

April 2023

# Havens Hospices Quality Account

2022-2023

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Registered Charity Number 1022119

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## 1.1 Introduction by Chief Executive

Welcome to the 2022-23 Quality Account from Havens Hospices. I hope you will find this informative, but if there are any questions, comments or clarification required, please do contact us at

[www.havenshospices.org.uk/contact](http://www.havenshospices.org.uk/contact)

In the last 12 months, our focus has been on embedding the strategic principles that will guide us for the next five years. Following an extensive period of stakeholder engagement, we have worked closely with our Board of Trustees to distil our areas of focus to 'Community, Choice and Challenge' - a five-year strategy for Havens Hospices.

With the health and economic landscape changing rapidly, we need to ensure our attention continues on improving and widening care for our local communities whilst also recognising the challenges and uncertainties we face. Our priorities remain on supporting the people who work and volunteer for Havens Hospices, using our influence to change conversations and perceptions of hospice care, and diversifying our income portfolio to secure our financial future.

We are encouraged by the results we see from our Fair Havens Care Teams. Since 2019, more patients are accessing more services and reporting remarkable changes in their physical and mental wellbeing following an intervention from the hospice. For our children's services, we have embarked on a large-scale review to address the unmet need across the county, and we look forward to working alongside our healthcare partners on this.

The report has been prepared by our Head of Clinical Quality and is endorsed by the Trustees.

This Quality Account follows the model requirement set out in the regulations by the Department of Health. ("Equity and excellence: Liberating the NHS" 2

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_117353](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353))

To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare provided by Havens Hospices.

Mr Steve Smith  
Chief Executive  
Havens Hospices

## 1.2 Board of Trustees Commitment to Quality and Statement of Assurance

The Havens Hospices Board of Trustees is committed to ensuring the development and continuous improvement of the excellent care and support that Havens Hospices provides for its patients and families.

In order to fulfil our responsibilities, the board work together with senior staff to ensure the effective governance and oversight of the hospices' activities. Our committees and board meetings include senior staff who present data and information about service quality and compliance with contractual and best practice standards. We recognise the importance of maintaining a diverse board with the wide range of skills and knowledge required to challenge and verify the information that we receive.

Following a period of engagement and consultation with all our stakeholders, the Board of Trustees approved the five-year strategy created by the Havens Hospices Leadership Team, which focuses on the following three strategic drivers:

- 1) **Community** – To embed hospice care in all corners of our local community by reducing inequalities and working collaboratively with other healthcare providers
- 2) **Choice** – To give true choice to patients over how, when and where they're cared for and to become an employer of choice for colleagues choosing a career in hospice care, and the services that support that
- 3) **Challenge** – To challenge the narrative of hospice care and champion palliative and supportive care

Our teams have identified key priorities to be achieved to support the fulfilment of these objectives:

- 1) Prioritise Our People
- 2) Elevating Our Influence
- 3) Building a Stronger Future

The past year has been an exciting time of growth and development. The Board is proud of the hard work and dedication of our excellent leaders, staff and volunteers, both on the frontline and across the organisation.

***To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare provided by Havens Hospices (Mandatory statement)***

**Liz Mell**

**Chair of Trustees**



## 1.3 Havens Hospices Vision, Mission and Core Values

### Our Vision

# Making every day count.



### Our Mission

**To offer the best possible palliative and supportive care, free from fear and barriers, where the patient and those important to them are always put first.**



### Our Values

#### 1 Care and Compassion

We are driven by our desire to care for and help people with complex or incurable conditions. We focus on their quality of life, offering choice and support in 'Making every day count'.

#### 2 Commitment

We are committed to putting other people's needs first. We seek to achieve fairness and equality by making our services inclusive and available to all who need them.



#### 3 Community

We work together as a charity and to serve our communities, to ensure everyone feels included, valued and respected for what they contribute.

#### 4 Courage

We listen calmly to others and respect different opinions and beliefs. We reflect and think before we act, seek to understand the consequences, overcome fears in making difficult decisions and accept that we can sometimes make mistakes.

#### 5 Integrity

Our patients and families are at the heart of every decision we make. We are open, honest and transparent and every action is taken in good faith.

## 1.4 Review of services

Havens Hospices provides palliative and supportive care to children, young people and adults across the three local authority boundaries of Essex, Southend and Thurrock, with NHS funding provided by contracts with NHS Mid and South Essex Integrated Care Board.

The unique focus of hospice care is the ability to provide holistic care to the patient and their wider family and community. All our assessments are holistic, and outcome focused. Our emphasis is on living well with diagnosis and achieving goals and ambitions in care. We focus on the art of the possible and do not follow a disease or illness model, we use a wellbeing model.

Our purpose is to enhance wellbeing to ensure life is lived to the full potential and that we're 'Making every day count' for our patients and those important to them.

Hospice care aims to improve the quality of life and wellbeing. It helps people live as fully and as well as they can to the end of their lives, however long that might be (Hospice UK, 2020)

Havens Hospices annual turnover in 2022/23 was £12.9 million with NHS income accounting for 19% of our total income.

73 pence in the pound is spent directly on patient care. This is achieved by a lean management overhead cost and efficient ways of delivering services to maximise front line delivery.

During 2022/3 Havens Hospices provided the following services:

- *Fair Havens In Patient unit*

A purpose-built In Patient Unit based near Priory Park in Southend-on Sea. All beds are in private rooms, with en-suite facilities and private outdoor space.

We provide individualised holistic end-of-life care, symptom control and respite support based on the needs of the patient, family and carers provided by a multi-disciplinary team, led by a Consultant Palliative Care Physician.

Hours of operation: Care is provided 24/7, 365 days per year

**Ray was diagnosed with lung cancer in 2019, which spread to his brain and spine. The father of seven stayed at Fair Havens for a week in July 2021 for symptom management care. Later that summer, Ray's condition deteriorated, and he was admitted to Fair Havens for care at the end of his life. Ray died on 15th August 2021 at Fair Havens, surrounded by his family.**

Daughter Kat says, "Whilst the final weeks of Dad's life were the most challenging, the attentive nature of the Care Team at the hospice and quality of the care was truly amazing. Being at Fair Havens made him feel at ease as the realisation set in that his condition had worsened, and it was almost the end."

- *Fair Havens Hospice at Home for adults in Southend and Castle Point and Rochford*

Fair Havens Hospice at Home service offers community-based hospice services for adults registered with a GP in Castle Point & Rochford and Southend CCGs:

1. Managed Care Service
2. Respite service ( day and Night)

The Managed Care Service supports patients in their own home who have been identified as eligible to receive fast track continuing health care funding and require specialist nursing care and support in their last two weeks of life. The services work with CP&R and Southend Continuing Health Care teams. Also working alongside EPUT Community Palliative Care team providing a collaborative approach to patient centred care.

The Hospice at Home Respite service provides daytime and overnight respite support to unpaid carers, caring for someone with a life-limiting illness in order that they can maintain their physical health and emotional wellbeing.

Our specialist team of Healthcare Assistants provide the care and compassion someone at the end of their life deserves, as well as supporting their family. Provision of respite is prioritised based on the needs of the individual, or when their carers face care needs of their own or are struggling with their responsibilities as a carer.

**Chrissie, lived in Leigh with her husband David. After falling ill on holiday, she was diagnosed with cancer of the pancreas.**

“The carers from Fair Havens Hospice at Home not only made her comfortable, but Chrissie enjoyed their company. Even though we were dealing with a serious situation, they could still be light-hearted and make us laugh. It was a form of moral support.

“Whilst Fair Havens Hospice at Home only supported us for four days towards the end of Chrissie’s life, the support they gave us was magnificent. It was comforting to know they were there.”

- Fair Havens Hub

Fair Havens Hub provides outpatient-based services with a community wellbeing focus for adults with a palliative diagnosis within Southend and Castle Point and Rochford.

Services are focused on individualised care and activities which help keep patients living well and independently with their condition for longer. Our specialist team is here to empower and enable patients with a palliative diagnosis and those important to them to live well.

All patients undergo a holistic assessment of needs by one of our trained multi-disciplinary team and are asked “What matters to you?” before developing a personalised programme of care and support to help meet the identified needs of the person. Possibly signposting to other Fair Havens services or services within the local community.

Patients remain under the care of their own GP and their community palliative care nurse and will be discharged from the Hub services as appropriate (although free to be referred back or make contact should future needs arise).

- *Little Havens In Patient Unit covering all of Essex*

Little Havens is an eight bedded children's hospice that covers the whole of Essex, and provides palliative and end of life care to children and young people between the ages of 0- 25. Children and their families are cared for in a safe and secure environment with nurses, experienced healthcare assistants and Allied Health Professionals.

**Four-year-old Ellis lives in Rayleigh with his mum Heather, Dad Michael and older sister Freya. From the outside, Ellis seems like a typical four-year-old. He's a very confident little boy with no fear and a love of life, but he actually has a serious life-limiting heart condition.**

Mum Heather says, "You come to realise when your child has a severe health condition that it's the normal days that are so important. Just being given quality time with them is what matters. And being in a home-from-home environment here at Little Havens has enabled us to do that - to be at ease and make those memories."

- *Hospice at Home for children and young people covering all of Essex.*

We employ a community team which provides home-based respite to families, 0-25. This team works together with our In Patient Unit and community children's nursing teams to provide end of life care at home

**12-year-old Evie has CDKL5, an extremely rare genetic condition, which means life can be quite challenging for the family. CDKL5 affects the child's neurological development, and for Evie, this means she can't walk, talk or feed herself, so she relies on mum, Sarah, for everything.**

As well as coming to the hospice, the Care Team support the family at their home in Dunmow. Amanda, Hospice at Home carer, visits the family monthly to provide respite.

"Our Little Havens carer usually visits in the evening, and it gives me four hours off to try and get a few bits done or to spend some one-on-one time with Max. It's a night off from the feeding, bathing and changing, and Evie loves spending the evening with Amanda as she always brings activities for them to do together."

- *Family activities for children and young people aged 0-25*

The Children and Young Peoples Service organise a range of activities and short breaks for children and young people to enjoy with our without the families to make special memories; from music therapy, visits to our gardens and hydrotherapy pool, trips out to the zoo, canal trips, storytelling, parties and other seasonal activities. These activities provide an opportunity for children young people and their families to meet on another, make friends and develop support networks

**In 2019, Arizona was born with five brain abnormalities and diagnosed with multiple life-long conditions, which means he has significant physical and learning disabilities and relies on his parents, Deborah and Adam, for everything.**

Arizona and his family have been supported by Little Havens with respite and holistic therapies since 2021.

Mum, Deborah, explains how the hospice has become a safe haven for the family. “It’s a very special place where we feel safe and understood. And it’s the first place we’ve ever felt confident in leaving Arizona, because we know he’s in the hands of trained professionals who show genuine care and affection.

“This respite is critical for our physical and mental wellbeing. We’ve also been able to access free counselling sessions from Little Havens’ in-house therapist, which are invaluable.

- *Wellbeing Team*

Our Wellbeing Team supports patients and families across all our hospice services, ensuring their emotional, social, spiritual and psychological needs are at the centre of their care.

We provide individual support packages to meet an individual or family’s needs which may include the following:

- Children’s support and therapeutic bereavement groups
- Adults bereavement groups
- Social Workers offering advice, support and advocacy
- Counselling for adults and children
- Carers Support
- Complementary Therapies
- Creative art therapies
- Spirituality advice and support
- Therapeutic workshops and events

**Amanda, 41, was born with congenital heart disease. Her first heart surgery was at just three months old.**

**Amanda's condition deteriorated as she became older. She developed rheumatoid arthritis which then caused interstitial lung disease and fibromyalgia, a long-term condition which causes pain across the body. These conditions have contributed to Amanda developing heart failure and in 2019 she was told there is no curative treatment.**

“I stayed at home for the whole of lockdown. I didn't even go out for walks and became depressed. When the opportunity came for me to visit Fair Havens, I was very anxious. I'd accepted I needed palliative care, I'd accepted the support of a Social Worker and having therapies at home, but coming into the hospice was a completely different story. That meant I had to accept the next phase was imminent.

“I didn't know what to expect and spent a few sessions crying with the therapists at Fair Havens. However, everyone was so welcoming and the activities are so relaxing, I don’t think about anything else. At Fair Havens, I can get away from everything and be myself.”

## 1.5 Quality Account Governance Arrangements

The Head of Quality, overseen by the charity's Chief Executive Officer and the Chair of the Board of Trustees have prepared the account in collaboration with Havens Hospices Leadership Team. We routinely report the data in this report to commissioners, our auditors, regulators and trust and grant giving bodies.

## Part 2: Priorities for Improvement

### 2.1 Future Priorities for Improvement 2023 – 2024

During 2022 Havens Hospices developed its current five year strategy as summarised on the graphic below. This was developed and informed by consultation with key stakeholders including patients, carers, staff and volunteers.



The top three quality improvement priorities for 2023/ 2024 selected for inclusion within this year's Quality Account are described below.

The priorities identified will impact directly on each of the three domains of quality:

- Clinical Effectiveness
- Patient Safety
- Patient Experience

## Priority 1

### **Review of CYP Services**

**Why was this priority identified?** Conversations started at 2023 Strategy Day around whether the facilities were adequate for the services we were delivering in the building. This prompted us to turn the question around and ask what services we felt we should be delivering in the building based on demand. Some of this work had already been done by the Head of Children and Young People's Services, but we wanted to explore whether the building was a barrier to us delivering services that both we wanted to deliver and that families required.

**How will this be achieved?** Working with an independent children's palliative care consultant we will analyse the current services, talk to families about their requirements from the services and then formulate a plan that responds to this.

**How will this be monitored?** Trustees are involved in the process and will receive regular updates through Care Committee and the CEO.

## Priority 2

### **Introduction of 24/7 community palliative care services**

**Why was this priority identified?** As part of a public health needs analysis commissioned and conducted by the Mid and South Essex (MSE) Hospice Collaborative Partnership, a need was identified for a 24/7 community service across MSE. Havens Hospices took the decision to join forces within the collaborative and provide this service in partnership with St. Luke's Hospice's existing model.

**How will this be achieved?** Working in collaboration with St. Luke's Hospices, Basildon we will provide a team and support to extend the 24/7 community service into Southend, Castle Point and Rochford.

**How will this be monitored?** Monitoring will take place through Governance Committee meetings and the CEO.

## Priority 3

### **Review of Staffing ( skill mix/ roles and establishment)**

**Why was this priority identified?** National nursing shortages are expected to increase in the coming years, and therefore Havens Hospices are considering creative solutions to ensure that the care we provide is safeguarded and to enable services to continue to grow. We are working with local workforce development meetings led by the ICS to consider AHP posts, ANP and other alternative solutions. In

addition, we are reviewing our skill mix, role and establishment to ensure that we maximise the workforce to increase the reach of our services.

**How will this be achieved?** Working in collaboration with system partners to explore shared roles, reviewing our skill mix in collaboration with hospice partners, benchmarking our current establishment with other hospices, and recruiting to AHP and ANP roles.

**How will this be monitored?**

Monitoring of vacancies, staff recruitment and retention and safe staffing levels through governance committee meetings and the CEO..

Although the following are a series of statements that all providers must include in their Quality Account many of these statements are not directly applicable to specialist palliative care providers.

## 2.4 Participation in clinical audits

During 2022 to 2023 there were no national clinical audits and national confidential enquiries that Havens Hospices were eligible to participate in.

We do however carry out an internal audit using the NACEL audit tool used by NHS providers of End of Life Care . This year this was completed in conjunction with Hospice UK so we can also compare our performance with findings from the national Hospice UK audit

## 2.5 Local clinical Audit

During 2022/23 The following audits were completed during this period:

- Infection control audit
- Monthly hand washing audits
- Record Keeping audit
- Confidentiality audit
- Hospice at Home Medication Administration audit
- Hospice at Home patient and carer satisfaction audit
- Little Havens caseload audit
- Mattress audit
- Syringe Driver Audit
- Quarterly Submission of Hospice UK benchmarking data:
  - Falls
  - Medication incidents
  - Pressure Ulcers
- Audit of reasons for non-admission to FHIPU
- NHSE Controlled drug audit

In addition, monthly risk meetings in both adults and children's services ensure ongoing monthly review and audit of all clinical incidents and risks arising within the previous month.

The number of patients receiving NHS services provided by Havens Hospices in 2022-23 that were recruited during that period to participate in research approved by a Research Ethics Committee was none.

There were no appropriate or relevant national, ethically approved research studies in palliative care in which we could participate during this period.

For 2023/4 we are signed up as a participant in the forthcoming CHELsea II trial. The CHELsea II trial is a cluster randomised trial of standard end-of-life care with Clinically Assisted Hydration (CAH) (versus standard end-of-life care without CAH) in patients in the last days of life. The trial will be coordinated by Surrey Clinical Trials Unit (based within the University of Surrey) and will be sponsored by the University of Surrey.

## 2.7 Use of CQUIN payment framework

No Commissioning for Quality and Innovation (CQUIN) monies formed part of any NHS contracts for 2022/23

## 2.8 Data quality

Havens Hospices is required to complete the NHS Digital Data Security and Protection Toolkit. This is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. The self-assessment must be completed annually.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. For each organisation, the outcome of their annual submission is published openly on the NHS Digital website.

For our 2021/22 submission, all of the mandatory evidence items were provided, and we met the standard required. The 2022/23 submission will be submitted by the Head of IT & Compliance ahead of the 30 June 2023 deadline, and this year, evidence for all 42 mandatory items will be provided.

## 2.9 Priorities for improvement from previous years

As this is the first Quality Account we have formally published we do not have published priorities from previous years however, we have set out below some key quality improvements completed during the past two years:

## Priority 1. Broaden our reach of Hospice Services.

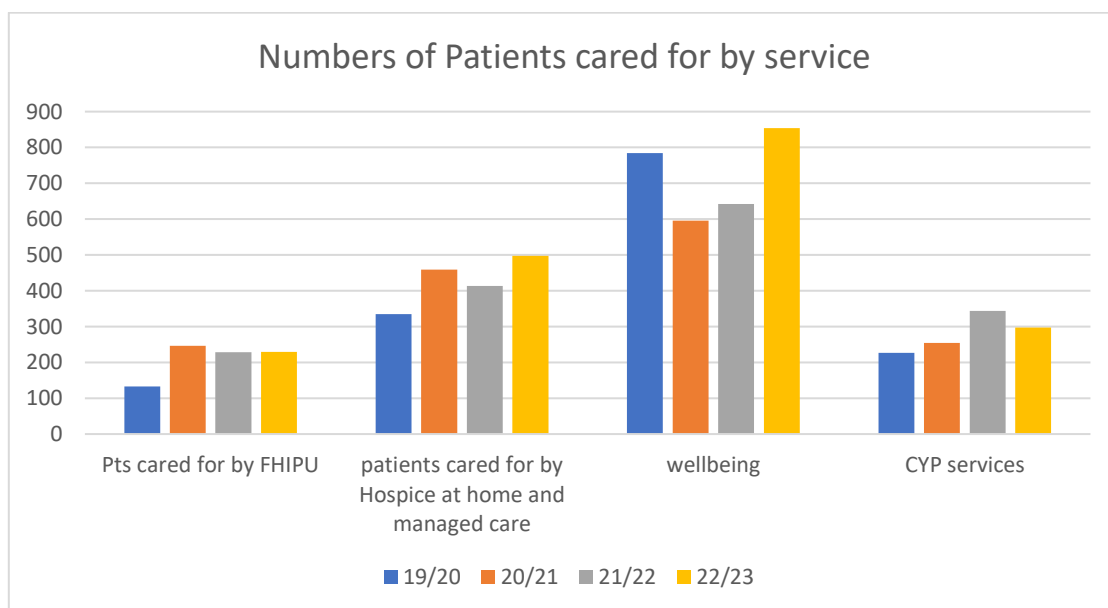
### Why was this priority identified?

A strategic priority for us has been to modernise and remodel care services, for all ages, in line with our Mission to deliver care to more patients and families, free from fear and barriers where we always put the patient and those important to them first. This supports the Vision of 'Making every day count.'

We know that by working differently we could reach more people in the community, by adopting a compassionate communities approach.

A major component of this strategy had been the opening of our new, modern adult hospice building in 2020, and was a core value in our COVID-19 response when our building was used flexibly to both support people needing in patient care, as well as temporarily hosting NHS pathology services to help alleviate pressures throughout the local healthcare system.

Since 2019/20 we have steadily increased the number of people we have supported. This has been achieved through a combination of increased staffing, remodelling of services and changes in processes, resulting in increased throughput and responsiveness (the dip in wellbeing services is due to the restrictions in service provision due to COVID-19).



## Priority 2. Refurbishment of Little Havens Inpatient Unit to improve facilities for children, young people and their families.

### Why was this priority identified

The bedrooms were all showing signs of age, the current sofa beds were not fit for purpose, and the built in furniture was damaged in parts leading to increase cleaning and infection risks. The hoists in all the

bedrooms are end of life and have been put 'out of use' by the servicing contractor. The nurse call system is also end of life with the risk of not being able to repair an obsolete system if it was to go wrong any further. The underfloor heating was faulty and as such damaged the floors in some of the rooms. The blinds are broken in two rooms.

## How was this achieved

The project was completed by using specialist contractors for the upgrades to the electrics and lighting as well as the hoists, nurse call and underfloor heating. We had a donation of time and decorating products to assist us, and also used our in house maintenance team to carry out some of the upgrades.

Children and young people who used the service were also consulted as part of the design process as it was really important to us that the children and young people that use our facilities and the chance to input their views.

Before:



After:



## Priority 3. Implement Electronic prescribing across Adult services

### Why was this priority identified?

Like most hospices, Havens Hospices still used paper based drug charts for prescribing and administration of medications. Due to the high number of record keeping related medication errors that were being reported we wanted to explore alternatives that would reduce error levels, and consequently improve patient safety.

Most clinical services find electronic systems much safer and more efficient than paper systems and hospices who have transferred across to electronic systems have found a huge reduction in both prescribing and dispensing errors.

It was agreed that an electronic prescribing and medication administration (EPMA) system would significantly reduce risk to patients. Although most errors that were occurring were low or no harm they had the potential to be more serious. Medication errors were our most reported type of incident and historically have been a major concern to the organisation.

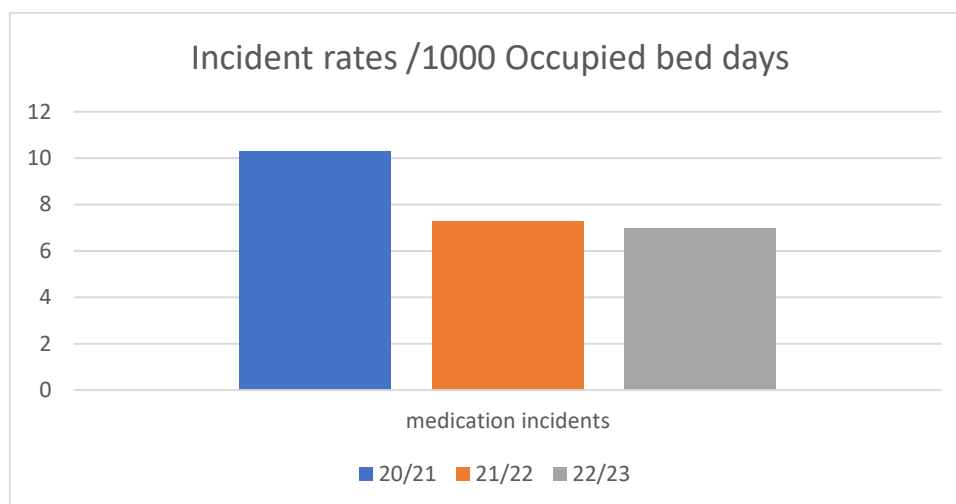
In addition we were finding a significant amount of senior staff time was being spent investigating errors and incidents. Implementation of EPMA meant any future incidents would be easier to manage as the documentation would be readily available and traceable. It would also allow remote prescribing for medical staff on call

### *How was this be achieved?*

After considering various options, it was decided to implement the EPMA function within our existing electronic patient record system ( SystemOne) and we went live with this in January 2022.

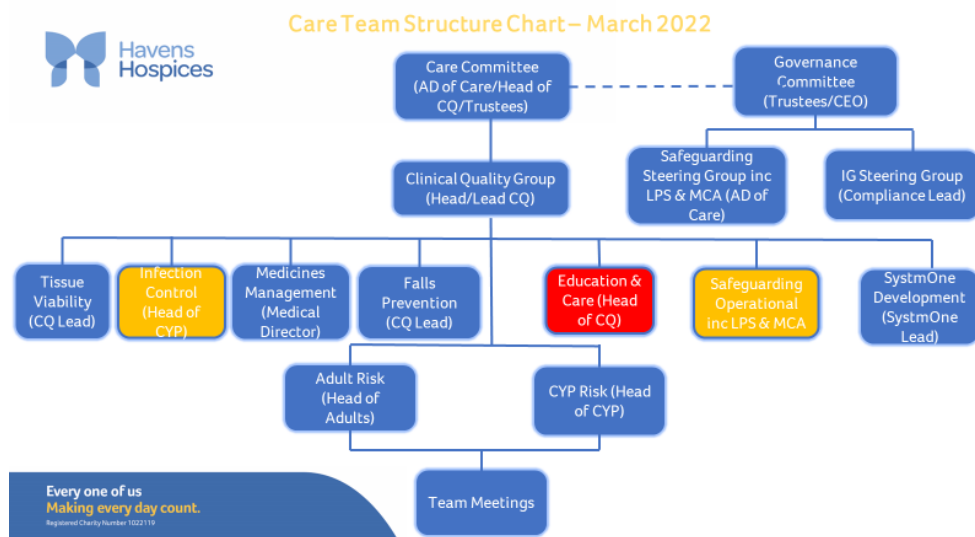
### *What outcomes were achieved?*

As can be seen from the chart below, the number of medication-related incidents has decreased since going live with EPMA. Staff have also responded positively to the new systems in place.



## Part 3: Review of Quality Performance

Strengthening our governance processes have been a priority for the organisation over the past few years, resulting in the structure currently in place shown below:



Risk meetings are held monthly, chaired by each registered manager with their senior staff, and supported by the Clinical Quality Team to review quality metrics and incidents within each service area.

The monthly Clinical Quality Group provides a space for shared learning across all areas of care, with oversight and scrutiny provided by the trustee led Care Committee meeting, a sub group of our Board of Trustees.

### 3.1 Statements from the Care Quality Commission

Havens Hospices currently holds the following registrations with the Care Quality Commission (CQC):

#### Fair Havens In Patient Unit

- Registered to provide: Treatment of disease, disorder or injury, Caring for adults under 65 yrs, Caring for adults over 65 yrs
- Rating from last inspection at previous address on 26/10/2016: Good
- This service was registered by CQC at its new location on 11 March 2020 (new services are assessed to check they are likely to be safe, effective, caring, responsive and well-led.)

#### Fair Havens Community Hospice Service

- Registered to provide: Treatment of disease, disorder or injury, caring for adults under 65 yrs, Caring for adults over 65 yrs
- Rating from the Last inspection on 29/11/2018: Good

#### Little Havens Children's Hospice

- Registered to provide: Treatment of disease, disorder or injury, caring for children (0 - 18yrs), Caring for adults under 65 yrs
- Rating from last inspection on 23/11/2016: Good

CQC direct monitoring approach (DMA) calls were carried out in November 2022 for Fair Havens In Patient Unit and Fair Havens Community Hospice service. No areas of concern were identified.

### 3.2 Quality Performance Information

## Total Patients Cared for by Havens Hospices

**1652**

(Increase of 16% compared to last year)



### Fair Havens Hospice

Patients cared for at Fair Havens Hospice IPU 229

Total hours of care delivered in Fair Havens IPU 62,064  
(increase of 4% compared to last year)

Patients supported by the Hub 391  
(Increase of 35% compared to last year)

Patients cared for by Hospice at Home and Managed Care Service 497  
(Increase of 20% compared to last year)

Total hours of care delivered by Hospice at Home 11,437  
(Increase of 28% compared to last year)



### Little Havens Hospice

Children cared for by Little Havens Children and Young People's Service	297
Total hours of care delivered in the hospice (Includes day stays and overnight stays)	12,152
Total 'Day Stays' at Little Havens (Increase of 17% compared to last year)	151
Hours of care provided by CYP Hospice at Home (Increase of 29% compared to last year)	5,166

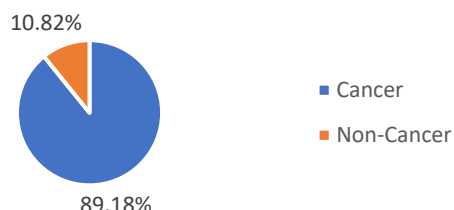


### Wellbeing Team

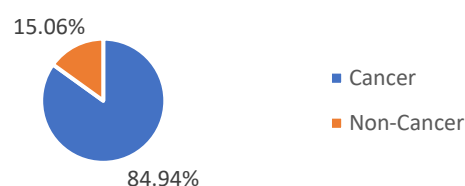
People being supported by our Wellbeing Team (Increase of 33% compared to last year)	854
Complementary Therapies given to patients (Increase of 53% compared to last year)	421

In addition to reaching more people it is also interesting to note there has also been an increase in patients being supported with a non cancer diagnosis, which supports our ambition to reach more people who may not have accessed hospice support previously.

Cancer vs Non-Cancer  
Diagnosis 2019/20



Cancer vs Non-Cancer  
Diagnosis 2022/23



## Patient Reported Outcomes:

The OACC suite of outcome measures ( Outcomae and Complexity Collabortive) is a validated suite of outcome measures specifically designed to measure the impact of palliative care services, and help improve patient care. At Havens Hospices we introduced these into routine care across all adult services in 2019/20

One of the tools within the suite is a patient reported outcome measurment tool, the Integrated Palliative Care Outcome Scale (IPOS). IPOS are completed on admission or acceptance onto the caseload for all adult patients, and repeated at each change of phase of illness, or after a specified period of time.

Shown below is a summary of findings from the IPOS questionnaires completed which shows we are having a positive impact across all domains measured. Further vaildated evaluation tools are also being introduced across our wellbeing services and and we will be able to report on these findings in future years. An IPOS for CYP services is also being developed which we will be implementing once available.

Average Scores for each Indicator (1260 pts)	First Assessment	Final Assessment	Net Change	% Change
Pain	1.81	1.44	-0.38	21% decrease
Shortness of Breath	1.49	1.11	-0.38	26% decrease
Weakness or Lack of energy	2.89	2.55	-0.33	12% decrease
Nausea	0.83	0.48	-0.35	42% decrease
Vomiting	0.48	0.25	-0.24	49% decrease
Poor Appetite	2.30	1.96	-0.34	15% decrease
Constipation	1.27	0.94	-0.34	26% decrease
Sore/Dry Mouth	1.52	1.25	-0.26	17% decrease
Drowsiness	2.11	1.97	-0.14	7% decrease
Poor Mobility	2.90	2.66	-0.23	8% decrease
Feeling anxious/worried about treatment/illness	1.80	1.33	-0.48	26% decrease
Friends/family have been anxious/worried	3.01	2.72	-0.29	10% decrease
Feeling depressed	1.36	1.07	-0.29	22% decrease
Felt at peace	1.91	1.43	-0.48	25% decrease
Share feelings with friends/family	1.54	1.34	-0.20	13% decrease
Had as much information as wanted	1.22	0.94	-0.28	23% decrease
Practical Issues have been addressed	1.02	0.81	-0.21	21% decrease
<b>Average</b>	<b>1.73</b>	<b>1.43</b>	<b>-0.31</b>	<b>18% decrease</b>

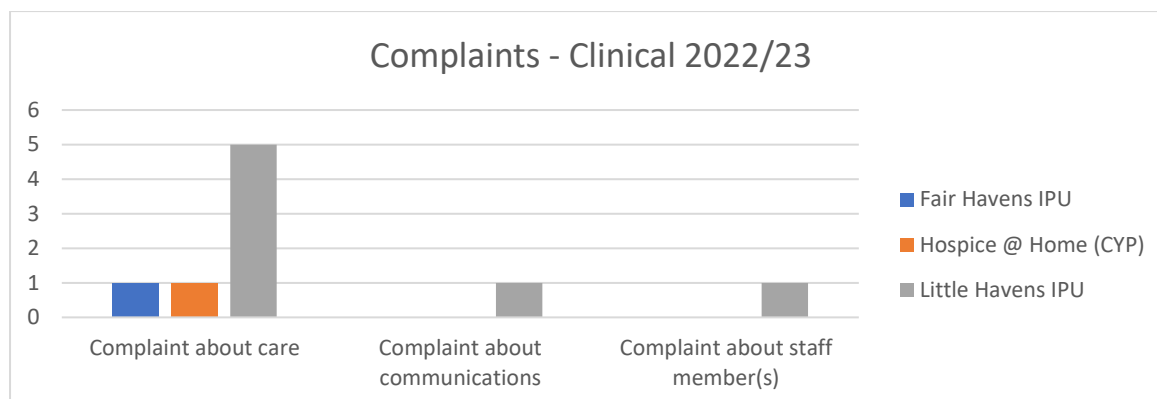


A wide range of mechanisms are used to collect patient feedback including an online anonymous feedback form, feedback cards as well as regular patient surveys. The word cloud below summarises the 298 compliments received over the past year across all our services.



## Complaints

Nine complaints were received in 2022/23

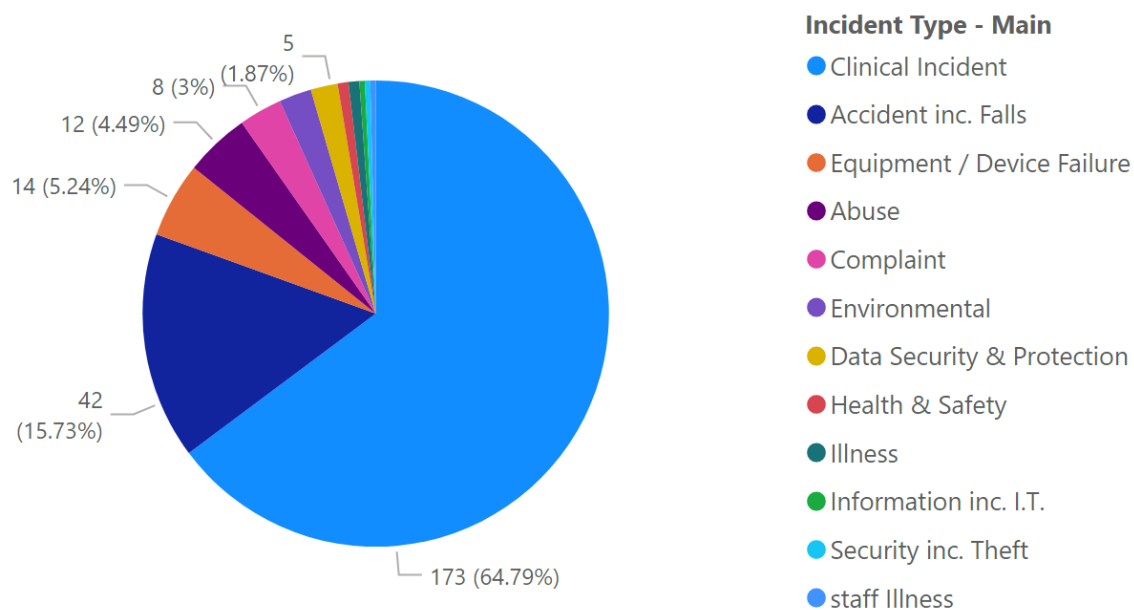


The majority of these are related to changes in access to CYP services. Whilst the majority of complaints were not upheld the findings from the concerns raised have been included within the CYP services redesign improvement work discussed above.

## Clinical Incidents

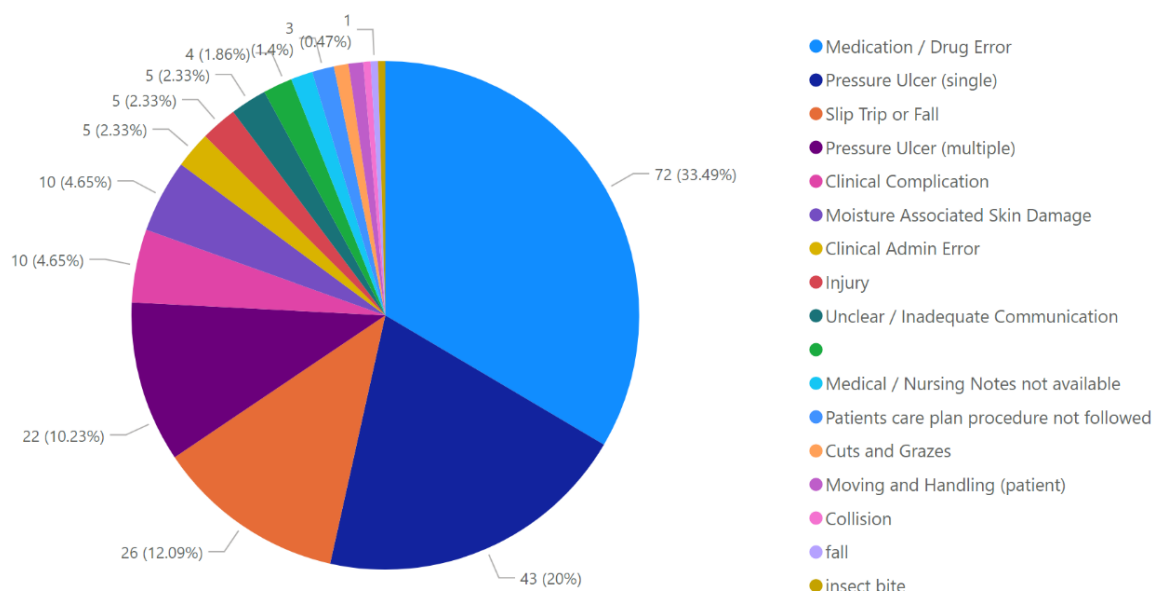
As an organisation we have a positive approach to the reporting of incidents, and strongly encourage all near misses to be reported as well as any incidents which result in any level of patient harm.

### Care incident summary 2022/23

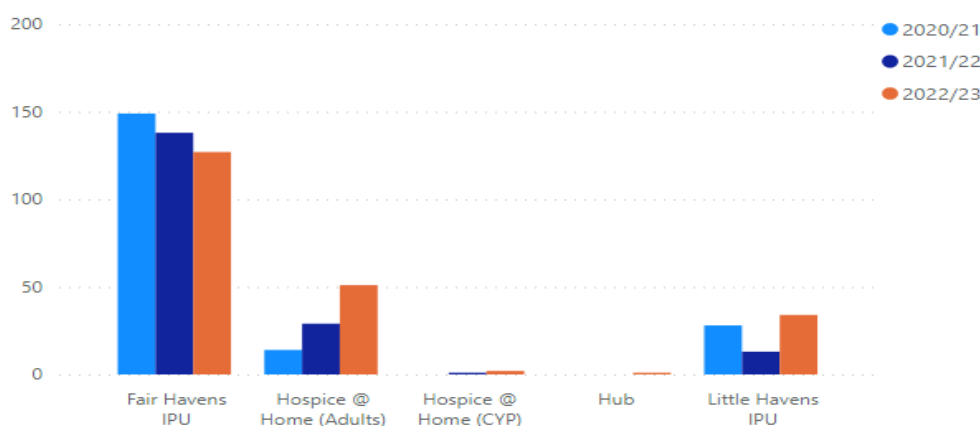


As expected the majority of incidents in care were clinical incidents, which are further broken down below:

Clinical incidents including falls by type in 2022/23

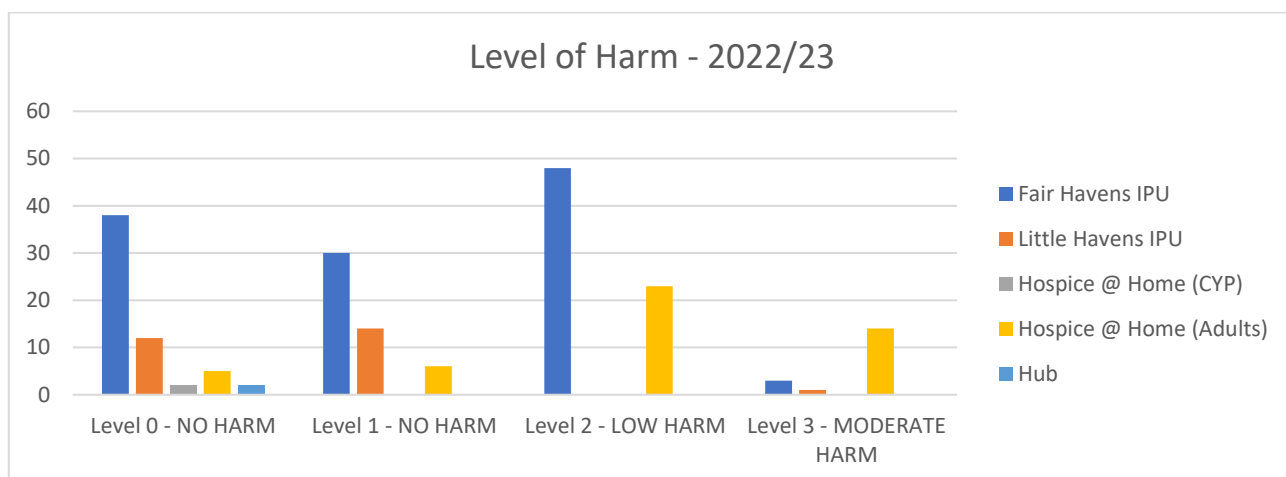


Clinical incidents including falls by service



As expected the majority of incidents occur within our adult In Patient Unit, as the area with the highest amount of patient activity, with a third of these being reported near misses (level 0)

The rise in incidents in Hospice at Home is due to increased reporting of tissue viability incidents by the service. Historically community services did not routinely report pressure ulcer incidents as the patient is not under our care 24 hours a day, however these are all now routinely reported so that they can be investigated and any identified learning shared with other community partners.



The majority of incidents reported are Level 0 and level1. Of those incidents incurring a level of harm greater than level 2 the majority of are concerning patients with pressure ulcers within the community.

Breakdown of level 3 moderate harm incidents:

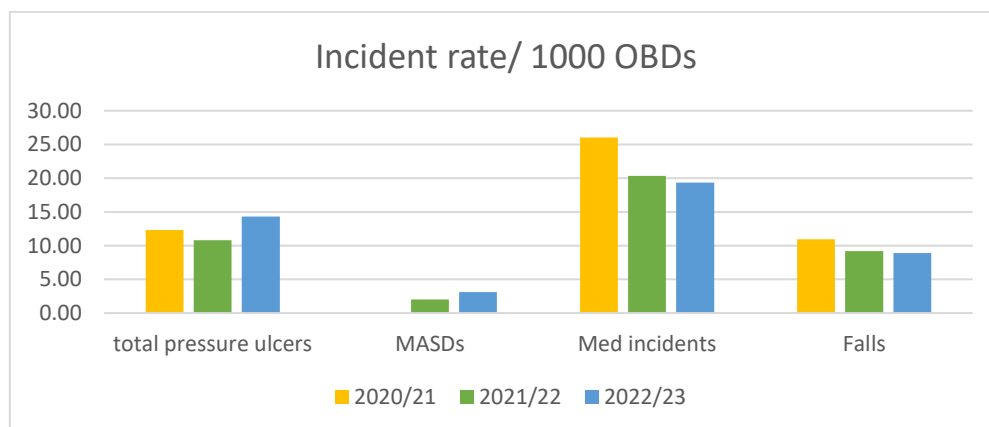
Service	Type of Incident	Number
CYP services	Clinical Complication	1
Hospice at Home ( adults)	Pressure ulcers	16
Fair Havens IPU	Pressure ulcer	1

Investigations did not identify any areas of concern.

There were no reported incidents in 2022/23 which incurred a level of harm greater than level 3.

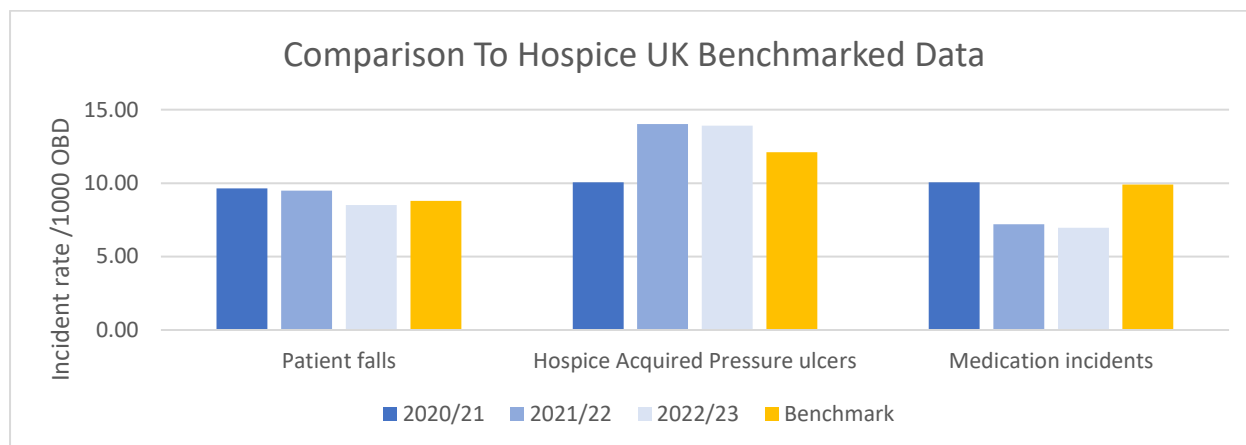
Comparison against our most frequently occurring incidents over the past three years has shown a reduction in most areas except for hospice acquired pressure ulcers.

The chart below shows our incident rate per 1000 occupied bed days to account for significant changes in patient activity over this period.



As an organisation we participate in the Hospice UK patient safety benchmarking scheme. This enables us to benchmark our incident rate against our peers.

Comparison with Hospice UK benchmark data shows that whilst we have seen a decrease in both patient falls and medication related incidents, we have seen an increase in hospice acquired pressure ulcers. It is interesting to note that we are also seeing significantly higher number of pressure ulcers present on admission ( 26.7/1000 OBD) compared to our benchmarked peers 18.2/1000 OBD)



All pressure ulcer incidents are individually investigated and scrutinised at our tissue viability group, which our local tissue viability nurse attends (from NHS Essex Partnership University Trust). Whilst there have not been to date any incidents that were deemed to be avoidable, we are committed to continue to focus on reducing the incidence of tissue viability incidents.

### 3.3 Quality Markers we have chosen to measure.

Our key quality indicators for our 2023/24 NHS contracts are set out below.

As discussed above we have chosen to focus on the reduction of hospice acquired pressure ulcers within our adult In Patient Unit to below peer benchmark levels as an organisation level quality indicator.

NHS contract Quality requirements : 2023/4

	Safeguarding training	Compliance level
Local Quality requirements	Adult levels 1-4	≥ 95%
Local Quality requirements	CYP levels 1-4	≥ 95%
Local Quality requirements	Safeguarding Supervision 121 or group reflection CYP services : All Named / Specialist / Lead health professionals working with children and young people will receive 1:1 safeguarding supervision on a 3 monthly basis	100%

Local Quality requirements	CYP Safeguarding Supervision: All staff working with children and young people regularly, whereby they are required to make safeguarding referrals, will receive safeguarding supervision on a 3 monthly basis	95%
Local Quality requirements	CYP Safeguarding Supervision: All other staff delivering care directly to children and young people or to parents and carers will receive safeguarding supervision on a 3 monthly basis	95%
National Quality requirements	<b>Duty of Candour</b> compliance : No. of times failed to notify Relevant Person of a suspected or actual Notifiable Safety Incident	0

To be added:

Feedback from ICB and Healthwatch

### **Mid and South Essex Integrated Care Board response to Havens Hospices Quality Report 2022/23**

As a commissioner of hospice services locally, Mid and South Essex Integrated Care Board (MSEICB) welcomes the opportunity to comment on this quality report.

MSEICB is commenting on a draft version of this quality account, however, to the best of its knowledge, the information contained within this report is accurate and is representative of the quality of services delivered. Any queries will have been fed back to Havens Hospices prior to publication for consideration of inclusion, along with any missing data in the final report.

MSEICB are pleased to note the achievements made in key quality improvements over the last two years to broaden the reach of Hospice Services, to refurbish Little Havens Inpatient Unit, and to implement electronic prescribing across adult services, resulting in a decrease in medication errors. It is particularly pleasing to see the fantastic patient and family feedback contained within your report. MSEICB acknowledge the priorities that you have set for 2023/24 and are looking forward to seeing how you will meet these and are happy to assist where they can.

MSEICB welcomes the collaborative approach, in joining The MSE Hospice Collaborative Partnership and sharing best practice. We are encouraged by the close working with St Luke's Hospice to learn from their existing model, providing a 24/7 community palliative care service.

Our sincere thanks go to Havens Hospices and all its staff and volunteers for their hard work and dedication that has been evident over the last year. We would also like to congratulate you for all that you have achieved in that time given the backdrop of increasing pressure and uncertainty which continues to impact all healthcare services. The flexibility and innovation shown by Havens Hospices has been truly welcomed and appreciated by everyone in the communities that it serves.

In conclusion, MSEICB considers the Havens Hospice Quality Report for 2022/23 as providing an accurate and balanced picture of the reporting period. MSEICB will continue to seek assurance on performance and delivery of care by regular monitoring through agreed contract processes.

Frances Bolger  
Interim Chief Nurse  
**Mid and South Essex Integrated Care Board**

26 May 2023