



Quality Account 2020-2021

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

The process of preparing an annual Quality Account has always required an element of “taking stock” of both our achievements and the work that still needs to be undertaken. This Account (for 2020 / 2021) is being written at the end of a year in which the global pandemic has presented unprecedented challenges. Woking & Sam Beare Hospice has continued to place quality of its care as central to service delivery and, as a result of all the efforts of our staff and volunteers, the vast majority of our services remained fully operational.

Whilst the pandemic has undoubtedly delayed progress on some of the objectives that we set ourselves at the beginning of the year, it has enabled us to accelerate many others as we have sought to find new and innovative ways of meeting the needs of our community. Early concerns around the loss of charitable income (as non-essential shops were forced to close and fundraising events were cancelled) were addressed by the prompt action of the Treasury and the provision of additional funding.

As a member of the Integrated Care Partnership Board for North West Surrey, we worked with our partners in the Acute and Community sectors to ensure continuity of services. As in so many other places, our friends and neighbours also rallied around us offering practical support and sent messages of goodwill.

We provided additional inpatient facilities and introduced a new model of direct patient transfer to assist and relieve pressure on our local NHS Acute Trust. Our Inpatient Team managed COVID positive patients and our Clinical Nurse Specialists worked alongside their colleagues in the District Nursing Team to fill gaps arising from (COVID related) staff absences. Personal Protective Equipment (PPE) and safe methods of working became the “norm” for all of us.

We adopted and embraced new ways of working and all our Community Teams took the opportunity to pilot new virtual models - some of which will be retained even after the restrictions are lifted.

The principles of “good governance” were followed throughout the organisation with staff and Trustees adapting to the new world of conducting business virtually.

The changes that we have made to the way that we deliver our services and collaborate with our partners mean that we will enter 2021 / 22 in better shape to meet whatever challenges lay ahead.

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

Marian Imrie
Chief Executive Officer
June 2021

Part 2: Priorities for Improvement and Statements of Assurance

2.1 Priorities for Improvement 2021-2022

Priority 1: Implementation of EMIS Clinical System

Description of the priority
We will implement the EMIS clinical system into our Community services. This will enable us to improve overall service delivery and integrate with our community partners.
How was the priority decided?
The priority was identified prior to the commencement of the Integrated Community Care Project (2019/20 priority). It was recognised that an electronic clinical notes system would improve efficiency and coordination of care with our partners.
How will the priority be achieved?
A project plan will be developed for implementation by March 2022.
How will progress be monitored and reported?
Progress against the project plan will be reported by a Project Team and monitored at the appropriate meetings as outlined in our Governance Structure.

Priority 2: Implementation of a New Training and Development Programme

Description of the priority
To train and support staff to reach their potential and to attract the right workforce. We aim to create innovative solutions to deliver an education and training programme that meets the needs of our staff and in order to build a sustainable workforce.
How was the priority decided?
Given the challenges we face with recruitment and following feedback from our staff we recognise that improvements in our education and training programme are required in order to develop and retain our staff and to attract new staff.
How will the priority be achieved?
We will conduct a needs and gap analysis to inform a structured and sustainable training programme. A project plan will be developed for implementation which will inform the development of a new in-house training programme utilising experience within our teams and linking more widely with external education providers.
How will progress be monitored and reported?
The results of the gap analysis will be shared with our teams. Progress against the project plan will be reported and monitored at the appropriate meetings as outlined in our Governance Structure.

Priority 3: Implementation of a new Wellbeing Model

Description of the priority

Following the review of our Wellbeing Service in 2019/20 we developed new Wellbeing programmes but we were unable to implement these due to closure during the pandemic. These will be implemented In 2021/22 to ensure the needs of our patients are better identified and met and to further extend the reach of our service.

How was the priority decided?

With increasing demand for Hospice care we identified that there was an opportunity for innovation to provide more individualised care and an enhanced range of services. During the pandemic new resources were added to our website and online services were piloted and learning from this will be incorporated in to the service plans.

How will the priority be achieved?

Following the lifting of COVID-19 restrictions we will implement the new Wellbeing Programmes.

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: The development of a workforce that is sustainable and fit for the future.

Description of the priority

Integrated working with Ashford & St Peters Hospitals NHS Trust (ASPH) to develop innovative ways of working across both sites to build a fit for purpose workforce model.

How was the priority decided?

We have been liaising directly with ASPH on a number of initiatives including integrated opportunities for nursing staff. We recognise the challenges both organisations face with recruitment and acknowledge that innovative ways of working are required to support career development. This will in turn provide exposure to palliative care and end of life care experience and will lead to more seamless patient care and a better patient experience.

How will the priority be achieved?

A review of clinical establishment and skill mix will be undertaken to inform our workforce plan. We will work with the ASPH Consultant Palliative and End of Life Care Nurse to develop secondment and rotational opportunities for nursing staff.

How will progress be monitored and reported?

Schemes for secondment and rotational opportunities to be developed and promoted. Progress against the agreed plan will be reported and monitored at the appropriate meetings as outlined in our Governance Structure.

2.2 Quality Account - Achievement of Priorities for 2020 / 2021

In March 2020, we set out four priority areas for quality improvement in 2020/21 and we shared these in our Quality Account for 2019 / 20. We have set out our progress in achieving these priorities in the following summary.

Priority 1: Deliver Improvements and increase Clinical Effectiveness through Collaborative Working across North West Surrey	
How identified as a priority?	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 priority was to 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 progress was to be monitored & 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 NWS CCG.
End of year results	Our Consultants have been working at ASPH since January 2021 providing on average 8 clinical sessions per week, including leading MDT meetings, ward rounds and patient management. This has enabled a more efficient transfer of appropriate patients to the Hospice and an improved patient end of life care experience. Service level agreement under development to include an additional session providing a clinical lead function.

Priority 2: Implement an Integrated Community Care Model and Pathways	
How identified as a priority?	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 priority was to 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 progress was to be monitored & 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.
End of year results	A new standardised way of working was designed, new processes and documentation piloted and fully implemented. All referrals are assessed and triaged electronically via a single point of access and allocated to the appropriate service or team enabling more co-ordinated approach to the management of referrals. The next phase of the project will be to implement the EMIS clinical system.

Priority 3. Development of a new Wellbeing Model	
How identified as a priority?	With increasing demand for Hospice care there is an opportunity for innovation to provide more individualised care and an enhanced range of services.
How priority was to 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 progress was to be monitored & 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.
End of year results	<p>From the onset of the COVID-19 pandemic the on-site Wellbeing services were closed. During this period new online services were developed and virtual Wellbeing sessions were piloted with patients engaging with the activities from home.</p> <p>New Wellbeing programmes have been developed to cater for the individualised needs of each patient and their carer. The new model will be implemented in 2021/22 once services can be resumed (see Priority 3 2021/22).</p>

Priority 4: To develop the online Training and Education system	
How identified as a priority?	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 priority was to 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 progress was to be monitored & reported?	Option Appraisal and Business Case to be submitted to the Governance and to the Finance & Sustainability Committees.
End of year results	A new training system was introduced in November 2020 starting with mandatory and core modules. The system has been rolled out to all staff with good feedback regarding improved functionality and ease of use. Monthly reports are shared at Management Meetings and a focus to improve and maintain compliance is an ongoing focus.

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.

In response to the COVID-19 pandemic the Hospice has implemented relevant Public Health England (PHE) and Infection Prevention and Control guidance related to the care and management of all patients including suspected and confirmed cases of COVID-19.

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 2020 / 2021 Woking & Sam Beare Hospice provided the following services:

Services:	COVID Impact:
Inpatient Unit (IPU)	The IPU remained fully operational and added an additional 11 inpatient beds to support the local Hospital with the expected increased demand for services. Following a successful marketing campaign we recruited additional bank staff to support the added capacity to the Hospice.
Wellbeing	Face to face services were suspended. New online and virtual services were introduced.
Community Care	This service remained fully operational. An enhanced triage system was introduced and risk assessments were completed prior to community visits.
Hospice at Home (CoSI)	This service remained fully operational.
24 Hour Advice and Support Line	This service remained fully operational.
Patient and Family Support	Adult Counselling services remained fully operational by working differently and with use of appropriate technology. Children and young adult groups were suspended but one to one sessions continued.
Therapy (Physiotherapy, Occupational Therapy)	This service remained fully operational. Risk assessments were completed prior to community visits.
Education and Professional Development	Face to face training was suspended but all mandatory training remained in place.
Medical consultant led outpatient clinics and domiciliary visits	Clinics were cancelled but community visits were continued where necessary.

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.

We took part in the 2020 National Independent FAMCARE Audit for the 9th consecutive year measuring satisfaction with end of life care amongst bereaved relatives of patients cared for at home and in the Hospice.

This audit was undertaken between 1st June and 31st August 2020 and as in previous years, the majority of the results were either 'very satisfied' or 'satisfied'. The response rate for Inpatient care was 53%, above the national rate (43%) however the community response rate was lower this year, 25.7% compared with 43% in 2019 and lower than the national response rate of 31.3%.

2.3.3 Participation in Local Audits

An annual clinical audit plan for 2020/21 was agreed with the Clinical Leads and overseen by the Clinical Quality Group. The plan was modified during the COVID-19 pandemic with the agreed focus on Infection Prevention and Control (IPC) and the key incident trends.

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 ASPH for IPC and Pharmacy and external audits were carried out as part of these agreements for the relevant areas.

Examples of local audits undertaken 2020 / 21 and key outcomes include:

Audit	Key Outcomes and Improvements
Infection Prevention & Control: Environmental	<p>Feedback from ASPH IPC Consultant Nurse:</p> <p><i>The overall score was 92% (fully compliant) which is a very high score for this type of audit. The audit identified many areas of compliance, including good infection prevention and control practice and COVID safety. The hospice team are to be commended for this.</i></p> <p>Recommendations completed:</p> <ul style="list-style-type: none"> • Change of visitor chairs in patient bedrooms • Reminders to staff re: social distancing during ward rounds • Daily Crash Trolley cleaning implemented • Change to storage of identified items

Infection Prevention & Control (IPC)	<ul style="list-style-type: none"> • An audit tool was developed to monitor compliance with COVID-19 IPC measures put in place • Regular COVID-19 updates to all staff including use of appropriate PPE • Daily audit was carried out with decreasing frequency as good processes and compliance was demonstrated. • Social distancing measures including additional screens were added to nurse stations and in public areas • Reminders to staff to regularly clean multi-use areas including telephones and key boards • Visiting arrangements in line with guidelines
Pressure Ulcers	<ul style="list-style-type: none"> • New pressure ulcer prevention care plans introduced • New Root Cause Analysis (RCA) template introduced for all acquired and deteriorating pressure ulcers
Falls	<ul style="list-style-type: none"> • New chair and mat falls sensors purchased • Risk assessments undertaken for all Hospice patients • Trial of low profile bed • 6 monthly falls review added to annual audit plan
Medication Incidents	<ul style="list-style-type: none"> • New staff competencies introduced • Changes to syringe driver timings to improve workload management • New workflow introduced in medicine room • New system for managing patient own medication • Improvement to controlled drugs (CD) recording books • Review and implementation of new stock lists
Controlled Drugs (external)	<ul style="list-style-type: none"> • 100% compliance
Polypharmacy	<ul style="list-style-type: none"> • Appropriate rationalising and stopping medications for end of life care patients identified but further review was recommended for patients admitted for symptom control • Further education to the medical and nursing teams provided to highlight the risks of polypharmacy and actions required • Audit of community patients planned

2.3.4. Research

Of those patients receiving NHS services provided or subcontracted by Woking & Sam Beare Hospice in 2020 /2021, 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 2020 / 2021 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 last inspected the Hospice premises on 3 December 2019 and 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'. To access a full copy of this report, please visit our website where there is a link to the report from our home page.

In 2020 /2021, CQC implemented an emergency support framework for monitoring all registered health and social care settings during the pandemic. This included using 4 key areas; safe care and treatment, staffing arrangements, protection from abuse and assurance processes, monitoring and risk management.

Our Lead CQC inspector conducted two virtual meetings with the Director of Clinical Services and Chief Executive Officer on 3rd August and 18th February 2021. Prior to the meeting in February our Hospice Dashboard (which includes detailed activity, governance and workforce data) was shared with the Inspector and her feedback was very complementary.

The Inspector confirmed that the Hospice had given her full assurance with compliance against the CQC standards and that she had no cause for concern.

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

2.3.7. Data Quality

Woking & Sam Beare Hospice did not submit data information during 2020 / 21 for inclusion in the Hospital Episode Statistics as it is not eligible to participate in this scheme.

The Hospice submits data to Hospice UK for benchmarking on a quarterly basis which contribute to an annual report enabling comparison to similar size hospices and the entire sector.

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

- Falls
- Pressure ulcers
- Medication incidents

The report results are provided as numbers of incidents per 1,000 occupied bed days and are compared against other participating hospices. Woking and Same Beare Hospice results 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 2020/21 Toolkit the date for submission has been extended to 30 June 2021. 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 2020 / 2021.

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 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 a Lead Consultant. 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:

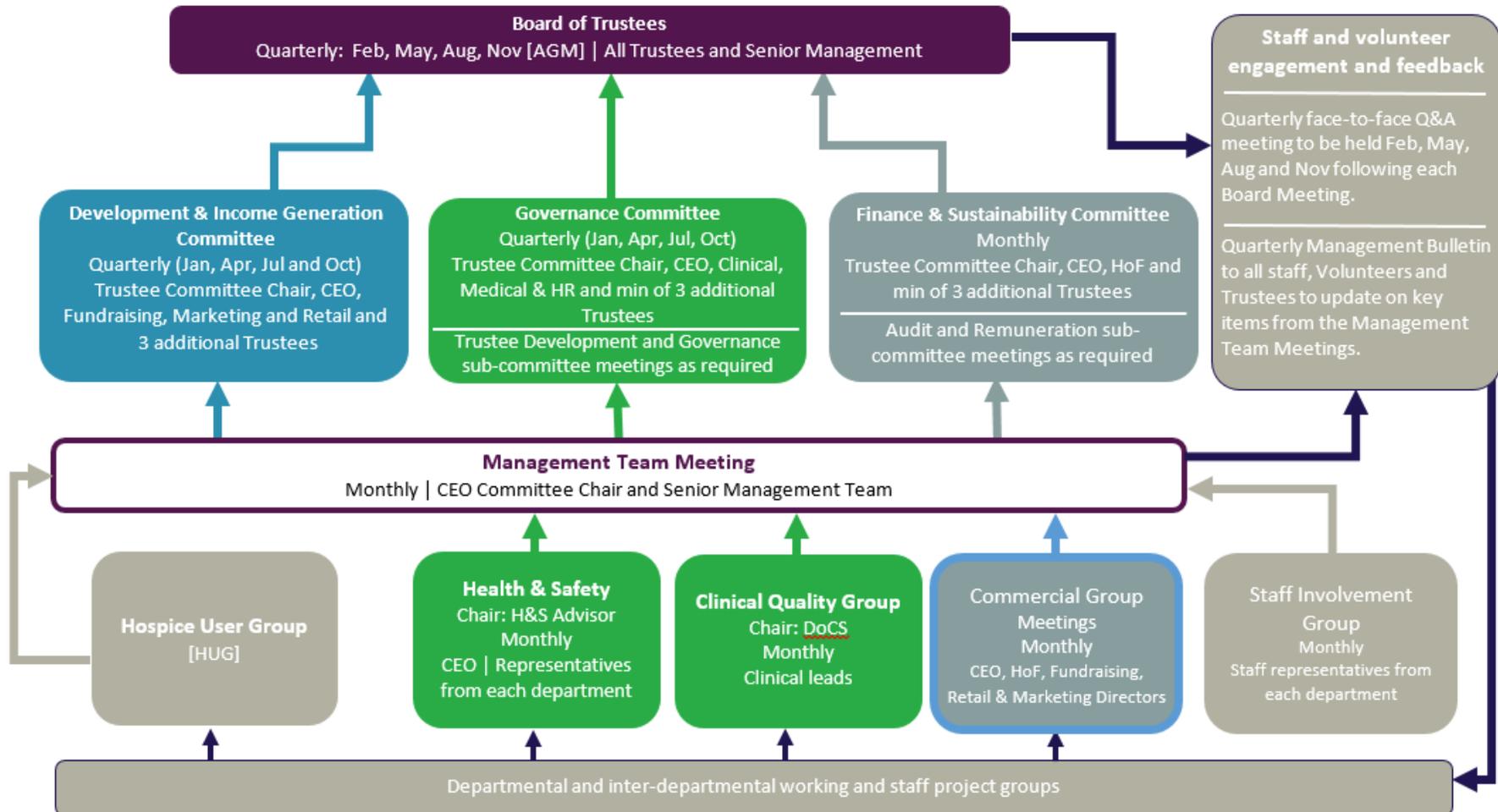
Nominated Individual	Chief Executive Officer
Registered Manager	Chief Executive Officer
CD Accountable Officer	Director of Clinical Services
Caldicott Guardian	Director of Clinical Services

The Governance structure is set out overleaf 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.

During the pandemic the following meetings were continued as per the annual programme utilising virtual technology:

- Board of Trustees
- Governance Committee
- Finance & Sustainability Committee
- Development & Income Generation Committee
- Management Team
- Clinical Quality Group
- Health & Safety
- Commercial Group

Committee meeting structure



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 2020/ 21

When mum went into the Hospice we didn't know what to expect. All the staff, very quickly, put us at ease and assured us that mum's comfort was the most important. They could not have done more for us and especially mum. They showed her dignity and the care mum deserved.

A wonderful peaceful and caring place for mum to spend her last few days. Thank you to everyone for your care and kindness in this difficult time.

All of the staff from the cleaning staff to food service, nurses and doctors were excellent. The food was absolutely delicious and the staff always remembered my dad's preferences for black tea and 2 sweeteners. We are so grateful that a concession was made for us to be in the room with Mum in her last days. The staff were absolutely amazing.

The CoSI team stepped in just when we needed them most. They treated my husband with respect and dignity and were also aware of my own needs, sending the night nurse on his last night at home, which enabled me to get some much needed sleep. Everyone who visited was courteous and friendly and I know my husband valued their help. He was admitted to the hospice where he was also incredibly well cared for and where, sadly, he died. Thank you to all concerned.

Every member of the CoSI team were very caring, and gave excellent care to my husband. They worked quietly and efficiently in every respect of their work. All CoSI nurses showed great respect to the patient and his family. They took time to ask if we, his family, were cared for and spent time offering advice and sympathy. So grateful to have such a team available during a very sad, difficult time.

The CoSI team were fast to respond when my mum had an extremely sudden and unexpected deterioration, taking her from fully independent living to terminal care over a 24 hour period. They were kind and practical, putting support in place and attending to mum's needs professionally and sympathetically.

My experience has been a positive one. The counsellors seemed to be able to adapt our sessions to my needs - whilst maintaining a professional approach. Thank you.

My counsellor was compassionate, knowledgeable and always made me feel that my progress / experience was important. I never felt as though I was simply the next client on the list.

3.1.2.2 Clinical Complaints

All complaints received at Woking & Sam Beare Hospice are taken seriously, fully investigated and processed in a timely manner 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.

Four complaints relating to clinical services were received:

Complaint 1 – Fully upheld

This complaint was related to communication and advice given at night to a relative calling the 24/7 Helpline. As a result of the complaint staff were reminded of the criteria for onward referral.

Complaint 2 – Partially upheld

This complaint was related to inpatient care within the first 24 hours of admission. Following a full investigation by the Medical Director the management plan was confirmed as entirely appropriate. It was accepted, however, that communication with the family could have been improved and this was relayed to the Medical Team.

Complaint 3 – Not upheld

This complaint was related to community care across a number of organisations. Following a full investigation and independent review the care provided by the Community Team at the Hospice was entirely appropriate and considered exemplary.

Complaint 4 – Fully upheld

This complaint related to a death certificate error. This was fully upheld and a plan was put in place with the next of kin to correct the entry. A change in administration process has been implemented to prevent a recurrence.

A review of these complaints has not identified any themes.

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 ensures robust two way communication and with the aid of technology.

During the pandemic staff were provided with regular COVID updates. A Hospice Risk Assessment was completed and actions carried out to ensure staff could work safely in the Hospice and at home where applicable.

Staff were invited to meet our IPC Lead and ask questions about their concerns. Additional support was provided to all our staff from our Counselling and Spiritual Care Team. Links were also provided so that they could access external wellbeing services.

An internal survey was conducted to enable staff to feedback any concerns. This led to a number of virtual question and answer sessions held by the Chief Executive Officer.

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.

All incidents and trends are reviewed and action plans agreed at Clinical Quality, Medicines Management and Health and Safety meetings. The data contained within our Dashboard is presented to the Governance Committee and Board meetings held on a quarterly basis.

In 2020/21:

- No serious incidents were recorded in the reporting year
- There were no cases of acquired Clostridium difficile or MRSA in the Hospice
- There was a small COVID-19 outbreak (2 patients) in December 2020. This was reported to the appropriate agencies and closed January 11th 2021.
- The key trends identified from the reported incidents were as follows:
 - **Medication incidents:** An Improvement Plan was developed and is monitored by the Medicines Management Group and a more robust root cause analysis template has been introduced.
 - **Falls:** A 12 month review of patient falls has been undertaken and a new risk assessment process has been introduced.
 - **Pressure ulcers:** It should be noted that the majority of pressure ulcers are non-hospice acquired but are reported to ensure that appropriate care plans are in place.

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 2020 / 21

The following individuals and Groups have been involved in preparing the Quality Account 2020 / 21.

Senior Post holders:

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

Groups:

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

3.3 Statements provided by the Clinical Commissioning Group

The following statement 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 2020/21

Commissioner Statement from NHS Surrey Heartlands CCG on behalf of North West Surrey Integrated Care Partnership

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 2020/21.

Having reviewed the Quality Account for 2020/21, the CCG is satisfied that it gives an overall account and analysis of the quality of services provided. We recognise the programmes of work and Hospice projects undertaken to improve quality and safety for patients, and also

the considerable effort put into bringing the evidence together into this report, during a national Covid-19 pandemic.

We would also like to acknowledge the support that the Hospice and its staff made to facilitate local system partnership working and to caring for patients, staff, and visitors throughout the challenges of the Covid-19 pandemic.

The CCG would like to note and commend the areas of achievement in 2020/21, in particular the work in relation to:

- The improvements and increasing clinical effectiveness through collaborative working across North West Surrey in particular ASPH, enabling a more efficient transfer of appropriate patients to the Hospice and an improved patient end of life care experience.
- The excellent performance in their Infection Prevention Control Environmental audit (external scrutiny) and the associated learning implemented.

The priorities for the year ahead 2021/22 are appropriate for the Hospice to focus on, and we look forward to reviewing improvements in the quality and safety of services provided by the Hospice, in particular the work relating to the:

- Implementation of the EMIS Clinical System, which will improve integration and communication with community partners.

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 we look forward to further partnership working with the Hospice to support them to continue to deliver high quality services.

Clare Stone
ICS Director of Multi-Professional Leadership

29 June 2021