



Quality Account 2022/23

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 our staff and volunteers for their outstanding work throughout the year. It has been a year to be proud of.

As we build back stronger after the pandemic years there has been much to do. We started the year by writing our new strategy for 2023-2026. This was an important piece of work which started with staff being involved with their thoughts and ideas, a review of our strengths and challenges and finally a review of the strategic landscape in which we operate.

The strategy identifies several areas we need to build on. Our digital capabilities, our green credentials and sustainability, finally improving our approach to equity and inclusion.

As a result of the development of the new strategy the following ambition statements described what will be different as a result of delivering this strategy.

1. A sustainable building and processes fit for the future.
2. A more equal and inclusive organisation
3. A Teaching Hospice and Centre of Excellence
4. Digital and innovation first
5. New and improved income streams
6. New and effective internal and external partnerships

Our finances are in a stable position, and supporters continue to be generous, particularly in supporting our retail shops.

We continue our close working with the NHS Integrated Care System and are becoming increasingly more integrated into many of the meetings, influencing end-of-life care system-wide.

Promoting our work to our less served community will continue to be a priority and our Community Connector posts are already making a difference. In children's services both neonatal care and transition to adult services are key aims.

We continue to prioritise the wellbeing of our staff, with a number of new initiatives. We were delighted to be placed 11th in the charity sector list of Best Companies to Work For 2022, an impressive 82nd of all companies UK wide. A remarkable achievement.

A year to feel immensely proud and feeling positivity for the journey ahead.

Liz Searle
Chief Executive Officer

Report from the Deputy CEO/Clinical Director

Over the last year we have engaged with the public, colleagues across the system, our team members, service users and their families to develop our 2023 to 2026 strategy. We are very proud to launch our new strategy, with the care focus as follows:

- Provide services which will be flexible and responsive – delivered when and where people need them.
- Use evidence and data to reach people earlier in their disease trajectory and those previously overlooked groups.
- Be part of our local community, supporting people to have conversations about death, dying and loss whilst building resilience.
- Through the services we deliver and operational improvements, provide personalised care to more people (babies, children, young people and adults of all ages) with a life limiting illness or who are bereaved.
- Develop excellence through partnerships with other hospices, health and social care providers and the community, using influence and shared learning to optimise our joint resources and provide care in a seamless way.
- Work closely with our local Integrated Care Boards to provide palliative care services, which are equitable for our local population.



In addition to the care we offer babies, children, young people and adults with a life limiting illness and those they love, our partnership with the university of Bedfordshire continues. We have been running focus events and listening to those from ethnic diverse groups who have found accessing palliative care services challenging. Their honesty and desire to improve access has allowed us to learn and develop our offer to all of our community.

As we go into delivering our next strategy I would like to thank the amazing team, including our volunteers for delivering compassionate and person centered care, making the difference when it matters the most everyday

Elaine Tolliday
Deputy CEO & Clinical Director

Part 1: Achievements and highlights

Achievements and highlights from 2022/23

Community Liaison Team

Over the last year the Community Liaison team have continued to seek to improve access to services for patients and carers; this is for professional referrals and self-referrals alike. The number of self-referrals continues to increase.

The team are continually communicating with hospice teams for updates on the services being offered and also the types of information they would like us to be obtaining as part of the triage process. They have worked closely with the teams on completing joint assessments with patients and families to ensure a multi-skilled approach and reduce the number of appointments for patients.

The team have been involved in some joint working with some of the rehab team to develop a new multi-professional initial assessment template.

In September 2022 the CNS managing MCCT has been seconded into the Community for one year. Line management for the Co-ordinators is now part of the Community Liaison CNS role.

Over the course of the year we have been receiving an increasing amount of telephone calls for advice and support from patients, families, and professionals.

Outpatient services

The Wellbeing Centre continues to be well attended with the majority of clinical sessions focusing on venepuncture and blood transfusions.

A new pathway for heart failure service for patients to receive intravenous diuretic therapy as part of a symptom management plan was successfully implemented in December 2022.

Home visits have proven to be a positive step forward in supporting patients previously known to the Wellbeing Centre as they approach end of life and enter the dying phase. Working in parallel with the community services involved, the home assessments have enabled the CNS team to review patients in their own homes and identify the correct time for admission, which for many patients has meant staying at home for as long as possible. 5

A new 'Wellbeing Passport' has been designed to help patients highlight areas of concern and potential required support, prior to their initial assessment with the nursing team. This will be sent out in the post once their appointment has been booked, and the patient is encouraged to complete this document with their carer or relative. It is hoped that the 'Wellbeing Passport' will enable patients to live well and be independent for as long as possible by identifying their needs and support required.

Rehabilitation Service:

At the beginning of the financial year, with the relaxation of Covid restrictions, Aquatic therapy restarted a pool group in May 2022.

The Rehab Team has been working closely with AIPU MDT and participate in the Consultant Board Rounds and MDT meetings weekly. They have been integral with discharge planning and facilitating what patients want to achieve during their time at Keech, concentrating on patient centered approach. As a team we have received positive feedback from patients, families, and colleagues.

The new Crafty Gardening group runs on a Friday morning in the WBC garden has been an exciting venture for our OT and our patients to be able to take part in horticultural therapy enabling patients to engage in a meaningful activity that they have not had the opportunity to carry out. Patients have given excellent positive feedback on a weekly basis during our reflection about the group for both social engagement and their own personal goals.

My Care Co-ordination Team (MCCT):

The support offered to families and patients alike is being maintained at a steady level each month by the coordinators. They are receiving between 260-280 calls each month on the dedicated advice line number.

The discharge planning team have continued to request support with patients who need to come home from hospital rapidly for end-of-life care, and we have been able to put in immediate personal care and emotional support visits to facilitate their discharge. The hospital express that they are very grateful for the My Care service when they are discharging patients, as they know the patient and family will receive support at home.

Liver Clinic:

The liver clinic continues to run monthly face to face with access to the hepatology Consultant for advice when needed, with open access for telephone support for the rest of the month and additional appointments if needed.

Adult In-Patient:

In September, our Senior Palliative Care Sister made the decision to retire having completed 25yrs of service to Keech; this is an amazing achievement. She has seen huge change throughout the years, not only through building developments here, but changes in local commissioning structures and the rapid advance in medical technology and service advancement.

Recruitment and retention of good staff has always a challenge, but post-pandemic it feels even harder. We recognise that to keep good staff, we need to invest in their development and give them opportunity to progress their careers within palliative care. I am delighted to report that the first development post has been very successful, and the member of staff is now in a substantive Band F position; we now have 2 more nurses being supported through this same development program.

We are delighted to have taken delivery of a second 'cuddle bed'. The team are grateful to everyone that has helped make this happen, and the difference it makes for patients and their loved one's words alone cannot describe.

Children's Services:

Our first Transition Lead joined the service in October with the second joining in March 2023. These posts have been matched funded by Hertfordshire and West Essex ICB and BLMK. These dedicated posts will finally give us the much needed resource to enable us to truly focus on the needs of our young people and their families as they move towards adulthood and the hugely significant changes this can bring. The roles also have a service development responsibility,

and it is hoped that with the support of these dedicated roles, our adult hospice partners throughout our geographical area will be able to begin to develop their services in readiness for the increasing numbers of young people accessing hospice care, reaching adulthood

Our work with the regional palliative care services, alongside the Keech doctors continues to ensure safe management of children in all settings with symptom management and end of life care. We are continuing to identify opportunities to develop consistent processes and align these with other children's hospices and services providing palliative care (PC). I took on the role of Chair of the East of England, Babies, Children and Young People's PC Forum which means a greater Keech presence within the region and a contribution to the Palliative and End of Life Care agenda through the Strategic Clinical Network.

The new East of England children's palliative care service RAaFT (Regional Advice and Facilitation Team) had its official launch at the end of the September, which members of the Keech team were part of and we continue to play an active role in its development and strategic planning for the future. As part of this service Keech will be taking on the funding for the play specialist input and will be working towards establishing a regional network, ensuring that there are specialist learning opportunities and appropriate support for all play specialists and nursery nurses working with children and young people with palliative care needs.

Play service activity continues to provide numerous activities for families and various support groups for the children. The Wednesday morning Tots and Toys group is very popular and sees the care area come to life each week with music and singing whilst providing parents with space to talk to each other which offers valuable support. There are numerous activities taking place in the community as well as at the hospice and the run up to Easter offers activities for children of all ages.

Supportive Care Services:

The funding for the Bereavement Outreach Services service came to an end in March 23. Because of the length of support offered, and the waiting list numbers, we closed our books to any further referrals from November 2022, however support has continued during this quarter and will do until the waiting list has been completed. The Lead nurse for Supportive Care and Social work has continued their Bereavement scoping project across BLMK with support from Willen and St Johns Hospice bereavement leads.

The Children and Young adult support group, Sparklers has continued to meet with regular attendees.

The pre/post bereavement group Dad's Cry too continued to meet face to face. There is a new group for Mum's, MUM (Mum's supporting Mum's) which has been well attended. A new post bereavement group for adults has been explored by the Family support workers. This group will replace our Silver Linings group and will give attendees the opportunity to attend six sessions, covering topics such as coping strategies, memory making, sharing ideas on what has been most helpful for them and signposting them to books and information which will help them. also bringing in photographs of their loved one and sharing memories. Once the six sessions are completed, they will then be offered a drop-in bereavement group which will be less formal.

The Hospice at Home volunteers have continued to support their clients both face to face and by telephone. The Keech Hospice Hospice at Home service will shortly become Compassionate Neighbors.

Music Therapy and complementary therapy activity has continued. The meditation and mindfulness support to adult patients has continued to be offered and the complementary therapy coordinator has been running weekly mindfulness drop-in sessions to staff, either face to face or virtually, which has had good attendance.

Our Chaplain has continued to offer spiritual care to inpatients and family members. There has been continued increased support given this quarter. He is also continuing to seek Spiritual care volunteers of all faiths and non-faith, who will form a team to deliver Spiritual care to patients and families.

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 are further developing our safeguarding training to include domestic abuse.

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 2022/23 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 2023/24 (Adults and Children's)

Priority 1:	A dedicated service for supporting babies under 1 with a palliative care need
Target:	Scope the need for a dedicated service to support babies under 1 with a palliative care need
How was this identified as a priority?	National guidance Local data with increasing referrals for under 1s
How will this priority be achieved?	Scoping project undertaken
How will progress be monitored?	By the clinical governance and senior leadership team on completion of the report
Priority 2:	Development of a compassionate neighbour service across Luton
Target:	To develop a compassionate neighbour service in Luton

How was this identified as a priority?	Support those who experience loneliness and isolation
How will this priority be achieved?	Recruitment of a compassionate neighbour coordinator, recruit compassionate neighbour volunteers, and community hubs. Support volunteers to visit and support patients and their carers
How will progress be monitored?	A steering group will guide and support the project. The coordinator will also be mentored by a coordinator in post within another hospice
Priority 3:	Implement the new patient safety incident framework across the organisation
Target:	To implement the patient safety incident framework
How was this identified as a priority?	Change in national guidance
How will this priority be achieved?	Development of action plan following review. After approval by trustee board and ICS, Implementation of plan
How will progress be monitored?	At contract review meetings and via our quarterly quality report
Priority 4:	To be transparent with feedback provided about our services
Target:	To have patient feedback boards in each of our care areas
How was this identified as a priority?	Quality visit from Herts and West Essex ICB
How will this priority be achieved?	To have patient feedback boards displayed in our care areas displaying feedback provided about our services taken from surveys, compliments and complaints, details of changes made in relation to feedback received and outcome of the friends and family test. It will also have a QR code so people can leave feedback as and when they want to and details of how to obtain paper copies of surveys if they do not want to engage digitally.
How will progress be monitored?	Monitored through our Clinical Safety and Assurance Group with assurance provided to the Clinical Effectiveness Committee. Feedback to Commissioners

2b. Progress against Priorities for Improvement in 2022/23

To Deliver Excellent Care		Progress in 2022/23
Priority 1	Promote knowledge and awareness of hospice services to the local communities	
Target:	Improve public awareness of hospice services	Partnership with Healthwatch and supported several public awareness events. Community engagement undertaken by the team to support a knowledge of hospice services and the normalization of the conversations about death and dying. Marketing and communication team continue to promote services
Priority 2:	Improve the access rates for the diverse local communities by working in partnership with the University of Bedfordshire to identify the existing barriers	
Target:	Understand the barriers to palliative care and hospice services to those from ethnic and faith minority groups	Several focus groups undertaken, engaging with carers from ethnic diverse communities, faith leaders and service users. Feedback captured and action plan agreed. Community connector in post and working hard to support access to hospice services and also bring insights to the hospice.
Priority 3:	To ensure a robust transition process between the young people's and adult services	
Target:	To develop a transition coordinator role who will develop and manage young people's transition into adult services	Two transition leads are in post to cover all the geographical areas we cover. They are developing a caseload and family events so young people and their families can get to know adult hospices.
Priority 4:	Service User Feedback, Experience and Outcomes	
Target:	To understand the needs, expectations and experiences of those who come into contact with us so that we can continually develop and improve our services to suit the needs and expectations of the population we serve	We have continued to seek feedback from our service users and stakeholders. We have sent annual and quarterly patient experience surveys; we have engaged with Young Healthwatch from Bedfordshire and made changes based on their recommendations; we have undertaken the PLACE Survey. As mentioned in priority 1 We engaged with Luton Healthwatch to undertake a public survey.

Part 3: Statements of assurance from the Board

3a. Review of our services

During 2022/23 Keech Hospice Care provided the following specialist palliative care services which are part funded through our standard NHS Contract:

Adult Service

- In-patient unit
- Outpatient Services
- Care Co-ordination Services
- Drug Therapies
- Independence and Wellbeing Service
- Rehabilitation Services

Children's Service

- Inpatient unit
- Play Services
- Community Nursing Team

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

- Complementary Therapy
- Music Therapy
- Art Therapy
- Family and Carer support
- Bereavement Care
- Spiritual Care
- Hydrotherapy
- Aquatherapy

Service Usage - Performance at a glance (April 2022- March 2023)

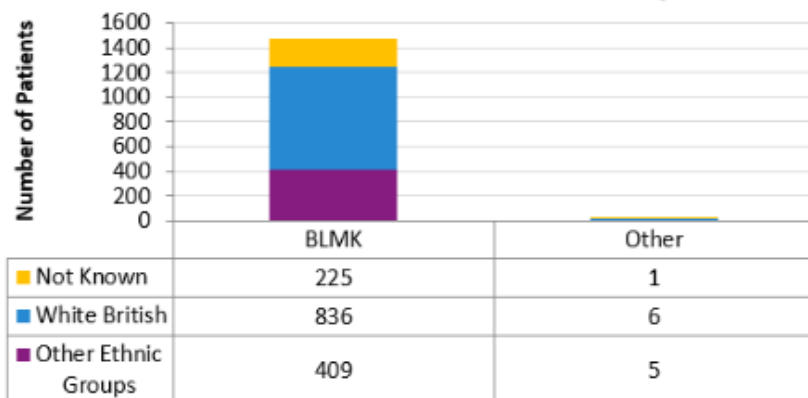
	Number of Beneficiaries	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Current Year Total (Apr – Mar 23)	Previous Year Total (Apr – Mar 22)	Percentage Change (%) Year on Year
Adult Service	Palliative Patients	768	819	807	803	790	761	757	763	762	762	711	708	1482	1520	-2.5%
	Other Service Users ⁽¹⁾	104	101	101	78	71	84	72	80	79	79	73	102	276	525	-47.4%
	Total Number of Beneficiaries	872	920	908	881	861	845	829	843	841	841	784	810	1757 ⁽³⁾	2045	-14.0%
Children's Service	Palliative Patients	176	179	175	187	146	150	153	215	185	185	172	194	381	327	+16.5%
	Other Service Users	67	74	75	74	68	69	74	77	78	80	78	48	135	217	-37.8%
	Total Number of Beneficiaries	243	253	250	261	214	219	227	292	263	265	250	242	516	544	-5.15%
Totals	Palliative Patients	944	998	982	990	936	911	910	978	947	947	883	902	1863	1847	+0.9%
	Other Service Users	171	175	176	152	139	153	146	157	157	159	151	150	411	742	-44.6%
	Total Number of Beneficiaries	1115	1173	1158	1142	1075	1064	1056	1135	1104	1106	1034	1052	2273 ⁽³⁾	2589	-12.2%

Demographics: Palliative Patients Ethnicity & Diagnosis 2022-2023

Adults

Ethnicity

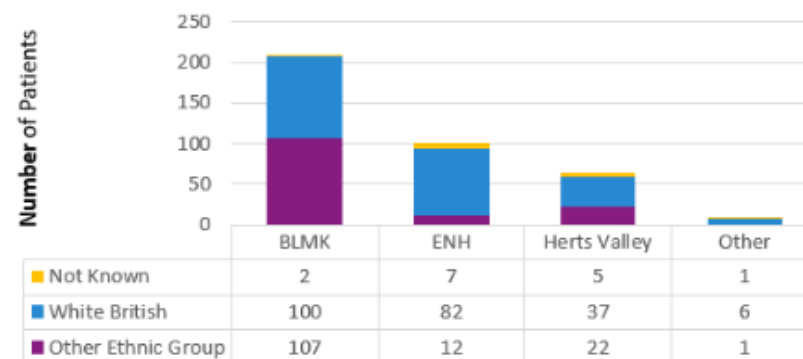
Adult Service Palliative Patient Ethnicity



% Other Ethnic Groups year to date = 33% (last year = 31%)
(where ethnicity has been recorded)

Children

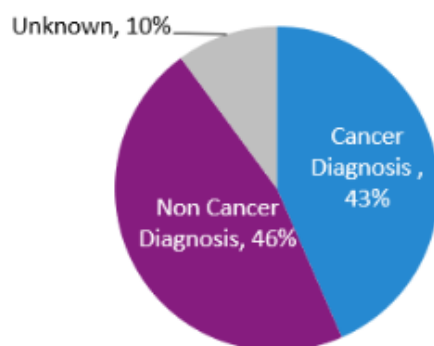
Children's Service Palliative Patient Ethnicity



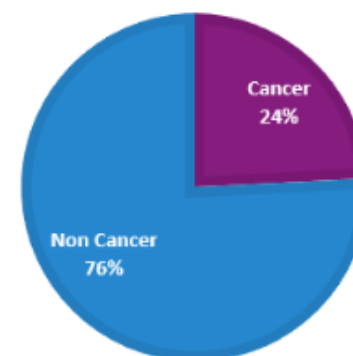
% Other Ethnic Groups year to date = 37% (last year = 34%)
(where ethnicity has been recorded)

Diagnosis

Adult Patient Diagnosis Breakdown



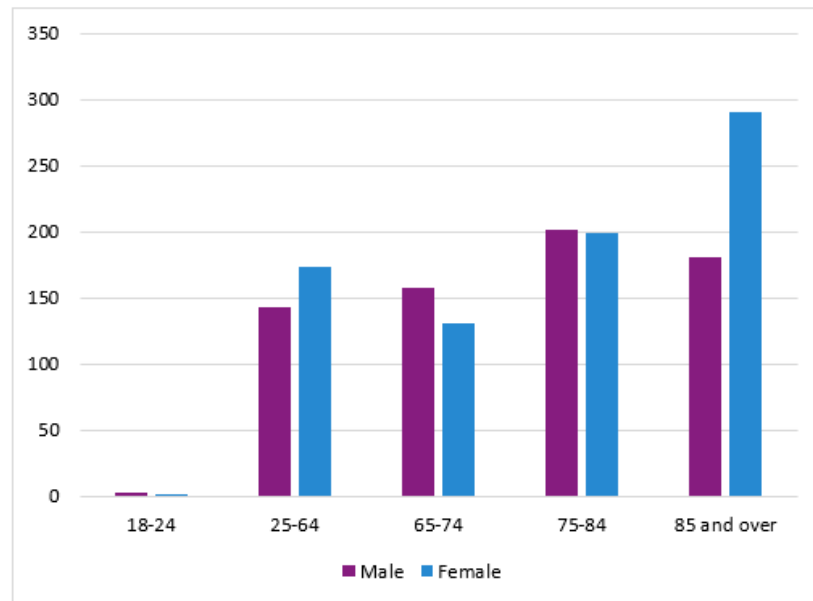
Child Patient Diagnosis Breakdown



Demographics: Palliative Patients Age and Gender

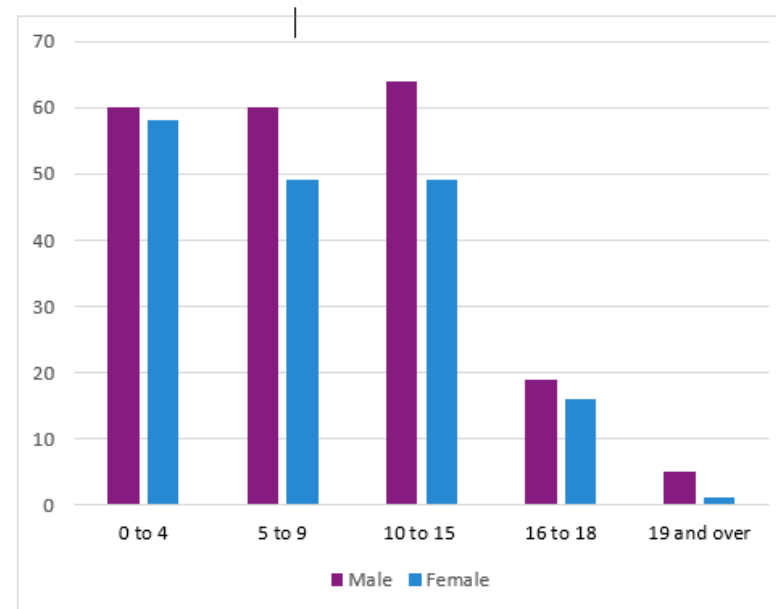
Adult Service

Age Range	Male	Female	Total
18-24	3	2	5
25-64	143	174	317
65-74	158	131	289
75-84	202	199	401
85 and over	181	290	471
Total	687	795	1482



Children's Service

Age Range	Male	Female	Total
0-4	60	58	118
5-9	60	49	109
10-15	64	49	113
16-18	19	16	35
19 and over	5	1	6
Total	208	173	381



3b. Participation in Clinical Audit

- During 2022/23 no national clinical audits or confidential enquiries covered NHS services that Keech Hospice Care provides
- During 2022/23 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 2022/23 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 2022/23 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 2022/23. This is because there were no national clinical audits relevant to the work of Keech Hospice Care.
- Keech Hospice Care was not eligible in 2022/23 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 2022/23 are listed further in the document.

3c. Research

The number of patients receiving NHS services provided or sub-contracted by Keech Hospice Care in 2022/23 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 receive NO CQUIN funding in line with the NHS Standard Contract, shorter form, commissioning arrangements.

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

There are no restrictions on our registration.

The Care Quality Commission has not taken any enforcement action against Keech Hospice Care in 2022/23

Keech Hospice Care has not participated in any special reviews or investigations by the Care Quality Commission in 2022/23

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

Overview and CQC Inspections

<div>Overall Good</div> <div>Read overall summary</div>	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

3f. Data Quality

Keech Hospice Care did not submit records during 2022/23 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 SystmOne, 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). SystmOne 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.

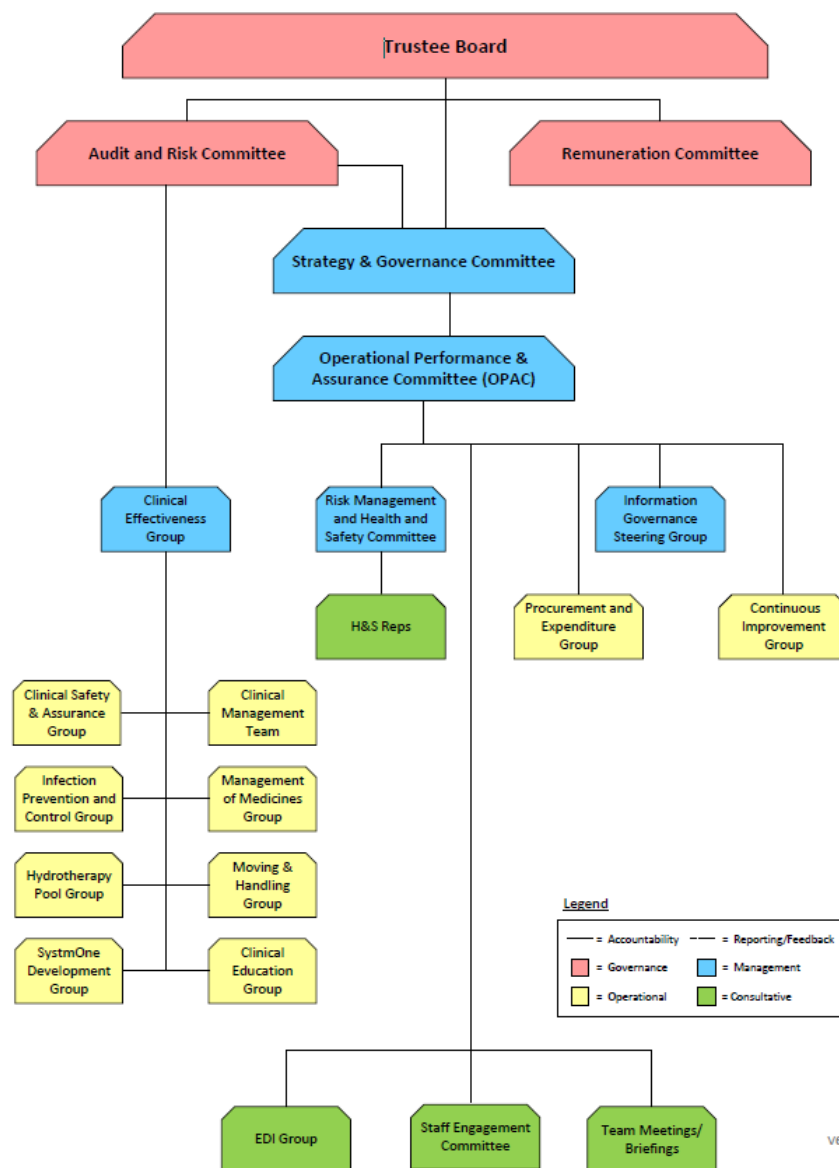
3g. Data Security and Protection Toolkit (DSPT)

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. Keech Hospice Care submitted a completed DSPT assessment in March 2023 with 100% compliance against all mandatory criteria.

3h. Clinical coding error rate

Keech Hospice was not subject to the Payment by Results clinical coding Audit during 2022/23 undertaken by the audit commission.

3i. Organisational Meeting Structure



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Part 4: Review of Quality and Safety Performance





4a. Internal Audit Activity 2022/23

During 2022/23 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 full audit program is then reported quarterly to our Audit and Risk Committee which is made up of trustees, lay persons and hospice staff.

The Medical Gases audit, Controlled Drugs audit, General Medicines audit, the MCCT Service Notes audit and the Consent for Publicity audit is currently underway but not yet completed. Since April 2022, the following audits have been conducted and presented to the above groups:

Patient Falls	Pressure Ulcers	Safeguarding	Hand Hygiene	PPE	Infection Control
					
Contemporaneous audit of clinical management of patient falls. See section 1.1.2 for details.	Contemporaneous audit of clinical management of pressure ulcers. See section 1.1.6 for details.	Contemporaneous audit of Cause for Concern' reporting and management. See section 1.1.8 for details.	Quarterly audit of the World Health Organisation's 'My 5 Moments for Hand Hygiene' in all care units.	Audit of PPE usage and training in care units.	Monthly audit of cleanliness and good infection control practices in all care units.
Completed for every reported fall from Q1-Q4.	Completed for every reported pressure ulcer from Q1-Q4.	Completed for every reported concern from Q1-Q4.	Completed from Q1-Q4.	Completed from Q1-Q4.	Completed from Q1-Q4.

Clinical Information Sharing (NG138)	Adult Service Notes	Chaplaincy Audit	Supportive Care & Social Work Notes Audit
 <p>Yearly audit of the requirement by the NHS Standard Contract in relation to the adult unit.</p> <p>Completed in Q3.</p>	 <p>2 yearly audit to check adult patient's notes against criteria agreed by the auditor and the Associate Lead.</p> <p>Completed in Q3.</p>	 <p>Annual audit under the NHS Standards and the UK Board of Healthcare Chaplaincy to ensure that funding is provided for our Chaplaincy services.</p> <p>Completed in Q4.</p>	 <p>2 yearly audit to check adult patient's notes against criteria agreed by the auditor and the Lead Nurse of Supportive Care and Social Work.</p> <p>Completed in Q4.</p>

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 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 last assessment took place on the 26th October 2022. 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: Adult IPU, Outpatients (WBC), Communal Areas (Reception, Valerie's, Public Areas and Toilets), External Grounds and Food Provisions.

Overall, the feedback was very positive from all assessors. Everyone stated they were "very confident" that our environment supports good care. However, some minor issues were spotted regarding our maintenance such as markings/stains on walls, all of which have been put onto an action plan for correction.

4d. Workplace Inspections

Six monthly workplace inspections continued to take place during the pandemic and are conducted by the CEO, a member of the Quality and Compliance team and a membership of our Health & Safety Representatives Team.

The care directorate also conduct 2 care safety weeks each year. The aim of the safety week is to:

- 1) Ensure patient safety is being maintained at satisfactory levels,
- 2) Ensure that standards of professional responsibility are high and can be evidenced,
- 3) Obtain feedback from service users and staff.

4e. Benchmarking

We take part in the national Hospice UK Benchmarking project. We benchmark against falls, and medication incidents with similar size organisations.

4f. Keech Hospice Care clinical governance overview (April 2022 – March 2023)

Friends and Family – Last 12 months		
	Total Responses	% Likely or Extremely likely
Adults'	20	100%
Children's	18	100%
Complaints (Care)		
2022/23 Q4	Last 12 Months	
0	6	

Serious Incidents in Care	Q4 22/23	Last 12 months
	0	0

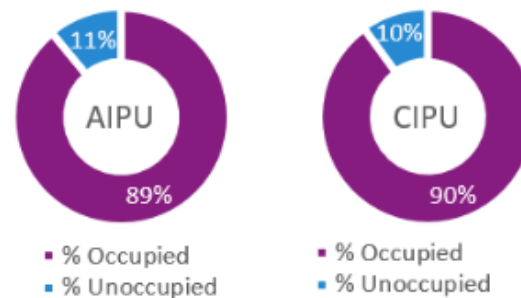
RIDDOR Reports in Care	Q4 22/23	Last 12 months
	0	0

Safeguarding	Q4 22/23	Last 12 months
Concerns raised by us	5	20
Concerns raised about us	0	0

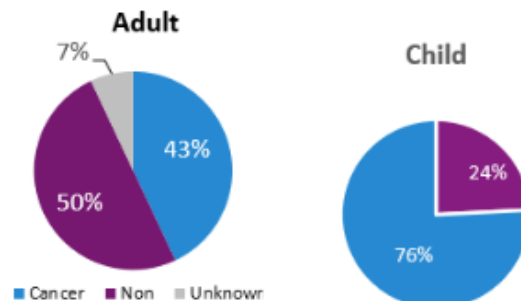
MCCT: Hospital Avoidances	YTD 22/23	YTD 21/22
	516	645

HR Data		
Staffing levels	Est	Actual WTE
Clinical Staffing	115	101.4
Sickness WTE	5.5%	

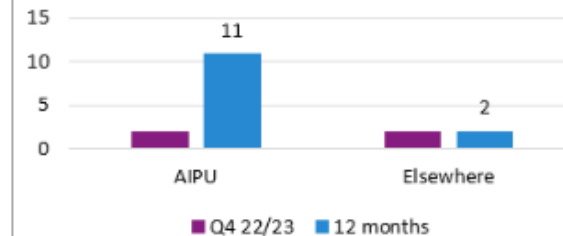
Occupancy – based on beds open



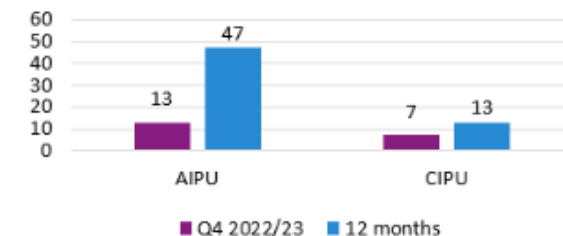
Diagnosis



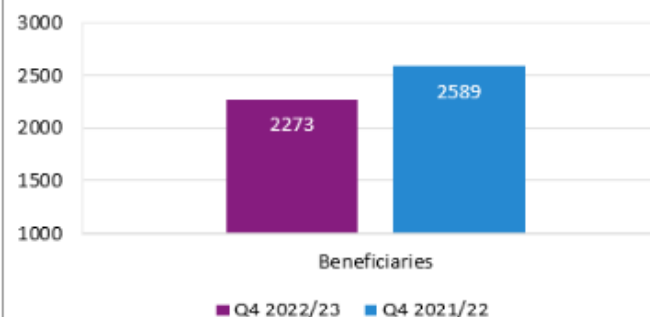
Patient Falls Q4 and last 12 months



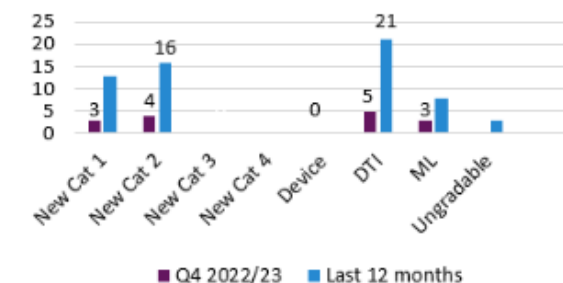
Medication Incidents Q4 and last 12 months



Total Beneficiaries



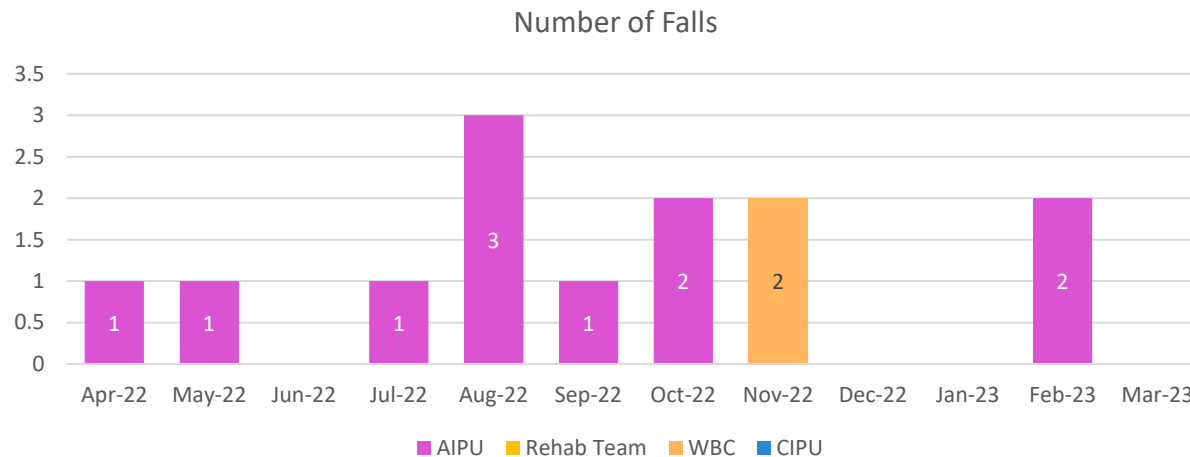
New Pressure Care Q4 and Last 12 Months



Summary of Patient Falls April – March 2022/23

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.

A total number of 11 falls have taken place on our adult in-patient unit over the last 12 months (20 falls for the same period last year). There has been no serious or significant injury incurred as a result of these falls.



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

- 100% of the patient had a had a manual handling assessment on admission and there was good evidence of regular review.
- 100% of the patient records showed evidence of assessment by a doctor post fall.
- 100% had a falls risk assessment completed on admission.
- 100% of the patient records had a post fall assessment completed and an observation chart completed.
- 81% (9/11) of S1 records evidenced that the patient's relative had been informed of the patient's fall

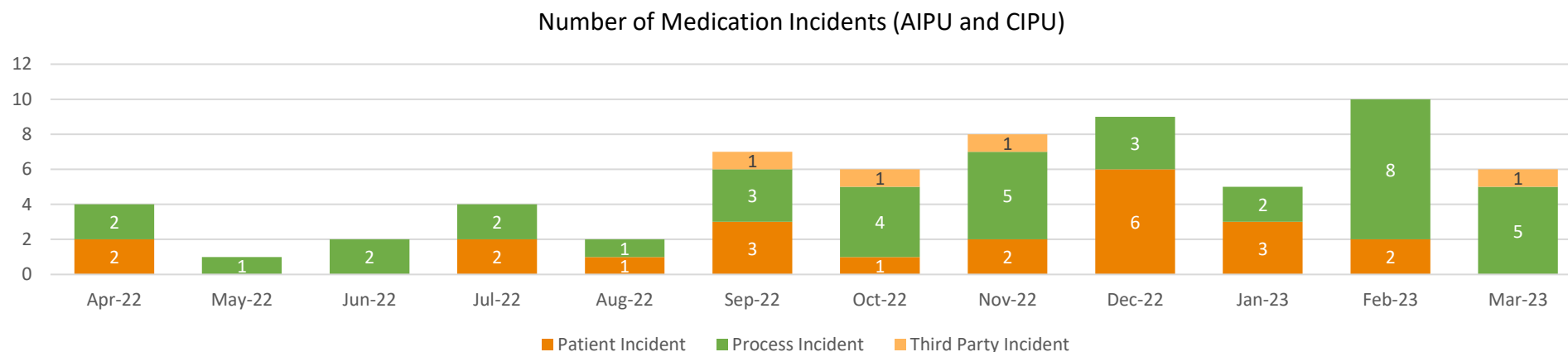
Action/Learning

We are pleased with the audit results this quarter. These preventative measures from last quarter remain in place, we continue to review and ensure that falls prevention strategies are always maintained. All our beds now have bed sensors and we have purchased 6 new pressure sensor mats for AIPU. In addition to this, the action/learning below remains unchanged from the previous quarter as we continue to have new members of staff join our contracted and bank staff teams.

- AIPU staff reminded of the importance of clear documentation on SystmOne following falls. It is to be clearly documented if NOK has been contacted and if not, what the reasoning for this is. If it has been unsuccessful or not appropriate to contact NOK at the time of fall then what is the forward plan to gain contact and when.
- AIPU staff reminded of the importance of starting and following the Post Fall Observation Chart and to update the assessment where appropriate.
- Mentors/supervisors to ensure that new starters/ students are fully aware of the falls prevention strategies and measures and how to document that these have been implemented. Can be monitored by student handbooks/ completion of induction checklists.
- Mentors/ supervisors to ensure new starters/students are aware of post falls protocols as per policies, procedures and guidelines. This can be achieved by the completion of the induction checklist reading policies.

Summary of Medication Incidents April – March 2022/23

There have been a total of 63 medication incidents over the last 12 months. No patients have been harmed as a result of a medication incident taking place.



Action/Learning

We are seeing staff more readily reporting low level incidents and we continue to encourage this. All incidents are reviewed and discussed at the Medicines Management meeting, and we are not seeing any trends to cause concern. Where staff are involved in repeated incidents, we have a process in place to address this and take the appropriate action to support their learning and development.

The CD Accountable Officer attends the Local Intelligence Network meetings. It is recognized that there are many contributing factors that lead to low level incidents, and to have a higher level of these is to be expected if you have a culture of openness and learning. The counter to this is to then expect a low number of serious incidents and this is reflected in our incident report.

Summary of Pressure Ulcers April – March 2022/23

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

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

"My GP recommended Keech Counselling. The appointment came through very quickly and I was introduced to (name redacted). Immediately I could sense her genuineness, and compassion... She was calm and empathic, she allowed me to explain and vent as that was what I needed.... There are many counsellors I have been to in the past but none that I have felt as comfortable or easy to talk to as (name redacted)."

Compliment from a Bereavement Support user

"To all the caring staff,
A thousand thanks, such wonderful kindness and care to all the family."

Feedback from a patient's friend we gave EOL care to.

"You are amazing and cannot say enough thank you for welcoming me on placement. Each of you thought me something. You are great for every student. I was given this opportunity to spend 4 weeks with you. You are doing an amazing job looking after patients and are a fabulous team together. Hope to work with you again in the future."

Compliment from a Student Nurse on Placement

"To all the staff at Keech,
Thank you so much for your kindness and care in looking after our mum. Mum really enjoyed the chats with the staff when they came into her room. She always had good things to say about you all, which also helped us knowing mum was being well looked after. Mum's Christmas and New Year's was made very comfortable for her, watching TV and having a few treats like a massage of her hands and a cello player coming to her room. So her last few weeks were enriched by your whole team. You are all amazing people with love to you all."

A card received from a family who we supported on AIPU

"Thank you to everyone who cared for (name redacted),
You made her feel safe and comfortable and at peace in her last days. This was also greatly appreciated by her friends who reassured she was never left alone.
With all of our love x"

Feedback from a patient's friend we gave EOL care to on AIPU.

Part 5: Feedback from our NHS Commissioners

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Keech Hospice Care for 2022 /2023.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Keech Hospice Care Quality Account for 2022/23. The ICB would like to thank the hospice for preparing this Quality Account, developing future quality assurance priorities and acknowledging the importance of quality at a time when Keech Hospice Care continues to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff and we would like to thank them for this.

HWE ICB regard Keech Hospice Care as a key partner in the delivery of integrated palliative and end of life care for the children and young people of Hertfordshire. During the year HWE ICB have been working closely with Keech gaining assurance on the quality of care provided to ensure it is safe, effective and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the Keech Hospice Care Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

We welcome the Keech Hospice Care's new strategy for 2023-2026 and the focus it brings to improving the approach to equity and inclusion. This will continue the progress from the priorities for 2022/23 including improvement of access for the diverse local communities and development of services to meet the needs and expectations of the population.

Looking forward to 2023/24, the ICB supports the hospice's quality priorities and are pleased to see development of the compassionate neighbour service supporting patients and carers and also implementation of the Patient Safety Incident Response Framework (PSIRF). It is encouraging to see the hospice being responsive to the increasing demand for palliative care referrals for infants. The ICB appreciates the continued focus on patient feedback, sharing learning with staff and an accessible feedback process for patients.

The ICB recognises the challenges experienced by the hospice in 2022/23 and we look forward to a continued collaborative working relationship as well as building on existing successes and collectively taking forward needed improvements to deliver high quality services for this year and thereafter.



Chris Harvey
Assistant Director of Nursing & Quality, Hertfordshire and West Essex ICB

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair



Statement from Bedfordshire, Luton & Milton Keynes Integrated Care Board (ICB) to Keech Hospice Care Quality Account 2022 – 2023

BLMK ICB welcomes the receipt of the 2022/2023 Quality Account from Keech Hospice Care. The Quality Account was shared with BLMK's Executive Directors, Contract, Performance and Quality Teams and systematically reviewed by key members of the ICB's Quality Committee & Performance, as part of developing our assurance statement.

The ICB has continued to work closely with the Keech Hospice Care during the year, gaining assurance on the delivery of safe and effective services. Across Bedfordshire and Luton, we have worked closely with Keech Hospice Care and Partners (Local Authority, Healthwatch and community providers) in ensuring patient safety and quality of services. In line with the NHS (Quality Accounts) Regulations, BLMK ICB has reviewed the information contained within the Keech Hospice Care Quality Account and checked this against data sources, where this is available to us, as part of our existing monitoring discussions and confirm this to be accurate.

BLMK ICB would like to commend Keech Hospice Care on how they have prioritised their staff wellbeing and their recognition of being ranked 11 out of 82 companies in the charity section of best UK company to work for. We understand the post pandemic staffing challenges that have been experienced across the system and are pleased to hear about the successes of staff development posts.

The Quality Account demonstrates the embed culture of learning that sits within Keech Hospice Care, the ICB has noted the robust audit programme and the reporting structure that sits behind it.

We are pleased to note the successful implementation of the heart failure service allowing patients to receive intravenous diuretic therapy as part of symptom management plans. We also note the Wellbeing Centre's move towards home visits for those on end-of-life care who are entering the dying stage and recognise the impact this will have in enabling people to stay at home for as long as possible.

The ICB are delighted to note the continued 100% positive feedback from the Friends and Family Test (FFT) and the examples of service user feedback, included in the quality account, which demonstrate the positive impact and high quality of care provided to patients, their families and other professionals.

The ICB recognises the progress and achievements made against the 2022/2023 priorities for improvement and note the new 3-year strategy along with its care focus, which link with the ICB key principles, particularly the progress in the area of transition which has seen the recruitment of a Transition Lead and focus this brings on the challenges the move from childhood to adulthood can bring for our young people and their families.

The priorities for 2023/24 are clear in methodology for improvement illustrating how the organisation plans to improve experience of care, staff experience and value.

As Strategic Commissioners and System Partners we recognise the transformation of services to support the ever-increasing demands, complexities and challenges of meeting the needs of the population. As the Integrated Care System becomes embedded within BLMK, we look forward to working increasingly closely with Keech Hospice Care in improvement of patient safety, quality and patient experience.

We trust Keech Hospice Care finds these comments helpful and anticipate continuous improvements throughout the coming year. BLMK ICB looks forward to working with Keech Hospice Care across our Integrated Care System in 2023/24 and beyond.

Signed:



Sarah Stanley
Chief Nursing Director
BLMK Integrated Care Board