



**Ngomi House
& Jacksplace**

hospices for children
and young adults

Registered charity no. 1002832

Annual Quality Account

1 April 2022 - 31 March 2023

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

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, Jacksplace Visitor



Introduction

Wessex Children's Hospice 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 also a long-term ventilation unit that can accommodate two families, with an additional single child's room, as part of a programme to facilitate transition from hospital to home following a new ventilatory support need. 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 and 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 person'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 people whilst in 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 person, 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 that every child, young person, and their families receive the care services they need, when and where they need them and for as long as needed.

Our Mission - Is to provide high quality care services to children, young people and their families through innovation, partnership working, good governance and leadership, and to ensure their sustainability for the future.

Our Values - reflect and demonstrate how we will deliver our promise to the children, young people, and families we support, to our volunteers, supporters, and donors and all our colleagues.



Part 1 - Quality Statement from Chief Executive

It gives me great pleasure to present our Quality Report for 2022/2023 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 and Jacksplace, as the specialist regional hospices for children and young people and their families, are proud to commit to quality throughout everything we do; from the care services provided to families; to the service we provide to everyone who supports us with time and money; and to our staff, to provide an environment where a quality service can be delivered. Above all, we strive to create a culture that has quality at its heart.



The last year has seen us continue to rebuild our services to pre-pandemic levels with more services being provided in our hospices as well as in the community, although we still have some way to go. The challenges presented by the national shortage of skilled nursing and care staff have slowed our ability to deliver the level of services we would like to, and every effort is being made to recruit staff to enable us to provide services across both hospices. This includes our successful International Nurse Recruitment programme that has seen us recruit 6 new international colleagues, along with dedicated recruitment and retention initiatives for all nurses and carers. The hospices are becoming busier as we provide more services in house for symptom management, step down care, emergency, and planned respite and of course end of life care. 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 and Jacksplace.

Annual statement of assurance re Equality of Access

Referrals to Naomi House and Jacksplace are considered purely on medical grounds. Work was undertaken in the 2020/21 year to ensure that this was formalised through the introduction of an Eligibility Assessment Tool and has been progressed further in the last year. Any child or young person 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 2022/23.

From 1st April 2022 to 31st March 2023 the hospices provided 407 bed nights that attracted an NHS contribution or were funded via Personal Health Budgets. The LTV unit provided no funded nights. These nights are increased on the previous year as services have reopened and increased since the Coronavirus Pandemic.



Part 2 – Statements of Assurance from the Board

Review of Services

During 2022/23 Naomi House and Jacksplace provided specialist palliative care services to children and young people 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 2022/23 Naomi House and 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 HealthCare 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 people and their families. Additional costs are borne by the charity and we are dependent on our fundraising activity.

We have worked during 2022/23 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 2022/23

In 2022/2023 we were focused on putting the restrictions of the pandemic behind us where possible and returning to the service delivery and activity of pre-pandemic times. We have reflected on the necessary changes that were implemented during the last couple of years and identified the positive elements to take forward within our recovery.

Our international nurse recruitment programme has been a major focus through the year with the challenges of training and NMC registration, alongside psychosocial and cultural integration for the

whole team. However, by March 2023 we had reached a point of supporting 5 NMC registered nurses working independently within our care team.



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 Jackspace 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 newly appointed Clinical Nurse Specialist.

Naomi House also developed its day service to a monthly session for parents/carers to attend with their child to enjoy themed activities and social play sessions including music and Makaton singing. We also enjoyed themed activity weekends for those in house for respite, facilitating Jubilee activities, teddy bears' picnic and pirate adventures.





The Neuromuscular Clinic held alternative months at Jackspace allows young men with Duchenne Muscular Dystrophy, to be seen by a variety of clinicians in the one setting in one day. The benefit for young people was publicised in the local media including a short film on the local news.



Young people from Jackspace have directed and produced a short film which introduces Jackspace services from their perspective which will be used in marketing, professionals and other young people.



During 2020 the Board developed our 2020–25 Strategy. Due to the impact of the Pandemic and the focus on the implications of the pandemic and managing day to day running of the hospices, it was not launched formally until 2021. However, the fact that the strategy was integral to the daily running of the hospices and the hard work of staff undertaking their daily activities, they were already contributing to delivery of the key themes of the plan namely;

- Continuing to make a difference to families every day – delivering high quality care everyday
- Affording our ambitions – raising the income we need to deliver our service
- Being at the forefront of a changing healthcare landscape – working with others in the healthcare sector, the NHS, other statutory organisations, and charities to improve care to families.

Work is ongoing to continue to deliver this strategy.

Over the past year the Family Support Team have been able to provide a responsive service with the flexibility to meet the needs of families either in house or within the community. As a team they are responsive to requests for support for children/young people and their families in their most difficult times of need with referrals to the waiting list for counselling and therapeutic support for young people being contacted and assessed within a few days of first request. The Bank Counsellors system is working well and has the flexibility to respond to the needs of CYP and their families as and when required. All in the team are providing a good balance of in house and community visits to meet family's needs.

In terms of contacts made with CYP/families there has been an increase of 17 % in year 22/23 as compared with year 21/22 with respective figures of 2732 and 2335 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.

This year also an increase in the provision of Hospice Chaplaincy hours, providing 131 contacts with Families/ CYP which included sharing a blessing with the family at end of life, funeral planning and on two occasions leading the funeral of a child or young person.

The Family Support team have also prepared and delivered training over the past year to internal staff including on safeguarding, spirituality, communication skills, and the induction programme for the International Nurses. They provide regular fortnightly debrief sessions for all care team staff which are well attended and provide psychological support for challenging situations.

Externally they have provided support to schools in understanding the needs of the CYP who are under their care and prepared and delivered training to UHS Palliative Care Doctors on Bereavement Care for parents and siblings.



During the year a network manager has been appointed for Wessex Children's Palliative Care Network in conjunction with Southampton University Hospitals and local commissioners. They work alongside one of our Paediatric Palliative Care Consultants and the Clinical Nurse Specialist for Paediatric Palliative Care and take ownership for developing the network strategy and supporting the establishment and evolution of a network that spans both clinical and commissioning spheres. The ambition of the network will be to support the development of equitable, sustainable 24/7 Children's Palliative Care services within primary, secondary and tertiary care across the Wessex region.

This year has also seen the development of a Service Level Agreement with Julia's House and Chestnut Tree House hospices for Naomi House Paediatric Palliative Care Consultants to provide specialist palliative care input to both services when managing end of life cases. Support may be remote or require a visit.

In the financial year 2022 to 2023, it cost £8m to run the whole of our service, with 12% of our cost base covered by a contribution from the NHS for the provision of our care services from the NHS England Children's Hospice Grant and contracts with the NHS. Key to our success and sustainability is the support we rely upon from our donors and fundraising activities providing essential funds to care for our children, young adults, and families.

Recently, the term perma-crisis has been used in a couple of national fundraising conferences to describe the wider operating environment that fundraisers (and others) are working within. Whilst this is not reflective of the operational base of Fundraising, Retail and Marketing in Naomi House & Jacksplace, the term does highlight pressures and challenges around us during the past year. Whatever your perspective, income generation and voluntary giving has experienced a variety of challenges, and whilst some challenges provide opportunities, one thing is certainly true; namely, that the fundraising, retail and marketing teams have had to make multiple adjustments throughout the year. Despite the challenges above, there are some positives, a few of which are noted below.

The impact of the Ukrainian war had an immediate impact on many aspects of fundraising and retail activity in the Spring. Funds and goods that would normally have been donated to our income generation and retail teams were understandably focused on the needs of the people of Ukraine. The impact lasted several weeks. However, we were pleased that donations to our warehouse improved throughout April and May.

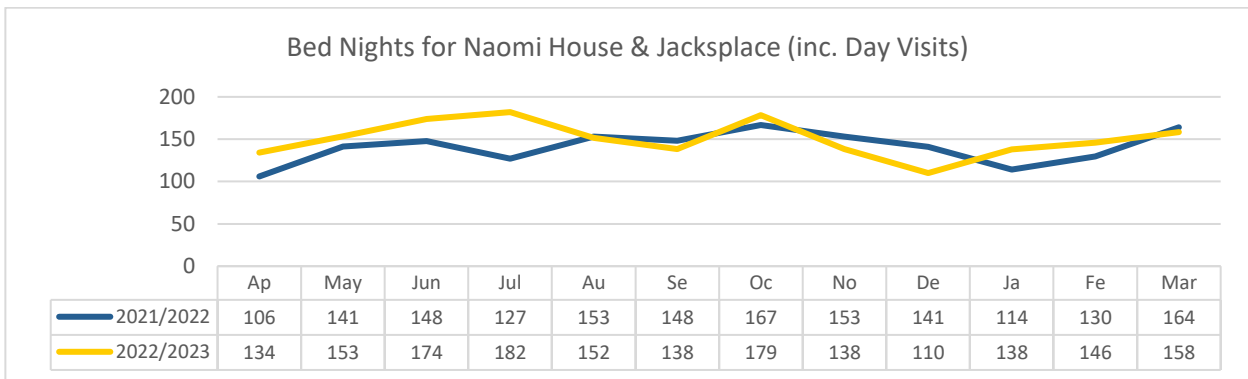
The Events team also successfully delivered Clarendon Way Walk over the course of the second weekend in June. Ultimate Clarendon offered a combination of Night and Day walks as well as the Ultimate Challenge of walking from Salisbury to Winchester and back. The event raised more than the previous year and saw a small but dedicated group successfully complete the night and day portions of the challenge.

Another extraordinary fundraising feat was accomplished by one of our Trustees who decided to attempt 60 marathons in 60 consecutive days to celebrate turning 60 years old. Although an experienced ultra distance runner, starting in the heat of the summer and developing an infection early on meant that the Trustee had to take unplanned breaks between his marathons. Nevertheless, we all celebrated when he successfully completed his 60th marathon in February 2023 and raised more than £200,000 for the charity.

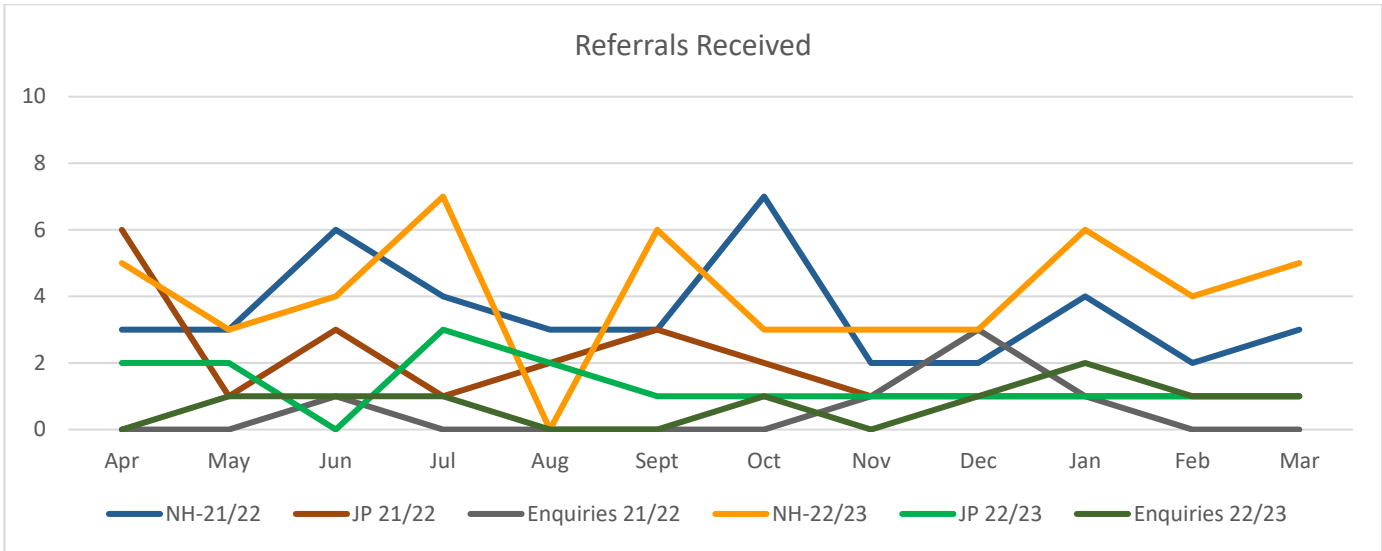


In reviewing the past 12 months, the focus has been very much on discerning the key controllable variables in our remit. Our focus in the year ahead is very much on improving stewardship and retention those who decide to support the charity. As we established new relationships with a lottery canvassing company, we aim to ensure that the experience of our supporters continues to reflect the best practice in the sector and ensure continued valuable, reliable support for many years to come.

Part 3 – Review of Quality Performance



Families Supported (As at March 2023)	Naomi House	Jacksplace
Open	155*	110*
Day Service Users Only	13*	9*
Post Bereavement (inc. external post bereaved)	169*	50*
Family Support Only	21*	6*
All those receiving services	358	175



Fast track/Accepted Outside Clinical Committee referrals since April 2022 –17.

External post bereavement referrals since April 2022 – 2.

CQC Compliance Report

The service was last inspected in December 2015 as an unannounced inspection. The inspection was undertaken over two days by two inspectors. They were impressed with the facilities, care and in particular the way in which staff interacted with children and young people.

The inspection report was received in February 2016 and we were delighted to have been awarded ‘Outstanding’ – One of only 17 providers out of 1017 providers who were given their inspection results that month.

The inspection report summary is provided in the inset below:

Overall rating for this service	Outstanding	☆
Is the service safe?	Good	●
Is the service effective?	Good	●
Is the service caring?	Outstanding	☆
Is the service responsive?	Outstanding	☆
Is the service well-led?	Good	●

Most of the children and young people we met had complex needs and were not able to tell us their experiences because of their complex ways of communicating. We observed how the staff interacted with the children, young people and their families. Parents told us their children were safe at the hospices. Children and young people sought reassurance from staff and were relaxed with them. This indicated they felt comfortable and safe with staff. Staff knew how to recognise any signs of abuse and how they could report any allegations.

We saw children and young people received care and support in a personalised way. Children and young people had access to the specialist healthcare support from the medical and nursing teams at the hospices. Their complex medical needs were well managed and staff were trained to meet these specialist complex needs. Risks were assessed and managed and there was focus on positive risk taking so children and young people could safely try new experiences. All parents and professionals were happy with the care provided by Naomi House and Jackspace. Staff knew children and young people well and understood their complex needs.

Staff were very caring and showed children, young people and their families kindness and compassion. Staff were very motivated and demonstrated a commitment to providing the best quality care in a compassionate way. Parents told us they and their children were cared for to a high standard and this included ongoing bereavement support for families. They spoke of excellent relationships with staff who understood their needs and preferences and who devoted time to them. Siblings and other family members such as grandparents were also cared for. Staff treated children, young people and their families with respect and dignity. Children and young people's privacy was maintained at all times during the inspection. Sensitive planning for end of life care and post death care and support was provided to children, young people and their families. Bereaved families told us that the ongoing support and care provided had been invaluable.

There was a holistic approach to children's and young people's care with the physical, well-being, social and spiritual needs of each child and young person given equal importance, together with the needs of those closest to them.

Children and young people and their families received a very responsive service. Their needs were fully assessed, planned for and met. The service was creative and responsive to the changing needs of children and young people and had developed services in response to the local communities changing needs. Children, young people and families were involved in developing the service and this was based in their needs.

Children, young people and staff had fun together and there were lots of play and activities that were based on their preferences and needs. Children's individual sensory needs were met by the specialist equipment available.

The head of adult services was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in hospices from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

Parents and professionals gave positive feedback about the qualities, skills and knowledge of the staff. Staff were recruited safely and received an induction, core training and specialist training so they had the skills and knowledge to meet children and young people's complex needs.

There were safe systems in place to safely manage and administer medicines in both hospices. Children and young people were protected from the risks of infection by the systems and equipment in place.

We found the hospice and equipment was well maintained. The hospice was designed and decorated to meet the specialist needs of the children and young people.

There was a children, young people and family focused culture at the service. Children, young people, families and staff were involved and consulted about all aspects of the service. Staff were proud of the service they provided and were fully committed to the children, young people and their families. There was a clear management structure and staff, children and young people and their families felt comfortable talking to the managers about any concerns and ideas for improvements.

There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service provided.

We actively engage with our Lead inspector and regularly communicate through written reports and monitoring calls.

Quality Monitoring Requirements for NHS Commissioners

Naomi House and 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 2022/23.

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 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:

- New guidance for supporting children and young people with complex needs.
- NICE guidelines on “Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education” updated.
- Updated guidance on the use of Onasemnogene abeparvovec for treating spinal muscular atrophy.

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.

June 2022
Contamination of hygiene products with *Pseudomonas aeruginosa*.

December 2022
Incorrect labelling of oxycodone liquid products – wrong strength labelling on batches.

February 2023
Residual ethylene oxide in BD Bodyguard Microsets.

March 2023
Potential deterioration of Bivona Silicone Tracheostomy tubes.

Patient Safety and Clinical Effectiveness

Ensuring patient safety and the provision of high-quality care is central the work of Naomi House and Jacksplace 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 2022/23 there were no mixed sex occurrences or bathroom breaches in either Naomi House or Jacksplace. 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 person 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 re Safeguarding Adults

As a hospice caring for young people, all of whom are vulnerable we take safeguarding extremely seriously. All staff have completed online safeguarding training appropriate to their role:

Nurses/Carers/Play & Activity Team/Family Support Team/Care Management Team – Safeguarding Adults levels 1 and 2.

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

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.

In addition, care staff receive refresher training on an annual basis during their Mandatory Study Days. Where face to face mandatory training days have not been able to go ahead due to restrictions, virtual platforms have been utilised to deliver this training and updates. This is made more relevant to their role in the hospice and complements the online training already received. Newsletters from the Designated Safeguarding Lead have also been circulated to staff focusing on specific topics and addressing any gaps identified through incident investigations.

During 2022/23 there were safeguarding and wellbeing concerns raised by the hospice regarding twelve adults, referrals to social care and/ or the ICB were made on four occasions and in all cases we liaised with relevant community professionals, the individual themselves where possible as well and parents and carers. In respect of one of the adults we attended a Section 42 Safeguarding Meeting and have had ongoing involvement. We have had ongoing involvement with three of the adults in terms of attending care planning meetings and multi-agency input from our care and family support team. Our safeguarding adults work has extended to bereaved parents and we have spoken to GPs in respect of two bereaved parents where we had concerns for their mental health and wellbeing. In respect of one adult we made referrals to social care and the ICB regarding a young persons capacity and the decisions being made on his behalf this resulted in a Best Interests Meeting being held before he was discharged from the hospice.

We have an updated 'whole organisation' Adult Safeguarding Policy (December 2022) and Safeguarding Manual aimed at care team staff in place.

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

Assurance statement re Safeguarding Children

As a hospice caring for children we take safeguarding extremely seriously. All staff have completed safeguarding training appropriate to their role:

Nurses/Carers/Play & Activity Team/Family Support Team/Care Management Team – Safeguarding Children Levels 1, 2 and 3.

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

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.

In addition, care staff receive refresher training on an annual basis during their Mandatory Study Days. Where face to face mandatory training days have not been able to go ahead due to restrictions, virtual platforms have been utilised to deliver this training and updates. This is made more relevant to their role in the hospice and complements the online training already received. Monthly newsletters from

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

During 2022/23 there were fourteen safeguarding and well-being issues raised in respect of children. We have made a referral to an allocated social worker regarding children already subject to child protection plans and liaised on two occasions with allocated social workers. We made two MASH referrals and assessments took place as a result of both referrals. In addition, 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.

We have a Children’s Safeguarding Policy (Dec 2022) and a Safeguarding Manual aimed at care team staff in place.

In line with multi-agency working the hospice has been involved in safeguarding discussions, as required.

Strategic safeguarding progress has included the completion of a new Safeguarding Adult, Safeguarding Children and Safeguarding Manual for all care staff to use as a practical guide to safeguarding at the hospice. The policies incorporate the whole organisation and are designed to be accessible to all volunteer and staff members at the Hospice. Safeguarding Training is developing and all clinical care staff received a direct session through the Mandatory training programme this is an area for development in 23/24 with sessions planned for non-clinical care staff. There were three safeguarding Newsletters in 2022/ 23 focusing on ‘ Bumps, bruises, marks and injuries’ ‘Making Safeguarding Personal’ and our new policy and procedure. Designated Safeguarding Leads, Head of Governance and the Manager of Family Support have met on a quarterly basis to review safeguarding progress and aims.

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).

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 some audits, such as cleaning and PPE, that increased in frequency during the Coronavirus pandemic 2022/23 have been maintained at the increased frequency.

Audit	Key Findings
Infection Prevention	Overall a good result with some areas of dust and cobwebs identified. Room in Jacksplace identified as needing decorating and sinks in bedrooms very cluttered with equipment. Areas for improvement reported to relevant teams for action.
Hand Hygiene	This was continued monthly this year. Results in early quarter 4 were disappointing and additional support put in for staff with a good improvement by the end of the year.
Personal Protective Equipment	This audit was reduced to quarterly following the lifting of Coronavirus restrictions. Compliance remained good throughout the year.

Cleaning	Undertaken monthly and high standard of cleanliness achieved across the year. Minor issues were addressed at the time.
Controlled Drugs	Full compliance achieved.
Medicines	Both the Hospice UK Medicines Management and a local medicines chart audits were completed this year. Both had good results with the Medicines Management audit identifying changes needed to the management of PRN meds within SOPs. The medicines chart audit identified that not all medicines were counted in to ensure sufficient supplies were brought in for the stay.
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 – one issue when brakes were not applied to a chair the child was moving in to – staff made aware at the time of audit.
Documentation	This has improved over the year as the sign of 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 – noncompliance 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	Good result with minor issues regarding follow up calls after first stay in JP and one instance where the decision about transition was not recorded on the database.
Safeguarding Children and Adults	Not due this year.
Information Governance	All requirements of the Data Security and Protection toolkit evaluated, and self-assessment completed. Achievement of minimum requirement level achieved.

Clinical Incidents

At Naomi House and 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 2022/23 there were 136 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. The remaining incidents were graded as slight and none as moderate or above.

Medication incidents continue to be the highest reported incident at 54% of reported incidents in 2022/2023. This is very slightly down compared to 56% in 2021/22. 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. 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.

SIRI's (Serious Incidents Requiring Reporting)

During 2022/23 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 2022/23 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. Work has also been undertaken this year to transfer the Corporate Risk Register to a central database to allow greater access to the risk register and monitoring of risks.

The shortage of registered nurses and medical cover were a 'high' risk for the organisation at the start of 2022/23 and have been reviewed monthly and amended as required. Both were amended to 'moderate' risks in the second half of the year as although there were still cover issues, mitigation was in place and there was no evidence of harm occurring. Recruitment has been ongoing and during this year 6 international nurses were recruited and joined the organisation, getting their NMC PIN numbers following successful completion of OSCE exams.

Infection Prevention and Control

Covid-19

Restrictions eased during the year meaning we were able to stop the routine use of face masks with staff still opting to use them if they had any signs of respiratory illness. Routine lateral flow testing of all admissions was stopped in March 2023. Staff sickness through Covid reflected the national trend and, although several staff were affected, there was no indication that it was spread through the work

environment. Families seemed to be relieved to see the return to normal activities as the country adapts to living with Covid.

Flu vaccination

Another successful flu vaccination programme was launched delivering 63 vaccines in house to both care and office staff. The ability to deliver this in the work place has meant we were able to maintain a higher level of uptake amongst the care team although it was slightly lower than last year at 77% as oppose to 86% the previous year. Staff feedback was very positive particularly from those who were nervous of needles.

Conference and external meetings

Due to involvement as a branch officer of the Infection Prevention Society the Infection Control Lead was able to secure funding for attendance at the national 3 day conference in Bournemouth. There were some interesting topics covered including the learning from covid and the focus on sustainability in the future. This was shared with the team along with the relevance in our setting.

A poster presentation on the success with the in-house flu vaccination programme was displayed at the conference and an oral presentation on the same subject at both the branch conference and the Special Interest Group meeting for children's hospices. Sharing this work gives others the chance to replicate the process within their own organisations and therefore should promote vaccine uptake elsewhere.

Audit

The audits continue with handwashing monthly and personal protective equipment (PPE) quarterly. The audits have been redeveloped to look at process as well as opportunity and a regular member of staff has been recruited to undertake them. This should give more consistent results. The annual infection prevention audit was completed with some minor issues regarding clutter, dust in some areas and redecoration required – all items were reported to the teams affected.

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 has 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 2022/23 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 partial 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 100%. The figures dropped to 50% for nurses and 67% for carers in July due to a problem with collation of evidence of achievement of online training, once identified this was quickly rectified with a figure of 96% registered nurses, 100% carers by August. From January 2023 any online training is emailed to participants one month in advance of their mandatory training to ensure timely completion and is collated on a spreadsheet. Due to human error members of the play team were not included in the Care mandatory training sessions so their compliance dropped to between 33- 25% during the second quarter of the year (out of a team of 4). The compliance for the rest of the year was 100%.

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.

International Nurses joined the organisation from June 22 and the Practice Education Team developed a training programme to support the nurses to pass their OSCE examinations which involved setting up a clinical skills lab. The team have designed a preceptorship course with competencies for one newly qualified nurse and the International Nurses.

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 and Jacksplace demonstrate transparency, openness and honesty with families and compliance was met 100% in 2022/23.

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 and Jackspace 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 people, 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 by the organisation unless the family leave specific feedback that is identifiable.



Complaints and/or Clinical Investigations:

During 2022/23 there was: 1 formal complaint

- 4 cases of feedback that were investigated but weren't raised as a formal complaint.
- 0 clinical investigations

The formal complaint was received in quarter 4 of the year and the other feedback received through all 4 quarters 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:


- Care Plans to be updated during prestay call or promptly on admission to capture pertinent information.
- Project to give families access to complete identified care plans prior to admission to reduce time taken for admissions and improve accuracy of data.
- Checking key data with parents before they leave the site.

- Body maps to be completed on the data base within first 24 hours and skin integrity to be noted within record of care with regular checks by senior team.
- There is an ongoing training need regarding ensuring accurate documentation in record of care.
- Improved communication within the team on shift and checking records to avoid duplication and unnecessary calls to families.
- Development of tissue viability link roles for team support and increasing knowledge of skin and wound care.


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 2022/23 we have continued to give families the opportunity to be able to give anonymous feedback through an external company i Want Great Care (iWGC).

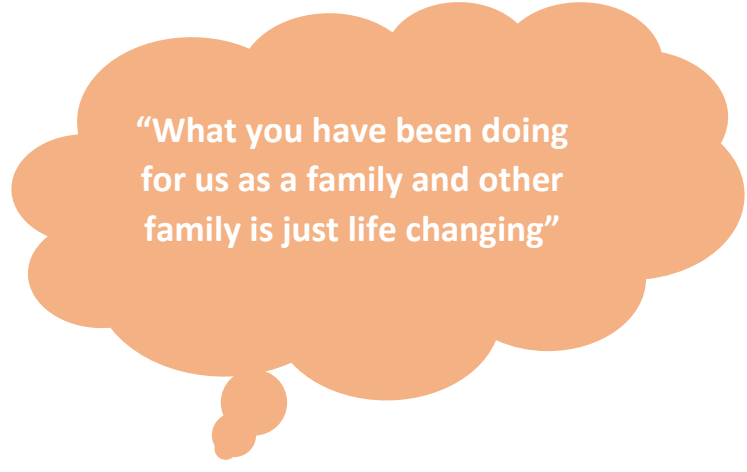
Sample of Compliments 2022/23




“The love, amazing care and support we all have received has been totally amazing”



“We had so much fun meeting Santa and the stormtroopers”



“What you have been doing for us as a family and other family is just life changing”



“ He especially loved time in the hydro pool and chilling in the sensory room



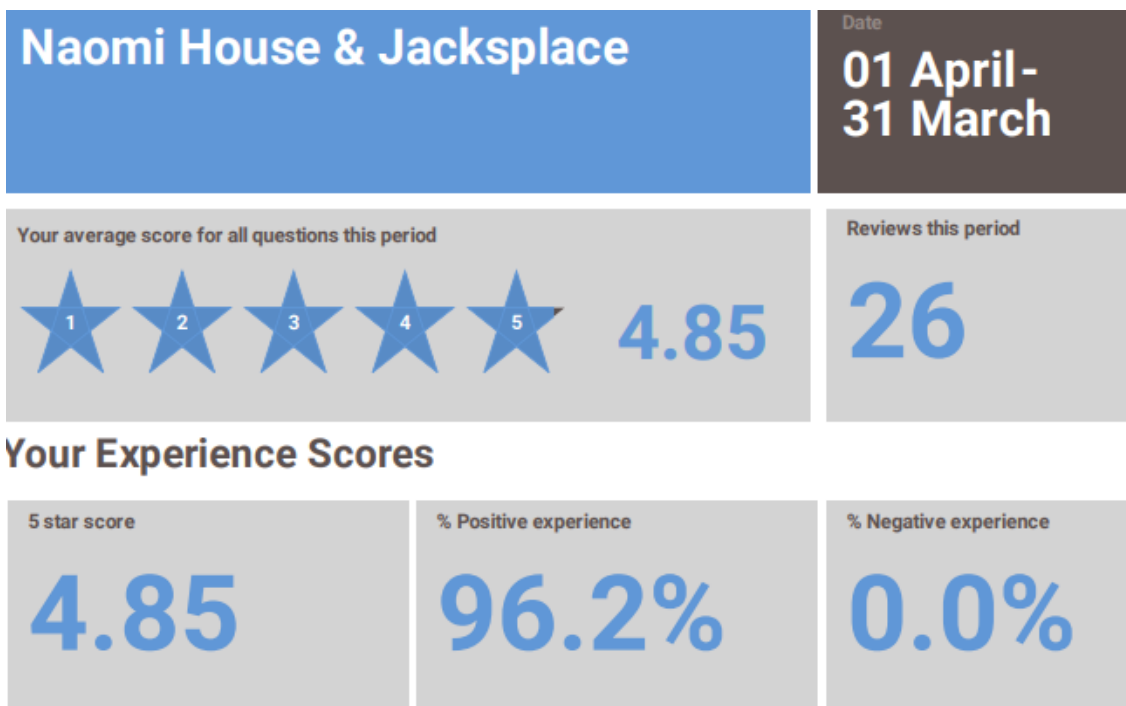
i Want Great Care Feedback

As part of the feedback process on iWGC reviewers are also asked to give us a a rating score and an experience score. During 2022/23 26 reviews have been left on the site with an average 5 star rating of 4.85 and 96.2% '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"





Commissioner led complaints – by exception

There were no Commissioner led complaints during 2022/23.

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 dieticians 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 person’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, developed by one of our Paediatric Palliative Care Consultants.

During the year 2022/23 we cared for 19 children and 4 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 9.2 days in Naomi House (max 8, min <1) and 4.3 days in Jacksplace (max 7, min 2); post-death was 4.3 days at Naomi House (max 8, min 1) and 3 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 person 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 early 2023 we were due for Investor in People (IiP) renewal and therefore went through the process of reassessment. 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 in March 2023 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 in 2019.

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.

Report of CCG visits/monitoring

During 2022/23 the following Commissioner meetings took place:

1. November 2022 – Bath, Swindon, and Wiltshire ICB

