



## Quality Account 2021-2022



Harlington Hospice Registered Charity no: 1099332



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## Part One

### 1.1 Statement on Quality from the Chief Executive and the Chair.

#### 1.2 Assurance of Accuracy

This Quality Account for Harlington Hospice is a balanced account of our performance during 2021-22. The information included is accurate and reliable.

Almost back to normal but different.

This past year has seen us returning to many of our pre-pandemic work patterns but with changes based on our learning during COVID. Staff and teams have reviewed working practices, identified learning from COVID and implemented changes. As our inpatient service opened in January 2019, integrating this service with our community-based care has taken place as lockdown has eased. This has widened the options of support and care we can offer.

Staff and volunteers across all our services continue to work hard in response to all challenges, continuing to provide a high quality of care to each person we support. As an organisation we have focused on embedding recording and reporting processes to provide evidence of the care we provide. We continue to work on balancing precious staff time with patients, families and friends whilst ensuring the right level of recording is taking place.

It is with pride that we present this year's quality account. We see it as an opportunity to share the new areas of our work. These include providing educational opportunities for colleagues through remote training via Palliative Care Bites and placement days for paramedics; new group art therapy sessions provided by our children and young people's team and the redesign of our wellbeing service.

This year has been an important one for the hospice as we continue to grow and mature in our service profile and range. We know we need to continuously improve or risk quality standing still or moving back. As more of the care we provided is in partnership with a range of organisations we are committed to being open and transparent in sharing our areas for improvement as well as our strengths.

Steve Curry  
Chief Officer

Carol Coventry  
Chair of the Board of Trustees



## 1.3 Harlington Hospice Overview

### Our Vision

Harlington Hospice is committed to providing the best holistic care and support possible for people living with life-limiting illness and for their families.

Everyone is treated as an individual and each person helped to live with their illness in a positive way.

Patients, carers and their families are supported at home for as long as possible, where that is their choice.

### Our Mission

People with life-limiting illness in the London Borough of Hillingdon will have support which enables them to stay as independent as possible in their final months;

People at the end-of-life will have high quality care which supports their choice to die at home if that is their wish;

Support will be available to carers and family members of those with life-limiting and life-threatening illness, extending into the bereavement period.

### Strategic Aims:

- We will invest in staff and resources
- We want to work with others to meet peoples' needs
- We will develop services to improve care, fulfil unmet need and improve efficiency
- We are working to strengthen internal structures and processes

## Part Two

### 2.1 Our services in the past year

Following on from last year, we are pleased to report our continued efforts to develop our services and widen our reach of our services that better meet the needs of our local community in Hillingdon and just beyond our borough borders:

#### Support at Home

##### Hospice at Home (End of Life Home Care at Night)

This NHS contracted service provides registered nurses and fully trained health care assistants to give palliative patients supportive health care in their own home during the last weeks of life which is tailored to the individual family's needs.

Hospice at Home enables the patient's carers to have respite at night to better support them to care for their family member during the day.





The team also supports Rapid Response, providing night support for palliative patients and their carers to facilitate discharges from hospital.

### Harlington Care (Day Support at Home)

Harlington Care provides trained staff to support people with long term conditions needing a high level of care at home during the day. This service provides for people requiring palliative care at home.

Harlington Care provided 6575 care support hours to 130 Hillingdon carers, including 'post' carer support and Hospice at Home Day sitting services to support clients with their wish to die at home. Referrals and support hours are increasing year on year.

Harlington Care were inspected by the CQC in December 2021 with a rating of '**Good**' across all 5 KLOE's

### Enhanced End of Life Service (Community Beds)

Our nursing and therapy staff provide hospice support for patients in continuing health care beds (community beds in nursing homes). Our input includes physiotherapy, complementary therapies, pastoral and psychological support and senior end of life care nursing support.

### Support at our Wellbeing Centres

Wellbeing Centres at Lansdowne House and Michael Sobell Hospice

We provided support for people with long-term conditions and life-limiting illness through our activities in the Reg Hopkins Centre at Harlington Hospice and Michael Sobell Hospice.

Services usually include

- Lymphedema Clinics
- Dementia Support
- Patient & Family Support
- Complementary Therapies
- Cancer Support
- Carer Support



### Remote Wellbeing Service

Thanks to an emergency Covid-19 grant from the London Community Response Fund we set up a Remote Support and Wellbeing Service for our day patients. The grant enabled the Hospice team to adapt to the ongoing pandemic and develop a programme of virtual events to support patients and the wider community.

We were also able to invest in new technology such as tablets, cameras and audio-visual equipment to enable patients to stay connected with each other as well as our therapeutic team.

Patients and carers have benefitted from virtual exercise classes, Tai Chi sessions, self-care and meditation videos, creative art sessions, support groups and coffee mornings. We have also added the service to our website so that the local community can also access the service.



We've received amazing support and feedback from our day patients; and it has become an essential element of support to our patients and their families.

Our new and innovative Remote Support and Wellbeing Service has become an essential part of the palliative care we provide at the Hospice. We hope it will continue to have many positive benefits for our patients and their families, along with the wider local community during 2022 and beyond.

### Palliative Psychotherapy and Patient & Family Support

The service for adults delivers one to one counselling to people living with cancer and other palliative conditions and those who care for them. The service also provides support to prepare for end of life and for those who have lost family members and friends.

#### Child and Adolescent Bereavement Service (CABS)

The CABS team at Harlington Hospice understands that unresolved grief can have a detrimental affect on a child or young persons life.

This support includes:

Individual art therapy sessions

Group art therapy

End of life support

Family sessions

Parent support groups

Advice for families & professionals

Online art therapy sessions

Memorial events & creative workshops

Creative Workshops



"I am now able to listen to my son's questions and help to answer them. Before Therapy I didn't know what to say about his mother. I am now open about my own feelings whereas before I used to bottle them up, it has helped us both as we move forward in our lives." (Father & Son)



Light Up a Life 2021: Paper boats on the pond at Harlington Hospice

Throughout the year, CABS run art workshops. These are open to all of our clients – past and present. They are not therapy sessions, but are an opportunity to get creative, learn new skills and connect with others, helping bereaved children and young people to feel less isolated and better supported in their grief.





**Blue Peter:** We were very excited to welcome the Blue Peter team to Harlington Hospice in November 2021. They met with some of the CABS team and clients to help educate others on the impact of childhood bereavement and how art therapy can help children and young people facing loss. We had a brilliant day filming and even received an infamous Blue Peter Badge at the end of the day!

### What is Art Therapy?

Art Therapy is a form of psychotherapy that uses art materials to help express feelings that are often too difficult to put into words. It is a three-way process between the client, their art work and the therapist. Art making in the sessions often helps children and young people discuss their feelings with the art therapist, it can help shift perspectives and understand difficult feelings and behaviours with more clarity.



Thank you for bringing in the Pontes alfre and Wizz. It was so fun to be able to be so close to a horse. We loved it. Also, thank you for giving us the opportunity to go to Joseph and the tetrin-colour raincoat. It was amazing to be able to travel up into London and see the amazing performance. We can not thank you enough for what you have done.

### Michael Sobell Hospice (Inpatient Unit)



On February 14th, Valentine's Day, 2022, Michael Sobell Hospice Charity celebrated its 45th anniversary year. It was truly wonderful to celebrate this special year with staff, trustees, volunteers, and friends of the Hospice, including Dr Elaine Laycock. HRH Princess Katherine of Serbia also took the time to send a lovely letter in recognition of this poignant milestone.

The IPU activity has remained with 10 beds. Staffing levels have remained stable with natural attrition and work continues to progress within the teams to develop its various services and involvement in the Hillingdon borough.

The Wellbeing (former day centre) attached to the Hospice is gradually reopening, with services such as CABS, Psychotherapy and Lymphoedema starting to hold regular clinics and sessions providing clients with a choice in where they are seen (north or south of the borough).



### Case Study – In Her Own Words.

Lesley Carrington, from Hillingdon, was admitted to the Michael Sobell Hospice Inpatient Unit in July 2021. Here, Lesley, in her own words, shares her journey with us.

"My life was going wonderfully. I had my horses, my dogs, cats, rabbits, and my guinea pigs, my whole world was my animals. I didn't live for anything else really, only my pets. That's why I worked really, to keep them. It sounds silly but that was my life.

"Then when I was 68, I started to feel quite unwell. I didn't feel myself at all... It turned out that I had cancer of the pancreas." ...

"Before being referred to Michael Sobell Hospice, I just wasn't eating, I'd lost around four stone and was painfully thin, and was in complete agony with pain much of the time. My partner John was climbing the wall not knowing what to do.

"It was then that my palliative care nurse suggested Michael Sobell Hospice. Well, I didn't want to go "in there" as no one came out in my mind. I said to myself, I don't know how long I've got but I'm not ready to die yet! Anyway, my nurse, talked John and I into it, and I came to the Hospice for 12 days. Basically, I came out a new woman – even John said so!

"It was so funny, while I was in here it was my birthday. Lying in bed, I could hear hooves outside my window, and then I saw Jo (Hospice nurse) with 'Rafa' the horse at my window, such a beautiful birthday surprise. Just to touch him and smell him, just to have that warmth on my hands was so magical..."

"I would recommend the Hospice to anyone. The treatment and care I've received here is incredible. Those special touches like seeing Rafa has made me feel so much more like my old self. The Hospice team is marvellous. You can't fault any of them. They are totally dedicated to their work.

"There's really nothing to be frightened of coming to Michael Sobell Hospice. It certainly has done me the world of good."

### Retail Services- Charity Shops



**At the Heart  
of our  
Community**

Age UK Hillingdon, Harrow and Brent, Harlington Hospice and Michael Sobell Hospice charity shops were delighted to reopen their doors on Monday 12th April with the charities joining together to manage their 11 retail shops through a three-way partnership, believed to be the first of its kind in the UK.







## 2.2 Review of Priorities identified for improvement in 2021-22

Priority 1: Patient Safety – Continuation of 20/21 Priority
<b>Develop and implement a new Wellbeing Model replacing the Day Care Therapy Model</b>
Working on the opportunity provided by the merging of two teams, the wellbeing team will now implement the wellbeing model designed on in the previous financial year. The model continues to evolve with the changes in Pandemic restrictions and learning from the past year.
<b>What progress have we made?</b>  We have now reclaimed our day centre premises at Lansdowne House and following maintenance work and redecorating, we have started to hold some group sessions on site. We were also able to support people through running remote wellbeing workshops using video calling platforms, such as Zoom, and by offering telephone support. In addition, self-care podcasts recorded by staff have been available on our website.  Our Complementary Therapists have also been delivering a variety of therapies in our inpatient unit and as outpatient appointments. This year, 192 patients were supported through 839 sessions.  A Lymphoedema Clinic is now held at the MSH site and we are looking to increase this to two sessions next year if current demand is sustained.
<b>Moving Forward</b>  Learning from the Pandemic, we have developed our remote access and online services and these will continue in some capacity as face-to-face inhouse sessions continue to increase.  Next year we are looking to start group sessions for our Chronic Lymphoedema Patients.
Priority 2: Responsiveness
<b>We will continue to develop and formalise robust processes for the collection and dissemination of feedback from various sources and services</b>
We are committed to increase the engagement we have with users as they are receiving care, rather than after care is ended. We would prefer to receive feedback as concerns arise so we can do our best to resolve them and improve the patient/ carer experience.
<b>How have we achieved this?</b>  The Patient Friends and Family Feedback Form was re-designed and introduced to staff and incorporated into service evaluation forms to avoid multiple requests for feedback. The Form has also been digitalised and is now available on our Harlington and Michael Sobell Websites. The Inpatient Unit and CABS service now have a tablet to enable patients and clients to fill in the form digitally We have worked with all our services to reintroduce the patient and family feedback tool and worked to disseminate the responses to all staff.
<b>Our Outcomes</b>  We have had a substantial increase in the receipt and documentation. In 20/21 we had 18 feedback forms submitted. This was also reflective of the CV19 pandemic and the closure/reduction of services.



In 21/22 we received 123 responses. Details are available on page 16. Responses were fed back to staff via email and on quality posters.

Our new priority is to sustain this feedback but also introduce a more real-time collection and response to Complaints, Compliments and Concerns.

### Priority 3: Effectiveness

We will facilitate the presence and education of students and other healthcare professions in palliative care services.

#### **How have we achieved this?**

##### **Palliative Care Bites**

Following last year's successful implementation of Palliative Care Bites (a Palliative and End of Life Programme for Primary Care), We have continued to produce these sessions, drawing on the experience and knowledge of our services and healthcare partners.

International Update on Assisted Dying, Caring at Home – Community Palliative Care Team (CPCT)

Nausea, Vomiting and Bowels: Assessment and Prescribing – GP & Lecturer

Brief Case Studies: Hot tips and Learning Points – Palliative Care Consultants, CPCT, Psychotherapy & Family Support.

Supporting Children and Adolescents with Grief and Loss – CABS Team

Multifaith Spiritual Care – Chaplaincy Team

Fragility and Palliative Care

Substance Misuse – Top tips and interface with Palliative Care – GP, ARCH service

How can H4All help your patients: A hidden gem in Hillingdon – H4ALL

##### **MSH GP Rotations**

MSH has GP rotations with attachments to local care homes and the Palliative Care team, providing valuable experience and support for trainee GPs in palliative care in a variety of community settings.

##### **Placements**

The IPU continues to work with local Universities to provide student nurse placements. We also enable students in the community to have smaller day experiences on our inpatient unit and setting up time for them to experience the other services available at Harlington Hospice.

We have also facilitated Paramedics with the London Ambulance Service, Medical Students and Work Experience opportunities for those wishing to have a deeper insight into palliative care.

The feedback from these sessions has been very positive and productive, strengthening and improving understanding and working with LAS, inspiring those at the beginning of their careers to consider Palliative care and take what they have learnt here with them in their future practice.

##### **HPAL**

HPAL is a website set up as a freely available resource to help clinicians and the public by Dr Ros Taylor MBE and Dr Poppy Freeman.



The Covid-19 pandemic has demonstrated a massive need for palliative care in all settings, and this resource is aimed to support those who need trusted information.

The primary motivation is to enable clinicians and the public to search for the best and most recent information relating to palliative care, quickly and confidently, and to trust the sources chosen.

It is the synthesising of guidance from nationally recognised sources, organising and labelling it within a specifically designed web tool to improve access to information. Sources and publication dates are clearly cited.

Huge volumes of content are produced daily from multiple sources. It is difficult to keep up to date with this volume of information and this website has been set up to organise palliative care guidance and messages into a clear, easy to search format.

#### Priority 4: Patient Safety and Experience

##### **We will undertake the audit and review of care for our Hospice at Home service**

We will look at how we managed documentation and data via Charity Log for Harlington Hospices Hospice at Home service

##### **How have we achieved this?**

Charity log data is now audited on a monthly basis

Hospice at Home Team Meetings have restarted.

Mandatory Training has been brought in line with the rest of the Harlington Hospice Organisation.

##### **Outcomes:**

A Data Quality Group will start in 22/23 meeting to review and develop reporting on charity log data.

Team Meeting have been established and are well attended.

Hospice at Home feedback is collated and shared with the staff.

Incident reporting for Hospice at Home has increased.

A coordinator attends the Infection Prevention Control Working Group.

Hospice at Home now has one of the highest levels of compliance with Mandatory Training.

##### **Moving forward.**

Hospice at Home will have representation in all patient safety working groups.



Priority 5: Effectiveness and Well-Led
<b>We will create a Data Hub to manage data collection and sharing throughout the organisation's services to bring all branches into a single reporting process.</b>
A two-year priority is to improve the quality of the data, how it is subsequently used and to improve the communication between different Harlington Hospice Services. This will positively affect the quality of the service provided and the management of staff and resources. It will allow for real-time monitoring and a clear understanding of the organization's process as a whole.
<p>What progress have we made?</p> <p>Progress has made in this priority.</p> <p>Data Hub Meetings were set and we have mapped out all our current data processes used throughout the organisation and have been evaluating their performance.</p> <p>The next step is to determine the flow of data from the point of referral to discharge and compile a list of reports that use this data.</p> <p>The IT team has recruited an IT apprentice to free up other members of the team to focus on this project.</p> <p>We have researched other organisations who have similar processes in place and looked at data platforms to assist with our data management.</p> <p>Our Data Protection Officer continued to ensure all data is stored and managed in accordance with Data Protection Act 2017. Progress has made in this priority.</p>
<p>Moving Forward</p> <p>Work will continue into 22-23 for this two/three-year priority.</p>

## Partnerships

### MyWishes

The UK's leading end of life planning software, the MyWishes platform provides free to use software to help people document future care wishes, safeguard their possessions and make plans for loved ones.

MyWishes works to make planning for peoples physical and digital estate quick and easy, empowering people to make the best decisions for them, their future care and those they care about.

### Digital Legacy Association

It is important that professionals are able to assist patients, families and those they serve with relevant support and advice. The Digital Legacy Association argue that 'digital assets planning and digital legacy safeguarding should form a holistic approach to advance care planning'

### National Digital Legacy Conference

Our Clinical Director Ros Taylor MBE, co-chaired the Digital Legacy Conference 2021 with the Digital Legacy Association and MyWishes founder James Norris on 5<sup>th</sup> October 2021.



This conference was attended globally with professionals across the world with representatives' speakers from the technology, social care, healthcare, arts, funeral, education and legal sector who are working and innovating within death, bereavement, communications and end of life planning.

## Quality Performance

### Activity Data – Let's look at the numbers

2021-22 saw the phased return of services which had worked in a reduced capacity during the pandemic. The Lymphoedema Team also welcomed an additional full-time nurse and the number of appointments reflected the increase in capacity.

Lymphoedema	20/21	21-22
Referrals	41	110
No of OP appointments	384	1457

The CABS team reported an early increase in referrals at the end of 2020-21. This continued into the next financial year with an increase of over 50% of referrals and individuals supported. The CABS team continues to expand to meet demand. The increase in referrals could be attributed to the psychosocial impact of the pandemic.

CABS	20/21	21-22
Referrals	54	119
No of sessions	498	750
Individuals supported	67	146

Wellbeing	21-22
Referrals	130
No of sessions	839
Individuals supported	186

The developing Wellbeing Service continues to roll out with more face-to-face group sessions.

Wellbeing Sessions	Sessions	Individuals	Attendance
Wellbeing Complementary Therapies (Individual)	235	41	
Tripudio Exercise Club (Group)	40	22	356
Wellbeing Creative Inspirations (Group)	9	31	122

Harlington Care	20/21	21-22
Referrals	171	132
No of day visits	9818	9460
Individuals supported	201	246
Discharges	130	110

Activity in Harlington Care and Hospice at Home remains steady

Hospice at Home	19/20	20/21	21-22
Referrals	158	211	203
No of night sits	1201	1115	1102
Individuals supported		132	156

Activity in Michael Sobell Inpatient Unit is comparable to our first year open.

All 10 Beds remained open and the Unit continued to care for covid-19 patients.

In 21-22, there were 32 patients who had **at least** two hospice admissions.

These 32 patients accounted for 70 Admissions.

One patient had 4 visits since the IPU reopening in Jan 2020).

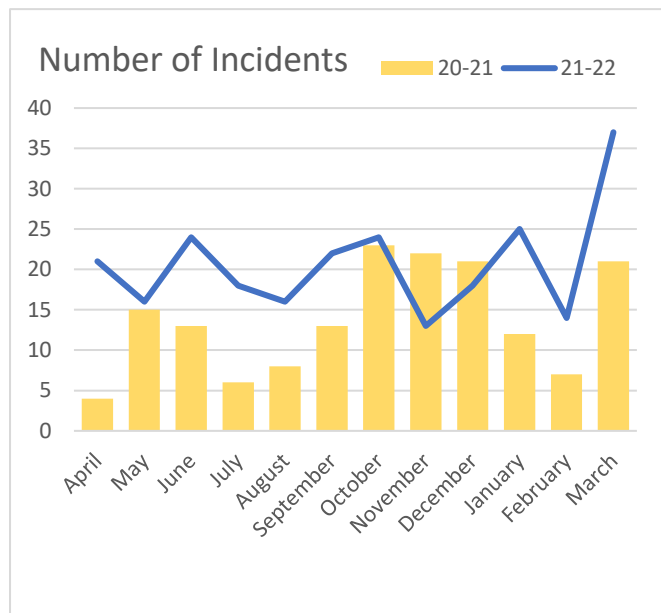
Inpatient Unit - MSH	2020-21	2021-22
<b>Referrals</b>	302	327
<b>Admissions</b>	228	216
From Home	131	116
From Hospital	81	97
<b>Discharges</b>	100	94
To Home	77	74
To Care Home	22	17
To Hospital	1	3
<b>Same/next day admissions</b>	171	202
<b>Individuals admitted</b>	200	182





## Sentinel Reporting

Following its implementation in June 2020, the Sentinel Reporting software from Vantage has had a positive effect on the organisation's incident reporting. We are now able to gather and analyse data from incidents quicker and had a clearer picture of the organisation's patient safety and operational processes.



The total number of incidents reported continues to grow.

By the end of March 22, the average number of incidents reported each month was 21.

The average in the previous financial year was 13.

This upward trend has continued into 22/23.

### Patient Safety

There were NO never events in 2021-2022

### Serious Incident

We had one serious incident in 21-22 which occurred on the 28/29<sup>th</sup> April 2021 on the Inpatient Unit. The incident was investigated and a panel held.

The Panel approached this investigation with the primary goal of accurately and thoroughly identifying what happened and why (contributory and causal factors); and to recommend strong/effective systems-based improvements to prevent a repeat incident.

There was a conscious decision to use the investigation to find learning opportunities and to understand all the contributing factors, rather than determining fault, blame or punishment.

## Hospice UK Benchmarking

We continue to benchmark our safety indicators with Hospice UK and attend the quarterly patient safety national meetings.

### Falls

Our total number of patients falls for 21/22 is 38. Interestingly this is the same as the 20/21 although the pattern is much changed.

Whilst we have a slightly higher than average falls rate compared to both small and adult hospices, we have had no severe or higher reported falls.

The Falls Working group worked on a post fall protocol to standardise the Nursing and Medical response and documentation following a fall on the IPU. This has been a great success and well received.



Slips, Trips and Falls

Medication Incidents



Inherited and Aquired Pressure Ulcers and Moisture Associated Dermatitis.



They also produced a leaflet for community staff with practical tips on what to do if a patient has a fall in the community. What to do, who to call and how to stand someone from the fall if appropriated. This had been disseminated to the Hospice at Home Staff and Lymphoedema service.

### New Pressure Areas

We reported more NEW pressure ulcers in 21-22 than in 20-21 however on investigation we feel this is done to improved reporting of SCALE. (Skin Changes at Life's End).

Our overall New (developed in hospice) pressure ulcer rate remains below the HUK average for adult hospices and although slightly higher than the average small hospice, we can see MSH has a higher than average bed occupancy.

The number of pressure ulcer reporting has increased as the Sentinel reporting system has been gradually embedded into practice. All patients admitted with pressure ulcers will be assessed to see if a safeguarding concern needs to be raised for the patient.

New documentation has been implemented for the IPU and moving forward, staff at Hospice at Home, Wellbeing and Lymphoedema will have refresher training and encouraged to report any concerns with patients they see in the home or on an outpatient basis.

### Medications

21/22 saw an increase in reporting of incidents relating to medications rather than an increase of incidents.

When compared with Hospice UK, our figures for medication incidents remain lower than average. This may reflect on a lower rate of reporting the near misses and no harm incidents that are caught on the ward than are resolved quickly.

### Safeguarding

Safeguarding Children	14
Safeguarding Adults	4

The Safeguarding Children Reports were all made by CABS following referrals or disclosures in therapy.

The Safeguarding Adults were from Hospice at Home and Harlington Care.

Despite the increase in activity in the CABS service, there has not been an increase in NEW safeguarding referrals.

The number of Safeguarding Adult reports has gone up, although the reporting level remains low.

Education and advice have been put in place, with Safeguarding a spotlight in our Staff Learning Forum to ensure staff understood what a safeguarding concern was and how to report it.



## Clinical Effectiveness – Audits

During the past two years we have been establishing our clinical governance framework which includes an extensive audit programme.

Audits are discussed in the working groups and relevant actions and concerns are escalated to the Quality Working Group and the Board Quality Sub-Committee attended by 3 Trustees including the Chair of the Board.

The Medical Director and Director of Clinical Services are also in attendance.

We also have external auditing in place with Ashtons Pharmacy, Jardak Cleaning Services and Infection Prevention Solutions.

### National Audits

Harlington Hospice has participated in several National Audits including:

Hospice UK Patient Safety benchmarking project

Hospice UK Falls Deep Dive July 2021

National Thrombosis Audit.

Harlington Hospice hosts GP Registrars during their training rotation and as part of their placement, they are required to undertake a clinical audit.

This included an audit of sedation practice – decisions and documentation and Oxycodone – reasons for initiation

### Infection Prevention Control (IPC)

As an Inpatient Unit there are continuous audits and checks for IPC.

Results are fed back to staff on the day and time of audit, nurse handovers and meetings, in the 'How did we do Posters' prior to and at the Infection Prevention Control Working Group. Any results and actions are escalated to the Quality Working Group.

Most actions and variances are resolved immediately.

## Responsiveness

### Complaints

In the 12-month period between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022, we received two clinical service complaints. Other complaints relate to our retail and shops.

The predominant theme emerging from all the complaints related to sub-optimal communication skills.

Excellent communication and interpersonal skills are core to the Hospice, additional advanced communication skills training was scheduled for all staff and personal feedback and development for those involved.

Harlington Hospice acknowledged and responded to complaints within our quality standard and contractual requirement.



All complaints are investigated and the complainant is kept updated and informed of findings and outcomes.

### Duty of Candour and Freedom to Speak Up

We observe the duty of candour, our legal duty to inform and apologise if there have been mistakes in care. We endeavour to be open and transparent when things go wrong and cause harm to people we are looking after.

Freedom to Speak Up is about encouraging a positive culture where staff feel they can speak up, that their voices will be heard, and their suggestions acted upon.

We have appointed a Freedom to Speak up Guardian who supports workers to speak up when they feel that they are unable to do so by other routes.

They will ensure that people who speak up are thanked, that the issues they raise are responded to, and make sure that the person speaking up receives feedback on the actions taken. We continue to increase the awareness of the guardian throughout the organisation.

### Compliments

#### Friends and Family Feedback

Of the 76 patients and family members inside the inpatient unit who were surveyed from 2021-22, 96% said 'Yes', they would recommend the service to friends and family if they needed similar care. The remaining 4% of people surveyed said that they were 'Likely' to recommend it.

96% of respondents are HIGHLY LIKELY to recommend us to friends and family if they needed similar care. (4% LIKELY)

96% were totally satisfied with the support they received

96% totally agreed to having confidence and trust in the staff looking after them.

92% of respondents 'totally agreed' that they felt involved in decisions made about their care. (6% Agreed)

99% of respondents 'Totally Agree' that they were treated with Dignity, Respect, Kindness and Caring



What was good about your experience?

**Excellent care and compassion**, not just for our mum but to us as **a family**. :-)

**Kind, considerate, happy and smiling staff**. Thank you all so very much. I can't think of anything that could improve the excellent level of care that has been provided to my sister.

**5 Star Care**, the queen herself couldn't be cared for more. I feel very fortunate to have my mother here being with the **best of the best** to look after her.

**Responsiveness and great quality of care.**

I wouldn't go into hospital but was persuaded by palliative care team to go into Michael Sobell and wasn't I glad. **It's a most wonderful place** and cannot thank them enough.

The Staff were all very **kind caring and helpful**. They made her stay **comfortable** and she did not feel in a rush to go home. She was in very good hands. The atmosphere is **welcoming and positive**.

Overall, a very pleasant experience.

Treated with **dignity and compassion**.

I was unable to cope with both my medical problems and my wife's dementia. The care and **kindness** of the doctors in adjusting and changing my medications has made a **major improvement** in my breathing and the kindness shown to my wife when she visited me has been wonderful.

I have been treated with the **utmost care and respect** from all levels of staff and importantly **my opinions respected and observed**.

Nothing was too much trouble. The staff **went out of their way to fulfil any requests you made**. They were happy to adapt any food requests

Having someone caring coming in and **reassuring to talk to and answer questions**.

**Really pleased** that if the family needed help, they would ring the office and **help would be provided instantly**. Can't believe this service existed as a charity.





## Part Three: Looking Forward: Priorities for Improvement 2022-23

Priority: Responsiveness
We will develop a Yearly Audit Planner with capabilities to log actions, outcomes and learnings.
<p>How</p> <p>Network with other local hospices and HospiceUK &amp; create a tool to monitor and record frequency, compliance and results of audits</p>
<p>Anticipated Benefits</p> <ul style="list-style-type: none"> <li>★ Benchmarking with other Hospices</li> <li>★ Improved patient care, experience and safety</li> <li>★ Service Improvement</li> <li>★ Quality Assurance</li> <li>★ Effective recording of audit results, findings, learning and actions.</li> </ul>
Priority: Well-Led
We are working to merge and develop our various psychological support services for adults and children into one team in order to expand and support the growing demand for these services.
<p>How</p> <p>The existing Children and Young Adults bereavement Service, Palliative Psychotherapy, Family Support and Counselling services will merge into the Psychological and Emotional Support Department (PESD) under one head.</p>
<p>Anticipated Benefits</p> <ul style="list-style-type: none"> <li>★ Collaborative working between the adult, children and adolescent clients.</li> <li>★ Holistic teams around the family.</li> <li>★ Service Improvement</li> <li>★ Peer Support</li> </ul>
Priority: Effectiveness
<b>We will work on developing and implementing our own Patients Goal and Outcomes Form enabling us to evaluate the effectiveness of the care and treatment on the IPU</b>
<p>How</p> <ul style="list-style-type: none"> <li>• New tool created to ensure outcomes are measured taking into account patient's wishes and goals.</li> <li>• Tool to be designed, audited and evaluated</li> </ul>
<p>Anticipated Benefits</p> <ul style="list-style-type: none"> <li>★ Provide an effective tool to evaluate the patients experience and outcomes.</li> <li>★ To personalise the patients desired outcomes to their own goals and wishes.</li> <li>★ Once established on IPU, to look at adapting to Wellbeing services and treatments.</li> </ul>



Priority: Responsiveness
<b>We are introducing the 3C's (Complaints, Compliments and Concerns) to Harlington services.</b>
<p>How</p> <p>Creation of a new quick form to be handed out and available at all times asking "How was your care today", "Is there anyone who went that extra mile for you?" &amp; "How could we improve?"</p> <p>The feedback and the management response will be shared with staff in a regular email and updated on our "You said, we did..." boards at MSH and Lansdowne House.</p>
<p>Anticipated Benefits</p> <ul style="list-style-type: none"><li>★ Increase the amount and pace of concerns being raised and responded to.</li><li>★ Quick or immediate responses to comments visible to patients and staff</li><li>★ Identify outstanding moments of care</li><li>★ Enable quick feedback to staff of compliments and concerns</li></ul>

Priority: Effectiveness and Well-Led
<b>We will continue with our two-three-year project to create a Data Hub to manage data collection and sharing throughout the organisations services to bring all branches into a more centralised process.</b>
<p>This will positively affect the quality of the service provided and the management of staff and resources. It will allow for real-time monitoring and clear understanding of the organisations process as a whole.</p>
<p>How:</p> <ul style="list-style-type: none"><li>• We will map out all the current data processes used throughout the organisation and evaluate their performance.</li><li>• Research other hospices who have similar processes in place and look at data platforms to assist data managements.</li><li>• We will work with our Data Protection Officer to ensure all data is stored and managed in accordance with Data Protection Act 2017.</li></ul>
<p>Anticipated Benefits</p> <ul style="list-style-type: none"><li>★ Improved and safe data sharing across the organisation.</li><li>★ Effective communication both internally and externally.</li><li>★ Easier collection of data and pulling of reports.</li><li>★ Real time data.</li><li>★ Less duplication resulting in increased accuracy and more effective time management/workload.</li><li>★ Improved patient care.</li></ul>



## Part Four

### Statutory Statements

#### Hillingdon Clinical Commissioning Group (CCG)



**North West London**

Charlie Sheldon  
Chief Nursing Officer  
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London NW1 5JD

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20.03.2023

#### Sent by Email

Steve Curry  
Chief Executive  
Harlington Hospice  
Lansdowne House, St Peters Way  
Harlington, Hayes  
UB3 5AB

#### Re: Harlington Hospice Quality account 21/22

The NHS North West London Integrated Care Board (NWL ICB) has welcomed the opportunity to respond to the Harlington Hospice Quality Account for 2021/22 which was received on 20th February 2023.

The ICB would like to take this opportunity to thank the staff, volunteers and trustees for supporting the hospice in its return to pre-pandemic working patterns.

The ICB has reviewed the following quality priorities identified by the hospice for 2021/22:

#### **Priority 1: Patient Safety-Development and implementation of a new well-being model.**

It is recognised that the development of the remote wellbeing service has become an essential part of palliative care in supporting patients, their family and the wider community; recognising positive feedback from service users. It is noted that these remote sessions will facilitate in some capacity as face-to-face in house sessions continue to increase.

#### **Priority 2: Responsiveness- Development and formalising robust processes for the collection and dissemination of feedback**

The redesigned Patient Friends and Family Feedback Form, which has been incorporated into service evaluation forms, has resulted in a substantial response rate. The ICB supports the hospice's efforts to sustain this feedback and also introduce a more real-time collection and response to complaints, compliments and concerns.



**Priority 3: Effectiveness-Facilitation of the presence and education of students and other healthcare professions in palliative care services**

The continuation of Palliative Care Bites supporting Primary Care, GP rotations, providing valuable experience for trainee GPs, placements, work experience opportunities and the availability of the HPAL website has demonstrated the hospice's efforts in progressing this priority.

**Priority 4: Patient Safety and Experience- Auditing and review of care for the Hospice at Home service**

The various strands of work to support this priority is acknowledged. The ICB note that a Data Quality Group will commence meeting in 2022/23 to review and develop reporting on charity log data.

**Priority 5: Effectiveness and Well-Led- Data Hub to manage data collection and sharing to bring all branches into a single reporting process**

The ICB recognises the efforts made so far with this priority and acknowledge that further work is required. It is supportive of the hospice's decision to continue this priority into 2022/2023.

The ICB is satisfied that the overall content of the quality account meets the required mandated elements.

On behalf of NWL ICB, we can confirm that to the best of our knowledge, the information contained in the report is accurate. The ICB supports the on-going quality priorities for 2022/23 and looks forward to working closely with the hospice in exploring further quality improvement initiatives to build on the provision of safe and effective services for our patients.

I would like to take this opportunity to thank the hospice for its continued focus on quality in 2022/23.

Yours Sincerely

Charlie Sheldon

Chief Nursing Officer NHS North West London



### Healthwatch Hillingdon's response to Harlington Hospice Quality Account 2021-22

As the independent champion for people using health and social care services in Hillingdon, Healthwatch Hillingdon welcomes the opportunity to comment on Harlington Hospice's Quality Accounts for 2021-22.

During 2022 we worked in partnership with the hospice, and Hillingdon Health and Care Partners, to conduct service-user engagement about the palliative care services in Hillingdon. The feedback we received about the hospice was overwhelmingly positive and the services provided are clearly highly valued by patients and their families.

We would like to congratulate the hospice, and all the staff, for maintaining such high quality care throughout the pandemic, and we're pleased to see from the Quality Accounts that not only are the new digital initiatives that were developed to adapt to the most challenging of circumstances continuing, but that 'normal' service has resumed with an increased service offer and greater level of choice for service-users. Of particular note is the progress that has been achieved in the development and delivery of the new Wellbeing model which offers a range of online and face-to-face services.

We're extremely pleased to learn of the improvements made to the collection of service user feedback and patient safety reporting systems, which are focussed on timely collection to enable a faster response time ensuring a positive patient experience. This will support the hospice to ensure continuous improvement for the future as new service models are developed and implemented.

The report itself is very clear, easy to read, and includes comprehensive data, which was a priority identified in the previous Quality Accounts. To further strengthen future reporting, we would like to recommend the inclusion of how the data collected has influenced service delivery and outcomes for service-users.

We are supportive of the priorities identified for 2022-23, specifically the development and implementation of the Patients Goals and Outcomes Form which will ensure patients' wishes are at the heart of the care they receive, and the improvements to collecting patient feedback at the point of service. We would be pleased to provide any advice and guidance to support Harlington Hospice to achieve these objectives.

**Healthwatch Hillingdon | 14 February 2023**

Lisa Taylor

Managing Director, Healthwatch Hillingdon