Quality Accounts

2019 - 2020

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CEO Statement

We started the 2019/20 year with an exciting program of enhancements to our clinical services as planned for in year one of our 5-yr strategy. We finished it in lockdown!

Despite the considerable challenges posed by Covid-19 which started to affect the hospice in February 2020, resulting in the suspension of our Day Services and Complementary Therapies to outpatients, the closure of all our shops in March, and the cancellation of many key fundraising activities and events, we had an extremely good year overall which saw us expand our provision of patient care while simultaneously returning a pleasing financial result. Of course the 2020/21 year looks quite different and we are working very hard to maintain all our patient services in the face of the pandemic.

As many readers will know, the majority of our patients continue to reside in the community, either at home or in care homes. A ninth community nurse joined our Hospice Community Nurse Specialist team in 2019, and the previously part-time HCNS team manager was re-assigned as full-time, thus increasing the resources and scope of the team which supports around 300 patients in the community at any one time. We also increased the resources of our In-Patient Unit nursing team to provide an extra nurse on duty for the IPU night shifts, something we had wanted to do for a long time but which had previously been thwarted by the additional cost. We recruited a new Family Support team manager as a full-time post, replacing the previous part-time position and thus increasing the capabilities and reach of the Family Support team, including the provision of bereavement counselling to teenagers. We prepared for a new chapter in the medical staffing of the hospice with our wonderful Specialty Doctor retiring after 18 years' service at the hospice, and two new Specialty doctors joining us in March 2020 under the guidance of our Medical Consultant. Substantial change also occurred as a result of our switch from Crosscare to the EMIS Web patient management system, bringing us in line with the GP surgeries and other primary care settings in our region and enabling us to better share patient records in real time with other care providers to the direct benefit of the patients.

So, I am pleased to report that 2019/20 was a very successful year for the hospice, as I hope these Quality Accounts help to convey. I have been doubly impressed by the way our staff have risen to meet the challenges of the Covid-19 pandemic, continued to provide best possible care to patients, and maintained solid fundraising in the face of great challenge, all with enthusiasm, creativity and resilience. On behalf of the hospice senior management team, thank you for continuing to support Weston Hospicecare through one of the sternest tests we have faced.

1.0 Introduction

These “accounts” are prepared to report on the qualitative and quantitative aspects of the services and care delivered by Weston Hospicecare in compliance with the Health Act 2009. We only consider quality issues within the provision of care and the support necessary to provide these services. Therefore fundraising, lottery, retail, and many administrative services are excluded, but catering, housekeeping and maintenance are included where appropriate.

At time of writing in June 2020, the UK is in lockdown as a result of the global COVID-19 pandemic. With the onset of coronavirus, we modified our services swiftly so we could continue to provide high quality care and support to our patients, their families and carers. The figures in March 2020 reflect the changes in practice. This has had a massive impact on the Hospice during the end of 2019/20 and the impact of our future plans for 2020/21.

2.0 Registration

The Care Quality Commission (CQC), the independent regulator of health and social care in England, regulates Weston Hospicecare. We have been expecting an inspection, but our last CQC inspection remains 14th December 2016. We see this process as supportive and providing an external opinion on the operation of the hospice and thereby helping to identify any areas for improvement in the provision of our services. We were inspected on key lines of enquiry (KLOEs) that directly relate to five key questions:

1. Are they safe?
2. Are they caring?
3. Are they effective?
4. Are they responsive to people’s needs?
5. Are they well-led?

The inspection team spent time talking to patients and families. They also spoke to staff and examined training and human resources records. The staff involved felt that CQC’s new approach gave them an opportunity to demonstrate more fully the wide range of high-quality care provided.

The report can be found and downloaded in a PDF version by clicking on this link: http://www.cqc.org.uk/directory/1-128212128

3.0 Review of Services

The contract for service provision to the NHS in 2019/20 provides income which represents 22.6% of our total operating costs to enable the provision of these services by Weston Hospicecare. Our local community and our shops generated the remaining funds through fundraising activities, legacies and donations. Total operating costs amounted to £4,494k. This includes the costs of operating Fundraising and Retail, which both make a net positive contribution to hospice income.

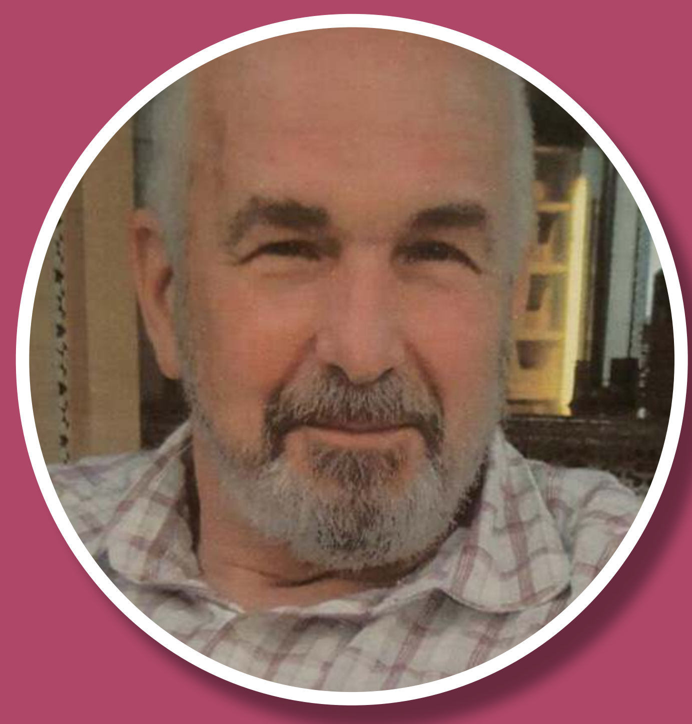
For every £ the CCGs provided to Weston Hospicecare... Our local community matched it with £3.42

During 2019/20 Weston Hospicecare provided seven services, as listed below. The Hospice Community Nurse Specialists (HCNS), Day Services and In Patient Unit (IPU) have agreed service level specifications with the Clinical Commissioning Groups (CCGs).

- In-patient Unit - Provides 10 beds and a 24hr advice line.
- Day Services - Supports up to 12 patients a day, two days a week, plus groups on Thursdays.
- Physiotherapy/Occupational Therapy - Involves teaching techniques and introducing changes that help empower patients and allow them to maintain a good quality of life for as long as possible.
- Hospice Community Nurse Specialist Service - Offers advice support and symptom control to patients in their own homes whilst providing a triage service, linking up with other outside organisations.
- Consultant & Specialist Doctors - Provides expert medical cover for both the in-patient unit, day services and the community team.
- Family Support Team - Provides emotional and spiritual support (e.g. bereavement care, chaplaincy, buddy groups, Men in Sheds) to both patients and their loved ones. We also have volunteer companions that provide support to patients and carers, and a chat and cherish group for family and friends.
- Wellbeing and Complementary Therapies - Work alongside conventional medical treatments. These include adapted massage, aromatherapy, reflexology, relaxation techniques, beauty treatments hypnotherapy and indian head massage.

Weston Hospicecare continually monitors the effectiveness of these services through the number of patients seen and contacts made, clinical audit, patient/carer feedback and specific service reviews. We are committed to embedding the Ambitions for Palliative and End of Life Care to achieve the following six ambitions:

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help



"The hospice gave us some life back."

"When I came out of hospital [following my diagnosis], I was sent with a packet of pills and told I had terminal cancer... I came home, and I tried to manage the drugs and my pain levels on my own.' Phillip said.

I went from different extremes and stages of pain from writhing on the floor in pain to being 'spaced out' on drugs. But then Gwen [a Hospice Community Nurse Specialist at Weston Hospicecare] came in, and I became a person again."

4.0 Priorities for the 2020/2021 Period

4.1 New Family Support Team Manager

The new FST Manager was a strategic initiative identified as high priority in our strategy and the role started on the 6 January 2020. Like partner organisations, we have identified a pressing need to grow our services within the community and home settings, consistent with hospice as a philosophy of care rather than a building with the aim to:

1. Support more people in the community to die at home where that preference is expressed.
2. Collaborate with others to develop compassionate communities.

Our FST provides invaluable support to friends, family and carers both during and after a patient's illness. Supporting the home care environment is a central tenet of our strategy. With the additional investment in the FST Manager, we plan to leverage our amazing network of volunteers – bereavement and chaplaincy teams, and companions. Providing more time to do justice to their recruitment, training, coordination and supervision and increasing our reach and impact through our volunteers. We plan during 2020-21 to:

1. Provide robust supervision to the team and volunteers
2. Better community outreach and coordination with GP surgeries and other providers
3. Spend more time looking outwards and coordinating with other Health & Social Care providers whom the patients and families encounter on their end-of-life journey. The Hospice cannot do everything, and smarter coordination with other care providers can benefit our patients without consuming too many of our own resources.
4. Build companion capacity and expansion of companion roles.

4.2 Robust Medical Team

Dr Siobhan Wallace, our Bank Specialist Doctor will be retiring and Dr Helen Horgan is retiring in April 2020 after 18 years working at the hospice as our Specialist Doctor in Palliative Care. We hope to replace with two specialist doctors each working three days a week and a GP one day a week and to support with the on-call, this will give us a couple of extra days to support the clinical teams and have more Palliative Care medical support in the community. We plan to continue with having GP trainees as we see Hospice placements vitally important for their future careers and palliative care education.

We had great feedback in an email from the GP Associate Postgraduate Dean after the Bristol GP Quality panel. The Quality Panel is an annual meeting of selected stakeholders involved in a training programme including TPDs, lay representatives and trainees who meet to review the quality of all posts. It is an opportunity to implement the 'trainee voice' and is intended to raise the quality of training. They have told us that the Weston Hospicecare post achieved an overall grade of Excellent this year and Excellent for all of the 20 criteria and wanted to take the opportunity to thank us for all our hard work and for our valued contribution to GP training.

4.3 Third nurse on night shift

During a Quality Improvement Project (QIP) on shift patterns, periods of high occupancy and dependency in the Inpatient Unit (IPU), the need for a third nurse on the night shift has become increasingly necessary. We plan to implement this in the coming year as currently these shifts are covered by IPU permanent, or bank Nursing Auxiliaries. When none of these staff are available, bank or permanent RN's, or carers from nursing agencies have been used, at a greater cost to the organisation.
Weston Hospicecare 5 Year Strategy said we hope to introduce a NA twilight shift or third nurse on the night shift. The need for this has been highlighted by the increased dependent, complex patients and families in IPU and will ensure continuity and safe care.

4.4 Better facilities for family members staying overnight

We aim to have pull down beds in patient's rooms to enable family and those close to the patient to stay overnight.

4.5 Revisit Saturday working

Families have told us that they start to get anxious when the weekend approaches as they lose some of their regular support, we will look in the coming year at the feasibility of the hospice community team working Saturdays.

4.6 To look at systems to enable us to share EMIS Web with Somerset community nurses

The only missing piece with EMIS Web is the interoperability and being able to share our information with the Sedgemoor community nurses. This year we will work with the Digital Transformation team at Somerset Clinical Commissioning Group to find a solution.

4.7 To expand on our offering during Dying Matters Week

In the coming year, we would like to explore the possibility of expanding our offering during Dying Matters week and possibly be involved in a festival style event.

"We would like to say thank you so much for looking after 'R' so well during her stay at the hospice. I was so impressed with your efficiency and cheerfulness at all hours of the day. Thank you for keeping the place so tidy and clean so tirelessly. You deserve a medal!

Thank you so much for your friendliness and cheerfulness during what has been a very difficult time for our family.

We will miss 'R' terribly but find great comfort that you all looked after her so well in her last days and we are at peace in the knowledge that she goes to a better world".

Card to Housekeeping Team November 2019

5.0 Priorities and what we said we would do for 2019/2020

5.1 EMIS Web

We said we would upgrade our clinical electronic patient management system from Crosscare to EMIS Web. The move came in large part because other care organisations within the hospice's catchment area of Somerset and North Somerset already using EMIS Web, and the change simplifies interaction between these different bodies.

The switch was supported by a grant from Somerset CCG and enabled the hospice to effortlessly share patient data with GP surgeries and community nursing teams across North Somerset and GP surgeries in Somerset.

EMIS hospice Super Users on go live day.

Improvements include care providers being immediately informed of data changes made by affiliate care partners, while the new system also helps with registering patients, booking appointments and data management.

In addition, the hospice will save valuable time and effort by not having to re-enter data.

Improved communication efficiency was also a driver of this transformation, with connectivity to GP systems and other health care systems offering huge potential advantages in terms of safety, availability of real time information and reduction in administration tasks.

"The switch to EMIS Web has helped the hospice streamline and improve communications with local GPs and care providers, ultimately improving patient care and its management."

5.2 Outcomes and Complexity Collaborative

We have built the Integrated Palliative Outcome Scale (IPOS) along with other outcome measures Australian Karnofsky Performance Status (AKPS) and Phase of Illness into our everyday working, including handover meetings and adapted to our new electronic computerised patient management system. The IPOS measures are a family of tools to measure patients' physical symptoms, psychological, emotional and spiritual, and information and support needs. They are validated instrument that can be used in clinical care, audit, research and training.

The IPOS measures are specifically developed for use among people severely affected by diseases such as cancer, respiratory, heart, renal or liver failure, and neurological diseases.

Quality Improvement Project was completed during 2019/20 with IPOS forms reviewed at weekly MDT meeting.

IPOS was evaluated how frequently completed by individual patients and whether there is any change in the concerns identified by patients over time and has been embedded in the way we provide care.

5.3 Train our Hospice Community Nurse Specialist (HCNS) in Advanced Skills

We have enabled another HCNS to undertake the Non Medical Prescribing course this year. We now have five out of eight specialist nurses who are independent prescribers and hope to put another through the training next year.

Another nurse has completed the Physical Assessment and Clinical Reasoning (PACR) course, taking the number to two in the team. We hope four HCNS will undertake this course in 2020-21.

5.4 Increase capacity in the community team

In June 2019, we were able to appoint Katie thanks to our communities support, we did this via a Band 5 community nurse. Katie has settled in well and has made a massive difference in supporting our patients, their loved one and the rest of the community team.

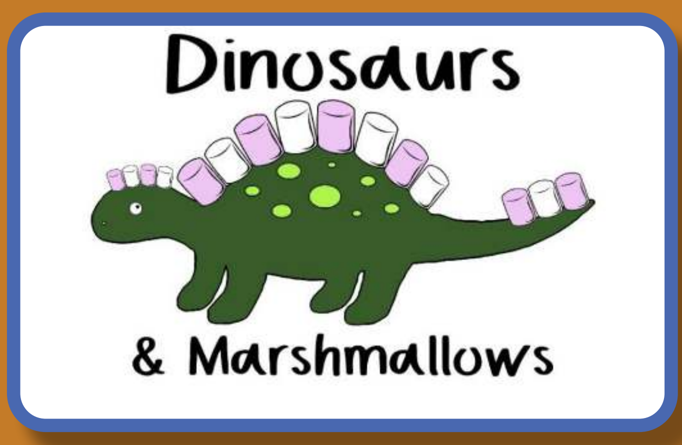
"Yes, sometimes it's hard; yes, sometimes it's sad. But, knowing we have been truly able to help someone who would have really struggled without us - makes everything worthwhile."

- Katie

5.5 Introduce Bereavement Group for Teenagers

We introduced a counsellor-led support group for young people of secondary school age who have experienced the death of a parent (or a parental figure). It runs the last Monday every month at 4.45pm.

The group came up with the name Dinosaurs and Marshmallows, because the first session they choose a dinosaur to describe how they were feeling and have hot chocolate with marshmallows. One of the group designed the logo.



5.6 Update our Inpatient Bedrooms when available

Seven of our ten bedrooms have been decorated during the period of these Quality Accounts.

5.7 Support a curacy with Bath and Wells Deanery

This is the first time we have had someone do part of their curacy at the hospice. Most people serve their curacy as part of a church community, but Margaret's heart is really for chaplaincy and so, unusually, she has been allowed to use her volunteer role here as part of her training.

She currently supports day hospice patients and the inpatients for spiritual care, but we hope she will be able to do some community chaplaincy for the hospice as well as developing her interest and skills in working with dementia patients.

We celebrated Inter Faith week between 11-15 November.

Although the charity emerged from a Christian Church in 1989, it cares for people of all faiths and beliefs.

An exhibition took place in the chapel at the Hospice where staff and supporters brought photos and objects, which symbolise and celebrate different faiths and culminated with a talk from the Imam from the local mosque followed by questions.

This year we have also appointed our first humanist volunteer to the chaplaincy team.

5.8 We said we would produce a poster presentation of the essential mouthwash Quality Improvement Plan

Please see Audit and QIPs in section 9.1

5.9 Have a "Before I Die Board" in town centre as part of Dying Matters week in May

Dying Matters is a coalition of individual and organisational members across England and Wales, which aims to help people talk more openly about dying, death and bereavement, and to make plans for the end of life.

Our Men in Sheds made the board and our Family Support Team and volunteers manned it during Dying Matters week in May. It was received well and opened up conversations with people we may not have reached normally.

New Family Support Manager Appointed

We were delighted to welcome Jen Wakefield as our Family Support Manager. Jen's background has been in healthcare services, starting with the NHS back in the late nineties in West Yorkshire and more recently working at Weston General Hospital for the last 11 years, managing medical specialities and undertaking lots of project work.

Jen said she has "been amazed to see the amount of volunteers that make up the work force of Weston Hospicecare, it really is fantastic to know how many people are passionate about the services that the hospice provides". She commented, "How supportive and genuine the culture at Weston Hospicecare is. I really hope to continue promoting that culture".

Sara says there was an overriding sense of calm when she first entered the hospice.

"When we first stepped through the door, we were hit by how calming and homely it felt. Straight away we were made to feel welcome and supported, and we were reassured that dad had a bed for as long as he needed it."

"My first sight of dad at the hospice was him sleeping peacefully, looking completely at ease for the first time in weeks. A memory that we hold dear and will treasure forever. That is priceless to us. Over the course of a couple of days, the old dad began to reappear. He was having conversations and even cracking the odd joke. The staff went out of their way to make dad as comfortable and relaxed as possible, even finding his beloved Shirley Bassey on the radio for him to listen and sing along to." - August 2019

6.0 Review of Activity

6.1 In-Patient Unit

In-Patient Service	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020
No. of Patients	174	161	199	185	152
Occupancy (%)	71	61	67	68	77
Discharges (%)	37	36	34	39	36
Av. Length of Stay in Days	13.9	14.2	12.4	14.1	17.6
Non-Cancer (%)	8	8	6	6	5

6.2 Community Team

24,372
Miles covered to support people in their own homes

9,246
Community contacts

1,053
Patients supported

2,698
Hospice Community Nurse Specialist face-to-face visits

Community Nurse Specialist Service	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020
No. of Patients	809	812	970	998	1,053
Deaths	430	411	406	465	406
Discharges	96	77	98	103	78
Died in preferred place of death (%)	87	83	84	86	88
Non-Cancer (%)	20	19	15	12	12

6.3 Day Services

People seen by physio or attending Qigong		
2017 - 2018	2018 - 2019	2019 - 2020
508	658	1,037

Day services	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020
No. of Patients	94	117	117	133	163	167
Attendance	1,176	1,058	1,177	1,160	1,285	1,445
Non-Cancer (%)	16	16	33	37	35	32*

*Reduced this year due to having to stop groups in March due to COVID-19

6.4 Family Support Team

Chaplaincy Services	2016 - 2017	2017 - 2018	2018 - 2019	2019 - 2020
No. of Patients	179	225	195	162
Funerals Conducted	55	57	50	48
Face-to-Face Visits	439	608	905	1,127

67
Attendances at new Teenagers Bereavement Group

Bereavement Services	2017 - 2018	2018 - 2019	2019 - 2020
No. of Pre/Post Bereavement Clients	165	244	223
Face-to-Face Visits	781	710	550
Bereavement Coffee Morning	146	124	119
Buddy Groups (meeting at hospice only)	206	281	201

3,208
Family Support Face-to-Face Contacts

Companion Service	2017 - 2018	2018 - 2019	2019 - 2020
No. of People Supported	70	85	96
No. of Volunteer Contacts	451	423	680

337
Attendances at Men in Sheds

Complementary Therapy	2017 - 2018	2018 - 2019	2019 - 2020
Total Treatments	835	990	1,037

1,367

Patients supported last year

"My care has been exceptional, nothing is too much trouble and everyone is kind and understanding. I have been so lucky to be under care, where I have improved so much."

Weston Hospicecare patient, March 2020

June 2019

"The hospice nurses were absolutely brilliant with him; I couldn't fault them at all. I'd come down every day.

I just wanted to say a big thank you to the hospice. The nurses were so good and of course, if I could bring my dad back, I would.

The time he had left, they made it so comfortable for him and as painless as possible for us."

7.0 Patient Safety

The safety of our patients is at the core of our approach and culture and we aim to be outstanding for safety.

Patient safety incidents that are reported by our staff provide us with key insights into the safety of our patients.

We believe we have a strong approach to reporting and learning from incidents, regularly reviewing and analysing trends and themes of incidents and learning, with all incidents going to our quarterly Clinical Audit and Assurance meetings and our bi-monthly Clinical Governance meetings attended by members of our Board of Trustees.

We continued to be heavily engaged in regional hospices quality meeting and benchmarking.

During 2020-21 our focus will be on developing and implementing a better digital reporting system, enhancing how we report incidents and how we can turn learning into improvement and focusing on our Patient Safety Culture and systems that provide us with insights into the safety of our patients.

Quality Indicators	2017 - 2018	2018 - 2019	2019 - 2020
Numbers contracting MRSA	0	0	0
Numbers contracting C Difficile	0	0	0
Number of Compliments	239	342	351
Number of Complaints	1	1	5
Number of Drug Errors	9	12	19*
Number of Falls	17	15	19
Number of Pressure Injuries	14[1]	22[2]	12[3]

*8 drug errors were due to record keeping, not affecting patient safety

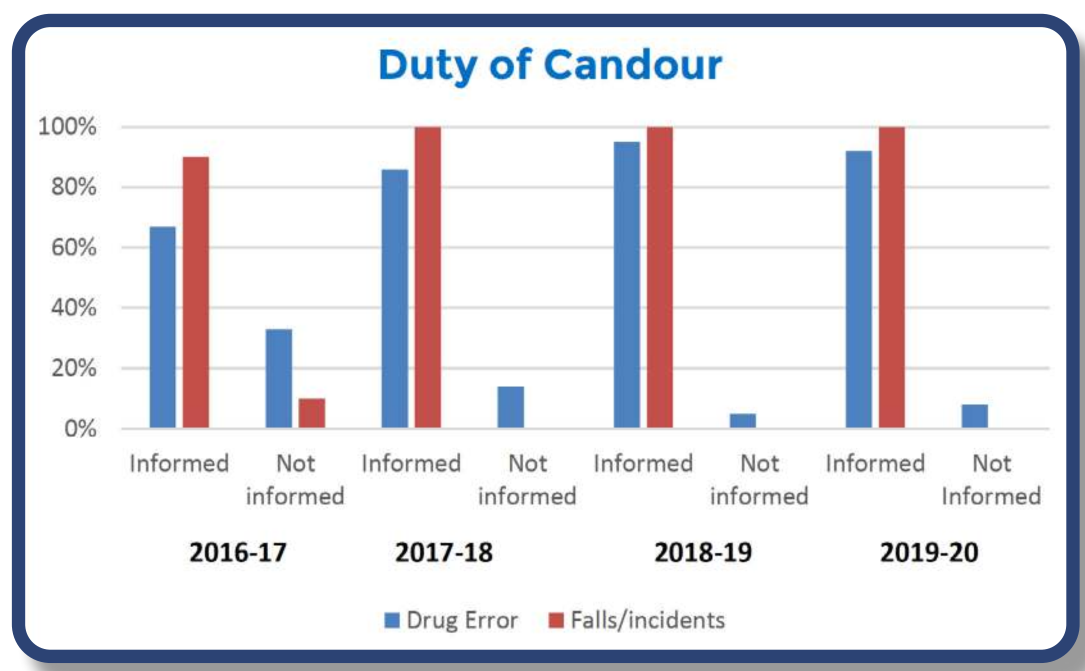
[1] 3 pressure ulcers developed at the hospice, 1 healed, 2 developed into grade 3

[2] 5 pressure ulcers developed at the hospice, 1 developed into a grade 3

[3] 2 pressure ulcers developed at the hospice, 1 developed into a grade 3

7.1 Duty of Candour

Duty of Candour applies to care providers registered with the Care Quality Commission. Weston Hospicecare reviews all incidents to determine whether any incident to which Duty of Candour should have been applied have been missed. In 2019-20 we had one drug error, the same drug, but in a different preparation that the patient, or family were not informed of error.



"Compassionate, sympathetic and friendly staff. Proactive and positive environment. Very beneficial interaction with peers, especially with regards to coping mechanisms, both actual and potential. Provides a change of scenery/location and thus helps overcome (as far as possible) cabin fever, isolation and feeling completely alone. Reassurance in knowing that medical assistance available if required and brilliant food."

Weston Hospicecare patient, April 2019

8.0 Patient Experience

We aim for 90% of our patient's friends and family to be extremely likely to recommend our service to their friends and family if they needed similar care or treatment. In 2019-20, we achieved this with 94% (with 100% likely to recommend).

The Hospice continues to take part in "iWantGreatCare", a platform to let patients leave meaningful feedback on their care, say thank you and help the next patients.

iWantGreatCare demonstrates that we are transparent, aware and open to patients' experience as a central part of delivering high quality care.

Most of the patient/relative quotes in this report are taken from the "iWantGreatCare" platform.

https://www.iwantgreatcare.org/hospitals/weston-hospice

9.0 Audit

To ensure provision of a consistently high quality service, Weston Hospicecare has an annual Clinical Audit and Quality Improvement plan. This provides a means to monitor the quality of care being provided in a systematic way and creates a framework where we can review this information and make improvements where needed. Two examples of quality improvement cycles this year are:

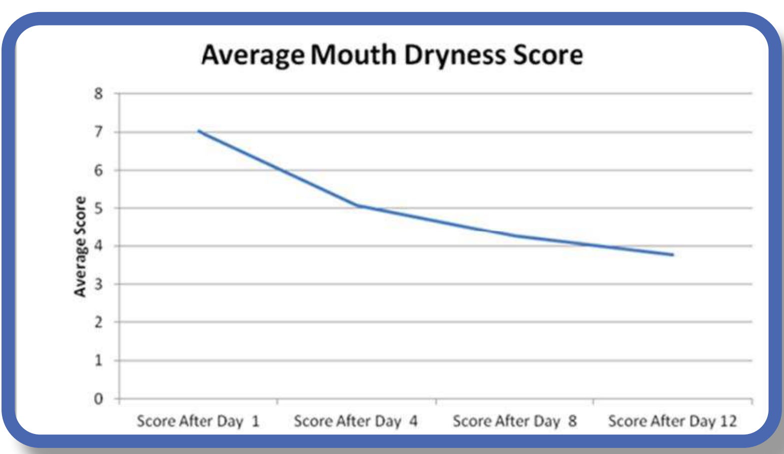
9.1 Essential Oil Mouthwash QIP

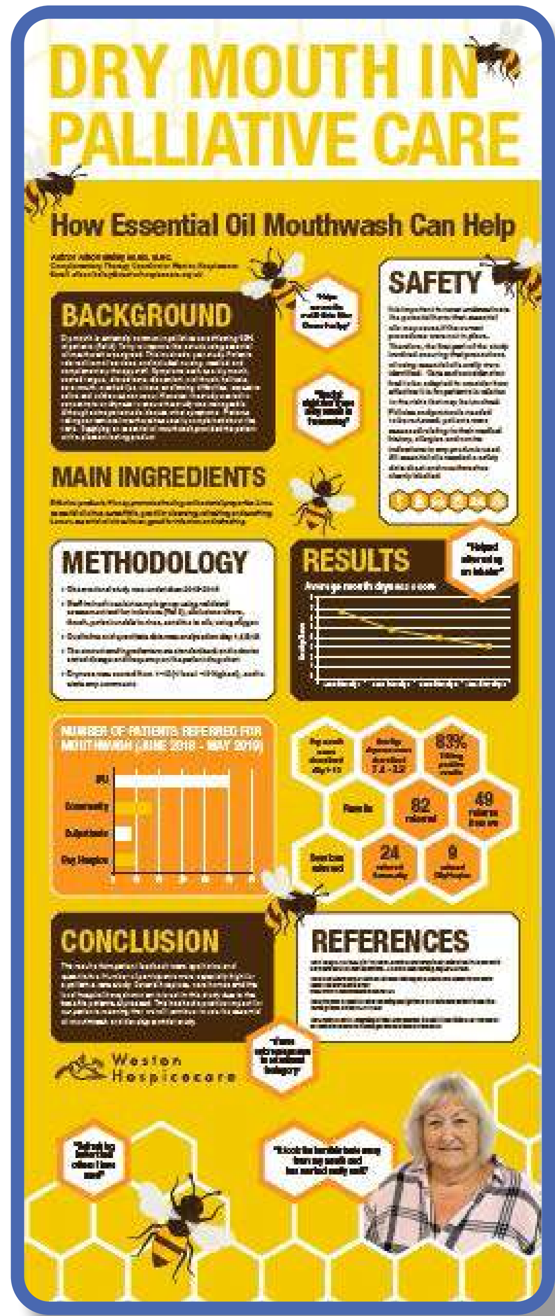
Dry mouth is extremely common in palliative care patients.

Results: Introducing the mouthwash had positive impact on patient care.

82 patients of which 83% stated positive comments compared with 17% who discontinued for various reasons.

The average dryness score decreased from 7.4 day 1 to 3.6 day 12.





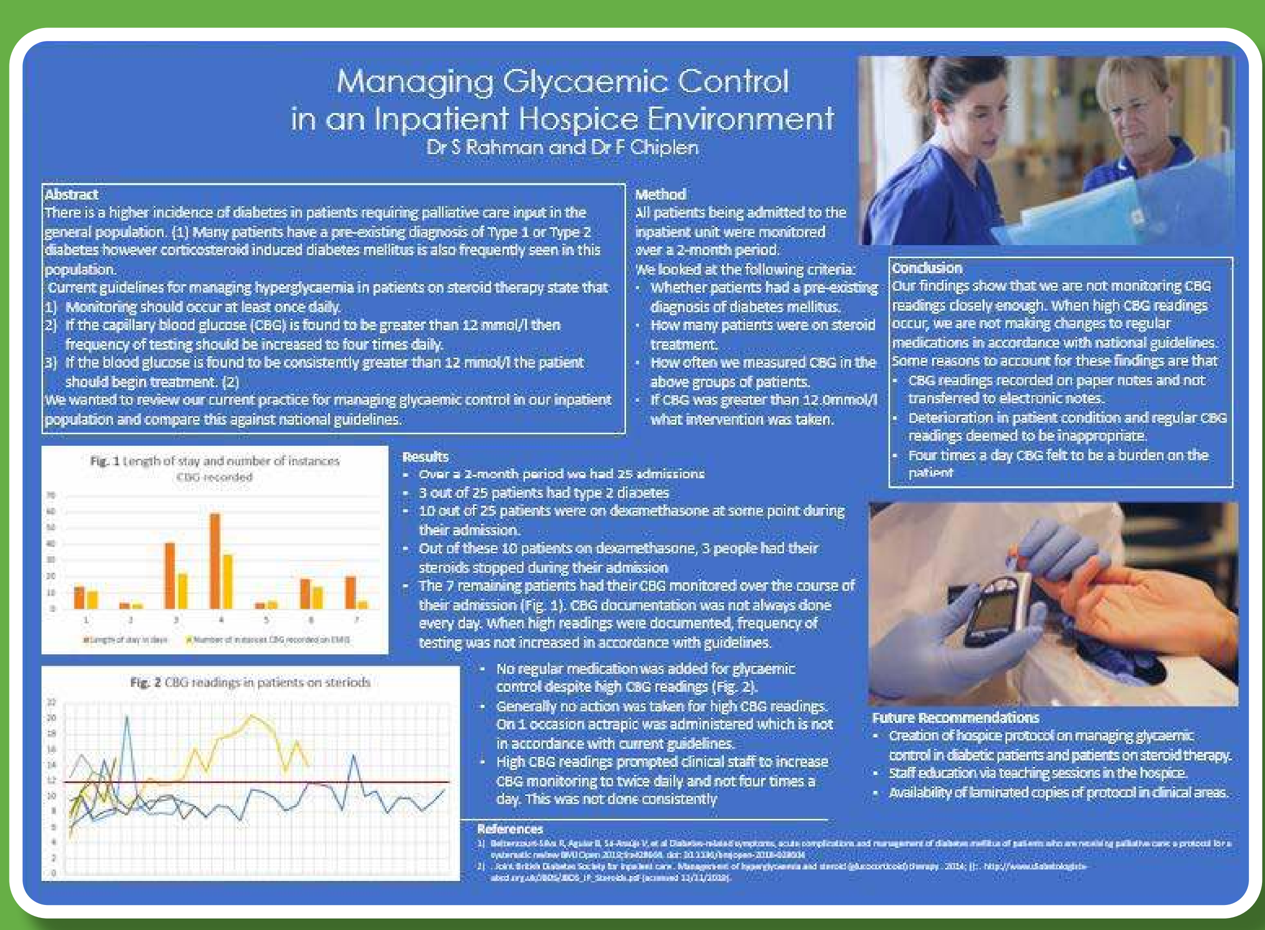
9.2 Managing Glycaemic Control in an In-Patient Hospice Environment

There is a higher incidence of diabetes in patients requiring palliative care input than in the general population.

Results: Our findings show that we are not monitoring CBG readings closely enough. When high CBG readings occur, we are not making changes to regular medications in accordance with national guidelines. Some reasons to account for these findings are that:

1. CBG readings recorded on paper notes and not transferred to electronic notes.
2. Deterioration in patient condition and regular CBG readings deemed to be inappropriate.
3. Four times a day CBG felt to be a burden on the patient.

The Action points and plans are produced from each audit and discussed at Clinical Governance quarterly. Audits are provided to the Clinical Commissioning Group.

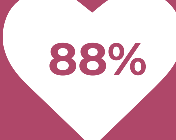


"The care and understanding shown by L was sympathetic and caring. I can't thank you enough for refraining and pointing the way from despair to hope."

A Weston Hospicecare relative
November 2019

9.3 Advanced Care Planning

The End-of-Life care Strategy 2008 highlighted the importance of early identification of potential for dying and Advanced Care Planning. Early awareness of poor prognosis helps patients and their relatives to understand their illness and make informed choices about their care. Therefore, every month we audit this and last year...



83% **of patients participated in Advanced Care Planning**

88% **of patients have their Preferred Place of Care**

9.4 Infection Control Audit

Audit completed across the whole organisation using the HPA tool (Hospice Infection Control Audit tool) that was adapted from the Infection Control Nurses Association Audit Tool and includes hand hygiene, environment, kitchens, personal protective equipment etc. We undertake this audit twice a year.

Sep 2019 91% Compliant

Feb 2020 91% Compliant

"The entire Hospice team has been outstanding in their guidance, understanding and care. I can't thank you enough. I could never have done it without you."

9.5 External Medication Management Audit

Due to staff issues at our local hospital pharmacy and being unable to provide pharmacy support we paid for an external pharmacy audit.

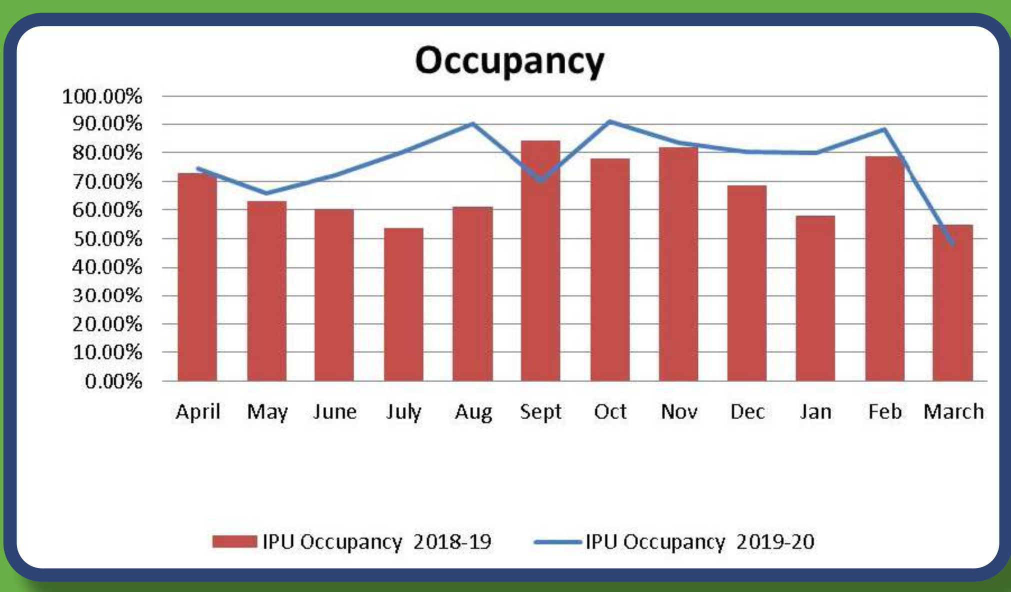
Margaret Gibbs, Lead Palliative Care Pharmacist from Ashtons Pharmacy Services carried out the audit in September.

She said she "was made very welcome by everyone and staff were happy to talk about their work. They freely shared their feelings of how supportive and open their managers and colleagues are at the hospice and they were aware of and working in accordance with policies and procedures. I observed them both directly and indirectly carrying out several medicine-related activities in caring and careful ways. They were all able to answer questions confidently and calmly. I had the opportunity to speak with one of the nurse independent prescribers and she was fully cognisant of the NIP policies and thoughts behind them. She was clearly delighted to have this additional qualification as it helps her to support her patients more responsively".

Only one item of immediate concern was identified, and this was dealt with immediately. A short list of issues that may benefit from early consideration were provided and other areas where improvements might be considered were suggested. She went on to say, "The staff should be proud of the way they manage medicines, especially in the absence of pharmacist support at present".

10 Bed Occupancy

Weston Hospicecare reports monthly bed occupancy varying from 90.97% in October to 48.19% in March. Bed occupancy fell sharply in March due to the COVID-19 pandemic, with staff self-isolating, shielding, patients not wanting be admitted due to restricted visitors and possibly more people at home due to furlough to help care.



11 Data Security & Protection Toolkit

The Information Governance Toolkit was replaced in 2018/19 with the Data Security & Protection Toolkit. It is an online self assessment tool that allows us to measure our performance against the National Data Guardian's data security standards. The toolkit provides us with assurance that we are practising good data security and that personal information is handled correctly.

In 2018/19 Weston Hospicecare achieved Standards Met across the toolkit submission. In 2019/20, the toolkit has expanded to incorporate further criteria to cyber assurance and related compliance measures. While Weston Hospicecare remains on track to maintain compliance, the deadline for submission has been moved to September 2020 to enable health establishments to focus on the COVID 19 pandemic response. The table therefore reflects the prior performance and the overall performance to be confirmed during 2019/20.

	2018 - 2019	2019 - 2020
Mandatory Evidence Items Provided	**70 of 70**	**56 of 56***
Assertions Confirmed	**33**	
Assessment Status	**Standards Met**	**TBC Oct. 2020***

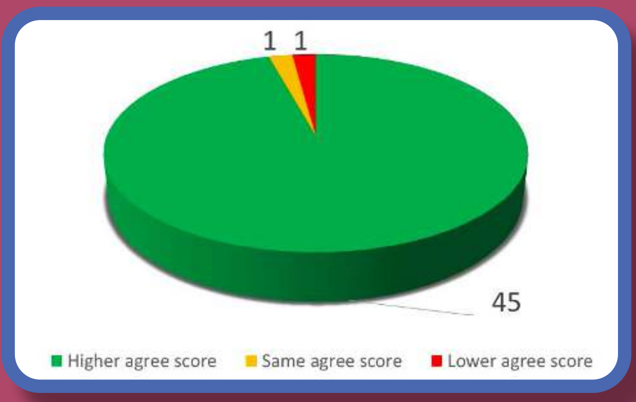
12 Freedom to Speak Up Guardian

Freedom to Speak Up (FTSU) is an arrangement from the recommendations in the Francis report (the Mid Staffordshire NHS Foundation Trust public enquiry). Effective speaking up arrangements help to protect patients and improve the experience of staff.

In February, Sue Phillips did her training in London and is now our FTSU Guardian. This role gives staff an additional route to raise issues and concerns, and enables the Hospice to respond and deal with concerns more effectively.

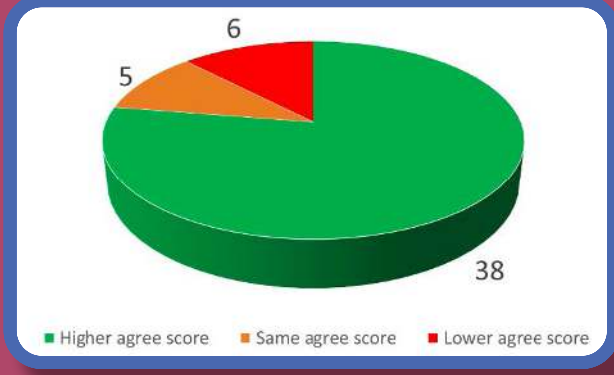
13 Staff Survey

The Hospice Survey 2019 was open from 28th May – 5th July 2019. Birdsong Charity Consulting, on behalf of Hospice UK, ran the survey.



Comparison against other hospices

2019 v. 2017 Clinical Results



14 COVID-19 Pandemic

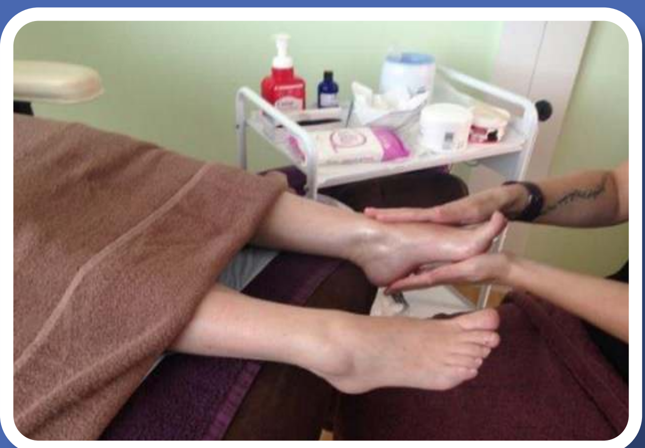
For the last month of this year we faced the Covid-19 pandemic. What a hectic time, writing new guidelines, risk assessments, exploring different ways of working, the list goes on. We had daily COVID-19 meetings and the teams have been amazing and flexible in adapting so quickly, in what has been and remains a worrying and anxious time.

The Community and Family Support Teams have worked off-site, using technology such as Microsoft Teams for meetings and between them they are contacting approximately 80 people a day, but only visiting according to need.

Day Services including Complementary Therapy were suspended, due to all of our patients being in the shielded group and are being kept in contact by our teams.

Our doctors split into two teams, with some supporting the IPU and the Community Team, this was to try and keep COVID-19 out of the IPU if at all possible. We adapted a part of the hospice for three beds to be a Covid-19 wing and introducing visiting restrictions to our IPU has been one of the hardest decisions we have had to make. It is completely foreign to the way we usually work.

The number of patients were restricted during March as mentioned above in section 10.



From Complementary Therapy to Light up a Life, Weston Hospicecare is proud of the care we deliver, and equally proud of all the people that make it possible – employees and volunteers alike.

We rely on the support from our local community to be able to provide the level of care we currently offer for patients and those close to them.

On behalf of every patient and family member we have supported over the last year, we thank you for your continued support of Weston Hospicecare.

The 2019/20 Quality Accounts have been prepared with information that is complete and correct to the best of our knowledge. If you have any comments or questions about the information provided, or on our services, we would love to hear from you. Please do contact us at:

MedSecs-Admin@westonhospicecare.org.uk
01934 423900

John Bailey
Director of Patient Services
Weston Hospicecare

Do you have a life-limiting illness?

Weston Hospicecare is here to help

We provide information, advice, support, care, education and symptom management, for you and your family.

Our services include:

Family Support Team – emotional, spiritual & practical support, bereavement counselling, companions, buddy groups, men in sheds.

Community Team – Nurse Specialists who can visit at home, in a nursing home or meet you at the hospice, to discuss issues that are important to you

Outpatient (Day) services – Tuesdays, Wednesdays & pop-in Thursdays with clinical support and voluntary activities such as expressive movement therapy, fatigue & breathlessness group, horticulture, memory boxes, film club and more.

Wellbeing Centre – complementary therapies for you and your loved ones.

30 years of caring for you and your loved ones

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