



Quality Account 2019-2020

Registered Office:

Woking Hospice
Goldsworth Park Centre
Woking
Surrey, GU21 3LG

Registered Charities Woking Hospice [1082798] and Sam Beare Hospice [1115439] and Company Limited by Guarantee in England and Wales No: 3955487 [Woking] and 5822985 [Sam Beare].

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Part 1: Chief Executive's Summary

This is the second year in which the Woking and Sam Beare Hospice has produced a Quality Account and I am conscious that it has been developed against a backdrop of increasing uncertainty as the COVID pandemic begins to take effect.

As always, the very process of "taking stock" has provided an opportunity to reflect on both our achievements and the challenges that the health and social care sector in general (and the hospice sector in particular) is facing.

As I look back on our performance against the objectives that we set ourselves a year ago (in a world that looked very different indeed), I am heartened that even then we recognised the overwhelming requirement for closer collaboration with our health and social care partners across North West Surrey.

I am also heartened by the progress that we have made in delivering those objectives as this has given us a sound platform to build upon the relationships that have been forged and the new ways of working that have been introduced.

We entered 2020 / 21 as the newest member of the Integrated Care Partnership (ICP) Board for North West Surrey. As members, we are committed to playing our respective part in delivering (and assuring) the highest standards of quality across the communities that we serve irrespective of whether we are a public organisation operating with the NHS or local Government, a Social Enterprise Company or a Charity.

We also entered 2020 / 21 in a much more robust financial position as a result of some difficult decisions that we took in the prior year and this will undoubtedly stand us in good stead as we face the unique challenges that the COVID pandemic will inevitably present.

I confirm that, to the best of my knowledge, the information contained in this document is accurate.

Marian Imrie
Chief Executive Officer
June 2020

Part 2: Priorities for Improvement and Statements of Assurance

2.1 Priorities for Improvement 2020-2021

Priority 1: Deliver Improvements and increase Clinical Effectiveness through Collaborative Working across North West Surrey

Description of the priority

We will build upon relationships developed through membership of the Integrated Care Partnerships (ICP) Board to introduce improvements in collaborative working between health and care partnerships across NW Surrey. The first stage in this collaboration is the formal alignment of the specialist medical staffing teams so that they operate (as one team) across both the Woking & Sam Beare Hospices (the Hospice) and the local NHS Acute Trust (Ashford & St Peter's Hospitals NHS Trust (ASPH)).

How was the priority decided?

There was recognition at both ICP and individual partner level that there should be a single specialist palliative / End of Life Team in order to extend patient access and deliver improvements in overall care.

How will the priority be achieved?

Following resignations / changes in the Consultant team at ASPH, we will develop an extended medical team and will appoint a single End of Life Care Lead for NW Surrey. The extended team will provide on-site palliative care services at both ASPH and at the Hospice.

How will progress be monitored and reported?

We will meet regularly with our partners at ASPH to monitor the performance of this collaboration across both sites and to provide Reports to the Surrey Heartlands CCG.

Priority 2: Implement an Integrated Community Care Model and Pathways

Description of the priority

We will develop an integrated Community Care Model and Care Pathways across our two Community Teams (Woking and Sam Beare), our Hospice @ Home Service (CoSI) and our Wellbeing (Day Care) Service.

How was the priority decided?

In advance of the implementation of an Electronic Notes System (EMIS), it was decided that standard ways of working should be introduced in order to optimise the benefits of this technology and improve overall service delivery.

How will the priority be achieved?

A Task Force (comprising members from all four teams) will be established to map out existing processes and to reach agreement on a standard operating model by end March 2021.

How will progress be monitored and reported?

Formal records of each Task Force Meeting will be maintained and reported. The standard operating model will form the platform for the implementation of the Electronic Notes System in 2021 / 2022.

Priority 3: Development of a new Wellbeing Model

Description of the priority

We will carry out a review of our Wellbeing Service and develop a new model of care that meets the needs of our patients and further extend the reach of our service.

How was the priority decided?

With increasing demand for Hospice care there is an opportunity for innovation to provide more individualised care and an enhanced range of services.

How will the priority be achieved?

An extended service review will be undertaken with the objective of exploring new and sustainable models of care within a day care setting.

How will progress be monitored and reported?

We will monitor progress against this Priority through a number of measures including an increase in activity, patient satisfaction and reports to our Governance Committee and Board.

Priority 4: To develop the online Training and Education system

Description of the priority

Improvement of the online training and education system which incorporates mandatory and additional training modules for clinical and non-clinical staff.

How was the priority decided?

Our current system is not ideally suited for the Hospice requirements. A number of issues have been identified including internal module development, poor reporting function, negative staff feedback and low levels of staff compliance.

How will the priority be achieved?

A review of alternative online staff training and education systems will be carried out and a business case developed for the implementation of a new service.

How will progress be monitored and reported?

Option appraisal and business case to be submitted to the Governance and to the Finance & Sustainability Committees.

2.2 Quality Account - Achievement of Priorities for 2019 / 2020

In March 2019, we set out three priority areas for quality improvement in 2019/20 and we shared these in our Quality Account for 2018 / 19. We have set out our progress in achieving these priorities in the following summary.

| Priority 1: Extend Access and Scope | |
|---|---|
| How identified as a priority? | <p>There was an overwhelming consensus that we had a responsibility to fully utilise our facilities and staff to provide the best possible service we could to our community.</p> <p>Funding challenges have meant that it was not always possible to do this</p> |
| How priority was to be achieved? | <p>Following an approach to key stakeholders in mid-2019, some additional (short term) funding was agreed and we participated in an ICP-led Service Review with the objective of exploring new and sustainable models of palliative and end of life care.</p> <p>This enabled us to recruit additional clinical staff and thereby increase our service provision.</p> |
| How progress was to be monitored & reported? | <p>Activity was monitored on a weekly basis and we continued to report on activity to the Clinical Commissioning Group each month.</p> |
| End of year results | <p>As a result of increased funding from the public sector, we increased the number of beds available in the In-patient Unit (to 20 rooms).</p> <p>In addition, we extended the capacity of our services in the Wellbeing Centre and within the community.</p> |

| Priority 2: Introducing New Ways of Working | |
|---|---|
| How identified as a priority? | <p>We were increasingly conscious of our accountability for the way in which we use public funds and donations and our responsibility to ensure that we do so in the most efficient way possible.</p> <p>We also recognised that our most important resource was our workforce and that we needed to ensure that we fully utilise their skills and competencies.</p> |
| How priority was to be achieved? | <p>We undertook an assessment of competencies across all key clinical departments and ensured that all staff members had an Individualised Development Plan.</p> <p>Our Education Lead worked with staff to support those Plans using a blend of in house and external resources.</p> <p>We will have offered rotation opportunities between clinical (and support) departments to extend knowledge and appreciation of different roles and to break down “silo” working.</p> |
| How progress was to be monitored & reported? | <p>We monitored progress against this Priority through a number of measures including an increase in Nurse-led services, an improvement in staff morale (as evidenced in our Staff Survey) and a reduction in staff turnover.</p> |
| End of year results | <p>We identified and embedded new methods of operation to improve efficiency within and between different departments.</p> <p>We have invested in our staff to improve their skills and competencies. A review of all competencies was undertaken and new framework embedded.</p> |

| Priority 3. Focus on Service Delivery | |
|---|---|
| How identified as a priority? | <p>Whilst the decision to work more closely with our partner healthcare organisations across North West Surrey was initiated because of financial challenges, we recognised that we needed to work alongside our partner health and social care organisations to provide a more integrated model of high quality care.</p> <p>We embraced the opportunity to participate in a Service Review across North West Surrey and committed to work with our partners to embed its recommendations</p> |
| How priority was to be achieved? | <p>We were represented on the “Programme Oversight Board” (and on each of the three working groups) that were convened by the North West Surrey Integrated Care Partnership (ICP) to review the current provision and to design a high quality and financially sustainable model.</p> |
| How progress was to be monitored & reported? | <p>The Programme Oversight Board (and each of its working groups) met regularly. We provided interim status reports to our Governance Committee and to our Board.</p> |
| End of year results | <p>We are now represented on the ICP Board and have an active role in participating in overall Service Delivery models across North West Surrey.</p> <p>We will design, agree and implement a high quality, financially sustainable models of care with our healthcare partners and will continue to explore innovative forms of service delivery and an expanded community focus.</p> <p>We are developing a single specialist palliative / End of Life Team so that we can become the Palliative Care “HUB” for North West Surrey</p> |

2.3 Statements of Assurance

At Woking & Sam Beare Hospice, we are committed to the continual improvement of the quality of the services that we provide to our patients and their families. We demonstrate this commitment through a robust approach to our Governance processes and through an open and supportive culture in which our staff can acknowledge mistakes or poor practice and are then supported to improve their performance.

We are required to include the following Statements in our Quality Account. Some of these Statements are not directly applicable to providers of Palliative and End of Life care.

2.3.1 Review of Services

During 2019 / 2020 Woking & Sam Beare Hospice provided the following services:

- Inpatient care
- Wellbeing
- Community Care
- Hospice at Home (CoSI)
- 24 Hour Advice and Support Line
- Patient and Family Support
- Therapy (Physiotherapy, Occupational Therapy, Complementary Therapy)
- Education and Professional Development
- Medical consultant led outpatient clinics and domiciliary visits

Woking & Sam Beare Hospice has reviewed all the data available to it on the quality of care of these services.

Woking & Sam Beare Hospice has a contract for services with the North West Surrey CCG. NHS funding contributes approximately 40% of the costs of our clinical operation and just under 30% of our overall costs.

2.3.2 Participation in National Clinical Audits

As a provider of specialist palliative care, Woking & Sam Beare Hospice was not eligible to participate in National Clinical Audits or any of the national confidential enquiries as they did not relate to specialist palliative care. To ensure that we are continually meeting standards and providing a consistently high level of service, however, the Hospice has a quality and audit programme in place.

The 2019 Independent FAMCARE Audit measuring satisfaction with end of life care amongst bereaved relatives was undertaken between 1st June and 31st August 2019. We took part in this audit for the 8th consecutive year and the results have been very positive for both the In-patient Unit and the Community Team. The response rate was very high this year (62% Inpatient Unit and 43% Community Team) and was higher than the national response rate of 39% and 36.3% respectively.

As in previous years, the majority of the results were either 'very satisfied' or 'satisfied'.

2.3.3 Participation in Local Audits

An annual clinical audit plan for 2019/20 was agreed with the Clinical Leads and overseen by the Clinical Quality Group. Action plans were reviewed and signed off once completed and these were reported to the Governance Committee in the quarterly Governance Report.

Woking & Sam Beare Hospice has service level agreements in place with Ashford and St Peter's NHS Hospitals Trust for Infection Prevention / Control and for Pharmacy and external audits were carried out as part of these agreements for the relevant areas.

Examples of local audits undertaken 2019 / 20 and key outcomes include:

| Audit | Key Improvements |
|--|---|
| Infection Prevention & Control | <p><i>'Unit clean and tidy with clear processes in place to maintain patient safety with regard IPC while ensuring it remains a homely place for patients to feel comfortable.'</i></p> <p>Recommendations completed:</p> <ul style="list-style-type: none"> • New clinical waste posters displayed • Water flushing checklists redesigned • Linen trolley covers for the inpatient unit (IPU) purchased • Changes made for the storage of CoSHH products • 'I'm clean' stickers for cleaned equipment implemented |
| Pressure Ulcers | <ul style="list-style-type: none"> • New incident reporting system (Sentinel) guide to improve reporting of pressure ulcers • New Root Cause Analysis template introduced for acquired or deteriorating pressure ulcers |
| Controlled Drugs | <ul style="list-style-type: none"> • External audit by Pharmacist. 100% compliance |
| Polypharmacy | <ul style="list-style-type: none"> • Introduction of a new de-prescribing tool added to medication chart • Training for new doctors |
| Anticipatory Prescribing on the IPU | <ul style="list-style-type: none"> • New medication chart with section to record opioid indication • Continuous opioid indication usage now documented in patient notes |
| Deprivation of Liberty Safeguards (DoLS) | <ul style="list-style-type: none"> • Good standard of DoLS applications submitted in a timely manner confirmed. • Training for Medical Team on new DoLS template • Recommendations to simplify Sentinel notification reporting |
| Safeguarding | <ul style="list-style-type: none"> • Hospice Safeguarding Policy reviewed and updated • New Sentinel guide to improve recording of Safeguarding notifications and incidents |
| Community Records Management | <ul style="list-style-type: none"> • 98% Compliance with standards |
| Community Consent to Share | <ul style="list-style-type: none"> • 100% compliance with standards |

2.3.4. Research

Of those patients receiving NHS services provided or subcontracted by Woking & Sam Beare Hospice in 2019 /2020, none were recruited to participate in research activity that was approved by a Research Ethics Committee.

There have been no National Research projects in Palliative Care in which our patients have been invited to participate.

2.3.5. Use of the CQUIN Payment Framework

The income that Woking & Sam Beare Hospice received in 2019 / 2020 was not conditional on achieving quality improvement and innovation goals through the commissioning for quality and innovation (CQUIN) payment framework. The Hospice was not eligible to participate in this scheme as it is a third sector organisation.

2.3.6. The Care Quality Commission (CQC)

Woking & Sam Beare Hospice is registered with the Care Quality Commission (CQC) in respect of the following regulated activities:

- Treatment of disease, disorder or injury – this includes care by a multidisciplinary team which includes nursing care
- Diagnostic and screening procedures
- Personal Care (Hospice at Home)

The CQC inspected the Hospice premises on 3 December 2019. This Inspection was unannounced and was the first inspection since the Hospice moved into its new accommodation at Goldsworth Park in Woking. As a result of this Inspection, the Hospice was assessed as compliant across all the domains (Safe, Effective, Caring, Responsive and Well-led) and it was awarded an overall rating of 'Good'.

The following examples of outstanding practice were recorded as a result of the Inspection, namely:

- Feedback from people who used the service, those who are close to them and stakeholders was continually positive about the way staff treat people.
- The service worked closely with the Muslim Community and with local businesses, schools and church groups.
- Patient's emotional and social needs were viewed as being as important as their physical needs.
- The service ran three support groups for bereaved children. Footsteps was for children aged eight to twelve years old. The group provided practical and creative activities to support bereaved children and the emotional needs. The Tommy D Project was for children under 18 and The HUB (help understanding bereavement) Programme offered a six-week course for children who had experienced bereavement.

- The staff were overwhelmingly positive about the change in culture and improvements made since the new leadership team had come into post.

The Hospice is not subject to any special reviews under section 48 of the Health and Social Care Act 2008.

To access a full copy of this and other past reports, please visit our website where there is a link to the report from our home page.

2.3.7. Data Quality

Woking & Sam Beare Hospice did not submit data information during 2019 / 20 for inclusion in the Hospital Episode Statistics as it is not eligible to participate in this scheme.

The Hospice submits statistics to Hospice UK for benchmarking on a quarterly and annual basis.

The Hospice UK Clinical Benchmarking toolkit focuses on three core patient safety metrics, namely:

- Falls
- Pressure ulcers
- Medication incidents

These results which are based on numbers of incidents per 1,000 occupied bed days will be compared against other participating hospices and results. They compare very favourably with those of other hospices across all safety metrics.

2.3.7.1 Information Governance

Information Governance (IG) refers to the way in which organisations process and use information, ensuring this is managed in a secure and confidential manner.

The Data Security and Protection Toolkit is an online self-assessment tool that must be completed annually by all organisations that have access to NHS patient data and systems. It enables these organisations to measure their performance against the National Data Guardian's 10 data security standards and to provide assurance that they are carrying out good information governance.

For the 2019/20 Toolkit the date for submission has been extended to 30 September 2020 to enable organisations to focus on the Covid-19 pandemic response. The Hospice expects to be 100% compliant with a classification of 'Standards Met' by this date.

2.3.7.2 Clinical Coding

Woking & Sam Beare Hospice was not subject to the Audit Commission's Payment by Results Clinical Coding Audit during 2019 / 2020.

Part 3: Review of Quality Performance

3.1 Quality Overview

3.1.1 Governance Policy Statement

Woking & Sam Beare Hospice assures the overall direction, effectiveness, monitoring and accountability of its operation through the embedding of its Governance system and processes which:

- Deliver continuous improvements through the identification and sharing of best practice
- Encourage an open and honest culture in which staff are encouraged to learn from their mistakes
- Assure compliance with Regulations and Legislation and with its own Memorandum of Association

The Hospice has developed a Risk Register which is reviewed each month. Risk Assessments and Incidents are reviewed at the Health and Safety Committee and at the Clinical Quality Group respectively.

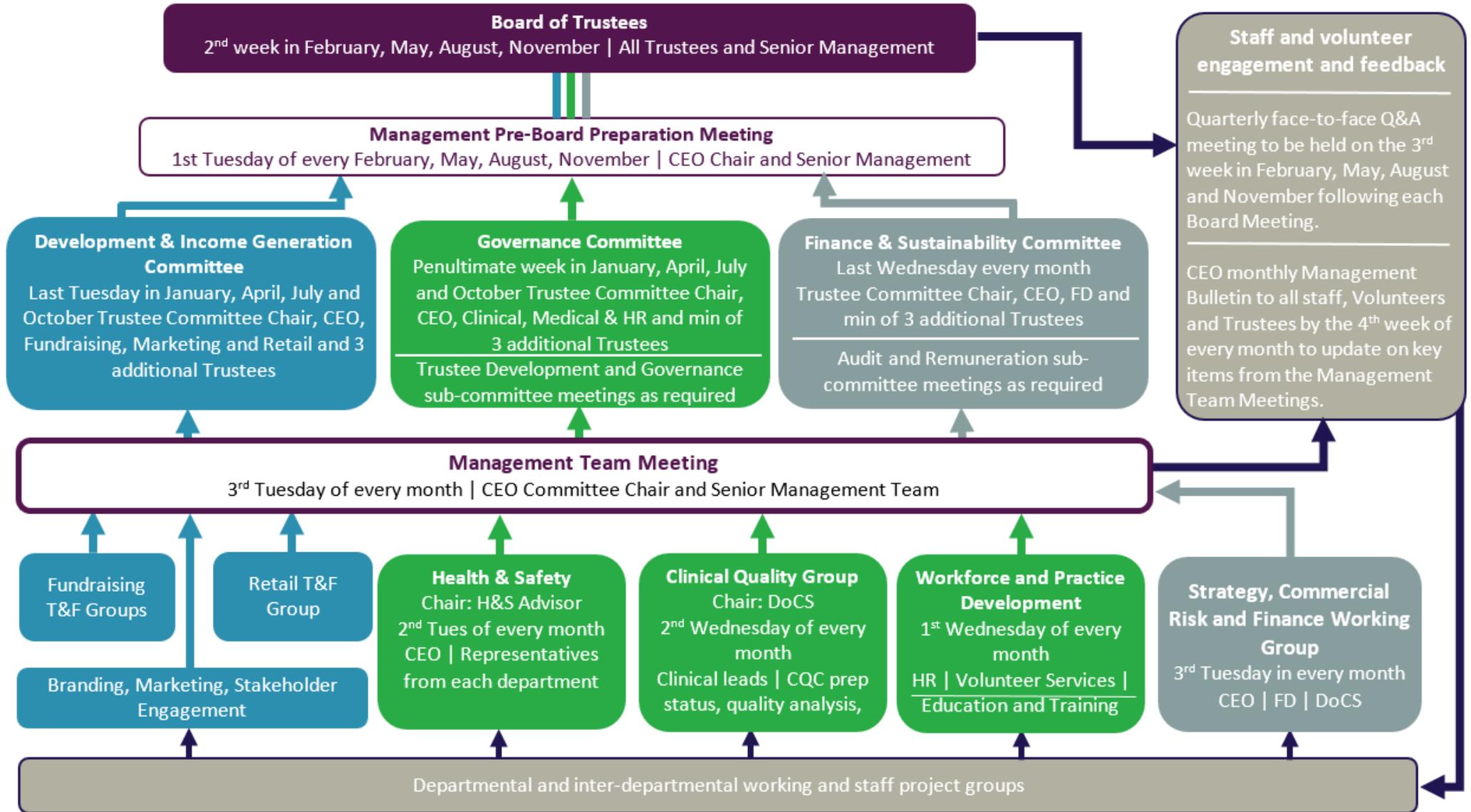
The Hospice has its own Medical Director. All doctors are appraised on an annual basis and revalidated every five years. All systems and processes are in place to ensure that this happens.

Other key posts are as follows:

| | |
|------------------------|-------------------------------|
| Nominated Individual | Chief Executive Officer |
| Registered Manager | Chief Executive Officer |
| CD Accountable Officer | Director of Clinical Services |
| Caldicott Guardian | Medical Director |

The Governance structure set out overleaf was implemented in mid-2019 and we have worked hard to ensure that this is robust and that it supports the delivery of safe and effective care based on all available evidence and best practice.

Committee meeting structure and reporting for a full calendar year



3.1.2 Quality Markers

In order to inform the governance process the Hospice monitors its quality performance using recognised tools and national benchmarking data. This enables the Board to look at areas of development over a period of twelve months to monitor progress and identify actions for any areas of concern.

Patient surveys are carried out routinely for all Inpatient and Hospice at Home patients and annually for other Community and Wellbeing services. Feedback is monitored to identify where service changes may be required.

3.1.2.1 Compliments from patients and their families

A sample of comments given and recorded in 2019 / 20

I will always be grateful for the care my father received whilst at Woking Hospice and could not fault it in any way at all. My entire family could not have been treated with greater kindness, compassion and understanding by a thoroughly professional team. My only regret would be the sad reflection that the service offered is not available to every family as there can be no better way to experience death.

My husband could not have had better care. From the beginning of his stay, he and myself (his wife) were kept informed about his treatment. The doctors, nurses and all the other staff, the volunteers could not have been more helpful caring and kind. His discharge from the hospice to a nursing home was organised very smoothly. I didn't have to do anything which was great.

The hospice is wonderful and I am deeply grateful for all the support we received at such a difficult time

My husband was treated with care and compassion beyond anything we could have anticipated. In addition to this, a very welcome amount of humour and laughter, which was so important to both of us. Not only this but when he was cared for in the hospice, the members of the CoSI team who visited at home, called in to see us as though we were family. I am so grateful to everyone we met for such a high standard of care and commitment

The team were absolutely wonderful and provided a real life-line at a difficult time for us. They have given tremendous support and we are extremely grateful to all the ladies who gave care that was professional and empathetic. Can't praise them enough! Thank you so much

I did have to wait a short while for my counselling to begin, but I was well aware, and certain that this was because my needs were complex and it was necessary to match me to an appropriate counsellor. I was very happy with this, and the consideration shown. In all, I have found very good help and support at a very difficult time. I commend the system wholeheartedly.

3.1.2.2 Clinical Complaints

All complaints received at Woking & Sam Beare Hospice are taken seriously, fully investigated and processed in accordance with its Complaints Procedure. The Hospice continuously assesses how it can use feedback to improve quality and for service development in an open and transparent way.

Two complaints relating to clinical services were received:

Complaint 1 – Fully upheld

This complaint was related to communication and care after death. A full review was undertaken with the relevant staff and actions taken to provide better information after death and to improve communication when there is deterioration in a patient's condition.

Complaint 2 – Partially upheld

This complaint was related to discharge arrangements. The investigation demonstrated that the discharge was entirely appropriate but it was recognised that there were some areas of communication that could have been improved. This case was reviewed with all staff on the Inpatient Unit to increase awareness of the importance of good communication.

3.1.2.3 Workforce Engagement

The Woking & Sam Beare Hospice is committed to the support and development of its staff and it recognises the importance of every individual regardless of their role. It values its Workforce (both staff and Volunteers) and is committed to its development.

The degree to which colleagues feel engaged with the Vision and purpose of the organisation is likely to impact on the overall success of the Hospice and, ultimately, upon the quality of the care, support and experience of our patients and their families.

Our values and behaviours have been developed by our Workforce and are at the centre of what we do. Our Governance Structure assures robust, two way communication. A Staff Involvement Group comprising a cross section of staff meets regularly with senior managers.

A Staff Survey was completed by 122 colleagues across all departments (clinical, non-clinical and retail) between November and December 2019. This was a response rate of 50%.

The survey was carried out by a 3rd party organisation on behalf of the Hospice who compared the responses with the All Hospices 2019 benchmark and our 2018 survey.

There was an increase in 'agree' and 'strongly agree' responses in 15 questions compared to the All Hospices benchmark and 30 questions compared with our 2018 survey and there were some hugely positive aspects from the 2019 survey including:

1. **Camaraderie** - 95% of staff enjoy working with the people at the Hospice. Staff find their colleagues friendly, helpful, supportive, professional and dedicated.
2. **Quality of care** - 98% of staff would be happy to recommend the hospice if a friend or relative needed care, on a par with the excellent *All Hospices* benchmark average of 96%.

3. **Commitment** - 99% of staff believe in the aims of the charity and 97% are proud to work here. 80% plan to be working for Woking and Sam Beare Hospices in a year's time.
4. **Enjoyment** - 94% of staff enjoy their work. They find their work rewarding and get job satisfaction from helping people in difficult situations on a daily basis.
5. **Line management** - 80% of staff think that their line manager is a good person to work for, on a par with the *All Hospices* benchmark of 78%. A particular strength in this area is that staff say they are clear about what is expected of them in their roles. 87% agree that this is the case.

The three main areas which rated low in 2018; communication, pay and morale, showed an improved response in 2019 following implementation of agreed actions. We will continue to monitor and identify initiatives where appropriate.

3.1.2.4 Patient Safety Incidents

Woking and Sam Beare Hospice is committed to developing a culture of openness and candour, learning and improvement, and constantly striving to reduce avoidable harm.

Woking and Sam Beare Hospice continues to use an online incident reporting system (Sentinel) to report incidents and clinical events of concern to ensure there is appropriate investigation, action planning and learning.

The Clinical Quality Group and the Health and Safety Group review themes, trends and improvements relating to all incidents. The Governance Report includes a summary of incidents and flags any concerns and serious incidents to the Governance Committee and Board.

In 2019/20:

- No serious incidents were recorded in the reporting year
- There were no cases of acquired *Clostridium difficile* or MRSA in the Hospice
- The key trends identified from the reported incidents were; pressure ulcers, falls and medication incidents. This data is routinely reviewed by the Clinical Quality Group and by the Medicines Management Group. These groups comprise representatives across all clinical staff groups and they meet monthly. It is also summarised in reports that are considered by Trustees at quarterly Governance Committee and full Board Meetings.

3.1.2.5 Duty of Candour

The Duty of Candour is a legal duty to be open and honest with patients and their families when mistakes in care have led to significant harm. It applies to all health and social care organisations registered with the Care Quality Commission.

Our Duty of Candour Policy provides guidance to healthcare staff about the principles of being open and duty of candour, and sets out the processes to be followed to support openness with patients and their families following a safety incident.

3.1.2.6 Raising Concerns

Woking and Sam Beare Hospice encourages an open and transparent culture. There is a Raising Concerns Policy in place and to support this further, Freedom to Speak Up posters displayed throughout the Hospice. Information has been provided on the ways in which staff can speak up confidentially should they have a concern which is of public interest, or were they believe that their concern is not being taken seriously or dealt with effectively by their line manager or other appropriate person.

3.2 Involvement in Quality Account 2019 / 20

The following individuals and Groups have been involved in preparing the Quality Account 2019 / 20.

Senior Post holders:

- Chairman
- Chief Executive Officer
- Director of Clinical Services
- Medical Director
- Lead Nurse

Groups:

- Main Board of Trustees
- Governance Sub Committee
- Clinical Quality Group
- Quality Assurance Team

3.3 Statements provided by the Clinical Commissioning Group

The statement set out overleaf was made by the Surrey Heartlands Clinical Commissioning Group in response to its review of this Quality Account.

Woking and Sam Beare Hospice and Wellbeing Care Quality Account 2019/20

Commissioner Statement from NHS Surrey Heartlands CCG on behalf of North West Surrey Integrated Care Partnership (NWS ICP)

Surrey Heartlands CCG, on behalf of North West Surrey ICP, welcomes the opportunity to comment on the Woking and Sam Beare Hospice and Wellbeing Care Quality Account 2019/20.

Having reviewed the Quality Account for 2019/20, the CCG is satisfied that it gives an overall accurate account and analysis of the quality of services provided. We have reviewed the Quality Account and agree that the document meets the applicable national guidance issued by the Department of Health. We recognise the significant programmes of work, hospice projects and initiatives undertaken to improve quality and safety for patients, and also the considerable effort put into bringing the evidence together into this report.

We would also like to acknowledge the enormous effort that the hospice and its staff made to supporting local system partnership working and to caring for patients, staff, and visitors throughout the challenges of responding to the Covid-19 coronavirus pandemic.

The CCG would like to note and commend the areas of achievement in 2019/20, in particular the work in relation to:

- The Hospice's approach to stakeholders which, through short term funding, enabled the recruitment of additional clinical staff and, with public sector funding, an increase in the number of inpatient beds.
- The assessment of competencies undertaken with all staff members which led to the creation of individual development plans, and has resulted in an improvement in staff morale and a reduction in staff turnover.
- The development of a single specialist palliative/End of Life care team, which will enable the Hospice to become the Palliative Care HUB for North West Surrey.

Looking towards 2020/21, we welcome and agree with the priorities for the year ahead and look forward to seeing how these will improve the quality and safety of services provided by the hospice, in particular the work relating to the:

- Hospice's commitment to collaboration in the formal alignment of the specialist medical staffing teams so that they operate (as one team) across both the Woking and Sam Beare Hospices and the local NHS Acute Trust (Ashford and St Peter's Hospitals NHS Trust).
- Development of an integrated Community Care Model and Care Pathways across both Community Teams (Woking and Sam Beare), the Hospice at Home Service, and the Wellbeing (Day Care) Service.

Surrey Heartlands CCG on behalf of North West Surrey ICP is satisfied with the quality of the data contained in the draft Quality Report provided for review. Overall, Surrey Heartlands CCG believes that Woking and Sam Beare Hospice and Wellbeing Care has maintained its focus on improving quality of care, patient experience and satisfaction, and look forward to continuing to work with the hospice to deliver high quality services.

Clare Stone
ICS Director of Multi-Professional Leadership

11 February 2021