



Service Contract Quarterly Performance Report  
Third Quarter: 1<sup>st</sup> October to 31<sup>st</sup> December 2022

## 1.0 Introduction

This third quarter Service Contract Quality Performance Report (SCQPR) covers the period 1 October – 31 December 2022 and provides an overview of St Cuthbert's Hospice performance against the key local quality requirements (LQRs) and performance indicators (KPI's) as outlined in our 2022 - 2023 NHS Contract.

### Key service issues over the last quarter

In March 2020 the Hospice found itself having to respond to 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).

**In Patient Unit (IPU)** has remained open throughout the pandemic. In line with advice from the Health Security Agency (HSA) restrictions to visiting have now been lifted and visitors are no longer required to complete Lateral Flow Tests (LFTs) before visiting. We are now accepting COVID positive patients into the IPU. Cumulative deaths totalled since 1 April 2022 is 95 of which 90 achieved their preferred place of death. We were able to discuss preferred place of death (PPD) with 93 patients. 3 people did not achieve their preferred place of death, which was home. IPU bed occupancy in this quarter was 93.39%.

**Day Services**, although periodically suspended throughout 2021 – 2022 due to HSA guidance, have in this quarter continued to ramp up their services.

Within the Living Well Centre, we have extended our programme and therapy groups including cognitive stimulation therapy, sporting memories activity group, occupational therapy led fatigue and sleep management, creative writing and one to one complementary therapy sessions, are now on offer Monday to Friday. We have also increased the number of people attending these groups. In addition, we have face to face medical outpatient clinics and attendance at Day Hospice for interventions such as blood transfusion and paracentesis.

Due to staff absence, we have been unable to provide some Bereavement Support Services. However, in response to this we are reviewing the skill mix and in Quarter 4, hope to increase counselling capacity and provide coverage Monday to Friday in both adult and CYP counselling. Bereavement Support groups have been extended until the end of December 2022. From January onwards this will transfer to the new Community Outreach Service for on-going provision.

**Community Services** – Plans to implement the Community Outreach Project within the Chester-le-Street area have unfortunately stalled in this quarter due to a period of long-term absence of the Community Outreach Manager. We have however recruited and completed the induction of a Community Outreach Coordinator and plan to reinvigorate this project in the new year. The Admiral Nurse is continuing to embed herself as a Specialist Dementia Nurse within the Hospice and North Durham locality. With her support, the Namaste Co-Ordinator and volunteers have reignited the Namaste Service following the negative impact of the pandemic.

## 2.0 Summary of what we have achieved in quarter three.

### Achievements to end of the third quarter:

#### Service Activity:

- **In-Patient Unit:**
  - 50 new admissions into the in-patient unit during this reporting period.
  - 26 deaths
  - 24 patients achieved preferred place of death.
- **Living Well Centre:**
  - 790 Face to face appointments.
  - **Bereavement Support Services – Adults**
    - 93 Face to face appointments attended, 25 well-being calls to 50 people.
- **Admiral Nurse:**
  - 16 patient/carers
- **Namaste team:**
  - 45 patients seen at home/hospice

#### Protecting people from avoidable harm:

In Quarter 3 there have been 33 clinical incidents:

- 1 Serious incidents (a STEIS reported fall)
- 5 Incident of actual moderate harm/short term harm/disruption
- 7 Incidents of actual minor/minimal harm/low disruption
- 20 Incidents of actual no harm

### 3.0 Service Activity

In accordance with Integrated Care Board (NECICB) dataset requirements full data reports are submitted below. For comparison the preceding full year's performance (2021 - 2022) data is provided and each full quarter's performance for 2022 - 2023 and this will be updated in subsequent quarterly reports. Specific LQR's and KPI's measurements summarising performance can be seen in the Table 1 below:

### 4.0 Local Key Performance Indicators (KPI's)

Table 1 – Hospice activity against KPIs 2022-2023									
Indicators.	Threshold	End of Year. 2021-22	Met – Not met	2022-2023 quarterly performance.				End of year 2022 - 2023	Year 2022-2023 Performance
				Q1	Q2	Q3	Q4		
In-Patient Unit (IPU)									COMMENTS.
Total number of in-patient referrals received	N/A for monitoring purposes	329	-	89	85	89			N/A for monitoring purposes.
Average waiting time from referral to admission for inpatients (excluding weekends and planned respite).	≤ 48 hours	41.7	Met	44.1	27.9	43.2			relates to improved bed occupancy, periods when unit is at 100%, complexity of patients.
Total number of inpatient admissions.	N/A for monitoring purposes	231	-	58	59	50			N/A for monitoring purposes. Meeting held with CCG and providers Jan 2022 to improve patient flow – no system wide outcomes from meeting.
Percentage bed occupancy.	≥ 85%	74.56	Not met	87.12	82.43	93.39			Action Plan in place to improve performance against KPI.
Percentage bed availability.	≥ 95%	100	Met	100	100	100			
Average length of stay for inpatients.	≤ 15 days	11.6	Met	13.8	12.5	16.3			X2 complex patients not appropriate to move to another place of care. X1 awaiting care package.
Number and percentage of inpatients that have been offered an Advance Care Plan.	90%	97.9%	Met	100	96.6	100			Incident reports completed for all patients who require MCA/DOLs.
Number and percentage of patients who died at the hospice and have preferred place of death recorded.	N/A for monitoring purposes	97 95.2%	-	35 100	33 97.1	25 96.2			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	<b>84</b> <b>85.2%</b>	-	34 97.1	<b>32</b> <b>94.1</b>	<b>24</b> <b>96</b>			N/A for monitoring purposes
Patient's risk of falls to be assessed within 6 hours of admission.	<b>100%</b>	<b>81.2%</b>	<b>Not met</b>	93.1	<b>91.5</b>	<b>100</b>			Implementation of new risk assessment and care plan templates on SystemOne.
Patient's written care plan tailored to address falls risk completed within 6 hours of admission.	<b>100%</b>	<b>92.2%</b>	<b>Not met</b>	93.1	<b>91.5</b>	<b>100</b>			
Pressure ulcer risk assessment to be completed within 6 hours of admission. (Ref - NHS Improvement 2018 Pressure Ulcers: revised definition and measurement).	<b>95%</b>	<b>89.7%</b>	<b>Not met</b>	93.1	<b>91.5</b>	<b>100</b>			
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).	<b>95%</b>	<b>89.7%</b>	<b>Not met</b>	93.1	<b>91.5</b>	<b>100</b>			
Venous thromboembolism (VTE) risk to be assessed within 24 hours of admission to determine if prophylaxis required.	<b>100%</b>	<b>85%</b>	<b>Not met</b>	100	<b>100</b>	<b>94</b>			3 VTE assessments missed. All readmissions. All incident reported. A new check box has been added to SystemOne to highlight that VTE needs completing.
Percentage of patients that report a positive experience of care via the Friends and Family Test.	<b>90%</b>	<b>100%</b>	<b>Met</b>	100	<b>100</b>	<b>100</b>			Q3 - 3 forms returned. Working with new Communications & Marketing Manager in Q4 to improve uptake.
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.
<b>Living Well Centre</b>									<b>COMMENTS</b>
Total number of patients attending the Living Well Centre	N/A for monitoring purposes	<b>110</b>	-	83	<b>89</b>	<b>125</b>			N/A for monitoring purposes

Number and percentage of Living Well Centre patients receiving a care plan	100%	100%	-	100	100	100			
Percentage occupancy	≥ 80%	13.6%	Not Met	25	26	36			Occupancy expected to continue to increase as referrals are increasing.
Time from referral to Living Well Centre and contact to arrange home visit / assessment	90% within 7 days	95.3%	Met	100	100	100			
Time from first referral in LWC to Physiotherapy assessment	100% within 21 days	92.5%	Not met	-	100	100			
Time from referral in LWC to Occupational therapy assessment	100% within 21 days	91.2%	Not met	100	100	100			
Percentage of patients that report a positive experience of care via the Friends and Family Test	90%	97.3%	Met	100	100	100			Q3 – 6 forms returned. Working with new Communications & Marketing Manager in Q4 to improve uptake.
<b>Bereavement Support Services (Adults)</b>									<b>COMMENTS</b>
Total number of clients accessing bereavement support services (adults)	N/A for monitoring purposes	116	-	49	53	50			N/A for monitoring purposes
Number and percentage of clients contacted within 15 working days of receipt of referral (adults)	95%	99.3%	Met	100	100	91.3			2 referrals contacted outside of 15 days due to staff absence.
Number and percentage of written assessments of needs and action plans agreed with clients (adults)	100%	100%	Met	100	100	100			
Percentage of clients that report a positive experience of care via the Friends and Family Test	90%	100	Met	100	100	100			Q3 - 6 forms returned. Working with new Communications & Marketing Manager in Q4 to improve uptake.
Number of complaints and compliments received and actions taken	N/A for monitoring purposes	-	-	-	-	-	-	-	N/A for monitoring purposes. 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
<b>Dementia services</b>									<b>COMMENTS</b>
Total number of patients attending Dementia Support Service	N/A for monitoring purposes	60	-	26	35	59			N/A for monitoring purposes.

Time from referral to Admiral Nurse for first contact and appointment arranged for assessment.	<b>95% within 15 days</b>	<b>100%</b>	<b>Met</b>	95.8	<b>100</b>	<b>100</b>			
Time from referral to Namaste care for first contact and appointment arranged for assessment.	<b>95% within 15 days</b>	<b>95.8%</b>	<b>Met</b>	-	<b>100</b>	<b>100</b>			
Percentage of patients who provide feedback and report a positive experience of care	90%	<b>0 returned</b>	<b>Not Met</b>	-	<b>100</b>	-			Q3 – 0 forms returned. Working with new Communications & Marketing Manager in Q4 to improve uptake.
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

## 5.0 Protecting people from avoidable harm through prevention falls, suspected deep tissue injuries, pressure ulcers and thromboembolism.

### 5.1 Patient Safety

- 1.1 The review and updating of policies has continued over 2021 - 2022 to ensure our suite of care related policies and procedures reflect local and national guidelines. Within this quarter we updated key policies such as Clinical Record Keeping Policy.

To fulfil our '*Duty of Candour*' we report all serious incidents to statutory and regularity bodies, our commissioners and internally in our own clinical governance forums. See tables 2 and 3 below.

## Summary of clinical and other untoward incidents

Table 2 – Clinical and untoward incidents 2022-2023								
	Code	2021-22 Totals	Q1.	Q2.	Q3.	Q4.	Year end	Comments
Service Falls	1	23	7	11	2			2 Unavoidable
Pressure Ulcers/SDTI	3	40	11	7	8			1 PU (1 patients) and 7 SDTI on admission (2 patients)
Medication Errors	4	5	2	4	8			4 external organisation and 4 internal to Hospice
Other clinical incidences	6	16	9	10	9			
Infection Prevention and Control - Health acquired infections	7	7	2	4	5			3 patients admitted with COVID and 2 patients testing positive on ward
Other non-clinical incidences	8	1	3	0	1			
Information Governance	9	4	5	8	0			
Subject Access Requests	10	0	0	0	0			
Safeguarding	11	11	0	0	1			
MCA/DoLS	-	3	0	9	4			



## **5.2 Serious Incidents and complaints**

### **Quarter Three**

Incident Number	Incident Date	Cause Group	Cause 1	Cause 2	Details Of Incident	Initial impact	Actual Impact	Outcome Description
97293	06/10/2022	Health & Safety	Other Health and Safety		Patient was outside the building and pressed the outside doorbell to be let back into the building. Patient is mobile, self-caring and has capacity but did not have any memory of how they got outside. ? via main door whilst staff were busy in patients' rooms.	1 - No Harm; Negligible	1 - No Harm	Internal doors to be locked both ways at 9pm when most visitors have left building. Email sent to staff and sign put next to door lock pad to remind staff until routine established.
97371	09/10/2022	Organisational Experience	First Hand Experience	Contractor, Visitor Accident	Relative fainted, history of fainting when stressed	1 - No Harm; Negligible	1 - No Harm	Support given by staff. Community teams aware of ongoing faints/seizure activity when presented with stressful situations
97481	11/10/2022	Medication	Administering Medication	Controlled Drug	Patient admitted to IPU 10/10/2022. Patient's 12mcg Fentanyl patch due to be changed 11/10/2022. Upon changing Fentanyl patch noticed that patient had 2 x 12mcg patches in place (1 patch to R arm and 1 patch to L arm). Patient prescribed 12mcg Fentanyl patch.	1 - No Harm; Negligible	1 - No Harm	

97502	13/10/2022	Health & Safety	Car Accident		Volunteer driver accidentally hit bollard to avoid striking an on-coming car.	2 - Minor, Minimal Harm; Low Disruption	1 - No Harm	Day Services Manager notified and reviewed minibus with Maintenance co-ordinator. Minibus remains safe to drive and does not need formal inspection. Volunteer driver reminded them of safe driving policy and agreement to safe driving standards expected. Volunteer driver aware and agreed. All documentation in date. No new concerns reported by driver.
97548	10/10/2022	Infection, Prevention and Control	Other IPC Incident	COVID-19 Related	Patient admitted to IPU from hospital with known COVID positive status.	1 - No Harm; Negligible	1 - No Harm	Mitigating actions put in place.
97626	18/10/2022	Medication	Administering Medication	Controlled Drug	Admitted patient was found to have 2 fentanyl patches 12mcg in situ - one on each arm.	2 - Minor, Minimal Harm; Low Disruption	1 - No Harm	
97761	19/10/2022	Infection, Prevention and Control	Other IPC Incident	COVID-19 Related	Patient admitted to hospice 19th Oct, same day admission so not enough time for hospital to do PCR and get results back this would have delayed admission.	1 - No Harm; Negligible	1 - No Harm	Hospice now accepting covid positive patients but following guidance from government re: PCR tests on admission

97847	22/10/2022	Health & Safety	Contact With Hot/Cold Surface	Accident	Heat pack heated by daughter, developed blister to back	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	Staff spoke with daughter on return from trip to inform of burn/blister to patients back and treatment plan. Advice given on how to heat and apply these safely.
97894	25/10/2022	Tissue Viability	Deep Tissue Injury (DTI)	SDTI on Admission	Patient admitted with SDTI from hospital	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	
97895	25/10/2022	Safeguarding Adults	Deprivation Of Liberty		Patient lacks capacity to make informed decisions, MCA 1 & 2 completed	1 - No Harm; Negligible	1 - No Harm	MCA 1+2 DoLs application made Verbal duty of candour - family aware Hospice SIRMs completed CQC notification completed
97954	26/10/2022	Safeguarding Adults	Deprivation Of Liberty		Patient admitted with lack of capacity, MCA 1 & 2 completed	7 - Soft Intelligence	1 - No Harm	MCA 1+2 DoLs application Verbal duty of candour - family aware Hospice SIRMs completed CQC notification completed
98014	21/10/2022	Tissue Viability	Pressure Ulcer - Grade 2	PU on admission	Patient admitted to IPU from hospital with pressure ulcer to left heel.	3 - Moderate, Short-Term Harm or Disruption	2 - Minor, Minimal Harm; Low Disruption	

98147	02/11/2022	Medication	Controlled Drug	Storage	Ward stock OxyNorm liquid 1mg/1ml volume discrepancy	1 - No Harm; Negligible	1 - No Harm	Ken Dale advised that no further investigation is required since we do not suspect criminality and have completed a thorough investigation. Discussed and reported to Ken Dale/CD LIN. To minimise the risk of similar incidents occurring in the future, we have: -Ordered measuring cylinders to be used by all IPU staff when measuring out liquid medicines - in particular controlled drugs -Reminded nursing staff to measure liquid medicines (in particular controlled drugs) into and out of the CD register -Ordered bungs for medicines bottles to be fitted to the bottles to prevent solution from spilling out when a syringe is inserted.
98182	03/11/2022	Medication	Controlled Drug	Administration	Ketamine dose given early when prescribed 4 hourly	1 - No Harm; Negligible	1 - No Harm	Human error - mistake made by staff verbal duty of candour

98325	04/11/2022	Discharge Issue	Discharge - Planning Failure	Controlled Drug Medication Supply Issue - Hospital Discharge	Patient admitted to hospice from hospital with syringe driver in place which identified 400mg ketamine and 600mg oxycodone.	3 - Moderate, Short-Term Harm Or Disruption	3 - Moderate, Short-Term Harm Or Disruption	CDDFT ref:
98409	08/11/2022	Health & Safety	Slip/trip/fall	Accident	Child client attended for counselling session. Child was sat on bean bag chair, rocking in chair and knocked head against wall.	1 - No Harm; Negligible	1 - No Harm	Child was calmed and reassured by mum and was able to continue the session and complete. Lessons learnt around safe positioning of bean bag chair and assessing the suitability of child sitting in it.
98491	11/11/2022	Safeguarding Adults	Deprivation Of Liberty		Patient admitted to hospice for EOLC, lacks capacity to consent to care and treatment	1 - No Harm; Negligible	1 - No Harm	MCA 1+2 DoLs application Verbal duty of candour - family aware Hospice SIRMs completed CQC notification completed

98629	15/11/2022	Health & Safety	Slip/trip/fall	Unavoidable	Patient fell in bedroom at approx 18:35, attempting to stand independently.	3 - Moderate, Short-Term Harm or Disruption	3 - Moderate, Short-Term Harm or Disruption	Appropriate care and treatment at time of fall Verbal duty of candour - Wife informed SIRMS completed Verbal duty of candour letter sent out 5/12/22 CQC notification sent referred as serious incident STEIS paperwork completed/Action plan in place (see attached investigation report) Serious incident meeting 21/12/22 - panel satisfied that the appropriate action has been taken and advised the closing of the STEIS. Once action plan completed to email to NEC ICB.
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98797	21/11/2022	Health & Safety	Slip/trip/fall	Unavoidable	Patient walked to main reception with partner. When she was on her way back to the Unit, she lost her balance and fell backwards and landed on her bottom and back.	1 - No Harm; Negligible	1 - No Harm	Unavoidable Accidental fall witnessed by husband
99072	28/11/2022	Medication	Administering Medication	Controlled Drug	Administration - Buprenorphine patch. Due to be applied on Sunday 27.11.2022. applied late on Monday 28.11.2022.	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	
99149	29/11/2022	Discharge Issue	Discharge - Planning Failure	Medication Supply Issue - Hospital Discharge	Patient admitted to the hospice IPU from UHND with discharge medication list /without all discharge medication (UHND had advised medication would follow). Medication included box of medication (Lansoprazole) labelled with a different patient's name.	1 - No Harm; Negligible	1 - No Harm	Service Mgr. has informed a member of staff on Ward 14 UHND about the error and has advised that we will complete a SIRMS incident form. The patient has not received any doses of this medication at the hospice, and we will destroy the medication (as agreed with UHND).



99196	14/11/2022	Health & Safety	Other Health and Safety	Waste	Clinical waste not collected by FCC Environment on scheduled date (14/11/2022)	2 - Minor, Minimal Harm; Low Disruption	3 - Moderate, Short-Term Harm or Disruption	SMT informed of over spilling waste. JM contacted local council who could help but collection would be in approx. 6 days' time. Local hospital waste contacted and were unable to assist with removal of waste due to contract and legal requirements. Agreed with SMT to put risk assessment in place. Risk assessment completed and emailed to staff. Domestic staff will monitor situation in refuge room over weekend. 28/11/22 Collection made to collect overspilling waste
99215	25/10/2022	Clinical Assessment	Lack Of Clinical or Risk Assessment	Controlled Drug	Patient switched to oxycodone from morphine. Staff drew up morphine and the realised had been converted to oxycodone. Incorrect medication did not reach patient.	6 - Near Miss	1 - No Harm	Human error - Near miss of drawing up incorrect medication - not administered to patient and staff realised issue before leaving drug room. Reflective practice took place. Lessons learned as above re policy and procedure.

99329	03/12/2022	Violence And Aggression	Threatening Behaviour by Patient to Staff		Patient confused, mistrusting of staff, thrown a cup in frustration between 2 members of staff, tried to exit the building, opened the alarmed door and shouted "fire", threatened to "smash the room". Remained confused and mistrusting until approx. 04.45 and then apologised and asked to go to bed.	3 - Moderate, Short-Term Harm or Disruption	3 - Moderate, Short-Term Harm or Disruption	121 supervision and support by staff
99296	22/11/2022	Infection, Prevention and Control	Other IPC Incident	COVID-19 Related	Patient who was admitted to hospice for EOL on 03/11/2022 tested positive for COVID-19	1 - No Harm; Negligible	1 - No Harm	Patient tested positive for COVID-19 - from community contact?
99334	03/12/2022	Safeguarding Adults	Deprivation Of Liberty		IPU patient deterioration in overall condition became aggressive and following assessment of capacity had lost capacity to consent to care/DoLS and treatment at hospice.	1 - No Harm; Negligible	1 - No Harm	MCA 1+2 completed and found not to have capacity to consent to care and treatment DoLS application Verbal duty of candour - family aware Hospice SIRMS completed CQC notification completed SIRMS 99329 completed re: behaviour

99337	22/11/2022	Clinical Assessment	Lack Of Clinical or Risk Assessment	Dispensing	Blood transfusion taking place in outpatients dept of living well centre. Driver collected blood box from UHND Blood Bank, sealed and cool packs in situ. Upon opening the box, 2 units of blood had been dispensed at the same time, instead of the usual 1. This meant that upon breaking the seal on the cool box, there was a limited time in which to administer both units of blood.	1 - No Harm; Negligible	1 - No Harm	
99350	01/12/2022	Safeguarding Children	Other Safeguarding Children	Allegation Of Abuse	Safeguarding child client - child client attended for counselling with grandparent. Grandparent reported client's sister was speaking to police due to reported abuse from father. Police involved. Child client in the care the of the grandparents.	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	The child client returned to the safety of the grandparent's home following the session. The police are investigating the allegations. Referral to children's safeguarding team. Duty of candour - counsellor spoke with grandfather to advise of safeguarding referral.

99437	07/12/2022	Infection, Prevention and Control	Other IPC Incident	COVID-19 Related	Patient admitted to hospice 07/12/22, no COVID symptoms unable to obtain community COVID swab as same day admission. COVID swab taken on admission to hospice. 08/12/22 result received = positive for COVID.	1 - No Harm; Negligible	1 - No Harm	Duty of candour Policies and procedure followed
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99459	06/12/2022	Implementation Of Care	Delay Or Failure to Monitor Care Needs	Neglect / Act of Omission	Patient brought via patient transport from nursing home to St Cuthbert's living well centre for transfusion of blood as arranged prior. On arrival, patient barely rousable and completely unable to weight bear or transfer from wheelchair. Extremely unwell, unable to get any readable observations, and patient in distress and pain on movement. 999 ambulance called due to severity of patient's symptoms, and state. Transferred to hospital where she sadly passed away.	3 - Moderate, Short-Term Harm or Disruption	3 - Moderate, Short-Term Harm or Disruption	
99531	10/12/2022	Access, Admission, Transfer, Referral	Patient Transport - Delay / Failure	Access To Service Failure (Appointment Issues)	Patient treatment rescheduled due to lack of transport.	3 - Moderate, Short-Term Harm or Disruption	2 - Minor, Minimal Harm; Low Disruption	
99603	13/12/2022	Infection, Prevention and Control	Other IPC Incident	COVID-19 Related	COVID positive patient	3 - Moderate, Short-Term Harm or Disruption	2 - Minor, Minimal Harm; Low Disruption	patient tested positive for covid

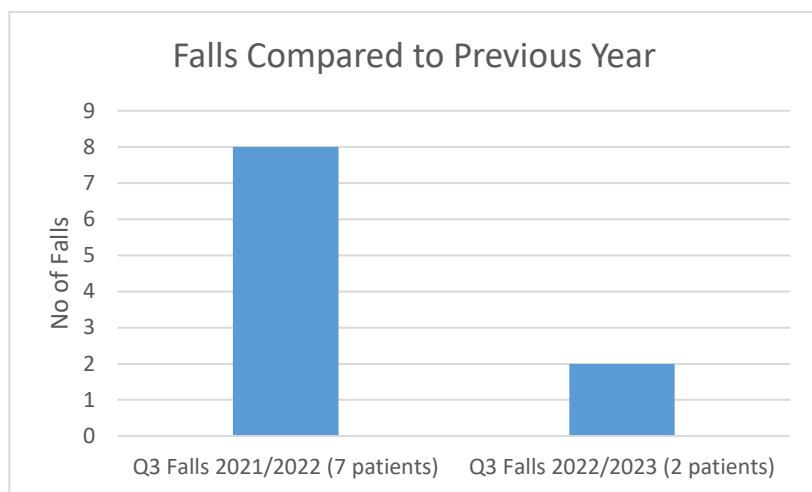
100248	30/12/2022	Tissue Viability	Deep Tissue Injury (DTI)	On admission Discharge - Planning Failure	<p>Patient admitted to IPU at hospice with significant skin damage, not reported to staff prior to discharge.</p> <p>Wound 1 - re absorbed blister to sole of left foot - to be moisturised 1-2 daily (hydromol)</p> <p>Wound 2 - broken area 4 cm x 1cm area to left outer calf Sloughy in appearance</p> <p>Wound 3 - SDTI 1: L Heel 3cm x 3cm SDTI necrotic in appearance</p> <p>Wound 4 - 5x areas to R calf appear to be small blistered areas 3 areas very small and red in colour 2 x areas maroon in colour to centre with red areas to edges ? SDTI 1 area approx. 2cm x 1cm another area 1cm x 0.5cm)</p> <p>Wound 5 - re-absorbed blister to sole of right foot</p>	3 - Moderate, Short-Term Harm or Disruption	3 - Moderate, Short-Term Harm or Disruption	Risk assessment and care plan put in place.
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### 5.3 Prevention of Falls 2022 - 2023

Although ambitious our aim for the period 1 April 2022 – March 2023 is to reduce the incidence of **‘unavoidable’** patient falls to zero, based upon number of falls recorded (23) during 2021 - 2022. We recognise that despite assessing each patients ‘falls risk’ against a wide range of factors we can identify those patients with an increased risk or likelihood of falls but even after implementing measures to reduce the incidence of falls it is not always possible to avoid some falls see Table 4:

Table 4 Falls assessment and prevention.	
Assessments	Falls prevention measures
<ul style="list-style-type: none"> <li>Follow best practice as outlined in ‘Falls in older people’. Quality standard [QS86] Published March 2015. Last updated January 2017.</li> <li>Regular patient checks and encouragement to ask for help.</li> <li>Falls risk assessments(FRAT) – redesigned within SystmOne templates – due for roll out 2022/23 Q2.</li> <li>Bed rail assessment – redesigned within SystmOne templates – due for roll out 2022/23 Q2.</li> <li>Assessment and plan of care for toileting and continence needs.</li> <li>Moving &amp; handling assessment and physiotherapy/OT input.</li> <li>Assessment and plan of care for postural hypotension</li> <li>Assessment of cognition and/or mental capacity and plan of care to support.</li> <li>Review of medications – Doctors and Pharmacists.</li> </ul>	<ul style="list-style-type: none"> <li>Weekly MDT formal review of falls risk and record action plan.</li> <li>Moving and handling equipment including ultra hi/low bed</li> <li>Bed, chair and floor falls and movement sensor alarms and soft-landing crash mats.</li> <li>Bed rails assessment and mobility care plans.</li> <li>One to one nursing / monitoring with rooms 5, 9 and 14 near to the nurses’ station designated close observation rooms.</li> <li>Orientation to the environment and appropriate lighting and flooring</li> <li>Comfortable and safe positioning of the patient</li> <li>Timely answering of nurse call to attend to patient.</li> <li>Appropriate footwear provision if needed.</li> <li>Access to the nurse call bell <i>‘Make the call avoid the fall’</i> signs in patient rooms.</li> <li>Educating the patient and carers on safe moving techniques.</li> <li>Liaison with the CDDFT Falls Co-ordinator to review best practice such as ‘swarm’ reviews and close observation charts for those at high risk – these are being implemented.</li> <li>Falls Prevention Link Practitioner Group – meets quarterly to review measures in place and updates in line with best practice.</li> <li>Annual staff training and falls prevention refresher sessions.</li> <li>Annual ‘train the trainer’ updates from an external moving/handling provider.</li> </ul>

Not all these measures are routinely used for example, not every patient is nursed one to one, but these are care plan options if required for the patient’s safety. In trying to maintain the patient’s safety we recognise the need for patients to make choices and take risks and we continue to promote their independence if they have capacity and ability to do so. We will continue to classify falls as either avoidable or unavoidable dependent upon the measures put in place to help reduce / minimise the risk of falls.



#### 5.4 Prevention of Pressure Ulcers and Suspected Deep Tissue Injuries.

St Cuthbert's Hospice in-patient unit (IPU) has set an ambitious target to achieve a 0% incidence rate of avoidable pressure ulcer (PU) development or deterioration following admission during 2022 - 2023. During 2021 – 2022, despite implementing evidence based and best practice guidelines we reported 10 PU's and 5 SDTI's on admission and 4 PU's and 21 SDTI's occurring or deteriorating after admission.

The findings from several independent studies highlight that preventing pressure ulcer occurrence may be difficult to achieve in patients who are dying and explains why we continue to report unavoidable PU's. We know complete prevention is difficult to achieve due to the nature of palliative care. We recognise that when patients are dying their bodies become more vulnerable and that the measures normally implement to reduce the risk of PU development are not as effective. To support monitoring, management and ensuring we meet the standards of practice in PU prevention and management, we have implemented several measures embedded these measures in SystmOne\* including:

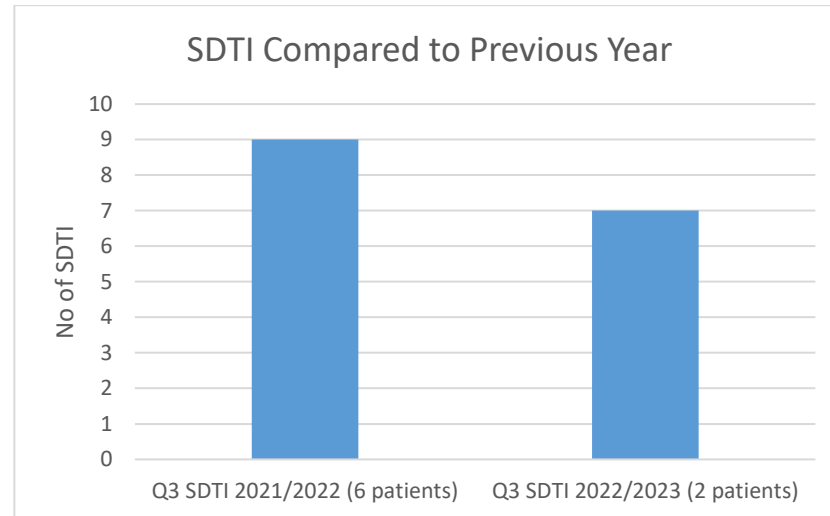
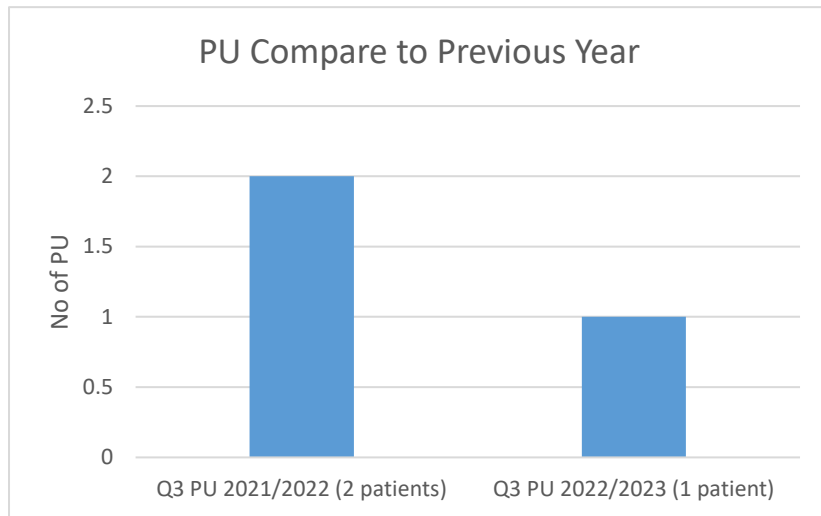
- Risk assessment with pressure area mapping charts and validated tools such as the Waterlow Risk Assessment tool\*
- Incident reporting of all pressure ulcers graded at 2 or above.
- Positional change charts to record regular turnings and the use of pressure relieving aids and equipment.
- The use of sector leading pressure area skin barrier solutions and dressings

Following the publication of '*Pressure ulcers: revised definition and measurement. Summary and recommendations*' by NHS Improvement in 2018 in 2019-20 we redesigned our data capture; see Table 7 to standardise PU incidence reporting in line with



the NHS. We no longer report Kennedy Ulcers and instead use the term suspected deep tissue injury (SDTI) and other the new criteria Inherited PU, PU Deteriorated post admission, PU acquired as result of medical device and moisture lesions the distinguish between PU type and possible causality.

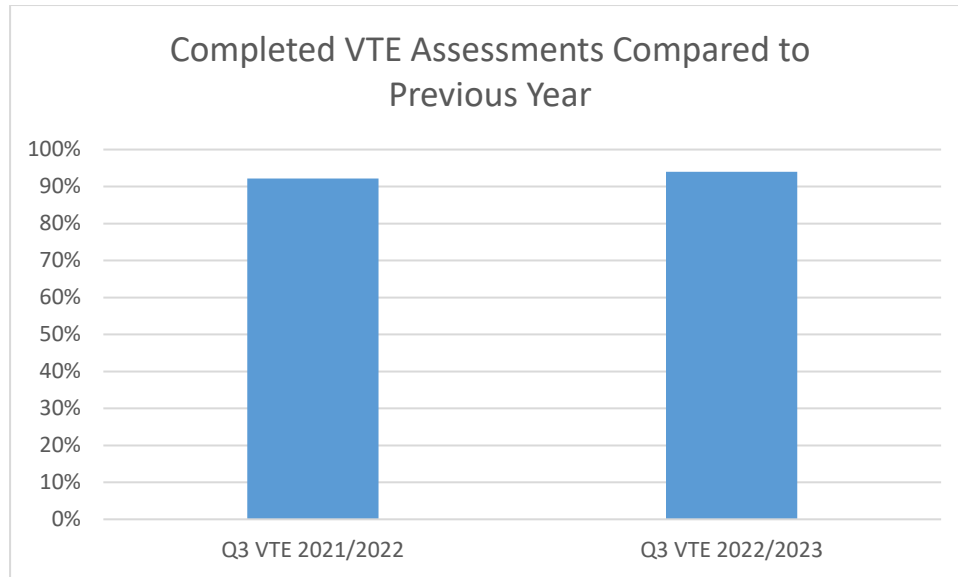
In Q3 2020 we improved our reporting process to capture the relationship between the number of SDTI/pressure ulcers and number of patients.



### 5.5 Prevention of Thromboembolism

VTE assessments are carried out on all in patients within 24 hours of admission and are recorded in patient SystmOne care plans / medical notes to evidence decisions made with regard anticoagulation therapy. Table 8 below outlines VTE assessments. Incident reports are completed for patients who do not achieve the required standard.

In 2021 – 2022 85% of VTE assessments were completed within 24 hours of admission.



## 6. Service Development Activity

### 6.1 Strategic Goal 1: To enable people at the very end of life to achieve a good death in the place of their choosing.

The appointment of the Medical Director, in 2018, as visiting Professor to the University of Sunderland Medical School and the School of Health and Wellbeing and, in 2022, as Programme Director for Specialist Registrar Training Programme in Palliative Medicine within the North East, creates opportunities for the hospice to work collaboratively in teaching, audit and research. The visiting Professorship is aligned particularly with the School of Pharmacy at Sunderland.

We continue to collaborate with further and higher education institutions and currently host students from:

- Local further education colleges level completing level 2 - 4 qualifications in health and social care/nursing
- Pre-registration nursing students from Northumbria University
- GP registrars on the GP training scheme, full time for 6 months
- Specialist Registrars from Training Programme in Palliative Medicine within the North East

Planned developments include hosting student physiotherapist and occupational therapists.

## **6.2 Strategic Goal 2: To enable people with life limiting illness who use the Hospice services to live well and make every day count.**

### **6.2.1 Paracentesis Service**

Following the appointment of our specialist palliative care consultant who is expert at performing this procedure we have now offered paracentesis as a component of symptom management. We can offer both temporary and permanent drainage solutions for a wide range of conditions causing ascites. We can drain both malignant and non-malignant ascites, offering a complete and comprehensive service with this expertise being transferrable to other locations if required (Willowburn). We can also offer teaching and training to ensure legacy succession planning for the future of the unit as the premier provider of specialist palliative care for County Durham. We aim extend access to paracentesis drainage on IPU/LWC and in Q4 2021 submitted a business case to commissioners for consideration. We are still waiting to hear the outcome of this.

In Quarter 3

- 1 paracentesis were carried out in IPU. (1 cancer).
- 59 paracentesis were carried out in LWC on 11 patients (2 cancer and 9 non cancer).

### **6.2.2 Blood Transfusions**

In Quarter 3

- 8 blood transfusions were carried out in LWC.
- 2 were carried out in IPU.

## **6.3 Strategic Goal 3: To provide the information and support that carers of people with life limiting illness need to provide the care they want to provide. (carers strategy, new partnerships, access to professional advice & support)**

### **6.3.1 Carers Support Needs Assessment Tool (CSNAT)**

Within the Inpatient Unit (IPU) the carer of each guest is 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 is given a CSNAT questionnaire at the initial assessment.

In 2021 -2022 we have continued to forge good working partnerships with other carers' services and 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 BYCS to embed a Young Persons Charter. The Child & Young Persons' counsellors act as the link workers with BYCS.

We understand that a short break from caring can make a significant difference and recognise 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.

### 6.3.2 CSNAT outcomes

During 2021/22 the clinical services team strived to resolve the issues raised in completed CSNAT.

The commonly reported issues for carers and the actions taken are reported below.

<b>CSNAT Q3</b>	
<b>Most occurring themes: -</b>	<b>Action: -</b>
Understanding your relative's illness.	Carer reminded of support such as Admiral Nurse and referred to accordingly. Discussed Marie Curie and Macmillan input. Offered joint meetings with relevant hospice staff.
Dealings with feelings and worries	A face-to-face appointment is offered to carers who voice a concern with speaking over telephone. Offered listening ear input. Concerns escalated to safeguarding as required.
Talking with your relatives about their illness	General support and advice given to carers about information that Macmillan have.
Financial, legal and work issues	Carer required support with LPA forms and was provided with support to go through the documentation. Carer provided with printed copies of form and given 1-1 to discuss how to complete form.

	Importance of support options when recently diagnosed.
Knowing who to contact if you are concerned about your relative	Provided numbers for Admiral nurse, Alzheimer's society and social care direct. Input from Macmillan and Marie Curie. Carer services within hospice.

**Plan for Q4 – implement a carer satisfaction survey to understand impact from CSNAT.**

The Hospice has been referenced for its implementation of CSNAT in the new publication Palliative Care Mandate for Integrated Care Boards (ICB) - link below.

<https://view.pagetiger.com/bbqohwx>

**6.4 Strategic Goal 4: To support those who have been bereaved as a consequent of a life limiting illness to adjust to life without their loved one.**

We are working with the Commissioning Support Project Officer, Co Durham Integrated Commissioning Team, to review our service to children and young people. We have within the constraints of staff and volunteer absence implemented an action plan agreed in response to risks to business continuity and intended to reduce our waiting list for CYP counselling. We have recommenced delivery counselling services, both face to face and remotely and commenced implementation of our Bereavement Pathway and new ways of working e.g. assessment and triage of new referrals. We have also completed an evaluation of the four bereavement support groups delivered in 2021 – 2022.

**6.5 Strategic Goal 5: To break down the taboos associated with dying, death, loss and grief.**

**6.5.1 Community Outreach Project**

We have secured three years funding from Big Lotteries Community Fund which enabled us to commence recruitment to four posts; Community Outreach Manager, Community Outreach Co-Ordinator, Namaste Co-Ordinator, Namaste Support Worker. We anticipate these posts will enable us to deliver a Community Outreach Project aimed at increasing our engagement and outreach into the community to support more people affected by life limiting illnesses through a range of volunteer led projects i.e. MyPals, Everything in Place, Namaste, Carer Support Groups and Bereavement Support Groups. In year one, Commencing 1 September

2022 we hope to form a partnership with a community association (e.g. Lowes Barn or another) and hire their facility; recruit volunteers and sessional workers to deliver the products such as Carer Support Groups; Bereavement Support Groups; Pilot service delivery: Deliver a proof of concept of service delivery model.

### **6.5.2 Everything in Place (EiP)**

We have commenced a rewrite of EiP booklet intended to make this a national resource, available on our website and able to be downloaded cheaply. We have delivered a Mummy Star lunchtime expert session and are awaiting confirmation of dates for volunteer led course delivery. We are currently running an EiP program for Alzheimer's Society. Face to face, volunteer led EiP training to Carer Support Trust and Pioneering Care Partnership is scheduled. A Marie Curie lunch time session scheduled for July will inform ongoing discussion about x1 chargeable train the trainers' national course, £1700. The possibility of holding a Death Café is being explored with the Death Café national body who are currently doing all Death Cafés online.

### **6.5.3 MyPals**

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. Development is ongoing subject to funding.

## **7. Clinical Governance, Quality Assurance and Quality Improvement**

## 7.1 Clinical Audit

St Cuthbert's Hospice was last inspected by the Care Quality Commission (CQC) in 2015 and retains its rating as 'Outstanding' status for the quality of our service and the care we deliver. St Cuthbert's Hospice is committed implementing any strategies that will help us to maintain this rating and our reputation for excellence. It is vital that we continue to secure and promote our position as a sector-leading hospice with key partners, stakeholders and at local, regional and national events, conferences and forums. Central to achieving this are the 'golden threads' of robust clinical governance and quality assurance processes that will provide the evidence needed to continually assure and enhance the quality of our palliative and end of life care services. To support this, we have a well-developed programme of Clinical Audit, adopting wherever possible, recognised or validated audit tools for example those provided by Hospice UK national hospice audit tools group. Data collected, collated and analysed from our audit programme will be subject to internal scrutiny and review by Clinical Governance Group and Sub Committee before being shared in future service quarterly performance reports. Attached is the annual audit schedule of key clinical audits the findings of which are captured and monitored on an Audit Summary Tracker, also attached. Findings and any areas of concerns highlighted by a specific audit will be subject to a quality improvement plan owned by the relevant Link Practitioner Group.



20190820 Audit  
Schedule NEW V0.0:



q3 Audit Summary  
Tracker.docx

An internal audit tool is being used to support a Caldicott Guardian 'spot check audit' of all areas that hold personal identifiable data (PID) this can include patients and services users. The aim of the audit will be to identify where we reflect best practice in managing and securing PID and where we might be at risk and what steps will be needed to protect sensitive data. This will be completed at least annually.

## 7.2 Link Practitioner Programme (LPP)

The Link Practitioner Programme is an initiative proposed after the formulation of the North East Hospice Collaboration (NEHC 2017). To date it has been a success and there are currently nine hospices who under usual circumstances come together to share and develop both clinical and non-clinical areas for practice development. Within NEHC this is viewed as a cost effective and creative approach to learning, which also enables bench marking, innovative thinking and the sharing and dissemination of best practice findings.

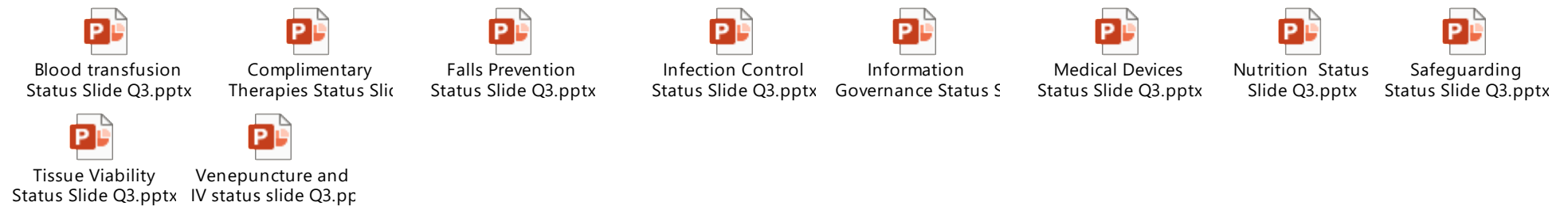
Within St Cuthbert's Hospice senior leaders see the Link Practitioner Programme as key to embedding a quality improvement ethos within the Hospice, and subsequently avoiding complacency, retaining our outstanding rating and realising our vision of becoming a centre of excellence. The board and senior management team recognise that the LPP programme helps overcome

barriers to staff involvement and engagement with quality improvement and quality assurance. It strengthens clinical leadership and engagement at all levels of the organisation and helps managers and front-line staff to work together to deliver a shared and aligned mission and vision. The Head of Clinical Services acts as sponsor for the LPP demonstrating visible leadership commitment from the board and senior management team.

Within the Hospice we have the following Link Practitioner Groups:

- Safeguarding
- Falls Prevention
- Tissue Viability
- Infection Prevention
- Blood Transfusions
- Nutrition & Hydration
- Medical Devices
- Infection Control
- Complimentary Therapies
- Information Governance

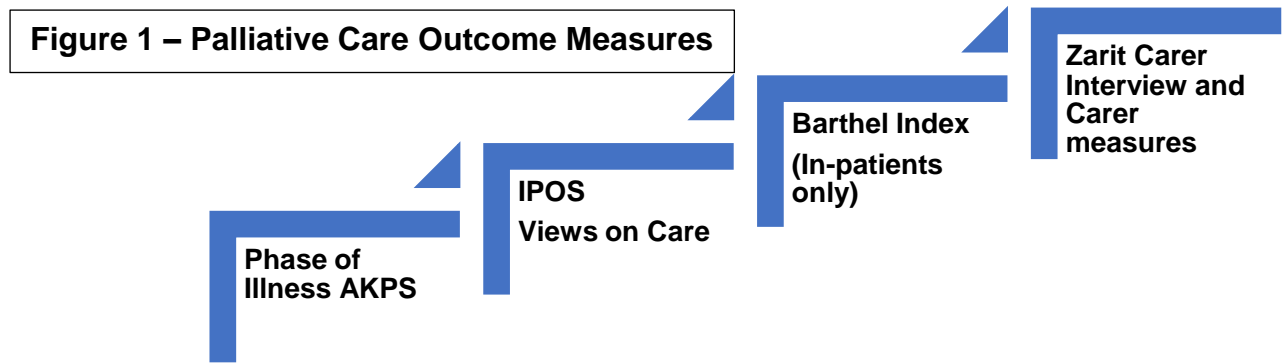
Achievements in this quarter, deliverables for the following quarter and risks and issues for each Link Practitioner Group are captured in the following attachments:





### 7.3 Evaluating Practice - Palliative Outcome Measures

In 2015-16 St Cuthbert's Hospice implemented the suite of validated Palliative Care Outcomes Measures Toolkit (OACC) outlined below in Figure 1 below. We can report the findings from data collected, collated and analysed so far. In 2022/23 we aim to place a greater emphasis on reporting outcomes. We aim to embed reports as PDF files and make data subject to internal scrutiny and review by our Clinical Governance Sub-Committee before publication in our Hospice Contract and Quality Monitoring quarterly reports and our Quality Account.



### 7.4 Evidenced Based Practice




We have met or made substantial progress in meeting all our key aspirations for quality improvement as outlined in our 2020 - 21 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 NICE Guidance or Standards listed in Appendix 1 to inform both policy and enhance our practice.

## 8.0 Patient Experience and Friends and Family Test

### 8.1 Welcome Pack- Patient, Client and Guest Survey Feedback

We have updated our in-patient service user information pack to reflect changes to the unit. We routinely seek the views of all those who use our services such as in-patients Living Well Centre guests, Family Support service clients and Dementia service clients. We have redesigned the carer's questionnaire to include the 'Friends and Family Test'. There are a range of questions that seek views about our services such as the hospice environment, the staff caring for patients and the services delivered. The questionnaire is distributed to all service users or the families of those who have accessed the range of Hospice services, whether their relative has died or been discharged, it also includes those who attended for respite care. See table 13 for summary feedback for each Hospice service.

#### Service user feedback questionnaire charts and comments

 <p>IPU Friends and Family Test- 2022 20</p>	 <p>LWC Friends and Family Test- 2022 20</p>	 <p>BST Questionnaires Adult - 2022 2023.xls</p>	
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### 8.2 Suggestion box feedback

There are suggestion boxes situated at communal areas around the hospice, giving everyone the opportunity to make suggestions in a confidential/ anonymous manner. During Q1 there have been no suggestions from people using our service.

**Table 14 - You said. We did.**

<b>You said</b>	<b>We did</b>
Remove plastic cups from staff kitchen water dispensers (to encourage staff to bring in own water bottles)	To be explored by new Guest Services Manager in Q4 – possible infection prevention & control issues if staff fillo bottles from water dispensers.
Use tea towel in staff kitchens if possible, with Covid Restrictions	Unable to put this in place due to infection prevention & control requirements.
Move water dispenser from Ed 2 to reception	To be explored by new Guest Services Manager in Q4 Guest Services Manager when in Post

## 9.0 Workforce Assurance.

### 9.1 Absence

Absence due to long term sickness, annual leave and staff turnover are slightly above expected levels at 8.3% (excluding COVID related absence) but to date staff absence has not affected adversely on ensuring safe staffing levels in our clinical services.

We are carrying several vacancies:

- Specialist Palliative Care Dr 4 sessions (recruitment planned for March 2023)
- Guest Services Manager 1.0 WTE (being advertised)
- Dementia Support Worker 0.3 WTE (unable to recruit, reviewed and made into 0.6WTE for 6months)
- Staff Nurse 1.0 WTE (being advertised)
- Housekeeper 0.4 WTE (being advertised)

As part of our on-going review of teams and workforce transformation, we use exit questionnaires as an opportunity to learn and improve and vacancies as an opportunity to review models of care and workforce development needs.

### 9.2 Recruitment

We have extended pharmacy support to cover 9am to 5pm Mon – Fri for a second year and have successfully recruited to several posts:-

- HCA 1.0 WTE

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. Staff absence has resulted in increased use of agency staff in this quarter.

### 9.3 Staffing Levels

#### In Patient Unit

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. Our nurse-to-patient ratio on the In-Patient Unit under usual circumstances is:-

- 8am to 2pm: 3 RNs to 10 patients, 2 HCAs to 10 patients

- 2pm to 8.30pm: 2 RNs to 10 patients, 2 HCAs to 10 patients
- 8pm to 8.30am: 2 RN to 10 patients, 1 HCAs to 10 patients

We have 20 sessions of medical cover deployed Monday to Friday 8am to 4pm consisting of:-

- 10 sessions: Consultant/Medical Director divided across:
  - Hospice (7 sessions)
  - Willowburn (1 session)
  - Community and North Durham Macmillan team (2 sessions).
- 10 sessions: Specialist Palliative Care Dr/GPSI

We have still not heard from the CCG or CDDFT regarding whether the funded PA session vacated following the retirement of Dr le Dune will be transferred to the Hospice, however we aim to continue pursuing the transfer of this funding to the Hospice.

#### **9.4 Training & Development**

We continue to support training and development. Staff can access a range of modules under the HENE CPD Tier one funding and we continue to support staff attendance at relevant conferences and workshops. All staff receive mandatory training and compliance against our mandatory training target of 90% is currently:

- IPU 88.57% (non-compliance due to being able to release staff for face-to-face training)
- LWC 97.83%
- Medical 100%
- SMT 86.44%
- Dementia 95%

We currently have 5 independent prescribers (1 pharmacists and 4 nurses). One of Senior Staff Nurses was accepted on the non-medical prescribing course in this quarter.

We continue to roll out competency assessments. Examples include:

- Second checking of medication
- Blood transfusion
- Paracentesis
- Syringe drivers

All clinical staff, (nurses, health care assistants, allied health professionals) are offered a minimum of 1 session of clinical supervision, (one to one and/or group) every twelve weeks. Compliance against our target of 80% is currently 57%, a reflection of staff absence in quarter three.

## Appendix 1

### **NICE Guidance or Standards used 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](http://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](http://nice.org.uk/guidance/ng97)*

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