St Cuthbert's Hospice

Quality Account

2021 - 2022

Our Mission

To make every day count for those affected by life-limiting illnesses.

Our Vision

To be a centre of excellence within our community and to provide all-embracing, compassionate and individualised care to all those affected by life-limiting illnesses, at a time and a place that is right for them.

Our Values

- Respect
- Professionalism
- Choice
- Compassion
- Reputation
- Integrity

Our Philosophy of Care

At the heart of St Cuthbert's Hospice is the individual who is seen as a unique person deserving of respect and dignity. Our aim is to support each person and their family and friends, helping them to make informed choices and decisions affecting their lives.

Individual care is planned to support the total well-being of each person, taking into account their physical, psychological, social and spiritual needs.

We will work together to provide a warm and welcoming atmosphere that accommodates diverse cultures and lifestyles within a calm and compassionate environment. As a team, we will strive to provide care of the highest standard by ensuring staff are up to date with current research and training.

We are aware of the valuable work undertaken by individuals and agencies in the community and we will work in partnership with them to provide excellent services for the people of Durham.

We see life – and death – as a journey to be made in the company of others. We are rooted in our local community and we approach life and death through a philosophy based on support and hospitality.

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PART 1

Quality Statement

Welcome to our Quality Account for 2021 - 2022. This report is for our patients, their families and friends, the general public and the local NHS organisations that give us fifty per cent of our funding. The remaining finance required to pay for our services is raised through fundraising, legacies and our eight shops.

The aim of this report is to give clear information about the quality of our services so that our patients can feel safe and well cared for, their families and friends are reassured that all of our services are of a high standard, and that the NHS is receiving good value for money. It also underlines our commitment to continually review our services, and find ways to improve them so as to ensure patients remain at the centre of the services we provide and how we provide them.

In this document we give an account of how we have maintained our high standards, followed through on ways in which we can raise those standards even higher, and, very often, exceeded the expectations of those who have used our services. We also identify some priorities for continuing our progress towards excellence during the coming year.

We could not give such high standards of care without our hardworking staff and our volunteers, and together with the Board of Trustees, I would like to thank them all for their support.

The Account also details a number of initiatives that have taken place during the year to improve the quality of the service we offer. It is pleasing to see that the work being done in County Durham is attracting national and international recognition.

Our Head of Clinical Services is responsible for the preparation of this report and its contents. To the best of my knowledge, the information in the Quality Account is accurate and a fair representation of the quality of health care services provided by St Cuthbert's Hospice.

Paul Marriott
Chief Executive

PART 2

KEY ASPIRATIONS FOR IMPROVEMENT
DURING THE PERIOD 1 APRIL 2022 – 31 MARCH 2023

2.1 INTRODUCTION

St Cuthbert's Hospice will continue to strengthen processes that support and demonstrate an ethos of continuous clinical quality assurance and improvement across all levels of the organisation. We aspire to provide outstanding care to all our service users, provided by qualified and well trained medical, nursing, allied health, counselling and social care staff and underpinned by research evidence and sector leading best practice in an environment and culture that supports compassionate person centred care.

We take our '*duty of candour*' seriously. We therefore aspire to reduce risk, prevent harm and promote safety as the foundation for providing effective and responsive care services that meet the unique needs of each of our service users. We will openly and honestly identify any shortfalls in our services to individuals in our care. We commit to act promptly to address or resolve such shortfalls and where necessary report them and our actions to resolve them to patients and their families and to relevant partners or regulatory agencies.

Our service users need to know that they will be treated with compassion, dignity and respect in clean and safe care settings that are effectively managed to protect them from the known harms, avoidable accidents, recognised clinical risks (such as pressure ulcers and falls) associated with health systems. They need to be confident that agreed and consented clinical interventions are identified to meet their unique needs and will be underpinned by research and sector leading best practice such as National Institutes for Health and Clinical Excellence (NICE) guidance that aims to make every day count and enhance their quality of life.

2.2 WELL LED

ASPIRATION 1: TO FURTHER DEVELOP AND STRENGTHEN OUR MODEL OF QUALITY IMPROVEMENT.

What is our rationale for choosing this aspiration?

Senior leaders within St Cuthbert's Hospice recognise that embedding a quality improvement ethos within the Hospice is critical if we are to avoid complacency, retain our outstanding Care Quality Commission (CQC) rating and realise our vision of becoming a centre of excellence. The board and senior management team recognise that within our approach to developing a culture of quality improvement it is important to:

- View quality improvement as a long term journey rather than a quick fix.
- Demonstrate visible leadership commitment from the board and senior management team.
- Ensure that barriers to staff involvement and engagement with improvement are broken down.
- Enable managers and front line staff to work together to deliver a shared and aligned mission and vision.
- Involve people using our services in this work.

The creation of a new senior management team within the context of a Coronavirus (Covid-19) pandemic have challenged existing ways of thinking and historical ways of working and have created a window of opportunity and platform for change. Therefore work to develop and strengthen our model of improvement is ongoing.

What will we do to achieve this aspiration?

Actions proposed for 2022 – 2023 are:-

- Build on work to strengthen our governance arrangements and the Review of the Governance Framework (January 2021) and complete an external review of our governance arrangements.
- Review and reinvigorate work to build and embed impact management practice in order to further enhance the organisation's performance in line with its mission and vision.
- Explore and introduce more agile ways of working in order to reduce waste and free up more time and resources to spend on direct care and other value adding activities.
- Further develop our quality improvement toolkit and shared understanding of quality improvement to enable senior leaders and front line staff to work together and continuously improve the quality of care we deliver to patients.
- Embed a more systematic and methodical approach to improving quality, safety and value within the Hospice, an approach grounded in improvement science.
- Explore how we can free up capacity to enable departmental managers to lead specific projects and allow senior leaders to be more deliberate in strengthening our model of quality improvement.

- Review Enabling Services and related systems and processes within the Hospice with a view to maximising the value from Staff.Care (www.staff.care.org), a workforce management tool the implementation of which commenced in the latter part of 2020.

How will we measure delivery and impact of this aspiration?

- Delivery of the external review of the governance framework.
- Development of an operational plan for Enabling Services, e.g. Human Resource Department.
- Introduction of an audit schedule linked to providing assurance in relation to safeguarding.
- Development of a patient and public involvement strategy and communication and engagement plan, including a staff and volunteer survey, family and friends test, examples of where we have worked directly with patients and the local community to make beneficial changes.
- Commencement of workforce modelling to support delivery of the Hospices Model of Care and plan for Project Grow.
- Introduction of a suite of programme/project management and quality improvement tools and templates.

ASPIRATION 2: STRENGTHENING CLINICAL LEADERSHIP

What is our rationale for choosing this aspiration?

When our Medical Director joined us in November 2018, he perceived St Cuthbert's to be running an exceptional service.
"Clinical Services were offering excellent In-patient care and a buzzing and vibrant Living Well Service against a backdrop of a fantastic café/social hub providing excellent service and food of the highest standard. Combined with excellent levels of

hygiene and cleanliness and a beautifully maintained garden, St Cuthbert's was able to provide an excellent service to its patients, guests, families and carers."

Medical provision and clinical responsibility was however patchy and only just able to cover each week adequately with no leeway for study leave, sickness absence or annual leave cover. Although run by a team of experienced doctors, there was little if any overlap of the service which relied heavily on a daily handing over of the baton. Patient medical treatment (drugs) had a tendency to be changed day on day depending on personal choice and preferences of the days attending doctor, governed more by personal familiarity than evidence base.

The Medical Directors appointment became a source of day to day continuity which was enhanced further once St Cuthbert's became a recognised site for the training of General Practitioner (GP) Registrars from the Northumbria Training scheme. Unfortunately the Hospice's first trainee started in the February of 2020 headlong into the storm of the Coronavirus (Covid-19) Pandemic. There were many unknowns at the time so our first GP Registrar had a suboptimal introduction to Palliative Medicine. The two trainees that followed were able to benefit more and more as the clinical team attempted to provide their usual excellent service within the constraints imposed by the pandemic and multiple lockdowns and shielding.

Our success with GP Registrar training and feedback to the scheme meant we were invited to accept further trainees so from August 2021 our Medical Director devised a North of County Durham training rotation to include 3 whole time equivalent (WTE) GPs. Unfortunately one trainee withdrew their application at the last minute and another post the vacancy was not filled. The 1.5 WTE trainees that started were exceptional trainees and were already very experienced doctors.

In February 2022 all four posts were filled and this allowed the exciting prospect of running two separate teams within the Hospice and another team for the CDDFT palliative care team and the North Community Macmillan team. Each trainee spends two months on each arm of the rotation and all trainees then leave with a rounded experience encompassing each of the separate blocks.

What will we do to achieve this aspiration?

Actions proposed for 2022 – 2023 are:-

- Consider increasing the number of consultant sessions - the change in provision of medical cover more towards a training unit lends itself for the Hospice and the CCG to consider increasing the number of consultant sessions to allow the appointment of a part time Consultant for the Hospice to enhance the teaching and training role that has already been established. To enhance Palliative Care further in North Durham, this additional Consultant may have a formative role in developing closer working links with Willowburn Hospice, our neighbouring Hospice in Lanchester and help solve historical issues around governance and overall medical responsibility regarding patient admission.

- Become a training site for palliative medicine – on the first of May 2022 our Medical Director will take up the position of Training Programme Director for Specialist Palliative Medicine for Health Education England in the North East. From September 2022 St Cuthbert's will become a training site for Palliative Medicine trainees aspiring to become a Consultant in Palliative Medicine. These developments are essential in ensuring a good chance of recruiting to Consultant vacancies in the future.

How will we measure delivery and impact of this aspiration?

- Audit - in line with providing well led evidence based care and fulfilling our responsibilities to the local governance procedures within the Hospice and the General medical Council, we will deliver an audit project for every medical trainee attending the Hospice.

- Research is an important part of developing our portfolio and establishing St Cuthbert's as the primary provider and hub for Specialist palliative Care within County Durham. In 2022 – 2023 we hope to partake in an important multicentre trial looking at the use of fluid hydration at the end of life. This is an extremely important and emotive area and will attempt to unpick some of the stigma which surrounded the Liverpool Care Pathway and why its use was removed from main stream Palliative Care.

2.3 SAFE

ASPIRATION 1: PROTECT PEOPLE FROM AVOIDABLE HARM THROUGH PREVENTION OF FALLS, SUSPECTED DEEP TISSUE INJURIES, PRESSURE ULCERS (PUs), AND THROMBOEMBOLISMS

What is our rationale for choosing this aspiration?

St Cuthbert's Hospice continues to view harm-free care for patients as an important priority. The principles outlined in the NHS Patient Safety Thermometer remain an effective method for surveying patient harms and analysing results via completion of an electronic spreadsheet for one day on a monthly basis. This measures harm in relation to three key areas: falls, pressure ulcers and, for in-patients, incidence of venous thromboembolism (VTE) assessment, (see Table 1 Safe care targets and achievements).

Although no longer required to report via the national patient safety thermometers spreadsheet we continue to collect and monitor information on known harms associated with health care. This includes all falls as and when they occur, the incidence of acquired/deteriorating pressure ulcers, urinary tract infections (UTIs) and thromboembolism VTE assessment during and following admission and on a weekly basis thereafter.

Falls

What is our rationale for choosing this aspiration?

Many of our patients have limited mobility or are frail as a consequence of their illness, but retain 'mental capacity' and express their wish to remain as independently mobile as possible. In respecting patient preference, we also have to balance the need to keep our patients safe with the need to respect and promote their independence. In such situations some falls remain unavoidable.

However, we again aspire to have a zero rate of avoidable falls. To help us achieve this on admission all patients will be assessed for their individual risk of falls using a Falls Risk Assessment Tool (FRAT) and where appropriate a falls risk care plan is put in place to try and reduce the incidence of avoidable falls. Nevertheless, we recognise that falls can and still do occur if patients are to be supported to remain independent.

What will we do to achieve this aspiration?

Actions proposed for 2022 - 2023 are:

- Embed work completed in 2021 – 2022.
- Implement the revised falls prevention risk assessment, care plan and audit template on SystmOne (Patient's Electronic Care Record) to ensure clinical practice reflects our Prevention of Falls Policy and Procedures (September 2020).
- Strengthen our engagement with the Hospice UK Patient Safety Forum and use this as a vehicle to share and learn from best practice and measure the effectiveness of our falls prevention activity against Hospice UK benchmarking data.
- Replace and upgrade clinical beds in the IPU

Pressure ulcers

What is our rationale for choosing this aspiration?

We have again set an ambitious target of zero incidence of pressure ulcers (PUs) being acquired or deteriorating following admission for 2022 - 2023. We recognise the challenges associated in meeting this ambitious target. Following the publication in June 2018 by NHS Improvement, '*Pressure ulcers: revised definition and measurement. Summary and recommendations'*, we have adopted the best practice for the categorisation of pressure ulcers and as recommended in the report no longer describe '*Kennedy Terminal Ulcers'.* Within the Hospice, for reporting purposes we use the term suspected deep tissue injury.

We recognise the difficulty of balancing the rights of patients with capacity and or the wishes of their loved ones who, after being made aware of the risk of harm, still decline positional change regimes or pressure relieving equipment in the final stages of end of life care against the goal of preventing avoidable injury or harm.

Consequently, there will continue to be occasions when, despite the implementation of a pressure ulcer risk reduction care plan, pressure damage may still occur. Such measures include risk assessment, the use of pressure relieving equipment, regular positional changes, pressure prevention monitoring and the use of measures to protect the integrity of skin over bony prominences.

What will we do to achieve this aspiration?

Actions proposed for 2022 - 2023 are:

- Embed work completed in 2021 - 2022 and continue to promote best practice and apply NICE Guidance to support monitoring, management of pressure ulcers.
- Implement the revised pressure ulcer risk assessment, care plan and audit tool on SystmOne and ensure clinical practice reflects the Pressure Ulcer Prevention and Management Policy (May 2019).
- Strengthen our engagement with the Hospice UK Patient Safety Forum and use this as a vehicle to share and learn from best practice and measure the effectiveness of our tissue viability activity against Hospice UK benchmarking data.
- Purchase of Lateral Flow Turning Mattresses.

VTE Assessments

What is our rationale for choosing this aspiration?

In December 2014 we commenced formal Venous Thromboembolism (VTE) assessments on patients admitted to IPU to evidence decisions made with regard to anticoagulation therapy. In 2021 - 2022 85% of VTE assessments completed within 24 hours of admission in 2022 - 2023 we aim to maintain our current performance.

What will we do to achieve this aspiration?

Actions proposed for 2022 - 2023 are:

- To continue to complete formal VTE assessments on all patients within 24 hours of admission.
- To measure the effectiveness of our practice against the National Audit of VTE Assessments and use this as a driver for improvement.

How will we measure delivery and impact of this aspiration?

All falls, suspected deep tissue injuries (pressure ulcers) on admission, acquired or deteriorating following admission, and failures to complete a VTE assessment will be reported and recorded as clinical incidents, investigated using root cause analysis and any lessons learned will be shared with staff.
Link Practitioner groups for Falls and Tissue Viability will report to the Clinical Governance Group what has been achieved this quarter, what will be achieved in the next quarter and any risks and /or issues.

Status on improvement initiatives under the link practitioner initiative and lessons learned from RCA will be reported and monitored quarterly to the:

- Clinical Governance Sub-Committee (CGSC).
- The Clinical Governance Group (CGG).
- Senior Management Team (SMT).
- Clinical Commissioning Group (CCG) in our quarterly Contract Quality Performance Reports for 2022-2023 and will be made publically available on the Hospice website.

All pressure ulcers acquired or deteriorating following admission and graded at 2 or above and any falls that results in serious harm to a patient will be:

- Internally investigated adopting root-cause analysis methodology and a report compiled for SMT and CGSC.
- Statutorily notified to CQC by using the service statutory notification form for ‘serious injury to a person’ or ‘allegation of abuse (safeguarding).’
- Reported to the Commissioners via North East Commissioning Support Unit (NECS) in line with NHS England’s Serious Incidents framework.

ASPIRATION 2: PREVENT ERRORS ASSOCIATED WITH THE SUPPLY, STORAGE, PRESCRIBING, ADMINISTRATION AND DISPOSAL OF MEDICINES (CONTROLLED DRUGS & NON-CONTROLLED DRUGS).

What is our rationale for choosing this aspiration?

St Cuthbert’s Hospice offers symptom control and end of life care in its In-patient Unit (IPU). Drug therapy is an important part of this care and we prescribe and administer a variety of drugs, including controlled drugs (CDs). Errors involving CDs are

extremely rare but because of the nature of the drugs and dosages involved, such errors can have serious unintended outcomes.

In 2020 - 2021, improved incident reporting and a more rigorous approach to Root Cause Analysis (RCA) highlighted system failure as a feature of most medication errors (CDs & non-CDs) and risks and issues relating to supply, storage, prescribing, administration and disposal.

We aspire to achieve a zero incidence of drug administration errors for 2022 - 2023. We subsequently aspire to ensure that our policy framework and associated procedures support both the development of a safety culture and also facilitates openness about failures; that incident management is not be used as a means of apportioning blame, but as a mechanism for identifying risks, learning from mistakes and driving improvement.

What will we do to achieve this aspiration?

Actions proposed for 2022 - 2023 are to:

- Continue to embed work completed in 2021 – 2022 and continue to promote best practice.
- Maximise the contribution of the pharmacy and:-

    - Achieve improved clinical and cost-effective prescribing.
    - Conduct review of stock drug holdings and prescribing practice.
    - Support our medical and non-medical prescribers.
    - Provide expert medicines advice to colleagues at multi-disciplinary team meetings, particularly the Medicines Optimisation meeting.
    - Conduct audits of storage, supply, prescribing, administration and disposal of medicines.
    - Review all policy and procedures related to storage, supply, prescribing, administration and disposal of medicines.
    - Contribute to a review of our arrangements for supply of wholesale stock drugs and medication supplied under FP10 prescriptions.

How will we measure delivery and impact of this aspiration?

We will demonstrate we have achieved our aspiration through:

- Reduction of waste through improvements to supply of wholesale stock drugs and prescribing practice.
- Increased reporting of medication incidents, both CDs and non-CDs.
- Participation by relevant staff in root cause analysis and action planning in response to incidents.
- Participation by staff in reviews of policy and development of procedures.
- Completion staff training and competency assessments.
- Minutes from Medicines Optimisation meeting and Clinical Governance Group and CGSC.

2.4 EFFECTIVE

ASPIRATION 1: MEASURE THE EFFECTIVENESS OF OUR CARE, PALLIATIVE CARE INTERVENTIONS & OUTCOMES

What is our rationale for choosing this aspiration?

Those who use our services need to know that the interventions and care we implement to meet their individual needs is responsive, informed by evidence and best practice and makes a difference to their symptoms and quality of life.

We want people to feel confident to discuss their health needs with staff. This is important to ensure that people are regularly involved in monitoring changes in their health status or needs and that these are fully discussed with them. Review of care plans already happens on a regular basis. The implementation of palliative care outcome measures in 2018 – 2019 means we and our patients are able to be better informed about the clinical effectiveness of our care and interventions.

Although in 2019-2022 we continued to collect and collate the set of data from the suite of palliative care outcome measures we were unable to secure the support we need to realise the full benefits of this initiative.

In 2022 – 2023 we aim to continue our endeavours to secure additional support through partnership working with North East Commissioning Support and Higher Educations to enable us to Better measure the effectiveness of our palliative care and outcomes.

How will we measure delivery and impact of this aspiration?

We will demonstrate we have achieved our aspiration by:-

- Providing detailed incident analysis and reporting including dashboard reporting of clinical incident trends and patterns to CGSC, CGG, SMT and Commissioners of outcomes measures achieved.

- Sharing our findings with sector colleagues, our CGSC and those who use our services.

2.5 RESPONSIVE

ASPIRATION 1: ESTABLISH A BASELINE INTELLIGENCE OF "CARER BURDEN" AND BASED ON THIS ADOPT A RECOGNISED TOOL TO ASSESS, PRIORITISE DECISIONS FOR THE IMPLEMENTATION OF A RANGE OF OPTIONS TO ENHANCE CARER SUPPORT AND REDUCE CARER BURDON

What is our rationale for choosing this aspiration?

Our 2019 to 2024 Carers Strategy sets out an ambitious vision: a responsive and collaborative approach to ensure we care, not only for the person with a life-limiting condition, but also those caring for the person living with a life-limiting condition.

St Cuthbert's Hospice recognise that many carers don't perceive themselves to be carers and often 'drift' into the role over time often taking on more and more caring responsibilities, *(Who cares? Support for carers of people approaching the end of life, The National Council for Palliative Care, 2013).*

We acknowledge there is a growing body of evidence that indicates that being an informal carer has a significant impact on finances, health, loneliness, social exclusion, personal relationships, work and caring, (*Facts about carers, Policy Briefing, Carers UK, 2019).*

We understand that many carers are passionate about their contribution to society and that they often feel this contribution goes unrecognised. Instead of being supported, their needs are over looked and they have to fight to get support. The support that is available is insufficient or poor quality and does not enable them to have a life alongside their role as a carer. Census results for 2011 show that there are approximately 59,000 adult carers living in County Durham, of which nearly 17,000 are providing 50hrs or more care a week.

There are 1,659 young carers aged between 5-17 years of age living in County Durham. There has been a 7.2% increase between 2001 and 2011 in the number of carers aged under 15 providing between 20 and 49 hours a week of unpaid care. As at 31 March 2016 there were 13,339 carers registered with Durham County Carers Support (DCCS), which is a 9% increase on the number registered as at 30 June 2015 (12,210).

More recently, *"Worst hit: dementia during coronavirus" (Alzheimer's Society, September, 2020)* highlighted 92 million extra hours spent by family & friends caring for loved ones with dementia. 95% of carers reported negative impact on their mental and physical health. Dementia Advisors have seen noticeable uplift on requests for advice and support. 133,000 welfare calls have taken place since March 2020. These findings certainly resonate with our own experience of carers during the pandemic.

Although progress with implementation of the carers strategy has not been as planned during 2021 – 2022, the pandemic has created an opportunity for us and the wider health and social care economy to pause, reflect and learn, and in partnership with other carer's support organisations better understand:-

- What are we trying to accomplish?
- How will we know that our change is an improvement?
- What change can we make that will result in an improvement?

What will we do to achieve this aspiration?

In 2022 – 2023 we will build on existing work (dementia services, everything in place, family support and bereavement services) and will respond to the findings of our Literature Review (2021) which found that although Hospice staff are in an ideal position to assist in the identification, assessment and support of the unpaid carer, only one in eight hospices in the UK currently have a working carers strategy, (Higgerson *et al.,* 2019). We will therefore continue to embrace a more carer orientated service and will:-

- Embed use of the Carer Support Needs Assessment Tool (CSNAT) to identify and engage with carers across Hospice services; identify number of informal carers; demographic data and nature of their caring roles.
- Implement My Concerns and Worries (MYCAW) well-being measures adopted by the Hospice in 2021 – 2022.
- Work with the newly appointed Communications and Marketing Manager and use experienced based design (EBD) to better understand specific carer needs, personal situations and priorities.
- Continue to forge effective working partnerships with other carer's services such as Durham County Carers Support (DCCS) and The Bridge Young Carers Service.
- Extend our offering of a short course of complementary therapies to carers to help reduce carer stress, help improve carer wellbeing and give emotional support.
- Continue to working with DCCS to provide educational programmes covering subjects such as end of life care, symptom management, medications, anticipatory grief and devices such as catheters and nasogastric (NG) tubes.
- Explore the implementation of a carer support group in the community.

How will we measure delivery and impact of this aspiration?

- Evidence of partnership working e.g. Children and Young Persons Charter, Educational Programme for Carers.
- Improvements to the quality of life of carers measured through the use of tools such as MYCAW, Warwick Edinburgh Mental Well-Being Scale (WEMWBS) and CSNAT measures.

2.6 CARING

ASPIRATION 1: TO DEVELOP A HOLISTIC MODEL OF CARE THAT FOCUSES ON INDIVIDUALS WHO ARE VULNERABLE DUE TO COMPLEX CONDITIONS OR CIRCUMSTANCES.

What is our rationale for choosing this aspiration?

Everyone deserves caring and compassionate care that meets their individual needs and responds to their wishes and choices in the last years, months and days of life. However, time after time literature reviews and research suggests that people who are vulnerable due to complex conditions and/or circumstance find their unique needs and considerations, are not being recognised or understood. This needs to be addressed for everyone.

Many groups feel marginalised because they do not have the same level of access to services or feel they were treated differently to other people receiving palliative and end of life care. Commissioners, providers and professionals are required by law to organise and deliver end of life care that meets the diverse needs of individuals effectively, and it is concerning that barriers to accessing services are not being recognised or addressed in some areas. It is alarming that commissioners and providers are not always meeting the requirements of key legislation, including the Equality Act 2010 and Mental Capacity Act 2005.

What will we do to achieve this aspiration?

In 2022 - 2023 we will:-

- Implement and evaluate the Hospice's service models and pathways of care developed in 2021 – 2022 for:-
    - Community Services – (Dementia and Namaste Care)
    - Day Hospice
    - Living Well Services (Appendix 7 and 8)

    - Bereavement Support (Appendix 5)
    - Family Support (Appendix 6)
- Embed a holistic model of care, within the Hospice, with restorative, preventative, supportive and palliative goals, aimed at improving function, maintaining function through treatment and illness, and the transition towards deterioration and functional decline.
- Strengthen and develop partnership working with stakeholders in the local and national health and care sector including Her Majesty's Prisons, Alzheimer's Society.
- Increase the Hospices engagement and outreach to people with life-limiting conditions and hard to reach groups by setting up a Hospice hub and spoke model for community outreach and delivering projects and initiatives, co-ordinated by the Hospice staff but mainly volunteer/peer support led. Examples include Namaste, MyPals and Everything in Place.
- Explore how we can introduce experience based design to develop person centred care and develop our thinking in relation to Project Grow and how this contributes to the delivery of a Palliative and End of Life Care Strategy within County Durham.

How will we measure delivery and impact of this aspiration?

- Timely delivery of Operational Plans that explain how the service is delivered and include diagrams, a process view of the service delivery model including any critical timeframes associated with the processes and documents and records that are maintained, performance and quality standards, performance monitoring and data, patient and public involvement plans.

- A Hospice hub and spoke model of delivery that can be replicated across the County and delivers.
    - Improvements to quality of life for people with life-limiting illness.
    - Increased numbers of people with an Advanced Care Plan.
    - More carers of people with life-limiting illnesses experiencing improved well-being, improved support and improved resources.
    - More bereaved people experiencing an improvement in their quality of life and feel more positive about the future.
    - Greater awareness of, and willingness to talk about, death, dying, grief and loss, with more people making plans for the end of their life.

PART 3

REVIEW OF SERVICE QUALITY PERFORMANCE DURING THE PERIOD 1st APRIL 2021 – 31 MARCH 2022

3.1 Background and Context

Opened in 1988 St Cuthbert's Hospice provides specialist medical and nursing care for the people of North Durham living with life-limiting conditions. The Hospice is based in the historic Park House, close to Durham city centre. Patients and relatives are welcome to enjoy the several acres of beautiful grounds with views across the Durham countryside.

Our team of highly qualified and trained staff and volunteers work together to provide individual, high-quality care in a peaceful environment, and to provide care and support for relatives and carers.

St Cuthbert's Hospice provides:

- A medically supported 10 bedded Inpatient Unit.
- A rehabilitative day care service in our refurbished Living Well Centre that offers a holistic model of care including:
    - Family support services - high quality social work, bereavement and pastoral care.
    - Therapy support including physiotherapy, occupational therapy and complementary therapies.
    - Medical and nursing support.
- A community based specialist Dementia Service including:-
    - Admiral Nurse - specialist dementia nurses developed, supported and/or approved by Dementia UK, who work with family carers, professional carers and/or other people with dementia under the Dementia UK brand.
- Namaste Care Project - specialist support for family carers, professional carers and/or other people with advanced dementia.
- Bereavement Support - pre and post-bereavement counselling for adults; a children and young person's bereavement service for those bereaved as a consequence of someone taking their own life or sudden unexpected and traumatic death; emotional support to the families of in patients.

St Cuthbert's Hospice accepts it is accountable for the standards of care it provides and has developed robust systems and processes to monitor, review, report and act in response to all clinical issues and incidences. The Hospice views harm-free care for patients as an important priority. We adopt the principles of the Safety Thermometer along with the collection of other internal data. This allows us to record evidence of patient harm which can be analysed to identify what measures could be implemented in order to minimise the risk of harm for patients in our care.

Our Workforce

We have a workforce of one hundred employees, 78 full time equivalents (FTE) working across the Hospice and in the Community. We employ Retail managers and

assistants, Nurses, Doctors, Occupational Therapists, Social Workers, Fundraisers, to name just a few.

Over the last year we have introduced new roles into our development team to strengthen our fundraising work, and introduced a new role of HR and Training Advisor to support with our workforce development. The Hospice secured funding to employ seven young people under the government's 'kickstart' scheme, a scheme which offers employment opportunities to young people who are at risk of long-term unemployment. The 'kickstarts' began working in our retail stores in March. In addition to our paid employees, we also have around four hundred volunteers working across our services, predominantly working in one of our eight retail stores around County Durham. Volunteers also help out in our enabling services, reception, our Living Well Centre, and our Hospice café.

Within clinical services absence due to long term sickness, annual leave and staff turnover are slightly above expected levels but to date staff absence has not affected adversely on ensuring safe staffing level in our clinical services. We continue to actively review and increase the number of RN and HCA bank staff, for the most part from a pool of staff who have previously worked at the Hospice this will assist with staff induction prior to commencing work on the unit. On rare occasions when they are not available at short notice or are already covering bank for another health care provider we make use of a local agency for bank cover although this has been rarely utilised by the staff on IPU.

We have during 2021 – 2023 carried a number of vacancies but as part of our on-going review of teams and workforce transformation, we have used these vacancies as an opportunity to review models of care and workforce development. We have introduced pharmacy support to cover 8am to 4pm Mon – Fri and introduced a Development of Clinical Practice Nurse on a part time basis.

We continue to support training and in 2021 – 2022 have had one of our senior staff nurses complete the advanced clinical skills course and independent prescriber course. A second commenced the advanced clinical skills course in March 2022. Other staff are accessing a range of modules under the Health Education England North

East Continued Professional Development (HEENE CPD) Tier 1 funding and we continue to support staff attendance at relevant conferences and workshops. All staff receive mandatory training, which covers recognising and reporting safeguarding issues, this has been modified to fit with current legislation and to include training on the mental capacity act, deprivation of liberty, and duty of candour and falls prevention.

Our full time Consultant/Medical Director continues to deliver 10 professional activities (PAs) of palliative care across Hospice, community and North Macmillan team (Derwentside, Chester-le Street and Durham) and into Willowburn Hospice on an as required basis. The pandemic has led to a necessary alteration to the way of working as weekly team meetings for clinical review were usually attended in person at the Greenhouse and then followed by a drop in to Willowburn Hospice. In person visits are now only when required and advice and meetings take place by 'phone, zoom or teams utilising video conferencing. Weekly case reviews had begun to open up and visits in person recommenced to Willowburn Hospice and the weekly outpatient clinic was running again within the LWC. The Omicron variant was an unknown and real worry and careful attention to PPE, social distancing and testing again was a major setback to the gradual opening up of services. His appointment continues to improve clinical support, leadership, teaching and supervision for the medical team. It continues to widen the scope for admissions to the Hospice for specialist interventions. The Medical Director is also a member or the senior management team and attends Board of Trustee meetings.

With the appointment of the Medical Director as visiting Professor to the University of Sunderland Medical School and the School of Health and Wellbeing, creating another opportunity for the Hospice to work collaboratively in teaching, audit and research. The visiting Professorship is aligned particularly with the School of Pharmacy at Sunderland. Prior to the Omicron wave, there was the opportunity to lecture in person for an afternoon in November 2021 at the school of Pharmacy to the final year MPharm students on Palliative Care symptom management.

We continue to build the medical team. In February 2020 we welcomed our first GP registrar on the GP training scheme, full time for 6months, our first trainee in five years. Our second trainee joined us at the beginning of September. During the pandemic, we have seen this development help improve continuity and allow medical cover to continue even in the absence of other members of the team who had to be shielded or redeployed to CDDFT as part of the front line Coronavirus (Covid-19) effort. We have a further exciting GP trainee development opportunity with the Northumbria training scheme offering us a further GP trainee in addition to a shared trainee between general practice and the Hospice. We have still not heard from the CCG or CDDFT regarding whether the funded PA session, vacated following the retirement of one of our doctors, will be transferred to the Hospice, however we aim to continue pursuing the transfer of this funding to the Hospice. The next development is being part of the Specialist Registrar Training Programme in Palliative Medicine within the North East, which is a real opportunity to help train the consultants of the future.

To better match our workforce skill mix and numbers of staff to demand; as measured by patient numbers, dependency and acuity we introduced as of Monday 13 July 2016 a new In Patient Unit (IPU) dependency tool for based upon NHS England (Shelford

Group) Safer Care. This helps us to establish benchmark acuity data to better model and predict our IPU care workforce needs against fluctuating bed occupancy and changes in patient acuity.

3.2 Evidence Based Practice

We have met or made substantial progress in meeting all our key aspirations for improvement as outlined in our 2021 - 22 Quality Account. However, we recognise that to maintain and continually improve our care services, we must ensure that the knowledge, skills, and competence of our staff and volunteers and the evidence that underpins our practice is updated in line with current best practice and research. To reflect best practise we have adopted the following NICE Guidance or Standards to inform both policy and enhance our practice:

Improving supportive and palliative care for adults with cancer. NICE Cancer service guideline (CSG4) March 2004.
Palliative care for adults: strong opioids for pain relief. NICE Clinical Guideline (CG140) May 2012. Last updated: Aug 2016.
Nutritional support in adults: oral nutritional support, enteral tube feeding and parenteral nutritional. (NICE) Clinical Guidance 32 (2006). www.nice.org.uk/Guidance/CG32. (Updated 4 Aug 2017).
Pressure ulcers: prevention and management. NICE Clinical Guideline (CG179) April 2014.
End of life care for adults. NICE Clinical Guideline (QS13) 7 March 2017.
Care of dying adults in the last days of life. NICE Clinical Guideline (QS144) 2 March 2017.
Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NICE guideline (NG5) March 2015.
Medicines optimisation NICE Clinical Guideline (QS120) 24 March 2016.
Controlled drugs: safe use and management. NICE Clinical Guideline (NG46) Published date: April 2016.
Palliative care for adults: strong opioids for pain relief. NICE Clinical Guideline (CG140) May 2012. Last updated: Aug 2016.
Falls in older people. NICE Quality Standard (QS86) Published March 2015. Updated January 2017.
Head injury: assessment and early management. NICE Clinical Guideline (QS176). Updated 2017.
Mental Health Act 1983 Code of Practice TSO, 2015.
Pressure ulcers: revised definition and measurement. Summary and recommendations. NHS Improvement (NHSI) June 2018.
The incidence and costs of inpatient falls in hospitals: report and annexes. NHS Improvement (NHSI) 2017.
Dementia: assessment, management and support for people living with dementia and their carers. NICE guideline. Published: 20 June 2018. nice.org.uk/guidance/ng97
Care Quality Commission (2019) The state of health care and adult social care in England 2018/219. [Online] Available at: THE STATE OF HEALTH CARE AND ADULT SOCIAL CARE IN ENGLAND 2018/19 (cqc.org.uk) [Accessed on 14th July 2021].

Carers Trust (2020) A Few Hours a Week to Call my Own. London: Carers Trust.
Carers UK (2019a) Will I care? London: Carers UK.
Carers UK (2019b) Carers at Breaking Point. London: Carers UK.
Carers UK (2019c) Juggling work and unpaid care. London: Carers UK.
Carers UK (2020a) Unseen and undervalued. London: Carers UK.
Carers UK (2020b) Carers Week 2020 Research Report. London: Carers UK.
Durham Insight (2020) General Health and wellbeing County Durham. [Online] Available at: InstantAtlas Durham – Health & Wellbeing (durhaminsight.info) [Accessed 14th July 2021].
East Kent Hospitals Charity (2016) East Kent End of Life – A guide for carers, when someone is nearing the final stages of life. [Online] Available at: EOL-carer-pack.pdf (kentcht.nhs.uk) [Accessed on 14th July 2021].
Ewing, G and Grande, G.E. (2018) Providing comprehensive, person-centred assessment and support for family carers towards the end of life: 10 recommendations for achieving organisational change. London: Hospice UK.
Gov.uk (2021) Guidance on infection prevention and control for CORONAVIRUS (COVID-19). Sustained community transmission is occurring across the UK. Available at: https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection[1]prevention-and-control (Accessed 5th March 2021)
Higgerson, J., Ewing, G., Rowland, C. and Grande, G. (2019) The Current State of Caring for Family Carers in UK Hospices: Findings from the
Hospice UK Organisational Survey of Carer Assessment and Support. London: Hospice UK.
HM Government. (2008) Carers at the heart of 21st century families and communities. London: Government Publications.
National Institute for Health and Care Excellence (2017) End of Life Care for adults. [Online] Available at: Overview | End of life care for adults | Quality standards | NICE [Accessed on 14th July 2021].
National Institute for health and care excellence (2017) Healthcare-associated infections: prevention and control in primary and community care. Available at: https://www.nice.org.uk/guidance/cg139/chapter/1-guidance (Accessed 5th Feb 2021)
National Institute for Health and Care Excellence (2021) Supporting Adult Carers. [Online] Available at: Overview | Supporting adult carers | Quality standards | NICE [Accessed on 14th July 2021].
NICE: Quality Standard: QS24 Nutrition Support in Adults (2012)
NICE: Clinical Guidelines: CG32 Nutritional Support for Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition (2006/2017 updated.
Office for National Statistics (2013) 2011 Census analysis: Unpaid care in England and Wales, 2011 and comparison with 2001. [Online] Available at: 2011 Census analysis - Office for National Statistics (ons.gov.uk) [Accessed on 14th July 2021].
Pressure ulcers: revised definition and measurement. Summary and recommendations. NHS Improvement. June 2018
National Palliative and End of Life Care Partnership (2021) Ambitions for palliative care: a national framework for local action2021-2026, London, NHS England
The PleurX peritoneal catheter drainage system for Vacuum-assisted drainage of treatment resistant, recurrent malignant ascites NICE (2012)
Paracentesis for the removal of peritoneal fluid: Guidelines. NICE (2014)

Albumin infusion in patients undergoing large volume paracentesis: a meta-analysis of randomised trials. Bernardi et al. (2012) – University of York Centre for Reviews and Dissemination.
Safety, Cost effectiveness and Feasibility in the management of malignant ascites. Harding et al. (2013) – University of York Centre for Reviews and Dissemination.

3.3 Coronavirus (Covid-19) Pandemic

In March 2020 the Hospice found itself having to respond to Coronavirus (COVID-19) pandemic in the United Kingdom, part of the worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

The virus first reached the country in late January 2020 and spread rapidly, with prognosis knowledge, vaccination potential, treatment options and interventions continually developing throughout 2020 - 2021. In March 2020, the UK governments imposed a stay-at-home order, dubbed "Stay Home, Protect the NHS, Save Lives", banning all non-essential travel and closing most gathering places. Those with symptoms, and their households, were told to self-isolate, while those with certain illnesses were told to shield themselves.[16] People were told to keep apart in public. Police were empowered to enforce the measures, and the Coronavirus Act 2020 gave all four governments emergency powers[17] not used since the Second World War.[18][19] The Chancellor of the Exchequer, Rishi Sunak forecast that lengthy restrictions would severely damage the UK economy,[20] worsen mental health and suicide rates,[21] and cause additional deaths due to isolation, delays and falling living standards.

In response to this the Hospice completed a situational risk assessment and put in place actions necessary to mitigate against the Coronavirus (COVID-19) pandemic.

The Hospice was designated as a “clean” area by the local resilience forum, and has kept the In-patient Unit open throughout the 2021 – 2022. A Coronavirus (Covid-19) situational risk assessment has been ongoing and government guidance on personal protective equipment, screening and testing of staff, patients and visitors, restrictions to visitors have been managed in line with government guidance.

Although throughout the pandemic we have managed to stay relatively Coronavirus (Covid-19) free, we have had three Coronavirus (Covid-19) outbreaks, i.e. two or more positive cases in a fourteen day period.

- 26 October - 2 December 2021 (3 staff and 4 patients) work-place transmission.
- 30 December – 26 January 2022 (14 staff and 0 patients) community transmission.
- 14 March 2022 to 31 March 2022 (11 staff and 0 patients) community transmission.

During the outbreaks we maintained contact with Health Security Agency North East and fulfilled our Duty of Candour. We were unable to identify any breeches in government guidance. Health Security Agency assured us that they were satisfied that

we have appropriate risk assessments in place and have been unable to identify any breeches in PPE.

During the period 1st April 2021 – 31 March 2022, we have continued to be successful in ensuring we had strong clinical governance at St Cuthbert's Hospice. In March 2020 we completed a situational risk assessment in response to the Coronavirus (Covid-19) pandemic and subsequently changed to a remote way of working. Throughout 2021 - 2022 our Board of Directors (Trustees), the Clinical Governance Sub-Committee, Senior Management Team, Clinical Governance Group and Clinical Commissioning Group received and reviewed comprehensive quarterly progress reports about care delivery, clinical audit, incidents, accidents, investigations and complaints. Each group has been rigorous in monitoring and critically reviewing the evidence provided about the safety and quality of care services and where necessary approved detailed action plans to support a culture of continuous service development and quality improvement.

We consider feedback from service users as being central in helping to ensure we are responsive to the needs of those who access and use our services. Under normal circumstances we routinely collect '*Friends and Family Test*' feedback as part of our specific service user questionnaires. However, in 2021 - 2022 there has been limited opportunity to do this due to temporary suspension of our living well and bereavement support services and restrictions on visitors to the In-Patient Unit. The summary of findings can be seen at Appendix 5 Service User Feedback.

During 2021-22, and because of the Coronavirus (Covid-19) pandemic and Care Quality Commission's change to a more risk based approach to inspection, St Cuthbert's Hospice was not subject to external inspection by the Care Quality Commission (CQC) or our Commissioners' quality assurance team at Durham Clinical Commissioning Group (CCG). We have however provided assurance to the CCG and CQC via a variety of means including, quarterly contract quality meetings and relationship management meetings via zoom, monthly updates via email and regular telephone conversations.

Our last external infection prevention and control inspection of the hospice care settings took place 1 March 2022 and reported no major concerns or requirements for remedial action.

Our last announced face to face assurance visit from the CCG Safeguarding team took place in October 2019. Whilst overall the visit was positive, there were some areas that the organisation could improve on.

In response to this the following policies were reviewed:-

- Safeguarding Vulnerable Adults Policy.
- Safeguarding Children Policy.
- Mental Capacity Policy.
- Deprivation of Liberty Policy.

Staff have completed training in safeguarding, mental capacity, deprivation of liberty and duty of candour. Findings from an audit of mental capacity and deprivation of liberty and the completion of CQC notifications for both safe guarding and deprivation of liberties are evidence of an improved understanding amongst clinical staff. The action plan resulting from the October 2019 visit was completed and officially closed by the CCG Safeguarding Team in June 2021.

As part of our NHS contract requirements, St Cuthbert's Hospice provides North Durham CCG with quarterly Service Contract Quality Performance Reports. These are available on the website (www.stcuthbertshospice.com). Publication of these reports helps fulfil our duty of candour and enables our service users and those who support the Hospice to view and measure the quality of our performance over each quarter.

In-Patient Unit (IPU)

The In-Patient Unit (IPU) has remained open throughout the pandemic. Restrictions to visitors remain in place and continue to be reviewed in line with advice from Health Security Agency and with additional support to families in order for them to remain connected to their loved ones during visiting restrictions. Cumulative deaths totalled since 1 April 2021 is 103 of which 84 achieved their preferred place of death. We were able to discuss preferred place of death (PPD) with 97 patients. We were unable to discuss PPD with 6 patients as it was felt not appropriate to do so. 13 people did not achieve their preferred place of death, which was home. IPU bed occupancy in this

year was 74.56%. It should be noted our average length of stay for the year was 11.5 days.

Dementia Services

We have continued to support the carers of people living with advanced dementia. The Admiral Nurse Assessment Framework, Namaste Assessment Tool and Carers Support Needs Assessment tool have been used to fully engage with carers, assess wellbeing, identify needs and strategies for support. Similar to 2020-2021 some of this support was by telephone. However, essential home visits have been reintroduced in response to recognition that social isolation and the withdrawal of usual support services was impacting significantly on carers.
In response, the team created a RAG rating for recommencement of home visits aimed at ensuring the information and support needs of carers were met. A questionnaire was formulated and sent to carers to ensure that the input from the team was relevant and timely. The Dementia team have offered practical support on how to best manage aspects of care for someone with dementia to not only ensure the carer feels well supported but to also enhance quality of life for the person with dementia. They have, throughout the pandemic, continued to offer carers information, sign posting, and emotional support, particularly through during transitions into care, anticipatory grief and bereavement.

Namaste

Although the Namaste Care project was designed principally to benefit people with advanced dementia, an unintended outcome has been the unintended impact on those who care for them. Initially, this was perceived primarily as respite, with the hour or so that the Namaste Volunteer spends with the person with dementia giving the person providing care a much-needed break. However, as a connection has been re-established with the “spirit within” of the person receiving the Namaste Care, family members have reported an improvement in their relationship with that same spirit.

In 2021 – 2022 despite constraints due to staff absence we have:-

- Recruited a Namaste Project coordinator (Band 4), following the resignation of the Namaste Lead in 24 October 2021, to maintain consistent service provision.
- Utilised the time and experience of an existing health care assistant from LWC in the role of Namaste Support Worker through Q4 to maintain delivery of patient care.
- Continued to explore how we can scale up and expand the Namaste service and move to a sustainable model of care though funding options, e.g. Big Lottery.

Bereavement Services

Throughout 2021 – 2022 delivery of bereavement services have, on at least three occasions, been temporarily suspended in response to Coronavirus. However, within the context of an ongoing situational risk assessment we have on these occasions been able to put arrangements in place that mean we could at least offer telephone counselling.

Whilst the pandemic has had its challenges it has also been an opportunity to pause, learn and improve and in 2021 – 2022 we established a Bereavement Working Group and recruited a Bereavement Services Team Leader. This has allowed us to develop a range of tools to articulate and support the Bereavement Journey at the Hospice.

These include:

- A visual of the Bereavement Journey within the context of the Hospice.
- A service specification for our Bereavement Service.
- A standard operating procedure which articulates the process surrounding the Hospice wide bereavement journey and ensures our bereavement services are delivered in a caring, safe, effective, responsive and well led manner in line with the Hospice values.
- Information leaflets:
    - **What do I do now?** – a guide to help in the early days of a bereavement, answering frequently asked questions.
    - **Remembering a loved** - containing information on ways to remember a loved one whilst supporting the Hospice, including funeral collections, In memory tree, Sunflower Appeal, regular giving, the annual Light up a Life Service and leaving a gift in your will.
    - **Development Marketing Consent Form** – used to confirm that the person is happy to be contacted by the Development Team.

- With additional funding from commissioners, we have also been able to pilot several carers support groups. These include:
    - **Friday Friends Group** held weekly over an 8 week period for Living Well Centre guests to connect with other adults and experience a range of activities/treatments within the Hospice such as massages, meditation and seated exercise.
    - **Family Fun Days** held three times a year with a thematic focus e.g. Christmas, Easter and Summer Fair for children who have accessed the Hospice counselling services accompanied to attend with their parents/guardians and meet other families who are experiencing bereavement.
    - **Teenage Group** held over three sessions for teenage clients who have been referred to the Hospice counselling service to explore their grief and loss through activities, discussions and reflections using a grief journal.
    - **Adult Bereavement Group** held weekly over a six week period for adults who have accessed the Hospice counselling service to socialise and meet other adults who are experiencing a bereavement through the use of varied activities such as Reiki drumming, crafting and art workshops.

Family Support Team

The Family Support Team have been focused on providing more emotional support to patients and their family members, particularly those who were unable to visit. They have endeavoured to facilitate alternative means of creating a link between patients and those who care for them.

Living Well Centre

The Living Well Centre team has been able to deliver a variety of individual and group therapy sessions to guests within the constraints of Coronavirus (Covid-19). This has included a mixture of physical and emotional symptom management sessions such as complementary therapies; physiotherapy led exercise sessions and occupational therapy led energy conservation sessions. In addition the team have delivered a variety of cognitive stimulation therapy and reminiscence sessions to people living with dementia. During 2021, the Living Well Centre commenced a young onset dementia cognitive stimulation therapy group. This has been received well and continues to build.

During 2021/2022, the Living Well Centre team have worked to resume day clinics to meet the needs of people requiring paracentesis and blood transfusion procedures. This has seen a reintegration of multi-disciplinary working with the medical and in-patient teams to achieve positive outcomes for guests using our day services.

Similar to Dementia Services and the Namaste Care Project the Living Well Centre team have witnessed an increase in the carer burden due to social isolation and the absence of support services. In response to this carer support initiatives now include the provision of dedicated time for carers to access complementary therapy services at Living Well Centre. This learning from these initiatives are being used to inform our service development going forward.

Community Support – Everything in Place project

Prior to the Pandemic the Hospice delivered 'Everything in Place', in local community venues. Everything in Place promotes a Public Health approach to encouraging family conversations around death, dying and bereavement.

It is delivered as an 8 session course covering topics such as Wills, Power of Attorney, Advance Care Planning, funeral planning, making memories etc. The overall aim of the programme is to encourage what can be difficult conversations, support informed decision making and the drafting of legal/informal documents preparing individuals and families for later life/end of life.

During the pandemic the course was re-written to enable virtual delivery which has proven to be successful, moving forward we aim to continue with face to face and virtual delivery.

Community Support - My PALs

We are currently developing an innovative digital community support project - MyPals, with the support of members of the public, service users and health and social care practitioners in the local community.

The MyPals platform is based on smart phone technology which can create new communities by opening links between different groups of people; e.g. buyers and sellers (EBay), riders and drivers (Uber), travellers and landlords (AirBnB). Using a web-based app, 'pals' can post requests for help (e.g. a lift to an appointment, dog walking, gardening) or offers of help (e.g. respite visits, shopping).

This enables people with life-limiting illnesses to connect with volunteers who can offer practical support; and put individuals with a request (transportation, collecting shopping, small gardening jobs etc.) in touch with local volunteers who wanted to help out. Development is ongoing subject to funding.

3.4 Health Care Associated Infection (HCAI)

We recognise that there are a high number of factors that can increase the risk of acquiring an infection, but seek to minimise the risk by ensuring high standards of infection control practice. This ensures that residents are cared for in a safe, clean environment by addressing any deficits in standards requiring further action.

We have adopted the following systems and processes for Infection Prevention and Control within the Hospice:

- A nominated Senior Nurse acts as our link practitioner for Infection Prevention and Control across all clinical and non-clinical areas within the Hospice.

- The Infection Control Group continued to meet virtually during 2021 - 2022 and reported to the Clinical Governance Committee on a quarterly basis.

The Infection Control Group is represented by clinical and non-clinical members including a retired Consultant Medical Microbiologist

The terms of reference for this group were reviewed in 2021 – 2022 and are as follows:

- To identify key standards for infection control and prevention as part of the Hospice clinical governance programme.
- To ensure that programmes for the control of infection are in place and working effectively.
- To ensure that appropriate infection control policies and procedures are in place, implemented and monitored.
- To ensure that robust plans for the management of outbreaks of infection are in place and to monitor their effectiveness.
- To highlight priorities for action in infection prevention and control management.
- To monitor the quarterly infection prevention and control audit programme and act appropriately as needed in relation to outcomes.
- To ensure that local and national guidance for best practice in infection prevention and control is implemented and practiced within the hospice.
- To liaise with Infection Control Nurse from CCG as required.
- Report to Clinical Governance Committee.

We have established close links with the Infection Prevention and Control team from Durham Clinical Commissioning Group. Their Lead Nurse undertakes an external Infection Prevention and Control Audit at the Hospice on an annual basis and covers thirteen domains requiring compliance. This enables our organisation to monitor our compliance, and put systems in place with infection control standards and policies where this has not previously been the case, thereby reducing the risks of healthcare-associated infections. This audit was completed in March 2022 and met the standards required.

The Hospices infection prevention and control link practitioner lead co-ordinates a schedule of infection prevention and control audits agreed and monitored via the Hospices Clinical Governance Sub Committee and Board. Infection Prevention and Control is a mandatory training requirement for staff and volunteers and is delivered twice annually. We also use e-learning and workbooks in relation to Infection Control, for staff and volunteers who have been unable to attend the mandatory training. Compliance with mandatory training is monitored via the Hospices Human Resources Sub Committee and Board.

3.5 Awards

In 2021 – 2022 St Cuthbert's Hospice was proud to announce that the work of the Hospice has been recognised through the awards:

- Carer Friendly Employer Award (Durham and Darlington Carers Support)

- Better Health at Work Award (Continuing Excellence level) has been maintained.

and nomination of Clinical Services for the County Durham Together Award.

3.6 PROGRESS AGAINST OUR ASPIRATIONS FOR 2021 – 2022.

3.6.1 WELL LED

Aspiration 1: To further develop and strengthen our model of quality improvement.

What was our rationale for choosing this aspiration?

In 2021 – 2022, following a review of the senior management structure, in autumn 2020, we aimed to implement a new senior management structure. We have subsequently introduced two new posts, Head of Income Generation, and Head of Enabling Services and established a new senior management team.

Embedding a new senior management team (SMT) within the context of the Coronavirus (Covid-19) pandemic has been challenging. However, SMT and the board understand that the Coronavirus (Covid-19) pandemic has challenged existing ways of thinking and historical ways of working and have created a window of opportunity and platform for change. They also recognise that embedding a quality improvement ethos within the Hospice is critical if we are to avoid complacency, retain our outstanding rating and realise our vision of becoming a centre of excellence. The board and senior management team acknowledge that within our approach to developing a culture of quality improvement it is important to:

- View quality improvement as a long term journey rather than a quick fix.
- Demonstrate visible leadership commitment from the board and senior management team.
- Ensure that barriers to staff involvement and engagement with improvement are broken down.
- Enable managers and front line staff to work together to deliver a shared and aligned mission and vision.
- Involve people using our services in this work.

What have we done to achieve this aspiration?

In 2021 – 2022 we have:-

- Built on work to strengthen our governance arrangements and completed the actions from the Review of the Governance Framework completed in January 2021.
- Reviewed and re-invigorated work to build and embed impact management practice in order to further enhance the organisation's performance in line with its mission and vision.

- Begun to explore and introduce more agile ways of working in order to reduce waste and free up more time and resources to spend on direct care and other value adding activities.
- Begun to develop our quality improvement toolkit and shared understanding of quality improvement to enable senior leaders and front line staff to work together and continuously improve the quality of care we deliver to patients.
- Begun to embed a more systematic and methodical approach to improving quality, safety and value within the Hospice, an approach grounded in improvement science.
- Begun to review Enabling Services and related systems and processes within the Hospice with a view to maximising the value from Staff.Care, a workforce management tool the implementation of which commenced in the latter part of 2020.

How can we evidence delivery of this aspiration?

- Delivery of the Review of Governance Framework Action Plan, (January 2021).
- Partnership working with Northumbria University aimed at increasing capacity and capability in impact management practice.
- Introduction of an audit schedule, reviewed and monitored by HR Sub Committee, which provides assurance in relation to safeguarding and includes audits of compliance with mandatory training, uptake of DBS checks on recruitment, staff turnover, sickness and absence rates, employment relations cases, performance appraisals.
- Introduced 360 degree analysis, framed around our organisational values, for senior and middle managers.
- Recruitment to a Communications and Marketing Manager and tasked them with development of a patient and public involvement strategy and communication and engagement plan, including a staff and volunteer survey, family and friends test, examples of where we have worked directly with patients and the local community to make beneficial changes.
- Introduction of a small number of programme/project management and quality improvement tools and templates.

3.6.2 SAFE

Aspiration 1: Protect people from avoidable harm through prevention of falls, suspected deep tissue injuries, (SDTIs) pressure ulcers, (PUs) and thromboembolism.

What was our rationale for choosing this aspiration?

St Cuthbert's Hospice continues to view harm-free care for patients as an important priority. The principles outlined in the NHS Patient Safety Thermometer remain an effective method for surveying patient harms and analysing results via completion of an electronic spreadsheet for one day on a monthly basis. This measures harm in relation to three key areas: falls, pressure ulcers and, for in-patients, incidence of thromboembolism VTE assessment, (see Table 1 Safe Care Targets and Achievements).

Although no longer required to report via the national patient safety thermometers spreadsheet we continue to collect and monitor information on known harms associated with health care. This includes all falls as and when they occur, the incidence of acquired/deteriorating pressure ulcers, and thromboembolism VTE assessment during and following admission and on a weekly basis thereafter, (see Appendix 1 Incidents and Complaints).

Falls

What was our rationale for choosing this aspiration?

Many of our patients have limited mobility or are frail as a consequence of their illness, but retain 'capacity' and express their wish to remain as independently mobile as possible. In respecting patient preference, we also have to balance the need to keep our patients safe with the need to respect and promote their independence. In such situations some falls remain unavoidable.

However, we again aspire to have a zero rate of avoidable falls. To help us achieve this on admission all patients will be assessed for their individual risk of falls using a Falls Risk Assessment Tool (FRAT) and where appropriate a falls risk care plan is put in place to try and reduce the incidence of avoidable falls. Nevertheless, we recognise that falls can and still do occur if patients are to be supported to remain independent.

What have we done to achieve this aspiration?

Actions proposed for 2022 - 2023 are:

- Embedded work completed in 2021 - 2022 and continues to promote best practice and apply NICE Guidance to support monitoring, management of pressure ulcers.
- Make further revisions to SystmOne falls assessment template, to ensure it reflects the revised policy and evidence based risk assessment and care plan.

Pressure ulcers

What was our rationale for choosing this aspiration?

We once again set an ambitious target of zero incidence of pressure ulcers (PUs) being acquired or deteriorating following admission for 2020-21. We recognise the

challenges associated in meeting this ambitious target. Following the publication in June 2018 by NHS Improvement, '*Pressure ulcers: revised definition and measurement. Summary and recommendations'*, we have adopted the best practice for the categorisation of pressure ulcers and as recommended in the report no longer describe '*Kennedy Terminal Ulcers'.* Within the Hospice, for reporting purposes we use the term suspected deep tissue injury.

We recognise the difficulty of balancing the rights of patients with capacity and or the wishes of their loved ones who, after being made aware of the risk of harm, still decline positional change regimes or pressure relieving equipment in the final stages of end of life care against the goal of preventing avoidable injury or harm.

Consequently, there will continue to be occasions when, despite the implementation of a pressure ulcer risk reduction care plan, unavoidable pressure damage may still occur. Such measures include risk assessment, the use of pressure relieving equipment, regular positional changes, pressure prevention monitoring and the use of measures to protect the integrity of skin over bony prominences.

What have we done to achieve this aspiration?

In 2021 - 2022 we have:

- Embedded work completed in 2020 - 2021 and continued to promote best practice and apply NICE Guidance to support monitoring, management of pressure ulcers.
- Made further revisions to SystmOne to ensure it reflects the revised policy and evidence based risk assessment and care plan.

VTE Assessments

What was our rationale for choosing this aspiration?

In December 2014 we commenced formal Venous Thromboembolism (VTE) assessments on patients admitted to IPU to evidence decisions made with regard to anticoagulation therapy. In 2020 - 2021 99.25 % of VTE assessments completed within 24 hours of admission in 2021 - 2022 we aim to maintain our current performance.

What have we done to achieve this aspiration?

In 2021 - 2022 we have:

- Continued to complete formal VTE assessments on all patients within 24 hours of admission.

How can we evidence deliver of this aspiration?

All falls, suspected deep tissue injuries (pressure ulcers) on admission, acquired or deteriorating following admission, and failures to complete a VTE assessment have been reported and recorded as clinical incidents.

All falls, suspected deep tissue injuries (pressure ulcers) on admission, acquired or deteriorating following admission, have been recorded on our incident log and investigated using root cause analysis and any lessons learned have been shared with relevant staff.

Link Practitioner groups for falls and tissue viability have completes a quarterly status slide describing what has been achieved this quarter, what will be achieved in the next quarter and any risks and /or issues.

Status on improvement initiatives under the link practitioner initiative and lessons learned from RCA have been reported and monitored quarterly to the:

- Clinical Governance Sub-Committee (CGSC).
- The Clinical Governance Group (CGG).
- Senior Management Team (SMT).
- Clinical Commissioning Group (CCG) in our quarterly Contract Quality Performance Reports for 2021-2022 have been made publically available on the Hospice website.

All pressure ulcers acquired or deteriorating following admission and graded at 2 or above and any falls that results in serious harm to a patient have been:

- Internally investigated adopting root-cause analysis methodology and a report compiled for SMT and CGSC.
- Statutorily notified to CQC by using the service statutory notification form for ‘serious injury to a person’ or ‘allegation of abuse (safeguarding)’.
- Reported to the Commissioners via North East Commissioning Support Unit (NECS) in line with NHS England’s Serious Incidents framework.

The improvement activity in relation to falls, pressure ulcers and VTE assessments have raised awareness amongst staff of the risks contributing to the occurrence of falls, development of pressure ulcers and deep vein thrombosis. They have also increased knowledge about strategies to prevent them from occurring/developing.

Staff are fully engaged in education and training and incremental improvements such as the redesign of falls prevention documentation. This has resulted in more timely completion of documentation and reinforced the importance of best practice on a day to day basis.

Table 1: Safe care targets and achievements.

Safe Care Measures	Actual for 2019-2020	Actual for 2020-2021	Actual for 2021-2022
Avoidable falls	24 falls of which 2 were reported as avoidable (reflects improved falls awareness & reporting)	17 falls 7 reported as avoidable 10 reported as unavoidable (reflects improved falls awareness & reporting)	23 Falls 2 reported as avoidable 21 reported as unavoidable (reflects improved falls awareness & reporting)
Pressure ulcers (PUs) developed or deteriorated during stay in the Hospice	23 PUs on admission (18 People) 8 PUs post admission (5 people) 7 out of 8 PUs post admission developed from moisture lesions/redness observed on admission	12 PUs on admission 2 PUs post admission	15 PUs on admission 25 PUs post admission
Thromboembolism Assessments (VTE)	99.6% of patients had a VTE assessment within 24 hours of admission	99.25% of patients had a VTE assessment within 24 hours of admission	85% of patients had a VTE assessment within 24 hours of admission

ASPIRATION 2: PREVENT ERRORS ASSOCIATED WITH THE SUPPLY, STORAGE, PRESCRIBING, ADMINISTRATION AND DISPOSAL OF MEDICINES (CONTROLLED DRUGS & NON-CONTROLLED DRUGS).

What was our rationale for choosing this aspiration?

St Cuthbert's Hospice offers symptom control and end of life care in its In-patient Unit (IPU). Drug therapy is an important part of this care and we prescribe and administer a variety of drugs, including controlled drugs (CDs). Errors involving CDs are extremely rare but because of the nature of the drugs and dosages involved, such errors can have serious unintended outcomes.

In 2020 - 2021, improved incident reporting and a more rigorous approach to RCA highlighted system failure as a feature of most medication errors (CDs & non-CDs) and risks and issues relating to supply, storage, prescribing, administration and disposal.

We aspire to achieve a zero incidence of drug administration errors for 2021 - 2022. We subsequently aspire to ensure that our policy framework and associated procedures support both the development of a safety culture and also facilitates openness about failures; that incident management is not be used as a means of apportioning blame, but as a mechanism for identifying risks, learning from mistakes and driving improvement.

What have we done to achieve this aspiration?

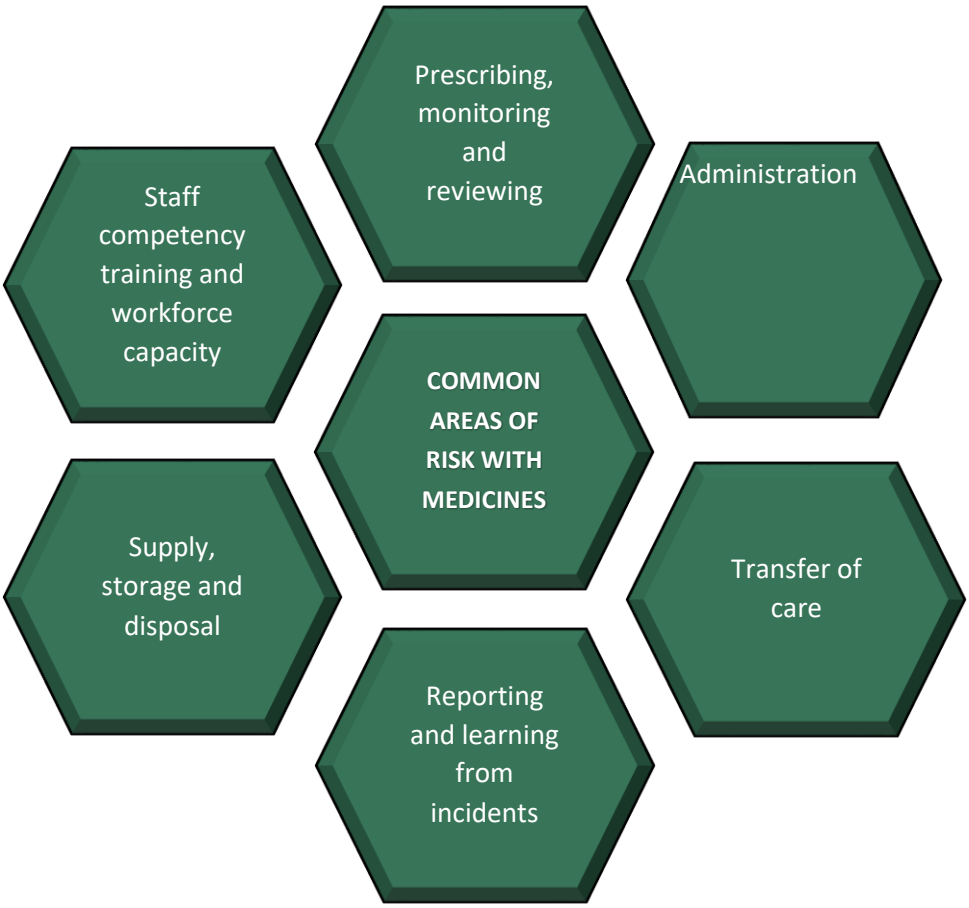
In 2021 - 2022 we have:

- Embedded work completed in 2020 – 2021 and continued to promote best practice.
- Increased the capacity of a qualified pharmacist on a professional activity session basis to assist us to:

    - Achieve improved clinical and cost-effective prescribing.
    - Conduct review of stock drug holdings and prescribing practice.
    - Support our medical and non-medical prescribers.
    - Provide expert medicines advice to colleagues at multi-disciplinary team meetings, particularly the Medicines Optimisation meeting.
    - Conduct audits of storage, supply, prescribing, administration and disposal of medicines.
    - Review all policy and procedures related to storage, supply, prescribing, administration and disposal of medicines.
    - Contribute to a review of our arrangements for supply of wholesale stock drugs and medication supplied under FP10s.

How can we evidence deliver of this aspiration?

In 2021 – 2022 we continued to reflect on the CQC: Medicines in health and adult social care report, which was published in 2019, the six most common areas of risk with medicines across health and social area are listed below:



Our performance against these domains is as follows:-

Prescribing, monitoring and reviewing

National guidance states that professionals are responsible for the prescriptions that they sign and for their decisions and actions when supplying and administering medicines or authorising others to do so. The pharmacist team in the Hospice have a key role in supporting patient safety and education in relation to medications.

This process begins on admission to the Hospice, with an appropriate medicines reconciliation process which supports safe prescribing of medications during patient transfer between care settings. This year we have set up a template on SystmOne, which allows all medication to be recorded from multiple sources, for example, patient own medication, discharge documentation or the Summary Care Record. The template highlights discrepancies in medication or associated doses, which can be explored with the patient, their relatives, and medical and nursing teams to ensure the initial Kardex is completed accurately. Importantly this process is then automatically recorded on the patient medical record as evidence of the medicines reconciliation process.

Following the roll out of the Coronavirus (COVID-19) vaccine, we have also been able to edit the template to include information about vaccine status for both Coronavirus (COVID-19) and influenza. Although infrequent, in patients who have not been vaccinated and would like to receive a vaccination, we have offered and administered the vaccine at the Hospice and reported this to the NHS as per requirements. This is part of a priority to ensure admission to the Hospice does not create a barrier to access to other healthcare services.

Similarly, medication reviews continue to be carried out on multiple occasions to ensure each patient is prescribed clinically appropriate treatment which remains both safe and effective in relation to their own individual needs. Daily reviews of patient medications are conducted to confirm their clinical appropriateness. This provides the opportunity to consider the de-prescribing of non-essential medication(s) to reduce tablet burden where appropriate. The pharmacy team now conduct a full medication review weekly at the MDT and this is documented on SystmOne.

In terms of monitoring prescribing, this year the pharmacy team have completed four audits. These include:

- Antimicrobial prescribing
- End of life prescribing trends
- Analgesic choice
- Deprescribing at the end of life

The anti-microbial audit identified that there were rare occasions where a prescriber would have a preference to one antibiotic over a medication indicated within clinical guidelines. This prompted brief staff training to ensure all prescribers were using Public Health England guidelines for primary care infections and University Hospital of North Durham (UNHD) guidelines via MicroGuide for secondary care infections, and this message was well received. There will be a re-audit within the next year to ensure improvement in this respect.

The end-of-life prescribing trends has been an ongoing project looking at prescribing data back to 2014. The project collates the medication and associated doses taken by patients in the 24 hours preceding their death. The results so far highlight the excellent progress the Hospice has made in reducing doses of opioids and anxiolytics at end of life. This provides evidence towards the use of adjuvant analgesics, including ketamine, which we find to be opioid sparing. Our Medical Director and Pharmacist will present this data to County Durham Local Intelligence Network (CDLIN) on the 15th June 2022.

We also audited the choice of opioid analgesic prescribed for patients and determined whether it was in line with palliative care guidance. The focus was decision making behind the prescribing of oxycodone over morphine. Whilst in many cases there was a clear indication for using oxycodone, in others it was apparent there was some prescriber preference leading to the choice of oxycodone over morphine. Similarly to the anti-microbial prescribing audit, the results were discussed with prescribers and a re-audit will be conducted in the next year.

The deprescribing audit highlighted that there needed to be more focus on polypharmacy and deprescribing within the hospice, where appropriate. The emphasis of the audit was on statins, which were often only deprescribed at the point the patient became unable to tolerate oral medicines; STOPP-START guidelines highlight that a patient with a prognosis of six months or less should be considered for the deprescribing of statins. This will be an area of focus for the pharmacy team over the next 12 months.

This year we were also able to get an audit overseen by Dr Pippa Lovell (Specialist Palliative Care Dr) published in the BMJ Supportive and Palliative Care (available at http://dx.doi.org/10.1136/bmjspcare-2021-003113).

In the last plan we highlighted that we were hoping to start some discussion with the Clinical Commissioning Group (CCG) with the view that they may fund our stock medication bill (circa £15,000 per annum). There is a significant amount of medication waste linked to the use of patient medicines rather than stock medicines in the in-patient unit. There is more inclination towards patient FP10 prescribing than using stock medication as the cost of FP10 prescribing is managed by the CCG. This would also benefit patients, who are at the centre of our care as they will receive their medication in a timely manner without undue delay. Unfortunately to date the CCG have been unable to allocate time for a meeting to discuss, citing Coronavirus (COVID-19) related issues as a barrier.

We have been using electronic transmission of prescriptions (e-prescribing) for the past 12 months. This has been hugely beneficial in ensuring prescriptions for in-patients are received quickly and safely by the designated pharmacy, which has in turn allowed medication supply to be more efficient. Furthermore, it has allowed us to prescribe for outpatients, and send prescriptions to a pharmacy local to the patient with a robust audit trail. Recently the pharmacy team have begun issuing prescriptions, which are then sent to the prescribers to 'sign'. This has improved governance around prescribing as two healthcare professionals are now responsible for checking the content of each prescription and has the additional benefit of saving time for the medical team.

All medicines related Standard Operating Procedures (SOPs) were finished this year, but we continue to write and update procedures when necessary, for example, we have recently created new SOPs for the use of Heliox and Abstral.

This year there is a priority towards a review of the information provided within information leaflets, ensuring that patients are provided with all necessary information relating to a medication to ensure they understand the risks and benefits of their treatment and so they can make an informed decision.

Administration

A review of the current medication administration chart (kardex) highlighted recent design changes have been well received. The nursing team did highlight that the addition of a fourth drug option within the syringe driving prescribing would be helpful. This was actioned at the next print order and is now in practice.

We will continue to review the kardex annually and obtain feedback from both prescribers and staff involved in the administration of medication.

There is a weekly audit of each patient's kardex in the MDT meetings. This has enabled areas of risk to be identified so that we can take the appropriate actions needed to mitigate such risks, improving patient safety and outcomes through reflective practice.

Transfer of care

As described above, medicines reconciliation forms a major part of the admission process and this is now documented using a SystmOne template to ensure completeness. We have SOPs to cover all aspects of the admission and discharge of patients.

The pharmacy team ensures discharge medication documentation is available on SystmOne at least 48 hours prior to discharge. We also aim that discharge medication arrives at least 48 hours prior to discharge, although in the case of recent medication changes, this has not always been possible but has not affected the discharge timing. The pharmacist on duty will counsel the patient or their relatives on their discharge medication on the day before or day of discharge. Any changes to the medication are emailed to both the patient's GP and designated pharmacy on the day of discharge to ensure the patient continues to receive the correct medication once they have left the Hospice.

Learning from incidents

Improvement in incident reporting has been observed in the year. This has been mainly due to a change in culture within the Hospice. We are now promoting and encouraging a culture of safety and a "just culture" approach to the reporting of medicine related incidents.

Learning from incidents is being shared within the team, however, we have decided that there is room to improve learning outcomes/education from incidents and how it can be shared most effectively with the wider NHS team. The Hospice are now using SIRMS (Safeguarding and Incident Risk Management System) to document all incidents, which are then collated and disseminated by the North England Commissioning Support group.

The pharmacy team are responsible for the investigating and reporting of all medication related errors.

Supply, storage and disposal

Supply of medication in a timely fashion was highlighted as a major issue in the hospice. A service specification was written to explore alternative suppliers and provide a service level agreement between the Hospice and designated pharmacies to provide easy and timely access to medication.

Our named pharmacies are now Team Valley Pharmacy, who supply stock medication and Lanchester Pharmacy who dispense the FP10 items required for named patients, as indicated by the Hospice. Regular meetings with both parties take place to ensure service integrity.

As a result of implementing these pharmacies, there has been a significant improvement in the supply of on-demand medicines available. Furthermore electronic prescribing has enhanced the efficiency and safety of prescribing. This provides patients with optimal symptom control and ensures maintenance of said control, improving the individualised specialist care the Hospice provides.

Any national issues with supply of medication are highlighted by the Medicines and Health Care Products Regulatory Agency (MHRA) and local supply issues are brought to the pharmacy team's attention. These are discussed with our designated pharmacies to see if they can be sourced from another supplier without undue delay. Any relevant information is shared with the team.

Regarding storage, we have improved our practice around controlled drug stock and patients own controlled drugs (CDs). We have reviewed which CDs should have appropriate records kept and removed any unnecessary records being held at the hospice. This has allowed us to improve monitoring of CDs within the hospice. A recent audit has highlighted potential improvements in how we store patient injectable CDs and we are ongoing with making these minor changes.

Staff competency, training and workforce capacity

Staff competencies are reviewed and updated on a regular basis by the ward manager. A log is kept for each member of staff.

Staff have carried out training relating to medicines management which now includes a calculation paper to assess numerical competency in relation to dose calculations,

quantity to supply etc. The pass rate for the calculations paper in 2021/2022 was 100%.

Work force capacity is assessed on a regular basis by the senior management team. There is a full medicines management training event due in 2022, which the pharmacy team will deliver to all staff.

Our Medical Director and Clinical Practice Development Nurse provide on-going clinical supervision to our nursing and pharmacy colleagues who are independent prescribers and those in training.

3.6.3 EFFECTIVE

ASPIRATION 1: BUILD THE CAPACITY AND CAPABILITY OF THE ORGANISATION IN RELATION TO INSIGHT DRIVEN PERFORMANCE IMPROVEMENT

What was our rationale for choosing this aspiration?

In 2018 – 2019, St Cuthbert's Hospice, built on work progressed through the Pitch Perfect Project, and secured funding from the Impact Management Programme (Growth Fund) to build and embed impact management practice in order to further

enhance the organisation's performance in line with its mission and vision. This led to the following improvement interventions:-

- Established systems to routinely collect and report performance data that will enable impact reporting, and
- Creation of performance management dashboards to support strategic and operational decision-making.
- Development of a new performance management system to ensure individuals and teams are better focused on outcomes.
- Reshaping of our supervision and appraisal system so that it is aligned to the impact reporting framework.

In the spring of 2021 the Hospice found itself having to respond to a global pandemic of Coronavirus (Covid-19) and playing a full part in the local resilience forum response. Subsequently we have had to adopt a measured approach to embedding impact management practice during 2021 - 2022. In view of this, we planned to focus on building the capacity and capability of the organisation in relation to insight-driven performance improvement.

This work is seen as giving the organisation a significant strategic advantage, particularly in relation to strategic planning and future fundraising. It will also enable the organisation to evaluate the contribution a data analyst post could make to the long-term sustainability of the organisation.

What have we done to achieve this aspiration?

In 2021 – 2022 we have:

- Embedded our reshaped supervision and appraisal system so that it is aligned to the impact reporting framework.

Lack of capacity and capability within the Hospice has meant we have been less successful in our aspirations to:-

- Embed our use of systems established to routinely collect and report performance data that will enable impact reporting, and
- Embed our use of performance management dashboards to support strategic and operational decision-making.
- Embed our new performance management system to ensure individuals and teams are better focused on outcomes.

How can we evidence delivery of this aspiration?

Despite the challenges in 2021 – 2022

We have:

- Begun to develop an impact focused business planning cycle.
- Staff have begun to demonstrate their understanding of the model for improvement - what it is we are trying to accomplish, how we will know that the change is an improvement, what change we can make that is an improvement.

- Staff are employing plan, do, study, act cycles for small, rapid-cycle tests of change.
- We have commenced the development of dashboards being used to support strategic and operational decision making.

3.6.4 RESPONSIVE

ASPIRATION 1: ESTABLISH A BASELINE INTELLIGENCE OF "CARER BURDEN" AND BASED ON THIS ADOPT A RECOGNISED TOOL TO ASSESS, PRIORITISE DECISIONS FOR THE IMPLEMENTATION OF A RANGE OF OPTIONS TO ENHANCE CARER SUPPORT AND REDUCE CARER BURDEN

What was our rationale for choosing this aspiration?

Our 2019 to 2024 Carers Strategy sets out an ambitious vision: a responsive and collaborative approach to ensure we care, not only for the person with a life-limiting condition, but also those caring for the person living with a life-limiting condition.

St Cuthbert's Hospice recognise that many carers don't perceive themselves to be carers and often 'drift' into the role over time often taking on more and more caring responsibilities, *(Who cares? Support for carers of people approaching the end of life, The National Council for Palliative Care, 2013).*

We acknowledge there is a growing body of evidence that indicates that being an informal carer has a significant impact on finances, health, loneliness, social exclusion, personal relationships, work and caring, (*Facts about carers, Policy Briefing, Carers UK, 2019).*

We understand that many carers are passionate about their contribution to society and that they often feel this contribution goes unrecognised. Instead of being supported, their needs are over looked and they have to fight to get support. The support that is available is insufficient or poor quality and does not enable them to have a life alongside their role as a carer. Census results for 2011 show that there are approximately 59,000 adult carers living in County Durham, of which nearly 17,000 are providing 50hrs or more care a week.

There are 1,659 young carers aged between 5-17 years of age living in County Durham. There has been a 7.2% increase between 2001 and 2011 in the number of carers aged under 15 providing between 20 and 49 hours a week of unpaid care. As at 31 March 2016 there were 13,339 carers registered with Durham County Carers Support, which is a 9% increase on the number registered as at 30 June 2015 (12,210).

More recently, *"Worst hit: dementia during coronavirus" (Alzheimer's Society, September, 2020)* highlighted 92 million extra hours spent by family & friends caring for loved ones with dementia. 95% of carers reported negative impact on their mental and physical health. Dementia Advisors have seen noticeable uplift on requests for advice and support. 133,000 welfare calls have taken place since March 2020. These findings certainly resonate with our own experience of carers during the pandemic.

Although progress with implementation of the carers strategy has not been as planned during 2021 – 2022, the pandemic has created an opportunity for us and the wider health and social care economy to pause, reflect and learn, and in partnership with other carer's support organisations better understand:-

- What are we trying to accomplish?
- How will we know that our change is an improvement?
- What change can we make that will result in an improvement?

What have we done to achieve this aspiration?

Progress has for another year not been as planned. Responsibility for the delivery of the plan was included in the work plan of the Social Worker, Family Support Team. Unfortunately, the post holders left the organisation late in the year and we have so far been unsuccessful in recruiting to the vacancy.

The arrival of Coronavirus (Covid-19) in 2020 and its continuation though 2021 – 2022 also had an adverse impact on our ability to deliver on the carers' strategy as we had to re-focus our attention towards our contribution to local resilience plans and adapting our existing services to safely meet the needs of those who use our services. In response to the Coronavirus (Covid-19) pandemic and government guidance, 2020 - 2022 we were forced to temporarily suspended delivery of our Living Well Centre and Bereavement Support Services and implemented restrictions on visitors to the Inpatient Unit. Nevertheless, the following progress has been made:-

Over 2021 - 2022 we recruited a Carers Support Development Leader, (one day per week for six months) and established a Carers Strategy Working Group. This allowed us to and built momentum around improving our support offering to people with caring responsibilities and implementing the aims outlined in the Hospice Carers Strategy.

- Establish a strategy implementation team to establish baseline intelligence of "carer burden" by co-ordinating the collection and interpretation of data about the extent of carer burden for those informal carers supporting patients who access our Inpatient Unit or Living Well Centre.

- Based upon intelligence gathered, adopt a recognised tool and measures such as the Carer Support Needs Tool (CSNAT) to assess and prioritise decisions for the implementation of a range of interventions and measures outlined in the strategy, to enhance carer support and reduce carer burden.

Through the Carer's Support Development Leader and our Admiral Nurse we have been able to:-

- Review assessment tools used to identify carers support needs and agree an evidenced based assessment tool for use within the Hospice, namely the Carers Support Needs Assessment Tool, (CSNAT).

- Complete a literature review and develop an evidence base that helps us better understand the needs of carers and how we can provide the information and support that carers of people with life-limiting illnesses need to be able to provide the care they want to provide.

How can we evidence delivery of this aspiration?

The literature review identified a number of recommendations which have been/are being taken forward by our Carers Strategy Working Group:-

A more carer orientated service - only one in eight hospices in the UK currently have a working carers strategy yet hospice staff are in an ideal position to assist in the identification, assessment and support of the unpaid carer (Higgerson *et al.,* 2019).
St Cuthbert's have embraced the notion of a more carer orientated service and recognise that the offering support based on the CSNAT is an integral part of its palliative care service offered to patient's family and friends. Within this we recognise that the CSNAT does not replace the carer's statutory right, under the Care Act 2014, to a carer's assessment.

Ensuring staff are able to identify carers as early as possible and that they are able to offer support and guidance to those carers. – to ensure proficiency in the completion and use of the CSNAT:-

- The licence agreement for the CNAT tool has been reviewed and upgraded
- A Management and Use of the CSNAT Procedure has been developed
- CSNAT training is being rolled out to all clinical staff

Within the Inpatient Unit (IPU) the carer of each guest should be given a CSNAT questionnaire/tool no later than the first week of admission, unless there are exceptional circumstances.

Within the Living Well Centre, including Cognitive Stimulation Therapy/Maintenance Cognitive Stimulation Therapy (CST/MCST), the carer of each guest should be given a CSNAT questionnaire at the initial assessment.

Forging good working partnerships with other carers' services – in 2021 – 2022 we have continued to develop our partnership with Durham County Carers Support (DCCS) and The Bridge Young Carers Service, (BYCS). Initiatives include:-

- Working with DCCS to:
  - Deliver the Everything in Place Project to carers.
  - Achieve the Carer Friendly Employer Award, to become a more supportive employer to unpaid carers.
- Working with working with BYCS to embed a Young Persons Charter.

Understanding that a short break from caring can make a significant difference – the Hospice recognises that offering a short course of complementary therapies will help reduce carer stress, help improve carer wellbeing and give emotional support. We have therefore strengthened our offering of complimentary therapies to carers.

3.6.5 CARING

ASPIRATION 1: TO DEVELOP A HOLISTIC MODEL OF CARE THAT FOCUSES ON INDIVIDUALS WHO ARE VULNERABLE DUE TO COMPLEX CONDITIONS OR CIRCUMSTANCES

What was our rationale for choosing this aspiration?

Everyone deserves caring and compassionate care that meets their individual needs and responds to their wishes and choices in the last years, months and days of life. However, time after time literature reviews and research suggests that people who are vulnerable due to complex conditions and/or circumstance find their unique needs and considerations, are not being recognised or understood. This needs to be addressed for everyone.

Many groups feel marginalised because they do not have the same level of access to services or feel they were treated differently to other people receiving palliative and end of life care. Commissioners, providers and professionals are required by law to organise and deliver end of life care that meets the diverse needs of individuals effectively, and it is concerning that barriers to accessing services are not being recognised or addressed in some areas. It is alarming that commissioners and providers are not always meeting the requirements of key legislation, including the Equality Act 2010 and Mental Capacity Act 2005.

What have we done to achieve this aspiration?

In 2021 - 2022 we have used evidence based practice to:

- Define and describe our service delivery model at St Cuthbert's Hospice and will develop pathways of care for:-
    - Community Services – (Dementia and Namaste Care).
    - Day Hospice.
    - Living Well Services.
    - Bereavement Support.
    - Family Support.
- Embed a holistic model of care with restorative, preventative, supportive and palliative goals, aimed at improving function, maintaining function through treatment and illness, and the transition towards deterioration and functional decline.
- Strengthen partnership working with stakeholders in the local and national health and care sector including Her Majesty's Prisons, Alzheimer's Society.
- Early conversations about how we can introduce experience based design as we inform development of a Palliative and End of Life Care Strategy for County Durham and develop thinking in relation to Project Grow.

How can we evidence delivery of this aspiration?

- Timely delivery of Operational Plans that explain how the service is delivered and include diagrams, a process view of the service delivery model including any critical timeframes associated with the processes and documents and records that are maintained, performance and quality standards, performance monitoring and data, patient and public involvement plans.

4. Statement for Board of Directors

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to Hospices and therefore they are included at Appendix 6 where further clarification is provided as appropriate.

During the period 1 April 2021 to 31 March 2022 St Cuthbert's Hospice provided the following services:

- **Inpatient unit** - a medically supported 10 bedded in-patient unit that offers specialist holistic assessment, end of life care, complex pain and symptom management, psychological, spiritual and emotional support, crisis management/carer support, palliative rehabilitation and respite care.
- **Living Well Centre** - rehabilitative day services in the Living Well Centre that offer a holistic model of care including: family support services - social care advice and support, therapy support including physiotherapy, occupational therapy and complementary therapies, specialist medical and nursing
- **Bereavement Support** - pre and post-bereavement counselling for adults; a children and young person's bereavement service for those bereaved as a consequence of suicide or sudden unexpected and traumatic death; emotional support to the families of in patients.
- **Family Support Service** to address social care needs, psychosocial and spiritual needs including anticipatory grief and post bereavement care. Once the referral has been received, under usual circumstances, clients are expected to be contacted within 2 working days. Once the referral has been accepted clients are expected to receive an appointment within 5 working days.
- **Dementia Services** - A community based specialist dementia care service that provides sensory activities, reminiscence work and cognitive stimulation therapy, specialist Admiral Nurse support to patients with dementia and their carers, Namaste Care for people with advanced dementia in their own homes.
- **Community Outreach: Everything in Place** – a project to help make talking about death and our own future wishes as easy as possible and designed to help break the taboos that surround death and dying and support these conversations.

During the period 1 April 2021 to 31 March 2022, St Cuthbert's Hospice provided or subcontracted five NHS services (In-patient services, day-care services, and bereavement support services, including a specialist bereavement support service for children and young people and Palliative Care Consultant support for community services in Co Durham).

The income generated by the NHS services received in 2021 - 2022 represents 100% of the total income generated from the provision of NHS services by St Cuthbert's Hospice Durham for 2021 - 2022. The income generated represents approximately 50% of the overall costs of running these services.

What this means

St Cuthbert's Hospice is funded by both NHS income and by Fundraising Activity. The grants allocated by the NHS funding contribute to approximately 50% per cent of Hospice total income needed to provide these services. This means that all services are partly funded by the NHS and partly by Charitable Funds.

For the accounting period 2021 - 2022 St Cuthbert's Hospice signed an NHS contract for the provision of these services.

5. Statement of Assurance from County Durham Clinical Commissioning Group

NHS County Durham Clinical
Commissioning Group
Sedgefield Community Hospital
Salters Lane
Sedgefield
TS21 3EE

15 June 2022

Mr Paul Marriott
Chief Executive
St Cuthbert's Hospice
Park House Road
Durham
DH1 3QF

Dear Mr Marriott

St Cuthbert's Hospice Quality Account 2021/22
Response on behalf of NHS County Durham Clinical Commissioning Group (CCG)

NHS County Durham CCG is pleased to have had the opportunity to review and comment on the Quality Account for St. Cuthbert's Hospice for 2021/22.

Commissioners felt that the report was well written and presented in a meaningful way for both stakeholders and service users. The report provides an open account of where improvements in services have been made and the CCG would like to commend the hospice on its achievements in 2021/22.

The CCG recognises the significant improvements that continue to be made to patient care and experience. The structured approach to governance, audit and quality improvement at the hospice is reflective of the desire to continually improve the quality of care. The Commissioners acknowledge that the hospice faced challenges in 2021/22 relating to staffing and COVID-19 but is pleased to note that despite these challenges, the number of patient and staff work-place transmissions remained low.

The CCG has noted the improvement in incident reporting over the last year and the using of SIRMS (Safeguarding and Incident Risk Management System) to document all incidents.

In particular, it was noted the increased number of initiatives undertaken by the Medical Director and medical staff to be further involved in improvements to medical support and training. Also of note were the changes that have been made in medicine control, prescribing and delivery to enhance safety in this important area of governance.

St. Cuthbert's has documented an impressive number of new initiatives, system and assessment changes, together with the continued improved templates for assessment on SystemOne in liaison with the CCG Information Technology team. The Commissioners look forward to seeing the evaluation of the additional workstreams especially the impact on staff workload in supporting these new initiatives.

St. Cuthbert's continues to view harm free care for patients as a key priority. Although no longer required to report via the national patient safety thermometer in three key areas: falls, pressure ulcers and inpatient incidence of venous thromboembolism assessment. St. Cuthbert's continued to do so throughout 2021/22 and the Commissioners are pleased to note that this will continue throughout the 2022/23 reporting period.

The CCG acknowledges the work undertaken in relation to infection prevention and control, reducing the risks of healthcare associated infections and is pleased to note that a repeat audit in this area undertaken in March 2022 met the standards required.

The hospice is to be congratulated on their success in 2021/22 in being recognised by various awards; Carer Friendly Employer Award (Durham and Darlington Carers Support); Better Health at Work Award (Continuing Excellence level maintained) as well as a nomination for Clinical Services in the County Durham Together Award.

We look forward to continuing to work in partnership with the hospice to assure the quality of services commissioned in 2022/23.

Yours sincerely

Anne Greenley
Interim Director of Nursing & Quality
NHS County Durham CCG

Appendix 1

Serious Incidents and complaints

Summary of serious / potentially serious incidents and complaints.							
Incident log umber	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
595722/4/21	**DOLS application** Patient admitted to Hospice thought to lack capacity.	CQC	**x**		**22/04/21**		MCA & DOLS completed. CQC notification sent.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
1059/260421	**Pressure Ulcer (PU) on admission** Patient admitted from hospital with Grade 2 pressure damage to coccyx. Information not handed over to Hospice on admission from Hospital	CQC			**26/04/21**		Risk assessment completed and care plan put in place within 3 hours of admission. Patient made aware of pressure ulcers and family informed with patients consent. Positional changes encouraged but difficult due to disease burden.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
9699/280421	**Safeguarding Concern** Patient admitted to FT for re-insertion of NG tube. Hospice staff concerned NG tube inserted lacked attachments required / patient hadn't been fed.	CQC	**x**		**28/04/21**		No harm or injury to patient. Hospital acknowledged and apologised for human error. Patient re admitted to hospital and correct tube fitted. No abuse.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
1059/260421	**Pressure Ulcer (PU) on admission** Patient reported that this area felt uncomfortable whilst on ward but said it was never witnessed there or treatment given	CQC					Risk assessment completed and care plan put in place. Patient made aware of pressure ulcers and family informed with patients consent.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
5957/210421	**Safeguarding Referral** Patient admitted to IPU from hospital for EOLC who was a victim of domestic abuse.	CQC	**x**		**21/04/21**		MCA/DOLs application completed. Best interest decision made re husband not visiting in line with patients wishes. Patient died
		NECS					
		Safeguarding			**21/04/21**		

		CGC / SMT	x				13/5/21. Husband notified via CCG communication with GP.
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
4922/020421	**Safeguarding Concern** Patient admitted to Hospital at weekend due to high potassium						Patient was admitted in line with his wishes and Hospice out of hour's procedure. No safeguarding issues
		NECS					
		Safeguarding					
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
7711/200521	**Medication Incident (CD)** Illegal substance found in patient's toilet bag.	CQC					Illegal substance confiscated and destroyed. Reported to CD LIN.
		NECS	x		**20/05/21**		
		Safeguarding					
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
7414/210521	**MCA/DOLs** Patient admitted to IPU thought to lack capacity.	CQC	x		21/05/21		MCA completed. DOLs application made. CQC notification sent. Family informed.
		NECS					
		Safeguarding					
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
3585/020621	**MCA/DOLs** Patient admitted to IPU thought to lack capacity.	CQC	x		10/06/21		MCA completed. DOLs application made. CQC notified. Family aware.
		NECS					
		Safeguarding					
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
5210/090621	**Pressure Ulcer(s) on Admission** Patient admitted to IPU with 2 x grade 4 pressure ulcers.	CQC	x		10/06/21		Risk assessment completed and care plan put in place. Referred to LA safeguarding team 10/6/21. TVN contacted and advised a rapid
		NECS					
		Safeguarding					

		CGC / SMT	x				review was under way. Social worker advised it would not be of benefit to open a safeguarding investigation and logged details for information only.
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
1735/090621	**Pressure Ulcer(s) on admission** Patient admitted to hospice for EOLC. Condition deteriorated over course of stay. Found to have x2 grade 2 pressure sores.	CQC					Risk assessment completed and care plan put in place. Husband informed of skin damage.
		NECS					
		Safeguarding					
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
6894/160621	**Fall (Unavoidable)** No harm/injury occurred. Patient rolled from bed when asleep. Knocked head on bed side table. Small pink area noted to head.	CQC					Minor injury to patient. No lasting harm. Falls risk assessment/care plan updated. Husband informed with patient's consent. Bed rails put up and bumpers following discussion with patient and consent given.
		NECS					
		Safeguarding					
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
3404/180621	**Fall (Avoidable)** Patient fell while climbing over bed rails to get out of bed and help a patient she could hear shouting.	CQC					No harm/injury occurred. Falls risk assessment/care plan updated. Daughter informed. Apology given and accepted.
		NECS					
		Safeguarding					
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes**	**No**	**Date**	**STEIS Number**	**Outcome**
5343/250621	**Fall (Unavoidable)** Patient rolled out of bed.	CQC					No harm/injury occurred. Falls risk assessment and care update. Wife informed. Apology given and accepted.
		NECS					
		Safeguarding					
		CGC / SMT	x				

Summary of serious / potentially serious incidents and complaints.

Incident log Number	Brief details of Incident	Reported to	Yes / No		Date	STEIS Number	Outcome
5345/06072021	**Miscellaneous/missing referral** Telephone call received from a previous guest's daughter stating referral made in May to LWC. Advised no referral received.	CQC					Referral received on 05.07.21 with referral dated 26.05.21 and addressed to hospice referral email. There is no email from sender or date in either the inbox, archive folder or deleted folder. Daughter and guest contacted and appointment arranged.
		NECS					
		Safeguarding					
		CGC / SMT	**x**		**06/07/21**		
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
4579/07072021	**Fall (Unavoidable)** Noise heard by staff, patient found on the floor sitting next to the bed. Had been trying to mobilise to change trouser bottoms.	CQC					No visible injuries or lasting harm. Assisted back to bed, made comfortable and reminded to use nurse call when wanting to mobilise.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
8580/09072021	**X1 SDTI/ x1 PU Grade 2 on admission** Patient admitted to IPU from home with SDTI to R heel and Grade 2 damage to sacrum? moisture/pressure	CQC	**x**		**13/07/21**		Risk assessment completed. Waterlow score identified & care plan and put in place. Discussed with patient and NOK.
		NECS					
		Safeguarding	**x**		**12/07/21**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
00/01072021	**Miscellaneous/PCR tests destroyed** Weekly PCR Tests not recorded online, due to usual staff members leave, subsequently had to be destroyed	CQC					Tasked to record PCR online handed over to another staff member in the short term. Line manager and admin team to meet to clarify importance of handover of duties when on leave
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
1928/13072021	**X2 PU on admission**. Handed over by ward and reported on Datix System. Grade 2 approx. 2cm x 2cm round, 0.5cm x 0.5cm break to centre of wound	CQC					Risk assessment completed. Water low score and care plan carried out and implemented within KPI. Referred to TVN. Patient and Family aware of skin damage. Has capacity to refuse positional changes.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				

Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
6132/26072021	**x2 PU Grade 2 on admission** 2 x grade 2 pressure sores to L buttock both approx. 1cm x 0.5cm round, surrounding skin pink.	CQC					Risk assessment & Waterlow score completed, care plan put in place on admission within KPI. Unable to lie on sides for long periods due to comfort. Has capacity to refuse positional changes. Uncomplicated Grade 2. No referral to TVN required.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
6132/02082021	**PU/SDTI** **(x2 PU deteriorated into x1 PU & developed x3 SDTI post admission** Patient admitted with 2 small breaks to sacrum (260721-6132). Breaks have merged into x1 sore - remains clean and dry. SDTI noted below existing Grade 2 pressure damage on 2/8/21. x3 pin point maroon spots below larger SDTI,	CQC	**X**		**02/08/21**		Patient informed. Waterlow score and care plan updated. Referred to TVN with consent. CQC notification completed. SDTI leaflet given to patient and family. Referred to safeguarding. No investigation required as no concerns re neglect, cause due to overall physical decline.
		NECS					
		Safeguarding	**x**		**02/08/21**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
3120/04082021	**MCA/DOLS** Patient admitted to hospice and felt to lack capacity.	CQC	**x**		**04/08/21**		On admission MCA completed lacks capacity re: care and treatment. DOLS application made. Family informed
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
6348/05082021	**Miscellaneous - Namaste** Namaste Support Session with guest, support worker and volunteer present.	CQC					Manager to complete risk assessment. Volunteer advised no power tools to be used in activity sessions. Advice sought from
		NECS					
		Safeguarding					

	Guest completing table top activities when volunteer produced power tool to assemble stool. Volunteer supported guest to use power tool. Hand over and technique for safety reported. Support worker discouraged use of power tool in first instance, but volunteer continued against advice. No injury to Guest	CGC / SMT	**x**				Volunteer Co-ordinator regarding training for volunteers.
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
6132/04082021 Same patient as above	**X1 SDTI acquired post admission** Patient found to have 1cm round SDTI to spine	CQC	**x**		**12/08/21**		Patient and family informed. Care plan and Waterlow updated. Already under care of TVN. Concern raised with safeguarding. No evidence of neglect. No investigation required. Family and patient informed of poor skin condition and advised may deteriorate as not eating, drinking and unable to lie on sides for prolonged periods of time due to pain and distress, leaflet given and happy with information received
		NECS					
		Safeguarding	**x**		**04/08/21**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
2713/10082021	**x1 SDTI acquired post admission** Patient found to have SDTI to upper spine approx. 1cm x 0.5cm maroon in colour .	CQC	**x**		**12/08/21**		Patient confined to bed, has no dietary intake and minimal fluid intake, and is cachexic and bony prominences of spine evident. Positional changes tolerated at times and position is changed in accordance of patients comfort. Concern raised with safeguarding team. No concerns re neglect. No investigation needed. SDTI explained to family and leaflet given. Referred to TVN. Waterlow score and pressure area care plan completed on admission and weekly thereafter.
		NECS					
		Safeguarding	**x**		**10/08/21**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
9874/15082021	**X3 SDTI acquired post admission**	CQC	**x**		**16/08/21**		Care plan and Waterlow score updated Skin care regime in place, positional changes
		NECS					

	15/8/21 - developed 2 X SDTI 0.5x0.5cm to sacrum 16/8/21 – developed 1 x SDTI 0.5x0.5cm to sacrum	Safeguarding	x		**16/08/21**		as patient can tolerate, comfort is priority at this stage. Patient and family informed of SDTI. Leaflet given to son
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
7086/21082021	**Fall - found on floor (Unavoidable)** Bed sensor alarmed and patient found lying on floor at the door of Rm 3 IPU.	CQC					BP, pulse, sats and temp recorded. Patient managed to sit up then stand up and walk back to the bed with the assistance of the 3 staff present. Wife informed
		NECS					
		Safeguarding					
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
3754/23082021	**Fall – slipped to floor (Unavoidable)** Patient reported that he was trying to get out of bed – on the opposite side to how he would normally get out of bed, and stated he slipped to the floor.	CQC					BP, pulse, sats and temp recorded. Patient reminded to ask for assistance, IR1 completed, care plans updated. Wife informed
		NECS					
		Safeguarding					
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
4725/19082021	**x3 SDTI on admission** Patient admitted from home with 3 x SDTI	CQC	x		**20/08/21**		Good nursing care in line with what patient wanted (had capacity to refuse skin checks and wishes respected by staff)
		NECS					
		Safeguarding	x		**20/08/21**		
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
/31082021	**Information Governance Issue**	CQC					

	IPU handover sheets containing confidential patient information found on desk/computer shelf in learning suite upstairs.	NECS					Reported to Caldicott guardian and senior nurse in charge who reported that printer had been offline over the weekend. Email to be sent to staff to instruct how to send lock print to communal printer
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
5901/06092021	**Medication loss of CDs** Staff nurses went to administer Midazolam to patient from their own supply of midazolam 10mg/2ml. When they checked the medication there was only 3 x vials of midazolam but the cd register stated there should be 4 vials left.	CQC					Level 1 Investigation and RCA. ? Accidentally disposed of in sharps bin. Count adjusted in CD register and note made in CD register identifying IR1 completed. Hospice Pharmacists, Head of Clinical services and CD Lin informed. No trend in missing drugs noted.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
2812/15092021	**Fall – rolled out of bed (Unavoidable)** Patient shouted “Ken” followed by “Help” Staff Nurse went straight into Rm 5 and found patient on knees on the blue cushioned crash mat at the end of the bed. She had thought someone was at the door and wanted to try to let them in.	CQC					No injuries apparent. SystmOne, PEP, bed rail assessment, Moving and handling RA, Falls risk assessment and care plan reviewed. Family to be informed of incident when visiting tomorrow. Tables to match the height of high low beds to be sourced.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
5901/18092021	**x1 SDTI acquired post admission** Patient noted to have developed SDTI to L heel, overcoming days has continued to deteriorate. Noted to be 5cm x 5cm on 23/9/21.	CQC	**x**		**23/09/21**		Initial size of skin damage not noted although staff could remember the initial size when asked 23/9/21. Importance of sizing and documenting the size of skin damage discussed with staff involved. Email sent to clinical staff identifying the importance of putting skin damage size on care plans and IR1's. TVN referral. Verbal Duty of candour fulfilled.
		NECS					
		Safeguarding	**x**		**23/09/21**		
		CGC / SMT	**x**				

Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
	Miscellaneous – on call mobile 26/09/2021, noted on-call phone showing as "No service" and so was not contactable.	CQC					Sim taken out and put back in which restored service. Reported to CS who are investigating the potential for a new phone in case the current one is not receiving updates.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
27092021	**Miscellaneous** Advised that counsellor absent. Medical secretary and counsellor contacted clients to cancel appointments in counsellor's diary. During the day another client attended for appointment. This appointment was not in the diary and had been missed from the cancellations.	CQC					Medical Secretary and Administrator to support counselling team to set up and use calendars properly. This will allow any future appointments needing to be cancelled, to be done timely and fully.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
8139/20092021	**Fall – trip (Avoidable)**	CQC					

	Patient mobilised to the toilet with her walking stick. RM 3 has a private shower, however there is a “ridge” on the floor to stop the water flowing into the rest of the bathroom. The ridge is the same colour as the floor and is not always visible. Patient identified that she tripped over this ridge as it was not visible to her and fell to the floor	NECS					M+H risk assessment not carried out on day of admission. Weekend update of care plan not completed. Bed rails assessment not completed on admission or post fall. Service manager spoke to staff concerned and emailed reminder to all staff. Although documentation not completed fully, this did not contribute to the fall as patient was capacious and wanted to remain independently mobile from admission. High visibility identification now placed on bathroom floor at lip on floor falls training now included with mandatory moving and handling training. New template to improve documentation round falls to be embedded in practice once SystmOne template development completed.
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
8139/21092021		CQC					

	Fall - slid to floor (Unavoidable) Staff transferring patient from chair to bed with stick and assistance of 1 as per moving and handling risk assessment, patient about to sit on bed, lost her balance and slid to the floor	NECS					Ward sister to remind individual/all staff re importance of completing falls bundle. Falls training now included with mandatory moving and handling training. New template to improve documentation round falls to be embedded in practice once SystmOne template development completed. Verbal duty of candour 21/9/21.
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
20210913	**Miscellaneous - PCRs** A number of the PCR results from Monday 13th Sept came back as unable to be read	CQC					Contacted 119. Advisor to escalating to another department as it appears at least 7 of the tests have come back as unable to read. Requested the issue be investigated and given case note number by 119 - 01186727 119 called back to relay labs feedback – advised test kits out of date. No positive tests reported on subsequent test. Advice given to staff.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
1701/11082021	**Safeguarding** Patient admitted from hospital with safeguarding in place against patients partner. Hospice to follow up safeguarding and ensure what patient wants to adhered to	CQC					Patient asked if they want partner to visit and if they were to lose capacity would they want them to visit. Patient advised they did not want partner to visit and they would not want partner to visit if they lost capacity. Patient had capacity to make this decision on admission. See IR1 re conversations with safeguarding. IR1 completed. Social care direct informed of discharge.
		NECS					
		Safeguarding	**x**		**110821**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
29092021	**Safeguarding**	CQC					

	Son of a patient visiting mum expressed to staff that he had recent overdose and ongoing suicidal intent. Visitor discussed driving inappropriately. Staff requested holding car keys until Visitor felt better, he offered keys for safe keeping	NECS					Visitor expressed had taken an overdose and had suicidal intentions. Past history of suicidal intentions. See notes in paper file of patients record of care. Visitor declined to wait for an ambulance but agreed to attend A&E if taken by a member of staff. 2 x members of staff took visitor to A&E for physical and mental health review.
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
2812/30092021	**Safeguarding** Patient's daughter expressed concerns with hospice staff that brother may be financially abusing their mother (hospice patient).	CQC	**x**		**04/10/21**		Safeguarding referral made, daughter informed 30/9/21. LA to investigate. Hospice IR1.
		NECS					
		Safeguarding	**x**		**30/09/21**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Report to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
03092021/LN	**Miscellaneous - Needlestick Injury** Needle stick injury form patient to Dr when carrying out venepuncture	CQC					Followed hospice policy, paperwork completed. Had to report to Newcastle Occ Health rather than Durham due to medical contract. All bloods taken from patient and staff member. All clear.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				

Summary of serious / potentially serious incidents and complaints.

Incident log Number	**Brief details of Incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	Outcome
87644	**Health & Safety – Fall (Unavoidable)** Patient fall from bed following climbing over bed rails.	CQC					Falls risk assessment and care plan reviewed in view of deteriorating condition.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87643	**Health & Safety – Fall (Unavoidable)**	CQC					On admission bed rails in place at request of patient was aware could be taken down at any
		NECS					

	Patient climbed over bed rails and walked over to the toilet. Sensor mat alerted staff that patient was out of bed.	Safeguarding					time, bed sensor mat in place and nurse call system to hand. Continue to improve prevention of falls via Link Practitioner Group and monitor delivery of the actions via CGG/CGSDC.
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87634	**Tissue Viability - SDTI acquired post admission** 1st Oct red area noted to R heel, noted may deteriorate further at this point medi derma pro was being applied, silicone kerrapad in place. 5th Oct noted to have developed SDTI approx. 1cm x 1cm to R heel	CQC	x		**7/10/21**		As patient unable to lie on sides a lateral turning mattress would be of benefit to offer gentle positional changes and may reduce cause of SDTI. 2 have been requested as part of 2021-2022 budget planning a/w funds. Verbal duty of candour 5/10/21 Leaflet given 5/10/21 Lateral turn mattress purchased.
		NECS					
		Safeguarding	x		**05/10/21**		
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87635	**Tissue Viability - SDTI acquired post admission** 1st Oct red area noted to R ankle, noted may deteriorate further at this point medi derma pro was being applied, silicone kerrapad in place, repose boots as could be tolerated and nursed on air flow mattress. 5th Oct noted to have developed SDTI approx. 2cm x 1cm to R ankle	CQC	x		**7/10/21**		Nursed on airflow mattress. Previously reported in line with policy and procedures.
		NECS					
		Safeguarding	x		**05/10/21**		
		CGC / SMT	x				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87636	**Safeguarding Adults – Financial abuse** Ongoing concerns raised by patient and family regarding potential ongoing risk to patients possessions and property from another family member	CQC					Referred to LA Safeguarding Team for investigation.
		NECS					
		Safeguarding	x		**8/10/21**		
		CGC / SMT	x				

Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87637	**Health & Safety – Fall (Unavoidable)** . Patient woke in pain at 07:10 - analgesia administered along with 9am medication. . Staff left room to heat up heat pack. . Upon returning patient found on all fours on the floor . Patient stated L leg gave way and fell onto L hip	CQC					Incident informed work plan of Falls Link Practitioner Group
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87668	**Tissue Viability – Pressure Ulcer deteriorated post admission** Patient has grade 2 pressure sore on left buttock. 3CM X2CM Photograph taken. This was discovered when bed bathing the patient. The patient has previously deep tissue injury reported X2. Has end of life skin changes and has PVD. Family are aware of patients skin changes and are aware that the patient is end of life	CQC					Good documentation from staff over hospice stay. No additional action required as despite all mitigating factors patient has developed further skin damage her condition continues to deteriorate. As she continues to deteriorate the risk for further skin damage is high.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87655	**Tissue Viability – SDTI acquired post admission** Suspected deep tissue injury on anal cleft found when bed bathing patient.4cm x2cm. Waterlow and care plan reassessed following discovery of suspected deep tissue injury	CQC	**x**		**19/11/21**		Continue with good skin assessment and continue to follow hospice policies and procedures and maintain open honest and transparent conversations. Verbal duty of candour 17/11/21
		NECS					
		Safeguarding	**x**		**19/11/21**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87835	**Tissue Viability – PU deteriorating post admission**	CQC					The patient in question some days has minimal fluid and dietary intake. Today there has been no interaction with staff and appears
		NECS					
		Safeguarding					

	Patient appears to be end of life and has Peripheral Vascular disease, Suspected deep tissue injury has previously been reported and the tissue viability nurse has given advice. Last week (18/11) A grade 2 pressure sore on the patients left buttock was reported. Today while attending to the patients hygiene needs, this grade 2 pressure sore now appears dark in colour and appears to be a suspected deep tissue injury. The area is not broken but if this does happen TVN advice would be to use flaminol. Has a silicone dressing in place and position changed as patient can tolerate.	CGC / SMT	**x**				closer to EOL. NOK has been informed today and are fully aware. Unavoidable skin deterioration due to overall deterioration of condition, in line with end of life skin changes. All appropriate referrals made.
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87630	**Infection, Prevention And Control - Needlestick Injury** Whist emptying rubbish bins HCA was pricked in thigh by a blue needle in the rubbish bag. Photographs taken. Needle stick injury policy followed. Injury identified as a low risk injury. Reassurance given to staff member that this was a clean needle, as no patients had received any sub cut injections today. Needle could only have been put there in the past 24 hours.	CQC					Incident an unfortunate accident and that the blue needle has been mistakenly placed into the waste bin without staffs knowledge. This is not an incident that has occurred previously so there is no pattern and does not appear to reflect staff's daily practice re: sharps. Appropriate specification waste bags being used within drugs room - HCA informed of this Policy risk assessment completed as per policy and emailed to Occupational Health.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87935	**Access, Admission, Transfer, Referral - Medical Staffing**	CQC					
		NECS					

	MD on leave. SPCD who would normally work on Mon is isolating. A GP registrar is working Mon. He will be working alone as none of the other GPSI/SPCD are able to cover. He also worked alone on Friday 29 Oct.	Safeguarding					Risk assessment and review of medical staffing conducted with PM/AW/TM. Medical staffing model agreed.
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87959	**Access, Admission, Transfer, Referral - Patient died before being admitted.** Patient referred to IPU for EOLC Sat 20 Nov 2021. Referral reviewed by MDT Mon 22 Nov. Referrer contacted 8.30am Mon 22 Nov. IPU advised patient had died at weekend.	CQC					Discuss at relationship management meeting between Hospice and CDDFT/CCG
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87968	**Health & Safety - Fall - Unwitnessed (Unavoidable)** Patient sat on bed and had called for nursing staff using buzzer and informed staff he had been in toilet where he was taking catheter night bag off and fell onto his bottom.	CQC					Unwitnessed fall and queries over if patient did fall. Following review of fall all mitigation actions in place to reduce risk of fall but patient's overall condition was deteriorating but still wanted to be as independent as possible - Unavoidable fall - see RCA Physiotherapy review completed.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
88072	**Tissue Viability - Grade 2 PU on admission** Patient arrived from UHND for end of life care. Dressing on right outer ankle. Verbal handover on phone from nurse stated she had come into UHND with the grade 2 on right heel.	CQC					Grade 2 pressure damage present on admission from transfer from hospital. Family informed of skin damage (verbal duty of candour). Appropriate action and care.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				

Incident log number	Brief details of incident	Reported to	Yes / No		Date	STEIS Number	Outcome
87596	**Communication, Confidentiality, Consent – Reporting of PCRs** Staff member reporting a positive Coronavirus (Covid-19) PCR result to line manager on 15.11.21. The PCR test was taken on Monday 08.11.2021 but not reported by test and trace to the staff member until Monday 15.11.2021. Staff member was in work on Tuesday 09.11.2021. No breaches of PPE use on these days reported by staff member. The staff member had taken a lateral flow test in between times on day off on Wednesday 10.11.2021 which gave a positive result also.	CQC					Appropriate action taken by staff member, test and trace notified and isolation started.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87598	**Information Governance – Reporting of PCRs** 4 staff members reporting that they received a colleague's Coronavirus (Covid-19) PCR test result from NHS test and trace.	CQC					Discuss with administrators. Given protected time.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
87605	**Communication, Confidentiality, Consent** Patient was admitted to the hospice on 14/10/21. As part of admission clerking, she reported that she was intolerant of gluten; eating it causes diarrhoea rather than her having a formal diagnosis of coeliac disease. Snr Staff Nurse later noted patient had chicken goujons for her meal.	CQC					Patient had chosen own meal following discussion with kitchen about ingredients. Patient said she can tolerate small amounts of gluten. She has capacity to be able to make her own decisions regarding food choices. Risk assessment reviewed. Mitigating actions Needs healthy snacks available due to frequent hypoglycaemic episodes, and her family were going to ensure that she had a
		NECS					
		Safeguarding					
		CGC / SMT	**x**				

							good supply of gluten free biscuits etc. brought in for the sake of variety.
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
88341	**Health & Safety – Fall (unavoidable, unwitnessed)** Patient was mobilising independently to the bathroom (as faecally incontinent) called for assistance at approx. 0600 to report that she had had a fall. Stated that she had been on the toilet and as she was washing her hands she slipped/fell. Patient states that she bumped her head right hand top side. No further injuries sustained, no bruising evident.	CQC					Falls risk assessment and care plan in place. NOK not informed at this time (85 years old) to be advised as soon as possible. Encouraged to call for assistance prior to mobilising
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
88328	**Tissue Viability – SDTI acquired post admission** -SDTI noted to R elbow approx. 3cm x 2cm this am. Maroon in colour. -SDTI noted to L heel approx. 3cm x 3xm maroon in colour. -L elbow noted to have white blanched skin this am, approx. 0.5cm x 0.5cm by 1pm skin had discoloured to maroon SDTI elbow.	CQC	**x**		**8/12/21**		Risk assessment and care plan in place/revised. Verbal duty of candour 7/12/12
		NECS					
		Safeguarding	**x**		**7/12/21**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
88726	**Health & Safety - Fall (Unavoidable, unwitnessed)** Patient was found on the floor in room. Patient was sat upright and calling for help. Patient reported they had slid from the toilet seat and bum shuffled out of bathroom into the bedroom area. Patient was checked over by ward sister. Assisted	CQC					Risk assessment and carer plan in place. Patient subsequently reviewed by Doctor and physiotherapist as per policy. Daughter informed on arrival at visiting time.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				

	to stand by 2 staff and transferred to bed as no apparent injury.						
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
88792	**Health & Safety - Fall (Unavoidable, unwitnessed)** At 04.30 patient pressed the nurse call, on entering the room, I found her on the floor lying on her tummy next to the bed. I asked what she was doing on the floor and she said she didn't know, and couldn't explain why she couldn't get up. No injuries apparent. Observations satisfactory.	CQC					Risk assessment and care plan in place. Patient agreed to have one bedrail up to avoid falling out when leaning. Nurse call button given and reminded not to mobilise overnight without calling for staff. Falls care plan updated. For physio review mane.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
88793	**Health & Safety - Fall (Unavoidable, unwitnessed)** At 04.00 am a loud bang was heard, staff went into patient's room and found him lying face down on the floor. He was conscious and when staff asked if he was hurt he replied no and stated that he was not in any pain. He informed staff that he had raised the recliner which he prefers to sleep in every night and tried to "fling" his duvet off him with his two and hands and tipped forward and fell on the floor.	CQC					Patient helped onto his bed and he agreed to have his bed rails up to ensure he didn't fall out.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				

Summary of serious / potentially serious incidents and complaints.							
Incident log Number	**Brief details of Incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	Outcome
89449	**Other - Accident – resulting in skin tear**	CQC					

	Patient physically placed leg between mattress and bed side rails- 2 x small skin tears noted to right shin old hospital beds currently have fixed rails with 2 x gaps,	NECS					Bed rail bumpers put in place following incident. New hospital beds on order with 2 x split safety rails awaiting delivery. More new style beds to be ordered new financial year. Education to assessing staff member.
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
89451	**Other - Patient assisted to floor** Patient assisted to the toilet by staff and requested to be left alone in the toilet. Found to be in the process of stumbling, staff them assisted patient being lowered to the floor.						No harm. Appropriate care plan, falls risk assessments and falls bundle in prior to stumble. NOK informed with consent from patient – verbal duty of candour.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
89513	**SDTI - acquired** Acquired SDTI during hospice admission x 3 areas too small to measure	CQC	**x**		**19/1/22**		Deterioration of skin a result of overall deteriorating condition - reduced mobility, recued diet and fluid intake. Risk assessment and care plan in place. Nursed on specialist lateral turn mattress. Verbal duty of candour 18/1/22
		NECS					
		Safeguarding	**x**		**18/1/22**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
89521		CQC					

	Slip, trip, fall – unavoidable - unwitnessed Patient fell in own bathroom trying to wash hands and remain independent.	NECS					Fall unavoidable as all mitigating factors were in place at time of fall and patient's wishes respected. Wife informed of fall - verbal duty of candour. Post fall care plan update Post fall moving and handling risk assessment update. PEP remains in place and appropriate from 15/1/22
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
88791	**Roll from bed – unavoidable – unwitnessed** Patient pressed the nurse call, on entering the room staff member found patient on the floor lying on her tummy next to the bed. She couldn't explain why she had ended up on the floor.	CQC					Unavoidable roll from bed as patient had previously declined bed rails and often lay on the edge of the bed. Risk assessment and care plan in place. NOK not informed of incident on request of patient who had capacity to make this decision - person centred care.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
89723	**Pressure Ulcer on Admission** Patient admitted from hospital with grade 2 pressure damage to right buttock -	CQC					Risk assessment and care plan in place. Duty of candour - family and patient aware. Pressure ulcer leaflet given
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
89920	**Access, Admission, Transfer, Referral**	CQC					

	Contact from a community referrer on 24/01/22 to question why no Namaste care service provision to a community patient, referral had been sent in August 2021. No entry on system one to report referral received in 2021. Referral received on 27/01/2022 with an original referral date of August 2021.	NECS					The initial referral had been emailed directly to a former Namaste team member, no longer working in the service. The project coordinator did not have access to this email address and was not aware the referral had been sent. The new referral form with central hospice referral email address has been sent to all usual referrers reminding them of new referral email address.
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90108	**Climb from bed – unavoidable - unwitnessed** On 3 occasions this shift the patient has got herself out of bed and onto the crash mats. Patient identified on admission to Hospice as a risk of climbing out of bed as had done this at home.	CQC					Patient identified on admission to hospice as at risk. Appropriate risk assessment and care plan in place. Family informed. Documentation issue – discussed with staff member.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90104	**Pressure Ulcer on Admission** Patient admitted to hospice with grade 2 pressure ulcer	CQC					Appropriate risk assessment and care plan in place. Duty of candour - patient and family aware. Pressure damage not complex - TVN referral not required
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90233	**Other - Slip, trip, fall – unwitnessed**	CQC					

	Service user was arriving to the hospice building for a treatment session. Service user was walking away from their car in the hospice car park. Service user slid on grass on landed on the floor. No reports of injury.	NECS					Advised to use paths rather than cut across grass. Service user was able to walk into the building, accompanied by staff member.
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90240	**Roll from bed – unavoidable - unwitnessed** Patient rolled from high/low patient unable to recall to staff what happened. Skin tear to L arm? Caught on strap on crash mat but unable to locate where skin tear had occurred.	CQC					Unavoidable as all measure in place to avoid patient climbing from bed. Risk assessment and care plan in place. Verbal duty of candour - NOK advised
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90327	**Other - Accident (staff)** Bed suddenly dropped about 4 inches and onto the top of staff members left foot. Foot was trapped under the bed. On inspection, part of the frame of the bed had been caught on the skirting board at the top of the bed which had dislodged the frame which then fell onto foot.	CQC					Accidental injury caused by accident relating to the balancing of high/low bed on skirting board and subsequent drop of bed. This is not an issue with the normal hospital beds but this bed in particular often catches on the skirting board. Email sent to staff advising them to observe the location of the bed in relation to the skirting board and ensure bed not balanced on the skirting before moving the bed.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90443	**Security Breech**	CQC					No harm

	Informed by a member of the Marie Curie Rapid Response Team that they had misplaced their smartcard at home and needed a new one.	NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90604	**Other - Infection, prevention and control** **-** **PCR test** Courier did not collect PCR tests on 21/02/22, service was planned.	CQC					Courier did not collect staff PCR tests on 21/2/22 but Courier service was booked by hospice booked to collect test kits between 4-9pm. 119 contacted and advised that urgent collection could be arranged for these swabs and for any future issues PCR swabs not collected. Email sent to staff
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90909	**Medication – Administration - CD** Patient received incorrect dose of medication (under dosed)	CQC					No harm to patient - under dosed. Reflective practice with staff.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90999	**Fall – unavoidable - unwitnessed**	CQC					

	Patient had needed to have his bowels opened urgently and had got off bed unaided to go over to the toilet. Sensor mat alerted staff patient was mobilising without calling for assistance No harm	NECS					Unavoidable fall as appropriate risk assessment and care plan in place at time of fall including sensor mats. Patient aware to use nurse call system to ask for assistance when wanting to mobilise but also wanted to be as independent as possible. Duty of candour - contacted wife.
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
91105	**Slip, Trip, Fall – unavoidable – unwitnessed** Patient found with legs on the floor and upper body on the bed, facing forwards. Skin tears (2) to left elbow/wrist - wrist band had caused tear to wrist. Triggered as some weight still on bed. Sensor mat did not appear to have triggered either as some weight still on bed or because incorrect wires in sensor port	CQC					Unavoidable as care plan in place and appropriate to care. (See outcomes of incident). Moved to room closer to nurse's station. NOK informed of incident - verbal duty of candour. Photograph and display of correct way sensor mats should be plugged into bed and chair and which cable should be used for which sensor mat - email sent to staff advising to be vigilant when connecting senor mats.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
90899	**Access, Admission, Transfer, Referral**	CQC					

	At approx. 3pm on Thursday 30/03/2020 AW contacted by DO and notified that on Friday 25 February Macmillan Nurse had called Hospice and been advised that Hospice were unable to admit patient as they had 1 admission, 2 discharges, 0 beds available. Patient subsequently admitted to residential home as only place with beds. On Sunday he vomited blood, exsanguinated and died causing understandably considerable distress to all present including his wife and young daughters.	NECS					CCG notified by AW. Wider investigation across system to be facilitated by CCG. Investigated internally by TM - although we might have an alternative clean empty room read to go, due to massive unpredictability around transport/ambulances and the fact that many patients often take a dive at the 11th hour just before leaving the building, we do not accept an admission into that bed until the patient (s) have gone through the door.
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
91130	**Medication – Administration (non CD)** An inpatient at the Hospice was due to receive two Sandostatin LAR 30mg injections IM one in each buttock. This is a treatment he receives monthly and has done for a number of years. The first injection was administered without issue but the second syringe device jammed and could not be administered. Therefore a 30mg dose rather than 60mg dose was given. No harm to patient.	CQC					Supplier notified. Hospice reimbursed for wasted syringe.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
91183	**Other - Accident - staff**	CQC					

	Staff member reporting today (14.03.22) that they had experienced an injury on Friday 11th March when delivering a therapy treatment session. Pain and discomfort on standing, with them needing to sit to complete treatment session with patient. Staff member reporting pain and discomfort following the moving of furniture in treatment room on Thursday 10th March.	NECS					Staff member had chosen to reposition a mobile treatment bed, chair on wheels and cabinet in the treatment room, without discussion with service manager or team members. The staff member had not made their intentions known to move the furniture unaided, to the service manager or colleagues. An action plan to move the furniture safely had not been discussed or devised, as the staff member did not advise of their intentions to move the furniture.
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
91259	**Medication – possession - CD** Patient brought in 1 x CBD oil capsule with him on admission. Explained this cannot be prescribed in the hospice, they were understanding and happy for me to destroy it using CD destruction kit.	CQC					The medication was identified during admission and destroyed with the patient's permission. CD Lin notified.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
91303	**Data Breech (applicants)** Anonymized application forms found on printer. Referee details not anonymised.	CQC					Staff advised need to wait for locked printing as can be delayed.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
91366		CQC					

	Other - Infection Prevention and Control – positive PCRs Coronavirus (Covid-19) Outbreak - 2 members of staff tested positive with LFTs Mon 14 March and Tuesday 15 March 2022.	NECS					Added to Coronavirus (Covid-19) tracker. HAS informed. Community rather than workplace transmission
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
91367	**Other - Out of Hours Call to SMT** Contacted out of hours and notified x3 members of staff have tested positive for Coronavirus (Covid-19).	CQC					Added to Coronavirus (Covid-19) tracker. HAS informed. Community transmission
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Reported to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
91384	**SDTI on admission** Patient admitted to hospice from hospital with SDTI to L heel.	CQC	**x**		**21/3/22**		
		NECS					
		Safeguarding	**x**		**21/3/22**		
		CGC / SMT					
Incident log number	**Brief details of incident**	Report to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
91459	**Safeguarding – self harm**	CQC	**x**		**30/3/22**		

	Patient cut thumbs with sharp object following causing self-harm as a response to distress of loss of control. Had previously expressed he had thought about taking his own life.	NECS					Reviewed by medical and nursing staff - felt did not have capacity to make decisions regarding to be under constant supervision from staff when wife not present and unable to consent to objects being taken from the room which may cause harm to self. MCA 1+2 completed re above decision - felt not to have capacity. DoLs application made re: decisions above Wife advised of above, reassured and supported. Care plan implemented (see SystmOne or attached information) and agreed by wife Older persons mental health crisis team contacted - refer to attached information and SystmOne - crisis team happy with care plan which is in place. Safeguarding team informed of incident and advised of care plan - safeguarding team have made note to file and aware and happy with care plan in place. Patient deteriorated over coming days and died peacefully on 26th march
		Safeguarding	**x**		**23/3/22**		
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Report to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
92470	**MCA/DOLs** Linked to incident 91459 above	CQC	**x**		**30/3/22**		MCA & DOLS completed. CQC notification sent.
		NECS					
		Safeguarding					
		CGC / SMT	**x**				
Incident log number	**Brief details of incident**	Report to	**Yes / No**		**Date**	**STEIS Number**	**Outcome**
92479	**MCA/DOLs**	CQC	**x**		**22/3/22**		MCA & DOLS completed.

	Patient admitted to hospice for complex pain and confusion. Tried to leave hospice and was wandering.	NECS					CQC notification sent.
		Safeguarding					
		CGC / SMT	**x**				

Appendix 2

Table 3: Hospice Key Performance Indicators (KPI's)

Table 1 – Hospice activity against KPIs 2021-2022									
Indicators.	**Threshold**	**End of Year. 2020-21**	**Met – Not met**	**2021-2022 quarterly performance.**				**End of year 2021 - 2022**	
				Q1	**Q2**	**Q3**	**Q4**		**Year 2021-2022 Performance**
In-Patient Unit (IPU)									**COMMENTS.**
Total number of in-patient referrals received	N/A for monitoring purposes	**263**	**-**	82	89	86	72	329	N/A for monitoring purposes.
Average waiting time from referral to admission for inpatients (excluding weekends and planned respite).	**≤ 48 hours**	**37**	**Met**	48.3	40.3	46.3	31.8	41.7	Some referrals are enquiries. Work to review referral and admission procedure ongoing.
Total number of inpatient admissions.	N/A for monitoring purposes	**180**	**-**	59	62	58	52	231	N/A for monitoring purposes. Meeting held with CCG and CDDFT Jan to improve patient flow.
Percentage bed occupancy.	**≥ 85%**	**64.35**	**Not met**	65.17	77.61	78.58	82.3	74.56	Action Plan in place to improve performance against KPI. Under performance reported to Board quarterly.
Percentage bed availability.	**≥ 95%**	**98.45**	**Met**	100	100	100	100	100	Beds have remained open despite Coronavirus (Covid-19) related issues with staffing
Average length of stay for inpatients.	**≤ 15 days**	**11.9**	**Met**	11.1	10.6	12.2	12.5	11.6	
Number and percentage of inpatients that have been offered an Advance Care Plan.	**90%**	**97%**	**Met**	96.6	**96.8**	**98.1**	**100**	**97.9**	ACP audit scheduled.

Number and percentage of patients who died at the hospice and have preferred place of death **recorded**.	N/A for monitoring purposes	**58 80%**	**-**	**20 90.5 %**	**29 93.5%**	**28 96.6 %**	**20 100**	**97 95.2 %**	N/A for monitoring purposes.
Number and percentage of patients who died at the hospice who stated their preferred place of death and achieved this.	N/A for monitoring purposes	**13 77%**	**-**	**14 66.7 %**	**25 86.2%**	**26 92.9 %**	**19 95%**	**84 85.2 %**	N/A for monitoring purposes 1 person did not achieve PPoD. Admitted Friday and died following Tuesday
Patient's risk of falls to be assessed within 4 hours of admission.	**100%**	**85%**	**Not met**	**79.7**	**64.5**	**86.2**	**94.2**	**81.2**	3 out of 52 missed target, 1 by 20 mins, 1 by 10mins and another by 1 hour.
Patient's written care plan tailored to address falls risk completed within 8 hours of admission.	**100%**	**97%**	**Not met**	**93.2**	**77.4**	**98.3**	**100**	**92.2**	Audit completed – new falls template on SystmOne should capture time of assessment rather than time of recording.
Pressure ulcer risk assessment to be completed within 6 hours of admission. (Ref - NHS Improvement 2018 Pressure Ulcers: revised definition and measurement).	**95%**	**97%**	**Met**	**86.4**	**75.8**	**96.6**	**100**	**89.7**	Revised pressure ulcers templates has overcome issues with time of record keeping rather than time of assessment.
Patient's written care plan tailored to address pressure ulcer risk within 6 hours of admission (Ref - NHS Improvement 2018 Pressure Ulcers: revised definition and measurement).	**95%**	**95%**	**Met**	**86.4**	**75.8**	**96.6**	**100**	**89.7**	Revised pressure ulcers templates has overcome issues with time of record keeping rather than time of assessment.
Venous thromboembolism (VTE) risk to be assessed within 24 hours of admission to determine if prophylaxis required.	**100%**	**99.25%**	**Met**	**81%**	**72.6**	**92.2**	**94.2**	**85**	Represents simple omission of 3 VTE at admission.
Percentage of patients that report a positive experience of care via the Friends and Family Test.	**90%**	**100%**	**Met**	**100**	**0**	**0**	**100**	**100**	Q4 - 4 forms returned.
Number of complaints and compliments received and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes Refer to Sect 5.2 in report

Number of clinical and non-clinical incidents and actions taken	N/A for monitoring purposes	-	-	-	-	-	-	-	N/A for monitoring purposes Refer to Sect 5.2 in report
Living Well Centre									**COMMENTS**
Total number of patients attending the Living Well Centre	N/A for monitoring purposes	**257**	-	**35**	**51**	**53**	**50**	**110**	N/A for monitoring purposes
Number and percentage of Living Well Centre patients receiving a care plan	**100%**	**100%**	-	**100**	**100**	**100**	**100**	**100**	
Percentage occupancy	**≥ 80%**	**37%**	**Not Met**	**12.3**	**12.9**	**11.4**	**17.8**	**13.6**	In Q2 we changed the way in which occupancy is calculated. Occupancy based on capacity of 32 clients per day/160 per week.
Time from referral to Living Well Centre and contact to arrange home visit / assessment	**90% within 7 days**	**74%**	**Not Met**	**100**	**94.3**	**87**	**100**	**95.3**	
Time from first referral in LWC to Physiotherapy assessment	**100% within 21 days**	**100%**	**Met**	**100**	**100**	**100**	**70**	**92.5**	Q4 – due to staff sickness
Time from referral in LWC to Occupational therapy assessment	**100% within 21 days**	**100%**	**Met**	**100**	**100**	**100**	**65**	**91.25**	Q4 – Awaiting OT to start. OT now in post and procedure for 21 day timescale being followed.
Percentage of patients that report a positive experience of care via the Friends and Family Test	**90%**	**0.75%**	**Not Met**	**89**	**100**	**100**	**100**	**97.3**	Q4 – 11 forms returned.
Dementia services									**COMMENTS**
Total number of patients attending Dementia Support Service	N/A for monitoring purposes	**202**	-	**20**	**27**	**8**	**27**	**60**	N/A for monitoring purposes. Admiral Nurse joined in Q4 and Namaste Co-ordinator post became vacant.

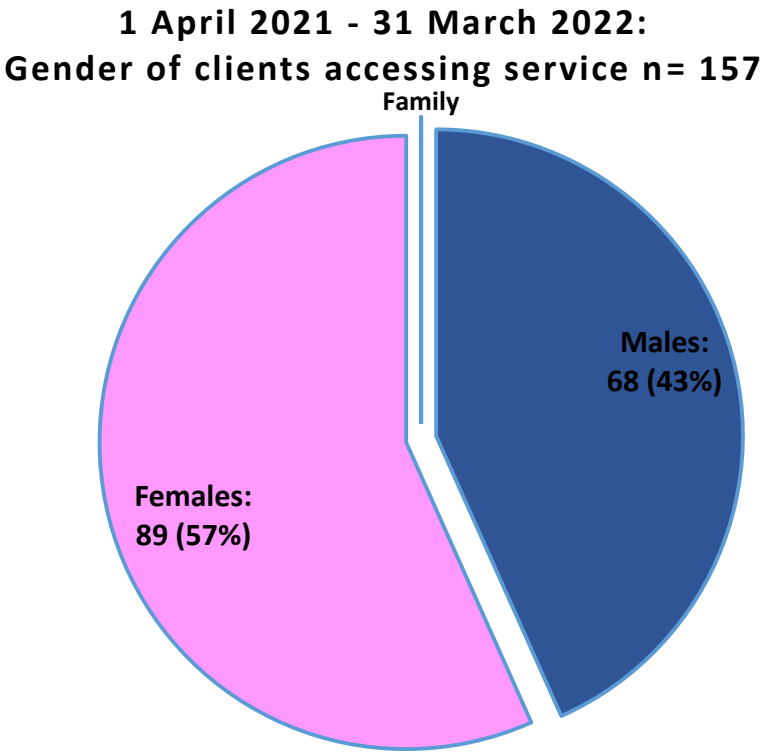
Time from referral to Admiral Nurse for first contact and appointment arranged for assessment.	**95% within 15 days**	**100%**	**Met**	**n/a**	**n/a**	**n/a**	**100**	**100**	
Time from referral to Namaste care for first contact and appointment arranged for assessment.	**95% within 15 days**	**100%**	**Met**	**83.3**	**100**	**100**	**100**	**95.8**	
Percentage of patients who provide feedback and report a positive experience of care	90%	**0 returned**	**Not Met**	**0**	**0**	**0 returned**	**0 Returned**	**0**	F&F test & procedure to be reviewed in Q1.
Number of complaints and compliments received and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes Refer to Sect 5.2 of report
Number of clinical and non-clinical incidents and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes Refer to Sect 5.2 of report
Bereavement Support Services (Adults, Children and Young People)									**COMMENTS**
Total number of clients accessing bereavement support services (adults)	N/A for monitoring purposes	**184**	**-**	**58**	**55**	**37**	**52**	**116**	Outbreak and staff absence due to Coronavirus (COVID-19) meant a number of referrals into the service where signposted elsewhere. N/A for monitoring purposes
Time from referral to first appointment (CYP)	**70% Within 12 weeks of date of referral**			**15.4**	**61.9**	**100**	**37.5**	**53.7**	8 new clients seen in the quarter, 3 of these were seen within 12 weeks of referral. 5 referrals were not seen due to staff absence.
Number and percentage of clients contacted within 15 working days of receipt of referral (adults)	**95%**	**100%**	**Met**	**97**	**100**	**100**	**100**	**99.3**	

Number and percentage of written assessments of needs and action plans agreed with clients (adults)	**100%**	**100%**	**Met**	**100**	**100**	**100**	**100**	**100**	
Percentage of clients with an initial assessment who complete their care, (CYP).	**70%**			**50**	**42.2**	**0**	**28.6**	**30.2**	Outbreak meant a number of referrals into the service where signposted elsewhere. N/A for monitoring purposes 1 DNA, 1 no longer required, 8 referred to other services and 4 completed treatment
Percentage of clients that report a positive experience of care via the Friends and Family Test	**90%**	**0 returned**	**Not Met**	**0 returned**	**100**	**0 returned**	**100**	**100**	
Number of complaints and compliments received and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes. Service leads are now dating & saving complement cards/letters. Complaints are recorded on the Incident Log. Refer to Sect. 5.2 of report.
Number of safeguarding incidents and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes Refer to Sect. 5.2 in report

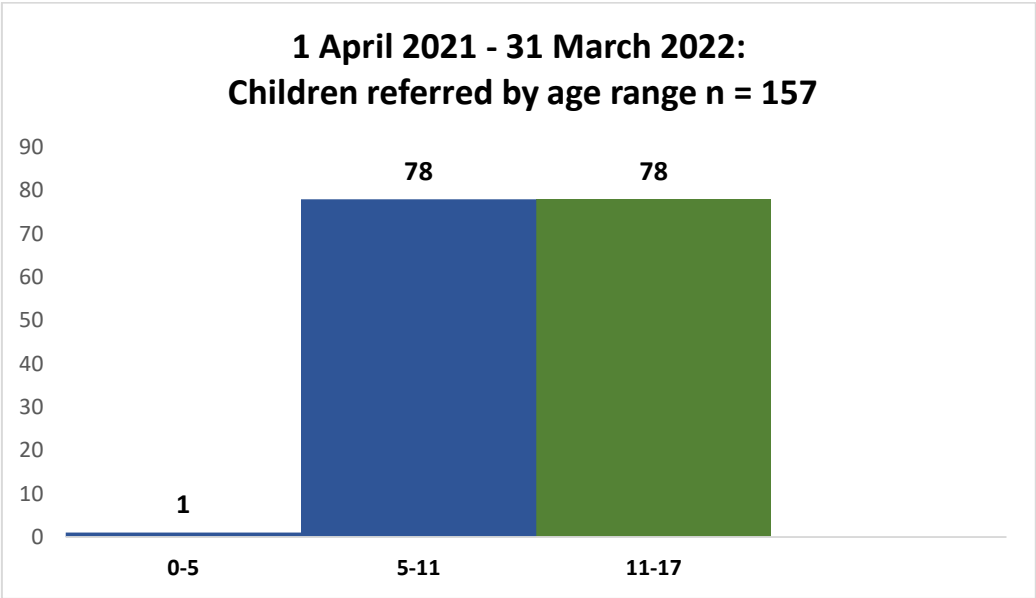
Appendix 3

Quality Outcome Indicators: Bereavement Services: Children and Young People (CYP) 2021 - 2022

1.1 Figure 1. Number of referrals.



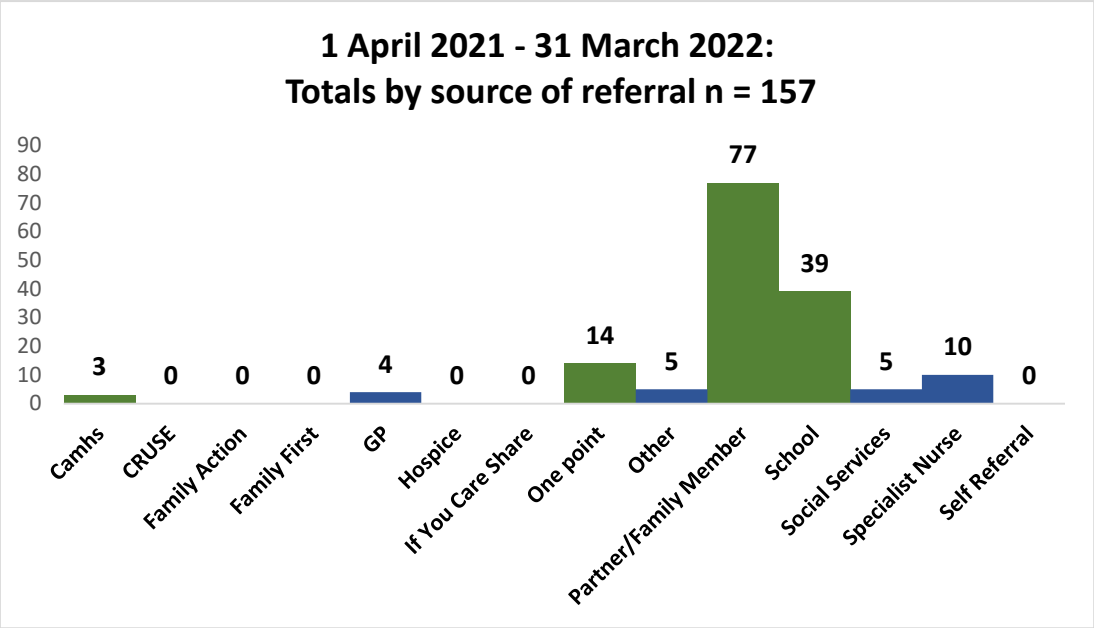
1.2 Figure 2. Children referred by age range.



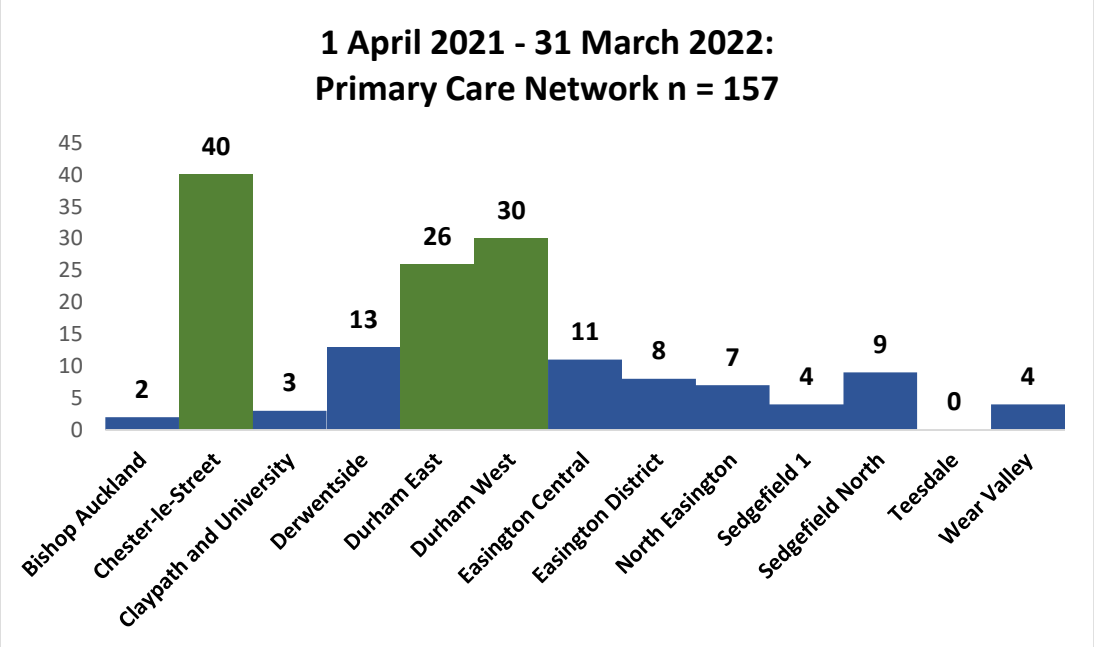
1.3 Religion and Ethnicity

We have recorded that 97.5% of CYP service users have recorded their ethnicity as white British and 96.8% have declared Christianity as their faith

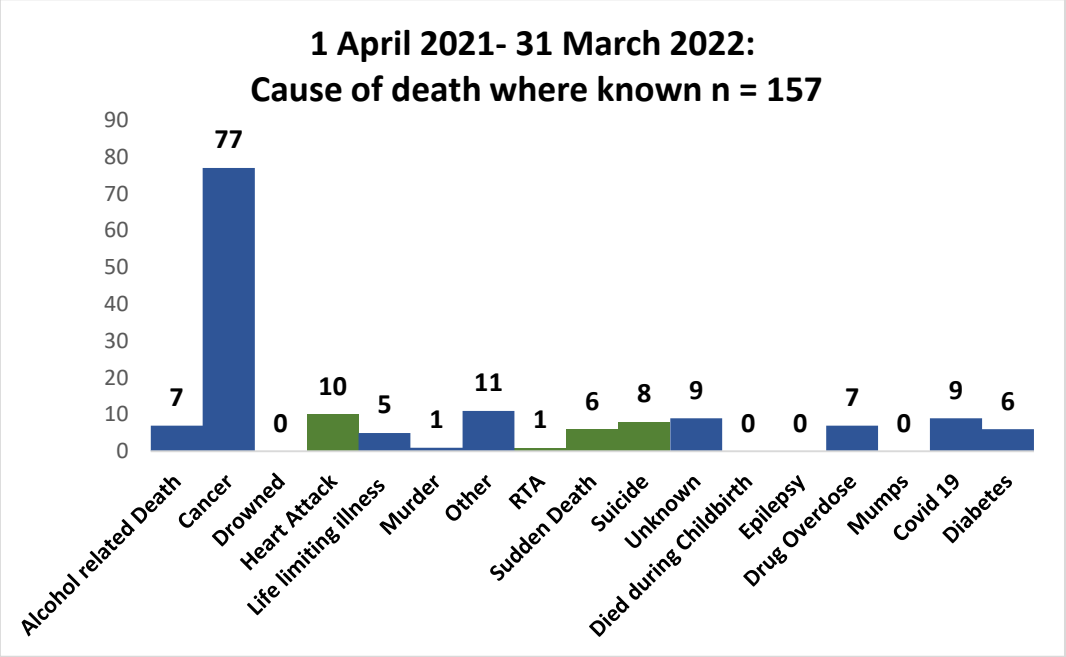
1.4 Figure 3. Source of referrals.



1.5 Figure 4 – Child referral by Primary Care Network.



1.6 Figure 5. Cause of death where known.



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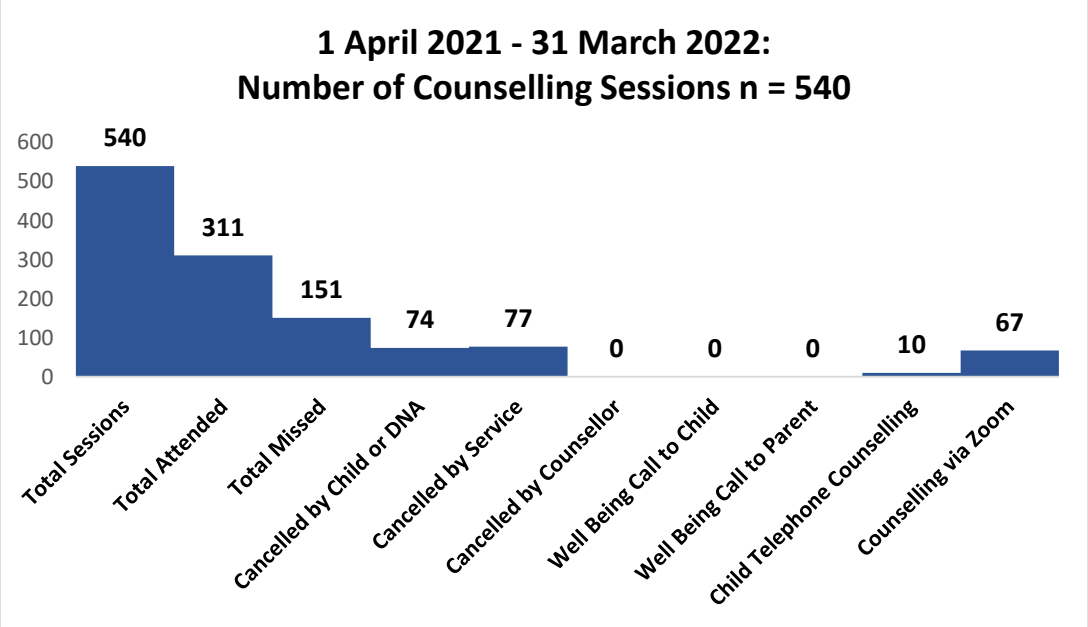
1.7 Figure 6. Number of counselling session provided in this quarter.



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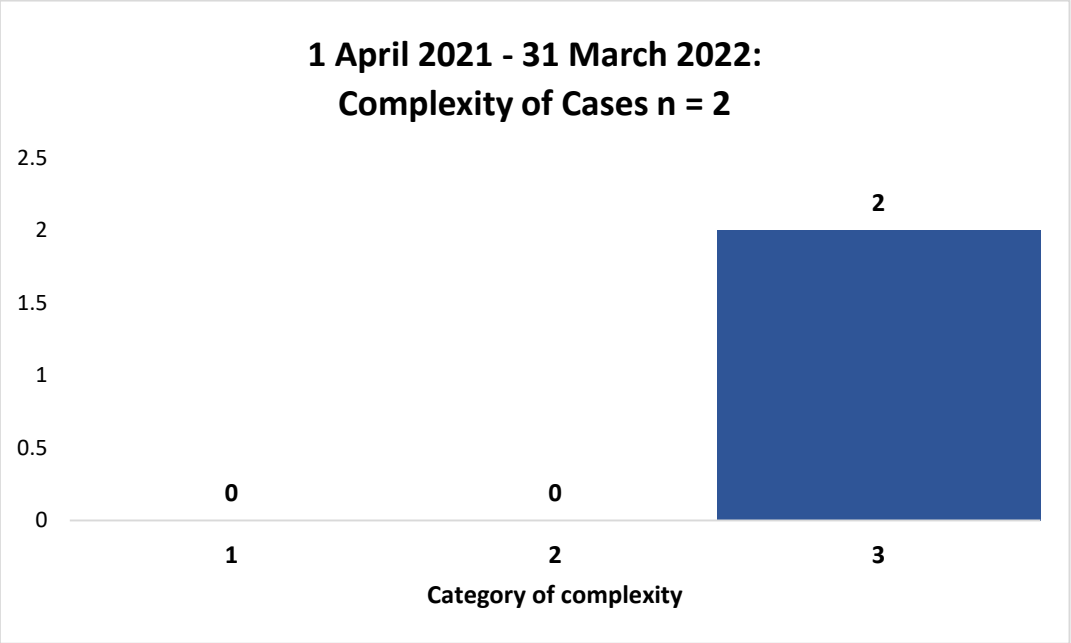
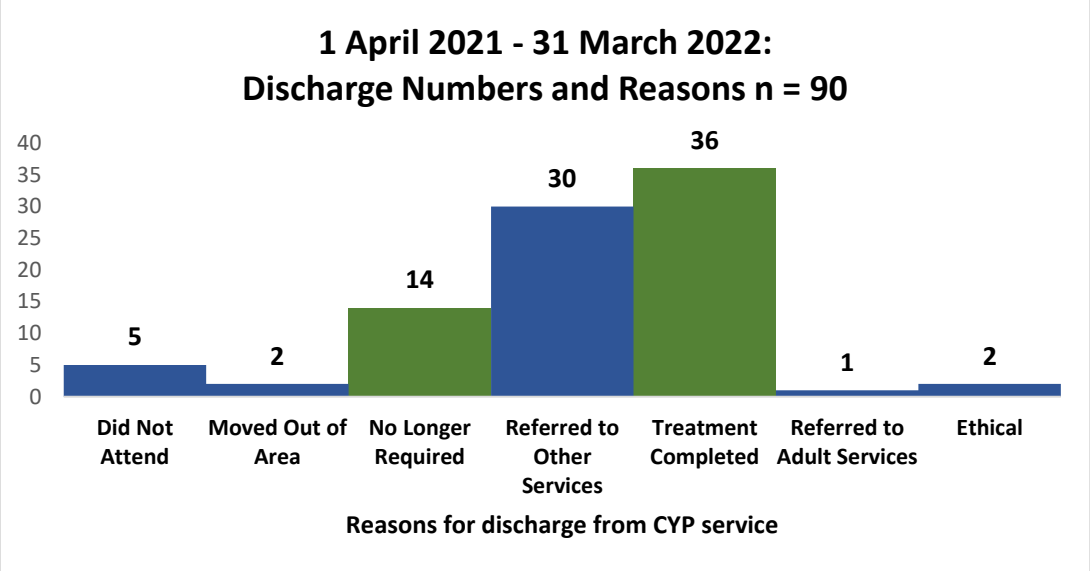
1.8 **Figure 7. Complexity of cases 1 non-complex through to 3 complex.**



1.9 **Figure 8. Treatment completion, leaving the service discharge**

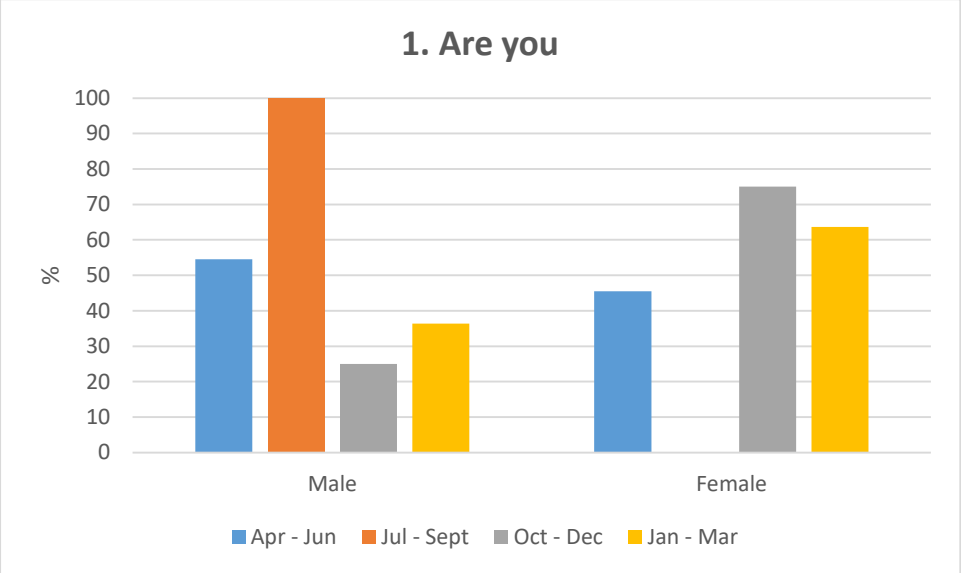


Appendix 4

Service User Feedback

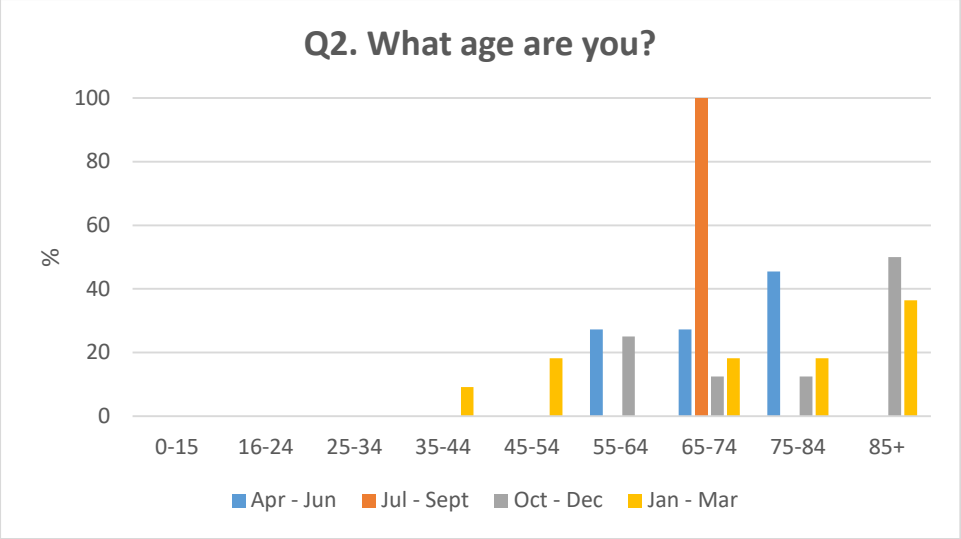
Table 5 - Service user feedback questionnaire charts and comments.

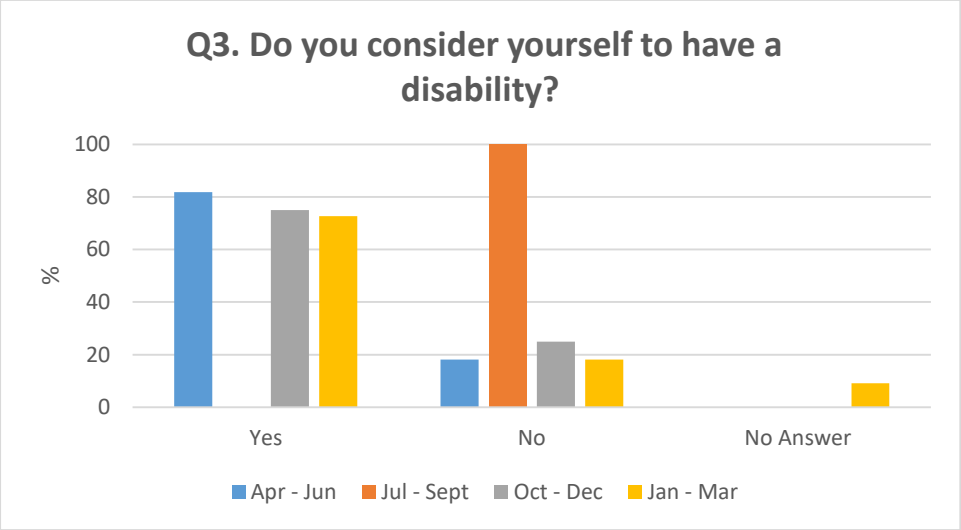
Living Well Centre
Friends and Family Test
2021/2022

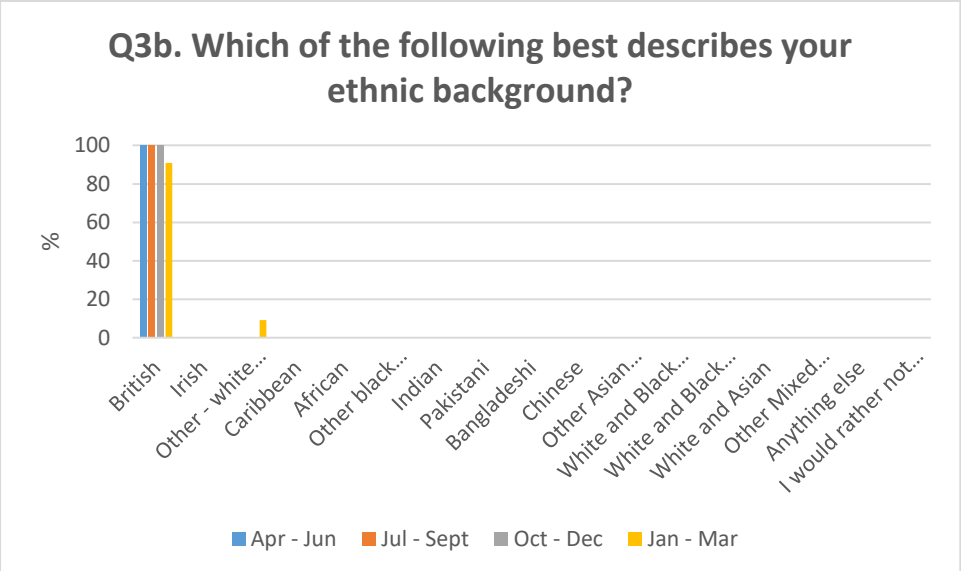


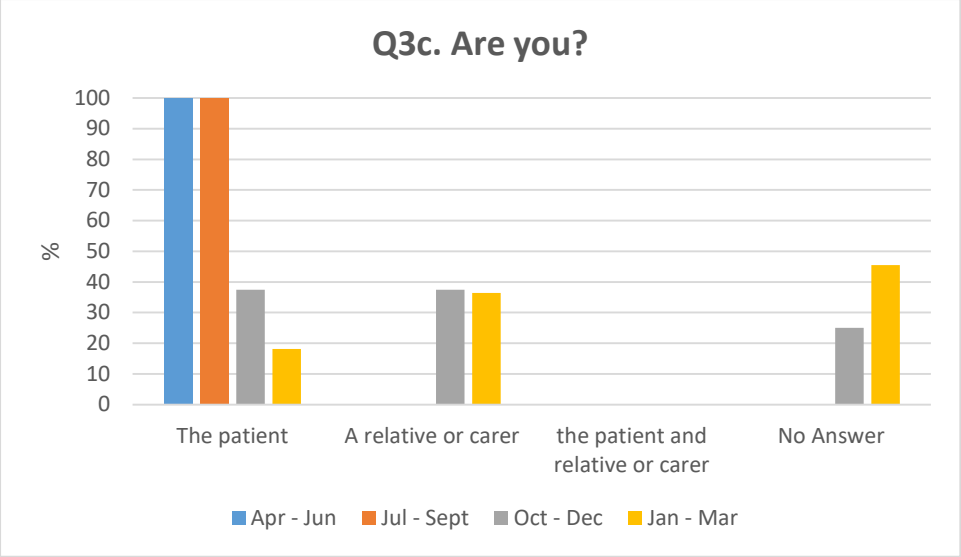
Do you have further comments you would like to make?

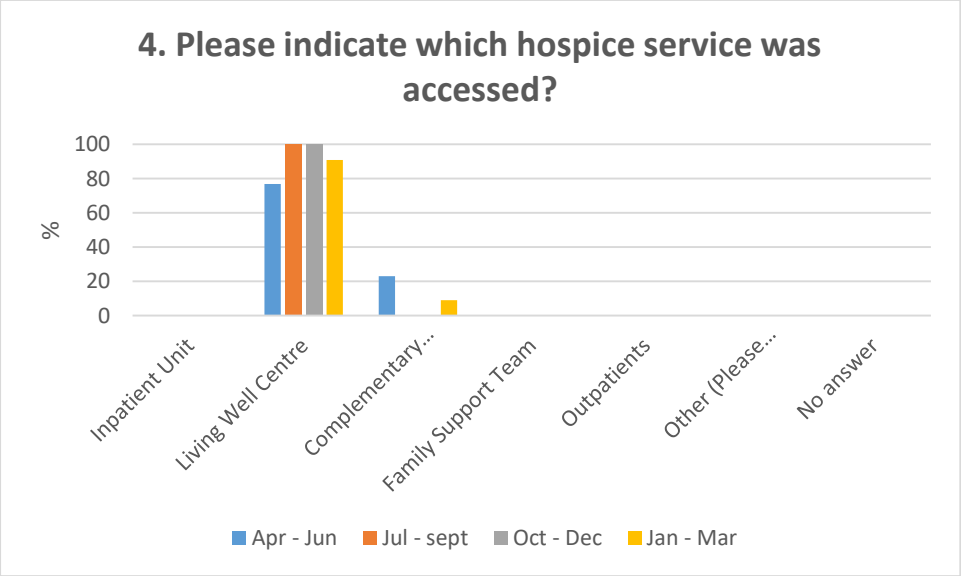
Feel like I get better information and support here than from my GP or community services.
Good service, responding to need.
St Cuthbert's is an amazing place with the most wonderful staff and facilities. Always enjoy my visits whether for exercise of therapy.
Even during Covid would regularly get a how are you call.
1st class, excellent.

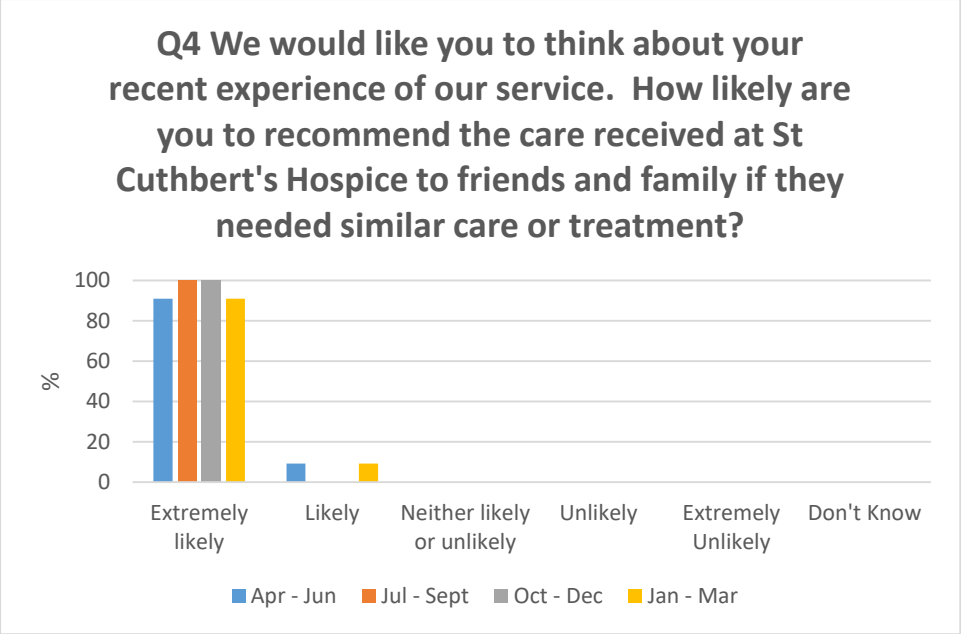

Q2. What age are you?
100
80
60
40
20
0
%
0-15
16-24
25-34
35-44
45-54
55-64
65-74
75-84
85+
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q3. Do you consider yourself to have a disability?
100
80
60
40
20
0
%
Yes
No
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q3b. Which of the following best describes your ethnic background?
100
80
60
40
20
0
%
British
Irish
Other - white...
Caribbean
African
Other black...
Indian
Pakistani
Bangladeshi
Chinese
Other Asian...
White and Black...
White and Black...
White and Asian
Other Mixed...
Anything else
I would rather not...
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

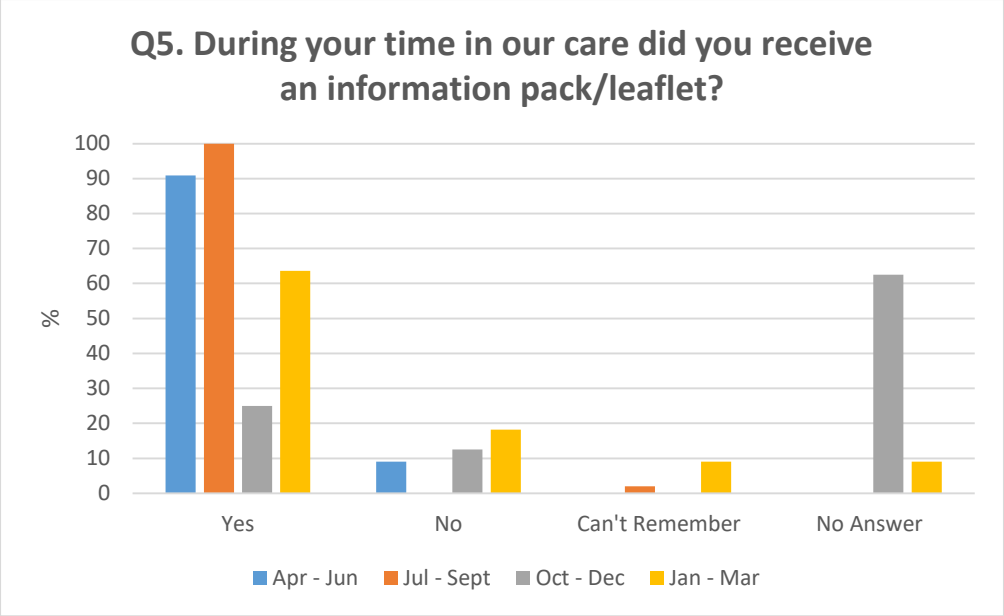

Q3c. Are you?
100
90
80
70
60
50
40
30
20
10
0
%
The patient
A relative or carer
the patient and relative or carer
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

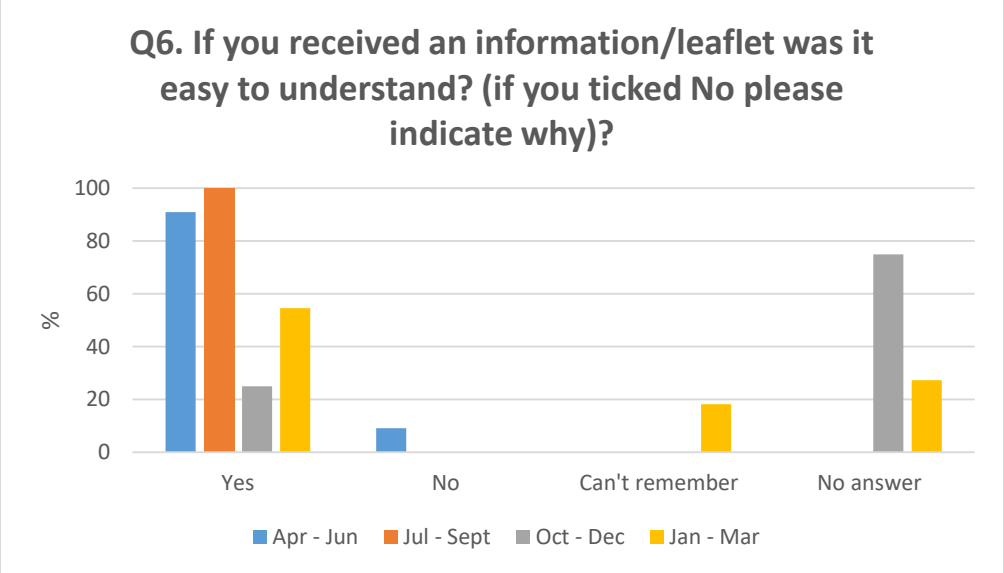

4. Please indicate which hospice service was accessed?
100
80
60
40
20
0
%
Inpatient Unit
Living Well Centre
Complementary...
Family Support Team
Outpatients
Other (Please...
No answer
Apr - Jun
Jul - sept
Oct - Dec
Jan - Mar

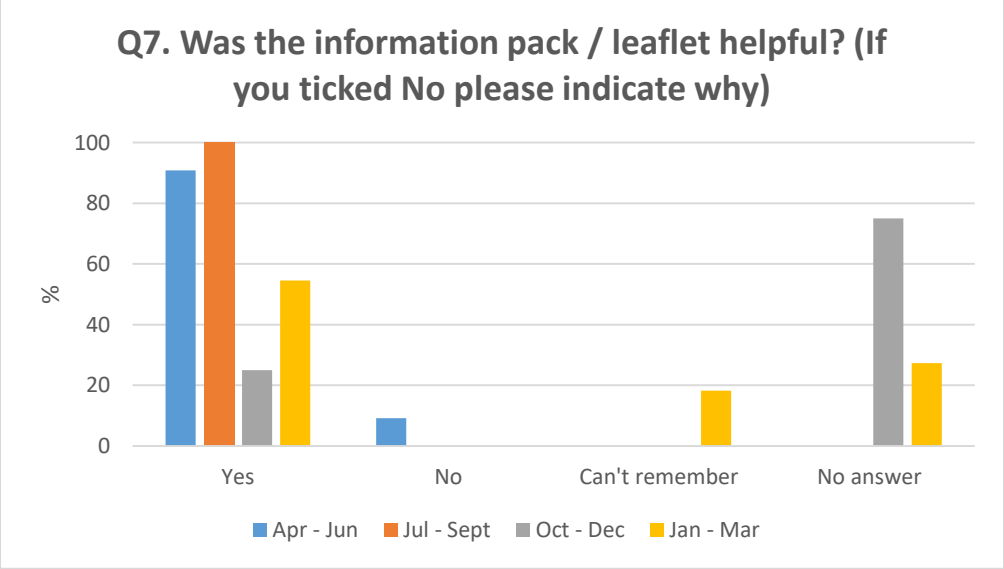


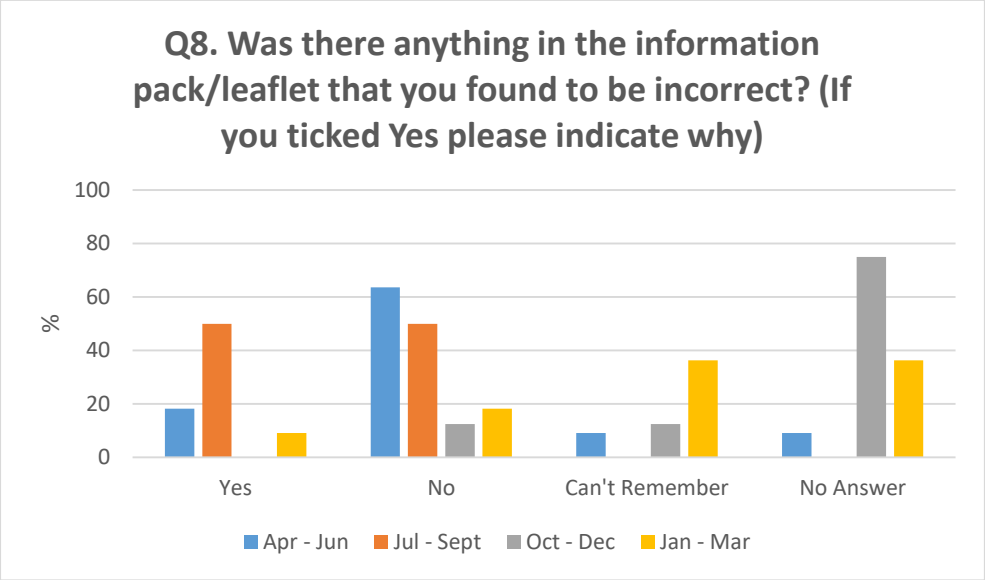
Thinking about your response to this question, what is the main reason why you feel this way?

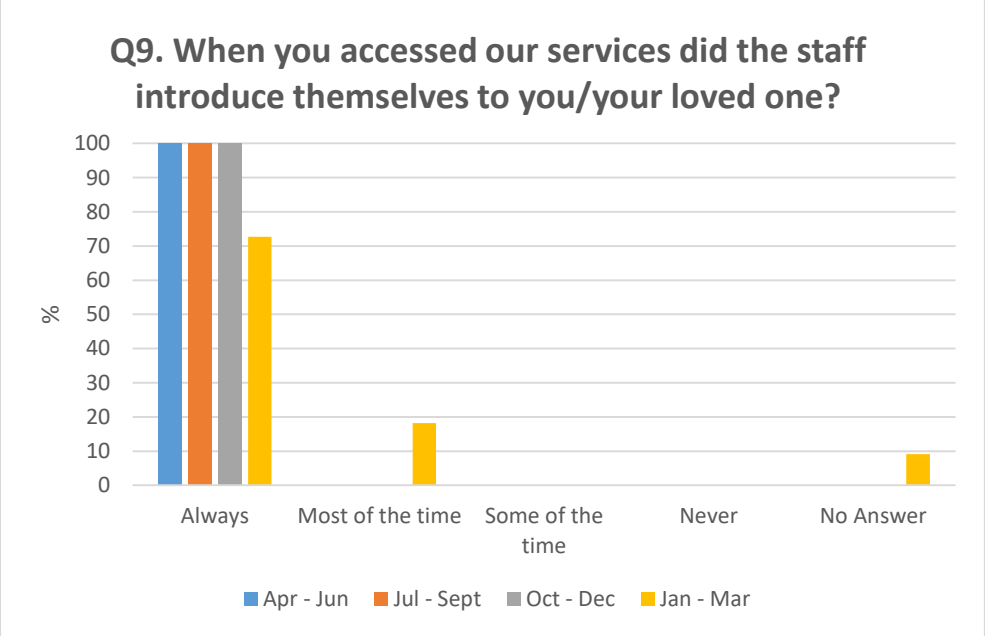
The staff who were very empathic and they treat you with respect.
The staff who are very caring. They created a calm atmosphere and also a fun time.
I used to look forward to my Tuesday afternoon.
Such a pleasant experience, lovely place, everybody was helpful and nice.
It's been a help to ****.
I have felt very supported and encouraged.
I felt safe and very comfortable with all the staff, they are extremely friendly and professional.
Staff excellent - very high standard of care.
Benefits Mam & myself and gives me a break from a full time caring role. Mam enjoys her visits and always asks when she is "going back."
Help's with her cognition and wellbeing.
Staff are friendly, caring and easy to communicate with.
I like the social aspect of my morning only regular trip out.
My wife enjoys coming to St Cuthbert's, meeting others, friendship with staff. We don't see many friends at home since wife vascular dementia diagnosis.
Mum benefits a lot from the Living Well Centre and it gives me a much needed break.
Very pleasant and helpful staff.
The Living Well Centre has provided a much needed break for my 89 year old father who is mum's main carer. Mum is happy to come to the centre and enjoys the interaction with others.
Well Organised.
I feel that I am with people who care and are competent in their work.

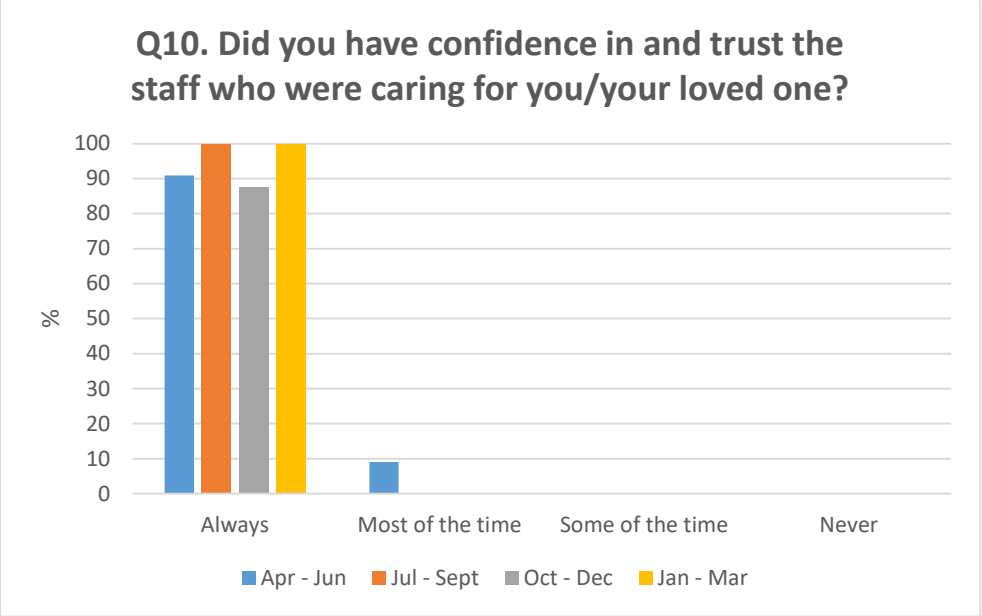

Q5. During your time in our care did you receive an information pack/leaflet?
100
90
80
70
60
50
40
30
20
10
0
%
Yes
No
Can't Remember
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

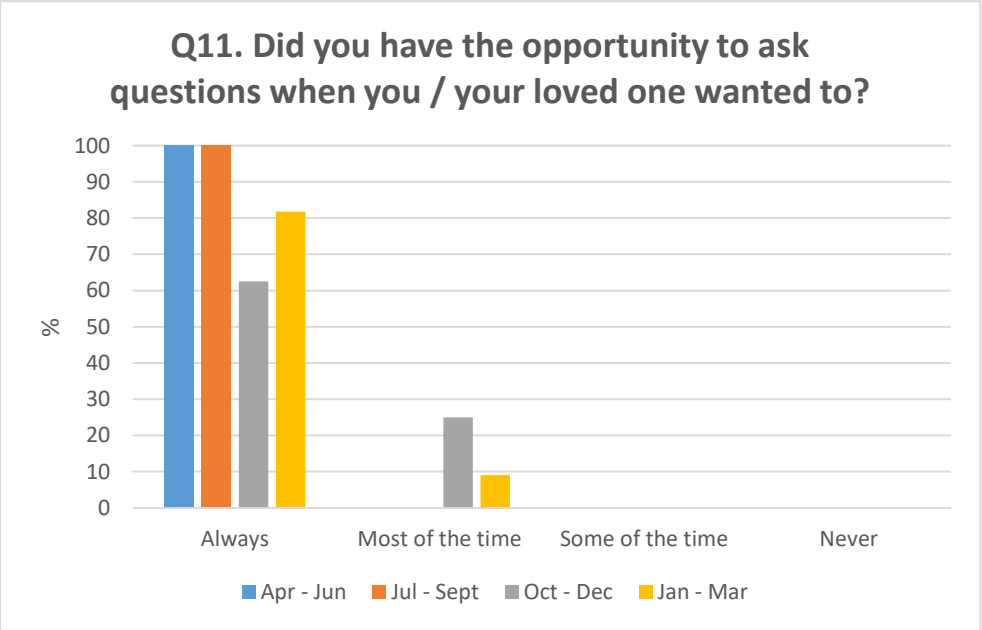

Q6. If you received an information/leaflet was it easy to understand? (if you ticked No please indicate why)?
100
80
60
40
20
0
%
Yes
No
Can't remember
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

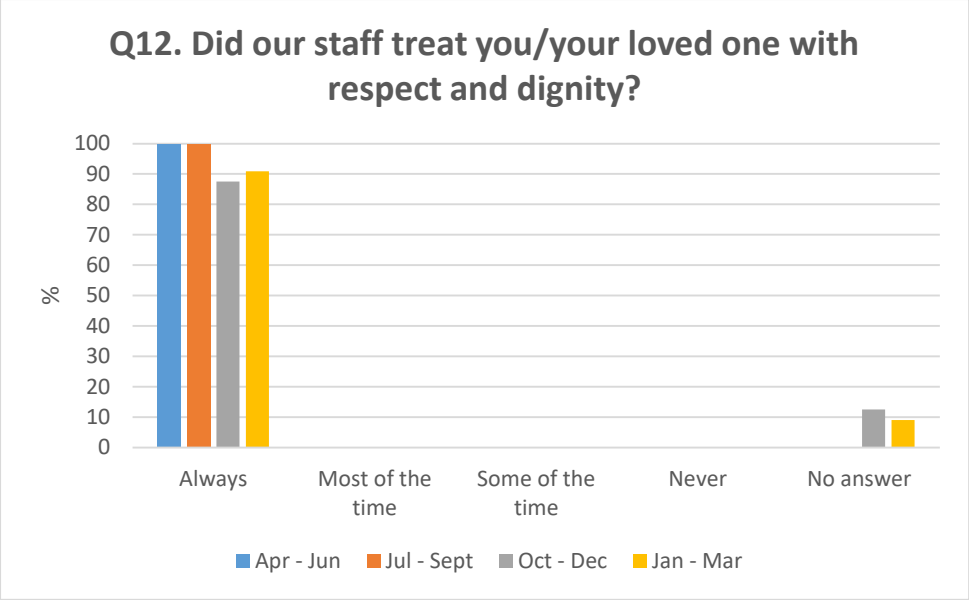

Q7. Was the information pack / leaflet helpful? (If you ticked No please indicate why)
100
80
60
40
20
0
%
Yes
No
Can't remember
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

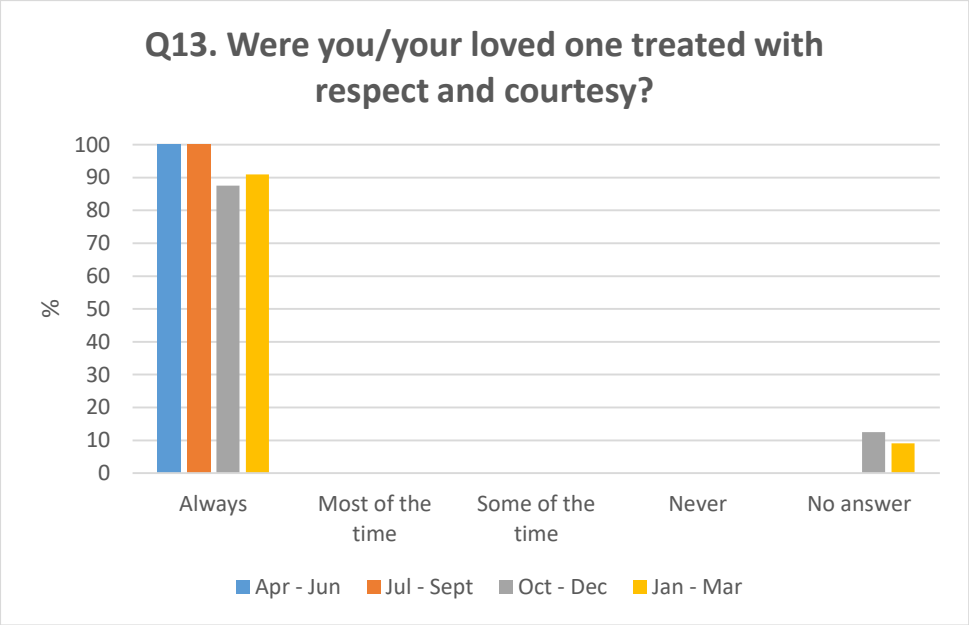

Q8. Was there anything in the information pack/leaflet that you found to be incorrect? (If you ticked Yes please indicate why)
100
80
60
40
20
0
%
Yes
No
Can't Remember
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

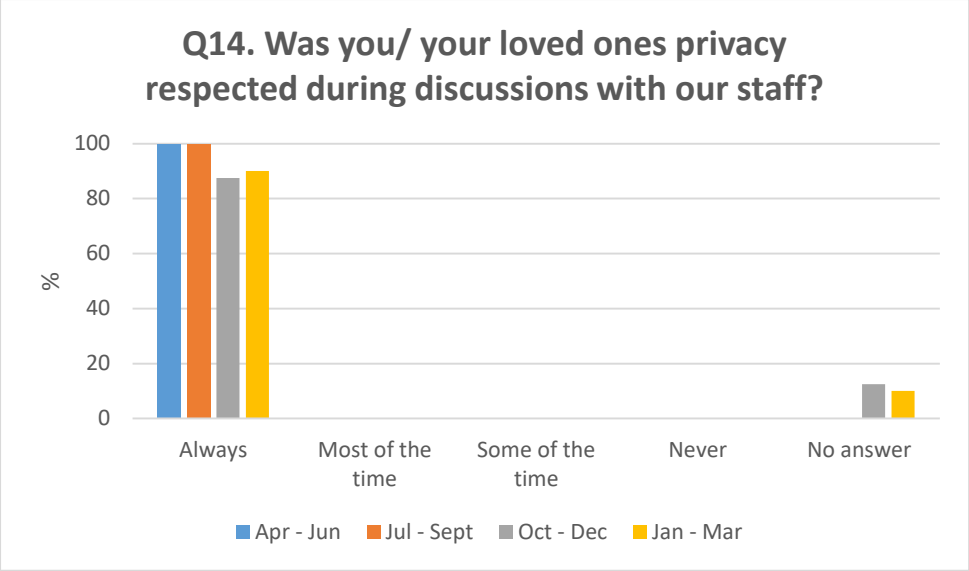

Q9. When you accessed our services did the staff introduce themselves to you/your loved one?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q10. Did you have confidence in and trust the staff who were caring for you/your loved one?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q11. Did you have the opportunity to ask questions when you / your loved one wanted to?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

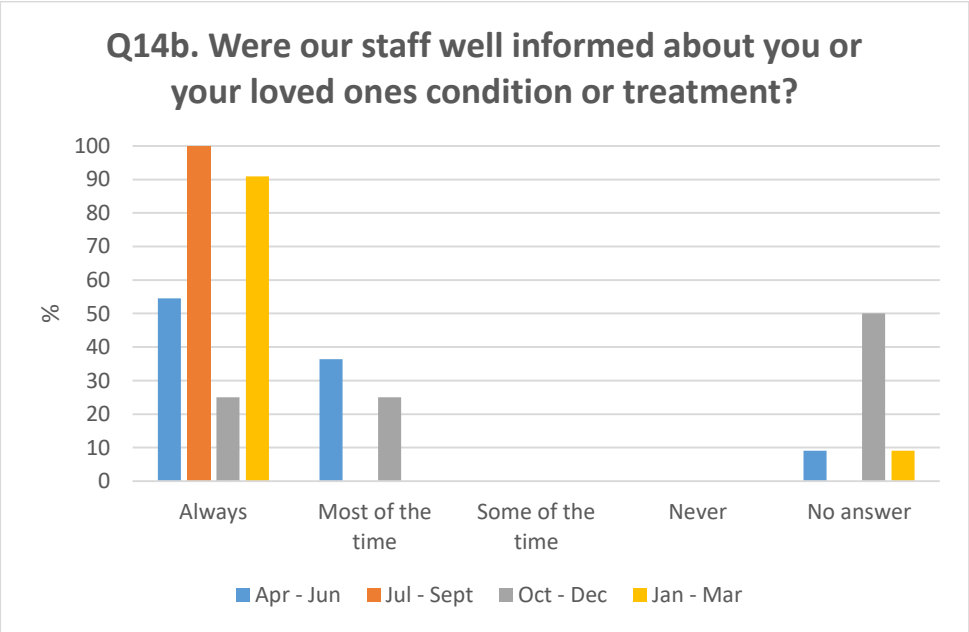

Q12. Did our staff treat you/your loved one with respect and dignity?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

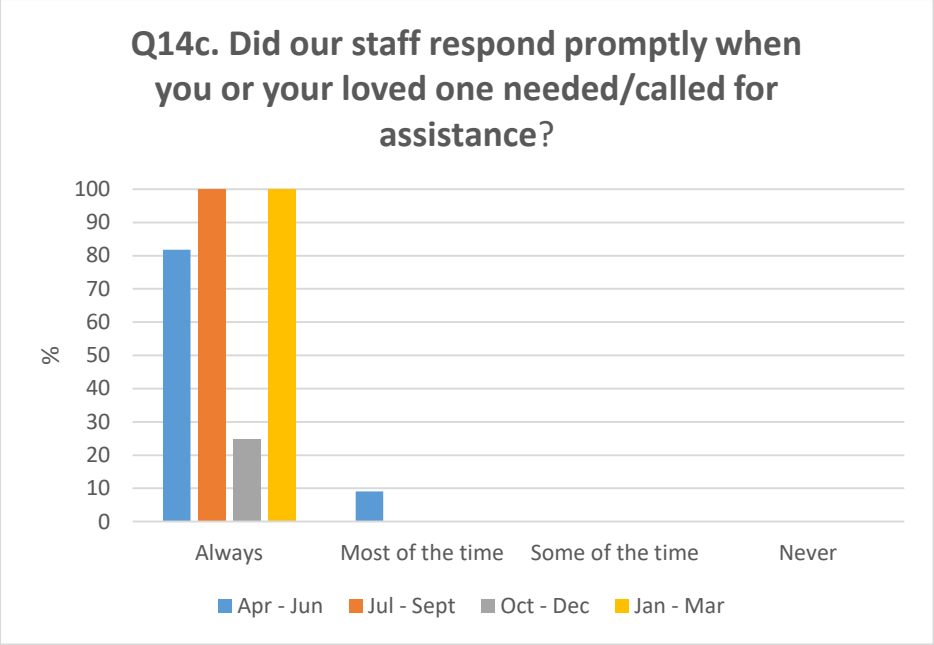

Q13. Were you/your loved one treated with respect and courtesy?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

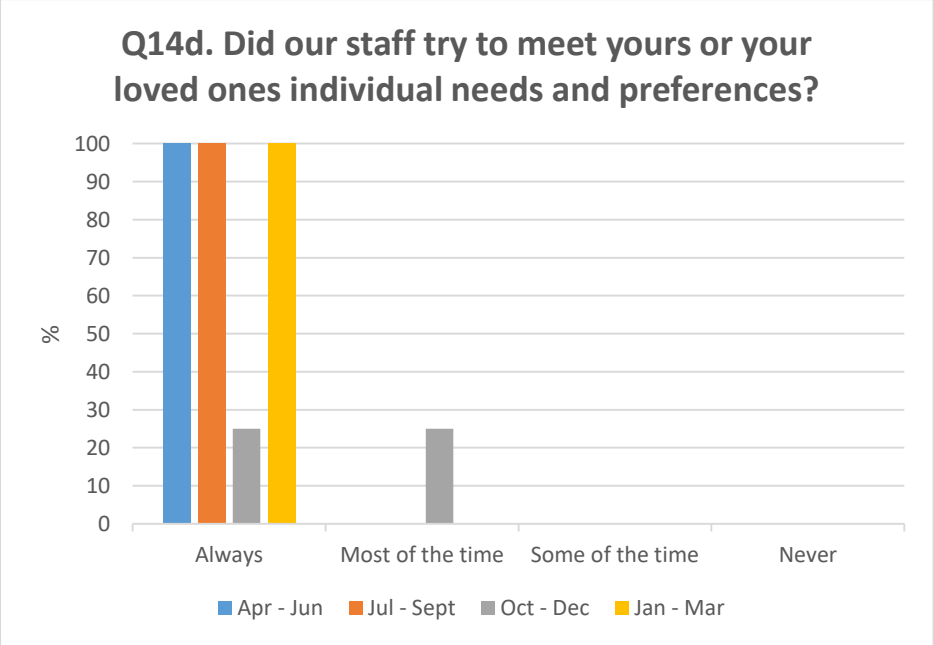


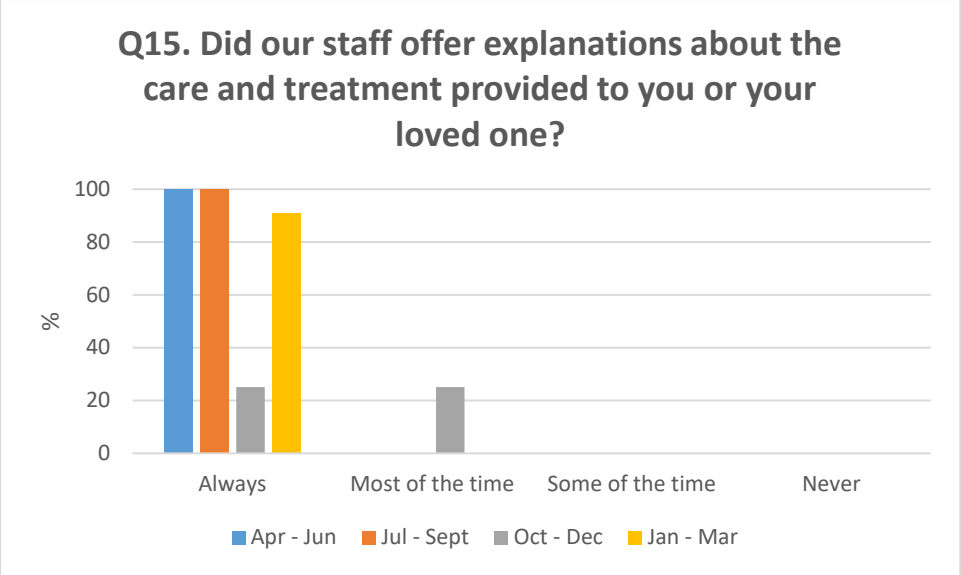
Do you have any further comments you would like to make?

Always excellent. Feel able to ask question at any time. We feel very grateful for all the support given.
Fantastic rapport with wife, calming place from our initial meeting, very caring and very supportive staff.
Since covid only place I go and feel comfortable.
We are always welcomed warmly.



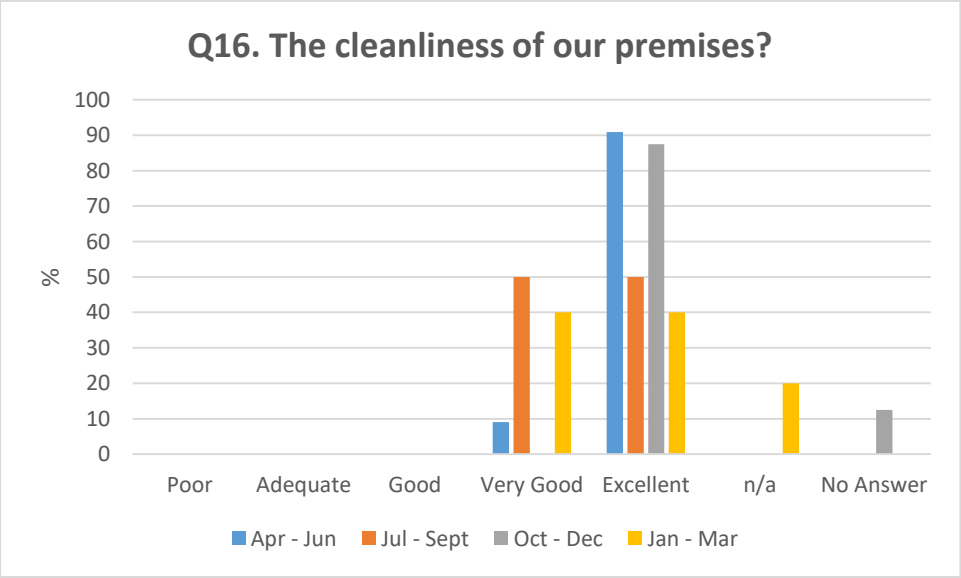

Q14c. Did our staff respond promptly when you or your loved one needed/called for assistance?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

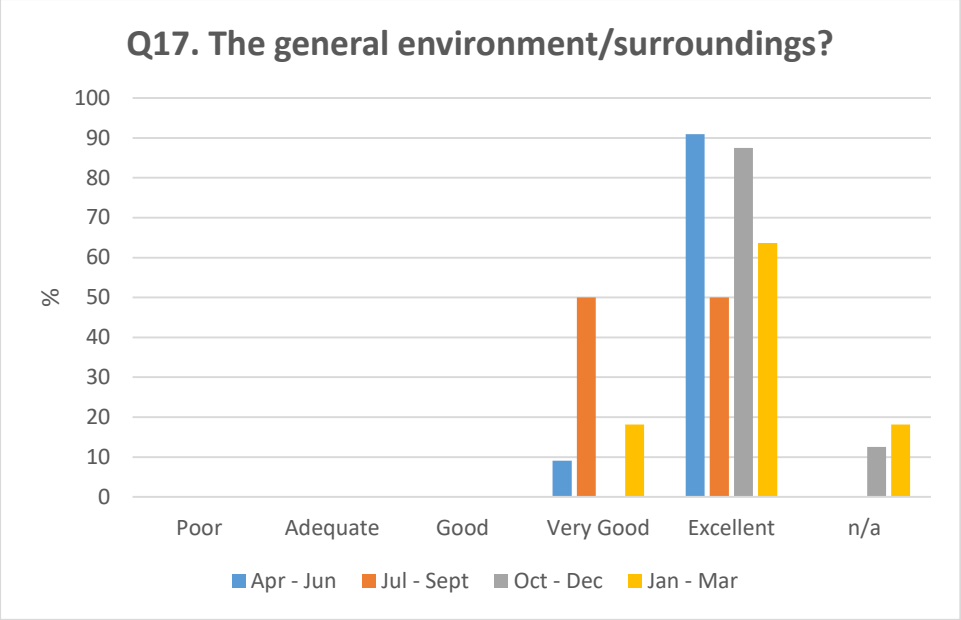

Q14d. Did our staff try to meet yours or your loved ones individual needs and preferences?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

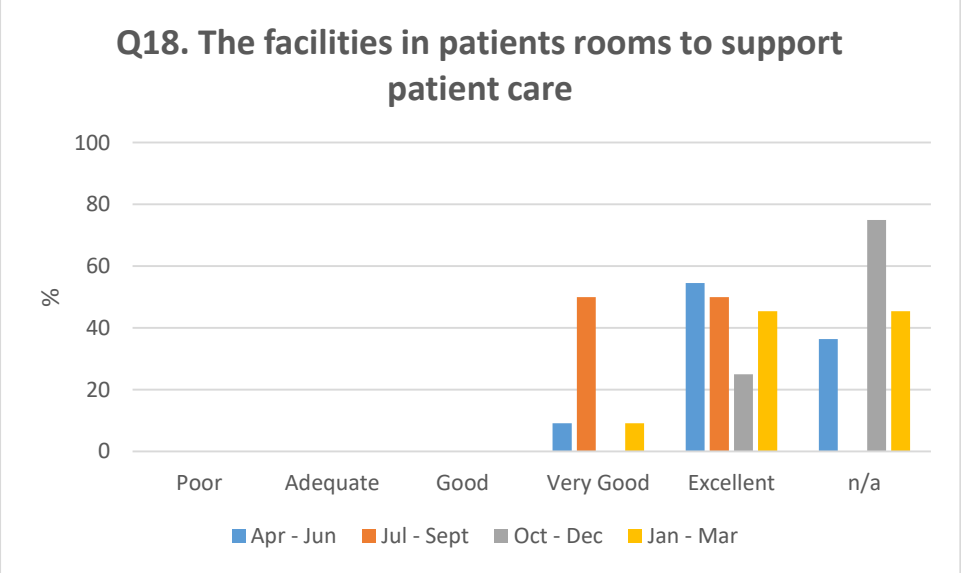


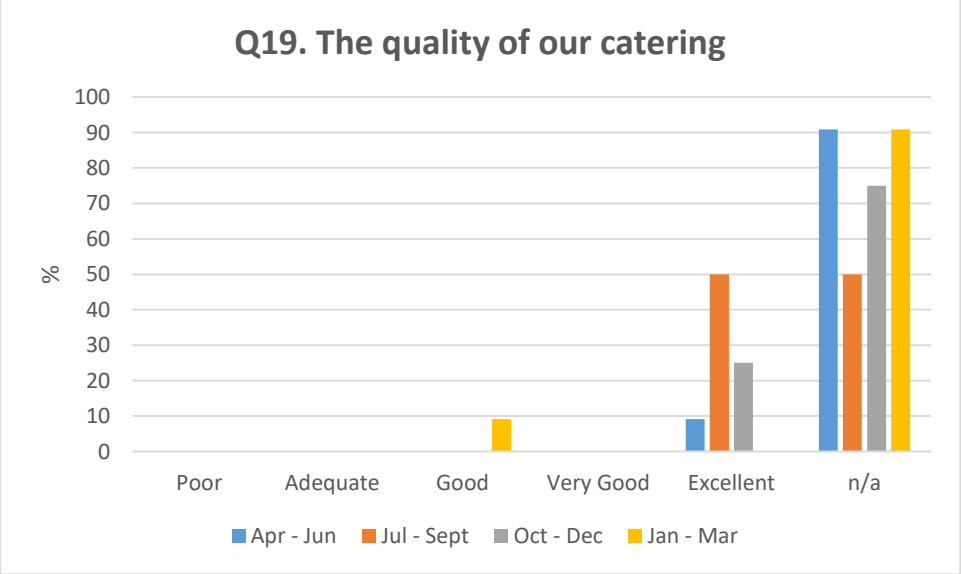
Do you have any further comments you would like to make?

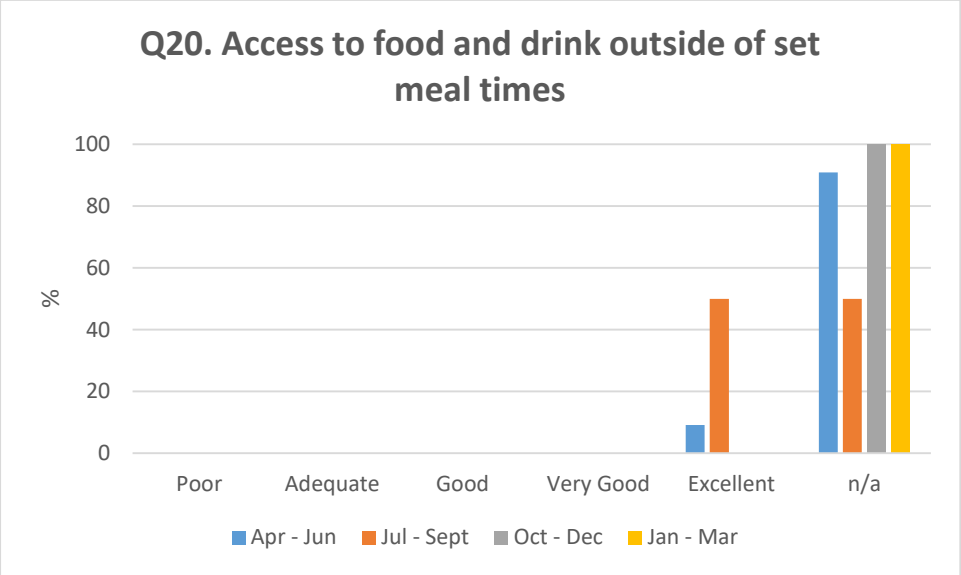
Excellent again. Very good in adjusting activities to suit my needs.
I am Mr **** filling this in on behalf of my wife. Because of her dementia she cannot answer any of the question. So the answers are my interpretation from discussion with my wife.

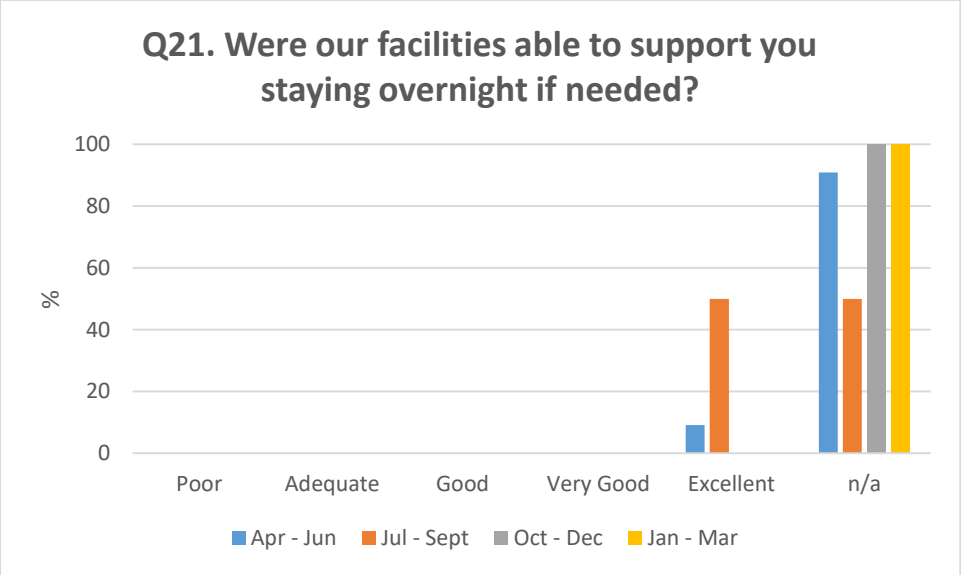


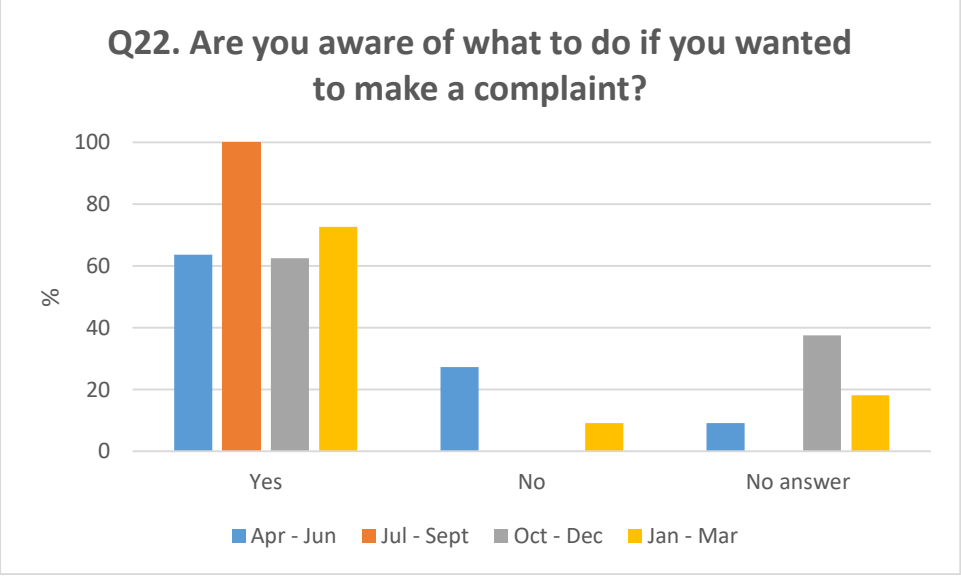

Q17. The general environment/surroundings?
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q18. The facilities in patients rooms to support patient care
100
80
60
40
20
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

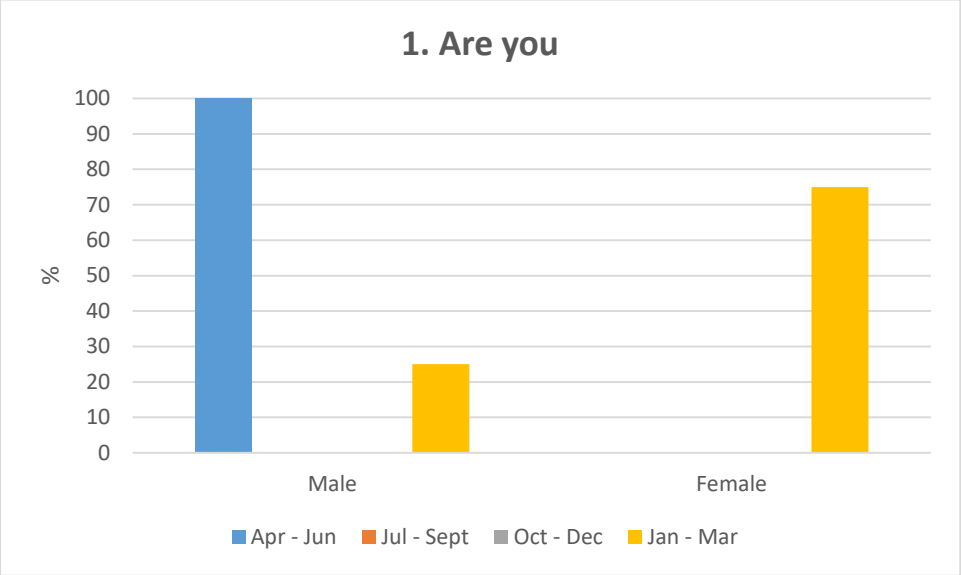

Q19. The quality of our catering
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

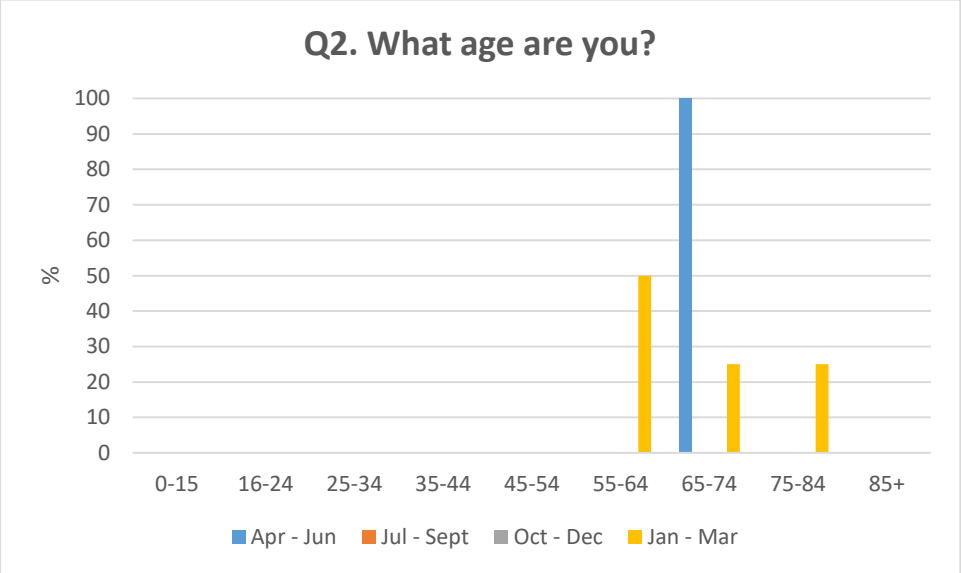

Q20. Access to food and drink outside of set meal times
100
80
60
40
20
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

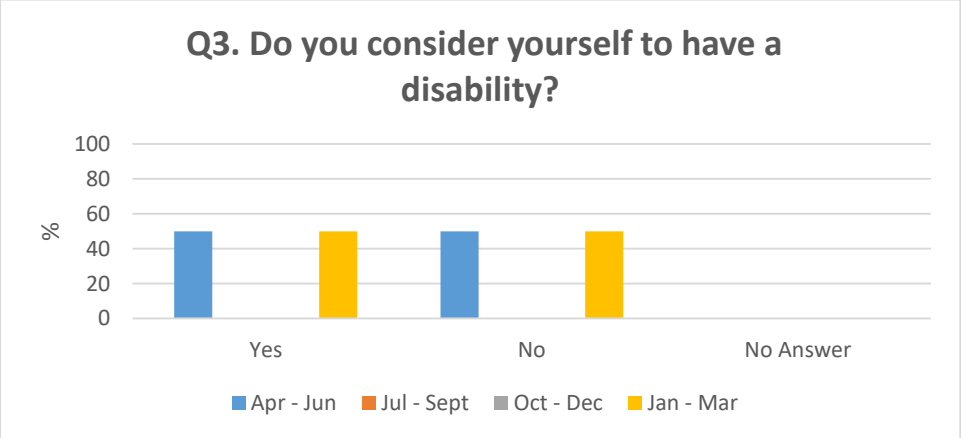

Q21. Were our facilities able to support you staying overnight if needed?
100
80
60
40
20
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

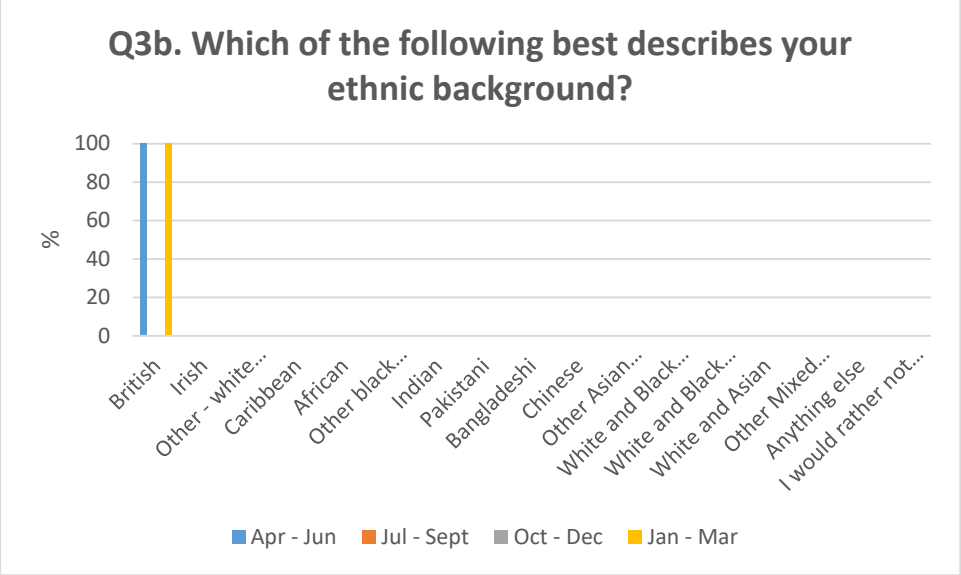

Q22. Are you aware of what to do if you wanted to make a complaint?
100
80
60
40
20
0
%
Yes
No
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

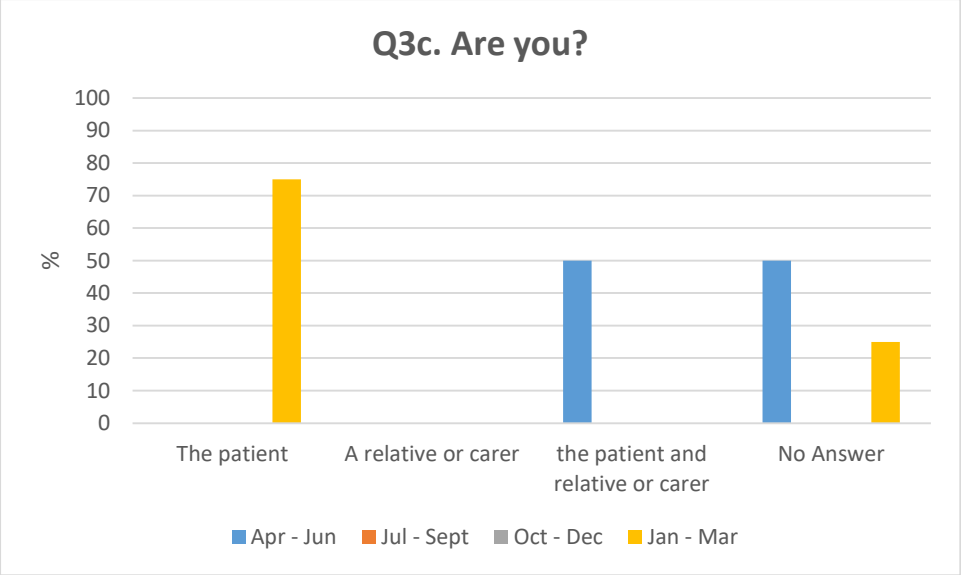
IPU
Friends and Family Test 2021/2022

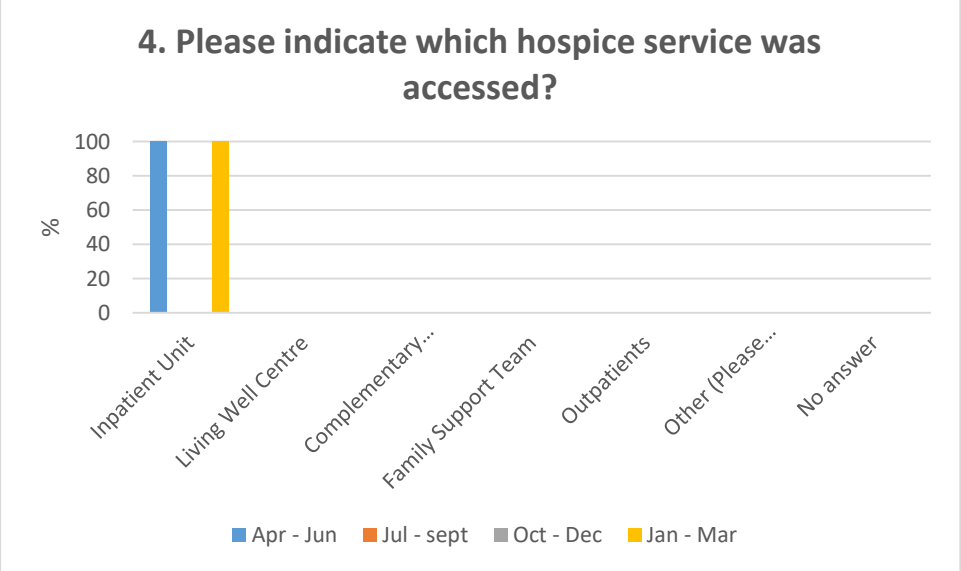


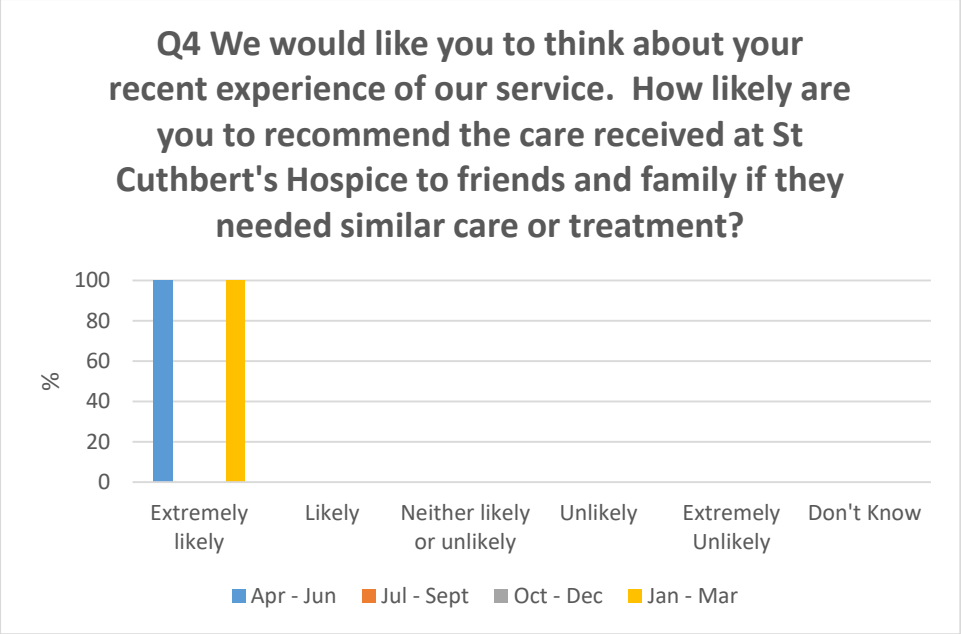





Q3b. Which of the following best describes your ethnic background?
100
80
60
40
20
0
%
British
Irish
Other - white...
Caribbean
African
Other black...
Indian
Pakistani
Bangladeshi
Chinese
Other Asian...
White and Black...
White and Black...
White and Asian
Other Mixed...
Anything else
I would rather not...
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

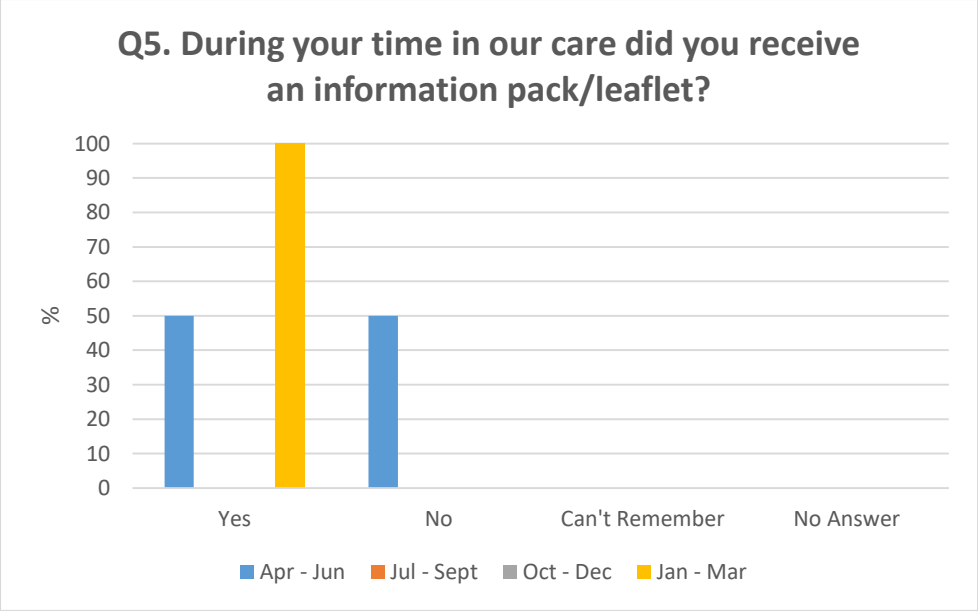

Q3c. Are you?
100
90
80
70
60
50
40
30
20
10
0
%
The patient
A relative or carer
the patient and relative or carer
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

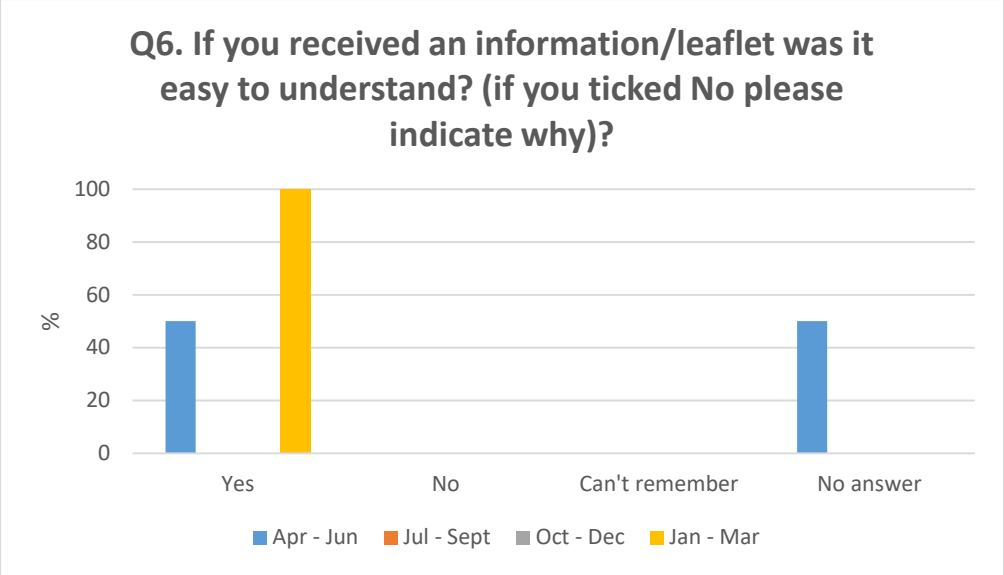

4. Please indicate which hospice service was accessed?
100
80
60
40
20
0
%
Inpatient Unit
Living Well Centre
Complementary...
Family Support Team
Outpatients
Other (Please...
No answer
Apr - Jun
Jul - sept
Oct - Dec
Jan - Mar

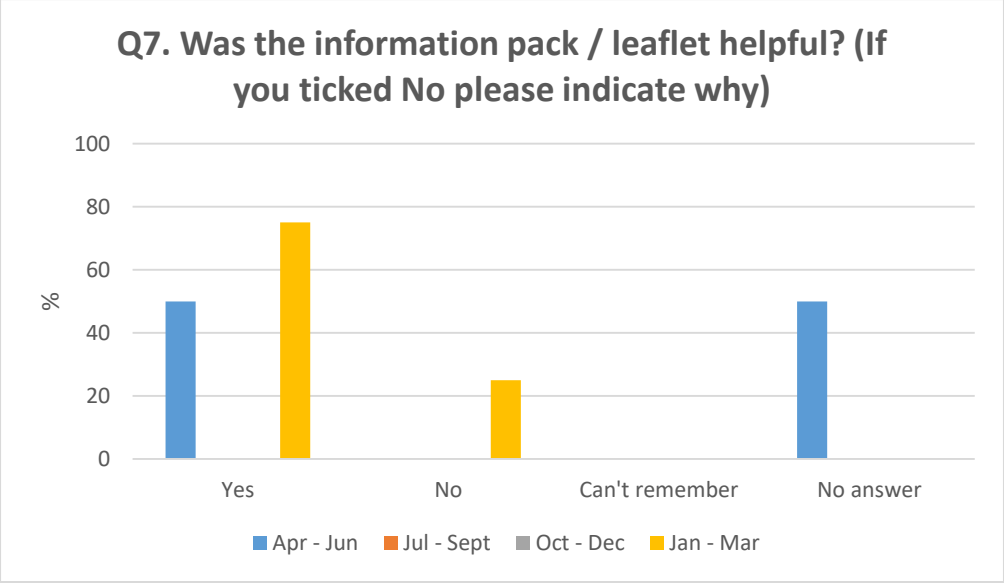


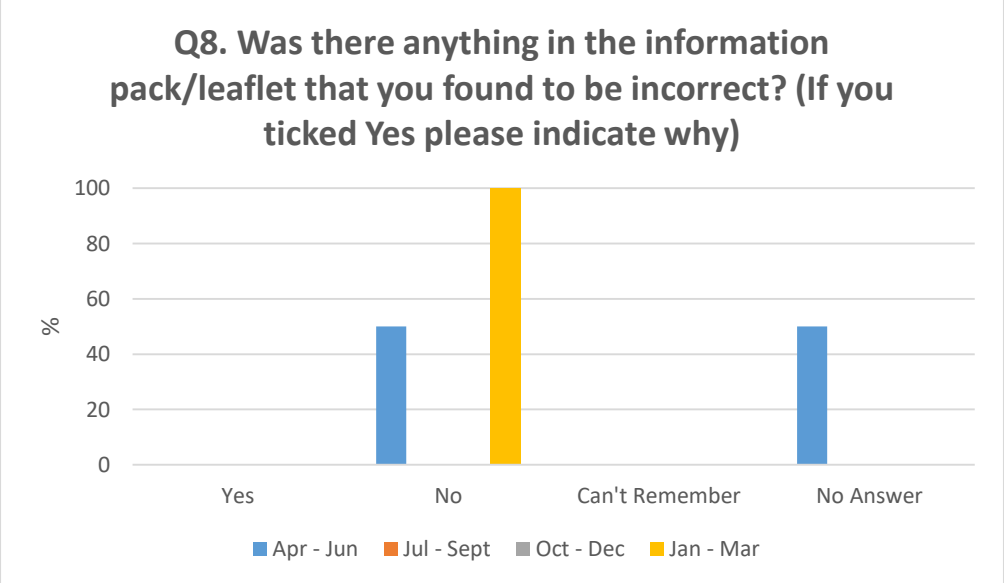
Thinking about your response to this question, what is the main reason why you feel this way?

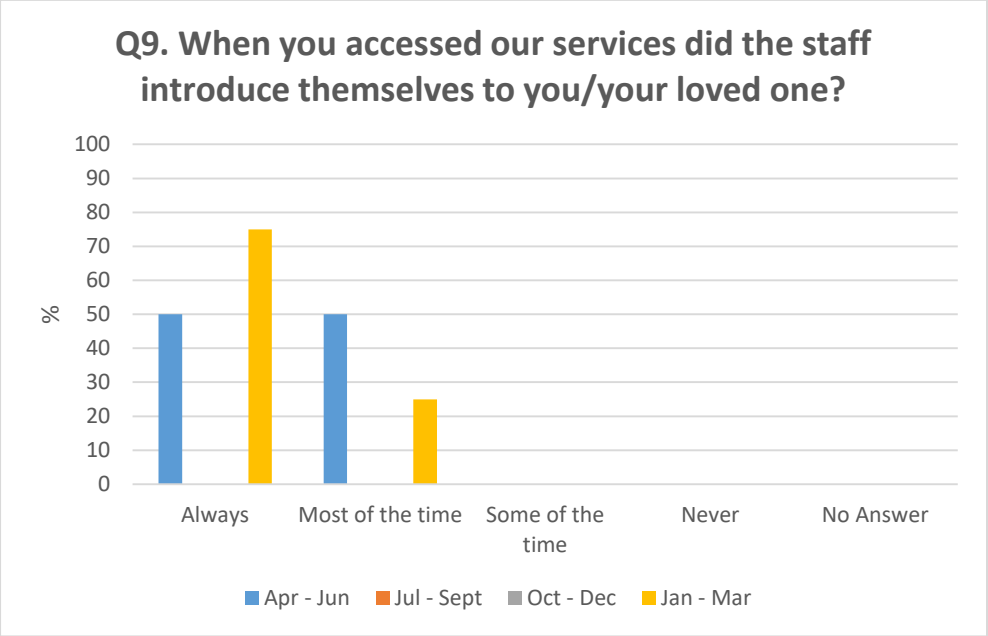
First visit to St Cuthbert's, (IPU). Treated with upmost respect and kindness from your nursing staff.
Everyone is so kind, care and attention 1 in a million all staff including nurses, Dr's, domestic staff, never been to a place like it before.
Staff, doctors treat you as a person not just as a patient.
Everyone friendly, staff can't do enough to help, nothing ever a trouble, couldn't meet a nicer crew of staff. All staff out of this world.

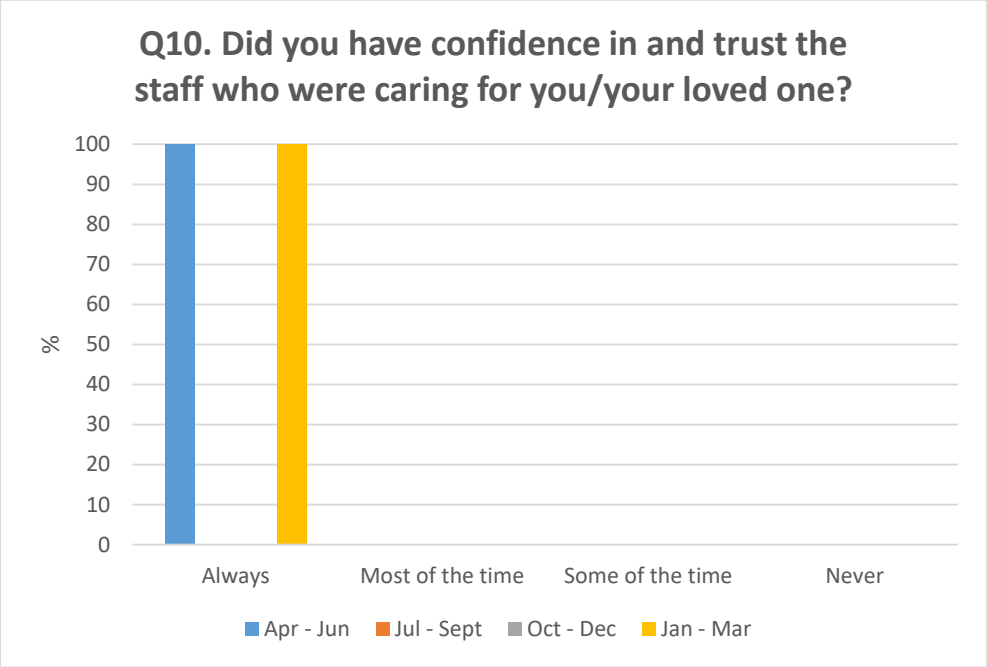


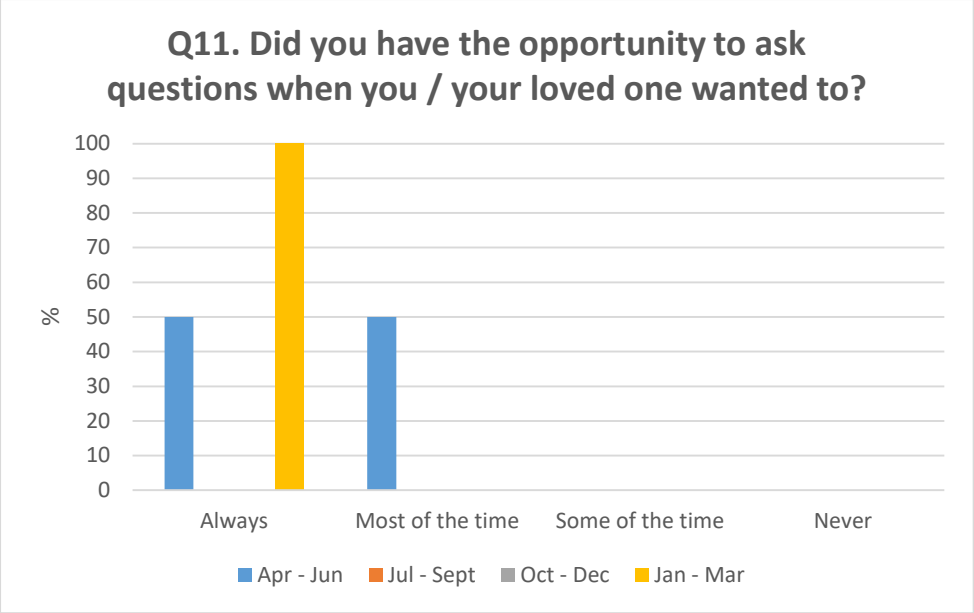

Q6. If you received an information/leaflet was it easy to understand? (if you ticked No please indicate why)?
100
80
60
40
20
0
%
Yes
No
Can't remember
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q7. Was the information pack / leaflet helpful? (If you ticked No please indicate why)
100
80
60
40
20
0
%
Yes
No
Can't remember
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

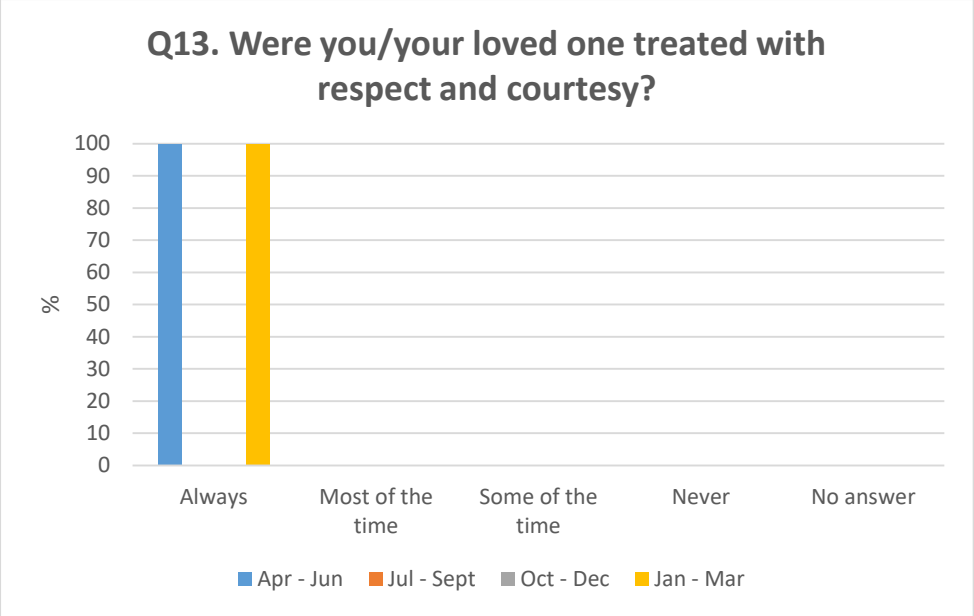

Q8. Was there anything in the information pack/leaflet that you found to be incorrect? (If you ticked Yes please indicate why)
100
80
60
40
20
0
%
Yes
No
Can't Remember
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

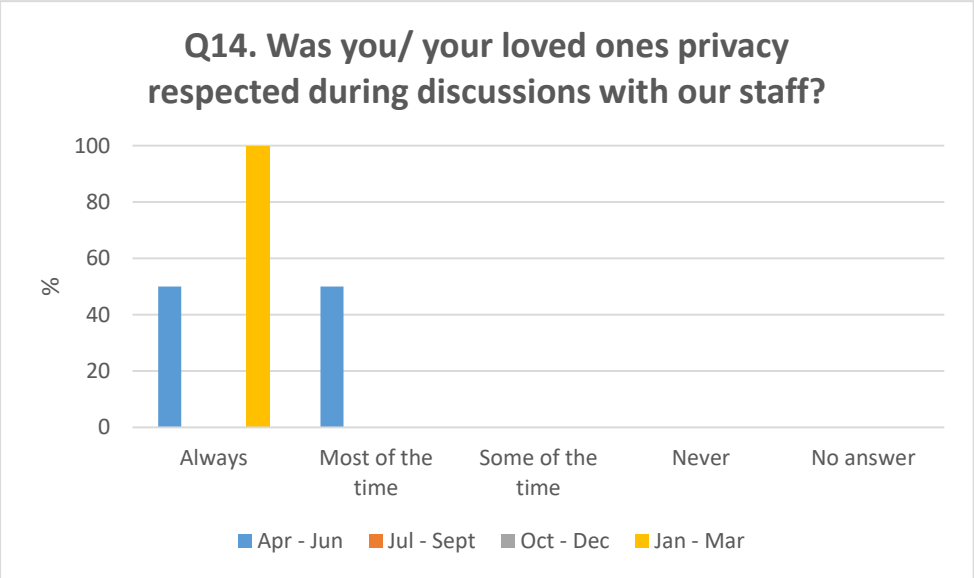

Q9. When you accessed our services did the staff introduce themselves to you/your loved one?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q10. Did you have confidence in and trust the staff who were caring for you/your loved one?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q11. Did you have the opportunity to ask questions when you / your loved one wanted to?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

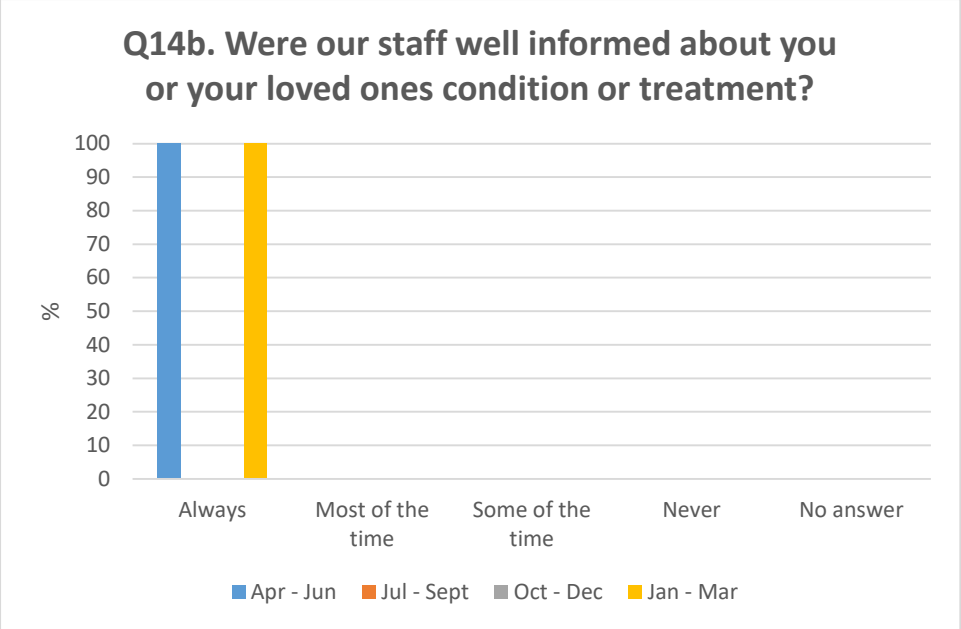

Q12. Did our staff treat you/your loved one with respect and dignity?
100
80
60
40
20
0
%
Always
Most of the time
Some of the time
Never
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

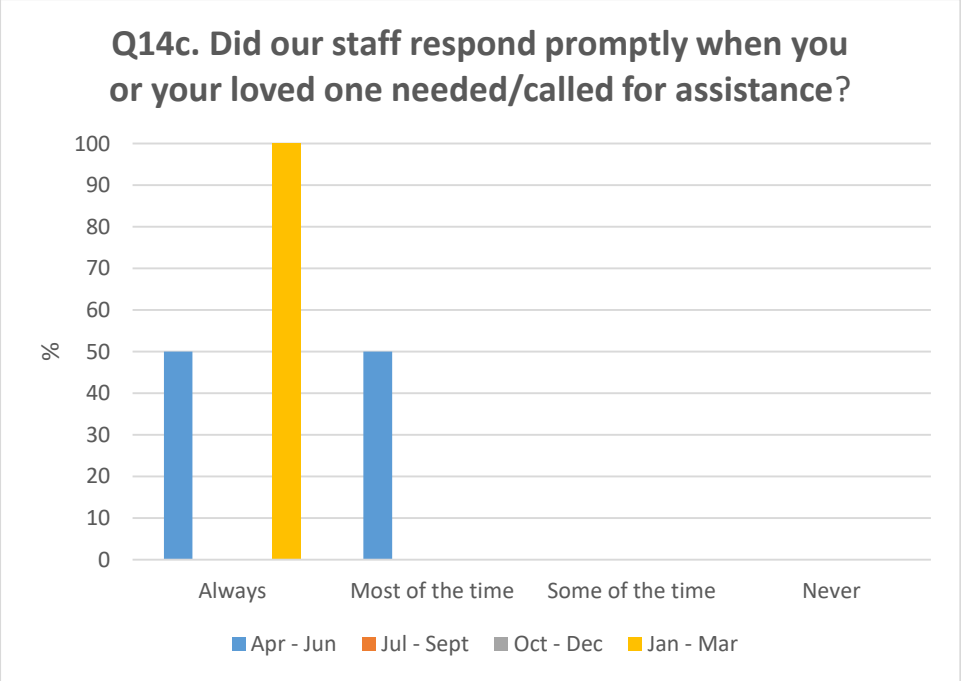


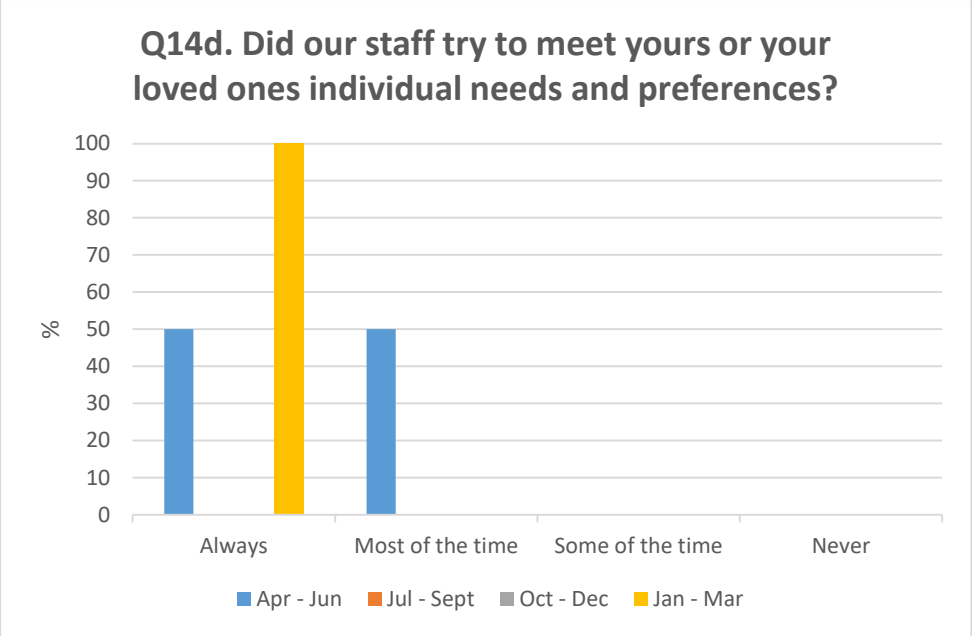


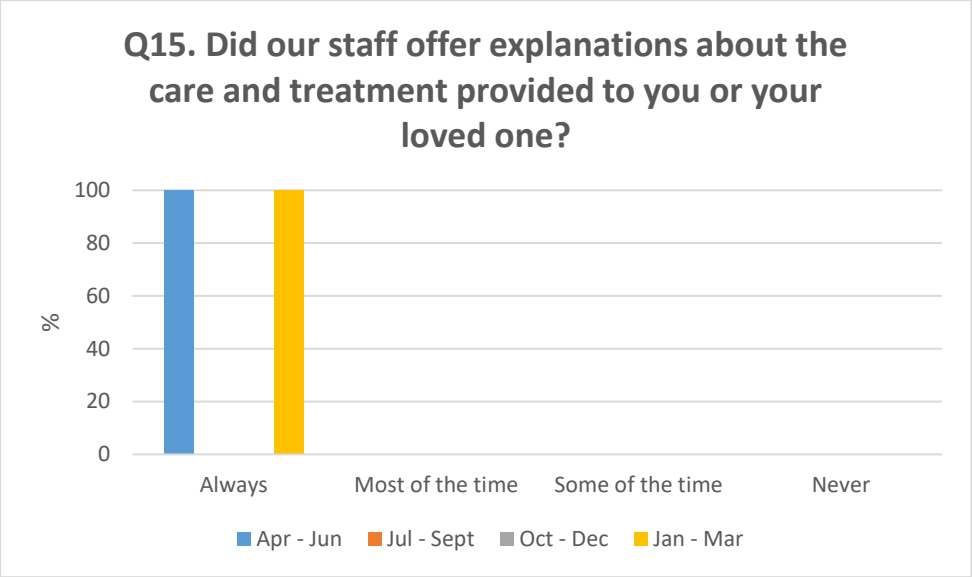
Do you have any further comments you would like to make?

IPU staff very courteous and respectful to both myself and my wife
Love the place and the staff.


Q14b. Were our staff well informed about you or your loved ones condition or treatment?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

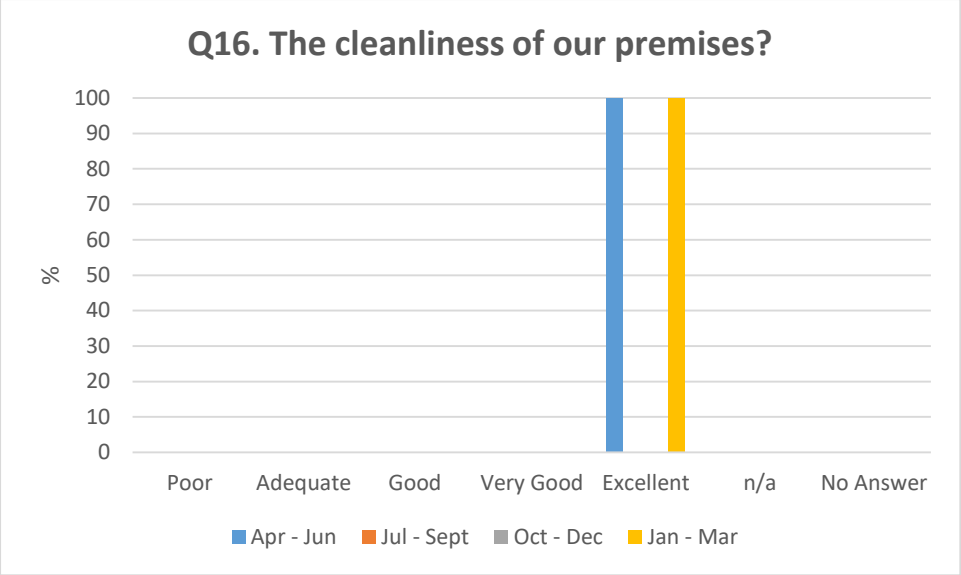

Q14c. Did our staff respond promptly when you or your loved one needed/called for assistance?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

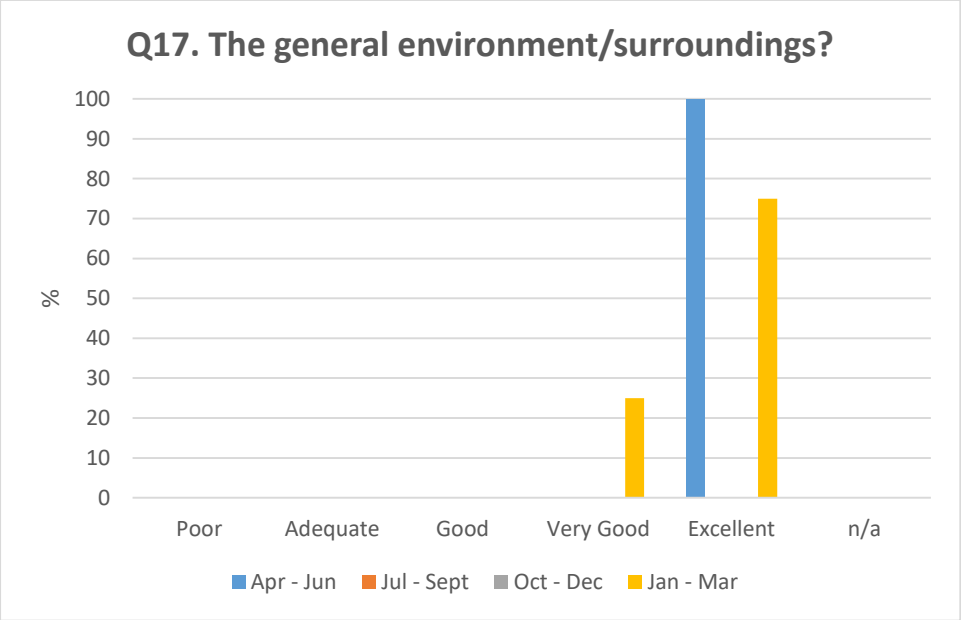


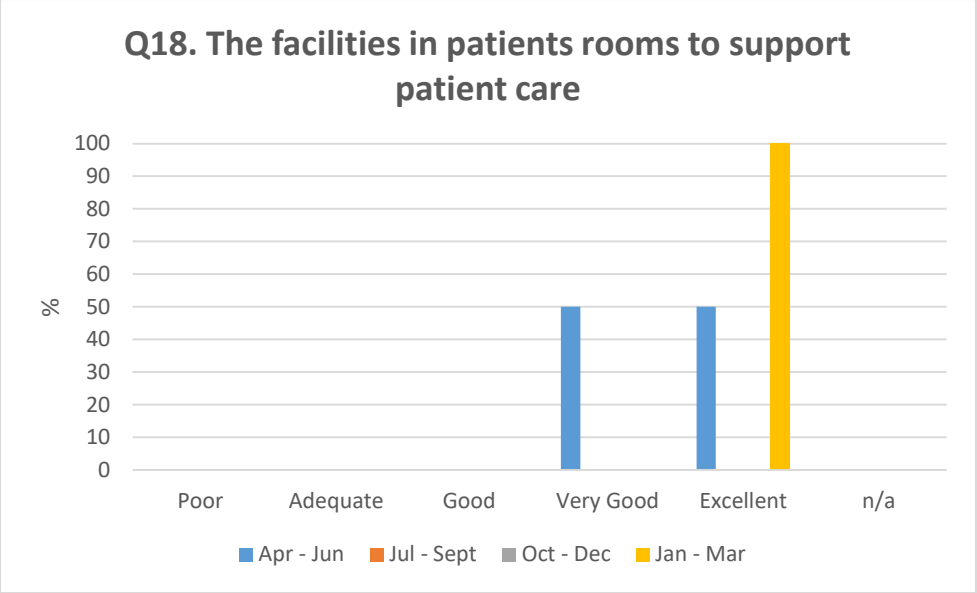


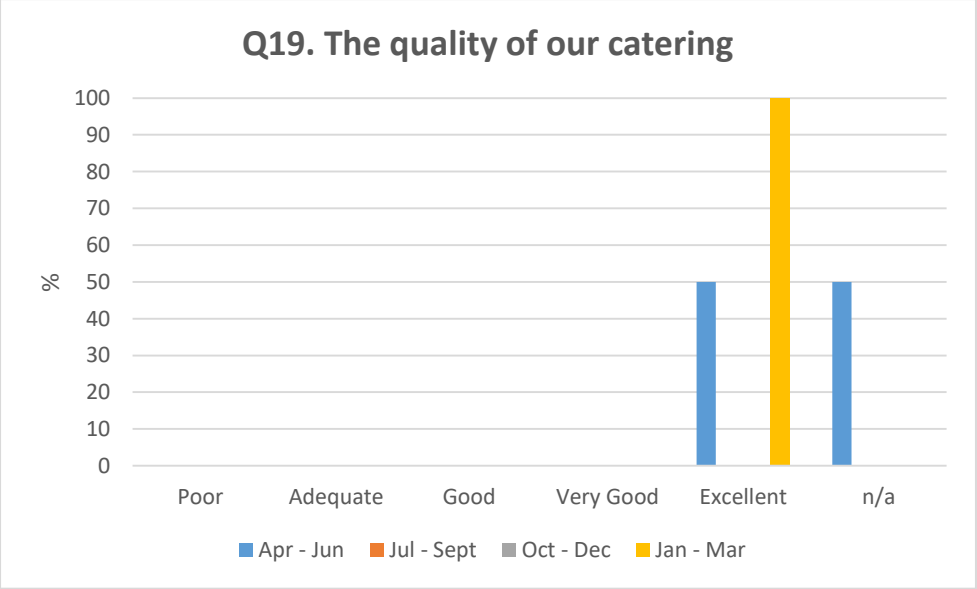
Do you have any further comments you would like to make?

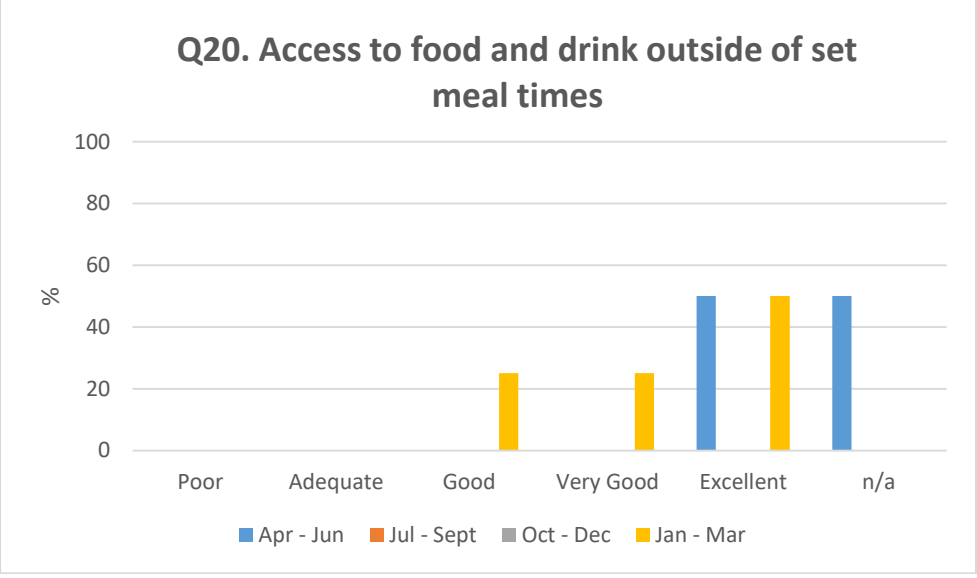
Thank you very much the team have built me back up both physically and emotionally.


Q16. The cleanliness of our premises?
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
No Answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

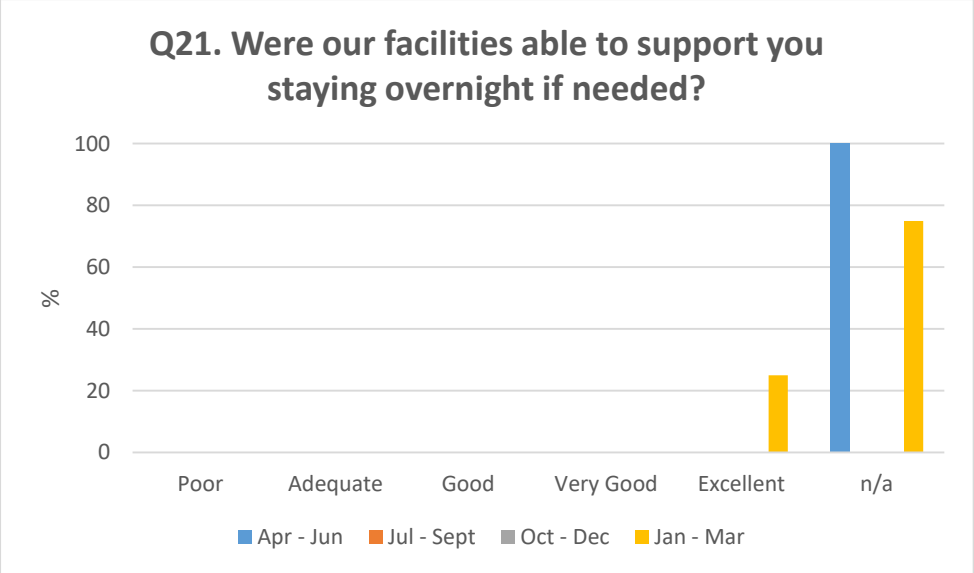

Q17. The general environment/surroundings?
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q18. The facilities in patients rooms to support patient care
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q19. The quality of our catering
100
90
80
70
60
50
40
30
20
10
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q20. Access to food and drink outside of set meal times
100
80
60
40
20
0
%
Poor
Adequate
Good
Very Good
Excellent
n/a
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

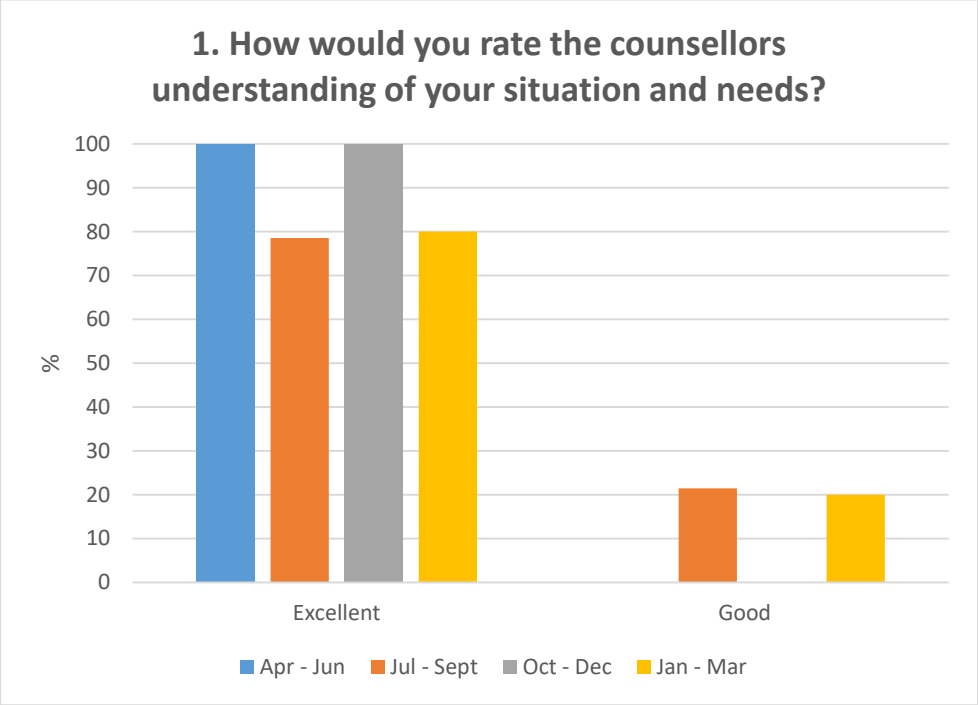
n/a = patient PEG fed.
Food very good. When asking for a small portion should receive a small portion often the portions were still too big.

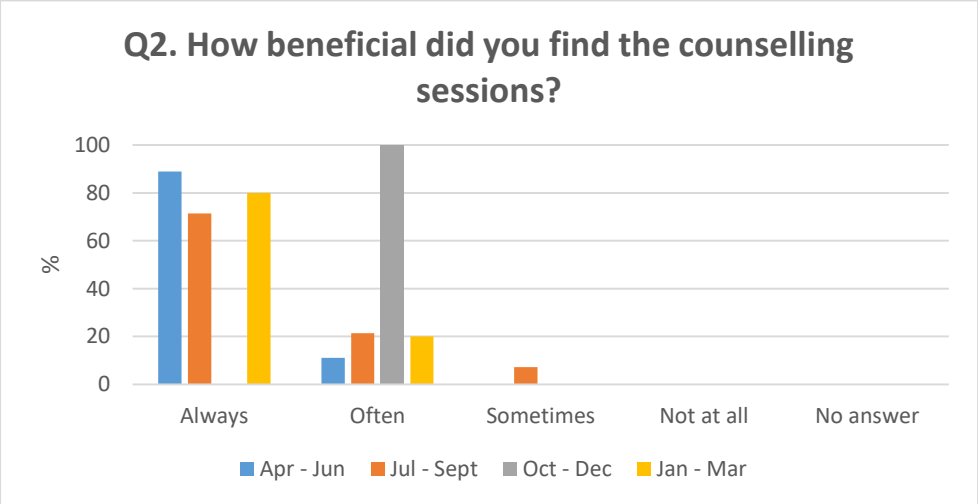


Do you have any further comments you would like to make?

All your Drs, nurses, cleaners and office staff were of the highest standard. I have an adopted family now. But I must mention the chef, all of the meals were of the highest standard star quality. Thank you for everything.
Everything cooked fresh and beautiful.

Family Support Team
2021/2022





3.


What was helpful about the sessions?
Being able to talk freely about the past, present and possible future.
They always listened and never judged
The understanding and sympathetic attitude of my counsellor, also their ability to listen and let me talk.
Being able to speak my thoughts out loud without worrying about upsetting a family member.
Everything! To be able to talk, to be listened to, to be understood, given advice on self-care and coping.
I have a feeling of relief after every session and have someone understand. Face to face appointments really helped me open up and understand my grief
Someone to talk to who understands how you feel

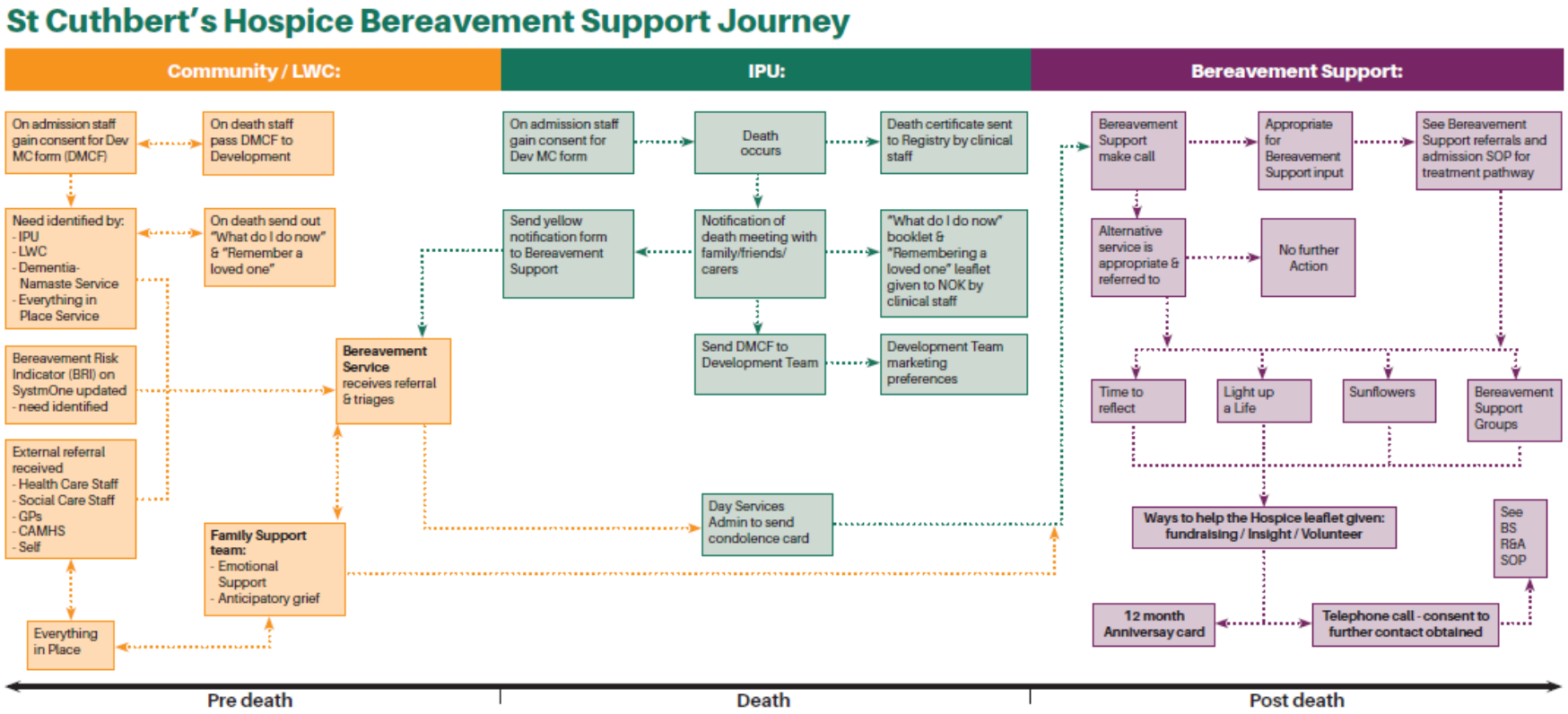
4.


What was unhelpful about the sessions?
All was good, even providing me with telephone support when I was unavailable to meet face to face
Nothing - every session helped me.
Nothing comes to mind. I occasionally failed to make the most of a session by lacking concentration, wondering from the point which I needed to discuss
I never once found the sessions unhelpful in anyway
Hated wearing a mask, couldn't read counsellors face.
Nothing was unhelpful
Nothing, I really appreciated having the time to talk.

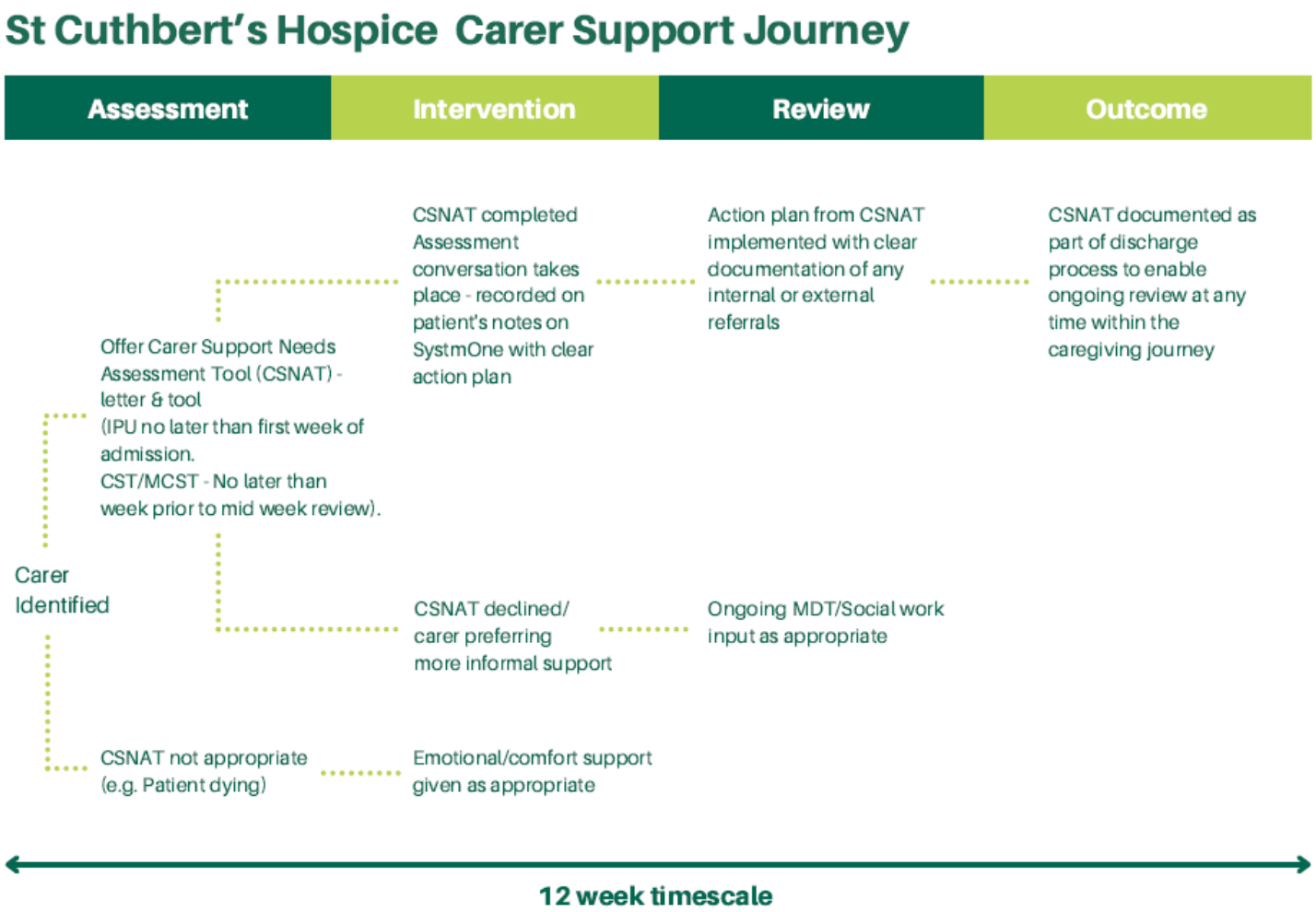
5.


Are there any other comments you would like to make?
I had an excellent counsellor and I couldn't have got back to work doing the job I love sooner without her
Grief is uncontrollable and overwhelming and it was a huge comfort being told how I was feeling was normal.
I felt that I had an understanding friend who would help me to find the light at the end of the tunnel. Invaluable personal support at a time of great need.
Sessions helped me to realise it's alright make new memories and move on with my life and to come to terms with my grief, and it's alright to be happy or sad.
Counselling helped me a great deal. Especially as my husband passed away during the covid lockdown. I was feeling lost, isolated and alone. Without this service I do not know where I'd be.
St Cuthbert's helped me 15yr ago when I lost my husband. Then again from November 2019 when I had bowel cancer. Don't think I would be where I am now without your help. Many many thanks
I really appreciated the peaceful, unrushed atmosphere.

Appendix 5


St Cuthbert's Hospice Bereavement Support Journey
Community / LWC:
IPU:
Bereavement Support:
On admission staff gain consent for Dev MC form (DMCF)
On death staff pass DMCF to Development
Need identified by:
- IPU
- LWC
- Dementia-Namaste Service
- Everything in Place Service
On death send out "What do I do now" & "Remember a loved one"
Bereavement Risk Indicator (BRI) on SystmOne updated - need identified
External referral received
- Health Care Staff
- Social Care Staff
- GPs
- CAMHS
- Self
Everything in Place
Bereavement Service receives referral & triages
Family Support team:
- Emotional Support
- Anticipatory grief
On admission staff gain consent for Dev MC form
Death occurs
Death certificate sent to Registry by clinical staff
Send yellow notification form to Bereavement Support
Notification of death meeting with family/friends/carers
"What do I do now" booklet & "Remembering a loved one" leaflet given to NOK by clinical staff
Send DMCF to Development Team
Development Team marketing preferences
Day Services Admin to send condolence card
Bereavement Support make call
Appropriate for Bereavement Support input
See Bereavement Support referrals and admission SOP for treatment pathway
Alternative service is appropriate & referred to
No further Action
Time to reflect
Light up a Life
Sunflowers
Bereavement Support Groups
Ways to help the Hospice leaflet given: fundraising / Insight / Volunteer
See BS R&A SOP
12 month Anniversay card
Telephone call - consent to further contact obtained
Pre death
Death
Post death

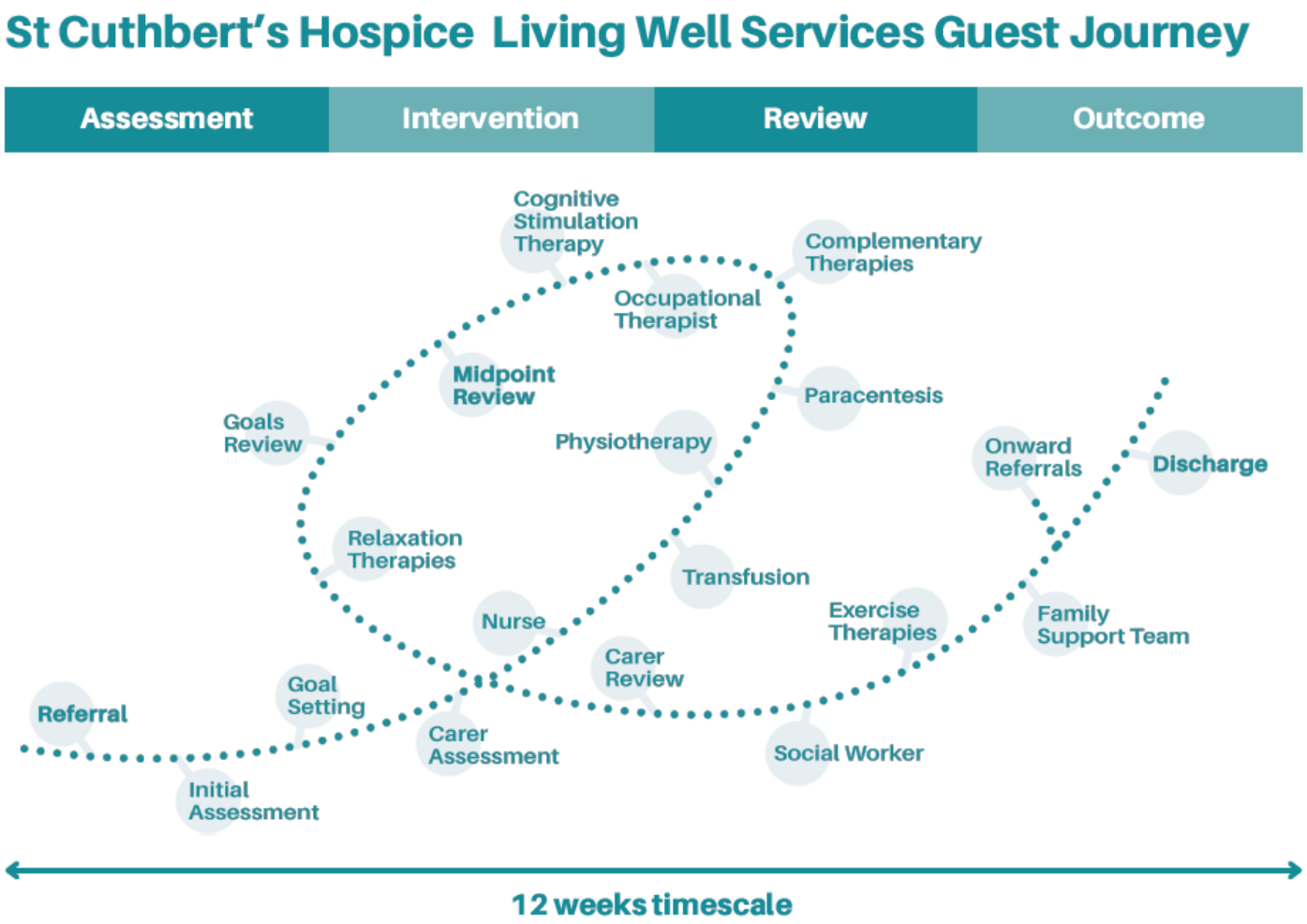
Appendix 6


St Cuthbert's Hospice Carer Support Journey
Assessment
Intervention
Review
Outcome
CSNAT completed Assessment conversation takes place - recorded on patient's notes on SystmOne with clear action plan
Action plan from CSNAT implemented with clear documentation of any internal or external referrals
CSNAT documented as part of discharge process to enable ongoing review at any time within the caregiving journey
Offer Carer Support Needs Assessment Tool (CSNAT) - letter & tool (IPU no later than first week of admission. CST/MCST - No later than week prior to mid week review).
Carer Identified
CSNAT declined/ carer preferring more informal support
Ongoing MDT/Social work input as appropriate
CSNAT not appropriate (e.g. Patient dying)
Emotional/comfort support given as appropriate
12 week timescale

Appendix 7


ST CUTHBERT'S HOSPICE -
LIVING WELL SERVICES
Goal is to deliver excellence in end of life and specialist palliative care through prevention, restoration and support.
Living Well Services provide wrap around specialist palliative care through a team compromising of doctors, nurses, physiotherapists, occupational therapists, complementary therapists, social workers, counsellors, health care assistants and volunteers.
SUPPORTIVE
FAMILY SUPPORT
KEYWORKER
COUNSELLING
SOCIAL WORK
TREATMENT
PARACENTESIS
TRANSFUSIONS
MEDICINES
OPTIMISATION
ASSESSMENT
PHYSICAL
EMOTIONAL/
PSYCHOLOGICAL
SOCIAL/FINANCIAL
COGNITIVE
REHAB
FATIGUE & SLEEP
STRENGTH &
BALANCE
ADAPTED TAI CHI
COGNITIVE
STIMULATION
THERAPY
THERAPIES
COMPLEMENTARY
THERAPIES
CREATIVE
WRITING
RELAXATION
NAMASTE CARE
PERSON/
CARER/
FAMILY
START MODEL HEADINGS
(BYRNE 2019)

Appendix 8


St Cuthbert's Hospice Living Well Services Guest Journey
Assessment
Intervention
Review
Outcome
Cognitive Stimulation Therapy
Complementary Therapies
Occupational Therapist
Midpoint Review
Paracentesis
Goals Review
Physiotherapy
Onward Referrals
Discharge
Relaxation Therapies
Transfusion
Nurse
Exercise Therapies
Family Support Team
Carer Review
Goal Setting
Referral
Carer Assessment
Social Worker
Initial Assessment
12 weeks timescale

Appendix 9

Mandatory Statements that are not relevant to St Cuthbert's Hospice

The following are statements that all providers must include in their Quality Account but which are not directly applicable to Hospices and are therefore included as an appendix (Appendix 6) with clarification provided.

Participation in Clinical Audits

During 2021 - 2022 no national clinical audits and no national confidential enquiries covered NHS services provided by St Cuthbert's Hospice.

During 2021 - 2022 St Cuthbert's Hospice did not participate in any national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Consequently, the national clinical audits and national confidential enquiries that St Cuthbert's Hospice was eligible to participate in during 2021 - 2022 are not listed below.

St Cuthbert's Hospice was not eligible to participate and therefore there is no information or data to list or submit.

St Cuthbert's has not reviewed any national audits during 2021 - 2022 and therefore has no actions to implement.

Research

The number of patients receiving NHS services provided or sub-contracted by St Cuthbert's Hospice in 2021 - 2022 that were recruited during that period to participate in research approved by a research ethics committee was none.

There were no appropriate, nationally, ethically approved research studies in palliative care in which St Cuthbert's Hospice could participate.