



**Willow Burn Quality Account**  
**2018 - 2019**



*Treasuring Lives*

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*The Helen McArdle In-Patient Wing and The Sir Tom Cowie Centre*

The Quality Account for 2018-19 has been produced for patients, families, friends, donors, the public and NHS organisations. It describes how we have maintained and improved services, how we are raising standards even higher and our commitment to being responsive to the needs of our patients in future.

Staff and volunteers continue to be one of our most valuable assets and we could not achieve all we have, or want to in the future, without their commitment and dedication. Together with the Board of Trustees we would like to thank them for their hard work and support.

We have had an incredible year. After securing a donation of £1.5m to construct a new six bed inpatient unit, works commenced in March 2018 and the Helen McArdle Wing was fully operational by December 2018.

Willow Burn's patients and their families have continued to receive the highest quality care delivered by our specialist staff but now benefit from a new "state of the art" facility, which remains welcoming, warm and homely. Each of the six bedrooms are now modern and well-equipped; including en-suite facilities with access to an outdoor terraced area providing stunning views over the landscaped gardens and the Derwent Valley.

New car parking has been created and our existing day hospice, The Sir Tom Cowie Centre, improved.

We are responsible for the preparation of this report and its content is compiled via a collaborative approach with senior managers. To the best of our knowledge, the information reported is accurate and a fair representation of the quality of healthcare services provided by Willow Burn Hospice.

**Alison Hands Director of Operations (Interim) & Kirsty Crozier Director of Operations (Permanent)**

*"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."*

In 2019-20 we will review and refine our strategy, originally set out in 2017 and 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

- Care
- Quality
- Compassion
- Comfort
- Respect
- Dignity
- Integrity
- Equality

### What we want to achieve

- Be a centre of excellence in the provision of quality care for patients and their families.
- Have a well-respected, professional and skilled workforce, who reflect our values in all they do.
- Have robust, realistic and sustainable financials to support effective, efficient and economical delivery of our vision.
- World class facilities that allow our patients and their families to experience the best in palliative and end of life care.

### 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.

In 2018-19 we had three priorities to continue to improve the quality of our services. The three domains of quality focused on in our Quality Account were and continue to be patient safety, clinical governance and patient experience.

Priority 1 - Continue to develop and implement the competency framework for Registered Nurses and Health Care Assistants	Quality Domains
<p><b>How was this priority identified?</b> The competency framework (Skills &amp; Knowledge Framework) was developed around the 6 Cs of nursing (Care, Compassion, Courage, Commitment, Communication and Competency) and our values. The next step was to incorporate it into our appraisal system and staff development plans to use training resources effectively, strengthen any areas of weakness, build skills and ensure we deliver care of the highest quality.</p> <p><b>How was it achieved?</b> The Skills and Knowledge Framework was embedded into our appraisal process. Managers worked with staff and used the frame as a basis for appraisal. They undertook further training and communication sessions to understand this next phase of this piece of work and how it will improve quality.</p> <p><b>How was it monitored and measured?</b> It was managed by our Clinical Lead and Central Support Manager. Progress was monitored and measured through various internal reporting channels as well as through quarterly performance meetings and updated reports shared with Commissioners.</p>	<p><b>Patient Safety</b></p>  <p><b>Clinical Effectiveness</b></p>  <p><b>Patient Experience</b></p> 
Priority 2 - Developing the effectiveness of palliative and end of life care multidisciplinary team (MDT) meetings (day unit and inpatient unit).	Quality Domains
<p><b>How was this priority identified?</b> Multi-Disciplinary Team (MDT) meetings bring different specialities together to participate in discussion on the assessment, treatment and care of people with palliative and end of life care needs who are newly referred or remain on caseload. Regular reviews of MDT meetings and consideration of new ways of working to improve patient safety, clinical effectiveness and patient experience are essential and fit with the Ambitions framework (Ambitions for Palliative and End of Life Care, (2015-2020).</p> <p>Willow Burn Hospice implemented the OACC suite of measures as part of its improvements in 2017-18. These measures informed reviews and decisions made in the interests of patients during MDT meetings.</p> <p><b>How was it achieved?</b> An MDT meeting action plan including:</p> <ul style="list-style-type: none"> <li>● MDT meeting structure</li> <li>● Documentation</li> <li>● Communication</li> <li>● Data validation</li> <li>● Audit of performance and decision-making</li> </ul>	<p><b>Patient Safety</b></p>  <p><b>Clinical Effectiveness</b></p>  <p><b>Patient Experience</b></p>

**How was it monitored and measured?**

It was monitored by our Clinical Lead. As this priority was also identified and agreed as a key quality and innovation goal with Commissioners, performance was monitored through quarterly performance meetings and update reports. Success criteria was been agreed with Commissioners at the start of the year and performance measured throughout the year.

**Priority 3 - Relaunch day services provided through the Sir Tom Cowie Centre**

**Quality Domains**

**How was this priority identified?**

**Patient Safety**

**Day Services**

Day hospice services are an important part of our service delivery model. After appropriate review we determined they should be developed around an integrated social and palliative rehabilitation model; driven by patient need, a responsive not prescriptive model.

**Family Support & Bereavement Services**

After visiting local schools and youth projects, as well as other hospices who deliver similar services in the North East, speaking to primary and secondary health services including mental health service providers, families who have used our services in the past and young people themselves, we found a large demand for bereavement counselling for children and teenagers and wished to support our community with a service that addressed this need.

**Clinical Effectiveness**



**Patient Experience**



**How was it achieved?**

**Day Services**

Due to the significant building works to provide the new Helen McArdle Wing for in patients and improve the infrastructure in the Sir Tom Cowie Centre facility, we were required to suspend some day services while this took place. These were reinstated at the earliest opportunity in April 2019 driven by patient need and a key priority for 2019-2020 is to continue to develop this programme.

**Family Support and Bereavement Services**

The new counselling service aimed to provide the following:

- 1-2-1 counselling for children and young people in an age appropriate environment
- Group sessions, targeted at specific age groups, outside of school time, here at the hospice and in local venues. This will involve games, books and reading, creative writing, music, play, art and performance
- Group and individual support and information for parents and carers on how to explain, cope with, and support their children's feelings and emotions
- Production of information leaflets
- Signposting to other local services if necessary

To support the new service and enhance patients experience we redesigned and changed the layout of the existing building, with new specific areas dedicated to day services and family support and bereavement.

**How was it monitored and measured?**

Progress was monitored by our Clinical Lead, supported by the Counsellor and Team Leader for the Family Support, Counselling and Bereavement Service. Although, this was obviously impacted by building works throughout the year only completed in December 2018. Recruitment is underway for a Children & Young Peoples Bereavement Pathway Worker to support this objective and is a priority for 2019-20.

During the reporting period 2018-19 Willow Burn Hospice provided the following services to the NHS:

- 4 bed In Patient Unit
- Day Hospice Service including Family Support and Bereavement
- The income generated by the NHS services reviewed represents 100 per cent of the total income generated from the provision of NHS services by Willow Burn Hospice for 2018-19.

What this means:

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 2018-19 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 2018-19 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 2018-19.

The Clinical Commissioning Group have again adopted the CQUIN payment framework for 2019-20 meaning that an element of NHS income will be conditional on the achievement of agreed goals.

### **Participation in Clinical Audit**

During 2018-19 no national clinical audits or confidential enquiries covered NHS services provided by Willow Burn Hospice.

Willow Burn wasn't 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 2018-19 are not listed below and there is no information or data to publish or submit.

As no national clinical audits were undertaken in 2018-19 there are no actions to implement.

### **Local Clinical Audits**

Willow Burn has developed a comprehensive audit programme. 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 2018-19:

- Infection Control
- Medicines Management
- Hand Hygiene
- Clinical Documentation & Admissions
- Pressure Ulcers
- Nutrition
- 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 2018-19 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 2018-19.

Willow Burn Hospice has not participated in any special reviews or investigations during the reporting period 2018-19.

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](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](http://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 were 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.

<b>Patient Safety</b>		
<b>Safe Staffing</b>	<p><b>Staffing levels are maintained 24/7 1 RGN 1 HCA- In patient 1 RGN 1 HCA Clinical day service/ Family support lead &amp; volunteers</b></p> <p>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)</p> <p>Considerations eg.</p> <ul style="list-style-type: none"> <li>• Number of patients</li> <li>• Dependency and needs of patients</li> <li>• Availability of staff</li> <li>• Skill mix etc.</li> </ul>	
<b>Safeguarding and Deprivation of Liberty Safeguards (DOLS)</b>	Safeguarding is a priority consideration for all staff. Comprehensive admission assessments and monitoring would alert staff to raise a concern. The Mental Capacity (Amendment) Bill is currently in the process of Parliamentary review for the purpose of replacing DOLS with a new process -the Liberty Protection Safeguards. This will be cascaded in training following implementation, current processes remain unchanged.	
<b>Risk Management</b>	<p>Clinical Risk Registers have been developed in order to identify and manage risks to resolve issues efficiently. Initial clinical priorities;</p> <ul style="list-style-type: none"> <li>• Staff Training compliance- achieved</li> <li>• Audits– achieved</li> <li>• Policies &amp; Procedure-being managed</li> <li>• Day service – recommenced/ being managed.</li> </ul>	
<b>Incident Reporting</b>	<p><b>Slips, trips, falls and accidents - patients</b></p> <p>Falls risk assessments are completed on all patients, Incident reporting mechanisms identify themes &amp; lessons learned. Patients attending Sir Tom Cowie day services have a session delivered on Falls risks &amp; prevention.</p>	<b>7</b>
	<p><b>Slips, trips, falls and accidents – staff and volunteers</b></p> <ul style="list-style-type: none"> <li>• 1 volunteer-caught leg on car door</li> <li>• 1 member of the public- tripped entering shop</li> </ul>	<b>2</b>
	<p><b>Pressure ulcers – admitted with</b></p> <ul style="list-style-type: none"> <li>• <b>Grade 1 - 1</b></li> <li>• <b>Grade 2 - 3</b></li> <li>• <b>Grade 2/3 - 2</b></li> </ul> <p>(excludes Q1-not reported) only 1 deteriorated following admission Grade 1-2</p>	<b>6</b>

	<b>Pressure ulcers – acquired</b> (excludes Q1-not reported)	5
	<ul style="list-style-type: none"> <li>• Grade 1 - 1</li> <li>• Grade 2 - 2</li> <li>• Grade 2/3 - 2</li> </ul>	
	<b>HCA Infections</b>	
	<b>Drug errors with adverse effects</b>	0
	No errors reporting adverse effect to patients	
	<b>Incidents relating to medication</b>	3
	No SI's recorded-all reported through Incident Reporting with appropriate investigation & outcomes shared for lessons learned LIN reporting minor incident category only	
	<b>Other clinical incidents</b>	2
	<ul style="list-style-type: none"> <li>• Incorrect DNAR on admission</li> <li>• Admission with skin damage not recorded</li> </ul>	
	<b>Other non-clinical incidents</b>	1
	<ul style="list-style-type: none"> <li>• Safeguarding transfer from the trust</li> </ul>	
<b>Information Governance</b>	0	
None documented		

## 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, patient experience and involvement, communication, resource effectiveness, strategic effectiveness, and learning effectiveness.

<b>In-patient Unit</b>	Evidenced through: <ul style="list-style-type: none"> <li>• Audit</li> <li>• Training</li> <li>• Incident Reporting/Patient Safety</li> <li>• Policies &amp; Procedures</li> <li>• Clinical Supervision/Staff monitoring</li> <li>• Feedback</li> <li>• Communication to staff, visitors, patients &amp; volunteers.</li> </ul>
<b>Day Hospice</b>	
<b>Family &amp; Bereavement Support</b>	

### 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.

"Stunning building & accommodation."

"My mam is well looked after."

"Kind, caring professional staff."

"It is like a 5-star hotel!"

"No improvements needed."

"Very good care & friendly staff."

"Wonderful care."

"Excellent facilities and care."

"Seems to be perfect."

"Not a thing to be done to improve or enhance the care."

"Home from home, looking forward to next time"

## **Staff Experience**

During 2018-19 we have introduced:

- monthly clinical staff meetings
- weekly MDT/ group clinical supervisions
- monthly staff newsletters
- a review of all policies and procedures has continued
- a weekly clinical staff update email/briefing
- training programmes including an away day for clinical staff

Due to the new hospice build, we have been unable to conduct a staff survey in 2018-2019, however we believe the improved communications as outlined above, have enabled us to get live feedback from clinical staff, which we have been able to act on immediately.

## **Volunteer Experience**

Willow Burn Hospice currently has 120 active volunteers who support our operations and service delivery across a number of different areas of the hospice including: clinical, HR, Finance, Events and Income Generation and Retail.

The support of our volunteers is key to our success and we have continued on the success of 2017-2018 with:

- induction programmes and training for all volunteers
- regular updates
- training days
- continued strengthening of the recruitment process

We were also awarded the County Durham Kite Mark in November by Durham Community Action.

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 really enjoy working with the new manager and all the other volunteers and I also enjoy a good chat with our regular customers. I would recommend Willow Burn to anyone who needs to feel useful and needed again!”

“I was asked by a previous volunteer if I would like to help out in the shop as I had retired. I thought it would be good to support the local hospice, everyone is friendly and it keeps me busy.”

“I am a full-time carer for my wife, so I thought I would give volunteering a go. I now volunteer two afternoons per week; this helps me to break the routine I have from caring full time for my wife and it also gives her a break from me. I enjoy volunteering in the shop and have met some really nice people.”

On behalf of the trustees of Willow Burn Hospice I would like to endorse the current statement of Quality Accounts.

We always place the patient at the centre of our strategy and clinical activities. There is a continued focus on the training and education of our staff ensuring we have the right skills to meet the needs of an increasingly diverse group of patients with varying complexities. The development of our services as we move forward continues to be driven by patient need and a desire to provide holistic high-quality care.

With a generous donation, during 2018/19 we delivered a new 'state-of-the art' six bed inpatient unit, the Helen McArdle Wing. This is an exciting time at the hospice. We are now able to complement our staff's commitment and drive to provide high quality services with world class facilities to match this dedication.

The immediate future is dominated by our desire to maximise the benefit of these new facilities to reach more patients and clients across our catchment than ever before.

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

*"The immediate future is dominated by our desire to maximise the benefit of these new facilities, to reach more patients and clients across our catchment than ever before."*