



## Wigan and Leigh Hospice Quality Account 2016–17



*“An amazing place with truly amazing staff, made my uncle’s dreams come true on his last day and moved mountains to make it happen, cannot thank all the staff and volunteers enough for everything they did.”*

March 2017 [Wigan and Leigh Hospice Facebook page]

*“I can't thank the hospice enough for all they did for my mum whilst she was in here, the staff are amazing! Thanks everyone from the bottom of my heart.”*

May 2017 [Wigan and Leigh Hospice Facebook page]

*“Exceptional management and leadership was demonstrated at Wigan & Leigh Hospice... there was an open culture which empowered people to plan and be involved in the high quality care provided at this service... At the end of their life people received outstanding and compassionate care.”*

Wigan and Leigh Hospice CQC Inspection Report March 2017

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## Part One

### Statement from the Chief Executive

I am delighted to present this Quality Account and feel privileged to be leading such an innovative and caring organisation through a period of what seems to be constant change. The Hospice is committed to providing the best possible experience for patients and their families and to spreading our reach through partnership working with other health and social care organisations and through our outreach programmes of education and training in order to enhance the standards of end of life care across our local community.

During the year, the senior leadership team, in conjunction with our trustee board, has continued to refine and develop the Hospice strategic plan in order to keep it relevant to the external environment in which we operate. The structure of the plan is based on the following thematic areas:

- **Patient care**
- **Commissioning**
- **Partnerships**
- **Sustainability**
- **Governance**

Patient care is at the centre of everything we do and therefore heads up this list. Each of the other thematic areas are there to support our goal of high quality and compassionate patient care, with such care being extended to those who matter most to our patients. Our overall aim as an organisation is to strive towards extending our reach to more of those people across our local community who are in need of our care and support.

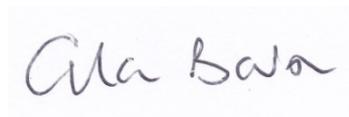
We are conscious that there are many health inequalities across the Borough which need to be addressed, whether this be related to social, economic or cultural factors or even diagnosis, particularly patients with long term conditions other than cancer or neurological conditions such as dementia. We are also acutely aware that a substantial number of patients arrive at A&E or are admitted into hospital for stays longer than is necessary due to the lack of availability and resilience within community services. As a relatively small organisation within the wider health and social care economy we are unable to fix these problems or address this unmet need on our own. However we believe that the Hospice does have a key role in developing services that can go some way to alleviating these pressures and improving outcomes for local people by developing effective partnership arrangements. By working closely and collaboratively with our commissioners (both in the Wigan Borough Clinical Commissioning Group and the local Council), to ensure our developing services are aligned to the strategies of these two organisations, and also with other providers (NHS colleagues such as GPs, District Nurses and hospital teams, as well as with staff in the care homes

across the Borough), we can effect change on a much greater scale than could be achieved by one organisation on its own.

During the year we have continued to revise and strengthen our governance systems to ensure that we meet the Care Quality Commission's five key lines of enquiry; that we are safe, caring, effective, responsive and well-led. We are therefore delighted to report that the overall rating received by the Hospice from the CQC inspection in October 2016 was 'Outstanding'. We have continued with a major review of our policies and procedures and introduced standard operating systems across many clinical areas. We have also sought to strengthen our internal communications through a number of new staff forums and surveys which now extend to include our hugely important volunteer workforce.

A further strategic area is that of sustainability. The Hospice has been providing care for over thirty years and we must ensure that we are able to do so for the decades to come. This can only happen though if we maintain and, where possible, increase our statutory and charitable income streams. Around 70% of our income comes from charitable sources – local people supporting the Hospice either through donations, fundraising, supporting our Hospice shops, joining our weekly Hospice lottery or leaving a gift to the Hospice in their wills. We also rely on the support of over 750 volunteers who regularly donate their time, energies and life experiences. This contribution alone is valued at almost £1 million every year. The remaining 30% of our income comes from the NHS via the Wigan Borough Clinical Commissioning Group (CCG). I am pleased to report that we continue to maintain an excellent working relationship with the CCG which remains totally committed to supporting the Hospice in any way it can within the extremely tight financial constraints that it operates. A key aspect of sustainability is the recruitment, training and development of high calibre staff and volunteers. We are conscious that to work in a Hospice setting requires enormous resilience and these wonderfully committed people hold the key to our success. Their commitment to the Hospice cause is immeasurable.

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by our Hospice.

A handwritten signature in blue ink that reads "Alan Baron". The signature is written in a cursive, flowing style.

Dr Alan Baron  
Chief Executive

## Part Two

### Introduction

The Wigan and Leigh Hospice Quality Account is an annual report about the quality of services we provide. It aims to increase public accountability and drive improvements in healthcare. It looks back on how well we have done in the past year at achieving our goals. It also looks forward to the year ahead and defines what our priorities for quality improvements will be and how we expect to achieve and monitor them.

### Our Hospice Mission, Vision and Values

#### Mission Statement

Within its resource constraints, Wigan and Leigh Hospice:

- provides specialist palliative care services by specially trained staff, on as broad and varied a basis as possible and at the highest quality achievable, thereby aiming to enhance the quality of life of individuals living with a life-threatening, incurable illness
- offers needs-assessed support and advice to carers, both during the illness of the patient and in bereavement
- aims to complement and support other palliative care providers, not taking over from them, but seeking to collaborate with them to promote a seamless service for people with specialist palliative care needs
- is committed to delivering needs-assessed, research and evidence-based palliative care education, both in-house and through outreach educational programmes.

#### Our Vision

Our vision statement is that contained in the Wigan Borough Palliative & End of Life Care Strategy which is as follows:

**“Every patient with palliative and end of life care needs within the Wigan Borough will have timely and equitable access to high quality service across all settings, delivered by appropriately trained professionals.”**

#### Our Values

Following a wide-ranging consultation exercise the Hospice values have been refined and revised and were accepted by the board in November 2016. The values are the guiding principles which determine how all staff approach their work at the Hospice. Our revised values are:

- **C**ompassion
- **A**ccessibility
- **R**espect
- **E**xcellence

## Services provided by the Hospice

Our Hospice building is welcoming, light and modern. Outside the Hospice we have beautiful gardens which are adjacent to Amberswood Common and attract a variety of wildlife. Patients find the Hospice to be a place of comfort and rest during a difficult time.

We provide the following services:

**Inpatient Unit:** Patients are admitted to our Inpatient Unit in order to manage their symptoms, give emotional support to the patients and those people important to them or for end of life care.

**Hospice Nurse Specialists:** The team has specialist knowledge and skills in palliative care and provide support for patients at an advanced stage of their illness and those people important to them. The majority of this team are Nurse Independent Prescribers.

**Hospice in Your Home:** The team offers one-to-one time with patients and gives practical as well as emotional support alongside hands-on nursing care, including daytime visits and overnight stays.

**Hospice in your Care Home:** This innovative project offers ongoing support and guidance currently in eight nursing homes across the borough with the aim of ensuring their residents are enabled to remain in the home rather than be admitted into hospital at the end of life.

**Outpatient Clinics:** These medical and nurse-led clinics are delivered in the Hospice's Woodview Centre and offer assessments and reviews for patients with complex or rapidly changing symptoms who need specialist palliative care assessment.

### Wellbeing Services:

**Oak Centre:** This new facility will open in the autumn of 2017 offering a rehabilitative approach with a focus on enabling our patients to maintain their independence, improve their wellbeing and to self-manage the effects of their advancing illness.

**Complementary Therapies:** We have a team of complementary therapists who deliver a range of therapies both at the Hospice and for our Hospice in your Home patients in the community.

**Counselling:** The Counsellors can offer a variety of therapeutic interventions to identify and strengthen ways of coping, and to work through feelings being experienced.

**Bereavement Support:** Bereavement support is offered to those people important to the patient and includes one to one and group support alongside Remembrance Evening Services and events.

**Other services:** Patients are also able to access a social worker, employed by Wigan Council, physiotherapy, occupational therapy, speech and language therapy and a dietitian service, provided by staff employed by Bridgewater Community Healthcare NHS Foundation Trust, all of whom are based at the hospice.

**24 hour advice line:** The Advice Line is available 24 hours a day, seven days a week to patients, carers and healthcare professionals who are seeking advice about palliative care issues, such as pain and symptom control or Hospice services.

**Education and Outreach:** Our knowledge and skills are shared with GPs, District Nurses, care home staff and other health and social care professionals through multidisciplinary working and formal education programmes. This allows our expertise to benefit patients and carers who do not access Hospice services directly.

Support is also provided for those people important to the patients who are accessing Hospice services. This can include access to complementary therapy, counselling and bereavement support.

**Our facilities include:**

- 14-bed Inpatient Unit (all single rooms)
- Overnight room for families
- Quiet rooms for private discussions
- Multi-faith room
- Car parking (free of charge)
- Cafe
- Patient and visitor lounge areas
- Complementary therapy and counselling rooms
- Outpatient clinics
- Extensive landscaped gardens
- Meeting rooms for hire

## Part Three

### Review of the Hospice's quality performance 2016/17

In October 2016 the Care Quality Commission carried out a thorough inspection of our services. This process included meeting staff and service users, examining systems and processes, reviewing record keeping and attending ad-hoc meetings taking place during the inspection period. The results of this inspection were published in March 2017 as follows:

<b>Overall Rating for the service</b>	<b>Outstanding</b>
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Outstanding
Is the service well led?	Outstanding

The preamble to the report states the following:

*“Exceptional management and leadership was demonstrated at Wigan and Leigh hospice. Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the high quality care provided at this service. This meant that people continuously had a say in how they wanted their care to be delivered. The strong and positive management approach resulted in people receiving a tailored inclusive service which focused on them receiving individualised care.”*

The Hospice has a robust Quality and Governance framework, ensuring that it fully engages with all regulatory requirements assuring our funders, service users and regulatory bodies that we are safe, effective, caring, responsive and well-led. It does this by:

- Ensuring effective risk management processes are in place
- Ensuring organisational policies and procedures are updated and relevant
- Reviewing incidents to ensure that lessons are learned and changes implemented
- Responding to the views of service users and stakeholders, gathered by means of compliments, complaints and surveys
- Identifying trends in data and agreeing action plans when necessary
- Responding to alerts and guidance notifications
- Overseeing the audit cycle, including the creation and review of clinical guidelines
- Ensuring two-way communication with staff and volunteers in an open and ‘just’ culture

There are four standing committees within the Quality and Governance framework which report to the Hospice Board of Trustees:

1. Risk and Performance Management Committee
2. Medicines Management Committee
3. Clinical Audit and Guidelines Committee
4. Finance Committee (virtual committee transacting majority of business via email)

The Hospice collects a range of information for the purposes of quality monitoring within these Committees. This includes requirements set out nationally in the Minimum Dataset and measures developed internally. This data is continuously reviewed and where possible measures include

outcomes as well as activity levels. The information below represents data collected from January–December 2016, all of which is scrutinised through the quarterly Medicines Management or Risk and Performance Management Committees:

Patient Safety Measure	Figures	Comments
Staff sickness	3.6%	This is a reduction of 2.8% in comparison with 2015. This is likely to be due to implementation of a revised sickness policy and targeted work aimed at improving staff wellbeing and resilience.
Staff mandatory training compliance	84%	Improvements have been made in monitoring and managing mandatory training compliance, particularly in the non-clinical workforce, resulting in improved compliance over the course of the year.
Information Governance breaches	20	Improvements have been made in monitoring and reporting information governance breaches. The breaches are relatively minor and are all investigated with actions taken to prevent reoccurrence. The Hospice has achieved the required Level 2 compliance of the NHS Information Governance Toolkit.
RIDDOR accidents	2	Both of these actions led to individual and organisational learning. Whist reportable, the injuries sustained were not longstanding and did not require hospital admission.
Patient accidents	43	Patient accidents have reduced by 39% in comparison to 2015. Possible contributors to this reduction may be a lower number of specific individuals admitted to the inpatient unit more prone to falling and changes to practice on the unit in 2016 such as the patient comfort rounds (otherwise known as 'Intentional Rounding').
Complaints received Complaints upheld Compliments received	14 10 1,860	The numbers of compliments and complaints have increased this year in comparison to last year (by 13% and 35% respectively). This is likely to be due to the improved rigour in collecting compliments and identifying complaints. Only 1 complaint received was a formal, written complaint. Of the complaints upheld, the following themes arise: <ul style="list-style-type: none"> <li>• 8 related to communication/support</li> <li>• 2 related to nursing care</li> <li>• 1 related to medical responsiveness</li> </ul> All complaints resulted in clear action plans which have either been implemented or are in the process of being implemented. The Hospice Complaints Policy and Procedure was also revised during the year.
Incidents	41	The number of internal incidents reported has increased by 31% in comparison to 2015. This is likely to be due to an increase in the reporting and investigation of incidents across the organisation. Incidents reported in the year included information governance, gaps in policy, procedure or guidance, procedural breaches, IT, patient admissions/discharges from the inpatient unit and visitor behaviours. We also reported 14 incidents involving other providers.

Pressure ulcers		Audits undertaken during 2016 revealed gaps in the identification, documentation and reporting of pressure ulcers by nursing staff on the inpatient unit, impacting upon the quality of data provided to the Risk and Performance Management Committee; therefore no figures are reported here. Over the course of 2016, a robust action plan was implemented, resulting in the collection of more reliable data which will be reported in the next Quality Account.
Safeguarding concerns	0	
Prescription errors Administration errors Transcription errors Total number of medication errors	64 91 11 166	The Hospice has fully adopted the policy that all medication errors, no matter how small, must be reported in order to identify training or procedural concerns before they impact upon the patient. All of the errors that occurred in 2016 are rated as low risk because they have either not impacted upon the patient at all (such as a missed signature) or had minimal impact upon the patient (such as administering a medication at a different time to that which was prescribed). All errors are investigated and discussed in the quarterly Medicines Management Committee meeting along with the learning outcomes. The number of errors reported have increased in comparison to 2015, due to changes made to the reporting procedure (making reporting simpler and analysis more transparent and in line with local and national guidance) and staff training provided by the Accountable Officer. Placed in the context of the thousands of prescriptions and medication administrations that take place at the Hospice, these errors remain very low in number. We are reassured that our errors reflect our regulator's and commissioners' ideal of high reporting of low risk errors, demonstrating that our organisation is transparent, patient-focused, safe (with all staff taking responsibility for governance surrounding medication safety) and supportive of staff development.

Service Activity Data	2016	2015	Change
<b>Total number of service users</b>	<b>1,317</b>	<b>1,229</b>	<b>+7%</b>
<b>Inpatient Unit</b>			
Number of admissions	262	292	-10%
Number of individual patients	233	244	-5%
Number of occupied bed days	4,650	4,445	+4%
% bed occupancy	91%	87%	-
% of IPU admissions ending in death	61%	58%	-
Average length of stay (days)	18	16	+12%
Average waiting time for admission (days)	3.6	3.1	+16%
<b>Community</b>			
Hospice Nurse Specialists face to face contacts	3,396	2,913	+17%
Hospice In Your Home visits (day)	2,685	2,108	+27%
Hospice In Your Home visits (overnight)	394	349	+13%

## **Key achievements in 2016-17**

### **Review of priorities set in previous Quality Account**

Most of the priorities set out in the previous Quality Account have been achieved, with the exception of opening the Wellbeing Centre. This is due to a business case submitted to commissioners which was unsuccessful.

### **A new patient entrance, café and improved reception area**

A new patient entrance has been created in order to improve access to the inpatient unit and to offer patients more dignity and privacy. A café opened in October 2016 to give patients and visitors somewhere to sit and talk away from patient bedrooms any time of the day or night. The reception area has undergone some cosmetic changes in order to create a more welcoming experience.

### **Hospice in your Care Home**

This service, now in its second year of operation, offers a regular presence in eight nursing homes across the borough, working in partnership with the care home staff to enhance the care of residents and to promote their comfort and dignity in the last few weeks and days of life. The team also delivers education and training in how to effectively manage end of life care for dying residents, whilst supporting those important to that person. Nursing home staff have become equipped with the necessary practical skills to deliver high quality end of life care which respects the wishes of the resident and those important to them. The number of admissions to hospital from these homes has subsequently reduced by 25%. The team have held two highly successful conferences, one in September 2016 and the second in March 2017, focusing on key issues in end of life care within the care home setting. They also held an inspirational awards ceremony for the participating homes in October 2016.

### **Wigan and Leigh Hospice Conference 2017**

Our conference on the often overlooked area of confusion in palliative care, took place at Leigh Sports Village in February. Keynote speakers and renowned experts in palliative care addressed delegates at the conference, including Dr David Jolley, a leading psychiatrist in dementia care from The University of Manchester and Tony Husband, author and carer.

### **Full implementation of Mental Capacity Act policy and procedures and documentation**

This included completion of a robust policy and procedure, systems for the documentation of capacity assessments and best interest decisions and robust staff training.

### **Full review of Medicines Management systems and processes**

This involved a thorough review of all medicines management policies and procedures and of staff training.

### **Full review of the prevention and management of pressure ulcers on the inpatient unit**

Audits undertaken during 2016 revealed areas for improvement in the classification, documentation and reporting of pressure ulcers by nursing staff on the inpatient unit. In response to these findings a taskforce group was established comprising nursing leaders and nurses with an interest in tissue viability. This group oversaw the implementation of a new pressure ulcer prevention and management policy and procedure, the identification of two tissue viability leads who attended externally provided training, implementation of patient comfort rounds, completion of a mattress

audit and replacement of mattresses as required, a review of nursing transfer documentation, implementation of a more robust reporting procedure for pressure ulcers and the provision of training to nursing staff.

### **Clinical Audit**

Audit plays a key part in measuring how we are doing, in supporting the culture of safe and effective care and in driving forward improvements. As the Hospice does not have the resources for a specific audit role, this work is conducted by staff in addition to their clinical roles. The audits are scrutinised and monitored by the Hospice Audit and Clinical Guidelines Committee. The Hospice completed 19 clinical audits in 2016 on a range of topics such as infection control, management of medicines, pressure ulcer prevention and management, response to referrals, end of life care and blood transfusions.

### **Implementation of a Staff Forum**

Following the results from the Birdsong survey (see overleaf) the Hospice established a Staff Forum in 2016, to improve communication channels across the Hospice. It is chaired by a member of the senior leadership team and attended by representatives from all areas of the Hospice. The Forum is still in its infancy but is already providing a useful conduit for ideas, suggestions and initiatives.



## Staff and volunteers' experience of working at the Hospice

During 2016 we repeated an independent anonymised survey of our staff conducted by a company called Birdsong which was arranged through Hospice UK, the national representative body for Hospices. This year the survey was extended to include volunteers working at the Hospice. The responses obtained are compared with the other hospices taking part (46 in 2016) and against Charity Pulse, an annual voluntary sector-wide staff satisfaction survey.

The information we obtain from these surveys allows us to understand the needs and concerns of our staff and volunteers and, where necessary, to respond to these concerns through the development of appropriate action plans such as the establishment of the quarterly Staff Forum reported above. The views expressed in these surveys were overwhelmingly positive, which is an indicator of our staff and volunteers' care, commitment and compassion for the Hospice and its service users. Set out below are some of the key findings from this survey.

2016 Birdsong data – key findings	WLH	Other hospices	Other charities
I understand what this charity wants to achieve as an organisation	100%	90%	88%
I have confidence in the senior leadership team	85%	57%	59%
Diversity is valued at this charity	80%	71%	66%
I enjoy the work I do	97%	92%	80%
I feel like I am making a difference	93%	87%	73%
I am treated with fairness and respect	84%	73%	70%
The results expected of me are realistic	68%	63%	54%
I am concerned not about my job security	59%	61%	47%
This charity's processes and procedures help me to do my job effectively	81%	60%	36%
The charity makes best possible use of supporters' time and money	83%	54%	63%
I am clear about what is expected of me in my role	93%	86%	56%
I feel empowered to make decisions in my role	84%	71%	68%
My views are listened to and valued	76%	63%	64%
I get the support I need to do my job well	81%	68%	58%
My line manager is a good person to work for	81%	76%	62%
The charity makes the best use of my abilities	86%	66%	51%
Overall I am satisfied with my job	89%	79%	63%
I am proud to work for this charity	95%	90%	77%
I believe in the aims of this charity	98%	92%	89%

## Patient and Family Experience of the Hospice – Feedback received in 2016

Aside from the plethora of compliments the organisation receives over the course of the year, the hospice proactively seeks feedback on the quality of its services. In 2016, the hospice participated in a survey conducted by the Association for Palliative Medicine concerned with bereaved relatives' satisfaction with the end of life care provided. The service evaluation was undertaken between August and September 2016. Some 29 hospice inpatient units and 22 home care teams participated, with the results for each Hospice being benchmarked alongside similar services. Respondents were asked about their level of satisfaction on 17 domains of care, such as the patient's comfort, information provision, symptom control, family support and emotional support. In total, 38 bereaved relatives of Wigan & Leigh Hospice patients responded to the survey, an overall response rate of 47%. The responses from them reflected the high quality care provided, with an overall satisfaction rate of 88% achieved across inpatient and community services.



## Priorities for 2017/18

In line with CQC requirements, these priorities are set with a view to ensuring the Hospice service is safe, effective, caring, responsive and well-led:

### **1 Patient Care: Delivering the best possible care for our patients and their families**

- 1.1 Maintain highest achievable quality across all our existing services
- 1.2 Develop new services to meet emerging needs and local palliative and end of life care priorities
- 1.3 Review and, where necessary, redesign services to maximise outcomes and reach

### **2 Commissioning: Engaging with and responding to the new commissioning environment**

- 2.1 Engage proactively with commissioning bodies (including CCG and Council)
- 2.2 Demonstrate impact of Hospice services through outcome measures
- 2.3 Develop understanding of unmet need and our role in meeting this need

### **3 Partnerships: Reaching more people through working in partnership**

- 3.1 Work with partners across the statutory and voluntary sectors to improve service delivery and community engagement
- 3.2 Improve understanding of palliative and end of life care and the Hospice amongst professionals and the general public
- 3.3 Engage with stakeholder and partner forums to identify shared agendas and priorities

### **4 Sustainability: Ensuring our services are sustainable in the new healthcare environment**

- 4.1 Develop strategies to maximise income and to control costs to ensure the Hospice remains financially viable for the future
- 4.2 Review and implement the maintenance and renewal plan for all buildings and equipment
- 4.3 Recruit, retain, develop, train and support our staff and volunteers

### **5 Governance: Ensuring the hospice is compliant and is managing risk**

- 5.1 Ensure compliance with regulatory standards including appropriate recording and monitoring systems
- 5.2 Ensure systems are in place to enable proper governance and risk management
- 5.3 Ensure robust financial systems are in place to enable proper accountability and control.

## Statements from stakeholder organisations

### **Wigan Borough Clinical Commissioning Group (WBCCG) response to Wigan and Leigh Hospice Quality Account 2016/17**

Wigan and Leigh Hospice have clearly demonstrated their ongoing commitment to being a core provider of specialist palliative care services. WBCCG has equally witnessed their caring and compassionate approach to care through engagement and by working in partnership. The Hospice has an innovative approach towards the provision of services and continuously wants to improve how they care for people with a life limiting illness irrespective of diagnosis.

In year the Hospice actively engaged with the WBCCG Hospice and Independent Providers: Preventing Infection Together (HIP PIT) Programme. It was very pleasing to note that this was positively reflected in their CQC Quality Report that rated the provider as 'Outstanding' overall. The success of all services they provide are evidenced throughout this report and the CQC outcome is a clear measure of their achievements across all departments.

WBCCG look forward to working with the Hospice during 2017/18 to develop new services to address current unmet needs within palliative and end of life care.

### **Working with our stakeholders**

Wigan & Leigh Hospice has a proud history of working with its partners and other stakeholders across the borough to ensure our communities have access to high quality palliative and end of life care provided by well trained and supported staff.

We are grateful for the continued support of the Wigan Borough Clinical Commissioning Group and for their interest in our Quality Account. We are extremely pleased that Hospice services are valued and we look forward to building on our already strong relationships.

We welcome the suggestions and comments made for future reports. Through our Quality and Governance structure and reporting mechanisms we will work towards including some of these suggested developments in the future versions of our Quality Account.