



KATHARINE HOUSE HOSPICE

QUALITY ACCOUNT – 2022/23

Chief Executive Statement

It is with pleasure that I present you with the Katharine House Hospice Quality Account for 2022 – 2023. The Hospice has continued to face the challenges of the long-term impacts of the pandemic. This includes the resilience of our finances, teams, and infrastructure. I am incredibly proud of the way our teams have responded to these challenges and the dynamism demonstrated by our staff. This has enabled the continued delivery of vital services to our community.

Much of the previous year has been a period of recovery during which the organisation has evaluated its strategy, reassessed our approach to risk, and reviewed the utilisation of our finite resource. We have also taken the opportunity to increase our engagement with the health and social care system following the creation of Integrated Care Boards (ICBs) responsible for NHS and social care system planning in England from 1 July 2022.

Remarkably, considering all these challenges, we have largely maintained or improved the performance of our services and the number of patients we have supported has increased by 25% to over 1,500. This is testament to the professionalism, dedication, and energy of our teams who are undoubtedly our most valuable asset.

The charity makes no charge to its patients, their families or carers for the services it provides. Usually, 40% of the funds needed to deliver charitable services are provided by the NHS and the remainder is sourced through the operation of a society lottery, retail operations, fundraising, voluntary donations and legacies 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 and safe standard of care. Our new clinical governance framework implemented in November enabled 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 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 which 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 fourteenth 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 2022/23. 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 Care Quality Commission has implemented a system of monitoring and engagement meetings which are carried out virtually. Monitoring meetings enable the regulator to prioritise activity and provides public assurance surrounding the ratings allocated to services. The hospice fully engaged with this process by promoting patient and relative feedback mechanisms direct to the regulator, providing quality information and responded to questions asked during the meeting. One meeting was held in the year under review and no requirements were identified.

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

Trustees are committed to improving services not only through the identification of needs, but also by seeking user perspectives. Patient engagement is a vital component of clinical quality and is often considered central to the design and implementation of sustainable systems of care.

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

A sample of the feedback provided by families and relatives can be found below.

“While no words could every express just how grateful we are for all you did for us. We would just like to say a huge thank you to everyone involved in xx’s care and for making it possible for xx to be at home until the end, which was always his wish. We are forever grateful.”

“You were all caring and so supportive, not only to xx but also to the family, we could not have done it without you.”

“You are all amazing at what you do, the care, thoughtfulness and support it is so valuable to families like ours at such a difficult time.”

“Your kindness will not be forgotten, it has been lovely getting to know you, wish it had been in different circumstances.”

“Thank you for being here for me.”

“I just wanted to drop you all a note to say thank you for all the care and attention you gave Dad in his final days and weeks. You were all so kind to him and our family. We will never be able to repay you for all for your kindness but we will try.”

“To all staff, thank you for the kind care, lovely food you gave xx while he was at KHH. You are all so happy, friendly and a joy for us wives, husbands, and carers when we visit.”

“When you go through such a big change in life, it’s hard to know what to put down on paper. Words cannot express how grateful we are for the time Mom spent at the hospice. I have already spoken to some of you about what might have been if Mom had not of been on the hospice’s radar and being honest it does not bear thinking about. Whist he was reluctant to enter your care that soon disappeared shortly after arriving. Throughout his time with yourselves you all demonstrated how vital hospices are in our society. I for one was incredibly naïve about their role. Whether it was the food which Mom constantly raved about, the efficiency of the cleaning team, the chats with the HCAs during morning chores or even the wonderment that the nurses had that she could swallow so many tablets in one go it was those things that made a positive difference to her.”

“I wanted to say a heartfelt thank you for looking after our mum. She recently passed away at the hospice and although we knew it was coming, it has still broken our hearts, she was a great mum. The kindness you showed towards mum and the family will always be remembered. We thank you from the bottom of our hearts.”

“A special thanks to the nursing team who encouraged us to stay and helped us during our mums passing. We are forever grateful”

“We can’t thank you enough for all the care and love you have shown to xx and us during this very hard time.”

“To all staff in the IPU who cared for my aunt, your job is not an easy one but you made the last few weeks more bearable for her and all of us as a family. I am sure she will be remembered by you all if only for the amount of visitors she received.”

We consider and act on every piece of feedback received from our users to identify all opportunities to improve. We strive to increase the ease and opportunity for users of our services to provide their feedback and plan to launch a new patient engagement platform in the forthcoming year. Patients and relatives will be able to use paper forms, telephone, smart phones, tablets, or computers to share their views. This change will enable sector specific benchmarking, increase our ability to communicate directly with stakeholders, and share our performance to the public, demonstrating our commitment to honesty, transparency, and candour.

1.4 Clinical Governance Framework

The Board of Trustees are responsible for the management and administration of the charity and are legally accountable for the activities of the hospice including the quality and safety of care services. The board meets bimonthly and delegates care, clinical, clinical education and research oversight to the clinical committee, which meets quarterly.

A revised clinical governance framework was developed and launched in November 2022 to increase staff engagement and provide a seamless route of communication “from board to floor” across all care services.

A revised clinical Quality Forum and the clinical team leaders’ meeting both report to the clinical committee via the Director of Care through clinical governance reports. The quality forum meets monthly to explore themes and trends identified from governance processes whilst sharing learning to enable continuous improvement and clinical excellence. Finally, the clinical team leaders’ meeting is scheduled weekly and enables service leads to identify, share and manage operational issues which may affect delivery including staffing, risks & issues, training and education, and resilience planning.

The revised framework increases staff access and input to governance processes and closes the feedback loop to demonstrate the value of engagement and the output of submissions. The Quality Forum is open to all staff and dually hosted face-to-face and virtually to support staff attendance and engagement. Meetings are also recorded to enable staff working across a 24-hour rota to access the meeting and learn from incidents when they are unavailable to attend. The team leaders’ meeting is informed by regular staff briefings / handover meetings where staff are provided with the time to feedback on all matters associated with the effectiveness of service delivery.

Metrics following the implementation of the revised framework have demonstrated greater staff engagement across all roles in the identification and management of risk, learning from incidents, and quality improvement initiatives. This engagement has likely contributed toward the improvement of quality and performance metrics over the last quarter of the reporting period.

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 is the Director of Care and in his absence, it is the Hospice Lead Nurse. The Director of Care has undertaken the Accountable Officer for Controlled Drugs training.

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 annual practice. During the year the Hospice reviewed its medicines management policies and standard operating procedures and has improved its compliance with the standards for the destruction and the prescribing of Controlled Drugs.

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 during the previous year the types of which can be found below. None of the errors led to harm to a patient.

Type	Number
Administration error – before reaching patient	9
Recording errors	7
Administration error – Patient received but not taken	3
Administration error – omitted dosage	2
Administration error – patient taken	2
Dispensing error – before reaching patient	2
Lost / stolen / missing drugs	2
Stock error	2
Delivery error	1
Destruction error	1
Discharge procedure error – patient not affected	1
Prescribing error – before reaching patient	1
Prescribing error – patient taken	1
Transcription error – before reaching patient	1

Learning was identified in each instance resulting in a change to education or internal process and all incidents were closed by the regulator without requiring further clarification.

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.

2022-2023 observed 9 patients testing positive for covid which was contracted prior to admission. 2 incidents were identified where patients were likely to have acquired infection during their inpatient stay however these cases were unrelated.

Our success surrounding the effective management of COVID is due to the development and implementation of our dynamic infection prevention and control plan which successfully mitigated infection, whilst enabling loved ones to spend time together. Staffing infection implications were also mitigated via effective multidisciplinary team working and collaboration.

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. Katharine House Hospice continued its commitment to high compliance of safeguarding and mandatory training courses including fire safety, manual handling, infection prevention and control, cardio-pulmonary resuscitation, care planning, and T34 training. The end of year report identifies that 86% of care staff completed mandatory training.

Katharine House Hospice also supports a staff led lunch and learn programme which engages subject matter experts to present an education session on their chosen field of expertise. Sessions take place every week lasting an hour and are recorded to increase accessibility. Lunch and learn topics have included:

- Nutrition
- Facilitating timely transfers of care
- Medicines management
- Patient confidentiality and the law
- Leadership
- Mental health first aid
- Palliative care emergencies

A review surrounding the continuous professional development of senior care managers following the pandemic identified a valuable improvement opportunity. Many managers had not been able to access leadership and management training due to the resource impact of resilience plans. Subsequently, the board invested £70,000 in the development of senior clinical leaders to access education courses and mentorship in the following topics:

- Report writing
- Clinical audit
- Incident investigation
- Clinical Governance
- Leadership
- Management models
- Quality Improvement
- Communication
- Risk management

2. Reflecting on our Priorities for Improvement 2022/23

2.1 Renovation of day therapies unit

Our previous day therapies unit provided services for up to 60 patients a week, combining access to specialist services with social activities. Patient feedback and experience of the service was positive however, the range of services and numbers of new patients was low. The board reviewed and approved a proposal to increase the range and accessibility of services by adopting an outpatient-based model.

In the last year we have developed a rolling wellbeing programme which increases access to a holistic 6-week programme. Our approach supports patients to improve symptom management, increase understanding of their condition and to co-produce a care plan, empowering patients to manage their illness. Notably, our new outpatient service enables patients to access specialist clinics for treatments and therapies that meet the needs of the individual.

Our designed programme required a purpose-built environment to increase the number of separate clinic rooms, promote multi-disciplinary collaboration and to host group programmes. The therapies and wellbeing renovation commenced in November requiring teams to relocate to alternative local sites. Services have continued their vital work during this time and are due to use the new facilities back at the Hospice building in May 2023.

2.2 Review of clinical policies management

The Senior Clinician group adopted the responsibility for the clinical policy management project in August following a review into care guidance documentation. The review concluded that organisational application of resilience plans in response to the pandemic resulted in the reallocation of resources previously used to maintain care guidance documentation. An organisational risk was submitted following the review and mitigatory actions were implemented to support staff and maintain levels of quality and clinical safety.

The group reviewed existing guidance and ensured policy or process documents were reviewed and amended for the top 20 areas of highest clinical risk. A selection of the prioritised guidance documents included safeguarding, medicines management, mental capacity act, infection prevention and control, deprivation of liberties, falls, privacy, dignity and respect, clinical records, clinical incident management, consent, verification of death, resuscitation, and clinical audit. The organisation has invested resources in a project to implement a new model of policy management across the whole organisation due to launch in June 2023.

2.3 Review of internal audit programme

A review of clinical audit was completed in May and identified a disparate approach which was often unplanned, self-contained and adopted a non-standardised approach. Analysis of audits completed over 2021-2022 identified that audit outputs often failed to demonstrate compliance and associated opportunities for improvement.

Subsequently it was recommended that the process of carrying out clinical audit should be clarified, made more consistent, and include recommendations to improve clinical quality and compliance. An audit protocol was developed to ensure audits considered the necessary requisites to provide value and support auditors to complete analysis in a user-friendly efficient manner. A summary of the audit protocol is found below:

1. The general area to be audited and why this has been chosen
2. The scope (or limitations) of the proposed audit
3. The standards / criteria to be applied
4. The key questions that this audit is seeking to address
5. The data collection methodology and the data and form of the data to be collected.

7 audits have been completed following implementation of the new model which have made a suite of recommendations to improve care delivery. Informal feedback from auditors indicates the benefits of the new audit approach which is now subject to further review for improvement in 2023.

2.4 Care Strategy

The new care strategy was approved in November 2021 and aimed to increase the provision of flexible specialist palliative care to patients, develop new opportunities for collaboration, support improved forward planning for patients, target support for patients who deteriorate rapidly, meet the supportive needs of patients, and educate our staff and the community in principles of effective end of life care.

The three-year strategy demonstrated our commitment to transformational change in the improvement of service quality and performance. We are approaching the end of year two and ahead of schedule across most domains. Regrettably, the organisation has decided not to proceed with the compassionate communities workstream given our finite resources. Nevertheless, Katharine House Hospice is committed to engaging with the community and is utilising local networks to increase collaboration between services to fulfil our mission.

3. *Priorities for Improvement 2023/24*

There are four priorities for improvement identified for 2023/24:

1. Commence out-patient services from the refurbished Therapy and Wellbeing Centre and improve access to these services for patients and families.
2. Develop and implement an on-line training and development programme, that will enable us to ensure compliance with mandatory and essential training for all care staff.
3. Commence the implementation of a computerised and accessible accident and incident reporting system, to include pressure ulcers, patient falls, and medications incidents. This will help us to more easily correlate peaks in accidents and incidents and help us to assess trends.
4. Implement a new system for capturing and reporting on both compliments and complaints.
5. Procure and begin the implementation of a new electronic patient management system for the use of all care services.

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:



23 May 2023 Mr P R Catchpole Chairman



23 May 2023 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 bays 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 and all hospitals throughout the region.

The year in review has been challenging but positive for the inpatient unit who accepted 147 admissions over the year. This performance demonstrates growth from last year's figures enabling 22 more patients to be admitted.

Unit specific quality key performance indicators also demonstrate improvement. The number of Infection prevention and control and patient experience incidents and incidents leading to harm have improved from the previous year.

The period also observed increases in the number of medication related incidents, patients developing pressure ulcers, and patients sustaining falls leading to injury on the unit which will inform quality improvement initiatives over 2023.

b) Outpatient and wellbeing

The Outpatient and wellbeing team has evolved significantly post pandemic to respond to the changing patient need whilst delivering high levels of quality and efficiency. The new therapies and wellbeing centre will host a range of clinics to support patients to manage their illness including complementary therapy, physiotherapy, occupational therapy and more.

Reflecting on performance for the previous year is challenging due to the significant service changes which have taken place in readiness for the new Outpatient Team and Therapy & Wellbeing Centre. Telephone contacts is the most reliable metric which has observed 2.3% growth in contrast to the previous year however, this does not reflect the quality of care offered by the team delivering a bespoke one to one service. Complimentary therapy was offered to 294 patients or relatives over the year demonstrating significant growth.

23/24 will start with a new set of metrics providing greater insight into the service including patients who successfully enrol on the wellbeing programme, patients who complete the wellbeing programme, telephone contacts and active care plans.

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 annual number of referrals for PCNS services has increased (510) resulting in 76 more patients receiving the specialist service. The role of PCNS will require clarification in the forthcoming year to ensure that the correct patients are being supported by the most suitable service in contrast to the most popular service as trends currently suggest. It is likely the role of PCNS will be to support complex patients to die at home, avoid crisis and subsequent admission to hospital thereby enabling us to meet the patients' choice of preferred place of care and preferred place of death.

d) Hospice at Home rapid response

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.

On reflection 22/23 was a challenging year for Hospice at Home. Referral performance was 7% below the previous year which contributed toward a 15% reduction of hours offered over the year. The service has been required to respond to a range of challenges including significant system and commissioning changes, resource paucity, and staffing shortages due to a competitive market. Nevertheless, Hospice at Home is overcoming these obstacles and there is confidence that 23/24 will observe growth subsequent to effective risk management, business planning, and system engagement.

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.

The Lymphoedema service has delivered remarkable performance over the year, providing 1,752 contacts with patients and 1,666 treatments. These figures are more remarkable given the disruption associated with renovation work on the Therapy and Wellbeing Centre. The service has plans for further growth in the forthcoming year and aims to investigate the impact of effective treatment on the urgent and emergency care system.

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.

211 referrals for counselling were received in the reporting period alongside 902 counselling sessions and 484 telephone contacts. The team will look to expand in the forthcoming year to increase the amount of support offered to patients shortly after diagnosis. Furthermore, the team will explore providing services to children of patients affected by palliative and end of life conditions.

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 2022/23 covered a range of areas including:

- Controlled Drugs Accountable Officer Audit per quarter
- Falls
- Hand Hygiene
- Transdermal Patch
- Advance Care Plan/ReSPECT
- Lymphoedema
- Hospice at Home
- Outpatients

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 however, has started to engage with the National Institute for Health Research to initiate a small programme of research in 2023.

5.4 Commissioner agreed Quality Initiatives

Katharine House Hospice does not have any quality initiatives agreed with the Integrated Care Board and no quality inspections were completed in the year under review.

Katharine House Hospice income in 2022/23 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 2022/23 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 during 2022/23.

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

<u>Measures</u>	<u>22/23</u>	<u>21/22</u>	<u>20/21</u>	<u>19/20</u>	<u>18/19</u>
No. patients cared for with MRSA	0	0	0	0	4
No. patients contracting MRSA when in the hospice's care	0	0	0	0	0
No. patients contracting MRSA per 100 bed days	0	0	0	0	0
No. patients cared for with C Difficile infection	0	2	1	2	4

<u>Measures</u>	<u>22/23</u>	<u>21/22</u>	<u>20/21</u>	<u>19/20</u>	<u>18/19</u>
No. patients contracting C Difficile infection when in the hospice's care	0	0	0	0	0
No. patients contracting C Difficile infection per 100 bed days	0	0	0	0	0
No. patients cared for with ESBL infection	2	0	2	0	1
No. patients contracting ESBL infection when in the hospice's care	0	0	0	0	0
No. patients contracting ESBL infection per 100 bed days	0	0	0	0	0
No. patients developing pressure ulcers whilst in the hospice's care	26	21	24	51	75
No. patients developing pressure sores whilst in the hospice's care per 1000 bed days.	12.28	9.49	13.97	22.48	30.56
No. formal complaints received	2	4	0	0	1
No. formal complaints received as a % of patients accessing services	0.13	0.30	0	0	0.08
No. adverse comments received	20	4	4	9	11
No. adverse comments received as a % of patients accessing services	1.32	0.30	0.29	0.74	0.91
No. required actions specified by the Care Quality Commission	0	0	0	0	0
No. recommendations made by the Care Quality Commission	0	0	0	0	0
No. reported drug errors	11	4	4	6	18
No. reported drug incidents	48	19	20	38	54
No. reported drug issues per 100 bed days	2.79	0.86	1.39	2.25	2.93
No. patient accidents and safety incidents reported in the year	32	32	20	22	41
No. patient accidents and safety incidents per 10,000 hours of care	5.44	590	4.16	3.29	6.11

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

6.2 Compliments and complaints

<u>Year</u>	<u>Compliments</u>	<u>Complaints</u>		
		<u>Formal</u>	<u>Informal</u>	<u>Total</u>
2022/23	420	2	20	22
2021/22	309	4	4	8
2020/21	169	0	4	4
2019/20	272	1	9	10
2018/19	303	0	11	11

Informal complaints are instances where the complainant does not seek a formal response and are usually responded to verbally by a senior manager. Formal complaints receive a written acknowledgement within 2 days and we aim to complete an investigation in 20 days. During the reporting period 2 formal complaints were received, one which was upheld and one which was partially upheld.

Complaint 1 surrounded a breach of post bereavement communication and documentation resulting in a relative being unprepared for a call from the medical examiner and prolonging of the death certification process. Katharine House apologised for this oversight and has implemented the learning from this incident to reduce the likelihood of recurrence.

Complaint 2 identified instances of ineffective communication and care plan development between the patient and the care service team, resulting in a reduced patient experience. Katharine House has apologised for this incident, has provided feedback to staff involved in the instance and has implemented systemwide learning to reduce the likelihood of recurrence.

Katharine House Hospices uses an internal assessment to categorise complaints and in the year under review: 6 were deemed serious, 14 moderate, and 2 minor in nature.

Although complainants may not wish for a formal response we seek to investigate complaints to enable learnings to be ascertained and in doing so determine an outcome of the complaint. Of the 22 complaints, 8 were upheld, 3 were partially upheld, 10 were not upheld, and no determination could be made on one.

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 on Equality, Diversity and Inclusivity in addition to usual employment relationship questions. Results from the Staff survey were published in October following the participation of 134 staff and volunteers. 44% of all respondents worked in the Hospice or Community teams. Notable findings include:

- 98.3% of hospice or community staff / volunteer respondents felt we welcomed and valued diverse opinion and ideas.
- 98.2% of hospice or community staff / volunteer respondents felt we promote a positive culture.
- 92.7% of hospice or community staff / volunteer respondents felt comfortable knowing concerns would be appropriately dealt with.
- 94.4% of hospice or community staff / volunteer respondents felt that we valued their physical and mental wellbeing.
- 89.7% of hospice or community staff / volunteer respondents feel that we encourage and listen to employee feedback.

7. *Comments Received*

Any letters received by the Hospice following consultation on this Quality Account are attached below.

No comments were received.