



KATHARINE HOUSE HOSPICE

QUALITY ACCOUNT – 2020/21

Chief Executive Statement

This is the twelfth Quality Account prepared to report on qualitative aspects of the services and care delivered by Katharine House Hospice. This is produced in compliance with the Health Act 2009, NHS (Quality Accounts) Regulations 2010 (amended 2011) and the Health and Social Care Act 2012.

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. Usually 33% of the funds 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 and legacies from members of the public. The 2020/21 year has seen major disruption to the hospice's normal operations. Lockdown restrictions prevented the retail operation from functioning for over 7 months of the year. The government stepped in to support independent hospices financially and over 67% of the hospice's funding came from the statutory sector.

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 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 responsive to 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 global Covid-19 pandemic affected all aspects of the hospice's operations. The immediate and continuing priority has been to ensure the hospice's services could be delivered to patients in a way that minimized risks of infections for patients, their families and friends, and for the hospice's staff and volunteers. This meant balancing a number of factors including: access to services, access for visitors into the hospice, the staffing levels,

The dominant factor for the year under review has been the Covid-19 pandemic. Section 1.2 provides a narrative on the hospice's response to the Covid-19 pandemic and the implications this had on the quality, safety, and responsiveness of the hospice's services.

The quality of services delivered at Katharine House is of a high standard. However 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 seek to foster a culture that empowers 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 actively seek feedback from the Hospice User Group, patients and carers to help us identify areas for improving service delivery.

The challenge in presenting this Quality Account 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.

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

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

1.2 Response to the Covid-19 Pandemic

The hospice faced a number of challenges in responding to the pandemic and needed to make sense of the different risks facing patients, their families, volunteers, staff, and the wider public.

The initial response focused on reducing the potential transmission of the virus. Specific actions included:

- Reviewing and implementing revised operating procedures
- Reducing footfall into the main hospice building
- Provision of Personal Protective Equipment (PPE)
- Introduction of sanitising products on all entrances
- Relocation of clinical staff to alternative areas
- Zoning of the hospice to reduce footfall from one zone to another

Later in the pandemic, lateral flow testing has been introduced for staff and all visitors to the hospice.

Given the highly vulnerable nature of Day Therapies and Wellbeing Patients we closed these services for direct face-to-face contact. This was replaced by telephone contact and then virtual sessions run through Zoom.

Face-to-face contact was also stopped for Lymphoedema patients but many of these consultations could be transferred onto a virtual platform. During the year we re-introduced some face-to-face sessions where appropriate.

Our community services, including those of Embrace Quality Care – a subsidiary care agency – continued to provide all services, but introduced stringent policies on the use of Personal Protective Equipment (PPE) and infection control procedures. The Community specialist nursing service continued to visit homes, but transferred a number of contacts from visits at home to telephone or virtual support.

The greatest challenge was for the inpatient unit. With two three bedded bays, the decision was taken to close four beds to enable social distancing. As guidance changed two of the beds re-opened. Visiting numbers and hours were heavily restricted (but never ceased) at the outset of the pandemic, although there has been easing of these restrictions as guidance changed and safety precautions such as Lateral Flow Testing could be introduced. Initially we sought to keep the unit COVID free, but later we accepted all patients no matter their COVID status.

One of the major challenges related to safe staffing levels. The hospice's care teams are relatively small and had the virus affected several staff within a team at the same time it would have been very difficult to sustain services. However, a combination of careful risk assessments of dependencies and workload coupled with a positive approach from staff meant we were able to keep all our services operating.

The measures were fully effective until November, when an outbreak of COVID occurred within the staff team on IPU. The transmission came from a COVID positive patient and resulted in the unit closing to admissions and closing completely for two weeks whilst the unit was deep cleaned. In this period of time the hospice followed all advice and guidance from Public Health England.

At the outset of the pandemic the hospice prepared to provide support to County Hospital through the senior medical and nursing staff – in particular to advise on the triaging of COVID patients for palliative care. In the event the numbers of admissions did not require this input.

The hospice's doctors and senior clinical nurses were actively engaged in helping nursing homes to prepare care plans for patients in nursing homes through virtual consultations.

The hospice's psychological support teams moved almost all their support to telephone or virtual platforms.

During the year under review, maintaining quality and services has been a priority, along with developing new ways to support patients, especially for those patients who could not access the services face-to-face.

1.3 Registration

Katharine House Hospice is required to register with the Care Quality Commission and its current registration status is registered with no conditions attached.

The Care Quality commission has not taken enforcement action against Katharine House Hospice during 2020/21.

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. During the period under review, the Care Quality Commission implemented a system of review meetings carried out virtually. The hospice provided information to the inspector prior to the meetings and responded to questions asked. These have been helpful in sharing information with the hospice's inspector and listening to suggestions made by the inspector. Three such meetings were held 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.

http://www.cqc.org.uk/sites/default/files/new_reports/INS2-2412720922.pdf

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.

1.4 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 Users Group widens the scope of our user involvement to include families and carers as well as patients. The Group met regularly but meetings have been suspended during the pandemic.

The hospice has feedback cards readily available in patient areas for all patients and visitors to make comments on, and suggestions for, the services we offer. In January 2019 we introduced new feedback cards to encourage people to give feedback that is focused on improving our services. The cards are titled: 'My care would have been better if...', 'We really appreciate your efforts to...' and 'You have been wonderful because...'. They have been positively received by our service users, but their use has proved limited as few patients or families are willing to articulate negative views.

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. Again the overwhelmingly positive nature of the feedback does not help the hospice to identify areas for improvement.

1.5 Quality Forum

During 2018/19 the Director of Care introduced a quarterly Quality Forum with open access to all staff, volunteers, Trustees and managers. The purpose of the forum is to share information about all key quality indicators in one forum. This includes information reported to the Board of Trustees and to the clinical committee. The programme is to raise awareness of the measurements of quality, to share these and to receive feedback and ideas from ward to board. There were no such meetings held in the year under review.

1.6 Trustee Inspections

Trustees are required to make unannounced inspections to review all aspects of the delivery of care services. The structure of inspections was reviewed in 2016/17 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.

During the year under review, Trustee inspections were suspended to avoid the transmission of infection. These are due to resume in 2021.

1.7 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. The Director of Care has undertaken the Accountable Officer for Controlled Drugs training.

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 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.

However the Hospice is not fully compliant with the standards for:

- destruction of CDs
- prescribing of CDs

These issues were identified in the 2019 audit and action was planned to address them. However the COVID 19 pandemic has had a significant impact on the anticipated completion timescales.

Following the publication of the Gosport Independent Panel Report, an audit of prescribing ranges and frequency of administration of Controlled Drugs was undertaken by the Accountable Officer and the Medical Director. No major concerns were identified.

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 are submitted in a timely manner to the LIN.

The Accountable Officer would normally attend quarterly meetings of the LIN group where areas of good practice or concerns are discussed. These meetings have been reduced in number and are now held virtually.

In 2020/21 the Accountable Officer did not report any major concerns regarding the safety of controlled drugs.

The Accountable Officer retired on 31 March 2021 and her replacement was in post from 7 March 2021. A full and effective handover of this role was completed and the change in CDAO is now registered with the CQC.

1.8 Infection Control

The hospice is committed to the prevention and control of infections. During 2020/21 the hospice had one registered nurse who had 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 nurse attended both local and national training events on a regular basis.

In May 2019 the Infection Prevention and Control Policy was comprehensively reviewed and updated. New competency based assessments for Hand Hygiene and Aseptic Technique were introduced along with a comprehensive training programme.

During March and April 2020, in response to the COVID 19 pandemic, the Director of Care delivered infection prevention, control, and hand hygiene education sessions to clinical, administration, support services, and retail staff and volunteers.

To date the hospice has had no incidents of patients contracting either MRSA or Clostridium difficile whilst at the hospice. 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 the year an outbreak of Covid-19 required the Inpatient Unit to close to admissions in November. Advice from Public Health England was sought and followed. After two weeks closure the inpatient unit re-opened and to the end of March 2021 no further outbreak has occurred.

1.9 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. In April 2018 a Learning and Development Officer was appointed to strengthen the coordination and delivery of training and education across the hospice.

In 2020/21 many training courses, including mandatory courses, were delivered via the electronic library for health but there were many fewer face-to-face teaching sessions.

The following are some of the external courses attended by Medical and Care Services staff during the year:

- MSc in Palliative Care
- MSc in Palliative Lymphoedema Care
- Independent nurse prescribing
- Health and Social Care Diploma level 2 and 3
- Communication skills – Sage and Thyme programme
- General Data Protection Regulations
- Manual Lymphoedema Drainage
- Catheterisation awareness
- Safeguarding Adults and Children
- Tissue viability
- Certificate in Managing diabetes
- Certificate in death, and bereavement
- Dementia care

In addition, ancillary staff have completed training in:

- Level 3 Food Safety and Hygiene for Catering
- Level 2 Food Safety and Hygiene for Catering
- Asbestos Awareness

In March and April 2020 there was a programme of training on Covid-19 hygiene and infection control available to all hospice staff and volunteers.

There is also a continuous programme of online and e-learning opportunities available to care staff including Olive Branch (fire safety awareness), malnutrition, understanding the safe handling of medications, hand hygiene and principles and practice of infection control are also available via E learning for health care.

There is a compulsory programme for mandatory training, including fire safety, manual handling, infection prevention and control, food hygiene, cardio-pulmonary resuscitation, safeguarding children, safeguarding adults, equality and diversity, mental capacity, data protection, confidentiality and deprivation of liberties.

2. Update on Priorities for Improvement 2020/21

Last year's Quality Account stated: "there are no new priorities for improving quality in 2020/21 beyond those already established. The entire focus for the year is expected to be on supporting the NHS during the current pandemic and thereafter recovering and where necessary redesigning the services of the hospice." The hospice is still in the recovery phase and will be considering the redesigning of services during the first part of 2021/22.

3. *Priorities for Improvement 2021/22*

Priorities for the coming year 21/22 include a full review of all clinical services to ensure that they meet the needs of the local population and current morbidity and mortality rates. Service development will also tie in with the NHS Long Term Plan (2020) and the outcomes from local Consultations with stakeholders.

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).

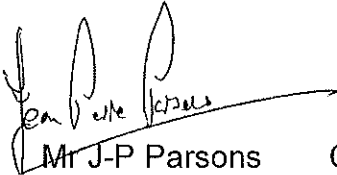
In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- ✓ 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:

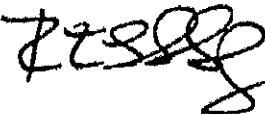
25 / 05 / 2021



Mr J-P Parsons

Chairman

25 / 05 / 2021



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

During 2020/21 Katharine House Hospice provided five relevant services. Katharine House Hospice has reviewed all the data available to them on the quality of care in all of these relevant health services. The following services are part funded by the NHS:

- ✓ 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 Palliative Care Nurse Specialist Team
- ✓ 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.

During 2020 the hospice supported County Hospital (part of the University Hospitals of North Midlands NHS Trust) to open a 10 bed specialist palliative care unit. The unit is run by two palliative care consultants who are funded by the hospice. All other costs and support are provided by County Hospital.

Katharine House Hospice income in 2020/21 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

5.2 Participation in Clinical Audits

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

A consultant in palliative medicine from the local acute trust was appointed as Medical Director in April 2018. She is leading a project to introduce the National Guidance on Learning from Deaths into Katharine House Hospice, but work on this has been suspended during the pandemic.

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 2020/21 covered a range of areas including:

- ✓ Infection Control
- ✓ CQC Self-Assessment
- ✓ Controlled Drugs Management
- ✓ Patient Falls

We have 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 safety and 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. This will reconvene July 2021.

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.

During the year 2021 Audit activity will focus on Non-Medical prescribing, Prescribing of Anti-Microbials and Oral care.

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

Katharine House Hospice does not have any quality initiatives agreed with commissioners. The commissioners usually undertake an annual quality inspection but the last one was on 2nd December 2019. There was no visit carried out in the year under review.

5.5 What others say about us

Feedback from our patients and their families is taken from letters, thank-you cards and feedback cards.

Where feedback has been received via our new themed feedback cards it has been recorded under the heading on the card.

My care would have been better if:

You have been wonderful because:

I really appreciated your efforts to provide:

Day Therapies

During 20/21 Day Therapies service has not been offered due to the COVID Pandemic. Activity has been transferred to a Well Being service using telephone consultations and Zoom/Teams consultations.

Comments prior to Day Therapies closing were

You have been wonderful because:

You allowed me time to talk about how I was feeling....

You helped me and my family to deal with my illness and the situation I was in.

I really appreciated your efforts to provide:

Some time to focus on me as a person, not just a diagnosis.

Palliative Community Nurse Specialist

Thank you so much, we do not know how we would have managed with you.

Thank you from the District Nursing Team for your symptom control advice.

Thank you for your support to our Mum whilst she transitioned to a nursing home.

In-Patient Unit

I just wanted to express my sincere gratitude to all of the staff who looked after my father in his final days.

Your care was second to none, the very fact that he was so wonderfully attended to with such love from simple things like brushing his hair and a spray of lynx, to the pristine and crisp bedding that he rested in, and the thoughtfulness of leaving the radio on for him to listen to will stay with me always.

The balance that you managed to achieve between caring, sharing information and a positive attitude was so reassuring and struck the right balance. You are all very skilled at what you do. Thank you for your kindness and professionalism in helping my husband recover enough to return home once more.

Thank you. Having dad at such a wonderful place was so reassuring to the family

Hospice at Home

Very grateful to the wonderful carers for working in the snow and managing to get to all the calls. They are always so cheerful.

Your staff are so helpful during this sad time.

The kindness, patience and respect you have shown us and the support you have offered has been second to none. We could not have managed with you.

The Hospice organised respite sits during the day and night which allowed my Dad to have a proper rest while mum was being looked after. This help was precious. It's hard to know how we would have managed without it.

I cannot stress enough how much Katharine House Hospice has helped us over the last few years and I know they help such a lot of people and their families too.

We would like to say a huge thank you to all the wonderful staff at Katharine House Hospice. Knowing we had your support was of great comfort. We were never made to feel we were a nuisance. Our family have benefited too.

Lymphoedema

So glad that patient contact has been maintained during COVID

The support offered by KHH was fantastic and would like to see services developed for both Primary and Secondary Breast Cancer.

Family Support Service and Chaplaincy

Bereavement support

Would strongly recommend, if you need help with bereavement to use this service. It was a game changer for me

The support I received has been invaluable for addressing my grief, maintaining a positive outlook and caring for and improving my wellbeing. I will always be grateful.

Psychological Services for Patients and Carers

Getting me to open up and look at things from new angles... has been a consistent help.

The realisation of looking after one self before you can help others as a coping strategy has been a very positive experience for me.

5.6 Data Quality

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

Katharine House Hospice did not submit records during 2020/21 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 training via the NHS e-LfH during 2018/19 and refresher training on GDPR during 2019/20.

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 as described for the following reasons:

- The accuracy of the data outputs is reviewed quarterly by the service leads at the Quality Forum and by the Clinical Committee.

6.1 Quality Indicators

<u>Measures</u>	<u>20/21</u>	<u>19/20</u>	<u>18/19</u>	<u>17/18</u>	<u>16/17</u>	<u>15/16</u>
No. patients cared for with MRSA	0	0	4	0	1	3
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	1	2	4	3	4	2
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	2	0	1	0	0	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 pressure ulcers whilst in the hospice's care (See Note 1)	24	51	75	25	15	9
No. patients developing pressure sores whilst in the hospice's care per 1000 bed days. (See Note 1)	13.97	22.48	30.56	10.47	6.13	3.4
No. formal complaints received	0	0	1	3	4	1
No. formal complaints received as a % of patients accessing services	0	0	0.08	0.30	0.28	0.08
No. adverse comments received	4	9	11	18	15	13
No. adverse comments received as a % of patients accessing services	0.29	0.74	0.91	1.81	1.04	1.04

Note 1

A new reporting system was introduced in September 2017 which requires that ALL categories of pressure ulcers are reported including moisture lesions. Prior to this date only category 2 and above were reported. Therefore direct comparisons to previous years' figures cannot be made.

<u>Measures</u>	<u>20/21</u>	<u>19/20</u>	<u>18/19</u>	<u>17/18</u>	<u>16/17</u>	<u>15/16</u>
No. required actions specified by the Care Quality Commission	0	0	0	0	0	0
No. recommendations made by the Care Quality Commission	0	0	0	0	0	0
No. reported drug errors	4	6	18	5	7	2
No. reported drug incidents	20	38	54	61	23	11
No. reported drug issues per 100 bed days	1.39	2.25	2.93	2.76	1.22	0.4
No. patient accidents and safety incidents reported in the year	20	22	41	48	23	29
No. patient accidents and safety incidents per 10,000 hours of care	4.16	3.29	6.11	6.94	3.21	4.5

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

6.2 Compliments and complaints

There were 0 written compliments (letters, emails or cards) received by Katharine House Hospice and innumerable verbal compliments (2020: 272; 2019: 303; 2018: 241).

There were no formal complaints (2020: 0; 2019: 1; 2018: 1). 4 adverse comments were received (2020: 9; 2019: 11; 2018: 18) and were treated as formal complaints. All four were fully investigated. One was upheld in full, two were partially upheld and one was not upheld. All four of the complainants were satisfied with the response. 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.

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 2019 the survey for 2021 was deferred until 2022 due to lack of administrative resources.

Each member of staff who leaves the organisation is invited to have an exit interview with the Head of Human Resources or a Trustee.

7 ***Comments Received***

The Hospice has received no letters following consultation.

