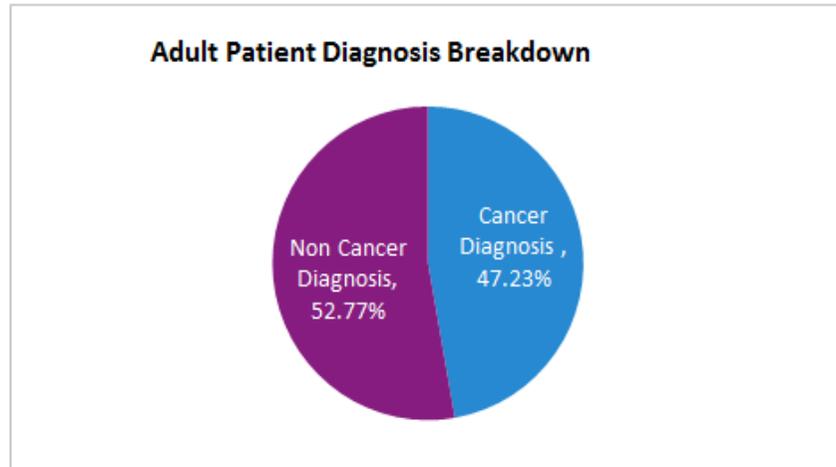
Ethnicity



Children



Diagnosis



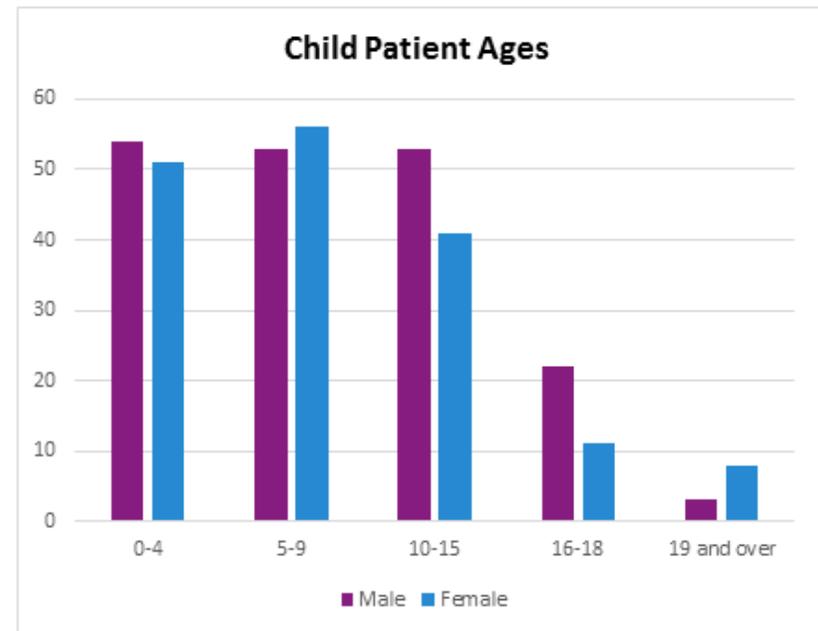
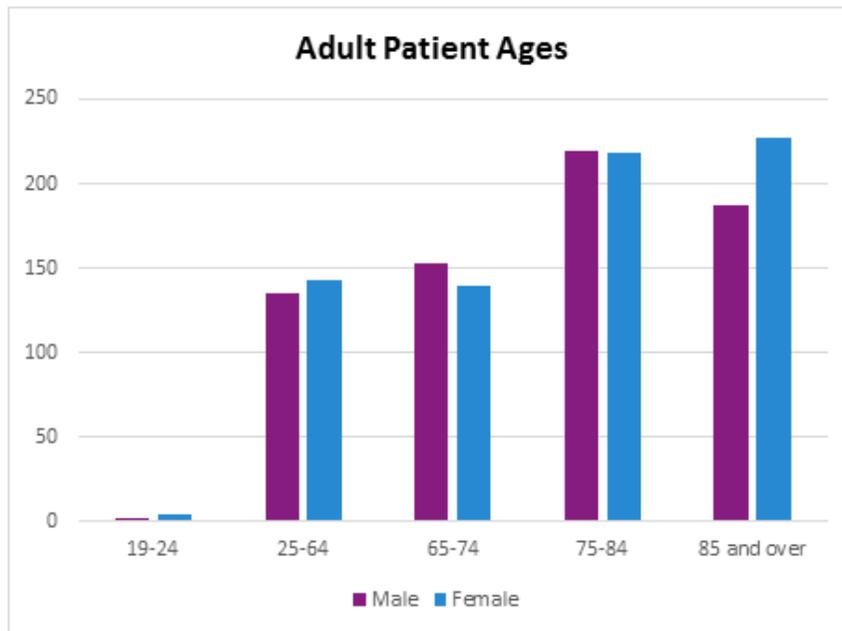
Patient Demographics: Age and Gender

Adults' Patient Ages

Age Range	Male	Female	Total
18-24	2	4	6
25-64	135	143	278
65-74	153	139	292
75-84	219	218	437
85 and over	187	227	414
Total	696	731	1427

Children's Patient Ages

Age Range	Male	Female	Total
0-4	54	51	105
5-9	53	56	109
10-15	53	41	94
16-18	22	11	33
19 and over	3	8	11
Total	185	167	352



3b. Participation in Clinical Audit

- During 2019/20 no national clinical audits or confidential enquiries covered NHS services that Keech Hospice Care provides
- During 2019/20 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 2019/20 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 2019/20 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 2019/20. This is because there were no national clinical audits relevant to the work of Keech Hospice Care.
- Keech Hospice Care was not eligible in 2019/20 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 2019/20 are listed further in the document.

3c. Research

The number of patients receiving NHS services provided or sub-contracted by Keech Hospice Care in 2019/20 that were recruited during that period to participate in research approved by a research ethics committee was NONE.

3d. Use of CQUIN payment framework

We did not receive CQUIN funding in 2019/20 that was conditional on achieving separate quality standards this year.

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
- Personal Care

There are no restrictions on our registration.

The Care Quality Commission has not taken any enforcement action against Keech Hospice Care in 2019/20.

Keech Hospice Care has not participated in any special reviews or investigations by the Care Quality Commission in 2019/20.

Keech Hospice Care last had an unannounced inspection from the Care Quality Commission in June 2016. We were 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 2019/20 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. Data Security and Protection Toolkit (DSPT)

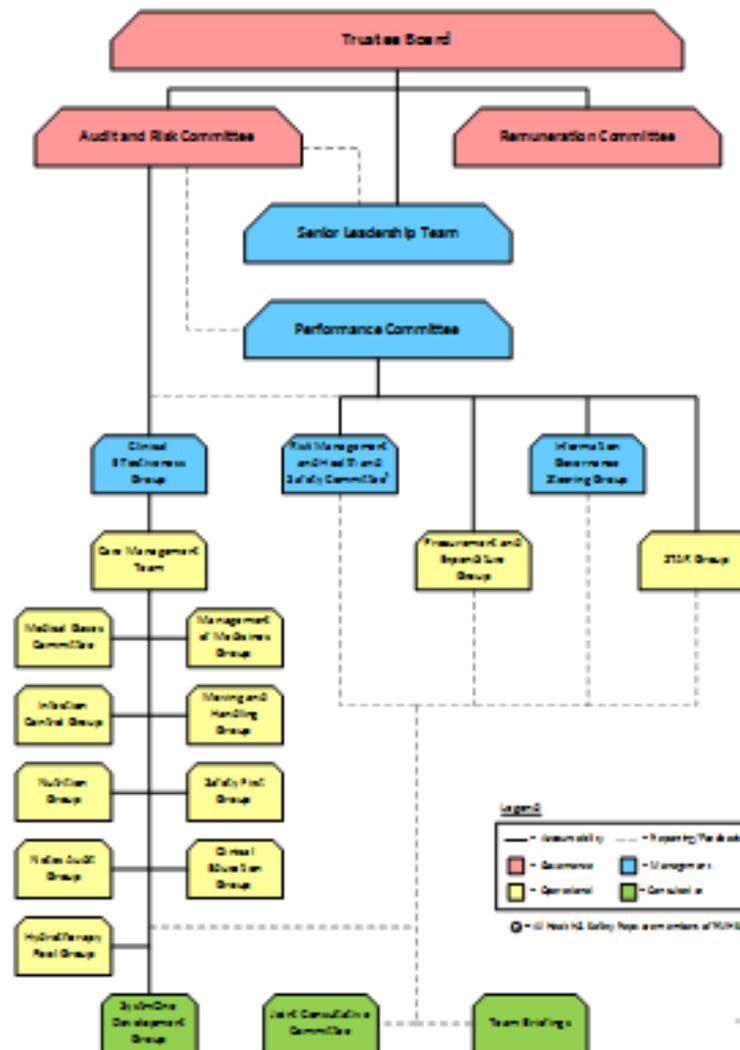
As a condition of our NHS commissioning contracts, we are required to demonstrate we uphold high standards of data security and protection by completing an NHS assessment called the Data Security and Protection Toolkit (DSPT) once per year. This year, due to Covid-19, the completion date has been extended to 30 September 2020. We are on track for completion.

3h. Clinical coding error rate

Keech Hospice was not subject to the Payment by Results clinical coding Audit during 2019/20 undertaken by the audit commission.

3i. Organisational Meeting Structure

Keach Integrated Governance Chart





Part 4: Review of Quality and Safety Performance

4a. Internal Audit Activity 2019/20

During 2019/20 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 Effectiveness 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 2019 the following audits have been conducted and presented to the above groups:

Patient Falls  Contemporaneous audit of clinical management of patient falls. See section 1.1.2 for details. Completed for every reported fall.	Pressure Ulcers  Contemporaneous audit of clinical management of pressure ulcers. See section 1.1.6 for details. Completed for every reported PU.	Safeguarding  Contemporaneous audit of 'Cause for Concern' reporting and management. See section 1.1.8 for details. Completed for every reported concern.	Notes (MCCT)  Audit of clinical note-taking and record keeping in My Care Co-ordination Team. Completed in May 2019.	Accountable Officer  Audit of systems and processes surrounding the Controlled Drugs Accountable Officer role. Completed in June 2019.
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Controlled Stationery



Audit of security, management and traceability of controlled stationery (prescription pads).
Completed in June 2019

Hand Hygiene



Quarterly audit of the World Health Organisation's 'My 5 Moments for Hand Hygiene' in all care units.
Completed in Q1, Q2, Q3 and Q4

CIPU Care Plans



Audit of completion of trigger sheets and care plans in Children's In-patient Unit.
Completed in September 2019.

Opioid Audit



Audit completed in response to Gosport independent review panel
Completed December 2019

Infection Control



Audit of cleanliness and good infection control practice in all care units
Completed December 2019

Controlled Drugs



Audit of the management of controlled drugs.
Completed in January 2020

General Medicines



Audit of the management of non-controlled drugs took place in AIPU
Completed February 2020

4b. Trustee Visits

Our Trustees take their role very seriously and are committed to a programme of four trustee visits a year. The visits 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 in November 2019. This year's assessments were conducted by 8 service users (patients and relatives), 1 volunteer and 4 independent assessors who completed the dementia section of the survey. 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 inspections. 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.

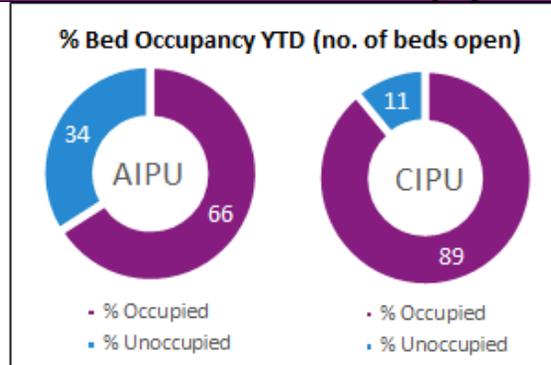
The care team also conduct monthly safety checks in their areas.

4e. Benchmarking

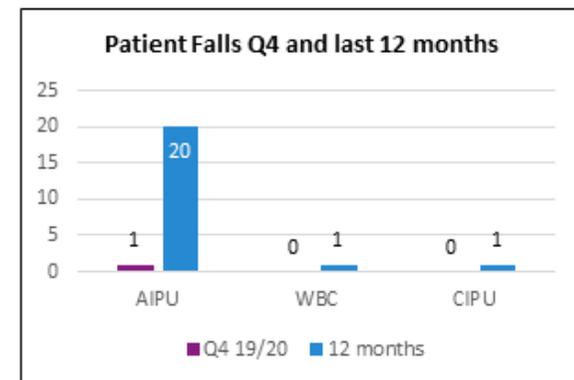
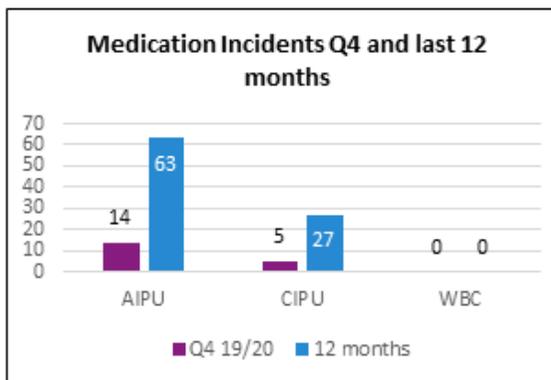
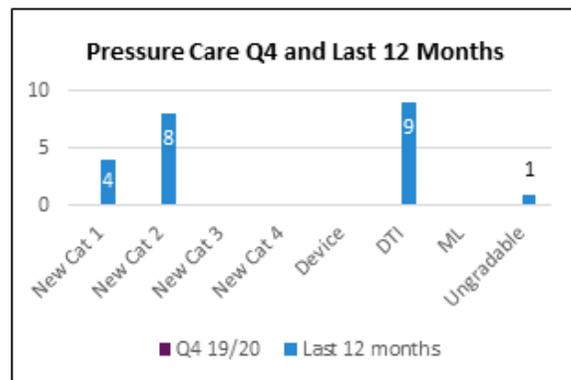
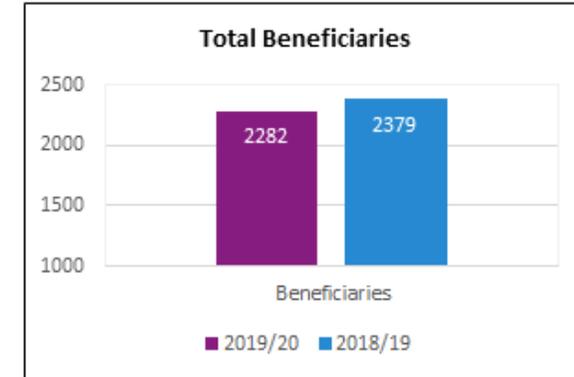
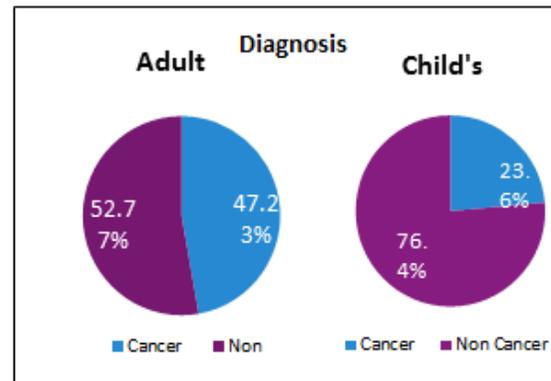
We take part in the national Hospice UK Benchmarking project. We benchmark against falls, and medication incidents with similar size organisations. We continue to submit monthly data to the NHS Safety Thermometer.

4f. Keech Hospice Care clinical governance overview (April 2019 – March 2020)

Friends and Family – Last 12 months		
	Total Responses/ Total Sent	% Likely or Extremely likely
Adults'	67/164	100%
Children's	34/266	97%
Complaints (Care)		
2019/20 Q4	Last 12 Months	
0	4	
Our Patients Agree or Strongly Agree that...		
Staff are friendly and approachable	100%	
They are treated with respect	100%	
Staff respect their confidentiality	100%	
Serious Incidents in Care	Q4 19/20	Last 12 months
	0	0
MCCT: Hospital Avoidances	2019/20 YTD	2018/19 YTD
	579	333



HR Data		
Staffing levels	Est WTE	Actual WTE
Clinical staffing	109.46	94.7
Training		
Organisation completed appraisal	97%	
Mandatory Training	88.6%	
Sickness % WTE	Clinical	
	5.7%	



Summary of Patient Falls April – March 2019/20

All of our patients are at higher risk of falls; therefore, we aim to work with the patients to minimise that risk. In the last 12 months we have been auditing falls to ensure the work introduced by the 'Safety First Group' has been embedded into the organisation.

Audit of the records for falls on Adult Inpatient Unit for the year show:

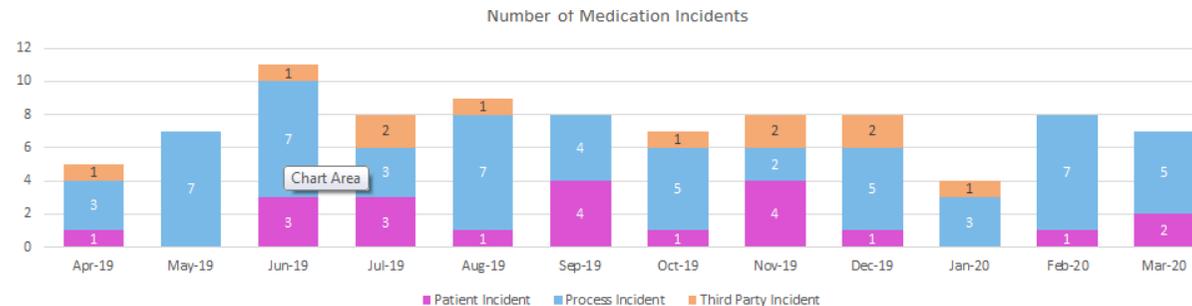
- 95% (19/20) of the patient records showed evidence of assessment by a doctor post fall.
- 100% of patients had a manual handling assessment on admission and there was good evidence of regular review.
- 95% had a falls risk assessment completed on admission.
- Whilst 90% of the patient records had a post fall assessment completed, observations were only recorded in 60% of them.
- 80% of S1 records evidenced that the patient's relative had been informed of the patient's fall.
- 5% of records reviewed showed evidence of the use of the 'Please Call, Don't Fall' poster for patients assessed to be at medium or high risk of falling.

Action/Learning

- Staff have been reminded to assure themselves that bed rails are secured when they set them up and at subsequent visits into the patient's room, and to document that this has taken place.
- The link role for Falls Prevention has been allocated to another nurse, to cover a period of maternity absence, and will continue the ongoing monitoring and real-time audit of assessment and entry into the patient record, including the use of the 'Please Call, Don't Fall' poster and ensuring that this can be evidenced.
- The plan to purchase 3 additional beds with integral bed exit alarms this year remains.

Summary of Medication Incidents April – March 2019/20

No patients have been harmed as a result of a medication incident taking place. 90 medication incidents have occurred between April – March 2019/20.



Action/Learning

- Staff involved in incidents continue to take part in reflective practice which has included:
 - Improvements in checking of medications on admission
 - Legal requirement for accurate recording of CD's
 - Careful reading of medication charts
 - Careful prescribing on medication charts
- On AIPU, where there have been discrepancies in counting/measuring the CCTV footage has been viewed for anomalies, none have been found
- The Education team focussed on management of medicines as part of our hospice safety week in January, 27 staff across children's and adults services took part in various activities facilitated by our Clinical Development Lead, these included:
 - Calculation challenges
 - Medication Safety 'your role' flyer (distributes and discussed in clinical areas)
 - Medication Safety 'do you know the difference' flyer (distributes and discussed in clinical areas)
 - Distributed copies of RPS/RCN medicine administration guidance 2019
 - Medicine of the Day (new drug each day)
 - January 2020 Drug Safety Update – MHRA circulated copies to teams
 - Clarified process for CD destruction – ad-hoc education of those nurses who have never done this...
 - 'Bite size' methadone sessions
- In the children's service, staff have been working with parents to improve completion of parental drug charts
- We continue to monitor incidents by staff member, providing additional training and support where required. These are followed up by service Lead Nurses. We are currently reviewing our system for managing this.

Summary of Pressure Ulcers April – March 2019/20

In the last 12 months 0 'new' pressure ulcers have been reported as serious incidents to the CCG and CQC as category 3 or 4 pressure ulcers.

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

"Words cannot express how much we appreciate the loving care given to our nephew during his short life. Our family could not have got through this difficult time without the care and guidance of your team. Thank you, you are special people"

From family of a child patient

"Thank you so much for your dedication and care for all your patients and families. We are especially grateful for our sisters last few days at Keech, your care for her and us was greatly appreciated. She died with dignity, pain free and peaceful which we were grateful to

From the family of a patient on AIPU

"Thank you all for so much for helping [name redacted] in making his last few weeks a bit more comfortable. Thank you for all you did for him"

From family of a patient on AIPU

"Thank you for looking after me and my little girl. You are all so amazing and so kind, I miss you all!"

From the mother of one of our child patients

"To all the team on CIPU, thank you for looking after me so well during my placement. The last 5 weeks have been challenging for me but the support and encouragement you have given me has helped me to cope and learn lots too! It has been brilliant working alongside such a brilliant team"

From a Student Placement on CIPU

Section 5: Feedback from our NHS Commissioners

Due to the COVID-19 pandemic, it has not been possible to get feedback from the CCGs for 2019/20 Quality Accounts.