

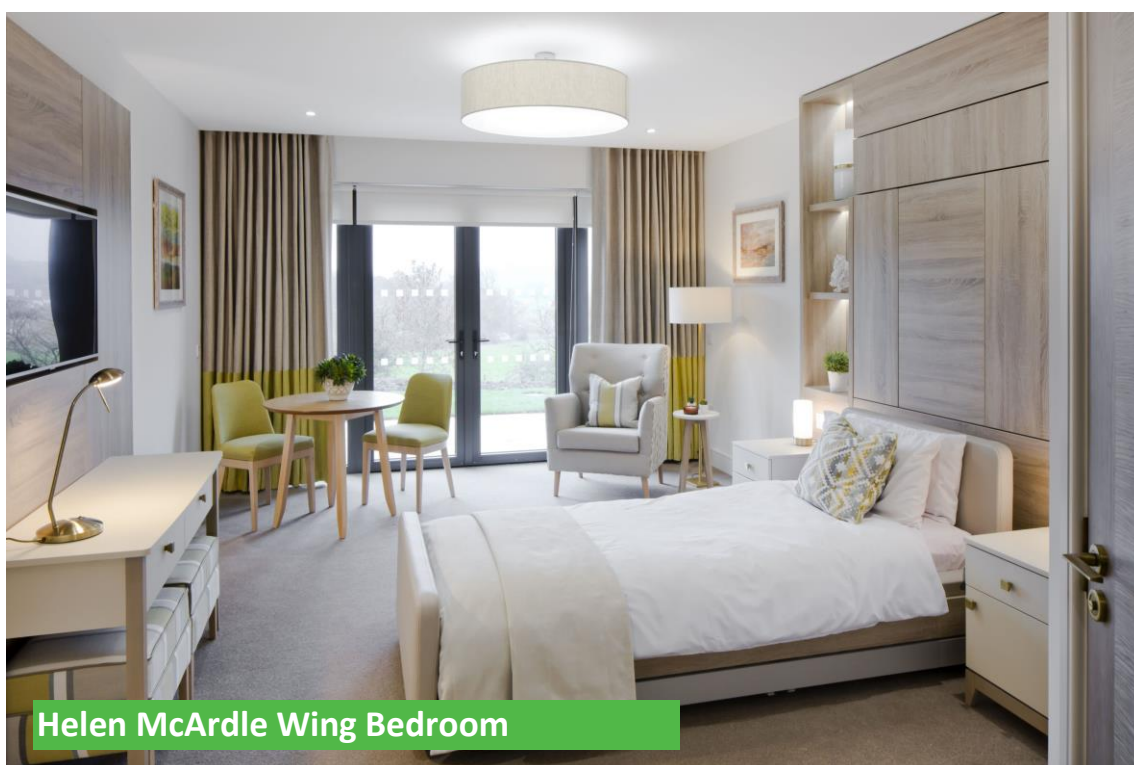


Willow Burn Hospice

Quality Account 2020 - 2021

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Helen McArdle Wing Bedroom

At Willow Burn Hospice we continue to strive to provide high quality, specialist palliative care to the people of Derwentside who suffer with incurable conditions and life limiting illnesses.

We have been providing our services to adults, and their families for over 30 years now and since then our services have continued to grow and develop to meet the needs of Derwentside.

Covid-19 has taught us all how precious life is, we have been touched by the kindness and generosity of our local community who have helped us fundraise the income needed to sustain services. We are both humbled and eternally grateful for this continued support.

Providing a quality service to our patients and their families is our top priority. As a result, we revisited our strategy and have been committed to reviewing and improving our governance.

We are regulated by the Care Quality Commission (CQC), Charity Commission and Companies House. Our last CQC inspection was in July 2016 where we were awarded an "Overall Good". We are naturally now aiming for an Outstanding rating.

We continue to work closely with our stakeholders, providing them with the assurance that the services we are providing meet and exceed the desired threshold. Our governance is monitored by a dedicated Board of Trustees through our Sub-Committees and Board meetings which are held regularly. We always seek feedback from patients, staff and volunteers and ensure staff and volunteers' responses are fed back to our workforce via a range of internal communications channels.

As we slowly move on from Covid-19 we continue in our mission and vision for our community, and commitment to provide high quality care across all our services remains resolute. We act always within our values recognising the selfless contribution our staff and volunteers have made.

We recognise the importance of responsibility and the role we have in the community. A community that holds no boundaries in treasuring lives through the provision of specialist, supportive, palliative and end of life care.

Thank you.

Following the refinement of our strategy in early 2020, originally set out in 2017, we continue to work towards our vision, brought together by people who are involved in, or have been touched by, what we do at Willow Burn Hospice. Everyone deserves help and support when they need or want it, regardless of where they live, their age, their background and their diagnosis. This is what we believe and this is why we do what we do.

Our Vision

A community that holds no boundaries in treasuring lives through the provision of specialist supportive, palliative and end of life care.

Our Mission

Treasuring lives through the provision of seamless personalised high-quality care, whenever and wherever it is needed.

Our Values

- Passionate
- Accountable
- Respect
- Care
- Empowerment
- Loyalty

What we want to achieve

- Embed good governance that is robust and well led.
- Improve engagement and accessibility to our services
- Have robust, realistic and sustainable financials to support effective, efficient and economical delivery of our vision.

Measurement and Evaluation

Outcomes will be measured as defined by operational leads.

Evaluations will be undertaken at regular intervals throughout the year. Recommendations made from evaluations will be fed back into the service and delivery models will be updated as required to ensure we are achieving the desired outcomes.

The priority this year was to continue to improve the quality of our services. The three domains of quality focused on patient safety, service development and integration with community and medical services.

Clinical Governance with a focus on compliance with audit, staff, training and policy development supported with effective communication were identified as clinical priorities in 2019-2020 continuing through from implementation to maintenance and development of good governance in 2020-2021.

Training needs according to mandatory requirements were monitored and communicated at quarterly one to ones by department leads in order to aim for 100% compliance for substantive staff.

Policy development continued through 20-21 by department leads with an aim to achieve a complete, compliant, up to date portfolio aligned with all of Willow Burn services in 2021-2022. Thereafter a review schedule will be mapped with relevant review due dates in order to maintain policies and procedures which are both current and relevant, to support best practice in all areas.

CQUIN targets were agreed:

- CQUIN (1) Development and implementation of an improvement plan to further develop the quality of the medical aspects of admission, assessment and review of patients admitted to the inpatient unit.
- CQUIN (2) Development and implementation of an improvement plan to further develop medicines optimisation at Willow Burn.

How was this achieved and monitored?

CQUIN 1-

Q1-

- Referral and admissions policy reviewed - Referral form amended to include 'Deciding Right' framework questions to provide more of a palliative and EOL focus. Submitted to the website for access.
- Removal of expectation of GP to visit on admission with the required supporting documentation in place.
- Stakeholder engagement meeting to discuss and resolve the admission transition issues.
- S1 user access to Willow Burn for hospital Consultants.
- ICE access remained on the agenda with the CCG for support.

Q2

- Second GPSI session commenced 6/7/2020 on Friday's.
- GP letter was written by the CEO as an update to communicate admission arrangements.

Q3

- Letter sent to all GP stakeholders re. update on referrals and admissions.
- Referral patterns noted to have changed with the pandemic with peaks and troughs-in line with other hospices.

Q4

- A stakeholder leaflet was produced and sent to each referring GP early in Q4. This outlined the services, referral and admission processes highlighting the reduced GP level of commitment required to support patients with the likelihood of having to visit being minimised due to the processes and medical cover in place.
- Daily e-mails introduced regarding vacancies introduced in 2019-2020 continue to all stakeholders with an update of services continuing through the pandemic intermittently and also increased bed capacity this quarter.

ICE access remained on the agenda to pursue in order to access to patients results quickly which is an additional resource to enhance medical review and decision making by GPS's and consultant.

CQUIN 2

Q1

- Transcribing policy implemented to eliminate GP visits to 'prescribe'/transcribe to MAR charts.
- Clinical staff competency policy and documentation developed which is commensurate with the size of the team, the number of patients etc in order to be meaningful and achievable with a focus on self- assessment and development.
- Request for GPSI to facilitate FP10 electronic prescribing directly from the hospice confirmed by NHS/CCG as unable to support with current S1 parameters as a community compatible platform.
- Patient leaflet regarding managing pain with opioids developed and implemented/available.

Q2

- Second GPSI session to support review polypharmacy and optimise medicines management for patients
- Clinical staff competency documentation implemented for review at appraisal annually and at quarterly 1-to-1s.
- Annual medicines management training-workbook focussing on drug calculations adapted from pharmacist training programme for use in 2020-2021 training schedule for clinical staff.

Q3

- Daily MAR chart audit tool developed to support audit of transcribing.
- Clinical staff competency assessment was implemented and reviewed at appraisal.
- Medicines Management training completed.

Q4

- Consolidation of staff training, competencies, audits embedded.

Directly relating to CQUIN 1 also. Throughout 2020-2021 there have been discussions with CCG regarding the medical arrangement for Consultant cover at Willow Burn-designated from St. Cuthbert's Consultant as Willow Burn identified no formal agreement is in place. Willow Burn required a Service Level Agreement for governance around this and the CCG have clarified this needs to be an independent arrangement, drawn up between the hospices although is indirectly funded by CCG to St. Cuthbert's. Willow Burn commenced negotiating this with St. Cuthbert's in Quarter 4.

Review of services

During the reporting period 2020-21 Willow Burn Hospice provided the following services to the NHS:

- 4 bed In Patient Unit
- Day Hospice Service
- Family and Bereavement Support

Willow Burn Hospice is an independent charity which provides all services free of charge. It is funded by both NHS income and by fundraising activities.

CQUIN Payment Framework

An element of the NHS income allocated to Willow Burn Hospice in 2020-21 was conditional on achieving quality and innovation goals agreed at the start of the year through the Commissioning for Quality and Innovation (CQUIN) payment framework. In the reporting period 2020-21 the hospice was set CQUIN goals and these are mentioned in the above achievements section.

Willow Burn Hospice met all the requirements for the CQUIN goals set during the reporting period 2020-21.

The Clinical Commissioning Group have again adopted the CQUIN payment framework for 2020-2021 meaning that an element of NHS income will be conditional on the achievement of agreed goals.

Participation in Clinical Audit

During 2020-2021 no national clinical audits or confidential enquiries covered NHS services provided by Willow Burn Hospice.

Willow Burn was not eligible to participate in any national clinical audits or national confidential enquiries. Consequently, the national clinical audits and national confidential enquiries that Willow Burn Hospice was eligible to participate in during 2020-2021 are not listed below and there is no information or data to publish or submit.

As no national clinical audits were undertaken in 2020-2021 there are no actions to implement.

Local Clinical Audits

Willow Burn has developed a comprehensive audit programme. The Hospice UK audits have been adopted as a standard benchmarking tool for clinical services however it has been noted that due to the size of the organisation and nurse-led model that some of these audits are not applicable either in part or whole and therefore Willow Burn Hospice audits have been developed with elements of the expected standards incorporated. These are particularly relevant to the environmental audits wholly with n/a in part in clinical audits identified. These audits allow us to demonstrate high quality service delivery and effective working practices. When audits are undertaken these are documented and reported to the appropriate governance body.

The following audits have been undertaken in 2020-2021:

- Infection Control

- Medicines Management
- Hand Hygiene
- Clinical Documentation & Admissions
- Pressure Ulcers
- Nutrition
- Bereavement Services
- Patient Safety Walkabouts: Environment; Communication; Infection Control; Dementia; and Clinical Documentation)

Recommendations have been acted upon and improvements made.

Research

The number of patients receiving NHS services provided or sub-contracted by Willow Burn Hospice in 2020-2021 that were recruited during that period to participate in research approved by a research ethics committee was none.

There were no appropriate, nationally, ethically approved research studies in palliative care in which Willow Burn Hospice could participate.

Statement from the Care Quality Commission

Willow Burn Hospice is required to register with the Care Quality Commission (CQC) and its current registration status is for the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury
- Caring for adult under 65 years of age
- Caring for adults over 65 years of age

The CQC has not taken enforcement action against Willow Burn Hospice during the reporting period 2020-2021.

Willow Burn Hospice has not participated in any special reviews or investigations during the reporting period 2020-2021. During the pandemic routine unannounced inspections were suspended for Covid security and introduced the Emergency Support Framework (“ESF”) with the intention of focusing on the immediate risks presented by the pandemic. CQC developed its new Transitional Monitoring Approach (“TMA”) which meant to bring together elements of its existing methodologies relying on the approach adopted through the ESF and specifically targeting Key Lines of Enquiry (“KLOEs”) covering safety, access and leadership.

Willow Burn TMA video conferencing meeting with CQC inspector Jill Bullimore, CEO and Clinical Lead was undertaken in Q3 2020-21 where the outcome was reported that Willow Burn Hospice was considered to be ‘Low Risk’ regarding any of the above areas, therefore would not expect a routine unannounced inspection to be carried out in the near future, however targeted inspections are still being carried out responsively where required.

CQC announced in 2020 a new approach to future inspections and commenced consultations in 2020 through 2021 with changes proposed designed to enable assessment of performance and to rate in a more flexible and responsive way. The four themes in the draft strategy are:

People and communities: regulation to be driven by people's experiences and what they expect and need from health and care services. A focus on what matters to the public, and to local communities, when they access, use, and move between services.

Smarter regulation: Assessments to be more flexible and dynamic. To update ratings more often, so everybody has an up-to-date view of quality. Being smarter with data means visits will be more targeted, with a sharper focus on what needs to be looked at.

Safety through learning: All services to have stronger safety cultures. An expectation for learning and improvement to be the primary response to all safety concerns in all types of service. When safety doesn't improve, and services don't learn lessons, action will be taken to protect people.

Accelerating improvement: To do more to make improvement happen. Target the priority areas that need support the most. To see improvement within individual services, and in the way they work together as a system to make sure people get the care they need.

Willow Burn Hospice is subject to periodic and unplanned reviews by the CQC. During July 2016 an unplanned inspection was undertaken by the CQC.

The hospice was given 48 hours' notice of the onsite inspection. Three adult social care inspectors and a specialist advisor in end of life and palliative care, who was a registered nurse, attended the hospice with a view to carrying out an inspection under Section 60 of the Health and Social Care Act 2008 as part of the CQC's regulatory functions. This inspection was planned to check whether the hospice was meeting its legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service being provided, and to provide a rating for the service under the Care Act 2014.

The overall rating received for the services provided by Willow Burn Hospice was: GOOD

A copy of the full inspection report can be accessed from the CQC website or by following the following link - http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2473552840.pdf

Derwentside Hospice Care Foundation

Willow Burn

Inspection report

Maiden Law Hospital
Howden Bank, Lanchester
Durham
County Durham
DH7 0QS

Tel: 01207529224
Website: www.willow-burn.co.uk

Date of inspection visit:
07 July 2016
26 July 2016

Date of publication:
15 September 2016

Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Following the review a detailed plan of action was developed to address the short comings identified within the leadership of the organisation. This plan was submitted to the CQC and all actions were approved.

The organisation has made huge progress since July 2016 and actions and developments since the inspection have demonstrated commitment to improving the leadership of the hospice.

Data Quality

Service Quality and Performance Reports have been submitted to the CCG on a quarterly basis throughout the reporting period. Information relating to the key performance indicators set by the commissioners were included in these reports as was information and data to evidence the successful achievement of our CQUIN performance goals. The information is collated from an internal database as well as from data collection spreadsheets.

Willow Burn Hospice has complied with the submission of data requests and reporting of incidences in accordance with local quality requirements.

Information Governance Toolkit Attainment


Willow Burn Hospice participated in the review of the Information Governance Toolkit. This work and that to comply with the GDPR regulations is ongoing.


Staff regularly undertake information governance training as part of their mandatory training requirement.

Clinical Coding Error Rate

Willow Burn Hospice was not subject to the Payment by Results clinical coding audit during 2018-19 by the audit commission.

We have undertaken our review of quality by demonstrating actions and improvements across the three domains of quality care: Patient Safety; Clinical effectiveness; and Patient, Staff and Volunteer Experience.

Patient Safety		
Safe Staffing	<p>Staffing levels are maintained 24/7 1 RGN 1 HCA- In patient 1 RGN 1 HCA Clinical day service/ Family support lead & volunteers A flexible approach to staffing takes into account variables to ensure safety and standards are achieved and maintained. (see Bi-annual staffing report April 19) Considerations eg.</p> <ul style="list-style-type: none"> • Number of patients • Dependency and needs of patients • Availability of staff • Skill mix etc. 	
Safeguarding and Deprivation of Liberty Safeguards (DOLS)	<p>Safeguarding is a priority consideration for all staff. Comprehensive admission assessments and monitoring would alert staff to raise a concern. Liberty Protection Safeguards have replaced DoLS following an amendment to the Mental Capacity Bill in 2019. The target date for implementation is now 1 April 2022. Prior to this, following a 12-week consultation planned for 2021, both a single Mental Capacity Act and LPS Code of Practice, and regulations, will be laid before Parliament and subsequently published. This will be cascaded in training following implementation, current processes remain unchanged. The main consideration is that this applies from 16 years of age however Willow Burn is registered for adults over 18 years of age. The current arrangements for assessing capacity and applying for DoLS is unchanged and applied according to current policy</p>	
Risk Management	<p>Clinical and Departmental Risk Registers have been developed in order to identify and manage risks to resolve issues efficiently. Initial priorities;</p> <ul style="list-style-type: none"> • Staff Training compliance - achieved. • Audits - achieved. • Policies & Procedure - being managed. • Day service - recommenced/being managed. • Supervision and appraisal - achieved 	
Incident Reporting	<p>Slips, trips, falls and accidents - patients</p> <p>Falls risk assessments are completed on all patients. Incident reporting mechanisms identify themes & lessons learned. Patients attending Sir Tom Cowie day services have a session delivered on Falls risks & prevention.</p>	3
	<p>Slips, trips, falls and accidents – staff and volunteers</p>	

		2
	Pressure ulcers – admitted with	1
	Pressure ulcers – acquired	0
	HCA Infections	0
	Incidents relating to medication	4
	Other clinical incidents	3
	Other non-clinical incidents	4
	Information Governance	2
Details of incidents are outlined in the quarterly performance reports		
Clinical Effectiveness		
Clinical effectiveness is achieved with a continuum of review through clinical governance processes. This is a framework which defines accountability for continuously improving the quality of services and safeguarding high standards of care by creating an environment and culture in which excellence in clinical care will flourish through risk management, audits, patient experience and involvement, communication, resource effectiveness, strategic effectiveness, and learning effectiveness.		
In-patient Unit	Evidenced through: <ul style="list-style-type: none"> • Audit • Training • Incident Reporting/Patient Safety • Policies & Procedures • Clinical Supervision/Staff monitoring • Feedback • Communication to staff, visitors, patients & volunteers. 	
Day Hospice		
Family & Bereavement Support		

Patient experience

At Willow Burn Hospice the patient experience and knowing that they and their loved ones have received care of highest quality and standards is extremely important to us. We value their feedback whether this is positive or negative and use it to continually improve our standards of care and the overall experience patients and their families receive from the hospice.

“only a poet could write the words to properly describe how utterly grateful myself and my family are for the help, care, respect and love you showed my mum. All I can say is thank you, thank you, thank you.”

Staff Experience

During 2020-2021 we have held:

- clinical staff meetings
- weekly MDT/group clinical supervisions
- Bi-monthly Senior Manager meetings
- Quarterly All Hospice Meetings
- a review of all policies and procedures has continued
- training programmes including mandatory and professional development
- Linked with new Stakeholders for external training.

There has been disruption of regularly scheduled meetings due to the pandemic in order to support the reduction in footfall and support social distancing outside of necessary work time in line with the current government guidance at the time. The opportunities for face to face meetings, training and stakeholder events etc. have been very limited, if at all, and some replaced with video conferencing; and internally, as an alternative, increased all staff/department specific communications via e- mails and also where appropriate utilised and monitored WhatsApp groups e.g., clinical, housekeeping, catering and retail teams.

We are currently in the process of developing our new staff survey with expectations of a positive uptake. Now that the above is embedded the communication throughout the hospice has improved.

Volunteer Experience

Willow Burn Hospice currently has 65 active volunteers who support our operations and service delivery across a number of different areas of the hospice including: day services, finance, administration, retail, gardening and catering. We are also in the process of recruiting more volunteers for e-commerce, brand awareness and to extend the opening hours of our café. We have said goodbye to some volunteers this year as they have decided to retire due to the pandemic or have gone off into paid employment.

The support of our volunteers is key to our success and we have continued the developments of 2020/2021 with:

- A volunteer experience survey with a view to making changes to the volunteering experience if the results show this is needed.
- Regular volunteer thank you communications, particularly at Christmas and in Volunteering Week.
- Bi-monthly volunteer communications

We still hold the County Durham Kite Mark in November by Durham Community Action and are a member of their professional networking group.

It is our intention to continue to invest in our team of volunteers in the next twelve months placing more emphasis on ensuring they are deployed carefully so we can maximise their impact and contribution.

“I have met some lovely people who truly appreciate the hard work and support given. Volunteering is a great opportunity to make a difference to the hospice and gaining personal reward in that as well as gaining insight into a different sector.”

On behalf of the trustees of Willow Burn Hospice I endorse this statement of Quality Accounts.

2020-2021 has been a very difficult year for all care providers and we are no exception, but it has been one the Hospice has met with typical resilience, flexibility, professionalism and ingenuity. I am proud of the performance of our staff and volunteers and their continued commitment and dedication to the provision of excellent services to the community we serve; in both hospice care and community outreach.

Our outstanding facilities underpin and support our vision and we continue to maximise their benefit; increasing the offering of our beautiful Willows Café and adding the “Potting Shed” community shop in our gardens; both promoting engagement where our community can come together, be supported, and support each other. We have always seen our place in the community as vital and this has been reaffirmed and come into much sharper focus with “lockdowns” and their impact on those suffering and isolated.

The COVID 19 pandemic has had an unavoidable and significant effect on our ability to generate our own funds, but local people continue to offer support with volunteers and donations which are greatly appreciated.

We place the patient and wider community at the centre of our strategy; our focus, as ever, to secure and extend our services to both.

Paul Jackson
Chair of the Board of Directors/Trustees
Derwentside Hospice Care Foundation
Willow Burn Hospice