

Wessex Children's Hospice Trust

(A company limited by guarantee)



Annual Quality Account 1st April 2023 to 31st March 2024

Registered Number: 02601495 (England and Wales)
Charity Number: 1002832

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A poem by Lucy Hudson

Home from Home

A place of rest, a place of peace,
A place to seek cathartic release.
What this means to you, you will shortly see,
Is not quite the same as what it is to me.

I say the word "hospice" and you begin crying
As, for the short moment, you fear that I'm dying.
But here is the truth, take note, I implore,
The role of a hospice is so much more.....

To nurture, to teach, to give life meaning,
As we experience life without parents intervening!
A chance to explore who we want to be,
And learn how to live independently.

A place of friendship, a place of fun,
A place where weakness and strength become one.
A place to flourish, a place to grow,
But also a place for when it's time to let go.

Though sad time may arise, when we lose someone dear,
We're safe in the knowledge that they're always here
For families and friends seeking comfort and care;
That special bond we'll always share.

So dear readers, please understand
That the sorrows and joys go hand-in hand,
And, now that I've found them, I no longer feel alone
In my favourite little getaway.....

My Home from Home.

Lucy Hudson, young adult who uses services at Jacksplace

Introduction

Wessex Children's Hospice Trust runs two hospices, Naomi House and Jacksplace and supports end of life care in the community. Within Naomi House there are 10 children's bedrooms and an additional bedroom suite that can be used for 2 beds and accommodate a family. Jacksplace has 7 bedrooms. There is family accommodation within Naomi House and families can be accommodated in either hospice at end of life.

The hospices support neonates, children, teenagers, and young adults with life limiting or life threatening conditions and provide onsite services for respite (short breaks), emergency care, symptom management, step down from hospital and end of life and bereavement care. Both hospices have bereavement suites. Care can also be supported, alongside the Community Children's Nursing Team, in the community.

Naomi House & Jacksplace are hospices based in the village of Sutton Scotney, 8 miles north of Winchester, Hampshire, easily accessible from major roads and motorways in the region. Referrals for Naomi House are considered from the counties of Hampshire, Berkshire, Dorset, the Isle of Wight, West Sussex, Wiltshire, and Surrey. Referrals for Jacksplace may come from any county. Acceptance to the service is based on information from the child or young adult's clinicians and assessment against an eligibility assessment tool.

Naomi House accepts referrals for life limited and life threatened children up to the age of 18 and Jacksplace accepts referrals for life limited and life threatened young adults between the ages of 16 and 35. They are co-located, and access is available between buildings by a link bridge. Each hospice has age-appropriate facilities including computer assisted technologies, music, art, and specialised activities for people with physical and/or sensory needs. Each hospice also has their own garden facility with age-appropriate furnishings and activities and there is a hydrotherapy pool that adds to the enjoyment of stays.

Food is freshly cooked in our kitchens by chefs that cater for a wide range of dietary needs including blended diets. Each hospice has a combined kitchen and dining area.

Counselling and support services are offered for referred children and young adults, as well as siblings and families of the children and young adults who use the hospices. The family support team run several groups and activities. A social worker works within this team and is the Designated Safeguarding Lead for the Trust.

In addition to activities within the hospices, the Play and Activities team organise outings for children and young adults whilst visiting for respite, co-ordinate day service activities both on site and virtually and offer play visits within the community setting.

The age of transition from Naomi House to Jacksplace is determined following individual assessment and confirmation that the service user continues to meet the eligibility criteria. This can be from the age of 14 and is planned following consultation with the young adult, their family and other professionals to ensure the transition is smooth, safe, and appropriate. Relevant assessments and permissions are put in place where a young person below the age of 18 stays at Jacksplace when young adults over 18 are staying. Staffing is managed to account for the ages of people staying and ensure that proper safeguards are in place considering the needs of

both vulnerable adults and children.

The services of the hospice are nurse led and supported by two Paediatric Palliative Care Consultants and an Adult Palliative Care Associate Specialist who lead, and oversee, a team of doctors who provide 24 hour on-call cover and are available to provide support daily. The registered staff are a mixture of children's, adult and learning disability nurses and are supported by carers, a play and activities team, a family support team, housekeeping, and catering teams. There is always a Clinical Team Leader and Care Manager on site or on call for senior support. The hospices have close links with the local acute trusts.

The Trust is run by a Board of Trustees advised by a number of specialist committees, including a Clinical Committee and a Healthcare Governance Committee.

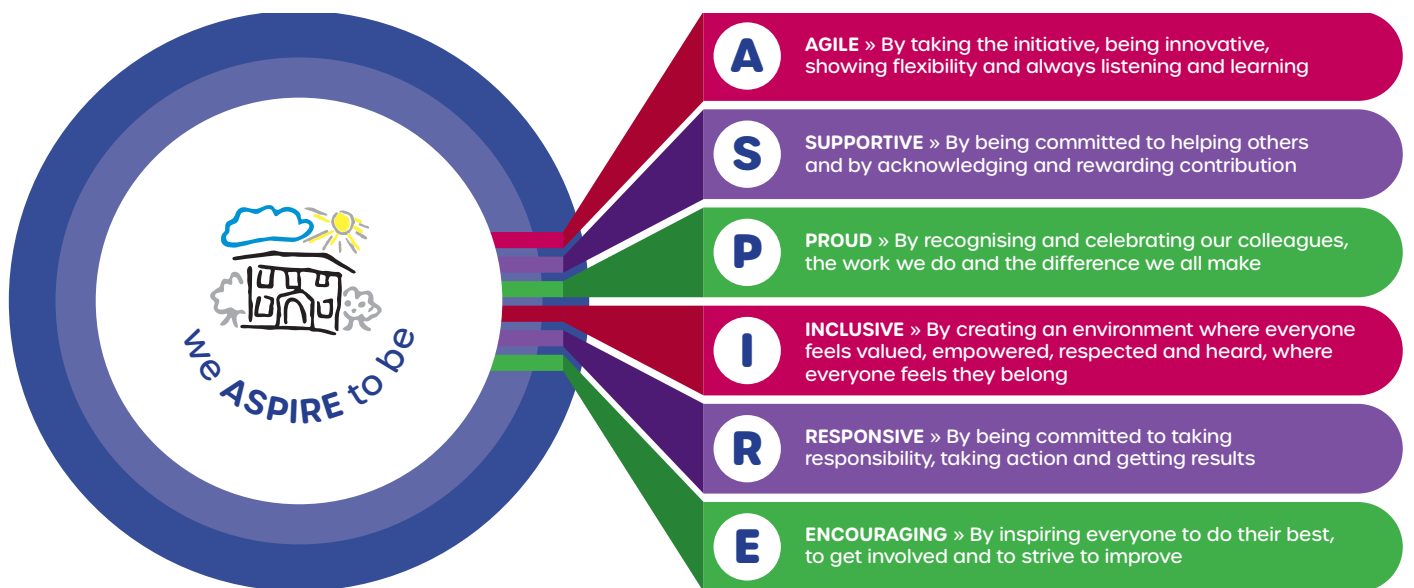


Vision, Mission, Values

Our Vision is a future where children, young adults and their families have access to compassionate support and expert palliative care, when and where they need it, on the good days, difficult days and last days.

Our Mission is to always provide outstanding care for children, young adults and families. Guided by the families we support, we will develop innovative services to provide personalised care and invest in our staff, our volunteers and our communities, to deliver an inclusive and collaborative service.

Our Values reflect and demonstrate how we **ASPIRE** to deliver our promise to the children, young adults and families we support, to all our colleagues, our volunteers, supporters and donors.



Part 1 - Quality Statement from Chief Executive

It gives me great pleasure to present our Quality Report for 2023/2024 on behalf of the Board of Trustees, our staff and volunteers, to everyone who supports us and to those families who use our services. Naomi House & Jacksplace, as the specialist regional hospices for children and young adults and their families, are proud to commit to quality throughout everything we do. We are dedicated to provide an environment where quality service can be delivered, from the care services provided to families, to the service we provide to everyone who supports us with time and money, as well as to our staff and volunteers. Above all, we strive to create a culture that has quality at its heart.



I am delighted to begin this year's report with the news that we have once again been awarded "Outstanding" by the Care Quality Commission (CQC) following an inspection in November 2023. We were one of 14 organisations chosen as early adopters to be the first to be inspected under the new CQC Single Assessment Framework with the report being published in May 2024.

The CQC team who visited Naomi House & Jacksplace reported the following:

"As part of our review, we examined key areas of safety, effectiveness, responsiveness, and leadership. We are pleased to announce that the overall rating for Naomi House & Jacksplace is Outstanding. Specifically, we rated the service as Outstanding for 'responsiveness' and 'caring', reflecting their deep understanding of the diverse health and care needs of the community, ensuring that care is coordinated, flexible, and supports both choice and continuity. We rated the service Good for 'safety', 'effectiveness' and 'leadership' due to their safe care practices and robust governance arrangements."

Our renewed CQC Outstanding award is recognition of the high-quality care we strive to deliver every day and is achieved through the combined efforts of each and every individual that enables Naomi House & Jacksplace to deliver the great services we do. We continue to provide a range of services for children, young adults and their families through symptom management, step down care, emergency and planned respite and of course end of life care and bereavement support. As we have done so, maintaining the highest quality standards throughout has been at the centre of our decision making and actions.

I am responsible for the preparation of this report and its contents, with the support of my Senior Management Team and in particular the Director of Care. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of health care services provided by Naomi House & Jacksplace.

Mark Smith, Chief Executive Officer, Naomi House & Jacksplace



Annual statement of assurance re Equality of Access

Referrals to Naomi House & Jacksplace are considered primarily on medical grounds. Each referral is assessed using an Eligibility Assessment Tool which was introduced in the year 2020/21 year. This tool is regularly reassessed to ensure that it remains fit for purpose. Any child or young adult who meets the criteria to receive services and is within our nominated area will be accepted, regardless of their race, creed, ethnicity, gender, disability, sexuality or language. Every effort is made to ensure that the needs of all referred children and young people are met.

An Equality & Diversity Policy and Referrals, Acceptance & Review Policy are in place.

We have not had any complaints or reports of either Naomi House or Jacksplace failing to adhere to Equality of Access during 2023/24.

From 1st April 2023 to 31st March 2024 the hospices provided 583 bed nights that attracted an NHS contribution or were funded via Personal Health Budgets. This is an increase on the previous year where 407 bed nights that attracted an NHS contribution or were funded by Personal Health Budgets.

Part 2 - Statements of Assurance from the Board

Review of Services

During 2023/24 Naomi House & Jacksplace provided specialist palliative care services to children and young adults between the ages of 0 and 35 years and supportive care to their families. This is through charitable funding and a small amount of income through contracts with the NHS. We have two Paediatric Palliative Care Consultants and an Adult Associate Specialist who work between the hospices and University Hospitals Southampton. They work alongside a team of hospice doctors to provide a 24-hour, 7 day on call service. There is a doctor available for clinical advice each day if required and out of hours as part of the on call service.

During 2023/24 Naomi House & Jacksplace provided the following services:

- On site respite and emergency supportive stays
- Step down from hospital
- Symptom management stays
- Support to community teams at end of life
- Day services via virtual platforms and to face-to-face services
- Psycho-social family support services
- Specialist palliative care advice and support.

We regularly review the data available to us on the quality of our services. Our Clinical Committee receive monthly reports and our Health Care Governance Committee quarterly reports. These reports provide assurances to the Trustees on the quality of services that we provide. Incident reports and clinical audit findings are also reported through these channels.

All our services are funded through a combination of fundraising activity and/or contracts with NHS Commissioners. Where funding is secured, this only partly contributes to the costs of clinical care and services offered to children, young adults and their families. Additional costs are borne by the charity and we are dependent on our fundraising activity.

We have worked during 2023/24 to further develop our relationships with commissioners particularly those that we currently have no funding agreement with and support the progression of a Managed Clinical Network.

Summary and Highlights from 2023/24

In 2023/2024 we were focused on moving on from the restrictions of the pandemic and looking at how we could expand the service delivery and activity that we provide. We have taken the opportunity to reflect on the changes that we had to make because of the pandemic and use these as learning opportunities when looking to rebuild and expand our services.

Statements of Assurance from the Board Cont.

2023/24 has seen our international nurses become an integral and valued part of our workforce. Their commitment to the provision of high-quality care to the children and young adults that use our services, alongside our existing team has meant that we have been able to consistently have both hospices open and offer respite stays, end of life care and post bereavement care as well as short notice admissions for symptom management stays and step down from hospital.



Across the year our delivery of end of life care, both within the hospice and in supporting community teams when children are at home, has increased. As have symptom management stays to avoid hospital admissions and step-down care following significant hospital stays. These admissions are supported at Naomi House by the continuing development of our relationship with the Specialist Paediatric Palliative Care (SPPC) team at UHS, our two SPPC consultants whom we share with that team. Equally at Jacksplace our relationship with the Adult Palliative Care team continues to develop through the cross-organisation working of our Associate Specialist in Palliative Medicine and our Clinical Nurse Specialist for young adults.

Fun and laughter continue to be key therapies that are offered as part of a stay at Naomi House and Jacksplace. The day service introduced to Naomi House last year, a monthly session for parents/carers to attend with their child to enjoy themed activities and social play sessions including music and Makaton singing, has continued with a range of activities included through the year. Regular days services are also offered through Jacksplace with themed events relevant to the time of year and activities based around the likes of the young people that attend.

Our annual festival for young adults, 'Jestival' was well attended this year and despite some less favourable weather all attendees entered the spirit of the festivities.



Special visitors

The arrival of the Easter bunny and Father Christmas are always show case events with a high-flying twist and a need to wrap up warm. Children, young adults and staff alike like to gather outside to see their arrival.



Garden of Roses

The summer is always an opportunity for the children and young adults visiting Naomi House & Jacksplace to take part in the heart-warming annual tradition of paying our rent with a dozen red roses. Every year, on or around Midsummer's Day, Naomi House & Jacksplace give 12 red roses as a peppercorn rent to Naomi and David Cornelius-Reid. This beautiful tradition has a long history, originating before Naomi House first opened in 1997. Naomi and David's mother, Mary Cornelius-Reid, permitted the construction of a hospice on her land in the Sutton Manor Estate. In return, she requested a symbolic gesture: annual rent of a dozen red roses.



New accessible holiday lodge

Early 2024 saw us officially open our brand new, fully accessible holiday lodge in the heart of the New Forest, called 'Naomi House in the Forest'. This means we can now offer the children and families that visit Naomi House a holiday. Located within the Hoburne Bashley Holiday Park, the thoughtfully designed lodge provides a home-from-home for families. It is a comfortable and easy space for children and their families to enjoy together, all on the doorstep of the New Forest. There are three bedrooms, including an adaptable bedroom that leads to an accessible wet-room. The wet-room has both a hoist and shower chair, which is essential supportive equipment for many children with life limiting and life threatening conditions.




“The lodge was absolutely stunning. It was so spacious and had everything we needed in it. To go away on holiday and have the specialised profiling bed and the huge wet room was perfect. To have different scenery but also comfort for my daughter was everything we wanted. It was a well needed, stress free break”

- Feedback from a family using the lodge

Family Support Team

Over the past year the Family Support Team have continued to provide a responsive service with the flexibility to meet the needs of families in house and within the community. The Family Support Team is responsive to requests for support for children, young adults and their families in their most difficult times of need. All referrals for counselling and therapeutic support are responded to and assessed within a week of first request with referred children and young adults prioritised. There is a small team of Bank Counsellors who provide the flexibility to respond to the needs of predominantly bereaved parents as and when required. All in the team are providing a good balance of in house and community visits to meet family's needs which including attending meetings and liaising with community professionals.

In terms of contacts made with children, young adults and their families there has been an increase of 225 contacts (8%) in the year 23/24 as compared with year 22/23 with respective figures of 2957 and 2732 contacts made.



This includes initial visits to the hospice, open and visiting contacts, bereavement and end of life, counselling, social work, sibling support and play therapy.

The Family Support Team have continued to provide groups and have developed a “Dad’s Group” which has been successful. Twenty nine groups were held through 23/24 which include support to bereaved parent, open and visiting children and young adults, bereaved and non-bereaved siblings, parents and those with Duchenne Muscular Dystrophy.

The Family Support team have also prepared and delivered training over the past year to internal staff including on topics such as safeguarding, spirituality, communication skills and end of life and bereavement. They provide regular fortnightly debrief sessions for all care team staff which are well attended and provide psychological support for challenging situations as well as supervision sessions for carers and play team members.

Externally they have provided five training and development sessions.

Summary

In the financial year 2023 to 2024, it cost £8.8m to run the whole of our service, with 15.6% of our cost base covered by a contribution from the NHS for the provision of our care services from the NHS England Children’s Grant and contracts with the NHS. We continue to look for new ways to improve our service provision and extend our services, demonstrated by the addition of our new Naomi House in the Forest holiday home. Key to our success and financial sustainability is the support we rely upon from our donors, fundraising activities and retail outlets providing essential funds to care for our children, young adults, and families.

Fundraising Retail and Marketing Review of the Year 2023 -2024

If the 2022-2023 period was noteworthy for the unexpected change in perspective brought about by the crisis in Ukraine and other global events, last year was a period when the dawning reality of the impact of such events started to truly bite. Despite endemic economic challenges, increases to interest rates and the cost of living crisis, charities the length and breadth of the country were determined to support their beneficiaries whilst adapting to the continuing changes in appetite and interest of donors and supporters.

The Fundraising Management Team for Naomi House & Jackspace oversee income generation across voluntary, planned and commercial income generation. Plans for teams are developed in consultation with the team and based on the opportunities and potential for each income stream. The charity maintains a variety of income generation sources including Events, Community Groups, Corporate Relationships, a network of 21 Charity Retail Shops. We also receive the ongoing and occasional support from a variety of Trust and Foundations. Our lottery has nearly 10,000 regular players and is supported by an External Lottery Manager. We recruit new players via a retained canvassing agency with fundraisers who work exclusively on our account.

Apart from directed activities we have the support of the Recycled Bike Hub who operate from our retail warehouse and have contributed many thousands of pounds to the charity by recycling and selling donated bikes.

Fundraising Statement

Naomi House & Jacksplace recognises the enormous contribution made across the income generation activities from volunteers and paid employees. Volunteers underpin and add value across all aspects of the work of the team whether helping at events, supporting office duties and much more besides. Volunteers supporting our work form a natural part of the extended team and are central to all of our operations.

Following a varied year our Retail team we have continued to operate 21 shops whilst seeking to increase this number with suitably variable propositions to add to the portfolio. Although several sites are under consideration, cost and opportunity are also carefully considered before moving forward. Hopefully, '24-25' will be the year when we start to add to the portfolio. Another adjustment in the Retail team is the addition of a Commercial Manager in the final quarter of the year. A significant focus of the role is in supporting managers to ensure consistent standards and focus maintained on the opportunities and activities that provide the best return.

Naomi House & Jacksplace is registered with the Fundraising Regulator and carries the Fundraising Regulator Logo on the website as a sign of our ongoing commitment to the principles and aims of that body and sector best practice.

The Fundraising Management Team support and encourage the professional development of the Fundraising team sourcing and providing regular training. As a team we have regular team and individual development meetings, 1:1's and support training. The Director of Fundraising remains Chair of the regional Committee of the Chartered Institute of Fundraising and regularly offers the team opportunities to join or take part in free or low-cost training and peer to peer networking sessions. All new fundraisers are encouraged to take the Chartered Institute of Fundraising's Fundraising Foundation Course.

The Fundraising Management team continually monitor guidance and regulations from the Charity Commission, the Fundraising Regulator, and the Gambling Commission. Specifically, we review information relating to GDPR, data protection and Gambling activities.

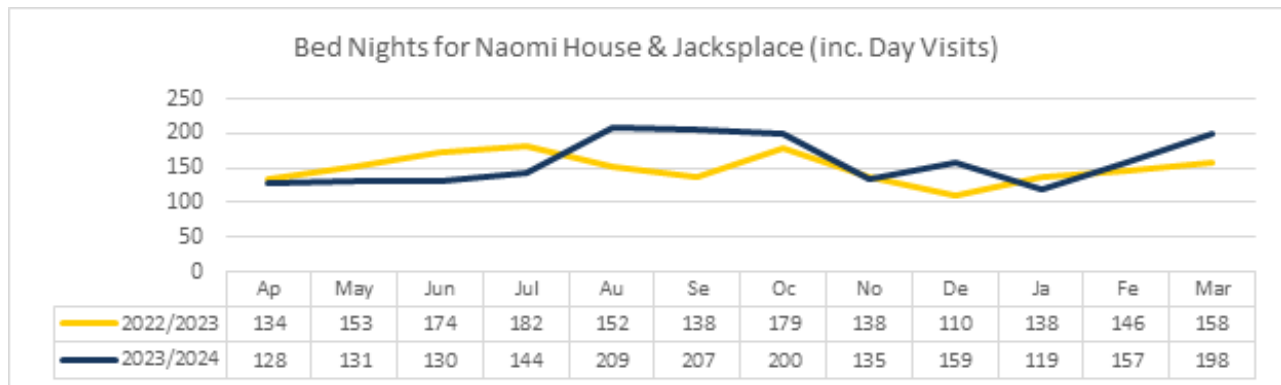
Due to the Lottery and the nature of the work of the charity, we are alive to the needs of vulnerable people and use the framework from the Gambling Commission and the Code of Fundraising Practice to guide our approach to dealing with any such individual or group. In the Retail operation, each shop has a manager and assistant who undertake regular training in these areas supported by Relief Managers our volunteer coordinator and the HR partner. Each shop displays information on contacts for anyone to report concerns. All staff undertake relevant Safeguarding and Health & Safety, Safeguarding training,

We continue to provide Third Party fundraisers with a fundraising agreement. This sets out expectations in regard of health and safety arrangements together with information for insurance, cash handling, etc. We acknowledge donations electronically or by post and provide receipts on controlled stationery for staff involved in cash collections.

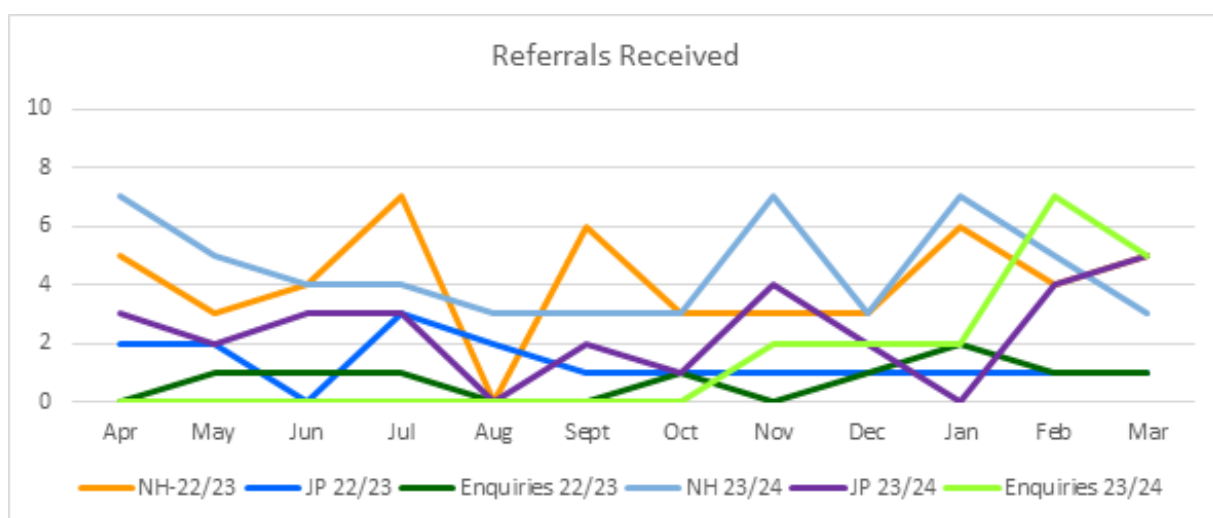
In the coming year we look forward to updating our fundraising activities to maximise income,

Part 3 - Review of Quality Performance

embrace new technology and further embed the principles and values reflected in the Vision, Mission and values of the charity.



Families Supported (As at March 2024)	Naomi House	Jacksplace
Open	153*	99*
Day Service Users Only	7*	7*
Post Bereavement (inc. external post bereaved)	181*	63*
Family Support Only	21*	4*
All those receiving services	362	173



Fast track/Accepted Outside Clinical Committee referrals from April 2023 – March 2024 = 14.

External post bereavement referrals since April 2023 = 2.

Review of Quality Performance Cont.

CQC Compliance Report

The service was inspected in November 2023 as an early adopter site as part of the new CQC inspection regime. The inspection was undertaken over one day by three inspectors, one of whom was an expert by background. They were impressed with the facilities, care and in particular the way in which staff interacted with children and young adults.

The draft inspection report was received in March 2024 and we were delighted to have retained our 'Outstanding' rating. The final report was not published until May 2024.

The inspection report summary is provided in the insert below:

Overview

Latest assessment: 21 November 2023 Report published: 10 May 2024


Safe	Good ●
Effective	Good ●
Caring	Outstanding ☆
Responsive	Outstanding ☆
Well-led	Good ●

Our [CQC's] view of the service

Naomi House and Jacksplace is a service run by the Wessex Children's Hospice Trust. Naomi House is for children up to the age of 16 or 18 years old and Jacksplace is for young people and adults from the ages of 16 years to 35 years. The hospice supports children from birth to young adults with life limiting or life limiting illnesses and provides accommodation for respite (short breaks), emergency care, day care and end of life care. The hospice have bereavement suites and provide family support services. We conducted an evidence-based assessment of the services with an onsite inspection on the 23rd of November 2023. We reviewed elements of safe, effective, responsive and well led key questions. The overall rating for this service was outstanding. We rated safe, effective and well led as good because care and treatment was safe and the service had effective governance arrangements. We rated responsive as outstanding as the service understood the diverse health and care needs of people and their local communities, to ensure care is joined-up, flexible and supports choice and continuity.

People's experience of this service

Overall we were assured people received outstanding care and people's experiences were positive. Some of the comments from families and relatives included 'we received excellent care while in the hospice both for us and our daughter' and 'The support I received since my sons passing was invaluable'.



Following the inspection, we actively engage with our Lead inspector and regularly communicate through written reports and monitoring calls.

Quality Monitoring Requirements for NHS Commissioners

Naomi House & Jacksplace are required to report to NHS Commissioners on the quality of its services via the NHS Standard Contract and NHS Grant Agreement that are in place. Local variation has been agreed where the standard nature of these NHS contracts is not relevant to the hospice. Quality is assured through quarterly written reports, verbal updates and through contract review and performance meetings which have been held virtually in 2023/24.

NICE Guidance Compliance Annual Report

NICE guidelines are regularly monitored and any relevant updates and information are shared with the care team on a monthly basis. The Practice Education Team link in with the RCN Education Forum and the National Long Term Ventilation Forum to ensure we are aware of any developments in care.

On a monthly basis we check published NICE and MHRA guidance to ensure that we are aware of any applicable to our service.

Over the past year we have received and acted upon, where appropriate, the following NICE guidance:

- Updated quality standards on transition from children's services to adult services available at: [Overview | Transition from children's to adults' services for young people using health or social care services | Guidance | NICE](#)
- Updated quality standards on epilepsies in children, young people and adults available at: [Overview | Epilepsies in children, young people and adults | Quality standards | NICE](#)
- Guidance on Risdiplam for treating spinal muscular atrophy available at [Overview | Risdiplam for treating spinal muscular atrophy | Guidance | NICE](#)
- Guidance has been updated on Epilepsies in children, young people and adults. Available at: [Overview | Epilepsies in children, young people and adults | Guidance | NICE](#)
- New guidance has been published on assessment of acute respiratory infection in over 16s – available here [Overview | Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management | Guidance | NICE](#)

CAS/MHRA alerts and compliance

CAS and MHRA alerts are monitored and actioned by the Head of Governance or Governance Lead Nurse. Updates are cascaded to staff for action at the time and followed up with regular emails sent to all the Care Team.

Review of Quality Performance Cont.

Q1

Removal Of Philips Health Systems V60 And V60 Plus Ventilators From Service

Q3

National Patient Safety Alert: Medical beds, trolleys, bed rails, bed grab handles and lateral turning devices: risk of death from entrapment or falls

Q4

Transition To NRFit Connectors For Intrathecal And Epidural Procedures, And Delivery Of Regional Blocks

Patient Safety and Clinical Effectiveness


Ensuring patient safety and the provision of high-quality care is central the work of Naomi House & Jackspace staff. This is achieved by constantly ensuring that we implement national guidance, undertake audit cycles to identify learning and improvement to practice in response to identified issues. Key points that are undertaken through the organisation's clinical governance framework are summarised below.

Number of mixed sex occurrences, including bathroom breaches

During 2023/24 there were no mixed sex occurrences or bathroom breaches in either Naomi House or Jackspace. All bedrooms in each hospice are single-sex, single use and bathrooms are provided and used in such a way that only one child/young adult at a time uses the facilities. We have sufficient en-suite and larger bathroom facilities to ensure that there are never any bathroom breaches.

Assurance statement regarding Safeguarding Adults

As a hospice caring for young adults, all of whom are vulnerable, we take safeguarding extremely seriously. All staff have completed online safeguarding training appropriate to their role as per the Inter-collegiate document: [Adult Safeguarding: Roles and Competencies for Health Care Staff | Publications | Royal College of Nursing](#)



Online Level 3 Training has been rolled out to care management and team leaders and all care staff will complete a full days face to face (Level 3 Equivalent) training in the year 2024. Nurses, Carers, Family Support and Play Team continue to undertake Level 1-2 online.

The training provider is e-Learning for Health, hosted by Health Education England, and all online training is in-date, at present all clinical staff have completed their online training.

All other hospice staff (including Senior Management Team and Trust Board) and volunteers with access to young adults – Safeguarding Adults level 1 every three years.

Newsletters and email updates from the Designated Safeguarding Lead have also been circulated to staff focusing on specific topics and addressing any gaps identified through incident investigations.

During 2023/24 there were safeguarding and wellbeing concerns raised by the hospice regarding thirteen adults, referrals to social care and/or the ICB were made on three occasions and in all cases we liaised with relevant community professionals, the individual themselves where possible as well and parents and carers. Our safeguarding adults work has extended to bereaved parents and we have spoken to a GP in respect of one bereaved parent where we had concerns for their mental health and wellbeing.

We have a ‘whole organisation’ Adult Safeguarding Policy (December 2022) and a Safeguarding Manual aimed at care team staff in place which will be reviewed in 2024.

Our Safeguarding Lead for Adults is Charlotte Figueras (Head of Jackspace & Adult Services). Our organisational Designated Safeguarding Lead is Charlotte Roper (Social Worker, Head of Family Support Team).

Assurance statement regarding Safeguarding Children

As a hospice caring for children and young people, all of whom are vulnerable we take safeguarding extremely seriously. All staff have completed online safeguarding training appropriate to their role as per the Inter-collegiate document: [Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff | Royal College of Nursing](#)

Nurses/Carers/Play & Activity Team/Family Support Team/Care Management Team – Safeguarding Children Levels 1, 2 and 3. All care staff (Nurses, Carers, Family Support and Play Team) will complete a full days face to face (Level 3 Equivalent) training in the year 2024.

The training provider is e-Learning for Health, hosted by Health Education England, and all online training is in-date, at present all clinical staff have completed their online training.

All other hospice staff (including Senior Management Team and Trust Board) and volunteers with access to young adults – Safeguarding Children level 1 every three years.

Newsletters and targeted information from the Designated Safeguarding Lead have also been circulated to staff focusing on specific topics and addressing any gaps identified through incident

Review of Quality Performance Cont.

investigations. We have a learning and development board in the main nurses office with a monthly topic and there was a focus on sexual abuse in August 2023.

During 2023/24 there were twenty safeguarding and well-being issues raised in respect of children. We attended one strategy meeting and liaised with allocated social workers on seven occasions. We have taken advice from the LADO on two occasions. We have liaised with other professionals such as community and specialist nurses as well as family/carers. We have a system in place to provide information to CIN reviews where we cannot attend. Incident reports are also completed when the concerns relate to internal practice.

We have an organisation wide Children's Safeguarding Policy (Dec 2022) and a Safeguarding Manual aimed at care team staff in place which will be reviewed in 2024.

In line with multi-agency working the hospice has been involved in safeguarding discussions, as required. Our Safeguarding Lead for Children is Chris Forster (Head of Naomi House & Paediatric Services). Our organisational Designated Safeguarding Lead is Charlotte Roper (Social Worker, Family Support Team).

Safeguarding Strategy

Designated Safeguarding Leads and the Head of Governance have continued to meet on a quarterly basis to review safeguarding progress and aims. Care Team staff now have access to regular supervision sessions, a safeguarding training document has been drafted and internet safety and guidance has been improved. Strategic safeguarding progress has been discussed and reviewed at quarterly safeguarding meetings and we now have a safeguarding action plan in place. This includes actions around audits and incidents as well as longer term aims such as improving our Deprivation of Liberty and Mental Capacity Policy and Practice and development of internal auditing focusing on safeguarding.

Clinical Audit - Annual Audit Schedule

The hospice has a comprehensive audit schedule and audit completion, outcomes and actions are monitored monthly through Clinical Committee and quarterly through HealthCare Governance. Both meetings have clinical and Trustee representation. All planned audits have been completed during the year.

Audit	Key Findings
Infection Prevention	New audit format from the previous year focusing more on staff knowledge which has highlighted improvements to training. The audit itself served a useful purpose in teaching opportunities to those who were questioned.
Hand Hygiene	Completed monthly. Completion rotated amongst different staff groups and some service users that are able. Results above 95% apart from 3 occasions over the year and only going below 90% on one occasion.
Personal Protective Equipment	Completed quarterly and consistently above 95% compliance.
Cleaning	Undertaken monthly and high standard of cleanliness achieved across the year. Consistently achieving 5 star cleaning rating for the site. Minor issues were addressed at the time.
Controlled Drugs	Review of information required for purposes of audit such as names and addresses of suppliers and service users, hospice ID number not used on drug charts as photos are used for identification purposes
Medicines	Minor areas of non-compliance. 8 out of 10 charts were transcribed. Minor areas of non-compliance which may not meet guidance required in audit due to the individual nature of our organisation.
Moving and Handling	Result good and consistent with previous year. Good standard achieved with policies and training in place and staff confident and competent in moving and handling.
Documentation	This has improved over the year as the sign off for care plans has been excluded this will come under the admission audit in future. Main issues were signing off notes, completing and documenting body maps, following up actions from handover notes, uploading ACP/ECPs, updating additional information on database.
Admission and Discharge	These were completed as two separate audits. Admission audit – non-compliance related to updating of care plans and emergency care plans – in place but not always documented that reviewed. Discharge audit – completed monthly as part of quality schedule requirements. Non compliances relate to either completion of body map on discharge or signing out of medicines.
Transition	Non-compliance issue was ‘consent to share information’ forms not completed – this was a very limited audit so numbers affected the percentage.
Safeguarding Children and Adults	Action plan in place with points being reviewed on monthly basis including updating of policies, evidence of supervision in relation to safeguarding, accessible information for service users, training and competencies to be amended in line with requirements.
Information Governance	All requirements of the Data Security and Protection toolkit evaluated, and self-assessment completed. Achievement of minimum requirement level achieved.

Review of Quality Performance Cont.

Clinical Incidents

At Naomi House & Jacksplace we have a robust incident reporting process and staff are encouraged to report concerns and incidents in order that we may learn from and improve our standards of care. All incidents are reviewed by the Head of Governance and/or Governance Lead Nurse on submission who assess them, review the initial grade based on information known and support the Clinical Team Leaders in investigation as appropriate. Depending on seriousness of the event and investigation findings, this may be escalated to formal clinical investigation with statements, interviews and further evidence collected for examination. Following the investigation staff involved are advised of any action that is required – such as the need to repeat their medicines competency, supervised practice via the Practice Education team for a period or the need for them to provide a reflective account to demonstrate their learning and commitment to raising their standards of care.

In 2023/24 there were 111 incidents reported which is slightly lower than the previous year. The detail of incidents, investigations and any identified actions are reported monthly at the Clinical Committee meeting and any themes and trends monitored quarterly via the Healthcare Governance committee.

There continues to be a positive reporting of no harm and near miss incidents which is reflected through the negligible grading of 88% of incidents reported, consistent with the 2022/23 year. The remaining incidents were graded as slight and none as moderate or above.

Medication incidents continue to be the highest reported incident at 62% of reported incidents in 2023/24. This is up compared to 54% in 2022/23. Medicines incidents was identified as a theme as part of the Patient Safety Incident Response Framework (PSIRF) work and included within the associated plan (PSIRP). There has been a focus in this year to incorporate medicines incidents and learning into mandatory training for all staff and 'pop up' teaching sessions to share learning as near to the incident as possible and this will be monitored as part of the PSIRF work. The incidence of medication errors in direct comparison to the number of medicines given and handled is monitored and reported to the Healthcare Governance Committee, a subcommittee of the board, on a quarterly basis. This is also benchmarked against other children's hospices.

SIRI's (Serious Incidents Requiring Reporting)

During 2023/24 there were no Serious Incidents Requiring Investigation (SIRI's) that met the reporting criteria or significant incidents that required investigation as a Serious Incident internally.

Coroner reviewed deaths

During 2023/24 there were no exception reports regarding Coroner reviewed deaths. Engagement is ongoing with the acute trusts to recognise our role in liaising with the Medical Examiner for deaths that are not under review or subject to inquest by the coroner.



Clinical Risk Register

The hospice maintains a clinical risk register, which is updated as required and reviewed monthly at Clinical Committee meetings. A summary is also reviewed quarterly at Healthcare Governance as a subcommittee of the Board. The Corporate Risk Register is also held centrally on a database to allow greater access to the risk register and monitoring of risks.

The shortage of registered nurses and medical cover were a 'moderate' risk for the organisation during 2023/24 and have been regularly reviewed and updated as required. Both remain on the risk register as recruitment is a wider issue however mitigation was in place and there was no evidence of harm occurring.

Infection Prevention and Control

A return to normal services has seen no increase in Covid cases other than expected reporting in line with the community prevalence. The change in advice regarding the contagious period of illness being reduced to 5 days meant staff were able to return to work sooner whilst taking appropriate precautions with PPE. There was no evidence of any work based transmission and although additional supplies of lateral flow tests were available to cover the winter period there seems to be indications about moving away from symptomatic testing and returning to a more general respiratory illness advice.

Flu vaccination

The flu vaccination programme continued this season with a reasonable uptake amongst the care team with 48 vaccines administered in house. Reporting on the national database has changed to the National Immunisation and Vaccination System which transfers all data onto personal records for staff.

Conference and external meetings

Attendance has continued at branch meetings and conference of the Infection Prevention Society and the children's hospice special interest group. Topics have included sustainability, tuberculosis, measles, quality improvements, glove use, the built environment, RESTORE2 early detection of deterioration, patient hand hygiene, glove use. There has also been the opportunity to review some of the equipment we use such as suction adaptor toothbrushes and subcutaneous cannulas through sales representatives who have also attended. This enables to keep up to date with new information and practices.

Audit

The audits continue with handwashing monthly and PPE quarterly results have been consistently high. The annual infection control audit showed some areas for development within the mandatory training programme and this has been implemented in the sessions for 2024.

Review of Quality Performance Cont.

Safe Staffing

The number of beds available to which service users can be admitted is flexed according to staffing and the acuity and dependency of children and young people. This is planned through a duty rota but also reviewed on a shift-by-shift basis. Nurse recruitment continues to be a challenge for the organisation, in line with national shortages, and impacts on the provision of service.

The organisation successfully recruited 6 International Nurses to address the registered nurse shortage. The future challenge is to recruit into senior paediatric nurses to fill the current vacancies. The marketing team have supported the care team to create a recruitment video to be publicised.

Registered nurse shortages are reflected on both the clinical and corporate risk registers and is discussed at both operational and executive levels on a regular basis. This has also been escalated to the Board of Trustees through subcommittee reporting.

Lone Worker policy and assurance of compliance

As a service providing Community Services we are aware of the needs to protect staff who are working alone and have a Lone Worker Policy in place.

During 2023/24 we complied on every occasion with the Lone Worker policy and guidelines.

Clinical Staff Training and Skills Competency

The Practice Education Team have returned to face to face delivery of mandatory training in house and partial completion of online learning which they deliver four times a year. Mandatory training compliance is monitored monthly and in the last quarter of the year was 97%. This drop below 100% was related to staff sickness in carers who subsequently missed their mandatory training days – this was addressed through online training until they could join another face to face session.

Training on respiratory/ventilation is delivered to all staff annually via a study day and also linked with mandatory training to assist with maintaining clinical competencies.

All staff required to seek an enhanced DBS disclosure as part of their pre-employment checks did so within the required timeframe and these are rechecked every three years. There has been no fitness to practice issues raised in the last year.

Staff appraisal rates remain at 99.3%.

Duty of Candour

Providers have a responsibility to evidence that they are compliant with both the statutory and professional duty of candour. This was therefore included as a mandatory question within the electronic incident reporting system that was introduced. Staff at Naomi House & Jacksplace demonstrate transparency, openness and honesty with families and compliance was met 100% in 2023/24.

Staff are always encouraged to speak up, if they have any concerns, and there is currently two Freedom to Speak Up Guardians (FTSUGs) in place, and a 'Whistleblowing' (Reporting Concerns) policy, should those individuals not feel comfortable raising issues via other channels.

FTSUGs do not replace line managers, or the HR function. If a person has an issue that concerns their work or terms and conditions of employment, the FTSUG will signpost them to appropriate 'internal' procedure. There have been no incidents reported to the FTSUGs, this year.

Patient Experience

Naomi House & Jacksplace offers personalised care based on an assessment and understanding of each service user as an individual. This necessitates a high level of engagement with children, young adults, their families and carers to assess individual needs and preferences, plan care and evaluate outcomes. It is acknowledged the families are experts in this care.

There are a variety of ways that families can provide feedback from informal methods such as ad hoc conversations and emails with members of the care team to formal channels such as focused surveys. Continual feedback is welcomed from all service users and families that access our services.

It is recognised that some people prefer to give feedback anonymously and this is supported through the use of i Want Great Care (iWGC) a web based reporting tool where all feedback is given anonymously and cannot be traced to a reporter the organisation unless the family leave specific feedback that is identifiable.



Review of Quality Performance Cont.

Complaints and/or Clinical Investigations:

During 2023/24 there were:

- 2 formal complaints
- 3 cases of feedback that were investigated but were not raised as a formal complaint.
- 0 clinical investigations

The formal complaints were received in quarters 3 and 4 of the year and the other feedback received in quarters 1, 2 and 3 of the year.

As a result of the complaint and feedback investigations that were undertaken at the time the following changes to practice were put in place:

- Compliments shared with team members through information boards and also via email. Where individuals are mentioned line managers are acknowledging personally.
- Feedback from events being used to gauge how much valued and whether used in future. Also, to be shared with those that gift access etc. to demonstrate the positive impact their gift has.
- Learning from complaint about communication is being fed into the communication sessions as part of mandatory training and pop up sessions.
- Using video clips to encourage staff to think differently i.e. empathy and understanding what makes people behave in a way that we do not necessarily expect.
- To review how we feedback activity etc. when a child or young adult has stayed without parent.

Compliments

We are always thrilled to receive letters, cards or emails complimenting us on our services and staff attitudes and care for the children and young adults with whom we are entrusted. During 2023/24 we have continued to give families the opportunity to be able to give anonymous feedback through an external company i Want Great Care (iWGC).

Sample of Compliments 2023/24

“The staff were so lovely and kind, the food and cakes were delicious”

“We had the pleasure of staying last weekend and we thoroughly enjoyed our stay thanks to all the lovely people we met and the fantastic surroundings”

“ Forever grateful that he spent the last two days of his life in your care and that his passing was peaceful”

“Face lights up every time she looks at the photos they took last night”

“ Forever grateful that he spent the last two days of his life in your care and that his passing was peaceful”

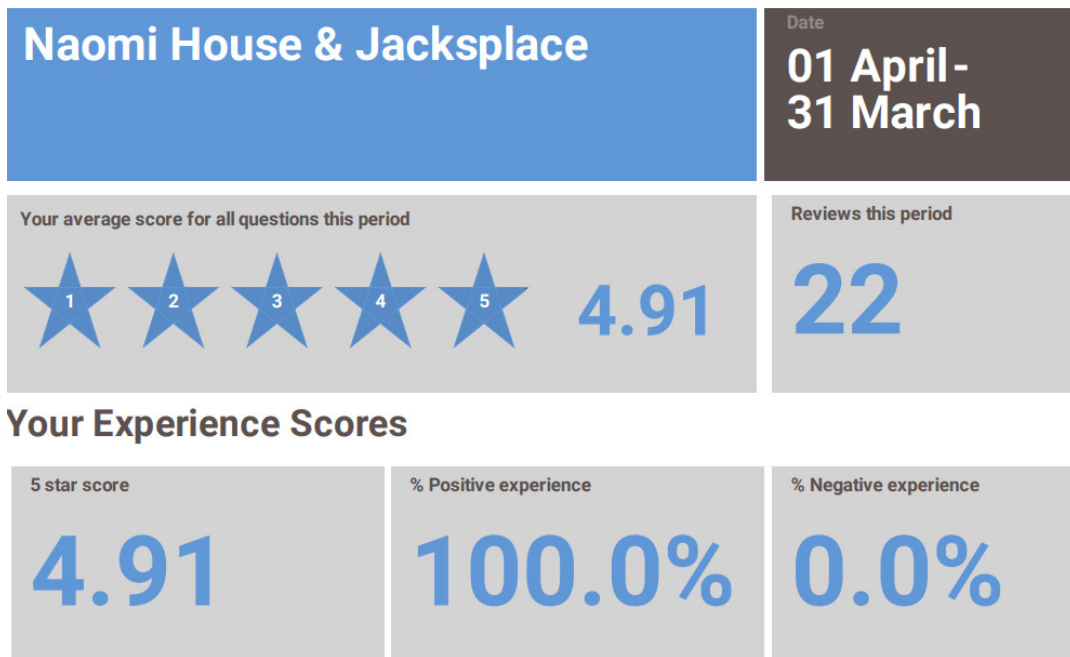
i Want Great Care Feedback

As part of the feedback process on iWGC reviewers are also asked to give us a rating score and an experience score. During 2023/24 22 reviews have been left on the site with an average 5 star rating of 4.91 and 100% 'positive experience' score.

Points picked out through narrative:

- “I wish there was more staff per shift (basically 1:1 staff to young person) so that we could do more activities and go out more”
- “The only thing I would like to see more of is washing hands between glove changes”

Review of Quality Performance Cont.



Commissioner led complaints – by exception

There were no Commissioner led complaints during 2023/24.

Nutritional Screening

As part of our admission procedure we complete a Nutrition Care Plan for every child and young adult. This is done largely through discussion with parents/carers or the young person if they have cognitive ability. In addition we request up to date reports from dietitians regarding diets, feeds etc. and our pre-admission nurse will pursue these prior to a booked respite stay if necessary.

Detailed information is recorded on the Electronic Database within the care plans for the care staff to be able to deliver feeds and meals according to the individual's needs. In addition basic nutritional requirements are formulated into a weekly report for the Catering Manager to review when planning meals for all those in house – be it ordinary diet – with likes and dislikes taken into consideration, pureed or blended diet, or tube feeds (administered by the care team). Allergies and specific nutritional requirements such as protein, calorie controlled or ketogenic diets are also noted and strictly adhered to, with the child/young adult's record of care completed to show compliance.

We have updated the Blended Diets Standard Operating Procedure to reflect guidance from the British Dietetic Association and the assessment of any risks associated with administration of blended diet is incorporated within the relevant care plan on the electronic database.

We have a Meeting Nutritional Needs policy in place and the Care Plans are audited through the documentation audit.

End of Life Care report

We have an End of Life Care Pathway in place.

During the year 2023/24 we cared for 16 children and 7 young people at end of life or post-death. Some will have accessed either end of life or post death and some both. The average length of stay for end of life was 6.75 days in Naomi House (max 31, min <1) and 6.2 days in Jacksplace (max 14, min 2); post-death was 2.3 days at Naomi House (max 7, min <1) and 2.85 days Jacksplace (max 6, min <1).

During the end of life phase our Care and Family Support teams were instrumental in providing care and support to both the referred child or young adult and their family. Memory making, funeral arrangements and emotional support was provided and post-bereavement our team of qualified, experienced counsellors continue to provide counselling, support and signposting as appropriate.

Feedback and learning from staff surveys

Staff are updated regularly on service developments and have access to differing levels of the management structure within the organisation to ask questions and gain feedback.

During 2023 we were reassessed in relation to Investors in People (IiP). IiP is important because it sets out several standards (called "indicators") where organisations of any size and from any sector can work to create the most positive, successful and rewarding work environment possible. It's not just about what the organisation says it does, but also about how the people who work here feel too, so the assessment is done by an external IiP professional and measured against well researched and well-respected standards. One of the main drivers behind IiP is improvement so even if they feel an organisation falls down on a standard, they encourage ways to learn and get better. As part of the assessment, all staff are sent a questionnaire which is set by IiP and a number of staff are also interviewed by an IiP assessor. It was confirmed that we had successfully retained our Investors in People accreditation, an accolade maintained for 12 years and feedback from our assessor indicated how much we had grown since our last assessment.

Key recommendations included:

- Working with all line managers to ensure they have the skills and knowledge and utilise them to lead, manage and develop their people.
- Ensure consistency amongst managers managing staff and teams.
- Promote opportunities for understanding across teams.
- Involve staff from across the organisation in improvement plans and work.
- Consult with staff when implementing change to invoke 'buy in' and engagement.
- Encourage creative communication that embraces hybrid working.
- Ensure staff are aware of how much their efforts are appreciated.

Review of Quality Performance Cont.

Results from our 2023 Staff Survey

A staff survey was completed at the end of 2023. This was a repeat of a survey completed in 2022. Key points identified were:

- More people completed the survey in 2023 compared to 2022 – 80% compared to just over 60% last time.
- People have been honest in their views which helps find ways to make changes to improve.
- Overall, the survey showed that people are positive about working here although recognise that there are areas that could be better.
- The two areas to improve that are highlighted revolve around being open to hearing issues concerning colleagues and being a more supportive employer.
- Question 3 – approaching someone at work to discuss issues
We want to make sure people know who to talk to if there is something not quite right, whether this is a work issue or something more personal. Staff can always talk to their manager, a member of the Senior Management Team or Leadership Management Team, a colleague or a peer, or a member of the HR team. There are also have a range of support they can be helped to access including our employee assistance programme and other well-being tools outlined on our intranet.
- Question 5 – recommending us as a supportive employer
Lots of factors impact how people feel about the organisation. Our aim is to be a supportive and inclusive place where people are both happy and proud to work. Following the survey, all managers are committed to taking more time to listen to staffs views and ideas. Staff have been encouraged to share their suggestions as to how the organisation can be more supportive, inclusive and encouraging.

Report of CCG visits/monitoring

During 2023/24 the following Commissioner meetings took place:

1. May 2023 – Bath, Swindon, and Wiltshire ICB



Care and support for the good days, difficult days and last days



“

I like Jacksplace because they don't treat you like kids and they don't treat you like you've got a disability. They treat you like one of their own.

”

Ebony

naomihouse.org.uk

[f](#) [@](#) [in](#) [X](#) @naomiandjack

Wessex Children's Hospice Trust Charity Registration No.1002832

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