



KATHARINE HOUSE HOSPICE

QUALITY ACCOUNT – 2024/25

Chief Executive Statement

I am pleased to present this year's Quality Account, which reflects the considerable progress and achievements we have made as an organisation.

Over the past year, we have seen significant service growth and expansion across all areas. This progress is a testament to our commitment to improving access, enhancing care quality, and ensuring that we continue to meet the evolving needs of the community we serve.

A cornerstone of our success has been the increased resilience of our clinical leadership team. Their dedication, adaptability, and innovative spirit have been vital in driving forward improvements and maintaining high standards of care during a period of substantial change and opportunity.

We are proud to have successfully completed our previous care strategy, delivering key objectives and laying a strong foundation for the future. Building on this, we have developed a new and ambitious care strategy for 2025 - 2030. This forward-looking approach focuses on supporting patients earlier, reducing impact and likelihood of crisis, delivering excellence, collaboration and digitalisation.

Another key milestone this year has been the establishment and securing of funding for the out of hours clinical advice line. This important development will provide timely, expert guidance to both clinicians and service users, supporting more informed decision-making and improving the overall quality of care.

Katharine House Hospice makes no charge to its patients, their families or carers for the services it provides. Usually, 30% of the funds needed to deliver charitable services are provided by the NHS and the remainder is sourced through the operation of a lottery, retail operations, fundraising, voluntary donations and legacies from members of the public.

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 and safe standard of care. Our clinical governance framework enables the fulfilment of this obligation and has demonstrated increased engagement from staff surrounding the effective management of clinical risk and pursuit of continuous improvement.

Our mission is to support patients with complex, progressive illnesses from diagnosis to the end of life through free, high quality, specialist palliative care, advice and guidance, and we care for those close to them. In our endeavours to achieve our mission we strive to maintain a culture of clinical excellence by seeking feedback and encouraging all staff to share their views openly. We are pro-active in our responses, identifying weaknesses and taking action to ensure that we learn and improve.

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

The annual Quality Account provides the opportunity for Katharine House to share an overview of the quality provided by our services over the previous year. This report will share how well we have delivered services to our community that are safe, caring, responsive, effective and well led. We will highlight our priorities for the coming year and appraise how well we met our objectives over the previous year, based on our care strategy.

This is the sixteenth Quality Account submitted by Katharine House and is produced in compliance with the Health Act 2009, NHS (Quality Accounts) Regulations 2010 (amended 2011) and the Health and Social Care Act 2012.

1.2 Registration

Katharine House Hospice is required to register with the Care Quality Commission and is registered with no conditions attached. The Care Quality Commission has not taken enforcement action against Katharine House Hospice during 2024/25. Furthermore, Katharine House Hospice has not participated in any special reviews or investigations by the CQC during the reporting period. 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 last full inspection report for the hospice is available via the Care Quality Commissions' website by following the link below.

<https://api.cqc.org.uk/public/v1/reports/f0c17376-ac0e-4a36-93a2-8ca106ccaffe?20211030120000>

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 systems in place which assure the quality and safety of care provided.

1.3 User involvement and patient feedback

Our Trustees remain steadfast in their commitment to service improvement, guided not only by the identification of needs but also by the invaluable insights of those we serve. Meaningful patient engagement is recognised as a cornerstone of clinical excellence and is fundamental to the design and delivery of sustainable, person-centred systems of care. However, obtaining feedback is often challenging for palliative and end of life care organisations. Many Hospice patients often have limited life expectancy, and their priorities and energies are focused on personal issues whilst others are too frail to become involved. Navigating ethical, moral and

therapeutic challenges whilst seeking information to improve services requires skill, timing, and sufficient infrastructure to be completed successfully.

In navigating this challenge Katharine House Hospice used a combination of feedback mechanisms during the year under review to obtain feedback including:

- Service surveys
- Compliments
- Comments
- Complaints

344 public reviews were received on I Want Great Care which gave an overall rating of 4.95 / 5 across the seven domains of:

- Experience
- Involvement
- Caring
- Support Staff
- Dignity/Respect
- Information
- Trust

Furthermore, 687 compliments were received from 01/04/2024 to 31/03/2025. A sample of the feedback provided by families and relatives can be found below.

"The Hospice at Home staff that came out to see Dad went above and beyond. Kind, helpful, reassuring, can't express our gratitude. What a wonderful service!"

"I came into the inpatient unit very nervous and quiet with a lot of problems going on, the staff were so attentive catering to all my needs. The doctors were so down to earth engaging with me explaining everything in such a professional way. The nurses really took care of me and made me laugh bringing me out of my shell and the catering team were excellent feeding me well with well cooked delicious food.."

"I came to see the GP in the therapies centre due to the complexity of my condition. My lymphoedema had got worse and she referred me to the lymphoedema team. I was assessed and received treatment in no time at all, and was given supportive garments which helped with daily life. Your services know no boundaries and your staff are always so keen to help, thank you so very much"

"Coming into the building today was 'beautiful'. I immediately felt calm and knew that I had made the right decision to visit."

"Jenny was totally professional and showed the compassion that Katherine House is renowned for. She made my father comfortable and answered all the questions we raised. My Father has not stopped saying how nice Jenny was and asking when he will be seeing her again?"

We have also invested significant time and resource into the development of our Vantage platform. Vantage provides an efficient data management solution which

enables the swift recording and resolution of quality processes including incidents, risks and complaints. We have developed several modules to reduce our reliance on paper-based systems, enabling more efficient process management and easier identification of trends to support quality improvement.

1.4 Clinical Governance Framework

The Board of Trustees are responsible for the overall management and administration of the charity and are legally accountable for all activities at the hospice, including the quality and safety of care services. The Board meets bi-monthly and delegates oversight of care, clinical practice, clinical education, and research to the Clinical Committee, which convenes quarterly.

Two key forums report to the Clinical Committee via the Director of Care, the Clinical Quality Forum and the Senior Clinicians meeting. The Clinical Quality Forum meets monthly and explores emerging themes and trends identified through governance processes. It serves as a platform for sharing learnings that drive continuous improvement and clinical excellence. The Senior Clinicians meeting takes place weekly and enables service leads to identify, share, and manage operational issues affecting service delivery. Agenda items include staffing, risk management, training and education, and resilience planning.

Our governance framework increases staff access and input, ensuring that feedback loops are closed and the value of engagement is demonstrably recognised. The Clinical Quality Forum is accessible to all staff, being hosted both face-to-face and virtually to support comprehensive attendance. Additionally, meetings are recorded so that staff working a 24-hour rota can access and learn from the sessions even if they cannot attend in real time. Regular staff briefings and handover meetings further inform the Senior Clinicians meeting, ensuring that operational feedback is continuously integrated into service improvement efforts.

Metrics collected since the implementation of the revised framework indicate maintenance of staff engagement across all roles. This enhanced engagement has contributed to improved risk identification, incident learning, and quality improvement initiatives, which are reflected in the quality and performance metrics reported in the last quarter.

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 administration or disposal. The appointed person for this role at Katharine House Hospice was the Director of Care but is now the Hospice Senior Care Manager. The Senior Care Manager has undertaken the Accountable Officer for Controlled Drugs training in addition to the Hospice's Administration Manager to support robust audit. Controlled Drugs are checked daily by a registered health care professional and a witness. Internal audits of the safe management of Controlled Drugs are undertaken quarterly by the Accountable Officer. A Pharmacist from University Hospitals of North

Midlands completes an unrelated annual audit on the safe and appropriate storage of medicines, including Controlled Drugs.

There has been improvement in the Hospice's compliance with the CQC standards for the management of Controlled Drugs and each of the quarterly audits were compliant, demonstrating effective practice.

The Accountable Officer is required to make quarterly reports to the Accountable Officer for Controlled Drugs at NHS England for any incidents surrounding Controlled Drugs 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 and the Accountable Officer attended all quarterly regional meetings as required by legislation.

35 controlled drug incidents were reported to the local intelligence network (LIN) during the previous year, of which 0 resulted in harm. Below is a breakdown of all medication errors, included in this breakdown are the 35 controlled drug errors reported to the LIN.

Controlled Drugs	No Harm	Low	Moderate	Severe	Fatal
Accounted for losses	12	0	0	0	0
Governance	5	0	0	0	0
Other	1	0	0	0	0
Patient involved	17	0	0	0	0
Total	35	0	0	0	0

General medicines management is also routinely monitored and improved from the previous year. Instances of non-policy compliance or error are recorded below.

Medication Errors	TOTAL no of incidents	No Harm	Low harm	external
Q1	11	10	1	2
Q2	8	7	1	0
Q3	14	13	1	0
Q4	16	14	2	0
TOTAL	49	44	5	2

There were no instances of serious harm resultant from any incidents.

Learning was identified in each instance resulting in a change to education or internal processes to reduce the likelihood of recurrence and / or consequence.

1.6 Infection Control

The hospice is committed to the prevention and control of infections. The hospice has a fully trained and competent registered nurse who leads on infection control. This role incorporates training of staff, policy development, and advising on infection control issues.

The Infection Prevention and Control Policy was comprehensively updated in 2022 and is regularly reviewed by the senior clinician group in response to the changing environment and government guidance.

2024-2025 observed 3 patients testing positive for Covid which was contracted prior to admission. 0 patients contracted Covid after admission. We also cared for patients with Extended-spectrum beta-lactamases (ESBL) and Methicillin-resistant Staphylococcus aureus (MRSA). All patients were nursed in side rooms for the duration of their stay. One patient was admitted with carbapenemase-producing Enterobacterales (CPE), who was found to be in close contact with another patient who subsequently tested negative for CPE.

1.7 Training and Education

Trustees have a strong commitment to the professional and personal development of all staff, especially those providing support to patients and their families. The organisation recruited two dedicated learning co-ordinators who report to the Director for people. The new team are responsible for ensuring each role in the organisation has access to the training required to be compliant with statutory legislation but also to deliver a good service to our patients.

Katharine House Hospice continued its commitment to high compliance of statutory and mandatory training courses which included fire safety, manual handling, infection prevention and control, cardio-pulmonary resuscitation, care planning, and T34 training. The end of year report identifies that staff demonstrated 88% training compliance throughout the organisation and 94% for care staff across all topics required of their roles.

2. Reflecting on our Priorities for Improvement 2024/25

2.1 Increase capacity and responsiveness of therapies, wellbeing, and outpatient services

The therapies and wellbeing centre was subject to refurbishment in 2023 to enable the establishment of specialist out-patient clinics and support patients and families at any stage from diagnosis onwards. The renovation increased dedicated clinic space, communal rehabilitation areas and specialist treatment rooms which enabled transformation of our day therapies teams. The area now accommodates our outpatient, family support, complimentary therapies and lymphoedema teams in addition to a selection of our medics. Furthermore, the additional space and equipment has enabled the delivery of new clinics and programmes.

Our new facilities have provided over 4200 patient interactions over the last year in which around 90% provided some form of clinical intervention.

2.2 *Implement new patient management / clinical record system*

Technical support for our existing patient record management system is being withdrawn by the developer in 2025 which expedited the need for a new system in the reporting period. Following significant market analysis and review, Katharine House decided to procure Systm1, a platform predominantly used in primary care that can be modified for use in other settings. A consultancy has been engaged to build a bespoke system which is scheduled to launch in June 2025, prior to the decommissioning of our previous system.

2.3 *Develop plans to refurbish inpatient unit*

The inpatient unit currently has 8 beds which have observed high levels of occupancy over the previous 5 years. The unit is open 24 hours per day, 7 days per week and had high levels of exposure to activities that increase wear and tear of resources. Furthermore, the unit currently includes antiquated ward design features such as shared bathrooms which are no longer considered suitable.

An options appraisal was presented to Trustees in September 2024, informed by a draft new care strategy to modernise the unit to comply with current NHS and building regulations. Trustees decided to support a recommendation to expand the unit to 10 beds, potentially increasing admission capacity by 50 per annum. Quotes are currently being obtained with building work scheduled to commence in 2026.

2.4 *Reduce levels of medication incidents*

We have successfully reduced the total number of medication incidents by 71.9% over the last 12 months. This has been achieved through a combination of initiatives, developed from incident learning activities and strategic interventions.

Over the last 12 months we have implemented 'Vantage', an electronic incident reporting system. All staff have received full training on the new system, which has also brought with it the enthusiasm for reporting of incidents and the appetite to learn from them. We have used the data to identify incident trends and themes more easily which enables proactive intervention, often before a significant incident takes place.

We have also been successful at building on our 'learning culture'. We have empowered our staff to identify and report potential issues and risks, ensuring we close the feedback loop and share the outcome of their initial report to demonstrate value. Staff are now proactively identifying quality improvements and initiatives which has helped reduce our number of incidents.

We continue to analyse investigated incidents through our monthly Quality and Prescribing Forums. This allows us as a whole care directorate, to come together, discuss each incident and cascade learning. Inviting all departments to attend the forums also helps improve communication and collaborative working.

3. Progress on the Care Strategy

The previous care strategy concluded in 2024 following the achievement of its objectives. A new 5 year care strategy was developed and launched toward the end of the year following significant staff engagement. Objectives include:

- Supporting patients earlier in their palliative and end of life care journey
- Reducing the impact and likelihood of crisis
- Delivering operational excellence, sustainability and resilience
- Forming partnerships & enhancing volunteer utilisation
- Digitalisation and automation

4. Priorities for Improvement 2025/26

There are 10 initiatives scheduled for completion in the new care strategy for 2024/25 which include:

1. Quality metrics initiative
 - Create a suite of Key Performance Indicators which can be built into Systm1 which support continuous quality improvement across all services
2. System1 implementation
 - Implement a new electronic patient record platform
3. Outpatients wellbeing telephony service
 - Launch a service delivered by volunteers to identify patient deterioration, increase referrals to other services and increase patient satisfaction
4. Specialist ward review
 - Review the current annual investments which support the acute provider
5. GP engagement programme
 - Deliver a programme which increases GP engagement, awareness and utilisation of Katharine House Hospice services
6. GP Palliative and End of Life Care register letter
 - Implement a process to write to patients on GP register to offer our services
7. IPU renovation / expansion
 - Plan and begin renovation of the Inpatient Unit (including +2 beds) to future proof the unit and ensure it supports the delivery of the highest quality care
8. Frailty pathway
 - Generate a local pathway that enables patients identified as frail to seamlessly access palliative care services offered by Katharine House Hospice

9. Professional development framework

- Develop a professional development framework which enables all care staff to progress and develop in the organization

10. Preferred place of care and death initiative

- Implement processes to routinely capture Preferred Place of Care and Death for all patients and generate recommendations to improve

4. Statement of Assurance from the Board

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of an annual Quality Account (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 Account, directors are required to take steps to satisfy themselves that:

- ✓ The Quality Account presents a balanced picture of the hospice's performance over the period covered.
- ✓ The performance information reported in the Quality Account 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.

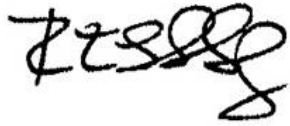
The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

Approved by the Board of Katharine House Hospice:



28th May 2025

Mr P R Catchpole Chairman



28th May 2025

Dr R Soulsby

Chief Executive

5. Mandated Statements

Section 5 sets out statements that must be included in the Quality Account. 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

a) Inpatient Unit

The Hospice building accommodates our consultant-led 8 bedded inpatient unit. The unit includes 4 individual en-suite rooms and two two-bedded bays all equipped to provide the very best clinical care in a comfortable setting. Admissions are accepted 365 days per year from a range of sources including primary care, community care, other hospices and all hospitals throughout the region.

The year in review has been a tremendous success receiving nearly 300 referrals and accepting 200 admissions over the year. This performance demonstrates growth from last year's figures enabling 34 more patients to be admitted, a 20% increase. Inpatient unit specific quality key performance indicators also demonstrate improvement. Total falls and medication incidents have reduced by 29% whilst the appetite for reporting incidents has increased.

b) Outpatient and wellbeing

2024 was the first full year our revised outpatients and wellbeing services offer was delivered to the patients of Stafford and the surrounds. The services we offered to our community increased significantly and included:

- Complementary therapies
- Wellbeing programme
- Fatigue and anxiety programme
- Motor Neurone Disease clinic
- Parkinson's Disease clinic
- Neurological disease clinic
- General Practice clinic
- Heart failure clinic
- Respiratory failure clinic
- Social prescribing clinic
- Coffee morning
- Carers' relaxation

- Tai Chi
- Knitter natter

Furthermore, our innovative volunteer telephone support service launched which is a nurse-led service which trains volunteers to pro-actively identify symptoms which would benefit from a clinical review alongside offering additional pastoral support.

Benchmarking activity of the service is difficult given the lack of comparable data however, 289 referrals to the service were made which resulted in 844 attendances to the unit and over 5000 calls made to patients. Over 650 complementary therapy sessions were delivered on top of social events which welcomed 400 attendances.

c) Palliative Care Nurse Specialist Team

The Palliative Care Nurse Specialist Team (PCNS) enables the preferred place of care to be received at home and manages the most complex palliative patients in our community. The senior nurse team has prescribing capability to support the creation and delivery of complex care plans, providing the very best care in the patient's home to support preferred place of care and death.

The team received 615 referrals during the year which is an increase of 13%. Over 1300 home visits were delivered and over 4000 telephone calls providing symptom management and support.

The PCNS team also deliver the Katharine House Hospice adviceline, supporting patients and healthcare professionals by providing support, advice and guidance from 9am to 5pm, 7 days per week. 1222 calls were managed by our adviceline during 24-25 which demonstrates 38% of growth from the previous year.

2024 also observed an exciting collaborative project between Katharine House, Compton Care and Douglas Macmillan Hospice to expand adviceline services to provide 24 hour coverage across our respective catchment areas. Nearly 2500 calls were managed by the out of hours adviceline that provided clinical / therapeutic value in over 70% cases and reduced the likelihood of urgent and / or emergency care service use in 54% of cases. These outcomes resulted in the project receiving funding from the Integrated Care Board, supporting service continuation for a further 12 months.

d) Hospice at Home

Our Hospice at Home team provides provide crisis support at times of clinical change which often prevents crisis admission to hospital. This vital service enables family members or health care professionals to arrange longer term packages of care and support. The team provides personal palliative care including washing, dressing, changing bedding, comfort visits including toileting and pressure area care. The team also liaises with other health care professionals including District Nurses and the Palliative Care Nurse Specialists to get the best outcomes for the patient and their families.

2024/25 observed several significant changes to the care system requiring the team to be innovative and dynamic at delivering value. Our respite offer was upscaled resulting in over 1800 hours of respite care being offered to patients, demonstrating growth of 39%. Furthermore, the hours of care offered, and telephone contacts increased by 63% and 65% respectively, enabling care to be delivered responsively to suit the patient need.

e) Lymphoedema

Our Lymphoedema service helps patients manage lymphoedema that is related to their illness or its treatment. Lymphoedema is a swelling caused by the build-up of lymphatic fluid in the tissues under the skin. Each patient receives a specialist assessment followed by a treatment plan which may include skincare advice, healthy eating advice, exercise programmes, measurement and fitting of compression hosiery and specialist decongestive treatments.

2024/2025 was another strong year for the team, delivering nearly 4% more treatments and 30% more telephone contacts. The team has evolved to manage a large and growing caseload (referrals increased by 16%) with high levels of efficiency whilst maintaining class leading levels of clinical quality.

f) Family Support

Our skilled team of counsellors and pastoral volunteers offer psychological, pastoral and spiritual support for patients and relatives from the point of diagnosis to post bereavement. Each patient is assessed and offered a support plan to best meet their needs which may include, in person or remote one to one counselling, group sessions and / or onward referral and advice.

Nearly 1400 sessions were offered to patients last year against referral growth of nearly 17%. The average waiting time for counselling support during the reporting period was 6 weeks, providing best-in-class access for free services.

Furthermore, the team continued to support the development of five students throughout the year. One student, upon graduating with her MSc has now decided to become a volunteer for the charity, offering four hours per week,

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 clinical governance framework annual audit programme. These may be ad-hoc audits following incidental learning or repeat audits on processes of high utilisation or risk. The internal audit programme for 2024/25 covered a range of areas including:

- Capacity
- Therapies and wellbeing
- IPU operations
- Consent
- Documentation
- Medications compliance

- Lymphoedema
- Discharge
- Catheter insertion
- Non-medical prescribing
- Patient satisfaction
- Falls
- Transdermal patch

Audits are initially presented to the senior clinicians' group to enable the distribution and swift implementation of recommendations and actions. Audits are then submitted to the Quality Forum and Clinical Committee to enable organisational learning and provide Trustee assurance.

5.3 Research

Katharine House Hospice has not engaged in any formal research in the period covered by this account.

5.4 Commissioner agreed Quality Initiatives

There are no mandated quality initiatives agreed with the Integrated Care Board (ICB) related to our grant and no quality inspections were completed in the year under review. However, the ICB have requested reporting on the following metrics to support the development of future commissioned services:

- Preferred place of death achievement
- Average length of stay
- % cancer and non-cancer patients
- Initial contact for assessment
- Proportion of calls received from healthcare professionals answered in 15 minutes
- % of patients admitted to the IPU in 2 days of request
- Patient and carer satisfaction

	Quarter 1	Quarter 2	Quarter 2	Quarter 4
Achievement PPD	100 deaths 14 patients PPD noted 10 achieved	116 deaths 19 patients PPD noted 10 achieved	130 deaths 17 patients PPD noted 12 achieved	124 deaths 21 patients PPD noted 13 achieved
Average Length of Stay	14.6 days	10.5 days	8.4 days	12 days
% of Cancer / Non Cancer supported	Cancer 49% Non-Cancer 51%	Cancer 51% Non-Cancer 49%	Cancer 52% Non-Cancer 48%	Cancer 50% Non-Cancer 50%
Proportion of calls from HCP	332 total 27% HCP	315 total 33% HCP	257 total 32% HCP	298 total 31% HCP
% of patients admitted to IPU within 2 days for	31%	12%	13%	33%

symptom control				
Patient and carer satisfaction	IWGC	IWGC	IWGC	IWGC

Katharine House Hospice income in 2024/25 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

5.5 Data Quality

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

Katharine House Hospice did not submit records during 2024/25 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

Katharine House Hospice is compliant with level 2 of the NHS Information Governance Toolkit. All care staff and volunteers completed Data Awareness refresher training via the NHS e-learning for health and/or refresher training on GDPR via the BlueStream Academy during 2024/25.

6. Review of Quality Performance

Katharine House Hospice has reviewed all of the data available on the quality of care in the services it provides.

Katharine House Hospice considers that this data is accurate as the data output is reviewed quarterly by the senior clinical managers and other staff at the Quality Forum before being reported to the Clinical Committee.

6.1 Quality Indicators

Quality Indicators March 2025 (2023/24 in italics)						
*Grey shading indicates 2023-24 benchmark						
Indicator	Q.1	Q.2	Q.3	Q.4	Year to Mar Totals	
Number of Inpatient Admissions	38	50	61	51	200	19.8%
	47	37	48	35	167	↑
Number of Occupied Bed Days	568	527	510	642	2247	↓
	568	589	569	630	2356	-4.6%
Number of Day Therapies Attendances	144	217	168	315	844	162.9%
	51	77	78	115	321	↑
Never Events including local Avoidable Events	0	0	0	0	0	n/a
	0	0	0	0	0	
Number of serious incidents reported	0	0	0	0	0	n/a
	0	0	0	0	0	
	4	2	11	7	24	33.3%

Patient Safety Incidents and near misses - no harm	7	5	1	5	18	↑
Patient falls - total	3	4	1	2	10	↓
	4	2	3	5	14	-28.6%
Patient falls leading to harm	0	0	0	1	1	↓
	2	0	2	3	7	-85.7%

Indicator	Q.1	Q.2	Q.3	Q.4	Year to Mar Totals	
Medication incidents / errors - total	9	8	14	16	47	↓
	23	20	6	17	66	-28.8%
Medication incidents / errors leading to harm	0	3	1	2	6	↔
	3	2	1	0	6	
Medical record / documentation incidents - total	0	9	0	0	9	350.0%
	0	0	2	0	2	↑
Medical record / documentation incidents leading to harm	0	0	0	0	0	n/a
	0	0	0	0	0	
Pressure ulcers identified on admission	30	26	41	17	114	↓
	35	29	39	19	122	-6.6%
Pressure ulcers post admission unavoidable	7	5	7	8	27	8.0%
	3	11	7	4	25	↑
Other Patient Safety Incidents leading to harm	0	0	1	1	2	↔
	0	1	1	0	2	
MRSA Bacteraemia (on or after 3rd day)	0	0	0	0	0	n/a
	0	0	0	0	0	
Admitted with C. Difficile	0	2	2	1	5	400.0%
	0	1	0	0	1	↑
C. Difficile (on or after 4th day)	0	0	0	0	0	n/a
	0	0	0	0	0	
MSSA Bacteraemia (on or after 3rd day)	0	0	0	0	0	n/a
	0	0	0	0	0	
E. Coli Bacteraemia (on or after 3rd day)	0	0	0	0	0	n/a
	0	0	0	0	0	
Safeguarding referrals - Adults	2	2	0	5	9	↓
	5	5	3	1	14	-35.7%
Central Alerting System and other external alerts (Total relevant received)	11	4	0	0	15	↓
	5	9	7	7	28	-46.4%
Referral for Deprivation of Liberty (Adults)	0	0	0	2	2	100.0%
	0	0	0	1	1	↑

There have been no “never” events or serious untoward occurrences in the reporting period.

6.2 Compliments and complaints

Compliments have increased by 6% over the reporting period however, complaints have also increased by 50% (10 complaints). A proportion of this increase is due to adverse comments no longer being recognised in the new complaints process.

26 complaints were categorized at minor, 2 as moderate and 1 serious. 12 complaints were upheld, 2 complaints were partially upheld, 12 complaints not upheld and 1 undeterminable. 24 complaints were service specific whilst 5 were about general services or processes.

Indicator	Q.1	Q.2	Q.3	Q.4	Year to Mar Totals	
Compliments Received	164	160	161	182	667	6.0%
	174	202	166	87	629	↑
Complaints Number (Total)	4	7	4	14	29	↓
	23	7	5	8	43	32.5%
Complaints Number (upheld)	2	1	1	11	15	200.0%
	0	0	3	2	5	↑

6.3 What our staff say about us

Staff surveys are conducted annually and in the year under review we sought staff and volunteer views. Results from the Staff survey were published in January following the participation of 213 staff and volunteers which saw an annual increase of 63%.

Notable findings include:

- 70% of respondents saw themselves staying with the organisation for the next 12 months
- Most staff would recommend Katharine House as an employer (95% care, 81% support services, 62% retail)
- 75% of staff recognise our commitment to career development
- 90% of staff are clear about the charities mission & vision
- 92% of staff believe all people are welcome
- 82% of staff look forward to coming to work

Areas recognised for improvement from the survey include:

- Rates of pay
- Changes from previous surveys
- Levels of stress at work

Although pay featured with a low rating in the overall positive, less comments were received in that area. The top comments related to more clinical supervision and more development opportunities.

7. Comments Received

ICB colleagues commended Katharine House Hospice on the contribution of the Director of Care in the co authorship of the system for PEOLC Strategy