



KATHARINE HOUSE HOSPICE

QUALITY ACCOUNTS – 2017/18

Chief Executive Statement

These are the ninth set of accounts prepared to report on qualitative aspects of the services and care delivered by Katharine House Hospice. These are produced in compliance with the Health Act 2009.

The hospice is an independent charity (registered number 1011712) and is constituted as a company limited by guarantee (registered number 2700516). The charity is run by its Board of Trustees, who are also the Directors of the Company.

The charity makes no charge to its patients or their families or carers for the services it provides. 28% of the £3.2m needed to run the charitable services is provided by NHS commissioners, the remainder is provided through the operation of a society lottery, a retail operation, through fundraising, and through voluntary donations from members of the public. The Charity, through its trustees, is directly answerable to its members, who are also members of the local community we serve.

The Hospice is answerable to the public for they are under no obligation to continue to fund the Hospice if they find fault with the services we deliver or the actions we take.

It is a fundamental tenet of the delivery of hospice care that the services provided are delivered to a high standard. The public, as the main contributors of funds, do so in the expectation that those members of our community who need to access the hospice's services will receive a good standard of service.

Katharine House Hospice is committed to providing the very best care for all patients. To do this we must ensure that care is safe, effective and focused on the needs of the patient, their relatives and carers.

We have developed a culture of continuous improvement, with quality at the heart of everything we do. Every staff member and volunteer understands their role in ensuring that everyone cared for by the hospice experiences the best care possible.

We strive to maintain a climate where feedback is actively sought and where staff are encouraged to discuss their concerns openly, and we are pro-active in our responses, identifying weaknesses and taking action to ensure that we learn and improve.

The trustees and managers of Katharine House Hospice believe that the quality of our services is not an adjunct to the delivery of these services; it is an integral part of the work of all our staff and volunteers.

During the year under review the hospice appointed a new Director of Care, whose initial focus has been to ensure we have robust systems of governance in place, and that information for monitoring quality and safety of services is robust, enabling trustees to focus on improvements in delivering services.

The quality of services delivered at Katharine House is of a high standard but improving delivery is as much a matter for front-line staff and first line managers as it is for the Executive Team and Board of Trustees. Trustees and managers therefore foster a culture that supports staff and volunteers to take ownership of the services they provide. Furthermore, although there are complexities in involving patients with palliative needs in the planning of services, we are reliant on the Patient User Group and patient and carer feedback to help us identify areas for improving service delivery.

The challenge in presenting these Quality Accounts is therefore to prove the quality of our services, to describe the on-going measures we are taking to further improve what we do, and to provide some specific measures against which we have set targets and which we can measure year on year. However, the qualitative dimensions of a service cannot be separated into easily measurable units. The measures chosen are therefore limited in describing and assessing the quality of our services.

These accounts will provide a narrative description of what the hospice has done in 2017/18 to improve the quality of our care services and will provide some concrete measures.

I am the officer responsible for preparing this report and have done so together with the Registered Manager. I am satisfied that the information contained in this report is accurate and is a true and fair reflection of the quality of Katharine House Hospice's services.

Dr Richard Soulsby
Chief Executive

1.1 Introduction

These accounts only consider quality issues within the provision of care services and the support services necessary to provide these. Therefore fundraising, lottery, retail, and many administrative services are excluded, but catering, laundry, housekeeping and maintenance are included, where appropriate.

1.2 Registration

The hospice's services were last formally inspected by the Care Quality Commission in July 2016. All areas were rated good and there were no requirements or recommendations made.

The inspection regime provides an external view on the operation of care organisations and thereby helps to identify areas for improvement. Although essential, it represents just one aspect of the system in place which assures the quality and safety of care provided. Katharine House Hospice has been operating services for over twenty five years and has been monitored by four different regulatory regimes. During this time Katharine House Hospice has had only a few minor requirements or recommendations to implement, and all those requested have been implemented in full before the next inspection. There have been no requirements in the last eight years.

The full inspection report for the hospice is available via the Care Quality Commissions' website by following the link below.

http://www.cqc.org.uk/sites/default/files/new_reports/iNS2-2412720922.pdf

1.3 User involvement

Trustees are committed to improving services not only through the identification of needs and gaps in service, but also by seeking user perspectives. The difficulty the hospice faces in achieving this is that patients of the hospice have very limited life expectancy and their priorities and energies are focused on more important issues; whilst many are too frail to become involved.

The hospice has an active Patient User Group which meets regularly and is fully engaged with the development of our services. This group, mainly comprising day therapies patients, makes suggestions or raises issues for the hospice's management to consider and has provided invaluable responses to consultations on a diverse range of issues such as the information and style of patient leaflets, advance care planning, improvements to the environment and menu options. We would like to thank all those service users who have contributed to the work of this group.

The hospice has feedback forms readily available in patient areas for all patients and visitors to make comments on, and suggestions for, the services we offer.

We survey all carers of our community patients and all patients who are discharged from our inpatient unit, and bereaved carers, to solicit feedback on the performance of the services and to gain insight into how we can improve.

1.4 *Trustee Inspections*

Trustees are required to make unannounced inspections to review all aspects of the delivery of care services. The structure of inspections has been reviewed and changed to reflect the key lines of enquiry used by the Care Quality Commission in order to identify if services are safe, effective, caring, responsive and well led.

An inspection was carried out by three trustees, two from the clinical sub-committee and a lay trustee, on 10 November 2017. The inspection was targeted at the safe handling of medicines as this was an area of concern raised through our quality monitoring systems. No concerns were identified.

1.5 *Safety of Controlled Drugs*

Following the Shipman Inquiry there is a requirement for hospices to appoint an Accountable Officer for Controlled Drugs. The role of this person is to ensure the safe management of controlled drugs from ordering through to their disposal. The appointed person for this role at Katharine House Hospice is the Director of Care and in her absence it is a senior staff nurse in Day Therapies. Since her appointment the Director of Care has undertaken the Accountable Officer for Controlled Drugs training.

The Accountable Officer is required to make quarterly reports to the Accountable Officer for Controlled Drugs at NHS England on any concerns within the organisation. These reports are submitted via the Local Intelligence Network (LIN). All quarterly occurrence reports were submitted in a timely manner to the LIN. The Accountable Officer attends quarterly meetings of the LIN group where areas of good practice or concern are discussed.

In 2017/18 the Accountable Officer did not report any major concerns regarding the safety of controlled drugs. However ongoing quality audits, including the Care Quality Commission's Controlled Drugs Governance Self-assessment tool, had identified areas for improvement to reduce low level and potential incidents. Ongoing monitoring of incidents in relation to medications indicated there were several aspects of the current system that could be improved. This has led to a proposal being prepared to relocate and redesign the drugs room and change the drugs trolley to facilitate improved compliance with the standard operating procedures for the administration of medications.

1.6 *Infection Control*

The hospice is committed to the prevention and control of infections. The hospice has two registered nurses who have passed a university accredited infection prevention and control course to act as a resource within the hospice. This role

incorporates training of staff, policy development, and advising on infection control issues. The nurses attend both local and national training events on a regular basis.

To date the hospice has had no incidents of patients contracting either MRSA or Clostridium difficile whilst at the hospice. However, 2 patients were confirmed to have Clostridium difficile after 4 days in the inpatient unit, although a review of these cases identified that they had contracted the condition in other institutions. Patients admitted with these infections are nursed in isolation as necessary and there have been no incidents of cross infection during the year indicating effective infection prevention and control measures.

During 2017/18 the flooring in the clinic has been replaced to reduce the potential for infection within our lymphedema services.

We are planning to introduce alternative flooring in three of the rooms within the inpatient unit and to introduce disposable curtains to reduce the risk of infection.

1.7 Training and Education

The trustees have a strong commitment to the professional and personal development of all staff, especially those providing support to patients and their families. The following are some of the external courses attended by Care Services staff during the year:

- BSc in Palliative Care
- Principles and Practice of Palliative Care
- Infection Prevention and Control
- Tissue Viability
- Safeguarding Adults and Children
- Communication skills
- Clinical supervisors training
- Manual Handling Trainer updates
- First Aid
- Dementia awareness
- Data Protection

In addition a number of single study days and e-learning opportunities are made available to care staff. There is a compulsory programme for mandatory training, including fire safety, manual handling, food hygiene, cardio-pulmonary resuscitation, child protection, and protection of vulnerable adults, equality and diversity, mental capacity, data protection, confidentiality and deprivation of liberties. We have now gained access to the electronic library for health, which has a wide range of useful clinical and management modules for staff.

2. Update on Priorities for Improvement 2017/18

In 2017/18 Katharine House Hospice identified a number of areas to improve service delivery to patients. The three highest priorities identified are summarised below with a record of progress to date.

1. Replacement of clinic flooring

The replacement of flooring in clinical areas at The Clinic was completed in 2017.

2. Commence implementation of the NHS Information Governance Toolkit

Katharine House commenced the implementation of the NHS information governance toolkit across all areas of our services. At 31 March 2018 we had provided evidence of completion of 59% of the requirements. Our initial target is 66%. It was expected that this would be a two year process, commencing in mid-2017, so we are well on target to complete this. This will enable smoother and more rapid transfer of patients to and from other healthcare providers.

3. To equip four of our bed areas with assistive technology

Work on this priority has not commenced as issues with pressure ulcers and medications took priority.

3. Priorities for Improvement 2018/19

In 2018/19 the three highest priorities identified are:

1. Replacement of flooring in Bay 1 and 2 and room 4

This will continue the process of reducing risks of infection within the inpatient unit.

2. To undertake building work to create an improved medicines room

There a relatively high number of minor incidents in relation to the administration of medications. Whilst none of these has yet resulted in harm to a patient, it is felt important to eliminate as many as possible of the structural and procedural issues that are leading to these incidents and errors. A key issue identified is the lack of working space within the drugs room. An alternative area has been identified for this purpose, but this will involve the changes of use and therefore refurbishment of three rooms.

3. To carry out a full review of the management of the risk of patient falls

We have seen an increase in the number of patient falls within our services. Our initial analysis of current data indicates that this is occurring due to the reduced independence of our patients. However, we feel it is important to understand why this is not being picked up through our falls risks assessment. Furthermore, there may be improvements to the education of our staff to assist them in the identification of deteriorating patients. We will be reviewing the annual falls audit tool and the current falls risk assessment tool.

Priorities are identified through the collation of different sources of information. These include, but are not limited to:

1. 'Hard' data on service utilisation, waiting times, the numbers of patients using services, the costs of provision.
2. Output from clinical audits.
3. Feedback from patients and families and visitors – through satisfaction surveys, verbal comments, suggestion boxes.
4. Feedback from staff on service issues.
5. Identification of service improvements in other providers.
6. Identification of service gaps.

4. Statement of Assurance from the Board

The directors are required under the Health Act 2009 to prepare Quality Accounts for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Accounts, directors are required to take steps to satisfy themselves that:

- ✓ The Quality Accounts present a balanced picture of the hospice's performance over the period covered;
- ✓ The performance information reported in the Quality Accounts is reliable and accurate;
- ✓ There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice;

- ✓ The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review;
- ✓ The Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Accounts.

Approved by the Board of Katharine House Hospice:



22 / 05 / 2018

Lady J Mitting

Chair



22 / 05 / 2018

Dr R Soulsby

Chief Executive

5 ***Mandated Statements***

Section 5 sets out statements that must be included in the Quality Accounts. Many of the mandated statements are not applicable to Katharine House Hospice, relating to acute services, ambulance trusts, or mental health services. These are excluded.

5.1 ***Review of Services***

The services provided by Katharine House Hospice that are part funded by the NHS are:

- ✓ A day therapies service for 4 days per week, accepting a maximum of 15 patients per day
- ✓ A 10 bedded 24 hour inpatient unit
- ✓ A rapid response Hospice at Home service delivered by healthcare assistants
- ✓ Lymphoedema services for secondary lymphoedema associated with cancer and end of life patients

Other services funded solely by the hospice are:

- ✓ Lymphoedema services provided to non-cancer patients and patients not at end of life
- ✓ A wellbeing day service for patients providing structured support over a 6 week period
- ✓ Bereavement support services
- ✓ A carers' support group
- ✓ A respite sitting service

Supporting these services is a multi-professional team comprising: medical and nursing services, occupational therapy, physiotherapy, social work, chaplaincy, complementary therapies, and pharmacy services.

The income provided by the NHS represents 28% of the £3.2m funding needed to deliver the services of Katharine House Hospice.

5.2 ***Participation in Clinical Audits***

Katharine House Hospice does not participate in NHS national clinical audit programmes or confidential enquiries.

We undertake internal audits as part of our annual audit programme. These may be ad hoc audits or repeat audits.

The internal audit programme for 2017/18 covered a range of areas including:

- ✓ Complementary Therapies
- ✓ Infection control for IPU, Day therapies and Lymphoedema clinic
- ✓ Medication errors and incidents
- ✓ Tissue viability – incidence of pressure ulcers
- ✓ Management of Controlled Drugs
- ✓ Bereavement services

We have introduced a quarterly Quality Forum, attended by the Director of Care, all senior Care Managers, Medical Officer, Link Nurses, Pharmacist, Housekeeping, Catering, and Facilities. All care staff are invited to be present if they wish. This reviews a dataset of quality issues including: medication incidents and errors, pressure ulcer incidence, falls, other patient safety incidents, staff safety incidents, infection control issues, complaints and adverse comments. These issues are correlated to each other and activity data and staffing levels to ascertain whether there are underlying issues or themes.

Action plans are produced from the Quality Forum and from each of the annual audit reports. The audits and action plans are discussed with the Chair of the Clinical Committee quarterly. Audits are provided to the Care Quality Commission on request.

5.3 Research

Katharine House Hospice has not engaged in any formal research in the period covered by these accounts.

5.4 Commissioner agreed Quality Initiatives

Katharine House Hospice does not have any quality initiatives agreed with commissioners – although there is a six monthly Clinical Quality Review meeting.

5.5 What others say about us

Feedback from our patients and their families taken from letters and thank-you cards

Day Therapies

'Thank you all very much for giving me the best opportunity to be with you over the last 6 weeks I have enjoyed every minute. A lovely group of people, I wish you all the best for the future'

'I am writing to say thank you so much to you and all the lovely people at the day therapy centre. The warmth and kindness that B and I have received has been

wonderful. B has improved tremendously in her mood and in her cognitive awareness since beginning with her visits to Katharine House. All of your nurses and carers are wonderful. We both look forward to seeing Ginny's happy smile each Monday morning and now I am getting care, when Rachel comes and works her magic.

The care that we have received has been worth millions. Once again, a big thank you!!'

'Just a few words to thank each and every one of you for making the Well Being Centre so wonderful, your understanding of all our needs and anxieties, your patience, guidance and helpful suggestions of how we can move on, help ourselves and recover, were motivating and I cannot tell you how important to the group (and C) was to me, personally I looked forward to Thursdays knowing I was coming to you, I shall miss your faces always smiling, always positive, always helpful, you are all WONDERFUL, my family also ask that I please say thank you from them, as they have not been able to be in Stafford with me, as often as they would have liked to be but they have heard all about you.

Your work cannot be easy this I know, but your dedication's not in doubt. I hope that I may be able to give something back in some small way, as you have given to me, lovely ladies'

'To all the staff at Katharine House I would like to thank you for all your help you have given dad over the last 10 weeks. He has enjoyed it immensely and really loved going and has made a difference and that's all you can do in life. He has enjoyed the events and meeting the staff and taking part and loved socialising with the staff there. I really do appreciate it and for the transport and if I can get him back there I will try. He also enjoyed Vick taking him in and loved the food and dominoes in an afternoon. Take care you do a wonderful work there'.

In-Patient Unit

To all the Angels at Katharine House Hospice. You were there when we needed you most. What great hearts you all have

A huge thank you to all staff involved in X's patient care. He was given respect, dignity and excellent care in his last days, for which the whole family are eternally grateful. It was good to witness true professionalism and genuine kindness. Keep up the good work.

Thank you for your kind support, attention and care. Your commitment to detail and response were second to none. Your patience and respect is greatly appreciated at this difficult time. We cannot express enough our gratitude for all X's care and attention. We are sure he appreciated your efforts as much as we did.

Just a brief note to thank all the medical and ancillary staff for taking such care of my father whilst he was in your care. I'd like to express my sincere thanks for the

kindness extended to the family especially my late mother, his wife, when she spent time with him at the hospice and especially at the time of his passing.

Hospice at Home

Dear all, in my humble opinion you have all done above and beyond I am writing this in tears. God bless you all.

All my Dads carers were warm comforting and treated Dad with the utmost respect and dignity.

The At Home Team could not have provided any more support or comfort during this difficult time. They were all brilliant!!

I couldn't have asked for any more than what we received, in fact I didn't expect the care we did get, it made having X home in his last week a load off all his family's minds which enables us to just concentrate on him giving him quality time with his family.

Only that they should be called Home Team 'Angels'. Every one of them where brilliant – Thank you.

Cannot fault the At Home service at all. We are totally dedicated to raising funds for Katharine House as our way of giving back to you to say Thank you.

All the carers were so kind, careful, gentle and friendly. They were excellent. Thank you very much.

Lymphoedema

Dear Mel, I want to thank you so much for your care and help you gave to X during his last few weeks. Your care with his legs was unbelievable. How they improved and kept him positive, even when you dressed them the day he passed away. Thank you so much, eternally grateful

Thank you for your kindness and the treatment I have received at the Clinic. The treatment has made a huge difference to my breast in terms of comfort and weight. Thank you for your help and keep up the good work.

I wish to show my gratitude and thanks for the care and friendship shown to me on my 2 visits to your clinic. From the lovely lady who offers tea or coffee to everyone who assures us "it is no trouble".

To Mel: Sorry Mel for not knowing your full name or title. Thanks for all the advice given to me about my bad legs. I did try to follow it, resulting with such astonishingly GOOD NEWS.

From the time you enter your front door each patient is treated as if they are the only person needing treatment

Family Support Service

Thank you for conducting an excellent memorial service last Thursday. We appreciate your kindness

Thank you very much for the support we have received through the talking group

The support and care received by X during her final stay in Katharine house was excellent. This was not only true with regard to all the staff but in particular John Austerberry, Chaplain to the hospice. X had many conversations with him. All of them very supportive and challenging. She and I both felt the love of God through him and in particular we were able to renew our marriage vows with his blessing."

In response to the Memorial service attended:

My son and I were so impressed by the informal atmosphere of the occasion. After the last few weeks of intense pressure to deal with the many affairs I was able to experience the peace and feel deep emotion too. Bringing a candle home is a lovely gesture again a lasting link with the wonderful work by the staff. In our case by the home support team.

I was very grateful for the time and care given to me. It all helped a good deal at a difficult time. Thank you."

This service was greatly appreciated in the most difficult time of my life. It helped me carry on with my caring and through my grief. Thank-you

An excellent service carried out professionally and pleasantly. There are no areas requiring improvement

5.6 Data Quality

The mandated statements do not on the whole apply to Katharine House Hospice.

We provide a six monthly quality report to our local clinical commissioning groups.

The accuracy of the data outputs is reviewed quarterly by the service leads at the Quality Forum and by the Clinical Committee, but there is no formal process for reviewing the quality of data.

Katharine House Hospice did not submit records during 2017/18 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

Katharine House Hospice has completed 59% of the NHS Information Governance Toolkit.

6 Review of Quality Performance

6.1 Quality Indicators

Measures	17/18	16/17	15/16	14/15	13/14	12/13
No. patients cared for with MRSA	0	1	3	2	1	2
No. patients contracting MRSA when in the hospice's care	0	0	0	0	0	0
No. patients contracting MRSA per 100 bed days	0	0	0	0	0	0
No. patients cared for with C Difficile infection	3	4	2	4	2	0
No. patients contracting C Difficile infection when in the hospice's care	0*	0	0	0	0	0
No. patients contracting C Difficile infection per 100 bed days	0	0	0	0	0	0
No. patients cared for with ESBL infection	0	0	2	2	-	-
No. patients contracting ESBL infection when in the hospice's care	0	0	0	0	0	0
No. patients contracting ESBL infection per 100 bed days	0	0	0	0	0	0
No. patients developing unavoidable pressure ulcers whilst in the hospice's care (See Note 1)	25	15	9	6	7	3
No. patients developing pressure sores whilst in the hospice's care per 1000 bed days. (See Note 1)	10.47	6.13	3.4	2.3	3.55	1.15
No. formal complaints received	3	4	1	0	5	2
No. formal complaints received as a % of patients accessing services	0.30	0.28	0.08	0	0.56	0.23
No. adverse comments received	18	15	13	9	9	10
No. adverse comments received as a % of patients accessing services	1.81	1.04	1.04	0.75	1.01	1.15
No. required actions specified by the Care Quality Commission	0	0	0	0	0	0

Measures	17/18	16/17	15/16	14/15	13/14	12/13
No. recommendations made by the Care Quality Commission	0	0	0	0	0	0
No. reported drug errors	5	7	2	11	5	6
No. reported drug incidents (See Note 1)	61	23	11	25	19	9
No. reported drug issues per 100 bed days	2.76	1.22	0.4	0.95	1.22	0.57
No. patient accidents reported in the year	48	23	29	51	30	23
No. patient accidents per 10,000 hours of care	6.94	3.21	4.5	6.88	3.87	2.56

* 2 patients were confirmed to have Clostridium difficile after 4 days in the inpatient unit, although the infection was contracted in hospital, before discharge to Katharine House.

Note 1

The new Director of Care has implemented new reporting standards for medications and pressure ulcers which have increased the level of reporting of these two quality indicators. However, this makes comparisons to previous years difficult.

There have been no “never” events or serious untoward occurrences in the six years reviewed.

Clinical governance raised concern over the increasing number of unavoidable pressure sores occurring during 2016/17. A detail review has identified a number of improvements that needed to be made. In particular reporting of pressure ulcer incidents below grade 3 has been tightened up. Reviews of assessments and equipment in use have taken place and improvements introduced.

6.2 Compliments and complaints

There were more than 241 written compliments (letters, emails or cards) received by Katharine House Hospice and innumerable verbal compliments (2017: 230).

There were 3 formal complaints (2017: 4) which were investigated. 18 adverse comments were received (2017: 13) and were treated as formal complaints and fully investigated. All investigations and communication with complainants were completed within the timescales set down by the Board of Trustees for handling complaints. All have now been closed. In one case the family were not satisfied with the responses received, the remainder reached satisfactory conclusions. No trends or recurrent themes were identified.

6.3 What our staff say about us

Katharine House Hospice carries out internal staff and volunteer surveys every other year. A full survey of all staff groups and volunteers took place in November 2017. The survey focused on seeking out staff and volunteer views on:

- What does this organisation do really well
- How this organisation could do better
- What this organisation does not do well

The vast majority of respondents chose to highlight the excellent standard of care, compassion, empathy and support offered to patients and their families at all stages of their 'journey'.

There was also mention of the privacy and dignity of patients and their families, and staff who regularly go the extra mile to deliver care with a high level of compassion.

Some of the comments made by staff and volunteers included: *'Katharine House provides a wonderful service - holistic, individualised, patient centred care. Values people, with cancer and other illnesses, going the extra mile and dealing with difficult circumstances – nothing is too much trouble'* and *'Find it a caring & supportive organisation. Staff are very friendly & do their best to make patients' stay as pleasant as possible'*.

Suggestions were also received about how we can improve our services. These included extending our services to better meet the needs of patients with non-cancer conditions and offering a wider range of support for carers. Plans are already in place address these issues.

The overall ethos of our staff and volunteers can be summed up in one of the comments received within the survey:

'I am proud to be part of a wonderful hospice organisation'.

7 Comments Received

External comments from Healthwatch Staffordshire are included on pages 18

Quality Accounts Katherine House Hospice

Healthwatch Staffordshire are pleased to have been invited to comment on the quality accounts of Katherine House Hospice 2017/18. It was very encouraging to read that the Hospice has a strong commitment to involving Patient's through the Patient User Group, and have systems in place to enable Patient's to contribute to your work to continually improve your services. There are clearly mechanisms in place for patient's to contribute to the improvement work. it would have been useful to know what happens to the feedback and how it impacts upon the service offered. An example of how patient feedback has led to a service change or actions taken to improve the experience would have been helpful in showing how patient input has been listened to and made a difference.

The use of Trustees in carrying out unannounced inspections gives reassurance that the Hospice is committed to ensuring the safety and quality of the service and that it is open to challenge and to learning from these experiences.

The training and education plan looks comprehensive and robust, it would be useful to know the uptake of additional training opportunities given the pressures that clinical staff are often under in these challenging times. It would also be useful to know how compliance with mandatory training is monitored to see if there is any correlation between training and an increase in falls. It would also be interesting to know whether the priority from 2017/18 to equip four bed areas with assistive technology would have a positive impact on the instances of falls. It is noted that this priority does not seem to have carried forward from last years priorities. However the priorities outlined are clearly aimed at improving patient safety and therefore wholly appropriate.

The patient testimonials outlined in the report are strong endorsement of a very valued service that is experienced by them as being a high quality, safe and caring service.

We look forward to reviewing your progress in 2018/19

Jackie Owen
Healthwatch Staffordshire Manager.