

The Shakespeare Hospice

Quality Account 2014 - 2015



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Website: www.theshakespearehospice.org.uk

Registered charity number: 1064091

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Part 1

Chief Executive Statement

On behalf of the Trustees and Staff I am pleased to present the 2014/2015 Quality Account for The Shakespeare Hospice.

The purpose of this report is to provide information about the quality of our services and to detail some of the progress we have made during the past year as well as looking at priorities for 2015/2016. In September 2015 we reviewed our mission statement to reflect our strategic plan for 2015-2020.

We have continued to deliver a variety of high quality services to our patients and their families and have been able to provide care and support for an increasing number of people. Maintaining excellence in all these services remains our highest priority. Our Day Care and Hospice at Home services have continued to grow whilst the expansion of the Young People's Services has been a resounding success.

To the best of my knowledge the information reported in this Quality Account is accurate and a correct representation of the quality of services provided by The Shakespeare Hospice.

Angie Arnold
Chief Executive
October 2015

Our Vision

Every young person and adult, and those who matter to them, living in our community with a life limiting illness will be supported with the care and compassion they need.

Our Mission

- We will provide expert, holistic and specialist care of the highest standard for our community and their carers living with a life limiting illness
- For each individual we will ensure compassionate care and support throughout their journey, recognising their individual choices
- We will reach out and provide support for isolated groups such as carers, cancer survivors, young people affected by a life limiting illness and those caring for people with dementia
- We will work collaboratively with other health and social care professionals to ensure responsive, seamless care
- We will invest in innovative models of care that will thrive and adapt to the changing needs of our community
- We will provide training and support within our community to develop and enable good palliative and End of Life care practice
- We will engage with our community to shape, deliver and fund our care, continuing to provide volunteering and work experience opportunities for young people.

Our Values

- Responsive and innovative organisation that puts patients and families first
- Care is provided with compassion recognising that every individual is unique
- Everyone is respected without discrimination or judgement
- Recognise the talents of all staff and volunteers and provide a supportive working environment

- Deliver the highest quality, specialist care through teamwork, ensuring a skilled workforce
- Care is provided without charge to the individual
- In recognising the voluntary contributions from our community for the provision of services, we will provide the most cost effective care and will also care for our supporters
- Be committed to the development of palliative care and contributing to the body of knowledge
- Ensure good governance and manage our organisation as efficiently as possible.

Key Strategic Aims 2015-2020

At The Shakespeare Hospice, our main aim is to ensure that our local community know who we are and the services we provide, thereby enabling access and helping more people.

We have successfully achieved our commitment to help more people in the previous 5 year strategic plan by;

- Developing our Day Hospice in the range of services we offer
- Expanding the boundaries of our Hospice at Home service and becoming 24/7
- Developing services for Young People

However, the health and social care landscape is changing and the way hospices deliver their care will need to reflect the changing needs of the community.

Between 2012 and 2030, a 17% increase in the number of deaths in England and Wales is predicted, and there will be a consequent increase in the incidence of those diagnosed with a life limiting illness.

Therefore, our challenge over the next five years will be to meet the increasing demand for our services whilst continuing to provide the highest quality care.

The ways in which we plan to meet the needs of our community are summarised in our Strategy 2015 – 2020. We recognise that our 5 year strategic plan is ambitious and innovative, and we will be continuing to build on the developments of the previous 5 years. Our key strategic objectives will be translated into operational plans which will be monitored regularly.

Key Strategic Objectives

Service delivery

It is essential that we maintain our high standards of care delivery in all areas and that we can demonstrate this to our funders and supporters.

It is also essential that we are responsive to the changing needs of our community and we therefore plan to develop services accordingly;

Day Hospice

Increase support for cancer survivors

Around 1.8 million people in England are currently living with a diagnosis of cancer. This number is increasing by over 3% a year and the total figure is set to rise to over 3 million by 2030. Evidence from The National Cancer Survivorship Initiative (NSCI) shows that many of these cancer survivors have unmet needs particularly at the end of treatment that could be either avoided or better managed. Cancer survivors often report that the time of transition from active treatment to survivorship to be especially problematic and can be compounded by healthcare professional support being withdrawn; therefore other sources of support may be required. The Hospice has recognised an important part of the patients' rehabilitation is to provide information and psychological support for them after they finish their treatment.

The Hospice currently delivers a survivorship support day for patients which provides information and support from the point of diagnosis, promotes recovery and management of the consequences of treatment. Due to the increasing demand the plan is to scope developing a second survivorship day with later start and finish times to meet patients' needs.

Assess the need for support for those affected by Dementia

The number of people aged over 65 in South Warwickshire is set to increase by 51% by 2030. Our ageing population means that dementia will affect an increasing number of people and the prevalence of dementia is set to double by 2030. Currently around 850,000 people are living with Dementia in the UK. Over the last decade the trend of increasing numbers of people with dementia dying in hospital has been reversed, with a growing proportion dying in care homes (55.3%) in England. This compares with just 4.8% who died at Home. Therefore the future demand is likely to be for greater capacity and expertise among health and social care professionals working in Nursing and Care homes. We plan to undertake a population-based needs assessment for people with Dementia and their carers. We anticipate this will require the development of skills in existing staff to deliver a programme of support/information for carers. We will work in collaboration with existing services to

provide training in Palliative and end of life care for health and social care professionals.

Hospice at Home

Review the skill mix of the Hospice at Home team and operational policies to support continued expansion of service.

The Hospice at Home team extended the hours of work in 2014 now being available 24/7 7 days a week and also expanded the geographical area and now care for patients and their families in Kenilworth and Southam. The service has seen a 31% increase in referrals in the last 12 months and in response to demand for the service the Hospice plans to identify a satellite location for the team to support effective deployment of staff and increase capacity in the team. We also plan to increase the skill mix in the evening hours to improve efficiency and quality of service with plans to have a health care assistant working alongside the registered nurse.

Family Support Services

Develop counselling services in the community

Over the next five year parliament 10.6 million people will take on a caring role for a disabled, older or seriously ill relative or friend. The Hospice provides a bespoke day for carers and bereaved carers and has seen the demand for carer support increase year on year. New rights for carers in the Care Act 2014 should make it easier for carers to access the essential help and support they need. However there is clear evidence that the number of carers receiving carer assessments and services to help them is falling, despite the rapid increase in the number of carers. In response to this we plan to develop the social work and information team to undertake carer's assessments and act as a navigator/support for personal health budgets.

To enable easier access, we plan to develop counselling services in the community and will be assessing the potential to utilise some of the Hospice Shops as a community locations to support counselling.

Young People's Services

Recruit an additional children's counsellor

In response to the developments and demand for the service we plan to appoint a second children's bereavement counsellor to deliver both pre and post bereavement groups, continue one to one support and also to increase the amount of training to respond to the needs of school teachers and other organisations who are supporting children.



Review transitional care service

As our transitional care service is evolving we will review staffing requirements to meet service needs and plan to run a parallel monthly sibling support group so that the family unit is supported.



Recruit additional administrative support

As services continue to grow a new administrative role will be required to support the continued expansion of clinical services. This will be following an organisation wide review of administrative support.

Volunteer support

Develop community support role

We recognise that our volunteers provide essential support to the clinical teams in delivering our care and support services. Enabling more care to be delivered in the patient's own homes, and to support family members, we will develop a new community support volunteer role.

Education and Training

Develop an organisational education and training plan

Education and training across the organisation will be linked to achieving our strategic objectives.

Recruit a clinical practice educator

As the range of services being delivered by the Hospice has grown and diversified. It is essential that our practices are safe, effective and up to date. We therefore plan to develop a practice development post to support workforce development, co-ordinate training and audit and develop outcome measures to benchmark the effectiveness of our care and services.

We will work with health & social care professionals, young people and members of the public to improve the understanding and delivery of palliative and end of life care within our community.

Our innovative model of care with young people will continue to be recognised regionally and nationally, and will contribute to the body of palliative care knowledge.

Part 2

Priorities for Improvement and Statements of Assurance from the Board

The Hospice identified three priorities for improvement during 2014 – 2015. The following progress has been made.

Priority One

To develop a social group for those patients/carers who are discharged from Day Hospice Services.

A member of the Day Hospice team has worked with a number of volunteers to set up an informal coffee morning held at the Hospice on alternate Friday mornings. This has mainly been directed at bereaved carers who have accessed the service and wish to stay in touch but also includes patients who have been discharged from the Hospice. There has been a good response to this Coffee Club with a relaxed and friendly atmosphere. Volunteers will lead these meetings. Further development is planned and improved survivorship links will also be established. Using this model the potential to support other groups e.g. young widows, carers for dementia patients, and MS patients is being explored.

Priority Two

To continue developing the Young People's Services in the Hospice. To increase the number of referrals of bereaved young people and young carers. To develop the Transitional Care service by appointing a nurse to the post.

Considerable development has taken place within the Young Person's Services over the last twelve months.

The Youth and Community Co-ordinator appointed in February 2014 has established valuable links with local schools and is managing work experience placements. Her contacts with Warwickshire Young Carer's project has facilitated the use of the Hospice building for their meetings every Wednesday evening. This provides a

welcome social evening for these youngsters aged 8 – 18 years with various art and craft activities, games, sports and baking.

The new position of Transitional Care Nurse was filled in October 2014 by an experienced nurse who has previously worked at Acorns. She has already established links with hospitals in the area, Acorns and Myton Hospice and has prepared information leaflets for parents and professionals to advertise the service.

A “taster” evening session was held at the Hospice in August 2014 with 7 teenagers and their families attending. There was a very positive response to this and care plans are now being prepared for a number of young people. The post holder is currently supervising the appropriate equipment needs and staffing issues prior to patients attending.

Pre and post bereavement children are attending the Hospice for support and counselling. Very positive feedback has been received from parents.

Priority Three

With the extension of the Hospice at Home Service to two other localities the priority will be to increase the number of patients accessing the service in these localities. To introduce a twilight service to the population of the area that we serve.

The Hospice at Home Team have worked closely and successfully with the District Nurses over the last year. Referrals from the extended area (mainly Kenilworth & Southam) were slow at first but have steadily increased.

The introduction of the Twilight Service last summer has been an enormous success with very positive feedback from patients and health professionals alike. This service has enabled a 24/7 service from the H@H Team and provided cover for the evening period which was previously a difficult time to access specialist palliative care services.

Priorities that have been identified for Improvement 2015 – 2016

Priority One

Day Unit

The Day Hospice has noticed an increase in the numbers of both men and women accessing our services who have a diagnosis of a brain tumour. The priority for the team is to set up a brain tumour support group using our patient's expertise and working along side The Brain Tumour Charities.

The work with this group of patients will model the living well following treatment group.

Priority Two

Hospice at Home

The Hospice at Home service will review their clinical documentation and develop measures to monitor management of symptoms including pain, breathlessness; and nausea and vomiting. The new documentation will also incorporate measureable outcomes including increasing the number of patients dying in their preferred place of care and the number of visits both in and out of hours.

Priority Three

Family Support Service

To set up and deliver a rolling programme of two Student Counselling Placements per academic year; suitable students will be identified by working in partnership with staff / tutors from a local college counselling training provider. Students will be supported with monthly supervision and guidance and those with the necessary experience and attributes will be encouraged to remain involved with the Hospice as volunteer counsellors, upon qualification.

The placement programme will be reviewed and evaluated, utilising student, service user and staff feedback, at the end of the first year, (January 2016) and service developments implemented accordingly.

How progress will be monitored and reported

Progress will be monitored by the teams involved and the Senior Management team. The outcomes will be reported through the Clinical Governance Committee, Senior Management meetings and to the Board of Trustees.

Statements of Assurance

Audits

Audits conducted over this period include:

1. The Day Hospice Patient /Carer Questionnaire.

Questionnaires were sent out over the six month period March to September 2014 and 51 completed questionnaires were returned. Patients and carers rated all the Day Hospice Services highly and in particular found physiotherapy, occupational therapy, diversional therapy and complementary therapy very useful. The Chaplaincy services were well attended and highlighted the need for this essential service to continue. 96% of users replied that their privacy and dignity had been respected at all times and 98% reported that the staff had relieved their anxiety. Approximately 20% of attendees had used the Hospice Transport with over 90% scoring this service as excellent.

Following receipt of the results The Day Hospice staff prepared an Action Plan to improve services further and action the comments made. These actions include the following - 31% of respondents had said they would have benefitted from an earlier referral. Advertising the services of the Hospice remains a priority and is constantly under review. Increasing the circulation of leaflets, e.g. in all the Hospice shops, will be encouraged. Some patients were confused about who all the staff were. Photos of

clinical staff have now been placed on a notice board and all staff and volunteers reminded to wear their name badges and introduce themselves. A system of “First Day Buddy” has been introduced to relieve anxiety at initial visits.

2. Day Unit Record Keeping

The format of clinical documentation was audited. As a result of this audit a new day Unit patient record is being trialled with a view to reducing the amount of paperwork used and producing easier and clearer identification of important information. Clinically relevant and meets CQC requirements alongside being patient and family focused.

3. Audit of record keeping of “able to express sexuality” in the Day Hospice.

This audit was presented in December 2014 by the Clinical Assistant. It was considered that record keeping regarding a patient’s sexuality and the ability to express their feelings in relation to it may be inadequate. In order to assess whether or not patients were actively being assessed about their ability to express their sexuality 52 sets of patient records were examined. The recorded information suggested that 82% of the patients had no concerns, issues or problems related to expressing their sexuality. The recommendation following this audit was that a teaching session should be held with the staff in order to highlight this area of patient assessment and discuss whether this is likely to be an accurate representation of the problem. Factors to consider would be professionals’ reluctance to ask about “personal” matters and patients’ reluctance to express problems.

4. Infection Control Audit

In October 2014 a formal Infection Prevention & Control Audit of the environment and practices at the Shakespeare Hospice was undertaken by a Warwickshire Senior Specialist Nurse for Infection Control. This detailed inspection was very complimentary and stated that “the unit is a wonderfully clean and well maintained environment run by committed and dedicated staff.” The overall score received was 86%. A number of minor improvements were suggested – e.g. replacing the

commode, plastic tubing to be placed over fabric pull cords, blood spill kit out of date, need for wipeable/washable pillows. All comments have been acted upon. The recommendation for an updated laundry room is currently under consideration with plans to move this facility to a more suitable space and the washing machine and dryer have been replaced.

5. Hospice @ Home satisfaction survey

A questionnaire was sent to 25 patients with a 40% response rate. 100% of patients responded that their referral was dealt with quickly and efficiently. 70% of respondents reported that the team arrived on time for their first visit and 100% of respondents were provided with patient information and a leaflet. 50% of respondents would have liked an earlier referral to the service and the team have been meeting with GP's and District nurses to promote the service and feedback these results. 60% of patients had accessed the out of hours service.

The Head of Clinical services is developing a patient experience and audit group and will be reviewing the current patient feedback questionnaires and developing new methods for implementation within our services of real time feedback. Analysis of feedback will be reviewed quarterly and we will implement any recommendations from the results of feedback.

Clinical Care Reviews

1. Patient discharge from University Hospital Coventry & Warwickshire

A number of agencies were involved following the discharge of a 'fast track' patient from UHCW for end of life care at home. The Hospice @ Home Team, the District Nurses, a Macmillan nurse, and the Continuing Health Care Team were all involved. As a result of poor communication at the time of discharge there was inter-agency confusion resulting in unnecessary family upset and distress. A significant event review meeting was organised by the Shakespeare Hospice Head of Clinical Services and attended by a representative from each team apart from the hospital. It was confirmed that each agency had acted appropriately but communication between teams was inefficient as a result of the poor discharge process. The hospital Patient Safety & Risk Manager was contacted and an apology was later received.

Learning Point for staff - Good communication between individuals and multiple agencies remains essential for effective and efficient patient care.

2. Day Unit Shakespeare Hospice

A multi-disciplinary review of the care received by a particular patient was undertaken as a learning/teaching experience. The patient attended the Day Unit for six months during 2014 prior to her death. All services were involved in care delivery for the patient and her family. This reflection was to highlight what went well, what could have gone better and identify any areas for improvement.

This was a complex family situation involving a partner, children and grandparents. The patient received support from various Hospice services, the child bereavement team supported the children and carers' services were accessed. There were also social services and school involvement, legal issues and chaplaincy matters to consider.

All services performed well and successful care and support was given to the patient and her extended family. However, this case highlighted the fact that notes were kept in several areas of the Hospice, there was no key worker to aid co-ordination, and communication between all the people involved could have been improved.

Learning points for staff- Identify key worker, this concept has been adopted now within Day Hospice.

Signature sheet for all to sign to ensure everyone knows who else is involved.

All services to update Day Hospice team with any relevant information.

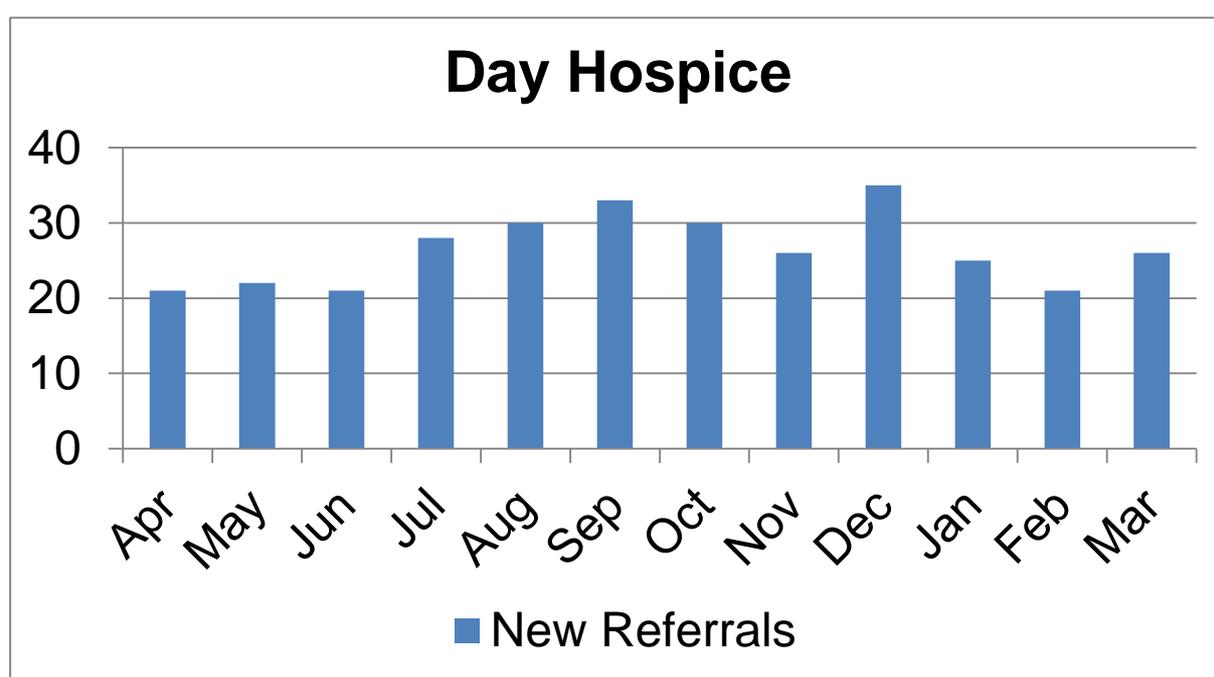
Commitment for each team to attend multidisciplinary team meetings fortnightly to improve knowledge and communication about attendees.

Self-awareness of team members to ensure all relevant communications is shared.

Services Data 2014/2015

All the services within the hospice collect data on a monthly basis. This data includes number of patients seen, number of carers seen, patient contacts and patient visits, out of hours contacts (specific to Hospice at Home). The annual number of new referrals for Day Hospice, Hospice at Home and Family Support Services together with total attendances are shown below.

Day Hospice



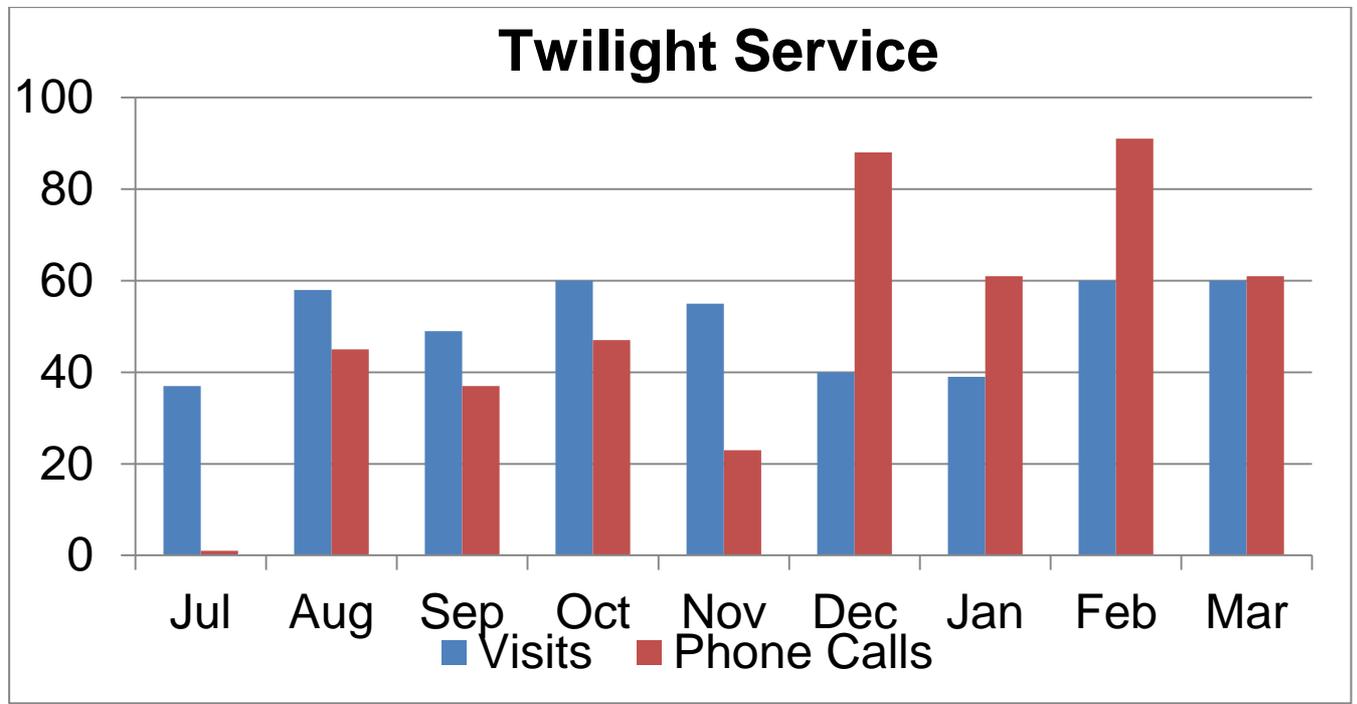
- Day Hospice received 308 new referrals an increase of 35% from last year (228 in 13/14)
- Average monthly caseload for patients and carers is 111
- 1992 Day Hospice attendances a 5% increase from last year (1903 in 13/14)

Hospice at Home

- 223 new referrals an increase of 31% from last year (170 in 13/14)
- 2811 home visits undertaken a 9% increase from last year (2586 in 13/14)
- 203 telephone calls out of hours (77 calls in 13/14)
- 92 visits out of hours (33 visits in 13/14)

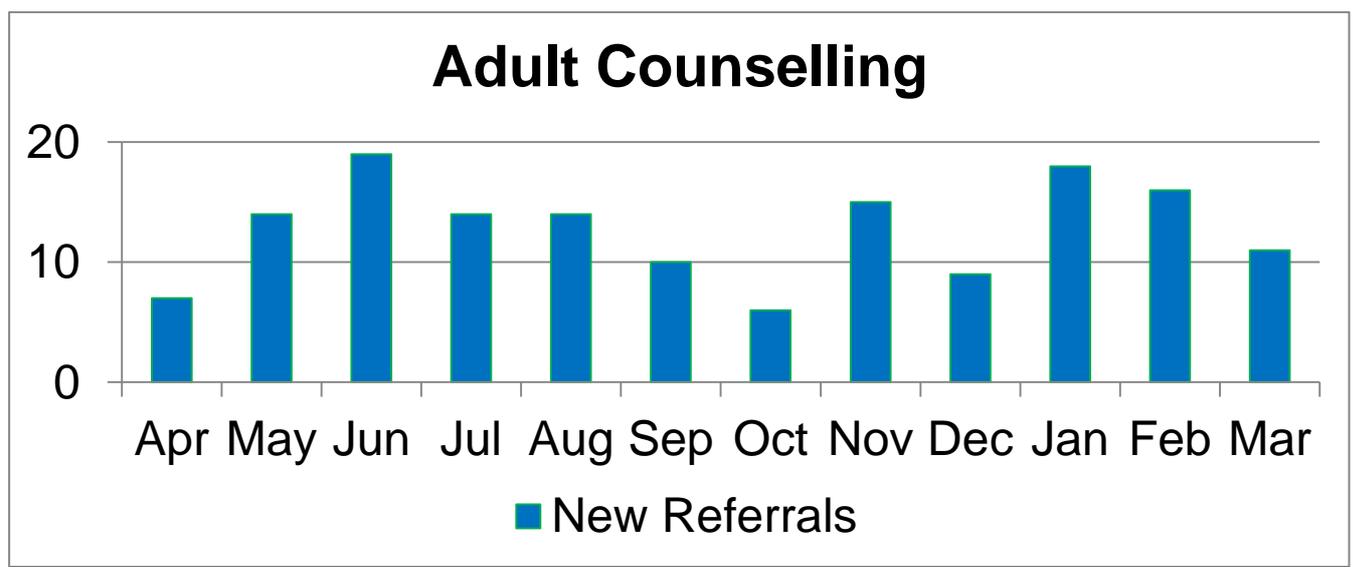
Twilight Service

- 458 visits undertaken since the service commenced in July 14
- 454 telephone calls providing support and advice



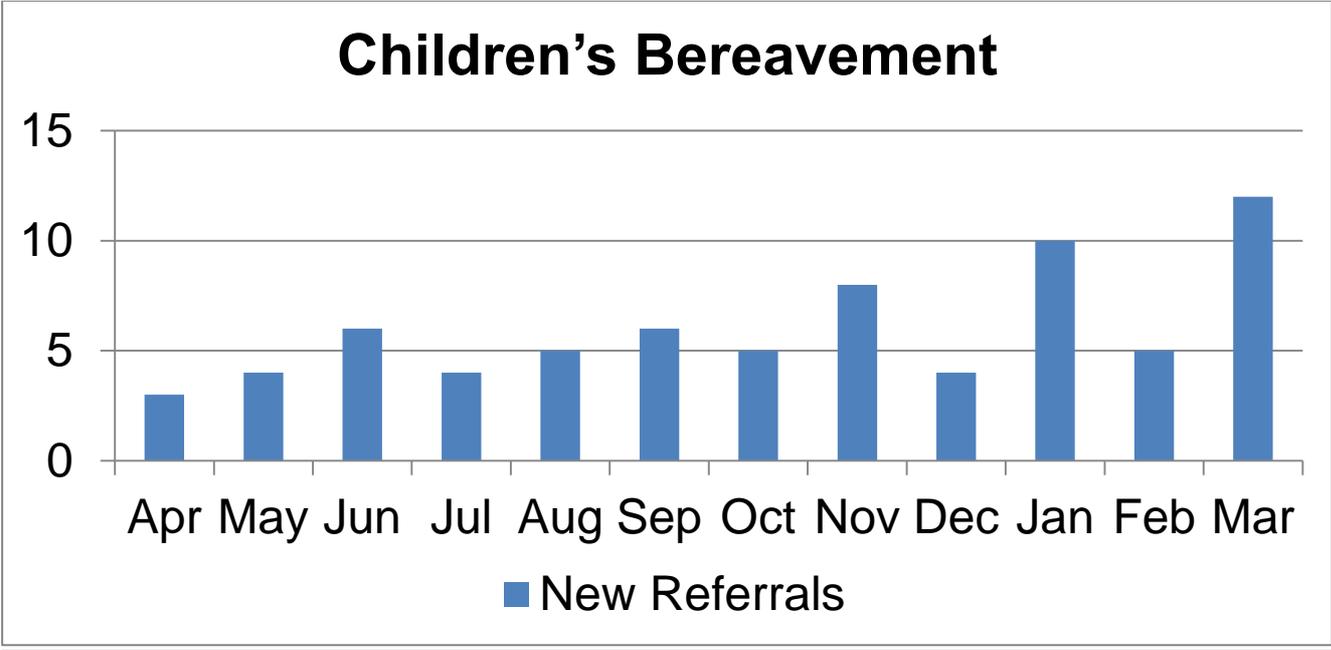
Adult Counselling and Bereavement Support Service

- There have been 153 new referrals during 14/15

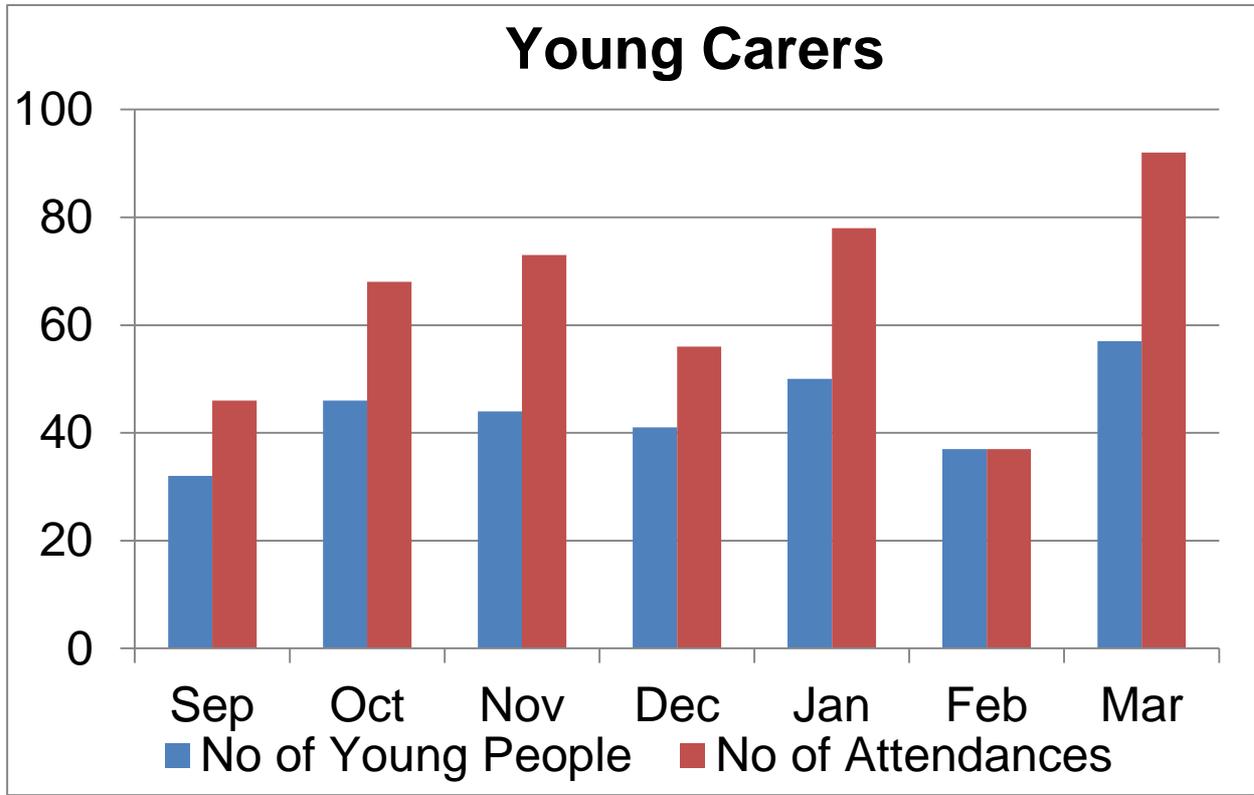


Children’s Bereavement Service

- There have been 72 new referrals to the service
- 382 one to one sessions have been provided
- 10 children attended a monthly bereavement group which ran over 10 months

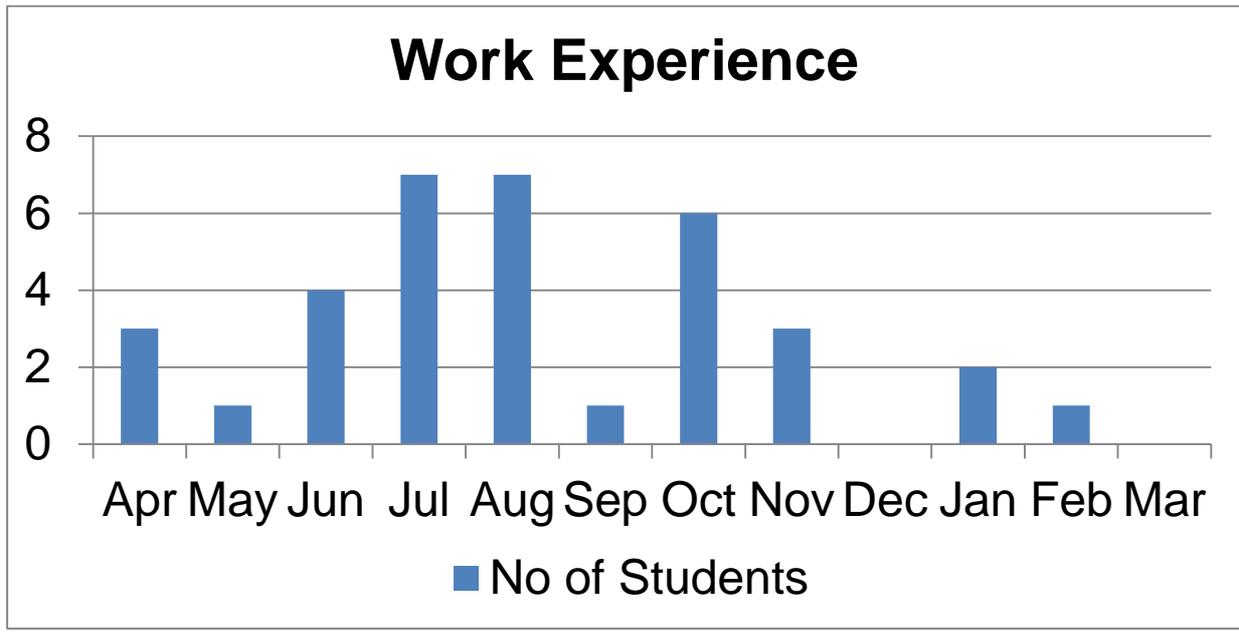


Young Carers' Service



- There have been 82 young people attending the young carers group since September 2014
- 450 attendances at the groups between September 14 – March 15

Work Experience



- We have supported 35 work experience placements

Youth Volunteering Service

- 58 Young people have volunteered in 14/15 with
- 39 Young people currently volunteering
- 32 working in the shops
- 7 young people volunteer with the Young People's services – 5 at Young carers, 1 with the Bereavement support group and 1 does occasional volunteering at events

Care Quality Commission

The last unannounced visit by the Care Quality Commission was in January 2014 and was reported in the 2013/2014 Quality Account. This was a very successful visit and the Hospice met all the standards inspected. The Hospice is aware of new regulations and format governing CQC visits and requirements and has developed a portfolio of evidence to support us working towards the provision of improved data. Further information can be found on www.cqc.org.uk

Research

There were no appropriate local or national, ethically approved research studies into palliative care that were suitable for Hospice participation.

What others say about us

"I was touched by the positive and uplifting aura in the Hospice and I left the Hospice with a changed perspective on the importance of palliative support "

Lily

"I enjoyed spending time with Jo in Occupational Therapy, seeing how broad her role was and in particular how she was clearly very successful in assisting patients, allowing them to maintain their independence for as long as possible." **Molly**

'I believe the collaboration between the Shakespeare Hospice and Stratford upon Avon School provides invaluable benefits to both parties. It gives us the opportunity to get involved with a prominent local charity as well as providing our students with access to both work experience and the many areas of support offered by the Hospice. The Hospice collaborates with our students to raise awareness of both themselves and the support they can provide, particularly to young people. Students in their turn get actively involved in fundraising for the Hospice and thereby acquire new skills as well as having the opportunity to directly participate in their community.'

Jane Dove, Post 16 Development Coordinator at Stratford upon Avon School

The Shakespeare Hospice is a local charity that actively involves us in joint ventures. Not only are we welcomed by the Hospice to take part in events, they support our school ethos and work hard to find opportunities for some of our students.... I hope that this will be a partnership that can flourish and develop, our students are well rounded and more confident members of society due to the support of the Hospice."

Jayne Barnes, 14-19 Manager, Welcombe Hills School

*"Thank you so much.
You have made a huge
difference to how he
feels and behaves."*

*" S hates being treated as
normal and so the trip
highlighted that she was
special and brave going
through what she has."*

*"To spend a fun weekend with
similar children must have been
a relief for her as most of her
friends at home have both
parents so can't understand her
sadness."*

*"I find these sessions really
helpful as it gives me
somewhere to talk about how
I feel about my Mum's illness
without having to worry about
upsetting anyone at home"*
Boy aged 16

*"It's good having you to speak
to and help me think about all
the feelings I've had since my
Dad died". **Girl aged 14***

When my wife Esther came home from hospital, knowing that her leukaemia was terminal, she knew what the outcome would be. She hoped for an improvement in her quality of life, now she was off the chemotherapy, a few weeks respite before the

inevitable happened. I just hoped for a miracle. As it turned out, though she perked up, she remained bedbound for the remaining weeks of her life.

From the start, the Hospice at Home Team were magnificent. I don't know how we'd have coped without them. It wasn't just the practical care – the washing, the bed changing, the dressings etc. – it was the warmth and compassion with which they treated us. Though we both knew they were busy, we never had a sense that any of the team was in a hurry or needed to be somewhere else – this was by no means true of the other care agencies who became involved over the next few weeks.

We got to know all the members of the team. They felt like friends visiting the house, friends who understood our situation, knew practical things to help us in this strange new situation, and friends who would never judge – a hugely important element of care when your life is falling apart around you. Our daughter had died of cancer in Stratford nine years earlier. Some of the team had nursed her too, and remembered her. It gave us a sense of continuity, made us feel we were not in the hands of strangers or faceless organisations.

While Esther was reasonably well – and she did improve for a couple of weeks – the Hospice at Home Team encouraged her and supported her, while making sure she did not overstretch herself. As she weakened, they cared for Esther and were able to have conversations with her that she couldn't have with me. She confided in them things she felt might distress me too much. They were fantastic listeners. When Esther could no longer manage visitors, the team brightened her day with positivity, sympathy and laughter.

They cared for me, too, keeping me grounded and focused and making sure I spent some time looking after myself as well as caring for Esther. I could pop out to the shops while they were here, allowing me to take my focus away from the sick room for a while – so important!

Early on, a night sit allowed me to attend a very important business function, for which I was hugely grateful. Later, as Esther neared her end, the night sits they organised meant that I and my family could at least get some sleep. It was hugely important to me that Esther did not die alone. Knowing they were there, and that they would wake me if the moment came at night, was a huge comfort.

Soldiers used to talk about nurses as 'angels.' That's an image of nursing we lost long ago. But I think it still fits the Hospice at Home Team. There were there when we needed them – and in those last weeks of Esther's life we really needed them!

I will be eternally grateful to them.

SP April 2014

Part 3

Quality Overview

Governance - The Board

The Shakespeare Hospice has a well-established governance structure ensuring the provision of a high quality, effective and accountable service. It is governed by a Board of 13 Trustees one of whom is the Chairman. All Trustees provide their time and services on a voluntary basis and represent a variety of professions and personal skills. After a term of three years Trustees may be re-elected for a further term of three years before standing down. No new Trustees have been appointed during the last 12 months.

The Chief Executive is responsible for the management of the Hospice. The Board meets regularly alternate months with the Chief Executive and senior management team and more often if required. The senior managers representing clinical services, finance, retail & volunteers report to the Board at each meeting. A number of sub-committees chaired by nominated Trustees have been formed to cover various aspects of governance and these also report at each Board meeting.

- **Chairman's Committee**

Purpose - to focus on key areas of Hospice governance, constitutional matters, strategic business development and major initiatives.

- **Clinical Governance Committee**

Purpose - to ensure that all clinical services are compliant with statutory requirements and that the quality and delivery of clinical services meet best practice.

- **Audit & Finance Committee**

Purpose – to review the financial performance of the Hospice, both actual and forecast, in greater detail than the Board of Trustees, and carry out certain tasks, such as liaison with the external auditors, on behalf of the Board.

- **Income Strategy Committee**

Purpose – to ensure the sustainable growth of fundraising and retail activity in line with agreed strategic objectives.

Policies and Procedures

Clinical and management policies are in place to ensure safe and effective running of the Hospice and compliance with relevant regulations and legislation. All policies are reviewed regularly by the Head of Clinical Services and appropriate sub-committees and circulated to staff. Adherence to clinical policies provides an important contribution to the reduction of clinical risk and enhances patient safety.

Education and Training

The Shakespeare Hospice continues to offer relevant training to staff. Training is identified via the annual appraisal process, service development needs and areas of interest. Bi-monthly educational meetings are held at the Hospice with all clinical staff.

Mandatory training such as Moving and Handling, CPR, Mental Capacity and Safeguarding Training are delivered on site. If external training courses are required they are accessed to meet individual requirements.

Over the last year education sessions have been extended to other professionals. Several training meetings have been held for teachers from local schools to improve communication skills and confidence when supporting bereaved children.

Accidents, complaints and incidents

All complaints and incidents are recorded promptly together with the actions taken and final outcomes. They are presented regularly to the Clinical Governance Committee and if necessary procedures are modified to minimise any future risk. We always offer complainants the opportunity to meet a senior member of our staff in person.

Significant event meetings are held as part of the Hospice's commitment to maintaining high quality services and supporting staff.

During 2014-15, The Shakespeare Hospice received 6 complaints:

Q1	2
Q2	2
Q3	1
Q4	1
Total	6
Clinical	1
Non Clinical	5

Internal Unannounced visits

These informal visits to the Hospice are performed several times a year by Clinical Governance Trustees. Non-clinical Trustees have also taken part in these visits during the past year. They provide an opportunity for Trustees to see the workings of the Hospice and to meet with patients, carers, staff and volunteers and to hear their views and comments on current services. This valuable feedback can influence changes and developments in the services provided by the Hospice.

Volunteers

Volunteers provide an invaluable contribution to many aspects of the Hospice services including administration, reception, shop volunteers, driving, adult & children's counselling support, complementary therapists and community support. The number of volunteers has increased over the last year and we now have nearly

400 volunteers. All volunteers undergo a recruitment process including interview, references and DBS check followed by a training programme. Two-day induction courses have been organised for new volunteers giving them a wide range of information about all aspects of the Hospice's services and enabling them to work in a professional and informed manner.

Service User Forum

The informal Patient / Service User Forum has continued with 2 further meetings over the last year. These meetings were attended by service users, clinical staff and a Trustee. Feedback was very positive and a number of valuable suggestions were made. This group will continue to meet at six monthly intervals and enable the Hospice to become more responsive to patient need. New ways of advertising this Forum have been established in order to give more patients and carers the opportunity to express their views.

Commissioners

This Account has been submitted to local Commissioners for their comments.