QUALITY ACCOUNTS

2014 – 2015

Produced by:

Dot Gillespie

Director of Care Services
“The Donna Louise hospice has been a huge support for the whole of our family and helped me keep sanity! My son is so well cared for when we stay. The girls are spoilt rotten. I have a great rest and recharge my battery and Ian gets a normal wife back (as normal as we ever get!). We would be truly lost without them”

— Amanda Harrison

Compliments to the staff for their efficiency, professionalism and for being friendly.

Jacuzzi enjoyed by the child. Refurbishment 1st class, couldn't find anything to be improved on.
Welcome to our Quality Accounts 2014/15.

It is a privilege for me to lead a team whose entire focus is the support of our local children and families throughout Staffordshire and Cheshire. This Quality Account document sets out our priorities for service improvement over the next 12 months, together with a progress report on initiatives introduced during 2014/15.

The impact we have on the lives of our service users is at the heart of the care provided at The Donna Louise Children’s Hospice; it is designed on a ‘fully integrated’ approach complimented by a recently introduced Care Co-ordination Team.

I am delighted to report that the entire Senior Management Team has been fully involved in the completion of these Quality Accounts, which also receive the full support of our Non-Executive Trustee Board. We are extremely fortunate to have a Board whose core focus is dedicated to the strategic development of our services.

Service and quality improvement is central to everything we do and a rigorous clinical and corporate governance framework ensures compliance; throughout which we ensure that the views of our service users are sought and considered.

During 2014/15 we were fortunate enough to receive an outstanding response to an appeal to improve our outdoor play facilities. A £180,000 fully integrated playground was opened in April 2015 and enables our children to play alongside their able-bodied siblings on an equal basis. Our children and families views were critical to the creation of this outdoor space.

This year also saw the introduction of Physiotherapy services, which will be extended over the coming year, alongside a commitment to provide increased Psycho-social support.

Of course, all this would not be possible without the hugely talented and dedicated Donna Louise staff and volunteer team, for which I’m truly grateful.

We also continue to engage, and indeed lead in some cases, sector initiatives on a local, regional and national level and have a constant eye on partnership working throughout the sector and beyond.
To the best of my knowledge, the information reported in this Quality Account is an accurate and fair reflection of the quality services provided by The Donna Louise Children’s Hospice. Alongside this is an assurance that the safety, experience and outcomes for all our children and families is of paramount importance and our driving goal.

Mike McDonald, Chief Executive
VISION
To be a centre of excellence for children and young people’s palliative care.

MISSION
To provide a quality palliative care service to children, young people and their families through effective partnership working aligned with our values.

Paediatric Palliative care is a complete approach to treating serious illness that focuses on the physical, psychological and spiritual needs of the child. Its goal is to achieve the best quality of life available to the child or young person by relieving suffering and controlling pain and symptoms.

VALUES
Respect - we foster a culture of respect and maintain the environment of teamwork, growth and diversity

Excellence - we strive to be efficient, effective and innovative, giving our best with passion and consistency and continually searching for ways to do things better

Integrity - we are ethical, professional, honest and accountable in our approach to everything we do

Openness - we encourage an open and transparent culture which fosters trust, collaboration, continual learning and community spirit

Fairness - we endeavour to provide a balanced approach at all times which is equitable and non-discriminatory

Enablement - we support and empower our children, families, staff and volunteers to have a say in the way our services are delivered and to influence the future direction of the organisation.
The Donna Louise Children’s Hospice - Expected Behaviours and Attitudes

In conjunction with the values of the organisation all staff working in the organisation will......................

- Be willing to do things differently, try new things.
- Be solution focused, focusing on 'how we can' as opposed to 'why we cannot'
- Be proactive
- Show initiative
- Be challenging and comfortable being challenged
- Be willing to actively engage in personal development opportunities
- Be motivated to be the best you can be
- Take personal responsibility for actions.
- Have a positive attitude towards the team, the department and the trust. If at any time this is not the case, individuals will take personal responsibility for discussing this with their team leader, or a senior member of staff, in a solution focused manner.
Section 1: Priorities for Improvement and statements of Assurance from the Board

In November 2013, the hospice was inspected against the Essential Standards of Quality and Safety by the Care Quality Commission (CQC). We are currently awaiting an inspection against the new standards framework.

In 2013 all the standards inspected against were found to have been met.

The CQC has categorised the hospice as a low risk organisation.

In developing the strategic plan for the hospice, particular attention was paid to the rapidly changing health and social care environment, the changing needs of the population and our drive to be fit for purpose and to continue to deliver excellence in these changing times. The Board looked at how the hospice could continue to improve its services and also extend its services to meet the needs of the local population, enabling people to receive care in the place of their choice.

All plans for improvement were identified at the annual care development planning workshop. In identifying the areas for inclusion in the development programme for 2013-2014 we considered the following:

1. What is working / has worked and what has not worked so well?
2. How do we want our families to experience our services?
3. What areas for improvement can we identify
4. What service developments would you like to see? What service do we want to be offering?
5. Are we using our staff/ resources in the best possible way to provide the maximum service at an acceptable quality?
6. What do we want to have achieved as a department by end of 2014-15?
Following consultation with the staff and using feedback from the Family Survey and the Parent and Carers Forum, DLCH confirmed the top eight quality improvement priorities for 2015 to 2016 to be as follows:

**Improve Services for Young People**

**Outcome:**
- Improvement in age appropriate services available for young people.
- Young people and their families have a positive experience of transition

**This will be achieved through:**
- The recruitment of a staff member with dedicated resources and time to lead on this project.
- A review of the current service provision for young people
- Development of a plan to be implemented in late 2015/16
- Application for funding from grants to support this work
- Review of current processes and support systems around transition to adult care

**Development of the Music service**

**Outcome:**
All children and young people will be able to access emotional support through music and engage in music activities to meet their assessed needs and outcomes

**Aims:**
- Effective utilisation of current resource to meet prioritised needs and outcomes for children and young people
- To have a music service that meets the needs of children young people served

**1. This will be achieved through:**
- A review of the current music service provision, to include feedback from children, young people, families and staff
- Identify what music service we would like to be able to offer and the benefits/evidence for this
- Development of a plan to achieve the above.
**Improve awareness and provision of culturally appropriate services**

**Outcome:** Increase in the number of families from ethnic minority groups using our services

**Aims**
- Improve staff cultural awareness.
- Improve profile and awareness of hospice services amongst ethnic minority/hard to reach groups.
- Increase our attractiveness/accessibility to families from other cultures and backgrounds.
- Increase our ability to care and support families from all ethnic minority groups.

**This will be achieved through:**
- Provision of training for staff.
- Identifying local ethnic minority groups to engage with – community groups/Imam’s, Mosques etc.
- Holding at least one focus group for current service users from ethnic minority backgrounds
- Consider an open event at the hospice specifically for representatives of ethnic minority groups
**To improve Parent and carer information, support and liaison**

**Outcome**

Parents and carers feel informed and supported and involved in the work of the Donna Louise Trust, to a level that suits their individual needs.

**Aims:**

1. To ensure that effective mechanisms are developed, implemented and reviewed to build parent and carer involvement.
2. To ensure that effective mechanisms are developed, implemented and reviewed to gain feedback from parents and carers.
3. To ensure that effective mechanisms are developed, implemented and reviewed to ensure that parents and carers receive good quality information in a timely and efficient manner.
4. To develop a range of support mechanisms for parents and carers to include the Parent and Carer Group, befriending and any other suitable opportunities.

**This will be achieved through:**

The provision of dedicated staff time to focus on the following:

**Key tasks**

1. To co-ordinate and facilitate the Parent and Carer Group meetings and activities, including the ongoing development and expansion of this group.
2. To work with the Director of Care to co-ordinate the annual Family Survey and other service user feedback methods.
3. To work alongside other team members and other agencies to identify and provide information for families, parents and carers.
4. To work with Face2 Face to develop the befriending service for parents and carers.
5. To work with Housekeeping Team Leader in reviewing the feedback, comment cards and in displaying the results on the “You said/ We did” board.
Improve governance, quality of audit and compliance around medicines management

Outcome:
Delivery of a safe and effective service

Aims
• Improved governance, quality of audit and compliance
• Effective risk management

This will be achieved through:
• The review of all medicines management policies and procedures
• The production of new medicines management policies and procedures
• Development and implementation of a pharmacy contract
• Annual audit of medicines management practices
• Review of staff training and competence
• Review of what actions to take when a member of staff makes a number of errors in a defined timeframe.
Increase the level of Psycho-social support for families

Outcome: Increased emotional resilience and coping strategies for children and families. Family's needs are met.

Aims

- Meet the current deficit in team knowledge, skills and experience in order to be able to offer families an improved service
- Meet assessed unmet needs.
- More pro-active support for families.

This will be achieved through:

- Development of a social work role and the recruitment of somebody with skills, knowledge and experience in social work and the ability to develop and implement of a social model of children's palliative care
- Increase in Care Co-ordination service provision
- Increased psychological support services through increasing volunteer/affiliate counsellors and emotional support volunteers
## Improve the management of Care Records

**Outcome:** All care records are compliant with information governance requirements

**Aims**

- To meet compliance requirements for information governance
- To ensure that all relevant staff know and understand the internal systems and processes for the management of care records in the organisation
- Effective and efficient care records management systems in place
- Reduce the amount of material requiring scanning and archiving

**This will be achieved through:**

- The development and implementation of the ratified Care Records Management Policy and Procedures
- The development of a set of operating procedures for Care Records Management to include sections on: creation of care records; storage of care records; archiving or care records and destruction of care records and retention of documents guidance sheet
Development of the Music service

Outcome:
All children and young people will be able to access emotional support through music and engage in music activities to meet their assessed needs and outcomes

Aims:
- Effective utilisation of current resource to meet prioritised needs and outcomes for children and young people
- To have a music service that meets the needs of children young people served

This will be achieved through:

- A review of the current music service provision, to include feedback from children, young people, families and staff
- Identify what music service we would like to be able to offer and the benefits/ evidence for this
- Development of a plan to achieve the above.
Progress against the improvement priorities identified in 2013-2014

Throughout 2013-2014, the hospice had a number of initiatives to enable it to offer a more comprehensive service to the population served, whilst remaining within the limitations of the financial constraints at that time. All plans for improvement were identified at the annual care development planning workshop. In identifying the areas for inclusion in the development programme for 2013-2014 we considered the following:

1. What is working / has worked and what has not worked so well?
2. How do we want our families to experience our services?
3. What areas for improvement can we identify
4. What service developments would you like to see? What service do we want to be offering?
5. Are we using our staff/ resources in the best possible way to provide the maximum service at an acceptable quality?
6. What do we want to have achieved as a department by end of 2013-14? Inevitably, progress against the quality improvement priorities for 2013-2014 was influenced by financial constraints of the charity and changes to the external environment. Progress is discussed below.
You are taking great care of Lucas very well. You are listening very well to what he wants and taking care of his needs. You work very hard. We appreciate that we can stay with our children and grandchildren.

Our accommodation is perfect!

It feels like home!!!!
**Improvement area 1 - ACHIEVED**

To implement a care co-ordination service that will:

1. Improve and increase care co-ordination, family liaison and support through the use of a named individual to act as the family care co-ordinator.
2. Work with children and families to identify the outcomes that they would like from services.
3. To support families to access services that will enable them to meet their identified outcomes.
4. Act as the single point of contact for families.

This was achieved through:

- The review, redesign and restructure of internal resources.
- The development of promotional materials for families and professionals.

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**Improvement Area 2 - ACHIEVED**

To co-opt a current parent representative onto the Clinical Governance and Care Development Committee.

In order to improve service user engagement and participation in the work of the Trust, the Board of Trustees have agreed to support the addition of a Parent Trustee to the Clinical Governance and Care Development Committee.

This was achieved through:

- Development of a Parent Trustee role profile.
- Advertisement of the vacancy to all current families through use of social media, website, parent information boards, Parent Forum, and support groups.
- The pro-active work and support of the Director of Care in liaising with potential parents who are expressing an interest in the role.
Improvement area 3. - ACHIEVED

To establish and implement a real time electronic patient documentation system that will enable patient records to be accessed and updated in any care setting, ensuring that care staff have access to the child’s records in all places where the child and family are cared for.

This improvement project will address the following challenges and opportunities:

Challenges
1. The Trust is not yet using the functions and capability of the system to its full capacity
2. A strong reliance on the use of paper patient documentation.
3. Limited storage space and opportunities
4. Limited access to real time records and documentation in any setting
5. Lack of confidence in staff to adopt electronic ways of working

Opportunities
1. Full use of functions on Chase Database System
2. Reduce organisational risk around storage of personal information, information sharing / data protection
3. Reduce need for future storage to archive child and family records
4. Access to real time records and documentation in any setting
5. To engage all care team staff in adopting new more efficient ways of working

This was achieved through:

Review and re allocation of internal resources to identify a project lead.

The creation of a project brief, risk assessment and other project documentation

- Creation of a project group - with relevant representation from areas affected
- Staff training
- Development of standard operating procedures and training materials
- Review and investment in current IT infrastructure to ensure systems are fit for purpose
- Purchase of new IT equipment
**Improvement area 4 - ACHIEVED**

Implement an effective booking system to enable a more proactive approach to bed management and allocation of care.

This was achieved through:

1. Review of current system, identifying the strengths and weaknesses of the current system.
2. Liaison with families in relation to preferred approaches to booking short breaks pro-actively
3. Review of systems used by other hospices and similar organisations
4. Design and development of the new DLT booking system
5. Implementation of the new system
6. Informing families' of the new system

**Improvement area 5 - ACHIEVED**

Implement and evaluate the role of Senior Care Worker Role, following feasibility study in 2013.

This was achieved through:

- The development and implementation of a 6 month development programme with identified learning outcomes, competencies and objectives.
- Internal recruitment of 4 care support workers to undertake the development programme
- Evaluation of the programme in autumn/winter 2015
Improvement Area 6 - WORK IN PROGRESS

To recruit a medical lead for the Trust

The Trust needs to consider the future medical support needs of the organisation in order to plan for future service delivery and for succession planning should our current Medical Officer step down.

The option DLCHT would like to proceed with is the development of a team of medical staff contributing through sessional work to provide appropriate cover and medical expertise.

The suggested make up of this team would be 2 GP’s and 2 Paediatricians.

In order to proceed with this DLCHT are looking to work in partnership with local Trusts and GP’s to identify:

(a) Potential for shared investment in recruitment and development of a paediatric palliative care consultant or a paediatrician with a special interest in paediatric palliative care.
(b) Purchasing, through a service level agreement, an identified number of sessions of paediatric support
(c) Potential GP’s interested in developing skills and expertise in Children’s Palliative Care

In order to achieve the above we have:

- Developed a Job description, person specification and work plan
- Met and discussed possible opportunities for shared posts with UHNS and other potential partners
- Raised awareness of the opportunities at children’s palliative care networks regionally and nationally
**Improvement area 7 - ACHIEVED**

To employ a sessional children’s physiotherapist

Evidence from the Care Needs analysis and Training Needs analysis identified that between 95-98% of children and young people served by DLT have a range of physical care needs that would benefit from physiotherapy interventions. The contribution of specialist knowledge and skills of an experienced physiotherapist would improve the quality of care that we are able to provide and improve the outcomes for children and young people.

This was achieved through:

- The development of a job description & person specification
- The establishment of a partnership with the local children’s community physiotherapist department to develop a Service level agreement for the provision of a sessional physiotherapist
- This service provision has been doubled for 2015/16 to 17.5 hours per week
The creation of a new integrated outdoor playground

In addition to those improvements listed above we also worked with a specialist outdoor playground equipment company to design and build a bespoke integrated playground facility to enable families to play together as a family. We are now very proud to be able to offer our service users a play facility that supports play for the whole family, and creates opportunities for able bodied and disabled children to play together.

Alongside this we have developed a bespoke volunteer role - Play makers - to support families to use the playground equipment in different and challenging ways. The playmakers enable the hospice to offer bookable play sessions in the playground after school and weekends. The family do not have to be resident to use the play-ground; they can book to use it, making it much more accessible. It is hoped to be able to develop and implement an electronic booking system for families in the future.

A few of the children's favourite things. ...........

“Swinging swinging swinging on the big swing!” - Ruby age 5

“Playing football and ping pong with Daniel (volunteer) “ - Oscar age 6

“Baking and eating yummy things” - Maria Age 10

“Playing colour dash” - Daniel age 6

“The new playground Dexter” age 8

“Being here by myself” Radley age 5

“I know my way around and know the other kids” Maria age 10

“Playing babies with Kiera (volunteer)” Lola age 5
Lead role in Children's Bereavement Alliance

In June 2014, following on from a brief conversation, the initial meeting was held at the Hospice to discuss the potential impact of creating an alliance amongst all providers of bereavement support to children and families. This led to the creation of the Staffordshire Children and Families Bereavement Alliance. This group was established in June 2014 and soon became the Expert Advisory Group for Child Bereavement UK’s regional project. The Director of Care acts as the Chair for this meeting and the hospice hosts the meetings. There is representation from a diverse range of service providers in the region along with national representation from CBUK. The Alliance’s objectives are:

- To develop and launch a one stop webpage for members of the public & professionals, providing information on bereavement support services available across Staffordshire.
- To hold a one day conference in autumn 2015, focusing on supporting children and Families through bereavement.

“We wouldn’t be where we are today, without the help & support you guys gave us when sadly we lost our little boy Tommy to meningitis. You took us in when no one else would, to give us and family members an extra few days to say our proper goodbyes to our little man. For that we will be forever thankful, we will continue to support you guys as much as we can to help you to help others as you did for us and for all the other services that you provide. We will spread the word of your wonderful services as much as we can and continue with our fundraising” - Sharon Smith
Statements of Assurance from the Board:

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers, and therefore explanations if what these statements mean are also given

Review of services

During 2014-2015 the hospice provided the following services to NHS patients:

- In-patient services
- Day care services
- Community services
- Counselling and psychological support services
- Care Co-ordination services

The hospice has reviewed all the data available to us on the quality of care in these services.

The DLCH Clinical Governance and Care Development Committee receive regular reports, which enable them to review both the quality and quantity of care provided by all clinical services. A report on all clinical incidents, including medication errors and accidents is provided annually.

All services delivered by the Hospice are funded through a combination of fundraising activity and contracts with NHS. The NHS contracts mean that all services delivered by the hospice are part funded by the NHS. Where NHS funding is secured this only partially contributes to the costs of clinical care of children. The cost of provision of a holistic family focused service are borne by the charity through fundraising activity, for example, counselling and emotional support, Play and recreational Services, Music specialist; Family accommodation; hospitality, bereavement care; on-going supplies and provisions; costs of
maintaining the house and gardens are all reliant upon fundraising/charitable income.

**Participation in National audits**

During 2013 the hospice was ineligible to participate in the national clinical audit and national confidential enquiries. This is because there were no audits or enquiries relating specifically to specialist palliative care in 2013/14.

**Research**

The number of patients receiving NHS services provided or subcontracted by the hospice in 2012 that were recruited during that period to participate in research approved by research this committee was 0.

**Quality improvement and innovation goals agreed with our commissioners**

A proportion of hospice income in 2015 was conditional on achieving quality improvement and innovation goals (CQUIN) agreed between the hospice and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through Commissioning for Quality and Innovation payment framework. Only one CCG included a CQUIN in their 2014-2015 contract.

The goals and indicators for the hospice identified by the CQUIN were as follows:

*How likely is it that you would recommend this service to someone with a similar need?*

We sought feedback from families/parents when we received the CQUIN. We received feedback from 53 families out of a caseload of 173 and got 100% extremely likely response.
What others say about us:

The hospice is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. The hospice has no conditions on registration. The CQC has not taken any enforcement action against the hospice during 2014-15.

The hospice has no actions to take and no points were made in the CQC's assessment. The hospice was fully compliant and rated as low risk.

The hospice has not participated in any special reviews or investigations by the CQC during 2014.

Data Quality

The hospice did not submit records during 2013 to the Secondary Users Service for inclusion in the hospital episode statistics which are included in the latest published data. This is because the hospice is not eligible to participate in this scheme.

DLCHT collects and submits the following data:

Internal activity/performance data
Submits annual data to Together for Short Lives
Child death data to Child Death Overview Panel

Clinical Coding Error Rate  The hospice was not subject to the Payment by Results clinical coding audit during 2014-15 by the Audit Commission.
# Part 3: Review of Quality Performance 2015

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of current open and post bereaved cases</td>
<td>174 &amp; 25 (199 in total)</td>
</tr>
<tr>
<td>Total Cases during 14-15 (open and post bereaved)</td>
<td>205 (188 open)</td>
</tr>
<tr>
<td>No of families actually supported</td>
<td>167</td>
</tr>
<tr>
<td>Number of new cases (open and post bereaved cases)</td>
<td>35</td>
</tr>
<tr>
<td>Number of referrals made - % accepted, % declined</td>
<td>Referrals received 53</td>
</tr>
<tr>
<td></td>
<td>Accepted – 36 (68%)</td>
</tr>
<tr>
<td></td>
<td>Declined – 9 (17%)</td>
</tr>
<tr>
<td></td>
<td>Died before panel – 1 (2%)</td>
</tr>
<tr>
<td></td>
<td>Withdrawn – 2 (4%)</td>
</tr>
<tr>
<td></td>
<td>Outstanding – 5 (9%)</td>
</tr>
<tr>
<td>No of Bed nights Available (based on 5 beds)</td>
<td>1774</td>
</tr>
<tr>
<td>No of Bed Nights Taken</td>
<td>1593 (90%)</td>
</tr>
<tr>
<td>Number discharged from care</td>
<td>34 (6 open &amp; 28 post bereaved)</td>
</tr>
<tr>
<td>Number in transition (aged 16-19)</td>
<td>22</td>
</tr>
<tr>
<td>Number of day care episodes</td>
<td>442</td>
</tr>
<tr>
<td>Number of home support episodes</td>
<td>209</td>
</tr>
<tr>
<td>No of youth group support sessions delivered</td>
<td>27 episodes of youth support via 8 youth group meetings</td>
</tr>
<tr>
<td>No of siblings attending sibling group activities</td>
<td>42 via 6 sibling group sessions</td>
</tr>
<tr>
<td>No of siblings supported via volunteer led activities</td>
<td>167 via 13 sessions</td>
</tr>
<tr>
<td>No of parent &amp; carers attending group activities</td>
<td>107</td>
</tr>
<tr>
<td>Number of episodes of end of life care</td>
<td>4</td>
</tr>
<tr>
<td>Number of nights provided</td>
<td>28</td>
</tr>
<tr>
<td>Number of complaints requiring further investigation and response</td>
<td>0</td>
</tr>
<tr>
<td>Garden Room Number of Nights/Cases</td>
<td>38 (8 Cases - 5 known to DLCH, 3 not previously known and used garden room only)</td>
</tr>
</tbody>
</table>

**Local quality measures**

From April 2015 we are introducing a set of quality performance indicators for the first time as an internal measure. Some of these may also be used as part of the external quality monitoring mechanisms.

In addition the following measures reflect our performance.

**Referrals**

There has been an increase in referrals during 2014-2015 from 41 in 2013-14 to 53 in 2014-2015

**Our participation in clinical audits**

To ensure that the hospice is providing a consistently high quality service, we undertake our own clinical audits, using national audit tools, where available, developed specifically for hospices, which have been peer reviewed and quality assessed. This allows us to monitor the quality of care being provided in a systematic way and creates a framework by which we can review this information and make improvements where needed.

Each year the Clinical Governance Committee approves the audit schedule for the coming year. Priorities are selected in accordance with what is required by our regulators and any areas where a formal audit would inform the risk management processes within the hospice.
Through the Clinical Governance report, the Board of Trustees is kept fully informed about the audit results and any identified shortfalls. Through this process, the Board has received an assurance of the quality of the services provided.

The following audits were completed between 1st April 2014 and 31st March 2015.

<table>
<thead>
<tr>
<th>Clinical Audit</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Handling: Mobility assessment form audit</td>
<td>Identified significant absence of staff signature and date of completion, otherwise an improvement from last Audit. Action plan in place to improve quality of completion and shall be re audited 2016</td>
</tr>
<tr>
<td>Safeguarding: staff knowledge and awareness</td>
<td>The majority of staff were aware of the role of the Safeguarding Children Board (SCB). Staff were not as familiar as they would be expected to be with the SCB website. Action plan developed and implemented to improve this. This will be re-audited in 2015</td>
</tr>
<tr>
<td>Medicines management: Controlled drugs</td>
<td>Audit using Help the Hospices CD Accountable Officer audit tool. Compliance varied between 80% and 100%. Action plan in place and to re-audit in 2015</td>
</tr>
<tr>
<td>Infection control: Dress code</td>
<td>High conformity. Very positive results. Amendment of policy to include guidance related to certain clothing items. Plan to re audit 2016.</td>
</tr>
<tr>
<td>Documentation: Accuracy of incident form completion</td>
<td>Overall completion of forms was good. Some areas of form consistently not completed and some areas of confusion re grading identified. The Incident reporting form has been redesigned and staff training is scheduled for 2015</td>
</tr>
<tr>
<td>Clinical supervision: Attendance</td>
<td>Standards set not achieved. Model of supervision reviewed and learning identified. New model of supervision designed and implemented. This will be audited in 2016</td>
</tr>
<tr>
<td>Care Team Documentation</td>
<td>Still a percentage of basic information not being completed, i.e. date of birth, signed and dated, black ink. From the information gathered, it can be deducted that not all questions are being asked when care plans are being filled in. Even if questions are not applicable to the child, it needs to be acknowledged that the questions are being asked. Action Plan developed and in place.</td>
</tr>
</tbody>
</table>
Quality Metrics/ Quality Markers we have chosen to measure

We have developed a set of QPI's to implement during 2015-16. Next year's Quality Accounts will report against these.

We are now reporting against an agreed set of quality indicators to the Staffordshire CCG's Clinical Quality Review Meeting. These will be included in 2015-16 quality accounts.

**Patient Safety**

| Number of incidents/accidents, including medication, clinical and health and safety (patient safety) related incidents | Total number of accidents recorded = 17  
Total number of incidents, both clinical and non-clinical = 116  
Clinical 41  
Non Clinical 75  
0 Red rated incident  
53 Amber rated incidents  
63 Green rated incidents  
Total clinical incidents = 75  
Total medication related incidents = 53 |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Number of reportable (to local safeguarding services) safeguarding incidents occurring in the organisation</td>
<td>0</td>
</tr>
<tr>
<td>Infection Prevention and Control rates:</td>
<td>0</td>
</tr>
<tr>
<td>- Total number of children admitted with known infection</td>
<td>0</td>
</tr>
<tr>
<td>- Total number of children developing infection at hospice</td>
<td>0</td>
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</tbody>
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Clinical Effectiveness

Please see section on local audits.

Patient Experience

An annual Family survey is undertaken to secure feedback on the quality and range of services provided by the hospice. A summary of last year’s results can be found in appendix A. In 2014 the annual survey was offered to families as a paper questionnaire, based very much on outcomes as opposed to the patient experience style used in previous years. Unfortunately the return rates were extremely low, too low to analyse and draw any robust conclusions from.

As an organisation we have, over the past year, focused more on the impact of our interventions and the outcomes for children, young people and families. This is reflected in our Annual report and we have developed and implemented an outcomes based assessment tool which is being piloted during 2015.

In addition to the annual survey we are keen to secure on-going feedback from children, young people and families. To enable this we utilise a number of feedback/comment boxes with comment cards to encourage all family members and visitors to let us know what they think of our services and what changes they would like to see. Between April 2014 and end of March 2015 we received 14 completed comments cards with a range of suggestions including suggestions to improve the internet Wi-Fi connection; suggestions about food and meal times; feedback about noisy doors and issues with the bathrooms in the family rooms, requests for specialist seating equipment. All have been addressed and fed back via the ‘you said - we did’ board in the dining room.

The play specialist has created a ‘What’s Tops and What’s Pants?’ Board to encourage children and young people to identify what they enjoy and like and what they would like to see improved. The play specialist works with children to populate this board.
“You have been a part of our lives for a month! We all have been cared for very well! Lucas has loved every last minute of his life during his stay and you have been very helpful at the time we needed you most! Happy he has been able to stay during his last month with us so we were able to feel proud parents. Also you have been fantastic with his sister Emma who misses her brother every day but with the right help from all of you she is a completely different child! Thanks ever so much. Not know how to ever thank you all for what you have been doing for us” - Meriam Jippes
Staff information and experience

As of 01.04.14 we had 79 members of staff (excluding bank staff)

By end of 31.03.15 we had 86 members of staff giving a staff turnover or separation rate of 7.3%, this is a major reduction on the previous year (comparison with other children’s hospices identified turnover rates between 7.3% and 18.8% average 15.1% from TFSL HR Forum)

In addition to the data above we collate and evaluate information from exit interviews when staff leave the organisation (for this reporting period 66% completed voluntary exit interviews). No themes requiring actions to be taken by the Trust were identified through the exit interviews in 2014-15.

A staff survey is planned for 2015 which will be reported on in 2015-16 Quality Accounts.

Education, training and development.

The Education & Development (E&D) post remains an extremely productive role which has facilitated positive changes to practice, ensured compliance with statutory & organisational policies, procedures & guidance and enabled the emergence of a culture of learning throughout the care team. This has been achieved through some of the areas below.

Skills based competency framework An update to the requirements of the competency framework was agreed by the CG committee in September 2014. The existing competencies have been updated to reflect current, evidence-based, best practice & care team members are responsible for updating their own competencies annually & providing evidence for entry onto the database.

In-house training Each team member has had the opportunity to attend 2 full days of house training over the year. All training is evaluated using a pre and post scoring system to obtain quantitative data on knowledge acquisition and a comments section to obtain qualitative data. Evaluation forms are summarised by the admin team and scanned onto the database.

In addition a rolling programme of short training sessions have been held twice weekly over the year. These are attended on an ad hoc basis when staffing
levels / workload allow. They are not formally evaluated but anecdotal feedback has been positive.

Additional Training has also been delivered to meet the clinical needs of specific children.

Attendance at external training

A variety of external training has been undertaken by team members over the year. All external training is processed via the EDT in accordance with the organisation's Study Leave Policy.

Clinical Supervision

Group Supervision has been offered on a twice monthly basis to all staff members. It continues to prove a challenge to optimise individuals' opportunities to meet their supervision requirements. In order to address this issue supervision has been incorporated into a reflective practice package which includes individual supervision on request, written reflections, action leaning sets, formal shift debriefs and a personal reflective diary, enabling individuals to access the model that suits them best. Compliance will be monitored via the IPR process.

Nursing / medical students

We have doubled the number of student nurses supported from 2013 and have had requests for placements from universities around the country. We have supported 22 nursing student over the past year - 8 from Keele University, 7 from Staffordshire University, 2 from Nottingham University & the remainder from the Universities of Liverpool, Manchester Metropolitan & Chester. Placement durations vary from 1 week to 12 weeks depending on the nature of the placement. We have good links with the universities via the link tutors. Both universities conduct annual placement audits from which only minor points have been highlighted and all have been successfully actioned.

Mentorship and induction

There are currently 15 nurses registered on the active mentorship database for Keele & Staffordshire Universities. New NMC guidance requires all mentors to prove their fitness to practice as mentors through a formal review process every 3 years. This has necessitated the development of DLCHT specific
triennial review documentation, a process to ensure compliance and a targeted training programme. This has all been completed and nurses are currently being supported through the process.

Apprentice Care Support Worker

In July 2013 the Trust employed its first apprentice into a care team role. Following a very successful apprenticeship year she is now a permanent member of the CSW team and has more than met expectations. Not only has she become a valued member of the team, she was also been nominated for the Sentinel Business Awards Apprentice of the Year.

Preceptorship

In 2014 we recruited our first newly qualified nurse who is currently 6 months into our newly developed preceptorship programme. Her preceptorship development programme, based on the RCN palliative care competencies, is being facilitated by the E&D Lead and is going well.

*Samia is your regular boarder n loves being there pampered n loved loads by u all meanwhile we get grocery shopping done, visit her aunt n cousins, and feel the taste of a NORMAL family life!! Life is so much calmer n settled ....ONLY BECAUSE OF YOU....thank you from bottom of our hearts! - Faiza Abbasi*