



On behalf of the Board of Trustees and the Senior Management Team, it gives me great pleasure to present the Quality Account for Overgate Hospice for the year 2018/2019. As the only adult hospice in Calderdale we are very proud of our services and the support we provide to our local community.

Quality is at the heart of everything we do and this account gives us the opportunity to review how we delivered last year's priorities, how we measure and gain assurance about the quality of our services, and to identify the quality actions we intend to introduce during the coming twelve months. We could not deliver the care we do without the support of our volunteers and I would like to take the opportunity to thank them for all their support, commitment and hard work. We are also massively grateful to the public in Calderdale who continue to provide us with support and without whom we could not continue to deliver services – "Because you care, we can".

We are proud to work in collaboration with Calderdale Clinical Commissioning Group and we appreciate their continued grant funding support. In 2018 we said a fond farewell to our chair Val Steele to whom we will be ever grateful for her commitment and drive in supporting Overgate to move forward - she will be missed. We welcome Sheila Dent who joined the Hospice in 2016 as a volunteer and was elected to be chair in November 2018. Sheila has a wealth of experience and skills across the health and social care sector, as well as the charity sector. 2018 saw the exciting start of the design phase for redeveloping the Hospice site. This work will continue over the next few years and will deliver a new 16 bedded Inpatient Unit. Our strategy reflects the priorities and challenges set out by Hospice UK strategy and, in response to these challenges, we have set our strategic objectives to deliver improvements in the following areas:

- Service Development
- Our Facilities
- Partnership and Engagement
- Our Workforce
- Income Generation

We are committed to delivering safe patient centred quality care which forms the basis of everything we do.

I hope you enjoy reading this quality account. The Board of Trustees has endorsed our Quality Account.

### Introduction

This Quality Account will provide an overview of our services, review provision of care and considers the quality issues within the clinical setting. The report does not take into account the fundraising and administrative functions of Overgate as these are monitored under another governance framework. Our Strategic Plan sets out our priorities from 2018-2022 as listed below:

- Service Development
- Our Facilities
- Partnership and Engagement
- Our Workforce
- · Income Generation.

# **Our Mission**

We are an independent charity that aims to improve the quality of life for adults in Calderdale with a life limiting illness.

# Philosophy of Care

Our care is centred on the patient. We respect individuality and each person's dignity and right to privacy. We care for the whole person - their physical, emotional, spiritual, social needs and goals. The care includes support for their families and carers through an individual's illness and into bereavement.

We care for people during the advanced stages of all life-limiting conditions, including cancer, heart failure, lung, kidney and neurological diseases.



# Values that we live and breathe in our day to day work:

### We value:

- Community support
- Diversity and respect
- Innovation and improvement
- Reputation
- Compassion
- · Going the extra mile
- Team work
- Every penny
- Passion and positivity

### Registration

Overgate Hospice is fully compliant with the Care, Quality Commission (Registration) Regulations 2009 and the Health and Care Social Act 2008 (Regulated Activities) Regulations 2014.

### **Our Services**

Overgate Hospice provides expert specialist palliative care support, advice and information for patients and their families, carers and loved ones living with life-limiting illnesses.

Living with a life-limiting illness can affect a person in many ways; after being referred we will work in partnership with patients to provide the care and support depending on their individual needs. We offer a number of services to meet differing needs and are constantly reviewing these in order to ensure we can adapt and meet the demands of the Calderdale community. We know we cannot add days to life but we can add life to the days of our patients, making the most of the time they have left.

## Day Hospice

Day Hospice is an integral part of the care we offer at Overgate. It enhances quality of life for patients by helping maximise independence through engaging activities and therapies, and provides personalised care in a relaxed environment. It also offers the opportunity for patients to meet other people who are going through a similar experience, enabling them to share concerns in a supportive environment. The team offer a wide range of medical and nursing care alongside therapies and support from our Patient and Family Support Team. Services provided by Day Hospice include:

#### **Breath of Fresh Air**

A Breath of Fresh Air is a seven week course of advice, education, goal exercise and information for people with a Chronic Lung Condition and their carers, aiming to help them cope and learn strategies to manage their illness more effectively. **The programme includes:** 

- Assessing individual goals
- Planning of future care
- Education about medication and psychological approaches
- Enhancing well-being
- Talking and addressing anxiety
- Support and education for carers
- Advice on coping with fatigue
- Peer support

#### Drop-In

This is a service for adults and their carers living with a life limiting illness irrespective of diagnosis. It aims to promote a sense of well-being and a positive approach to living with their illness. Drop-In aims to provide support that is free, confidential and in a relaxed atmosphere. Patients and carers can attend any time between 10am - 4pm each Thursday.

### **Day Hospice Days**

This gives people time to spend an enjoyable day in a supportive and caring environment with others in a similar situation. People can be referred for a number of reasons including:

- · Pain management
- Psychological/spiritual support
- Social isolation
- Symptom control

#### We offer a wide range of support including:

- Symptom advice
- Advance care planning
- Emotional and social support
- Arts and crafts (e.g. pottery, painting, sewing and printing)
- Social work or benefits advice
- Complementary therapies (e.g. aromatherapy and acupuncture)
- Counsellina
- Physiotherapy
- · Spiritual support from our chaplains

# Patient and Family Support Team

Our Patient and Family Support Team are part of the multi-disciplinary team working within the Inpatient Unit, Day Hospice and Drop In. The team strive to meet patients' and families' physical, social, emotional and spiritual needs and are supported by a small number of trained and experienced volunteers.

The Patient and Family Support Team offer a range of support including pre and post bereavement counselling and emotional support. They provide group support for bereaved families and also support future care planning and personal/family concerns, as well as practical problems and signposting to appropriate external agencies. Our Chaplaincy team provide spiritual and emotional support.

Our Therapy Team offer physiotherapy to help patients to maintain and maximise their independence in order to improve quality of life. We offer individualised programs of physiotherapy in order to promote dignity, enabling people to meet the goals that are important to them and help them to cope with the impact of their illness.

The Complementary Therapy Team offers a range of therapies including aromatherapy, massage and reflexology. These are designed to promote relaxation, relieve stress and tension, and restore and maintain the body's natural balance.

Diversion Therapy: Our Activities Co-ordinator encourages patients to take part in creative activities. For some patients the opportunity to draw, paint and write can help them to express their feelings and bring enjoyment and satisfaction.

The team work closely across the Hospice and with outside agencies such as social services, local health care professionals, schools and advisory services.

### Inpatient Unit

Our aim is to manage the physical and emotional effects of a wide range of life-limiting illnesses, alleviating pain and easing any distressing symptoms, ensuring we help them maintain their dignity and independence.

The care we provide at Overgate differs from a typical hospital environment in how we deliver our care. We offer a homely and welcoming environment, offering a safe place where patients can be themselves. We are patient-focussed and appreciate that the little things matter, aiming to create an atmosphere of mutual respect, gentle good humour and warmth. We strive to accommodate the needs of patients and their families by being as flexible as possible regarding visiting times and pet visits.

We also care for patients who have complex symptoms, e.g. pain, vomiting, which require intensive monitoring and nursing and medical care, which cannot be met at home or in another place of care.

We have four single rooms one of which is a bookable respite room, two four-bedded rooms, each of which is single sex and a relatives' room where family and carers can stay. A significant number of patients are able to return home from the Inpatient Unit, with approximately 34% of people being discharged. All discharges are carefully planned in conjunction with patient, families and the team which includes community Palliative Care Social Workers

### Looking Back at 2017-2018

The aim of the Quality Account is not only to look at service developments and improvements in our care, but to review and provide evidence on the achievements we have made over the previous year. As a Hospice we are committed to ensuring our services meet the needs of our patients and their families, and that we are responsive to the changing needs of the Calderdale Community.

## **Our Priorities**

### Service Development/Developing Services

During 2017-2018 we started to seek and explore ways in which we could reach more people. We reviewed our Day Hospice services and in January 2018 we introduced a Drop-In service to our Day Hospice, which initially started on a Thursday from 9.30am to 12.30pm. This service has been well received and through 2018 attendance grew. Following focus group sessions and feedback from patients in January 2019 we increased Drop-In to be a full day on a Thursday. The service has acted on feedback from users who requested more structured sessions be offered and so in response to this the service has introduced a Drop-In Passport so patients can choose sessions to attend. Some of the sessions on offer are:

- Crafts
- 'Relax and Restore' Calm the mind and restore energy levels
- Mindfulness and Breath work
- Fatique Management
- Gentle Exercise Session
- Creative Writing
- Flower Essence for Everyday Stresses
- Pamper Yourself have a facial treatment or pedicure
- Advanced Care Planning
- · Coping with Breathlessness

#### **Nurse Prescribers**

For our Inpatient service we reviewed the nursing workforce and roles within the nursing team to extend the services we provide. In 2018 we appointed two new roles to our nursing team so that they could introduce Nurse Prescribing to the Inpatient Unit. This development is part of a wider project to introduce two Nurse Led Beds so that patients have more choice in where and how their end of life care needs are met. Further training in Clinical Assessment Skills was also undertaken in order to strengthen the skills and knowledge of the team.

### **Our Facilities**

### Improving the Inpatient Environment

In 2017 we appointed a specialist architect to begin the exciting work of designing a new Inpatient Unit. During 2018 we held a number of engagement events with staff and volunteers to help design a new 16 bedded inpatient facility which will help to future proof the Hospice for the next 25 years and ensure our services can continue to provide the care and meet the changing needs of our patients and families.

The Board of Trustees recognise this will be a big challenge for the Hospice and is fully committed to the project. The Board has allocated funds to support this. However planning for a capital appeal will begin in earnest in 2019 to take this work further.

### Partnership and Engagement

During 2018 we joined with Calderdale Clinical Commissioning Group, Calderdale Council, Age UK, Calderdale and Huddersfield NHS Foundation Trust, Marie Curie North West and Voluntary Action Calderdale to develop an integrated and collaborative model for end of life care across Calderdale. This collaborative has mapped the patients journey identifying where there are gaps and duplication in care, and is committed to providing a single point of contact so that patients and families know who to contact to co ordinate their care. This work will continue as this will require a whole scale system change. The group has formed sub groups to look at:

- Education and Training
- Data and Information
- Fast Track Funding

The aim of the work as a whole is to provide consistency in care for patients and families at the end of life. The work will continue in 2019/2020 to develop the model further.

#### Our Workforce

In 2017 we appointed an Information Manager as we recognised the need to improve our data monitoring and to help us respond to the new national requirements for General Data Protection Regulation (GDPR). We have strengthened our activity reporting and can demonstrate, and evidence, the increase in people using our services. In 2018 we undertook an Information Technology (IT) Review as we recognised that the development of a new inpatient unit and the changes in how IT is supporting healthcare. Our aim is to develop an Information Technology Strategy over the next few years which will continue to support the development of the Hospice.



# **Going Foward**

#### Introduction

This Quality Account considers quality issues within the provision of clinical care at Overgate Hospice. It acknowledges the support received from the fundraising and non-clinical areas of the organisation, but the quality elements of the other departments are evidenced in separate governance mechanisms.

Our care is centred on the patient. We respect individuality and each person's dignity and right to privacy. We care for the whole person - their physical, emotional, spiritual, social needs and goals. The care includes support for their families and carers through an individual's illness and into bereavement. Looking forward our services will continue to develop and embed to reflect this aim.

Our local Clinical Commissioning Group is seeking to enable more people to die at home or in the community, including Overgate Hospice, if this is their wish, rather than in hospital. As mentioned above this work began in 2018/2019 and will continue in 2019/2020 with the creation of an integrated end of life care model across Calderdale, with the Hospice being one of the main partner organisations working collaboratively to deliver this model.

Hospice UK shared their new direction for the hospice movement last year by setting four strategic goals which would be complemented by local strategies of each hospice throughout the country. Their four goals are:

- 1. Extend our reach and enable hospice quality care to be delivered in any setting
- 2. Tackle inequality and widen access to hospice care
- Work with communities to build capacity and resilience to care for those at the end of life
- 4. Empower a strong, dynamic and responsive hospice sector.

We fully support these goals and believe our plans for 2019/2020 complement the new direction of the hospice movement.

### **Service Development**

To seek and explore ways in which the Hospice/Hospice Care can reach more people in Calderdale.

### We will in 2019/2020:

- Produce a Clinical Strategy setting out how we will improve and develop our services
  ensuring we reach out to people earlier in their disease so that more people can
  experience Hospice Care. The Clinical Strategy will also include how we can respond
  to the needs of younger adults with life limiting illnesses that have previously been
  supported by children's hospices.
- Launch the Inpatient Unit Nurse Led Bed service which will widen our provision to include people with non-complex end of life care needs.
- Launch "Time to Think" a Day Hospice structured programme for patients with dementia and their carers.
- Work towards developing a pilot project for a "Time to Listen" service providing bereavement support through a volunteer workforce.
- Continue to recognise the importance of nutrition in palliative care with the continuing work of the Hospice wide Nutrition Group.
- Review further improvements to the working of the multi-disciplinary meetings within the Hospice.

### **Service Development**

### We will in 2019/2020:

 Develop an Information Technology (IT) Strategy to support future Hospice services and our infrastructure.

### Partnership and Engagement

To actively seek and drive improvement in local end of life care in partnership by developing an integrated model of care.

#### We will in 2019/2020:

- Continue to work collaboratively with key stakeholders to develop a local integrated model of end of life care, this will include a new joint partnership model for social work with Calderdale Council.
- Continue to offer and further develop education and training in end of life care to partner organisations and other providers.

#### **Our Workforce**

To continually develop and inspire our staff and volunteer workforce by having an integrated approach to workforce planning.

#### We will in 2019/2020:

- Ensure staff and volunteers have access to effective education and training that supports them in the delivery of a high quality service.
- Continue to implement training and education programmes with local health and social care professionals to ensure local services improve to meet the growing demand.

### Review of Quality and Performance 2016—2019 Regularly Measured Quality Markers

| IPU   | 2016 - 17                   | 2017 - 18               | 2018 - 19                               |  |  |  |
|---|-----------------------------|-------------------------|---|--|--|--|
| Admissions<br>(Number of)   | 253                         | 261                     | 279                                     |  |  |  |
| Mean length of stay<br>(Days)   | 12.3                        | 12.0                    | 11.0                                    |  |  |  |
| Discharges (% of<br>admissions<br>resulting in<br>discharge of a living<br>patient) | 42%                         | 34%                     | 33%                                     |  |  |  |
| Cancer vs Non<br>Cancer (% of<br>patients with<br>diagnosis of)                     | 72% vs<br>28%               | 79% vs<br>21%           | 73% vs<br>27%                           |  |  |  |
| Day Hospice   |                             |                         |   |  |  |  |
| Total attendances<br>at all services  | 2274                        | 2135                    | 2982                                    |  |  |  |
| Cancer vs Non<br>Cancer (% of<br>patients with<br>diagnosis of)                     | 46% vs<br>54%               | 56% vs<br>44%           | 72% vs<br>28%                           |  |  |  |
| Attendances at<br>Drop In   | Service<br>not<br>available | 198 (only<br>part year) | 1120 patients<br>(patients &<br>carers) |  |  |  |
| BOFA (number of attendances by patients and carers)                                 | 140                         | 116                     | 120                                     |  |  |  |

### In addition to the other quality measures we also measure ourselves on the following

| Indicator  | 2015 - 16  | 2016 - 17                           | 2017 - 18   | 2018 - 19 |
|--|--|-------------------------------------|---|-----------|
| Number of falls<br>Inpatient and Day<br>Hospice                  | 41   | 41                                  | 39  | 34        |
| Number of Pressure<br>Ulcers (all<br>unavoidable)                | 28   | 29                                  | 23  | 23        |
| Infections (none of<br>which were<br>acquired at the<br>Hospice) | 9  | 8                                   | 6<br>(One infection<br>became apparent<br>only after admission<br>but was acquired<br>before admission) | 3         |
| Safeguarding<br>Alerts to<br>Calderdale Council                  | 6  | 2                                   | 5   | 7         |
| DoLS<br>Authorisations   | 3  | 6                                   | 5   | 5         |
| Medicine Incidents   | 16   | 13                                  | 24  | 18        |
| Complaints and<br>Concerns                                       | 2 informal<br>clinical<br>complaints.<br>All resolved. | 1 formal<br>complaint.<br>Resolved. | 1 formal<br>complaint.<br>Resolved.   | 0         |

## Below are comments received from our patients and families...

I always look forward to coming to the Day Hospice. I find the day thoroughly enjoyable and relaxing, and feel at ease in all the aspects. The staff are truly professional, caring and very attentive, and take the upmost care of me. I am very thankful that the Day Hospice celebrates both cultural and religious diversity by providing me with a calm, peaceful environment in which I can fulfil my religious requirements, such as my prayer.

The staff at Overgate were kind and attentive and always there for him, cheerful and smilling. It made his "end of days" easier for him and a great help to me, his partner, after six long months of home nursing. I can't thank you enough for everything. God bless you all for your kindness.

"

Always a warm, friendly welcome. Staff are fantastic and are always available for a chat. Nothing is too much trouble. Find lots of activities to get involved in. Always enjoy time spent there.

"

Welcoming, friendly, fun. The staff and volunteers are so kind, it is humbling at times. When I need rest I am left alone but checked on. It has been so helpful for me after such a long time in my house alone. I look forward to Tuesdays. "

I cannot thank Overgate and its wonderful staff adequately for the absolutely first class and compassionate care given to my mother during the several weeks she spent in the Hospice.

From start to finish the care and friendliness were really good. We got all the information needed about visiting times, medication, what to bring and what not to bring. Everyone was interested in us as people and talked to us about our life, likes and dislikes. My wife enjoyed contact through the long nights with staff.

My mum and her family were cared for in the most amazing way. Her last few days were in a loving, compassionate environment and she was not alone. Added to that the care my family received was second to none. Thank you.

It has given me a lot of motivation, something to get up for. It has helped me in coming to terms with my diagnosis. I have had support from all the staff as well as sorting out my benefits and finances. I have made a few friends who are in the same position. Staff at Overgate show their patients, families and friends kindness and compassion; may they be proud of the work they do. The people they are and the difference they make, words cannot express. Support care and thoughtfulness that all the staff gave at this difficult time for our Mum and all who loved her.



The level of care from all staff was outstanding. My sister was looked after and died with dignity because you all care. You are so patient and understanding.



# Statement from the last inspection from the Care Quality report October 2016 Extract from the final report following Inspection

Everyone told us they felt the Hospice was a safe place where care and treatment was delivered by kind, compassionate and competent staff. There were systems in place to make sure people were protected from harm and staff knew how to report any concerns about people's safety and welfare. The Hospice employed a range of medical and nursing staff, and health and social care professionals such as social workers. There were enough staff to ensure people received the right care and treatment in a timely way. The Hospice did not employ an occupational therapist but worked closely with the community based team of occupational therapists to make sure people got the support they needed. Everyone told us staff were quick to respond to their changing needs. New staff did not start work until all the required checks had been completed satisfactorily. This helped to protect people from the risks of being cared for by staff unsuitable to work with vulnerable people. We found risks to people's health, safety and welfare were well managed. People's care records included information about individual risks and how these were managed.

The Hospice was clean and well maintained and equipped to meet people's needs. Checks were carried out on equipment and installations which helped to ensure the premises were safe for people to use. There were clear systems and processes in place to deal with emergencies, both medical and non-medical emergencies.

Incidents and accidents were recorded and reviewed, and whenever possible action was taken to reduce the risk of recurrence.

People's medicines were handled safely. However, some of the storage arrangements needed to be reviewed to make sure they were secure enough. People told us the staff were well trained and knew how to meet their specialist needs. Staff received training on safe working practices and were supported to develop their knowledge and skills. Staff received support to cope with the emotional challenges of their work. Management and staff demonstrated a good understanding of their responsibilities in relation to The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This helped to make sure people's rights were protected and promoted.

People were offered a choice of food which took account of their ethnic, cultural and dietary needs and preferences. Nutritional assessments were carried out and people received support from dietitians and speech and language therapists where necessary.

People received support to maintain their wellbeing from a multi-disciplinary team and they spoke very highly about the nursing and medical staff. They told us how staff had helped to allay their fears and make their lives more comfortable.

Without exception people told us the staff were extremely caring and kind. They told us they were always involved in decisions about care and treatment and staff always asked for their consent before providing support.

The Hospice had a calm and relaxed atmosphere. We observed people who used the service; relatives and staff were comfortable in each other's company. We saw staff were kind and patient when supporting people. People's privacy and dignity was always respected despite the limitations of the shared four bed rooms. The management team had identified this as an area for improvement.

Staff knew about people's individual needs and preferences and spoke about people and their relatives with warmth and compassion. Relatives and carers were offered support when their family members were receiving care and treatment and post bereavement. People were supported to meet their spiritual needs and were offered the opportunity to attend memorial services.

Everyone told us the service was responsive to their needs and we found care and treatment was delivered in a person centred way. However, this was not always reflected in people's care plans.

People were supported to share their views of the service and there were complaints procedures in place. There were systems and process in place to monitor and assess the safety and quality of the services provided. We found the management team was open and enthusiastic and constantly looking at ways to improve the service.

The service worked in partnership with other health and social care providers to improve the standards of end of life care across Calderdale.

### Extract from Health Watch October Calderdale 2018

The visit was very relaxed and calm, even though it was a busy environment we were made to feel very welcome.

It was good to hear that the Hospice are utilising volunteers' skills to help with roles in the Hospice but also understanding that not all volunteers want to stick to the role they are trained for and sometimes they want to be supported to try other things.

It was good to know about the plans to introduce equipment to improve care for patients who suffer from dementia and the expansions that the Hospice are hoping will be happening in the near future. The development of more single rooms and space should help greatly as some rooms are multi-purpose due to limited space.

The Hospice understands the need to gather feedback but we wondered if a more effective way would be to utilise a volunteer befriender, who may have had involvement previously in the Day Hospice, so the individuals feel at ease discussing any good practice or issues they may have.

We feel that senior staff and managers seem to be making constant efforts to improve the service offered and keep up with new developments in the Hospice and hope that the feedback from our visit will help see the Hospice through fresh eyes.

We enjoyed talking to patients, visitors and staff and hope that it didn't feel Intrusive when chatting and taking visitors' time away from their loved ones.

The Hospice felt very person-centred and it was lovely to see the great staff interactions with patients and visitors and we felt a real sense of care and compassion for all while we were there.

# Comments from our **Volunteers**

### Feedback from volunteers, three months after they started helping Overgate Hospice:

- It is an absolute pleasure working and supporting patients in creative art activities. I
  have learned to adjust my expectations to meet the needs of the patient, which has
  been a good learning curve and great for my development.
- I have made new friends and improved my English.
- Good company everyone is lovely. Feel like I'm making a difference. At first I wasn't contacted with a start date and felt like I wasn't needed, but once I joined the team that changed.
- I have volunteered in the shop since I retired as a nurse and I love talking to customers.
- I volunteer at events and do bucket collections. I started volunteering as I wanted to study Events Management at University and thought it would be a good place to help my studies.
- I love working in the shop. The staff are really friendly and I get the satisfaction of helping to raise funds for a very worthwhile cause.
- Volunteering has helped me personally and it has helped to promote the name of Overgate, which is so important.

### Feedback from volunteers when they stop volunteering with us:

- I have enjoyed everything about being a volunteer and it was a tremendous experience. I have gained the knowledge that 'the life added to the days' that Overgate Hospice aims to give to patients, is invaluable.
- I enjoyed meeting new people every day and working with other volunteers and felt like I was contributing because I knew exactly how my job was helping others. I would like to thank everyone I worked with for making it such a friendly and welcoming environment.

Friendly environment and really genuine people, I gained an insight into the amount of
effort and organisation that goes on behind the scenes, and
will definitely volunteer again.

 Enjoyed doing something useful in retirement and to help a great Hospice care for sick people. The staff dedication to the care of patients are second to none and volunteers feel appreciated.

 Both customers and staff were great to work with and gained skills in handling customers and retail pricing as well as better people and communication skills I wish I could stay! I hope to volunteer again in the future and have gained an insight into how amazing the Hospice is.

I've met lovely patients, staff and volunteers.
 Thank you so much for having me and I hope to be back soon!



Chair of the Board
Of Tirustees

As the new Chair of the Board of Trustees I am delighted to endorse this quality account. The Board is assured by the progress made in 2018/19 and supports the quality improvements agenda planned for 2019/2020. The Board is committed to supporting the delivery of high quality care for patients and their families across Calderdale and to working collaboratively with other providers to continue to ensure services meet the needs of our community.

Although I am new to the post of Chair I worked alongside the Clinical teams on the Clinical Governance agenda since 2016 and so have seen first-hand the drive and enthusiasm to improve and develop palliative care services to ensure the patients, families and friends are at the centre of everything we do. I am proud to say I have witnessed on many occasions the extra mile staff and volunteers go to make the patient and family experience the best it can be.

The Board is involved in the monitoring of Standards of Care as part of their Governance Framework and there is a Clinical Committee which comprises four trustees, three of which have a senior medical/clinical background and one with a social care background. The meeting is attended by key clinical directors and clinical staff and data is presented at each quarterly meeting for overview and scrutiny.

I look forward to further developments in the Clinical Strategy which will help to inform the direction of travel for the hospices over the next five years.

### Conclusion

The Quality Account provides a clear and concise summary of the invaluable work of the staff and volunteers at Overgate Hospice over the past 12 months. This Quality account will form part of the Hospices monitoring and evaluation of Services which will be overseen by the Clinical subcommittee