



Quality Account 2020-2021





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Part One

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

Our Quality Account for 20/21 has unfortunately been delayed. The COVID 19 pandemic has continued to escalate and create unprecedented challenges for all health care providers and that includes our Hospice and all the services provided. It seems very fitting therefore, that we introduce this account with heartfelt thanks to all our colleagues, staff, volunteers and Trustees. Every day, they demonstrate their ongoing courage, dedication and determination to be there for all who need care, help and support.

We are proud that throughout the challenges, we were able keep our Inpatient unit (IPU) open to maximum capacity, increasing at times our outreach hospice support and finding innovative ways to support patients and their loved ones throughout periods of lockdown. We also helped our community and acute health care colleagues to deal with increased pressures. A few examples include helping, where possible, to admit on the same day of a community referral, appropriately helping to prevent A/E attendance or hospital admission and then supporting a swift and safe discharge to home or to our IPU from hospital. We make every effort to be part of the wider health care system, working alongside our GP, community, third sector and acute hospital colleagues.

This year has strengthened our collaborative working with both our 3rd sector partners through H4All, Hillingdon NHS and local authority providers through Hillingdon Health and Care Partners. As we are embedded in the system, we played our part in the response to the pandemic. Additionally, we are involved in some elements of preparing for the restructuring of the NHS, planning at both borough and North West London levels.

Despite all the pressures of the pandemic, we believe the content of this quality account demonstrates our commitment to provide the highest standard of care and service delivery. We endeavour to have systems in place, so that if we fall below high standards we swiftly learn, address issues, and ensure changes are implemented and maintained. The report also demonstrates our endeavours to embed our evolving quality governance systems and processes; we are pleased to highlight just a few examples below, with all examples detailed throughout this report. We have;

- recruited a new trustee with clinical and quality governance experience;
- begun to effectively embed a new electronic incident reporting system across the organisation, resulting in a very positive increase in reporting and subsequent learning; Participated and responded to Hospice UK's national quality outcome benchmarking process;
- Used virtual reality to help patients, especially during pandemic restrictions, to 'travel and escape' for a while. Some heart-warming patient feedback and video clips can be accessed on our website.

Whilst many of the objectives we set for 20/21 have been achieved, COVID19 restrictions prevented the development of our new wellbeing service from being fully implemented. Some services have continued virtually, however there is more to be realised and we look forward to sharing our progress next year. We hope like everyone, that we find light and recovery from the pandemic in 21/22

1.2 Assurance of Accuracy

This Quality Account for Harlington Hospice is a balanced account of our performance during 2020-21.

The information included is accurate and reliable.

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

This year we are pleased to report on our expanded structure and the wider reach of our services that better meet the needs of our local community in Hillingdon and just beyond our borough borders:

Support at Home

End of Life Night Care at Home – Hospice at Home

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.

This also enables the patient's carers to have respite at night and better supports them to care for their family member during the day.

During 20/21 we have continued to provide this essential service during the pandemic with the additional aims of preventing admissions to hospital and supporting carers during these challenging times.

The Hospice at home team has also supported Rapid Response, providing night support for palliative patients and their carers to facilitate discharges from hospital.



Day Support at Home - Harlington Care Service

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. The service offers four hours of respite per week enabling carers to take a break.

During 20/21, Harlington Care moved its base to the Michael Sobell Hospice site. In December 2020 the service had a partial CQC inspection which went very well, earning a provisional rating of **'Good'** in the three domains assessed. (Safe, Responsive and Well Led).



Enhanced end of life service

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 Centres

Day Care Services at Harlington 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**

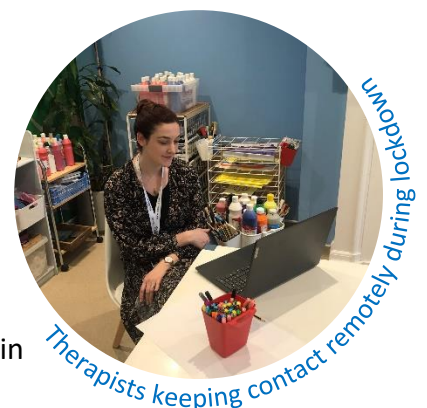


The Covid-19 Pandemic has had a profound effect in the way we were able to provide these services during 20/21. In order to continue to support patients, families and carers at home, we have had to adapt and embrace the use of remote working as well as develop risk assessments that allowed community visits in line with the ever changing government guidelines.

We have learnt many lessons from the pandemic, such as how we can adapt our services to reach as many patients, families and carers as possible. Whether this is the use of media platforms such as Zoom, or how to facilitate face to face community or outpatient visits safely.

The lymphedema service continued to visit patients in their homes using triage questionnaires and by prioritising referrals.

Our popular Tripudio exercise class restarted on Zoom allowing patients to join in remotely.





I cover the Inpatient Unit and Day Therapy Unit, and at the moment, I keep in touch and support our Day Therapy patients through telephone and Zoom calls. My role is varied, and I am lucky enough to be able to help patients with a wide range of Occupational Therapy and Physiotherapy needs.

- Bhavini Pandya Occupational and Physiotherapy Assistant

Counselling for adults

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.

Our team managed to continue to provide support with online or telephone sessions as well as face to face community sessions abiding by government legislation.

Child and Adolescent Bereavement Service (CABS)

Thanks to local funding and a BBC Children in Need grant, our CABS team has expanded during 19/20. CABS has employed three new therapists providing counselling and support to children from 4 to 17 years of age.

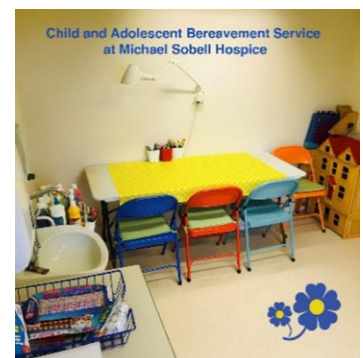


Art therapy is offered to support grief and loss with to one-to-one and families who are pre or post bereaved.

During lock-down therapists were able to provide online sessions

and new online Art Therapy has been delivered. The service has seen an increase in referrals and themes such as cyber-bullying which has led to specific training needs being assessed and met.

As of March 2021, CABS now has an additional therapy space and office at the Michael Sobell Hospice Site, increasing accessibility for family members and children in the north of the borough. This service also supports families involved with admissions to the IPU.



The therapy sessions gave me the opportunity to have someone to talk to when I wouldn't have had anyone else. This has also enabled me to speak about my feelings more, which will help me in the future. Thank you again for your help, I appreciate it a lot. (17yr-old to CABS)



Complementary Therapies

Staff and volunteer complementary therapists have been delivering a variety of therapies in our Inpatient Unit and as outpatient appointments. We also provide complementary therapies to patients in the Primrose Palliative Care Unit at Hayes Cottage Hospital.



Inpatient Unit – (Michael Sobell Hospice)

In January 2020, after charitable funding enabled the refurbishment of a previous hospice inpatient unit, Harlington Hospice opened a 10 bedded in-patient unit. Harlington Hospice was awarded an NHS contract to deliver in-patient support, complex symptom management for palliative care, with a 24 hour consultant led advice line and additional day care support commenced. The IPU admits patients 7 days a week.

The Staff are very helpful and very kind. Every question asked they helped and advised very well... I couldn't ask for anymore in this difficult time. – Relative IPU



The inpatient Unit has remained open throughout the Pandemic, providing palliative and end of life care for many patients. We have followed government guidance, using best practice, robust risk assessment and compassionate decision making, we have been able to remain open for visitors and ensured robust safe processes are followed.

With the daycentres on hold due to the lock-down restrictions, staff were redeployed to the Inpatient and Community settings. Complimentary, Rehabilitation, Lymphedema and Psychological Therapy was able to continue.

During the Pandemic, we admitted and cared for COVID19 patients, both in recovery or in the last days of life. We worked closely with community and acute service providers and by participating in daily palliative capacity calls, we were able to manage capacity more effectively.

2.2 Review of Priorities identified for improvement in 2019-20

Priority 1 : Patient Safety

Implement and embed a quality governance system and process.

- Having purchased the electronic risk system to assist our governance, the next priority was to rollout and fully implement an electronic incident and risk system (Sentinel).
- To enable the timely reporting of incidents and to provide feedback directly.
- Allow the analysis of trends, evidence of incident management and dissemination of lessons learnt.
- To strengthen the governance framework of the whole hospice as one organisation, integrating multiple services.

How we have achieved this:

- We have formed and established task and finish working groups with representatives from all Harlington Hospice Services (See Priority 2). These groups meet every 4-6 weeks to formally review the practice in their domains.
- Sentinel also facilitates the collection and dissemination of key data from Incidents to the working groups which have been established with representation from all services. The system allows the generation of reports which provides data information to our governance framework meetings, enabling a more detailed and thematic analysis.
- We are setting up quarterly reviews where all incidents are reviewed by the Quality Team. Work has been done to refine the reporting process and exception reporting, allowing escalation to the subcommittees and to Board level.



Our Outcomes

- This has improved the level of assurance in reporting and management for trustees, staff and users of our services.
- Sentinel and the Working Groups have allowed a greater analysis of incidents, supporting a whole systems approach to Incident and Risk Management.
- The working groups are multi-service and multi-professional, allowing for a greater exchange of ideas, evaluation and ensuring that Quality and Safety standards are replicated throughout the organisation.

Priority 2: Effective

Embed systems to ensure the achievement of robust evidence based standards of care

Whilst previously the services delivered by the hospice were within the patients' home and day care based, the opening of inpatient beds creates the need for increased assurance and monitoring requirements.

How have we achieved this?

- The Quality Governance Framework has been revised to incorporate the new Inpatient Unit.
- A Clinical Trustee has been recruited to the Harlington Hospice Board
- Working Groups have been established (as Priority 1), to review incidents as well as ensure best, up-to-date practice. These groups include:
 - i) Medication Management
 - ii) Tissue Viability, Nutrition and Hydration.
 - iii) Infection Prevention Control
 - iv) Falls Management
 - v) Quality Working Group (where incidents, risks and complaints are reviewed as well as outputs from all the other pre-mentioned groups.)

Our Outcomes

The working groups have created a positive learning and Incident Management Culture where Incidents are discussed as well as ideas and up-dates to best practice.

This allows for increased quality assurance and a proactive approach to Patient Safety with the early identification of risks.

Link Roles have been created for staff in multiple services to ensure that all sites are represented.

Continuing actions: Plans to develop robust dissemination of information to the wider team are currently in progress.



Priority 3: Patient experience

Develop and implement a new Wellbeing Model replacing the Day Care Therapy Model

Staff recognised that, with two teams coming together, an opportunity had arisen to review day care services which had been originally modelled on a long standing national model of care established at the origins of hospice care.

Since the pandemic forced changes in how day care could be delivered, the team decided to develop the service and meet expectations of new evidence bases and other nationally emerging models.

There is also an objective to address reduced access to the benefits of improvements in wellbeing for some patients, to increase active patient participation and improve achievement of personal objectives.

The Wellbeing Service commenced in October 2020 after two periods of extended lockdown. During lockdown, we supported our existing day care patients with regular support telephone calls

All bar one of the new referrals to this service were received in the first 3 months of 2021. Compelled by circumstance we were able to take the opportunity to explore novel ways of delivering our services and held virtual art classes, exercise classes, wellbeing workshops for carers as well as individual emotional and psychological support by video link. We intend to keep an element of this virtual service delivery going as we gear up to seeing patients and carers face to face once again on our hospice sites.

Priority 4: Responsive

Working with our Integrated Care providers, Hillingdon Health Care Providers (HHCP), the hospice will lead on developing and implementing an integrated and collaborative borough wide training and education programme.

Very early on in the first wave of the Covid 19 pandemic, there are signs of significant learning needs, especially for health care providers not used to holding difficult , emotional EOL conversations and also agreeing advanced care plans.

In addition to the emerging pandemic educational support needs, the previous EOL and Palliative care educational programme had been temporarily suspended with the reduction in services and needs to be re-established.

Hospice UK Project Echo Programme: Harlington Hospice has made roads into joining the Echo network as a provider and participant.

How have we achieved this?

Doctor Ros Taylor MBE, in collaboration with Hillingdon Health and Care Partners have created a virtual programme of teaching on Palliative and End of Life Care called 'Palliative Care BITES'.



These webinars are delivered via Zoom, comprising of 20minute lectures, case studies and interactive discussion. Sessions will be led by different healthcare professions throughout the CCG.

The webinars are open to all clinical staff who are involved with caring for patients who have a palliative diagnosis or are in the last phase of life.



Outcomes:

The Palliative Care Bites Programme commenced on 24th November 2020

24th November 2020	Breathlessness at the end of life- assessment and planning	Palliative Care Consultant
15 th December 2020	Last Days of Life: assessment, identification and communication	Hillingdon Community Specialist Palliative Care Team.
21 st January 2021	Planning Ahead: early conversations that matter	General Practitioner
25 th February 2021	Pain: assessment and prescribing	Consultant in Palliative Medicine,
16 th March 2021	Carer Identification and Support: Bereavement	Carers Trust and Macmillan Consultant Clinical Psychologist

Palliative Care bites continues into 21/22.

Priority 5: Well-led

During the coming year, we will work closely with our staff in order to improve recruitment and retention and become 'somewhere everyone wants to work'.

With the opening of the 10 bedded Inpatient Unit, there was a recruitment need for staff to work on the unit. To achieve this:

- Staff were actively recruited to substantive roles and to the Harlington Hospice Bank.
- Staff surveys have been completed with another due to roll out in 2021.
- Nurses receive monthly opportunities for clinical supervision, led by a supervisor from another hospice. In a reciprocal agreement, a clinical supervisor from Harlington Hospice facilitates Clinical Supervision to the other hospices and 5 nurses. Clinical Supervision has also been set up for other staff.
- A Freedom to Speak Up Guardian has been appointed and advertised throughout services.
- Staff have been involved in multiple initiatives to help support and maintain morale whilst working through the COVID-19 Pandemic and the additional pressures caused by lockdown. (Cup of Compassion Award)

Outcomes:

The Inpatient Unit is currently fully staffed and we are continuing to recruit to the Harlington Hospice Bank.

The 2020 Staff Survey did highlight some areas to improve, however the findings also indicated that the majority of staff felt that they were supported by their Line Managers and felt able to raise a concern and be listened to.

A 'You said, We Did' response to the audit was sent out to all staff along with the results of the Survey to encourage further and greater contribution to the next survey.

Clinical Supervision is underway for clinical staff in the IPU, Wellbeing and Hospice at Home teams.





"I have loved every minute and learnt so much. It has been great to see the team grow and to be part of that and I think that every single doctor and healthcare professional should spend some time in Palliative Care. It is an essential part of medicine and I will miss the team but I'm not disappearing completely as I hope to stay on the weekend rota!" – GP Trainee Doctor

Additional achievements throughout the year

Data Security

Our IT completed the Data Security Protection Tool-Kit and has been working to implement and embed the new Sentinel Software through the organisation. Next year the team will be focusing on the formation of a Data Hub and set up other software to allow services to work in a more uniform and collaborative approach.

Mandatory Training

To improve the quality, monitoring and compliance of Statutory and Mandatory Training, we acquired a new learning management contract with Blue Stream Academy. Staff and Volunteers will have their own accounts and managers can better track compliance and training dates through the organisational reporting. Blue Stream Academy goes live in Harlington Hospice in April 2021.

Clinical Skills.net: In March, Harlington Hospice purchased a yearly account with Clinicalskills.net. This online resource ensures that all clinical skills guidelines followed at Harlington Hospice are kept up-to-date with any changes to best practice. Staff are able to access guidelines and we will be building our own question banks and incorporating training into our clinical policies.

Virtual Reality

During 2020, virtual reality has been explored as a way to get to know patients and facilitate discussions.

"VR offers our patients a chance to escape to places of memories. It creates a space for story telling - much to our staff's delight! It has been an incredible to experience these memories in a very real way. It has often been used to allow younger individuals to travel and explore; however, at Michael Sobell Hospice, we have been making sure we adapt to any age group, allowing everyone to travel and share memories. As part of spiritual well-being, the response has been amazing. It provides a distraction from pain, anxieties and difficult situations, whilst allowing for fears to be discussed through the experience." – Doctor Poppy Mackay GP Registrar.



"One of the doctors offered me a journey to places that meant a lot to me. I found myself whisked away to Kaduna in northern Nigeria where I worked for five years. It was marvellous to see the rugby club again! I was then transported to Cork to see my parents' house. It was all very emotional. Finally, I went to Petra in Jordan where I was immersed in the magnificent 'Rose Red' city'.



Pam, a retired army nurse who has travelled the world, said.

"It is such a huge morale boost for people who are away from their loved ones. Words cannot describe the feeling of being "there" while still in Michael Sobell Hospice."



Pam spent much of her retirement travelling and was ecstatic to share these memories. We were also able to visit the Galápagos Islands, somewhere she has always wished to explore. They say the world is your oyster!

Coronavirus 19 Response

In March 2020, England officially entered its first lockdown as the first wave of the Pandemic continued to evolve nationwide. Our overriding priority from February 2020 onwards was to ensure compliance with government regulations and maximum safety for our patients and clients.

We put the following measures in place:

We developed and maintained a Covid-19 risk register for all our locations and services;

We establishing remote ways of delivering a small range of key services and support to patients and clients in a secure and safe manner.

We completed the NHS Infection prevention and control board assurance framework and participated in the CQC Infection Control Focused Meeting.

Our retail and day centres were suspended, with the latter premises outsourced to the health authority to run a Covid-19 Testing GP Hub.

Staff were enabled to work from home or redeployed to appropriate support roles.

Visiting in the hospice was carefully managed, with ethical restrictions and Infection control precautions to mitigate the risk to patients, visitors and staff.

PCR testing for Patients and Staff was sourced from local services and later the government portals. In January we started to Lateral Flow Test our visitors.

From December 2020, our staff vaccinations commenced through the Hillingdon Hospital. Senior Team members undertook the training and visited Care Homes to administer Vaccinations. Throughout the Pandemic the community has been incredibly generous, providing meals, scrubs, PPE and much appreciated support and encouragement





Quality Performance

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

Day Care and Wellbeing				<p>All bar one of the new referrals to this service were received in the first 3 months of 2021.</p> <p>Compelled by circumstance we were able to take the opportunity to explore novel ways of delivering our services and held virtual art classes, exercise classes, wellbeing workshops for carers as well as individual emotional and psychological support by video link.</p> <p>We intend to keep an element of this virtual service delivery going as we gear up to seeing patients and carers face to face once again on our hospice sites.</p>
	18-19	19-20	20-21	
Referrals			61	
Number of Sessions	470	472		
Tripudio				
Individuals Supported			16	
Number of Sessions			108	
The Wellbeing Service commenced in October 2020 after two periods of extended lockdown. During lockdown, we supported our existing day care patients with regular support telephone calls				

Pre-Pandemic - Number of sessions	2018-19	2019-20
Domiciliary personal care	8735	9500
Day-sit respite service	716	**
Bereavement counselling	948	1080
Dementia Support (Carer support)	72	43
Dementia Care Sessions	not entered	415
Complementary Therapies	572	664

<p>Hospice at Home have continued to provide support for clients and their families at home during the pandemic with night sits.</p> <p>All home visits by Harlington staff were risk assessed with interventions and equipment provided to manage the risks to staff and clients.</p>	Hospice at Home			
		18-19	19-20	20-21
	Referrals	136	158	211
	No of Hours	9132	10811	10035
	Individuals supported			169

Lymphodema				<p>During the period that we were unable to see patients face to face, we offered telephone support to our existing patients. We were also able to review the entire caseload of more than 300 patients and identify the most complex and urgent patients to be seen as soon as we were able to open our clinics in a COVID-safe environment.</p> <p>We recruited a Registered Nurse to a development post in the team and she started her training to become a qualified lymphodema nurse.</p>
	18-19	19-20	20-21	
Referrals	83	94	41	
No of sessions	2456	2274	384	
<p>The marked reduction in the number of referrals and the number of treatment sessions delivered are a direct consequence of the extended periods of "lockdown" experienced during this year.</p>				

Palliative Psychotherapy		<p>Our palliative psychologist was able to keep in contact with patients with telephone appointments and with home visits. (Also see Bereavement Counselling 18-20 in Pre-Pandemic table)</p>
Referrals	10	
No of sessions	61	
Individuals supported	22	



As with other community services Patient and Family support was provided with alternate arrangements.	Patient and Family Support			
		18-19	19-20	20-21
	Referrals	63	54	24
	No of Hours	787	738	693

Children & Adolescent Bereavement Support (CABS)				The CABS service expanded during 20/21 recruiting additional Art Therapists. This was fortunate due to an increase in demand on the service during the pandemic. Urgent face to face appointments were held along with telephone and video appointments.
	18-19	19-20	20-21	
Referrals		39	54	Staff also identified rising trends such as 'Cyber Bullying' and Gender Identification and reacted with additional training to ensure they met the needs of their clients
No of sessions	352	341	498	
Individuals supported			67	

<p>The Micheal Sobell IPU reopened at the end of January 2020. By April they had a total of 10 beds for patients.</p> <p>During the pandemic the unit was able to remain open to patients and relatives with measures taken to ensure patients in the last days of life were able to see their loved ones and prevent admissions into the busy hospitals.</p> <p>The IPU cared for patients with and without Coronavirus and staff from the community settings were redeployed to the IPU to ensure the safety and comfort of patients and relatives.</p> <p>In 20/21 there were 228 admissions (28 readmissions).</p>	Inpatient Unit - MSH	
		Total
	Referrals	302
	Admissions	228
	From Home	131
	From Hospital	81
	Discharges	100
	To Home	77
	To Care Home	22
	To Hospital	1
	Same/next day admissions	171
	Individuals admitted	200

Quality Data

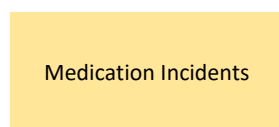
Incidents are reported by staff, investigated within the governance structure and appropriate action agreed. Learning is shared throughout the organisation through teams and risk management so that assurance can be given to the Board. On 12th June 2020 we launched our new incident reporting module.

Patient Safety - Serious Incidents

In 2020 we joined the Hospice UK Patient Safety Benchmarking Network. On a monthly basis we report the number of Patient Safety Incidents that have occurred.



Slips, Trips and Falls



Medication Incidents




Inherited and Acquired Pressure Ulcers and Moisture Associated Dermatitis.

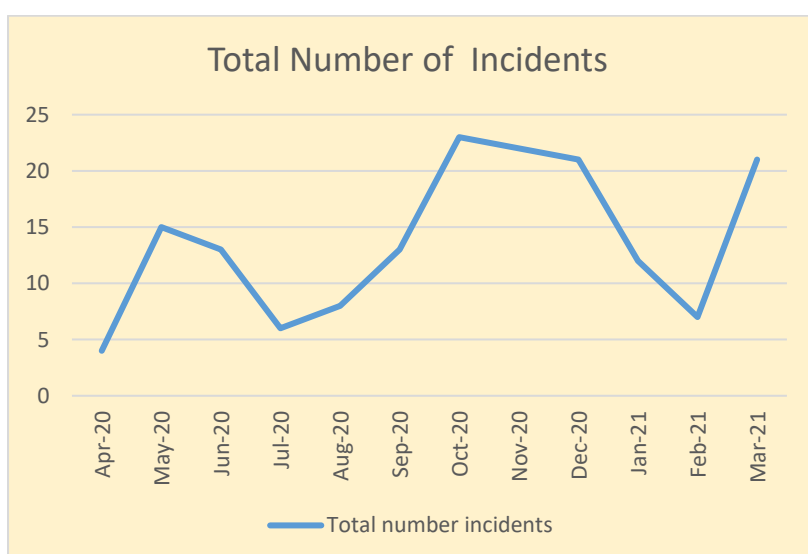
Bench-marking with Hospice UK, allows us to compare our Patient Safety Statistics with comparable hospices and join professional networks to improve practice, collaborate and share ideas and initiatives.





Patient Safety Benchmark	No of Incidents 20-21	Per 1000 Bed Days			Comments
		IPU	HUK Small	HUK Adult	
Slips, Trips and Falls 	37	12.4	9.1	10.8	All falls occurred in the Inpatient Unit and fell into two categories of no and low harm according to Hospice UK Criteria. Most patients were in no harm category. However, one fall is one fall to try and avoid, and Harlington Hospice created a Falls Working Group to review any slips, trips or falls occurring at MSH, looking for any patterns and how we could prevent future falls. Falls Prevention Aids have been trialled on the IPU along with initiatives such as Our 'Please Call, Don't Fall' visual aids.
Pressure Ulcers Acquired	9	2.3	9.5	8.8	All pressure ulcers acquired at the hospice are investigated and are reviewed in our Tissue Viability, Nutrition and Hydration Working Group. The reviews found that all but 1 acquired ulcer were formed following progression of disease towards the end of life. 1 ulcer related to a privacy and dignity issue. Benchmarking has shown we have a below average number of acquired pressure ulcers.
Moisture Associated Dermatitis – Acquired	2				
Medication Errors	16	5	8.7	10.8	Benchmarking has shown we have a below average number of Medication Incidents compared to comparable hospices.

Total Incidents



Incident Type 20-21	Number of Incidents
Equipment and Devices	9
Environmental	6
Confidentiality	3
Security	1
IT issue - access to software	3



Incidents

19/20 = 58

20/21 = 165

With the addition of the IPU and the implementation of Sentinel, Harlington Hospice experienced both an increase in Incidents and an increase in reporting (as expected with opening of IPU and COVID-19 reducing day centre activities and shop closures).

Safeguarding Concerns Raised 20/21

Safeguarding Children	14	An Increase from a total of 9 Safeguarding Incidents in 19/20 prior to the expansion of the CABS services, Harlington Care and opening of the IPU.
Safeguarding Adults	2	These are new Safeguarding Incidents, not counting patients with existing Safeguarding in place.

Clinical Effectiveness - Audits

The following Infection Prevention and Control audits were undertaken:

- ★ Hand hygiene
- ★ 5 Moments of Hand Hygiene
- ★ Waste Management
- ★ Sharps Management
- ★ Urinary Catheter
- ★ Annual IPC Full audit.
- ★ Environmental Audits

Actions

We are in the process of creating and maintaining an audit calendar.

Other Audits

- ★ Charity Log Documentation
- ★ Inpatient Documentation
- ★ Blood Transfusion
- ★ We participated in the National Hospice UK Falls deep dive audit.



Responsiveness

Complaints

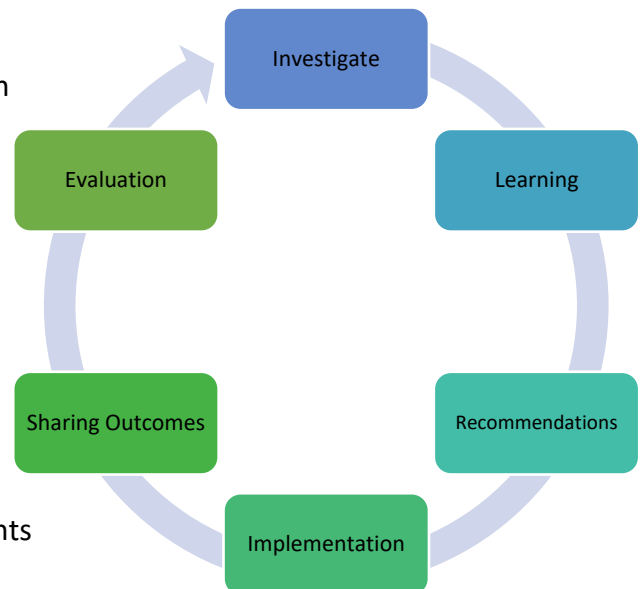
In the 12-month period between 1st April 2020 and 31st March 2021, we received 2 clinical service complaints. Other 12 complaints relate to our retail and shops.

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.

In 2020 we appointed a Freedom to Speak up Guardian who will support workers to speak up when they feel that they are unable to do so by other routes. They 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.

Feedback:

The continual professionalism and friendship of each member of the whole staff showed from day one and never relented

The Staff are very helpful and very kind. Every question asked they helped and advised very well. Nice Environment and very clean. I couldn't ask for anymore in this difficult time.

Wonderful care from the staff. Not one complaint. From the cleaners to the kitchen staff and nurses and doctors. After suffering a year of pain the lovely physios have given me hope together with my pain medication plan. Thanks again folks.



"...you gave us the gift of getting Dad back home for 5 weeks. A time mum and I will always cherish."

The Staff are amazing, caring and kind. Your questions are answered with honesty and respect.

"the gift of these last few days means more to his family than we can ever

"Thank you for stopping my Grandma's pain

"When the time came, Dad wanted to return to MSH, which is where he felt safe, which is the biggest compliment you

thank you for shining so
bright, and
helping our
mummy.



Love
Sanya
and
Aaina

Heroes



Part Three: Looking Forward: Priorities for Improvement 2021-22

Priority 1: Patient Safety – Continuation of 19/20 Priority
Develop and implement a new Wellbeing Model replacing the Day Care Therapy Model
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.
How <ul style="list-style-type: none">• Embed the new Wellbeing Model in the Organisation• Evaluate the effectiveness of the Wellbeing Model• Engage with service users and their relatives to learn from patient experiences, feedback and own ideas on how the service can provide for their needs.
Anticipated Benefits <ul style="list-style-type: none">★ Better outcomes following access to a wellbeing support model★ Better experience for patients – facilitating positive person led care★ Reduced individual dependence and utilising integrated care services and support★ Increased access to services for all borough residents

Priority 2: Responsiveness
We will continue to develop and formalise robust processes for the collection and dissemination of feedback from various sources and services
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.
How <ul style="list-style-type: none">• Review and evaluate all the sources of feedback we are currently collecting.• Create a formal pathway for the collection and reporting of feedback in a centralised location for all services.• Designate a Lead who will oversee the collection of and response to feedback• Look at ways of ensuring feedback is communicated to all staff.• Utilise existing staff and volunteers in the feedback process.• Utilise existing platforms on our electronic devices to collect feedback.
Anticipated Benefits <ul style="list-style-type: none">★ Enable the hospice to be responsive to patient feedback.★ Improve the Quality of Care and Services★ Improve the Patient experience and encourage participation in services.



Priority 3: Effectiveness
We will facilitate the presence and education of students and other healthcare professions in palliative care services.
<p>How</p> <ul style="list-style-type: none"> • Work with local Universities and Services to arrange placements in the IPU and community services. • Provide shadowing opportunities for healthcare professionals and students. • Develop staff in 'mentorship' roles. • Agree Nursing and Medical Leads as key contacts. • Update and develop the Welcome information booklet for students.
<p>Anticipated Benefits</p> <ul style="list-style-type: none"> ★ Improve the provision of Palliative Care in Local services. ★ Provide valuable insight and experience for healthcare professionals in other settings (Such as the London Ambulance Service), to improve inter agency working. ★ To improve the patient experience.

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
<p>How</p> <ul style="list-style-type: none"> • We will audit charity Log data • The audit will identify field entry and data gaps, for example we will be looking for information not captured at referral, followed up or updated. Interface with community teams and existing care plans. (Diversity data, NOK, Resus Status) • The audit findings will be presented at the Quality Governance Sub-Committee to agree actions required. • Learning and recommendations will be disseminated to staff.
<p>Anticipated Benefits</p> <ul style="list-style-type: none"> ★ Improved patient centred care planning ★ Improved risk assessment capability ★ Improved and safe data sharing across the organisation. ★ Improved reporting and data analysis ★ Improved communication within the service which enhanced the care of patients.



Priority 5 : Effectiveness and Well-Led
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.
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 organisation's process as a whole.
How: <ul style="list-style-type: none">• We will map out all the current data processes used throughout the organisation and evaluate their performance.• Research other organisations who have similar processes in place and look at data platforms to assist data management.• We will work with our Data Protection Officer to ensure all data is stored and managed in accordance with Data Protection Act 2017.
Anticipated Benefits
<ul style="list-style-type: none">★ Improved and safe data sharing across the organisation.★ Effective communication both internally and externally.★ Easier collection of data and pulling of reports.★ Real time data.★ Less duplication resulting in increased accuracy and more effective time management/workload.★ Improved patient care.

Part Four

Statutory Statements

Please see statements from the North West London Clinical Commissioning Group (CCG) and Healthwatch Hillingdon over the following 3 pages.



Statement from the North West London Clinical Commissioning Group (CCG)



North West London
Clinical Commissioning Group

Charlie Sheldon
Chief Nurse
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Tel: 020 3350 4798
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28.06.2022

Sent by email

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

Re: Harlington Hospice Quality account 20/21

The NHS North West London Collaboration of Clinical Commissioning Group (NWL CCG) has welcomed the opportunity to respond to the Harlington Hospice Quality Account for 2020/21 which we received on 22nd June 2022.

The CCG would like to take this opportunity to thank the staff, volunteers and trustees for working through the challenges brought on by the COVID-19 pandemic and being able to keep the inpatient unit open to maximum capacity; finding innovative ways to support patients and their loved ones throughout the periods of lockdown.

We would also like to congratulate the Harlington Care Service for achieving a provisional rating of "Good" in the three domains assessed following the partial CQC inspection in December 2020.

The progress around effectively embedding the new electronic reporting system across the organisation is acknowledged. This will no doubt strengthen the governance around reporting and learning from incidents. We note the revision of the quality governance framework to incorporate monitoring and assurance processes for the inpatient unit.

The CCG is pleased with the approach to exploring novel ways of delivering the wellbeing service such as holding virtual art classes, exercise classes, wellbeing workshops for carers as well as individual emotional and psychological support by video link. From this report, it is clear that these have been well received by service users.

We are encouraged by the way that the hospice is leading on developing and implementing an integrated and collaborative borough wide training and education programme. It is noted that working with Hillingdon Health and Care partners, a virtual programme of teaching on Palliative and End of Life care is available for staff caring for patients who have a palliative diagnosis or are in the last phase of life.



Statement from the North West London Clinical Commissioning Group (CCG) (continued)

The efforts of the service to improve recruitment and retention and become 'somewhere everyone wants to work' is noted. We are supportive of all the initiatives planned to make improvements in this important quality priority.

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

On behalf of NWLCCG, we can confirm that to the best of our knowledge, the information contained in the report is accurate. The CCG supports the on-going quality priorities for 2021/22 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.

Yours Sincerely

Charlie Sheldon
Chief Nursing Officer
NWL CCG / ICS



Statement from Healthwatch Hillingdon



Healthwatch Hillingdon's (HWH) response to Harlington Hospice Quality Account 2020-21

As the independent champion for people using health and social care services in Hillingdon, Healthwatch Hillingdon would like to thank Harlington Hospice for the opportunity to comment on their Quality Accounts for 2020-21.

It is clear from the report, that despite the challenges that COVID-19 imposed, the organisation galvanised and moved at astonishing speed to ensure continuity of services for staff, patients and families. Everyone has demonstrated resounding grit, resilience and commitment and whilst not all the objectives were met, as much as humanly possible was delivered which Healthwatch Hillingdon would like to warmly acknowledge. Feedback from patients and carers remains largely positive and we commend the staff for continuing to care and support patients and carers throughout the year as both in patients and in their own homes.

Of particular note is that virtual wellbeing services, developed in response to the pandemic, were able to provide service continuity, create capacity to extend the reach to those in need of emotional support, and that learning from this unintended new way of working will be used to inform and expand the future wellbeing service offer.

We welcome the new style of the Quality Account, which is clear and well-presented. It provides a comprehensive overview of the vast range of services provided by the Harlington Hospice and detailed assessment against the priorities identified in 2019-20. We note the improvements to the governance framework and implementation of a new management system to early identify risks to patient safety, and the roll out of staff training to improve patient experience.

Healthwatch Hillingdon support the priorities for 2021/22, particularly priority 2 with regards to implementing more robust systematic approaches to the collection of patient feedback to enable the hospice to be more responsive and encourage greater patient participation. We are also pleased to see such positive feedback from patients and that complaints are being used to identify and address any issues with communication. We welcome the opportunity to work in partnership with the hospice to assist with the achievement of this objective.

Healthwatch Hillingdon | 4 August 2022

Lisa Taylor

Managing Director, Healthwatch Hillingdon

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