

St Cuthbert's Hospice



*Making every day count since 1988*

# **Quality Account**

## **2022 – 2023**

## 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.



## CONTENTS

Section		Page
Part 1	Quality Statement	4
Part 2	Key Aspirations for Improvement 2023 - 2024	5
Part 3	Review of Service Quality Performance 2022 - 2023	18
Part 4	Statement of Assurance from Board of Directors	55
Part 5	Statement of Assurance from North East and North Cumbria Integrated Care Board	57
Appendix 1	Incident Reporting Dashboard	59
Appendix 2	Hospice Key Performance Indicators	60
Appendix 3	Quality Outcome Indicators: Bereavement Services: CYP	65
Appendix 4	Audit Schedule	69
Appendix 5	Service User Feedback	74
Appendix 6 - 12	Models of Care	112
Appendix 13	Nice Guidelines and Standards	118
Appendix 14	Mandatory Statements not relevant to St Cuthbert's Hospice	121



## **PART 1**

### **Quality Statement**

Welcome to our Quality Account for 2022 - 2023. 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 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 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 several 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 2023 – 31 MARCH 2024

#### 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 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 2023 – 2024 are to: -

- Implement findings from the external review of our governance arrangements conducted by HumanKind.
- Continue to embed impact management practice during our business planning cycle to further enhance the organisation's performance in line with its mission and vision.
- Share and apply improvement skills and learning from the NHS England's Lean Fundamentals programme. Use this learning to drive improvements across the Hospice that free up more time and resources to spend on direct care and other value adding activities.
- Further develop and establish internal communications and our engagement with people who use our services, their families and carers.
- Further develop and establish services that enable delivery of outstanding care and effective income generation.

#### **How will we measure delivery and impact of this aspiration?**

- Delivery of the recommendations within the review of our governance arrangements.

- Timely completion of the business planning cycle, operational plans, budget setting, review and setting of impact objectives during yearly reviews, and on-going performance management through management reviews.
- Evidence of cross department groups driving incremental improvement in areas such as Staff.Care, Customer Care, Fundamental Aspects of Care.
- Delivery of a patient and public communications and engagement plan that includes completion of the VOICES Survey, development of a quarterly Excellence in Practice bulletin.
- Recruitment to the new role of Governance and Compliance Manager.
- Development, implementation and audit of a suite of internal customer care standards.

## **ASPIRATION 2: STRENGTHENING CLINICAL LEADERSHIP**

### **What is our rationale for choosing this aspiration?**

Our full time Consultant/Medical Director delivers 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. Their appointment has improved clinical support, leadership, teaching and supervision for the medical team and widened the scope for admissions to the Hospice for specialist interventions. Under their leadership we have continued to build the medical team and now host GP registrars on the GP training scheme and Specialist Registrars on the Specialist Registrar Training Programme in Palliative Medicine within the North East. We have also agreed a business case for additional consultant sessions on a part time basis, (0.6 WTE).

### **What will we do to achieve this aspiration?**

In 2023 – 2024 we aspire to continue to will: -

- Increase the number of consultant sessions and ensure we maintain momentum in the change in provision of medical cover more towards a training model.
- Pursue the business case submitted to the ICB proposing they consider increasing the number of consultant sessions to allow the appointment of an additional part time (0.4 WTE) Consultant for the Hospice to enhance the teaching and training role that has already been established.
- Continue to be a training site for palliative medicine, and host both GP Registrars and Palliative Medicine trainees aspiring to become a Consultant in Palliative Medicine.

### **How will we measure delivery and impact of this aspiration?**

- Successful recruitment of a part time consultant and development of a person-centred integrated model of medical care with CDDFT / Willowburn.
- Evaluation of the Hospice as a training site for General Practitioners and Consultants of the future.
- Delivery of an audit project by every medical trainee attending the Hospice, 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, (GMC).

- Participation in an important multicentre trial looking at the use of fluid hydration at the end of life, making research 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.

## **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 Patient Safety Incident Response Framework (PSIRF) (NHSE August 2022) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents. It replaces the Serious Incident Framework, (SIF) (2015) and makes no distinction between "patient safety incidents" and Serious Incidents. It is not an investigation framework, fundamentally shifting how the NHS responds to patient safety incidents for learning and improvement. The PSIRF is a contractual requirement under the NHS Standard Contract and independent provider organisations are required to adopt this framework for all aspects of NHS funded care.

The hospice has over recent years, in line with its organisational values, and within its sphere of influence, advocated a co-ordinated, systematic, methodological, proportionate, and compassionate approach to patient safety incidents. As such it welcomes the development of an effective patient safety incident response system with four key aims: -

1. Compassionate engagement and involvement of those affected by patient safety incidents.
2. Application of a range of system-based approaches to learn from patient safety incident.
3. Considered and proportionate responses to patient safety incidents.
4. Supportive oversight focussed on strengthening response system functioning and improvement.

In 2023 – 2024 the Hospice aspires to implement the PSIRF principles and explore the potential for learning, sharing and improving across Co Durham, and Hospices North-East and North Cumbria.

In keeping with an intelligence led approach the Hospice will continue to focus on learning and improving from patient safety incidents in three key areas arising from incident reporting: falls, pressure ulcers and, for in-patients, incidence of venous



thromboembolism (VTE) assessment, (see Table 1 Safe care targets and achievements).

## **Falls**

### **What is our rationale for choosing this aspiration?**

Many of our patients have limited mobility or are frail because of their illness but retain 'mental capacity' and express their wish to remain as independently mobile as possible. In respecting patient preference, we also must 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.

### **What will we do to achieve this aspiration?**

Actions proposed for 2023 - 2024 are:

- Embed work completed in 2021 – 2023 and implement the “falls bundle” on SystemOne (Patient’s Electronic Care Record) and in day-to-day clinical practice.
- 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.



## **Pressure ulcers**

### **What is our rationale for choosing this aspiration?**

Skin failure at end of life was first described in modern literature by Karen Lou Kennedy, (Decubitus, 1989 in Decubitus, now known as Advances in Skin & Wound Care). In 2000 Weismann, went on to say, “physiologically, prior to a patient’s death, body systems begin to shut down usually over a period of 10 to 14 days or within 24 hours and blood circulation slows down.”

In 2009, The European Pressure Ulcer Advisory Panel, (EPUAP) created a document named “SCALE Final Consensus document,” (Skin Change at Life End). However, in April 2019 NHS Improvement advised NHS trusts to cease using the term Skin Change at Life End (SCALE), otherwise known as Kennedy terminal ulcer (KTU). Instead, healthcare providers are to report the categorisation of tissue depth as per European Pressure Ulcer Panel (EPUAP) guidelines, such as ‘Category 4’ or ‘Suspected Deep Tissue Injury’.

As healthcare professionals we see the skin, as the largest organ of the body which is not immune to dysfunction and/or breakdown at the end of life. The level of decline of skin integrity can be compromised and can include decreased cutaneous perfusion and localised hypoxia, resulting in a reduced availability of oxygen and the body’s ability to utilise vital nutrients and other factors required to maintain skin integrity, (Beldon, 2010).

Within St Cuthbert’s Hospice, our health care professionals oversee this decline and recognise that they must never be complacent and assume that for a patient who has been given palliative/end of life status, a pressure ulcer is inevitable and there is no requirement to investigate pressure ulcers and suspected deep tissue injury (STDI).

The duty of candour requires registered providers and registered managers (known as ‘registered persons’) to act in an open and transparent way with people receiving care or treatment from them, (Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). It is recognised nationally that there is a need for further guidance on preparing patients and relatives that skin failure may occur as part of the dying process. However, at St Cuthbert’s Hospice we pride ourselves on open, honest and transparent care and all skin changes noted are discussed with the patient and their significant others when appropriate.

Furthermore, 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.

However, despite the challenges, we have again set an ambitious target of zero incidence of pressure ulcers (PUs) being acquired or deteriorating following admission for 2023 - 2024.

### **What will we do to achieve this aspiration?**

Actions proposed for 2023 - 2024 are:

- Embed work completed in 2021 - 2023 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 SystemOne and ensure clinical practice reflects the Pressure Ulcer Prevention and Management Policy (April 2023).
- 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.

### **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 about anticoagulation therapy. In 2022 - 2023 98.5% of VTE assessments were completed within 24 hours of admission. In 2023 - 2024 we aim to maintain our current performance.

#### **What will we do to achieve this aspiration?**

Actions proposed for 2023 - 2024 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 and any lessons learned opportunities for improvement 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 2023 - 2024 and will be made publicly 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 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 PSIRF requirements.

## **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.

We aspire to achieve a zero incidence of drug administration errors for 2023 - 2024. We also aspire to ensure that our policy framework and associated procedures support implementation of PSIRF, promote development of a safety culture and facilitate openness about failures; that incident management is not 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 2023 - 2024 are to:

- Continue to embed work completed in 2021 – 2023 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 learning and improving in response to incidents.
- Participation by staff in reviews of policy and development of procedures.
- Completion of 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 intended that ourselves and our patients were able to be better informed about the clinical effectiveness of our care and interventions.

Although in 2019-2023 we have continued to collect and collate the set of data from the suite of palliative care outcome measures we have been unable to secure the data analyst support we need to realise the full benefits of this initiative.

In 2023 – 2024 we aim to build capacity and capability in measuring the effectiveness of our palliative care and outcomes through: -

- Improving staff compliance with standard operating procedures to SOP and ensure all guests/patients have IPOS.

- Participate in an IPOS working group session to understand improvements across IPOS nationally.
- Continue our endeavours to secure additional data analyst support through partnership working with Hospices NE&NC, North East Commissioning Support and Higher Educations.

### **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 our Board, CGSC, SMT and Commissioners of outcomes measures achieved.
- Sharing our findings with health and care colleagues, our CGSC and those who use our services.

## **2.5 RESPONSIVE**

### **ASPIRATION 1: DEVELOP ST CUTHBERT'S AS THE SPECIALIST PALLIATIVE CARE UNIT FOR CO DURHAM.**

#### **What is our rationale for choosing this aspiration?**

St Cuthbert's Hospice is one of the leading hospices in the UK and in 2015 was rated Outstanding by its regulator, the Care Quality Commission. In its Strategic Plan (2022 - 2027), St Cuthbert's announced five strategic goals, the first of which was to enable people at the very end of life achieve a good death in the place of their choosing. This strategic objective aims to: -

- Improve the availability of access to and quality of our in-patient Hospice services.
- Continually improve our understanding of how the management of complex symptoms and pain control contributes to a sense of peace.
- Share our specialist knowledge and skills with the wider community.

In view of this in January 2018 the Hospice approved a Project Initiation Document for Project Grow. The project aims to create a sustainable specialist palliative care unit that will provide for the needs of the people of County Durham. The objectives -for the project are to: -

- Create an additional 20 specialist and non-specialist beds at St Cuthbert's.
- Develop a strong, consultant-led multi-disciplinary team.
- Enable patients who need Hospice care to access the Hospice seven days per week.
- Increase access to specialist palliative care advice and support in the community.

A further report was produced in February 2019 following the completion of a building feasibility study. Since 2019,

The commissioning landscape has changed considerably and NHS England has done a lot of work in the last twelve months to put palliative and end of life care on a firmer foundation. It has done this in the context of an agreed national framework, the Ambitions for Palliative and End of Life Care, A national framework for local action, 2021-2026, (2022) and have produced a commissioning framework to guide local commissioners, Commissioning-Investment-Framework, (2021). Although not mandatory, it would be expected that commissioners take account of it.

The provider landscape has also changed significantly with the emergence of new and more complex integrated models of care and advances in technology that have the potential to revolutionise the way in which care is delivered.

- In 2023 we will explore how we can reinvigorate and develop our thinking in relation to Project Grow, and how we respond to the changed landscape, and contribute to sustainable delivery of a Palliative and End of Life Care Strategy within with an integrated model of care across a system, area and place.

### **What will we do to achieve this aspiration?**

In 2023 - 2024 we will: -

- Embed and continuously improve and develop the Hospice's service models and pathways of care developed in 2021 – 2022 and use these to influence commissioning decisions for: -
  - Community Services – (Dementia and Namaste Care)
  - Day Hospice
  - Living Well Services (Appendix 8 and 9)
  - Bereavement Support (Appendix 6)
  - Family Support (Appendix 7)
  - Community Outreach
- Increase the Hospices engagement and outreach to people with life-limiting conditions and hard to reach groups by developing and delivering a patient and public engagement plan that informs development of person-centred care.
- Refresh communication and engagement with internal stakeholders and identify next steps so that we might be able to move the project forward to its next phase.
- Strengthen consultation and partnership working with stakeholders in the local and national health and care sector and third sector and use this to 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 an integrated model of care across a system, area and place.

### **How will we measure delivery and impact of this aspiration?**

We will demonstrate we have achieved our aspiration by: -

- Timely delivery of Operational Plans that consider the needs of those who are vulnerable due complex conditions and/or circumstances, explain how the service is delivered, articulate performance monitoring data and quality standards.
- Timely delivery of a project plan for Project Grow, including a patient and public involvement plan.
- Strengthening our multidisciplinary team approach to palliative care through more integrated ways of working, with a view to being open to, accessed by and inclusive for those who are typically under-served.

## **2.6. CARING**

### **IMPROVE ACCESS TO PALLIATIVE AND END OF LIFE CARE (PEoLC) FOR UNDERSERVED POPULATIONS VIA PERSONALISED APPROCHES TO HIGH QUALITY PEoLC**

#### **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, literature suggests that 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.

The Hospice's philosophy of care sees the individual as a unique person deserving of respect and dignity and promotes a culture where every person is recognised and valued as an individual with differing needs, preferences, and abilities. The Hospice respects diversity in its workforce and recognises the many benefits this brings. The Hospice also acknowledges that diversity is not about treating everyone in the same way, but recognising and welcoming differences to enable everyone to have equal opportunity and access to both the services it provides and in employment.

There is a strong commitment to ensuring the provision of accessible and inclusive services for all patients, relatives, carers, clients, customers, donors and visitors. Individual care is planned to support the total well-being of each person, considering their physical, psychological, social and spiritual needs. The Hospice aims to ensure that all who use their services feel welcome and confident they are getting the best possible care and treatment from a skilled, caring and responsive workforce representative of the community it serves.

Therefore, in 2023 – 2024 we aspire to understand: -



- To what extent is the cohort of people we serve (as patients, guests, service users) representative of the community we serve in County Durham?
  - What do we know?
  - What don't we know?
  - What should our next steps be to reduce health inequalities?

### **How will we measure delivery and impact of this aspiration?**

We will demonstrate we have achieved our aspiration by: -

- Producing a report that reviews what we know about the extent to which our clinical services are open to, accessed by and inclusive for those who are typically under-served. Use this report to 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.
- Increasing 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 that 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 2022 – 31 MARCH 2023**

#### **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 because of someone taking their own life or sudden unexpected and traumatic death; emotional support to the families of in patients.
- Community Outreach – a social model and extension of Hospice services into the community aimed at providing opportunities to build peer support within 'your own community'. The project encompasses a community coffee morning, death café, Everything in Place, MyPals and the following peer support group.
  - Living well with dementia
  - Living well as a carer
  - Living well with a life limiting illness
  - Living well with bereavement

These groups provide somewhere for people with similar life experiences to meet, where journeys can be shared, interests developed but mostly for people to feel supported within their own communities.

**Guest Services** – housekeeping, catering and receptions teams who: -

- Provide a high quality, welcoming and cost-effective catering, housekeeping and reception service to patients, staff and visitors.
- ensure that all Hospice areas are well maintained, reporting all maintenance issues and need for decoration to the Estates and Facilities Manager.
- look after the Hospice general ambience and make sure that the guests and their visitors have a positive experience from the catering, housekeeping and reception teams.

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



## **Our Workforce**

We have a workforce of 116 employees, 88 full time equivalents (FTE) working across the Hospice and in the Community. As well as our clinical team of Nurses, Doctors, Occupational Therapists, Social Workers and Counsellors, we also employ a dedicated fundraising team, retail team and employ people in various enabling roles.

Our workforce is supported by approximately 400 volunteers who help in our gardens, café and retail outlets, as well as at fundraising events and in the community.



To better match our nursing workforce skill mix and numbers of staff to demand; as measured by patient numbers, dependency and acuity we continue to use the dependency tool introduced in 2016, 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.

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.

We have during 2022 – 2023 carried several 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 embedded the role of a 1.0 WTE pharmacist and 0.6 WTE Development of Clinical Practice Development Nurse who has supported us to roll out competency assessments examples include:

- Second checking of medication
- Blood transfusion
- Paracentesis
- Syringe drivers
- Midlines
- Moisture Lesions
- Pressure Ulcers
- Verification of Expected Adult Death

They also provide training and development sessions and cover topics such as CQC, Duty of Care, Continence Care, Physical Observations, Intentional Rounding, Diabetes Care at the End of Life, Hypercalcaemia, Delirium, Metastatic Spinal Cord Compression, Seizures, Haemorrhage, Bowel Obstruction, Neutropenic Sepsis, Sepsis, Record Keeping, Communication In Handover, Nutrition and Verification of Expected Adult Death. Future training and Development Planning will centre around symptom management, The Principles and Practice of Palliative Care and Cannulation.

We continue to grow our workforce and support professional development and now have five non-medical prescribers, one pharmacist and four nurses. In January 2023 another of our senior staff nurses commenced the advanced clinical skills course. We began to roll out the Fundamentals of Care Programme to Health Care Assistants, Palliative Care Programme to Registered Nurses and a range of WASP Competency Assessments (Witnessed, Assimilated, Supervises, Proficient) including blood transfusions, paracentesis, midlines, syringe drivers and medicines optimisation. We also 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, record keeping and falls prevention.

We continue to build the medical team. 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 creating opportunities to lecture in person at the school of Pharmacy to the final year MPharm students on Palliative Care symptom management.

In February 2020 we welcomed our first GP registrar on the GP training scheme, full time for 6 months, 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. Our most recent 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.

### **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 - 2022 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 practice we have adopted NICE Guidance or Standards to inform both policy and enhance our practice. (Appendix 10)

### **Impact and Learning from the 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) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). 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 2020 – 2023.



During the period 1st April 2022 – 31 March 2023, we have continued to be successful in ensuring we had strong clinical governance at St Cuthbert’s Hospice. 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 quarters one and two there was less opportunity to do this due to temporary suspension of our bereavement support services, decreased numbers of guests in our Living Well Centre and restrictions on visitors to the In-Patient Unit. However, the situation seems to be improving with more questionnaires being completed in quarters three and four. The summary of findings can be seen at Appendix 5 Service User Feedback.

During in 2022 – 2023, 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 North East and North Cumbria Integrated Care Board (NE&NC ICB). We have however provided assurance to the ICP 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.

In 2022 – 2023 the Hospice conducted a review of learning from Covid. Highlights from the review include the following: -

- Visiting restrictions to the IPU had a negative impact on both patients, families and the staff. Nursing staff often found themselves on the receiving end of visitors understandably being frustrated about access to their loved one.
- Ensuring patient and staff safety throughout the ever-changing government guidance has been time consuming and at times anxiety provoking for the clinical managers and their teams.
- Return of staff who had been furloughed or had worked at home during the pandemic and the return of volunteers who were stood down during the pandemic required careful management and was time consuming for managers.
- Ensuring visitors, home workers, returning volunteers were familiar with and adhered to the government guidance was an additional worry for managers. This has been particularly true of changes to the testing regime in response to outbreaks within the context of a relaxation of restrictions outside of the Hospice environment.
- Maintaining safe staffing levels on IPU has been challenging within the context of staff absence in relation to Covid. Absence is often unexpected, last minute and return dates of staff are based on a day-to-day approach depending on negative LFT tests.
- The challenges with staffing in Clinical Services have alternatively highlighted the importance of team-working have led to individuals perceived as not working in line with the organisational values being called out and held to account.
- The work of clinical teams became invisible to colleagues during Covid.
  - People who joined us during the pandemic have not seen the Hospice when it is vibrant and at its best.
  - Non-clinical colleagues have been unaware of the challenges faced by clinical staff during the pandemic.
  - Trustees and colleagues in retail felt less connected to the Hospice.
- The absence of volunteers during Covid has been an opportunity and a threat. (We have gone from 400 volunteers pre Covid to 350 volunteers post Covid).
  - We have been able to clarify what are core services and what are enhanced services.
  - IPU having to manage reception in the absence of volunteers has felt burdensome.
  - Volunteer drivers not returning post Covid has led to areas of Derwentside, Weardale, and the Durham Coast not being served.

- Volunteers not returning to Day Services has been a constraint in achieving KPIs such as occupancy and waiting times for bereavement services.
- Volunteers not returning to coffee shop has delayed its opening Monday to Friday.
- Lack of volunteer drivers for the retail van has meant shops could not be serviced effectively every day.
- Return of volunteers has been carefully managed meaning individual volunteers are more purposeful and numbers per service are more manageable for service managers.
- Recruitment post Covid has been problematic across many roles and has necessitated review of roles and departments.
- Some roles, particularly those in the Income Generation Directorate, can operate effectively as home workers or hybrid workers.
- Increased demand on support with information technology challenges (down time / phone lines) necessitating a change of provider for IT support.
- Alterations to the ways of working meant weekly clinical review team meetings meant in person visits only when required and advice and meetings taking place by 'phone, zoom or teams utilising video conferencing.



### **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 have meet and report to the Clinical Governance Sub 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 2022 – 2023 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

The Hospices infection prevention and control link practitioner leads and 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.

We have established close links with the Infection Prevention and Control team from NE & NC ICB. 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. Our last external infection prevention and control inspection of the hospice care settings took place 1 March 2023 and reported no major concerns or requirements for remedial action.



## Safeguarding

Our last announced face to face assurance visits 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. The action plan resulting from the visit was completed and officially closed by the CCG Safeguarding Team in June 2021, but this has not led to complacency and safeguarding remains high on our agenda.

In 2022 – 2023 the following policies were reviewed: -

- Safeguarding Vulnerable Adults Policy.
- Safeguarding Children Policy.

A review of our training requirements has been completed. We have begun to source additional training for Trustees. Staff have completed training in safeguarding, mental capacity, deprivation of liberty and duty of candour. Audits of mental capacity and deprivation of liberty standards are ongoing. The results from these and the completion of CQC notifications for both safeguarding and deprivation of liberties are evidence of an improved understanding amongst clinical staff.

## Incidents

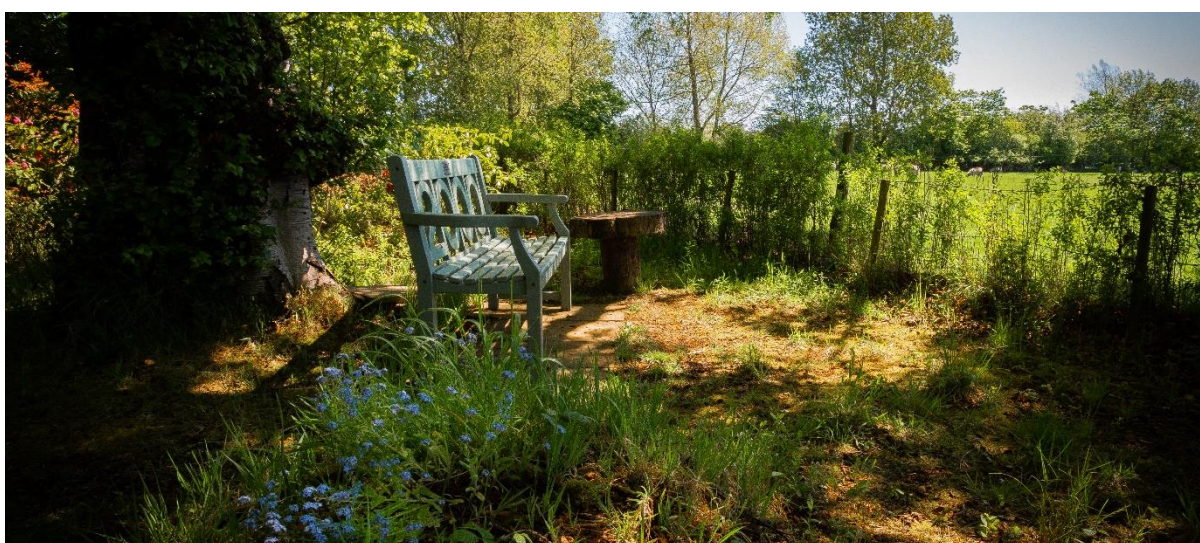
In 2022 – 2023 with support from North East Commissioning Support Unit (NECSU) we implemented Safeguarding Incident Reporting and Management System (SIRMS). This has improved our incident reporting and management processes within the Hospice and wider system.

Table 1: Period: April 2022 – March 2023	
Serious incidents	1 Unavoidable fall
Incident of actual moderate harm/short term harm/disruption	14

Incidents of actual minor/minimal harm/low disruption	49
Incidents of no harm	83
Near miss	2

## Service Contract Quality Performance Reports

As part of our NHS contract requirements, St Cuthbert's Hospice provides NE&NC ICB with quarterly Service Contract Quality Performance Reports. These are available on the website ([www.stcuthbertshospice.com](http://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.



## Our Services

### In-Patient Unit (IPU)

The In-Patient Unit (IPU) has remained open throughout the pandemic. Cumulative deaths totalled since 1 April 2022 is 131 of which 123 achieved their preferred place of death. We were able to discuss preferred place of death (PPD) with 128 patients. We were unable to discuss PPD with 3 patients as it was felt not appropriate to do so. 5 people did not achieve their preferred place of death, which was home. IPU bed occupancy in this year was 86.63%. It should be noted our average length of stay for the year was 14.4 days.

### Dementia Services

We have continued to support the carers of people living with advanced dementia, have had five patients with Dementia admitted to IPU for end of life care and have had forty people living with Dementia through our Cognitive Stimulation Therapy Group. In 2022 we appointed a new Admiral Nurse, who in partnership with internal and external stakeholders, completed an evaluation of the Admiral Nurse role within St Cuthbert's

Hospice prior to her appointment. The review has been used to inform development of the service moving forward and included a review of Admiral Nursing and Namaste documentation and communication and marketing products, as well as the evidence base and operating model for the Cognitive Stimulation Therapy Group within our Living Well Centre. This review informed implementation of a revised delivery model.

Within the Hospice, the Admiral Nurse has developed a consultancy model and attends weekly multi-disciplinary team meetings, provides supervision and training (assessment, documentation, care planning). She works collaboratively with Community Outreach Manager and Coordinator and is strengthening her professional relationships with Family Support Team.

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. 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 continue to offer carers information, sign posting, and emotional support, particularly through during transitions into care, anticipatory grief and bereavement. Externally the Admiral Nurse attends the Integrated Commissioning Dementia Strategy Meeting and sub-group reviewing support for people living with Young Onset Dementia. She regularly meets with the Alzheimer's Society Manager and works collaboratively with Dementia Advisors. She offers specialist advice and support to several memory cafés, safe and welcoming environments for people living with dementia, their families, friends and carers to access social inclusion, peer support, stimulating activity and refreshments run by local further education colleges. She is currently working with Chester- Le- Street Police Community Support Officers (PCSO) to develop a Problem Orientated Policing Plan (POP Plan) for Dementia.



## **Namaste**

In 2022 – 2023 we have continued to explore how we can scale up and expand the Namaste service and move to a sustainable model of care through different funding options, e.g. Big Lottery Community Fund. We have successfully embedded the new role of Namaste Coordinator (Band 4) and recruited and developed new Namaste volunteers, who are now practicing Namaste on a one-to-one basis in the person's own home as well as in a group in our Living Well Centre.

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.

## Bereavement Services

Throughout 2022 – 2023 delivery of bereavement services have been interrupted in response to staff absence. Whilst challenging this has also been an opportunity to pause, learn and improve and revise skill mix within the team and increase capacity in counselling. The Bereavement Services team have continued to embed the Bereavement Journey and Service Specification developed in 2021 – 2022, (see Appendix 6) which includes: -

- 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.

The team have also evaluated the carer support groups piloted in 2021 – 2022 with additional funding from commissioners, Friday Friends Group, Family Fun Days, Teenage Group, Adult Bereavement Group. These were found to be resource intensive and not feasible to run within the existing contract and investment from commissioners. They have also worked in partnership with colleagues in the NE & NC ICB to review the service model. The findings of this review will be considered in 2023 – 2024.



## **Family Support Team**

The Family Support Team have been focused on providing more emotional support to Living Well Centre guests and Inpatients and their family members and have developed a Listening Ear Service, a bereavement service offered to those who need anticipatory grief and post bereavement support.

They have taken the lead on embedding the Care Support Needs Assessment Procedure developed in 2021 – 2022, ensuring staff are able to identify carers as early as possible and that they are able to offer support and guidance to those carers. Within the Inpatient Unit (IPU) they ensure the carer of each guest is given a Carer Support Needs Assessment questionnaire 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), they ensure the carer of each guest is given a CSNAT questionnaire at the initial assessment.



## **Living Well Centre**

The Living Well Centre team has worked hard to ramp up their support offering as we recover from the constraints of Coronavirus (Covid-19). They have been able to deliver a variety of individual and group therapy sessions to guests. 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. The young onset dementia cognitive stimulation therapy group, developed in 2021 – 2022 has continued in 2022 – 2023 and remains well received.

During 2022 - 2023, the Living Well Centre team have continued to deliver day clinics to meet the needs of people requiring paracentesis and blood transfusion procedures. This continues to achieve positive outcomes for guests using our day services.

In response to needs identified through implementation of the Carer Support Needs Assessment Tools the Living Well Centre team's carer support initiatives now include the provision of dedicated time for carers to access complementary therapy services. This learning from these initiatives continues to be used to inform our service development going forward.

**Guest Services** – housekeeping, catering and receptions teams who: -

- Provide a high quality, welcoming and cost-effective catering, housekeeping and reception service to patients, staff and visitors.
- ensure that all Hospice areas are well maintained, reporting all maintenance issues and need for decoration to the Estates and Facilities Manager.
- look after the Hospice general ambience and make sure that the guests and their visitors have a positive experience from the catering, housekeeping and reception teams.



### **Community Outreach Project**

The Community outreach project commenced in September 2022 and encompasses the Compassionate Communities model and Ambition six 'Each Community is

prepared to help' of the Ambitions for Palliative and End of Life Care framework. It aims to extend Hospice services into the community, through a hub (Hospice) and spoke, (Community), social support, volunteer led model. It will provide somewhere for people with similar life experiences to meet, a place where journeys can be shared and mutual interests developed but it will enable people to develop peer support and feel supported within their own communities.

In September 2022 a Community Outreach Manager was recruited. In January 2023 a Community Outreach Coordinator was recruited. The first Hospice Hub Coffee Morning was delivered in February 2023 and was attended by 19 people. This is an 'open group', open to all for a social support coffee morning, delivered as a drop in, meet for a coffee and a chat. It has been designed to tackle social isolation and to identify any needs that someone might have in relation to signposting to other organisations. It provided an opportunity to answer any questions with regards to the care offer within the Hospice and break down any barriers to accessing any needed support. It facilitated signposting option to one of the 'closed groups' for further additional and focused support. Closed peer support groups include the following: -

- Living Well Group (Closed group, by referral)
- Carer Support General (Closed group, by referral)
- Carer Support Dementia (Closed group, by referral)
- Bereavement Support Group (Closed group, by referral)

The project is a three-year project, and in year 1 has focused on developing a spoke in Chester-Le-Street. It hopes, at the end of year one, to be financially sustainable and supported by a cohort of volunteers, allowing the team to move onto another community and replicate, delivering in two locations, with the third year being continued delivery in both locations and evaluation of the model and progress against the project plan.

### **Everything in Place project**

Everything in Place promotes a Public Health approach to encouraging family conversations around death, dying and bereavement. Prior to the Pandemic the Hospice delivered 'Everything in Place', in local community venues. During the pandemic the course was re-written to enable virtual delivery which has proven to be successful. Following an end to the non-recurring funding the departure of the Everything in Place Project Manager the EIP has stalled. However, face to face delivery of the course recommenced in March 2023. The course is delivered over eight, weekly sessions, 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.

### **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 platform aims to enable 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.

Ongoing development in 2023 - 2024 is subject to funding and the findings of a pilot and survey currently being undertaken with guests from our Living Well Centre.

### **Awards**

In 2022 – 2023 we are proud to say that we have been recognised as a 'Carer Friendly Employer' (2021). We continue to meet the Better Health at Work Award standard of 'Maintaining Excellence'.



## **3.3 PROGRESS AGAINST OUR ASPIRATIONS FOR 2022 – 2023.**

### **3.3.1 WELL LED**

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

##### **What was 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 progress have we made with this aspiration?**

In 2022 – 2023 we: -

- Built on work to strengthen our governance arrangements and the Review of the Governance Framework (January 2021) and worked with HumanKind to conduct an external review of our governance arrangements. The recommendations from this review were discussed at our Board of Trustee Meeting on March 2023 and will be taken forward in 2023 – 2024.
- Reviewed and reinvigorated work to build and embed impact management practice to further enhance the organisation's performance in line with its mission and vision. We used a collaborative approach to review and test the organisations operational plan template and appraisal documentation.
- Continued to embed Staff.Care, “an All-in-One solution that has the potential to streamline all existing paper-based administration processes, including Absence Recording, Training Management, Rota Management, HR Recording, Online Wage-slips, Payroll Interface plus the My Staff.Care Self Service Portal for staff to access directly.” We hope in 2023 – 2024 to fully realise its potential and free up more time and resources to spend on direct care and other value adding activities.
- Encouraged managers an opportunity to complete NHS England's Lean Fundamentals, a free, CPD-accredited massive-online course, which builds foundational Lean process improvement skills. One manager has completed this and in 2023 plans to apply learning to our paracentesis process.
- Introduced the role of Communications and Marketing Manager and secured funding to lead the Co Durham Voices Survey, (Views of Informal Carers - Evaluation of Services).
- Reviewed Enabling Services and,
  - Introduced the new roles of Health and Safety Advisor and Governance and Compliance Manager.
  - Developed an operational plan for Enabling Services, which includes internal standards for customer care.
  - Introduced an audit schedule of HR processes linked to providing assurance in relation to safeguarding, e.g. DBS.
  - Commenced workforce modelling to support delivery of the Hospices Model of Care and plan for Project Grow.



## **ASPIRATION 2: STRENGTHENING CLINICAL LEADERSHIP**

### **What was 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 were 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.

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.

### **What progress have we made with this aspiration?**

**In 2022 – 2023 we have: -**

- Accepted four trainees/GP registrars. This has 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.

- Agreed a business case 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 took up the position of Training Programme Director for Specialist Palliative Medicine for Health Education England in the North East. In September 2022 St Cuthbert's became a training site for Palliative Medicine trainees aspiring to become a Consultant in Palliative Medicine and accepted its first trainee. These developments are essential in ensuring a good chance of recruiting to consultant vacancies in the future.
- Delivered audit projects completed by the medical trainees attending the Hospice. These audits contribute to providing well led evidence-based care and fulfilling our responsibilities to the local governance procedures within the Hospice and the General Medical Council (GMC).
- 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 agreed to be a CHElsea II Trial sites. This is 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 mainstream Palliative Care.

### **3.3.2 SAFE**

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

##### **What was our rationale for choosing this aspiration?**

St Cuthbert's Hospice continues to view harm-free care for patients as an important priority. 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.

##### **Falls**

##### **What was our rationale for choosing this aspiration?**

Many of our patients have limited mobility or are frail because of their illness but retain 'mental capacity' and express their wish to remain as independently mobile as possible. In respecting patient preference, we also must balance the need to keep our

patients safe with the need to respect and promote their independence. In such situations some falls remain unavoidable and can and still do occur if patients are to be supported to remain independent. However, we aspired in 2022 – 2023 to have a zero rate of avoidable falls.

### **What progress have we made with this aspiration?**

In 2022 - 2023 we have:

- Embedded work completed in 2021 – 2022.
- Implemented 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).
- Strengthened 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.
- Replaced and upgraded clinical beds in the IPU.



### **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 2022 - 2023. We recognise the challenges associated in meeting this ambitious target and 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 progress have we made with this aspiration?**

In 2022 - 2023 we have:

- Continued to embed and promote best practice and apply NICE Guidance to support monitoring, management of pressure ulcers, suspected deep tissue injuries and moisture lesions.
- Implemented 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).
- Strengthened our engagement with the Hospice UK Patient Safety Forum and used 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.
- Purchased two Lateral Flow Turning Mattresses.

### **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 regarding anticoagulation therapy. In 2022 - 2023 98.5% of VTE assessments completed within 24 hours of admission in 2023 - 2024 we aim to maintain our current performance.

#### **What progress have we made with this aspiration?**

In 2022 - 2023 we have: -

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

#### **What progress have we made with these aspirations?**

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, investigated using root cause analysis and any lessons learned have been shared with staff.

Link Practitioner groups for Falls and Tissue Viability have reported 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 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 2022-2023 and will be made publicly 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.

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	1	21	
Pressure Ulcers/SDTI	3	40	11	7	8	5	31	
Medication Errors	4	5	2	4	8	4	18	The increase in medication errors 2021- 2022 / 2022 – 2023 is thought to be due to: - <ul style="list-style-type: none"> <li>an increase in medication errors noted on admission due to sub-standard discharge planning by referring trust, (5).</li> <li>administration errors due to workload pressures related to acuity, occupancy, staff absence (8).</li> <li>discrepancies in actual stock and recoded stock.</li> </ul>
Other clinical incidences	6	16	9	10	9	10	38	The increase in other clinical incidents 2021- 2022 / 2022 – 2023 is thought to be due to: - <ul style="list-style-type: none"> <li>improved reporting, due to implementation of SIRMs, particularly amongst non-clinical staff.</li> <li>increased through put of patients as Day Services recover from Covid</li> </ul>
Infection Prevention and Control - Health acquired infections	7	7	2	4	5	1	12	The increase in IPC/HAIs 2021- 2022 / 2022 – 2023 is thought to be due to: - <ul style="list-style-type: none"> <li>a change to our admissions policy, meaning we now accept referrals of patients who have tested positive for Covid.</li> <li>accepting referrals of patients with HAI</li> </ul>
Other non-clinical incidences	8	1	3	0	1	0	4	
Information Governance	9	4	5	8	0	3	16	The increase in IG incidents 2021- 2022 / 2022 – 2023 is thought to be due to: - <ul style="list-style-type: none"> <li>improved reporting, due to implementation of SIRMs, particularly amongst non-clinical staff.</li> </ul>
Subject Access Requests	10	0	0	0	0	0	0	



Safeguarding	11	11	0	0	1	0	1	The decrease in safeguarding incidents 2021- 2022 / 2022 – 2023 is thought to be due to: - <ul style="list-style-type: none"> <li>implementation of SIRMs and us no longer reporting MCA/DOLs under safeguarding.</li> </ul>
MCA/DoLS	-	3	0	9	4	9	22	The increase in MCA/DoLS incidents 2021- 2022 / 2022 – 2023 is thought to be due to: - <ul style="list-style-type: none"> <li>Increased acuity of patients</li> <li>Implementation of SIRMs and a change to the way we report MCVAs/Dols</li> <li>Improved awareness of MCA/DoLS</li> </ul>

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

### **What progress have we made with this aspiration?**

In 2022 - 2023 we have:

- Continued to embed work completed in 2021 – 2022 and promote best practice.
- Realised the potential of the pharmacist and used them to support incremental improvement to the six most common areas of risk with medicines in health and social care, (CQC, 2019), shown below (Figure 1)

Figure 1 Common Areas of Risk with Medicines in Health & Social Care



### What progress have we made with this aspiration?

Our performance against these domains will form the basis of this report.

#### 1. 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. Building upon the SystemOne template set up by the pharmacy team last year, this year we have devised a novel medicines reconciliation pro-forma. The pro-forma facilitates the process of medicines reconciliation, allowing the pharmacist to record an accurate list of all the medication that a patient takes from a variety of information sources. Similarly, to the medicines reconciliation template, the pro-forma 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, as evidence of the medicine's

reconciliation process, a hard copy of the completed pro-forma is saved with the patient's notes, and the completed SystemOne template is automatically recorded in the patient medical record. The relevant read codes have now also been incorporated into the SystemOne template ("medicines reconciliation performed XaRF0", "medicines management Y344c", and "medicines adherence checked XaRFL").

Following the COVID-19 pandemic and subsequent vaccination programme, we continue to capture patient vaccination status for both COVID-19 and influenza at the point of admission. 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.

Medication reviews continue to be carried out on 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. For each hospice inpatient, the pharmacy team conduct a medication review and clinical audit of the inpatient prescription chart (Kardex) weekly. A notification that the clinical review has been completed and any relevant findings and subsequent actions are documented in the patient's notes on SystemOne. This is documented using the SystemOne read code: "Y20a8 – medication review done by clinical pharmacist".

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

- Anti-microbial prescribing
- End-of-life prescribing trends – this is an ongoing audit.
- Analgesic choice
- Deprescribing at the end of life
- Dressings and catheter audit
- Anticholinergic burden score (ACB score) – this audit is still ongoing.

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 (UHND) guidelines via MicroGuide for secondary care infections, and this message was well received. There will be a reaudit within the next year to ensure improvement in this respect. Our pharmacists have now written antimicrobial prescribing policy to reflect clinical guidance.

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. Prof Tim Morgan (medical director) and

Nicole Trotter (pharmacist) presented this data to CDLIN on the 15<sup>th</sup> June 2022. This year we have begun once again to collate data for prescribing at the end of life as part of re-audit.

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.

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.

We also audited the choice of catheters and dressings we stocked within the hospice to see whether we could swap to be more cost effective. The audit highlighted that we could in fact save money with these switches as well as change them to be in line with the County Durham and Darlington Formulary.

Additionally, we are currently auditing the Anticholinergic burden (ACB) score of our patients. This is yet to be completed.

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

This year we have spent £55,064.24 on medical supplies and drugs. This is £2113.59 under budget.

We have been continuing to use electronic transmission of prescriptions (e-prescribing). This continues to be 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 continues to allow us to prescribe for outpatients, and send prescriptions to a pharmacy local to the patient with a robust audit trail. The pharmacy team continue to issue prescriptions, which are then sent to the prescribers to 'sign'. This has improved governance around prescribing as two healthcare professionals are 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 in the previous year, but we continue to write and update procedures, when necessary, for example, we have updated our Prescribing Governance Policy and created an antimicrobial policy.

There is still 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.

## **2. Administration**

Last year a review of the medication administration chart (kardex) highlighted a further change was required, the addition of a fourth drug option within the syringe driver prescribing. This has now been actioned and in place. We will continue to review the kardex annually and obtain feedback from both prescribers and staff involved in the administration of medication. Following the addition of the fourth drug option within the syringe driver prescribing, there has been no further changes to the Kardex design required.

There is a weekly audit of each patient's kardex. 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.

Furthermore, our "Self-administrations of medicines SOP" now includes a section for our Living Well Centre guests to allow them to self-administer their medications whilst spending time at the Hospice. If they are deemed unable to self-administer, we then write a Kardex for them and this is then given by one of our Registered Nurses.

## **3. Transfer of care**

As described above, medicines reconciliation forms a major part of the admission process and this is now documented using a SystemOne 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 SystemOne 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.

We also ensure that when patients are transferred for clinic appointment, a full medication list and copy of the Kardex is sent with them.

## **4. 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. Reflective practice is then implemented to learn from these incidents.

## **5. 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 previous audit highlighted potential improvements in how we store patient injectable CDs and these minor changes have been made.

## **6. Staff competency, training and workforce capacity**

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

Staff have carried out training relating to medicines management which also 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 2022/2023 was 100%.

Work force capacity is assessed on a regular basis by the senior management team. A full medicines management training event has been completed during the first few months of 2022, which the pharmacy team has now delivered to all staff.

### 3.3.3 EFFECTIVE

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

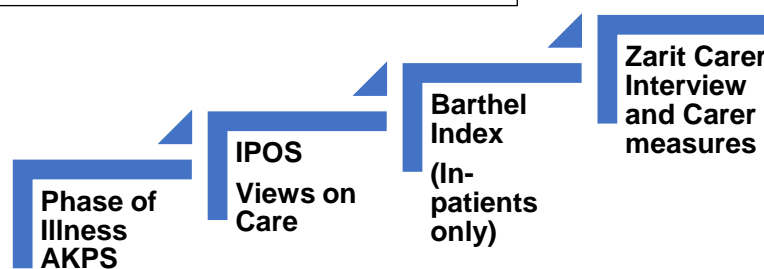
##### **What was our rationale for choosing this aspiration?**

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 can be better informed about the clinical effectiveness of our care and interventions.

Palliative Care Outcomes Measures Toolkit (OACC) outlined below in Figure 2 below.

**Figure 2 – Palliative Care Outcome Measures**



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. However, in 2022 – 2023 we aimed 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.

##### **What progress have we made with this aspiration?**



In 2022 – 2023 progress to measure, in more detail, the effectiveness of our care using outcomes measures achieved has stalled due to lack of capacity and capability in data analytics. However, the potential for a post shared by Hospice NE & NC is being explored and despite the constraints we have: -

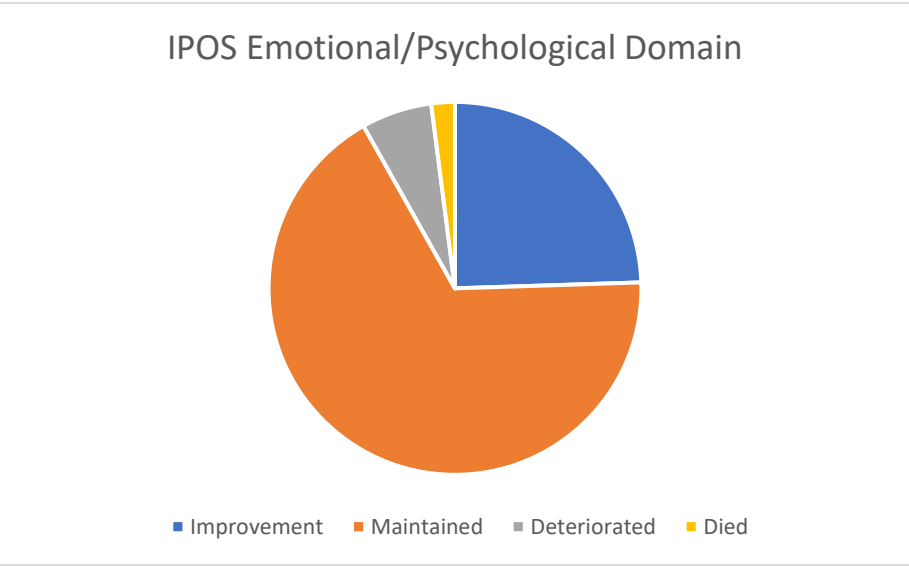
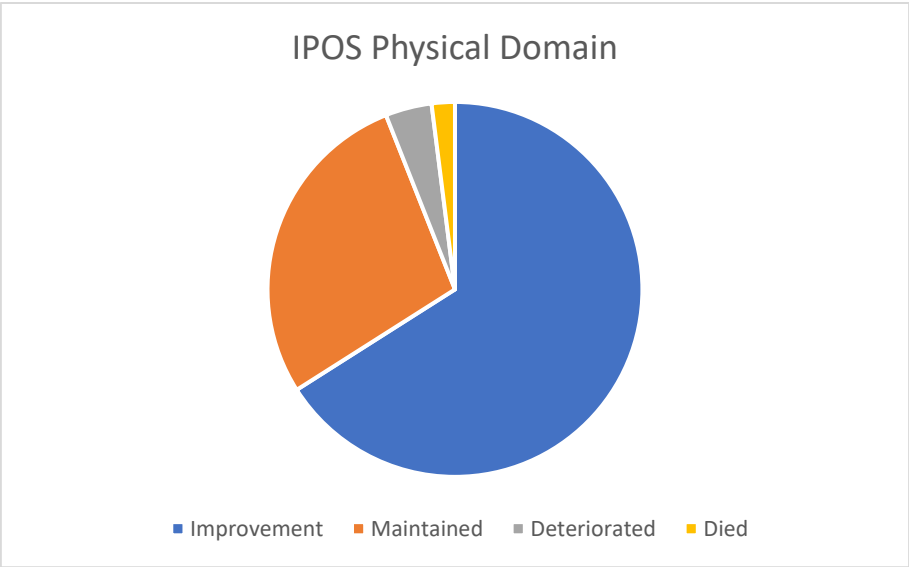
- Provided CGSC, CGG, SMT and Commissioners with details of incidents and trends.
- Shared our findings with sector colleagues, our CGSC and those who use our services.
- Collected data on the following outcome measures.
  - Individual Performance Outcome Score (IPOS).
  - Carer Support Needs Assessment Tool (CSNAT).
  - Warwick-Edinburgh Mental wellbeing Scores (WEMWBS).
  - Friends and Family Test.

In 2022 - 2023 we aimed to place a greater emphasis on reporting outcomes. We aimed 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. This has however been hampered by a lack of capacity and capability in data analysis, something we hope to resolve with a joint post across Hospice North East & North Cumbria.

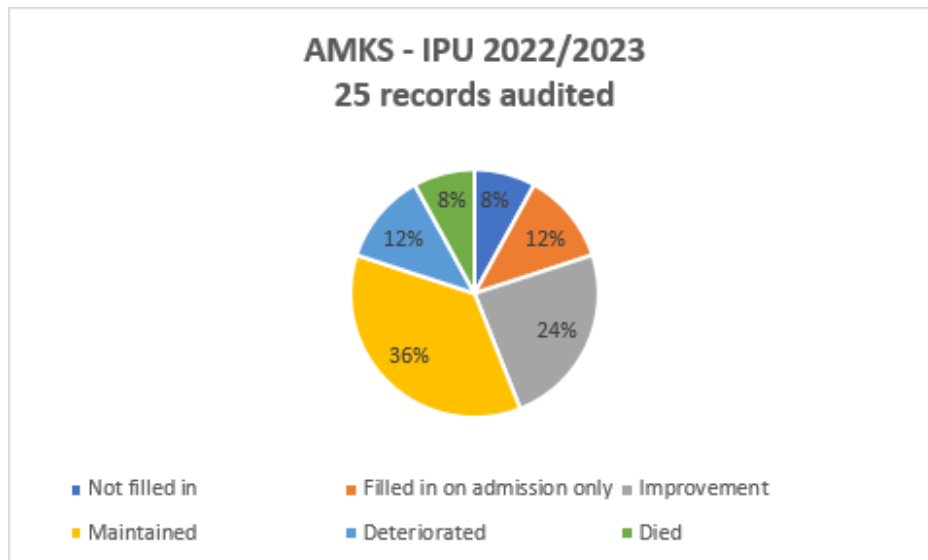
Despite the constraints, we have managed to record and analyse, pre and post outcome measures for guests attending LWC, our first attempt since the pandemic. Within the LWC, the Integrated Performance Outcome Score (IPOS) is the preferred outcome measure. The IPOS covers a range of performance domains related to peoples' quality of life status and include both physical and emotional domains. Our Day Services Referrals and Admission Standard Operating Procedure (SOP) states the IPOS should be completed pre input from the LWC team, at the initial assessment and post input from the LWC team, at the final review.

Analysis of outcomes has demonstrated that frequently occurring problems were addressed through LWC interventions and that these: -

- Contributed to improved quality of life (QOL) in 66% of guests.
- Maintained the current level of quality of life in 28%



Analysis of the records of a sample of patients admitted to IPU in 2022 – 2023 for symptoms management showed 24% improved, 36% maintained.



Analysis of data (LWC and IPU) also identified areas of concern requiring more targeted input. Therefore, in 2023 – 2024 we aim to:

- Improve our data collection methods and ensure staff comply with the requirements in our standard operating procedure, (SOP).
- Attend IPOS working group session to understand and learn from improvements with IPOS nationally.

### 3.3.4 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 BURDON**

**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 overlooked and they must 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 of 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 of 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 progress has been made with this aspiration?**

In 2022 – 2023 we built on existing work (dementia services, everything in place, family support and bereavement services) and responded 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, We have therefore continued to embrace a more carer orientated service and have:-

- Continued to 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.
- Worked with the newly appointed Communications and Marketing Manager and secured funding to conduct the VOICES survey to better understand specific carer needs, personal situations and priorities.
- Continued to forge effective working partnerships with other carer’s services such as Age Concern, Durham County Carers Support (DCCS) and The Bridge Young Carers Service.
- Extended our offering of a short course of complementary therapies to carers to help reduce carer stress, help improve carer wellbeing and give emotional support.

- Continued to work with DCCS and individual carers to provide educational programmes covering subjects such as anticipatory grief and Everything in Place.
- Commenced implementation of a carer support groups, dementia and non-dementia, in the community through our community outreach project.
- Collected data using MYCAW, Warwick Edinburgh Mental Well-Being Scale (WEMWBS) and CSNAT measures to measure improvements to the quality of life of carers.

### **3.3.5 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.

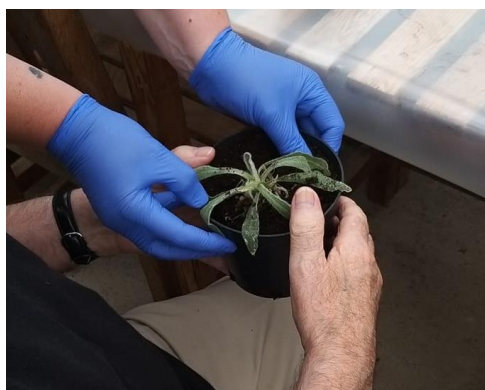
##### **What progress have we made with this aspiration?**

In 2022 - 2023 we have: -

- Developed 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.
- Continued to 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.
- Strengthened and developed partnership working with stakeholders in the local and national health and care sector including Her Majesty's Prisons, Alzheimer's Society, Dementia UK, Police Community Support Officers (PCSO).

- Begun to 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. This includes delivering projects and initiatives aimed at improving the quality of life for people with life-limiting illness. These will be co-ordinated by the Hospice staff, but overtime mainly volunteer/peer support led. Examples include: -
  - Namaste – to benefit people with advanced dementia and those who care for them.
  - MyPals – enabling people with life-limiting illnesses to connect with volunteers who can offer practical support.
  - Everything in Place – promoting greater awareness of, and willingness to talk about, death, dying, grief and loss, with more people making plans for the end of their life and increased numbers of people with an Advanced Care Plan.
  - Living well with life limiting illness – enabling people with life-limiting illnesses to experience improved well-being, improved support and improved resources.
  - Living well with bereavement support group – enabling more bereaved people to experience an improvement in their quality of life and feel more positive about the future.
  - Carer support groups – enabling more carers of people with life-limiting illnesses to experience improved well-being, improved support and improved resources.
- Implemented and begun to evaluate the Hospice’s service models and pathways of care developed in 2021 – 2022 for: -
  - Community Services – (Dementia and Namaste Care) (Appendix 11 and 12)
  - Day Hospice (Paracentesis and blood transfusions)
  - Living Well Services (Appendix 9 and 10)
  - Bereavement Support (Appendix 7)
  - Family Support (Appendix 8)

We have not made as much progress as we would like in introducing experience-based design. However, we hope, with the support from the new Communications and Marketing Manager, to progress this in 2023 – 2024.



#### 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 2022 to 31 March 2023 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 because 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 2022 to 31 March 2023, 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 2022 - 2023 represents 100% of the total income generated from the provision of NHS services by St Cuthbert's Hospice Durham for 2022 - 2023. 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 2022 - 2023 St Cuthbert's Hospice signed an NHS contract for the provision of these services.





## 5. Statement of Assurance from North East and North Cumbria Integrated Care Board

---

**NHS**  
**North East and  
North Cumbria**  
Pemberton House  
Colima Avenue  
Sunderland  
SR5 3XB

**26<sup>th</sup> June 2023**

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

**St Cuthbert's Hospice Quality Account 2022/23 - Response on behalf of NHS North East and North Cumbria Integrated Care Board (ICB)**

The North East and North Cumbria Integrated Care Board (ICB) are committed to commissioning high quality services from St Cuthbert's Hospice and welcome the opportunity to review and submit a statement on the annual Quality Account for 2022/23.

As with many organisations across the country, St Cuthbert's Hospice has faced a challenging year, as the healthcare sector continued its recovery from the Coronavirus pandemic. The ICB would like to commend the organisation and its workforce for the commitment and dedication demonstrated throughout these difficult times.

The ICB recognise the significant improvements that continue to be made to patient care and experience at St Cuthbert's Hospice. The structured approach to governance, audit and quality improvement is reflective of the desire to continually improve the quality of care delivered to patients.

We are pleased to note the continued work undertaken to reduce risks. Particularly the work that has been undertaken to reduce avoidable falls and pressure ulcers and the assessment of venous thromboembolism. Also of note, are the improvements that have been embedded in the medicine management processes to enhance safety in this important area of quality governance.

The ICB acknowledge the extensive work undertaken to reduce the risk of healthcare associated infections. The ICB Infection Prevention & Control Team undertook an annual audit of the setting in March 2023, which yielded positive results and demonstrated the high standards of infection prevention and control practice.





**North East and  
North Cumbria**

St Cuthbert's has undertaken a number of initiatives to improve clinical leadership across the organisation. Of particular note, was the work undertaken to support training, audit and research within palliative care.

Commissioners noted that work to improve the use of clinical outcome measures did not progress as planned due to lack of capacity and capability in data analytics. However, it is pleasing to see that despite the constraints, progress was made in analysing data for the Living Well Centre. The ICB commend the organisation's intention to continue to develop this work further in 2023/24.

St Cuthbert's Hospice is to be congratulated on their success in being recognised as a Carer Friendly Employer and Maintaining Excellence Award for Better Health at Work in 2022/23.

The ICB are pleased to note that quality and safety remains a priority for the Hospice in 2023/24 and fully support the quality priorities identified within the account.

We look forward to continuing to work in partnership with St Cuthbert's Hospice to assure the quality of services commissioned in 2023/24.

Yours sincerely

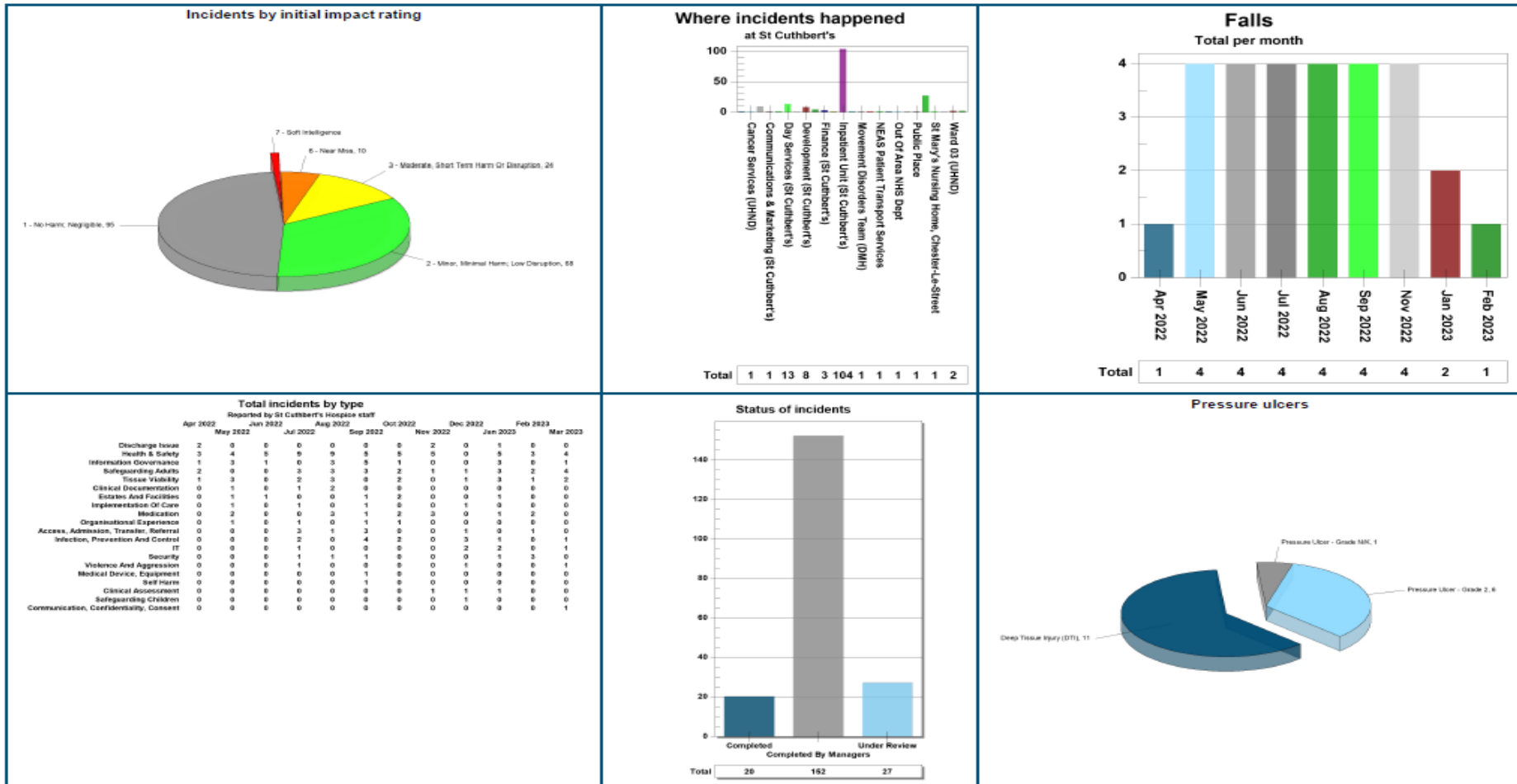
**Annie Topping**  
Director of Nursing  
North East & North Cumbria ICB (Central)



# Appendix 1

## Incident Reporting Dashboard

St Cuthbert's Hospice: incident reporting dashboard  
Incidents reported from 01/04/2022 to 31/03/2023



## Appendix 2

### Table 3: Hospice 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		
<b>In-Patient Unit (IPU)</b>									<b>COMMENTS.</b>
Total number of in-patient referrals received	N/A for monitoring purposes	329	-	89	85	89	77	340	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	27.2	35.6	
Total number of inpatient admissions.	N/A for monitoring purposes	231	-	58	59	50	53	220	N/A for monitoring purposes. Meeting held with ICB 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	83.87	86.63	Action Plan in place to improve performance against KPI.
Percentage bed availability.	≥ 95%	100	Met	100	100	100	97.1	99.3	
Average length of stay for inpatients.	≤ 15 days	11.6	Met	13.8	12.5	16.3	14.9	14.4	
Number and percentage of inpatients that have been offered an Advance Care Plan.	90%	97.9%	Met	100	96.6	100	100	99.2	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	35 97.2	128 97.6	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 85.2%</b>	-	34 97.1	<b>32 94.1</b>	<b>24 96</b>	<b>33 94.3</b>	<b>123 95.4</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>	<b>98.1</b>	<b>95.7</b>	Implementation of new risk assessment and care plan templates on SystmOne ongoing.
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>	<b>98.1</b>	<b>95.7</b>	Implementation of new risk assessment and care plan templates on SystmOne ongoing.
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>	<b>98.1</b>	<b>95.7</b>	Implementation of new risk assessment and care plan templates on SystmOne ongoing.
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>	<b>98.1</b>	<b>95.7</b>	Implementation of new risk assessment and care plan templates on SystmOne ongoing.
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>	<b>100</b>	<b>98.5</b>	New template on SystmOne implemented.
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>	<b>100</b>	<b>100</b>	Working with new Communications & Marketing Manager in Q1 to improve uptake. HCA Family & Friends Champions Identified.
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>	<b>122</b>	<b>249</b>	N/A for monitoring purposes
Number and percentage of Living Well Centre patients receiving a care plan	<b>100%</b>	<b>100%</b>	-	100	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	Implementation of new risk assessment and care plan templates on SystemOne.
Percentage occupancy	<b>≥ 80%</b>	<b>13.6%</b>	<b>Not Met</b>	<b>25</b>	<b>26</b>	<b>36</b>	<b>38</b>	<b>31.25</b>	Occupancy expected to continue to increase as referrals are increasing.
Time from referral to Living Well Centre and contact to arrange home visit / assessment	<b>90% within 7 days</b>	<b>95.3%</b>	<b>Met</b>	100	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	
Time from first referral in LWC to Physiotherapy assessment	<b>100% within 21 days</b>	<b>92.5%</b>	<b>Met</b>	-	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	
Time from referral in LWC to Occupational therapy assessment	<b>100% within 21 days</b>	<b>91.2%</b>	<b>Met</b>	100	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	
Percentage of patients that report a positive experience of care via the Friends and Family Test	<b>90%</b>	<b>97.3%</b>	<b>Met</b>	100	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	Working with new Communications & Marketing Manager in Q1 to improve uptake. HCA Family & Friends Champions Identified.
<b>Bereavement Support Services (Adults)</b>									<b>COMMENTS</b>
Total number of clients accessing bereavement support services (adults)	N/A for monitoring purposes	<b>116</b>	-	49	<b>53</b>	<b>50</b>	<b>43</b>	<b>103</b>	N/A for monitoring purposes
Number and percentage of clients contacted within 15 working days of receipt of referral (adults)	<b>95%</b>	<b>99.3%</b>	<b>Met</b>	100	<b>100</b>	<b>91.3</b>	<b>93.8</b>	<b>96.3</b>	

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 that report a positive experience of care via the Friends and Family Test	90%	100	Met	100	100	100	100	100	Working with new Communications & Marketing Manager in Q1 to improve uptake. HCA Family & Friends Champions Identified.
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	43	95	N/A for monitoring purposes.
Time from referral to Admiral Nurse for first contact and appointment arranged for assessment.	95% within 15 days	100%	Met	95.8	100	100	100	99	
Time from referral to Namaste care for first contact and appointment arranged for assessment.	95% within 15 days	95.8%	Met	-	100	100	100	100	
Percentage of patients who provide feedback and report a positive experience of care	90%	0 returned		-	100	-	100	100	Working with new Communications & Marketing Manager in Q4 to improve uptake. HCA Family & Friends Champions Identified.
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
---	-----------------------------	---	---	---	---	---	---	---	--



## Appendix 3

### Quality Outcome Indicators: Bereavement Services: Children and Young People (CYP) 2022 - 2023

Figure 1. Number of referrals

1 April 2022 - 31 March 2023:  
Gender of clients accessing service n = 132

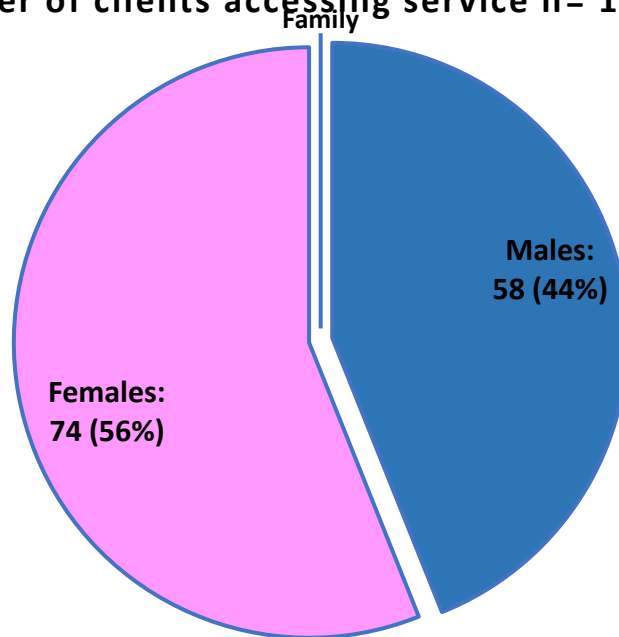
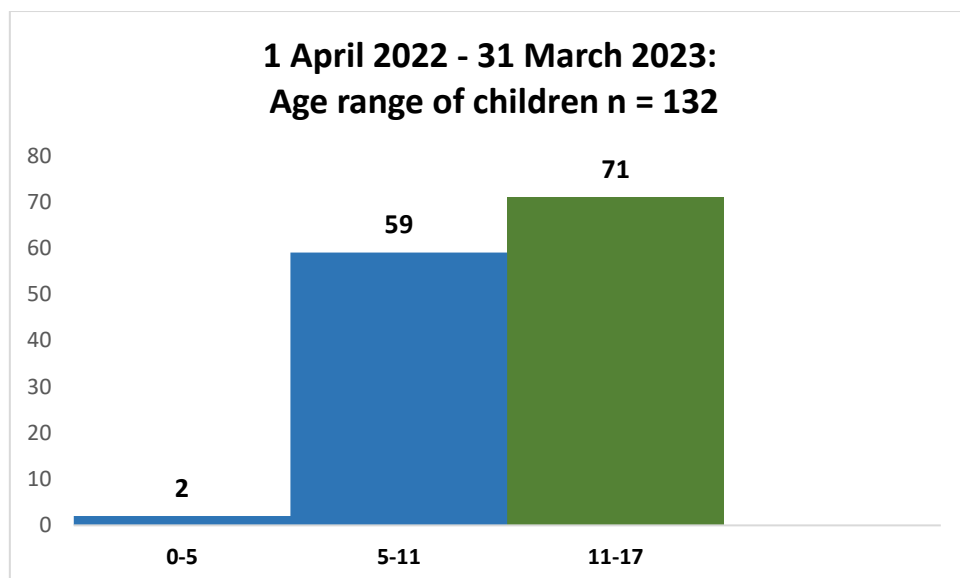


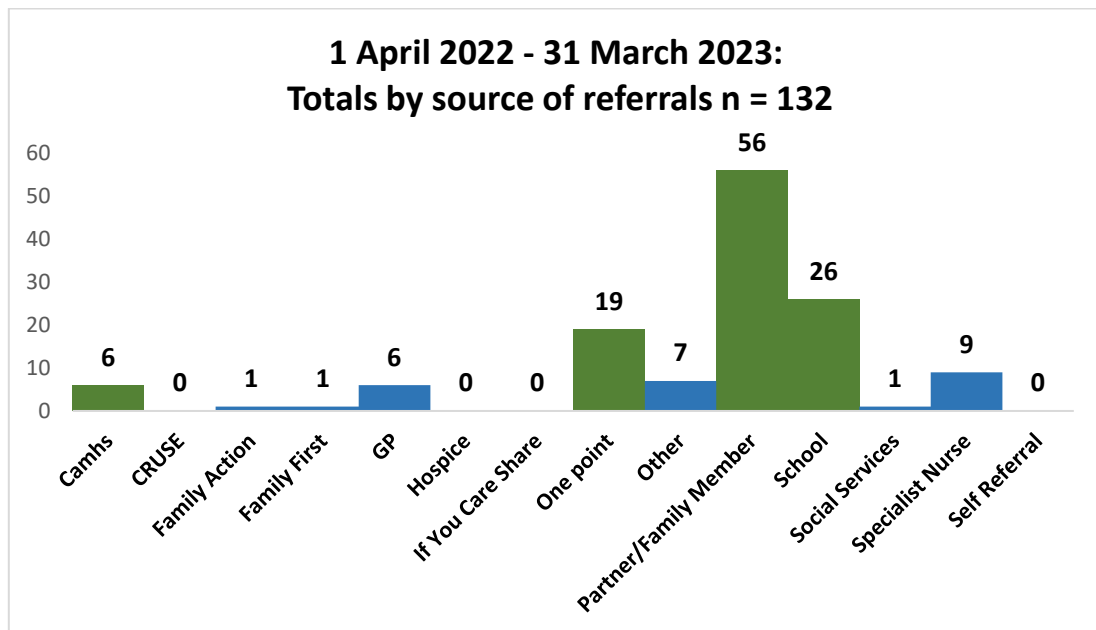
Figure 2. Children's age range



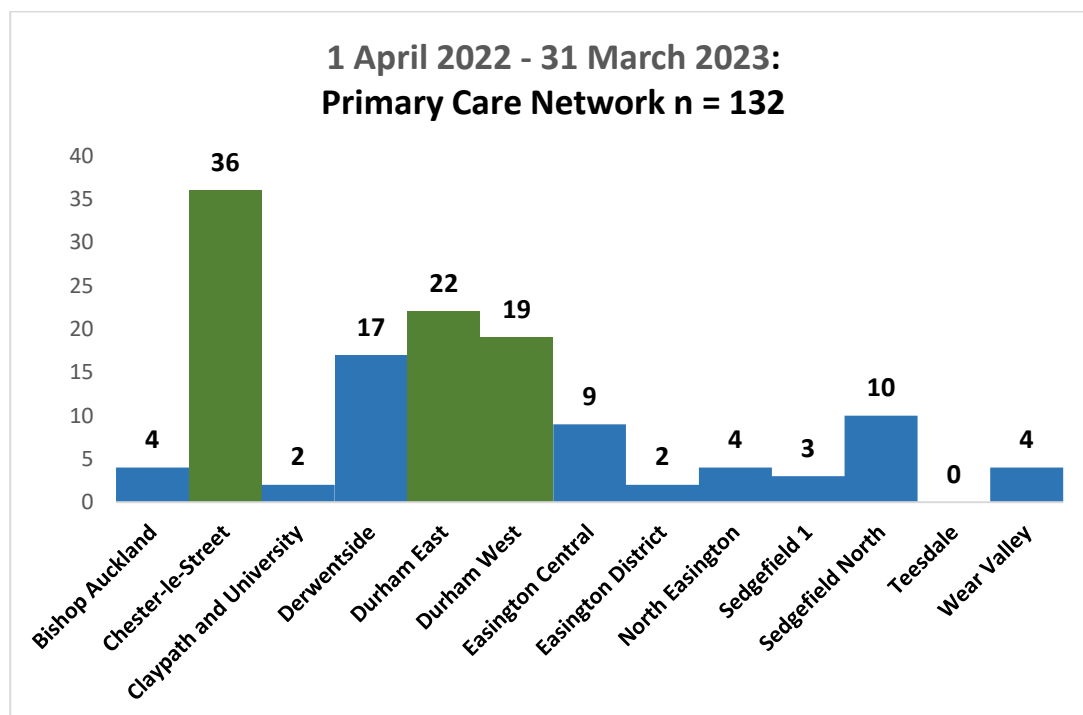
### Religion and Ethnicity

We have recorded that 98.4% of CYP service users have recorded their ethnicity as white British and 51.5% have declared Christianity as their faith.

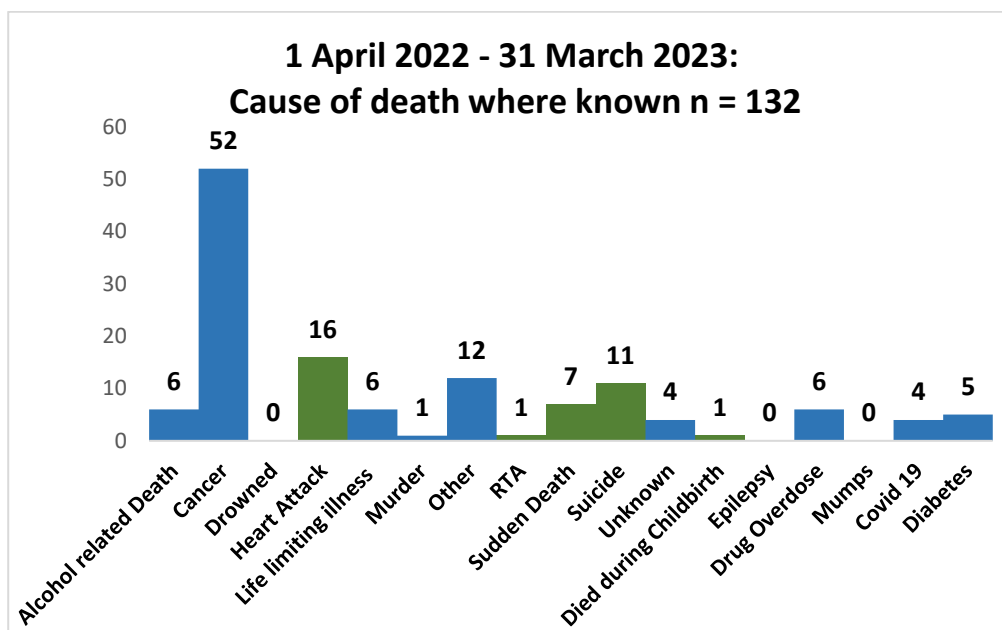
**Figure 3. Source of referrals**



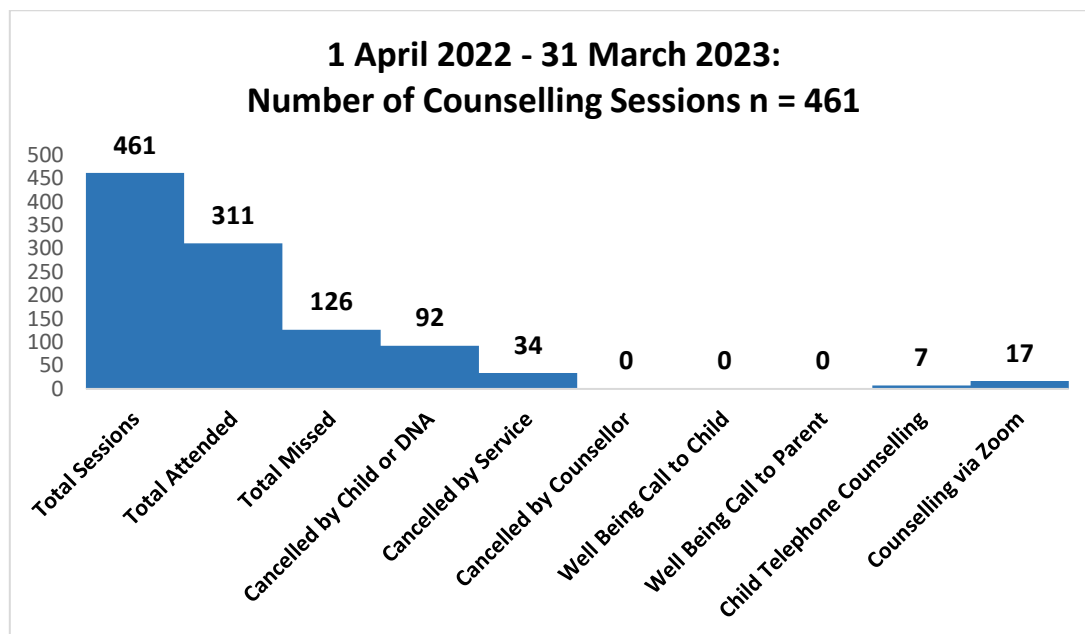
**Figure 4. Child by Primary Care Network**



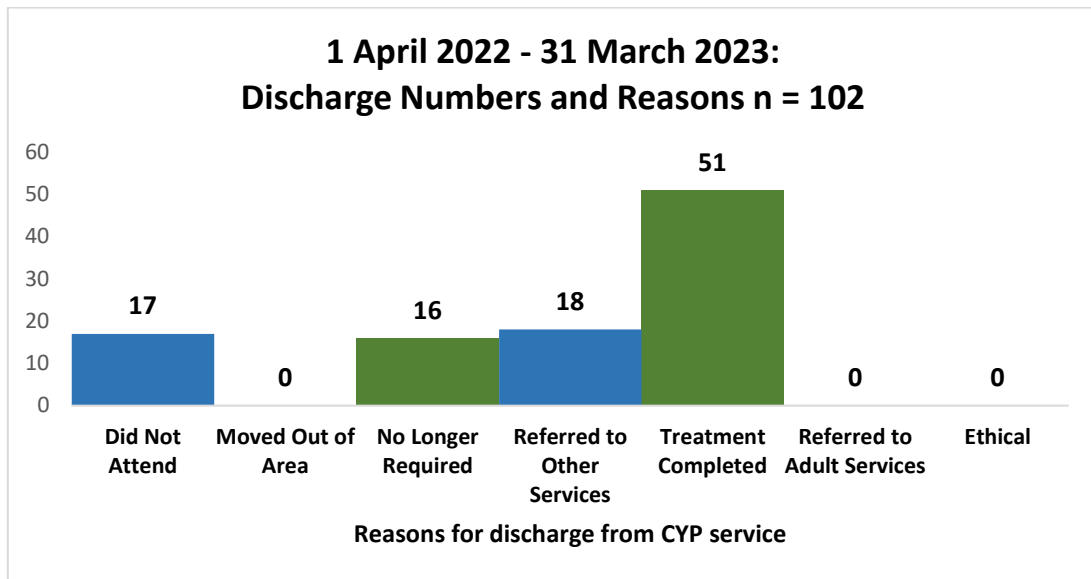
**Figure 5. Cause of death where known**



**Figure 6. Number of counselling session provided.**



**Figure 7. Treatment completion, leaving the service discharge.**



**NB\*** denotes cause of death either not stated or not declared and therefore recorded as unknown.

## Appendix 4

Audit Schedule 2022 - 2023			Quart er 1			Quart er 2			Quart er 3			Quart er 4		
Reviewed by: Allison Welsh														
Agreed by CGSC														
AUDIT TOOL	Frequency		APR	M AY	JU N	JUL	AU G	SE PT	OCT	NO V	DE C	JAN	FE B	MAR
Family & Friends Test	Monthly	Service Managers x4												
LWC/Day Hospice Admission	Quarterly	Service Manager LWC												
In-patient Admission	Quarterly	Service Manager IPU												
<b>INFO GOV AUDITS</b>														
IPU	Annually	Governance Mgr												
LWC	Annually	Governance Mgr												
Dementia	Annually	Governance Mgr												
FST	Annually	Governance Mgr												
<b>Medical Audits</b>														
DNACPR	Weekly	Medical Director												n/a
ACP	Quarterly	Medical Director												
VTE	Monthly	Medical Director												
EHCP Audit	Annually	Pharmacist												

Spirituality Audit	Annually	Doctor																
<b>CSNAT Audit</b>																		
CSNAT Audit	Twice year	Social Worker																
<b>TISSUE VIABILITY AUDITS</b>																		
Pressure Ulcers	Quarterly	Staff Nurse																
<b>FUNDAMENTAL ASPECTS OF CARE AUDIT</b>																		
Nutrition IPU	Quarterly	Snr Staff Nurse																
Nutrition LWC	Quarterly	Snr Staff Nurse																
Bereavement	Twice year	Co-Ordinator																
Falls (KPI)	Quarterly	Physiotherapist																
LWC/Day patient pain	Quarterly	Staff Nurse			n/a													
Blood Transfusion IPU	Quarterly	Staff Nurse																
Blood Transfusion LWC	Quarterly	CPDN																
In patient pain	Quarterly	Staff Nurse																
<b>MEDICINES OPTIMISATION AUDITS</b>																		
General Medicine Management	Quarterly	Pharmacist																
Medicine Compliance	Weekly at MDT	Pharmacist																
Controlled drugs	Quarterly	Snr Staff Nurse																
Accountable Officer Audit	Annually	Head of CS																
<b>INFECTION CONTROL AUDITS</b>																		
Code of Practice - Julia	Annually	Infection control group																
Mattresses	Monthly	Senior HCA																
Full mattress review	Annually	Senior HCA																

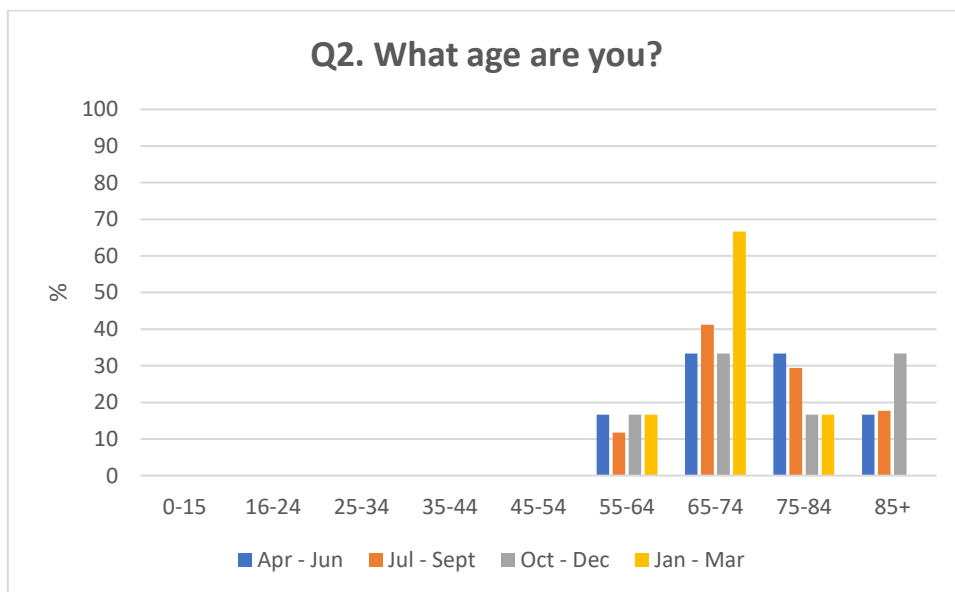
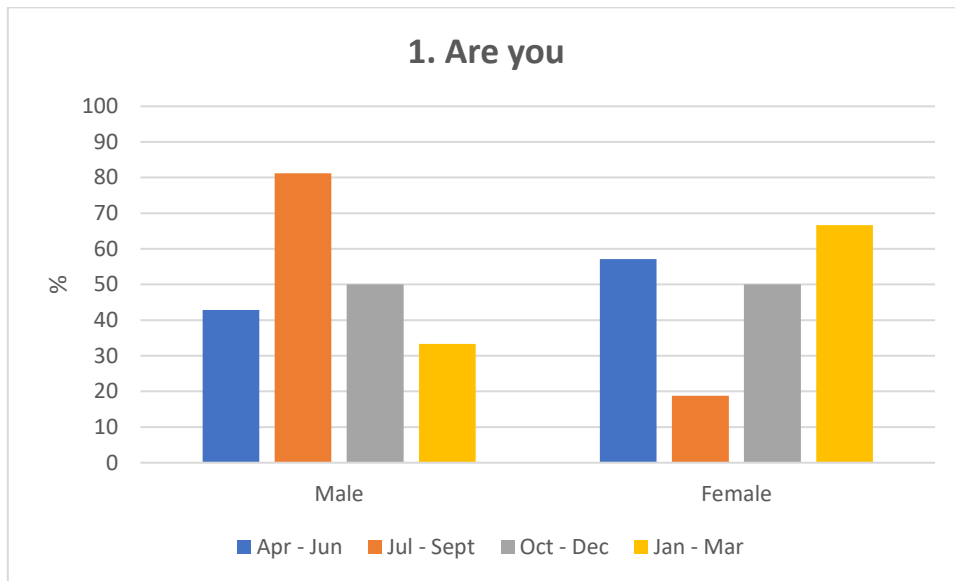
Clinical Rooms - IPU	Annually	Infection control group													
Clinical Rooms - LWC	Annually	Infection control group													
Domestic Rooms IPU	Annually	Infection control group													
Domestic Rooms LWC	Annually	Infection control group													
Care of deceased	Annually	Infection control group													
Hand Hygiene - IPU	Twice year	Infection control group													
Hand Hygiene - LWC	Twice year	Infection control group													
Patient areas - IPU	Annually	Infection control group													
Patient areas - LWC	Annually	Infection control group													
Offices within patient areas - IPU	Annually	Infection control group													
Offices within patient areas - LWC	Annually	Infection control group													
Sluice/Dirty Utility	Annually	Infection control group													
Sharps IPU	Annually	Infection control group													
Sharps LWC	Annually	Infection control group													
Toilets for Public Use - IPU	Annually	Infection control group													
Toilets for Public Use - LWC	Annually	Infection control group													

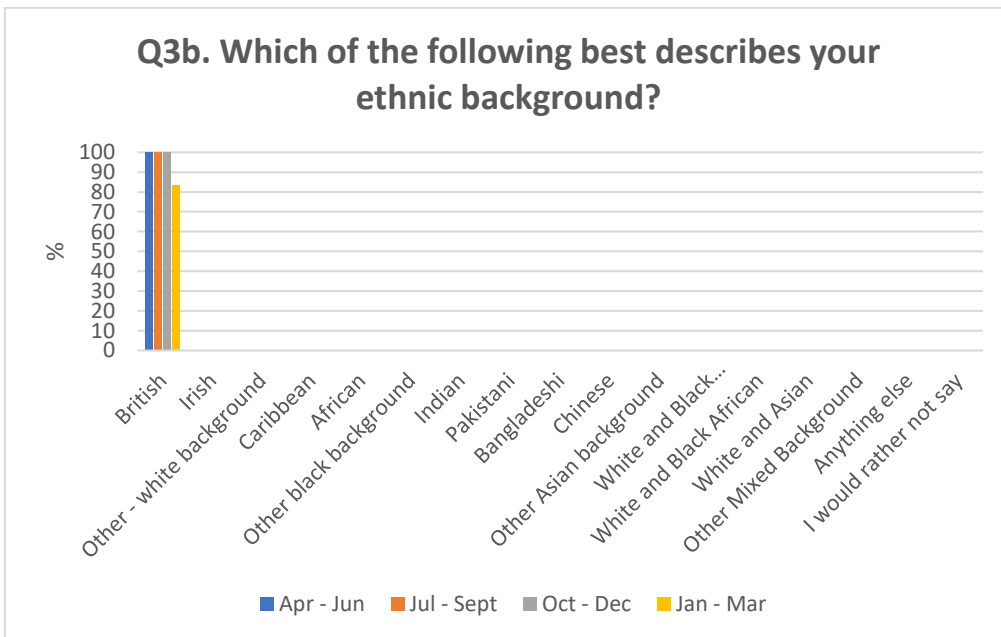
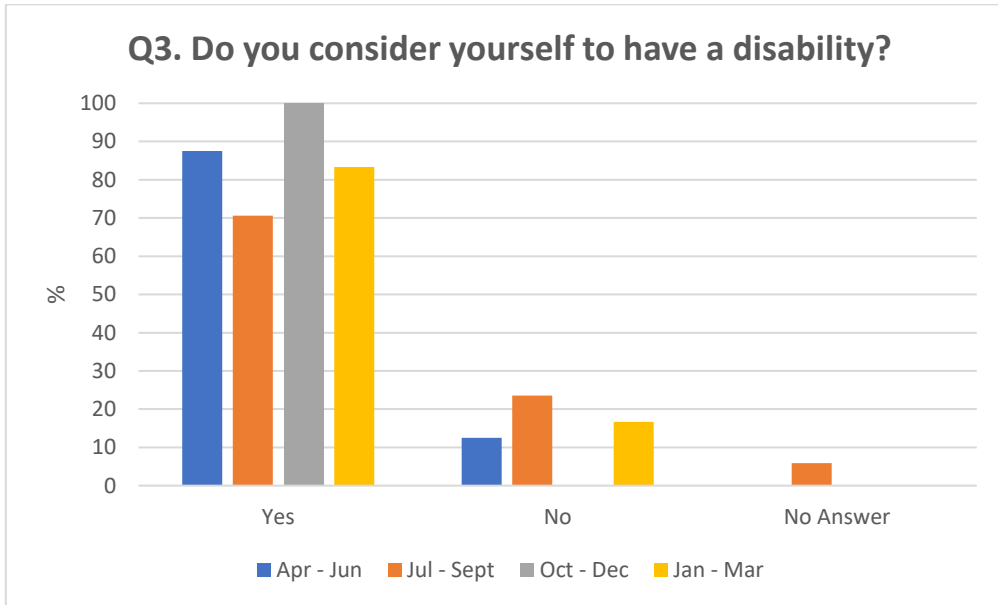
Kitchen Areas	Annually	Infection control group														
Public Areas - IPU	Annually	Infection control group														
Public Areas - LWC	Annually	Infection control group														
Patient Toilets - IPU	Annually	Infection control group														
Patient Toilets - LWC	Annually	Infection control group														
Patient bathrooms - IPU	Annually	Infection control group														
Patient bathrooms - LWC	Annually	Infection control group														
Policies and Protocols	Annually	Infection control group														
Protective Equipment	Annually	Infection control group														
DOLS/MCA	Quarterly	Link Practitioner			N/A											
Albumin Audit LWC	Quarterly	Doctor														in development
VIP score - IPU/LWC	Quarterly	IV Link practitioner			n/a											
<b>To be Developed</b>																
Medical Devices	Quarterly	Link Practitioner														

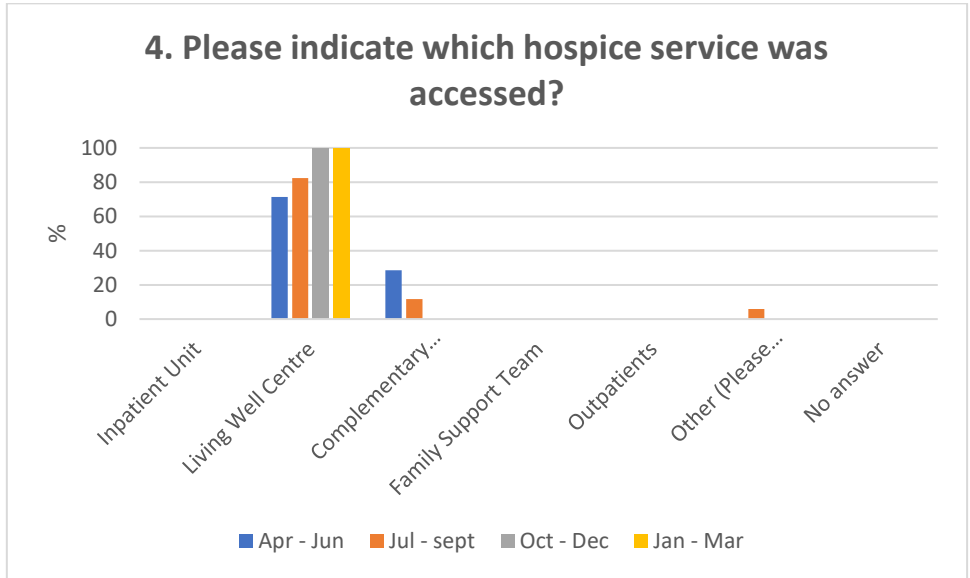
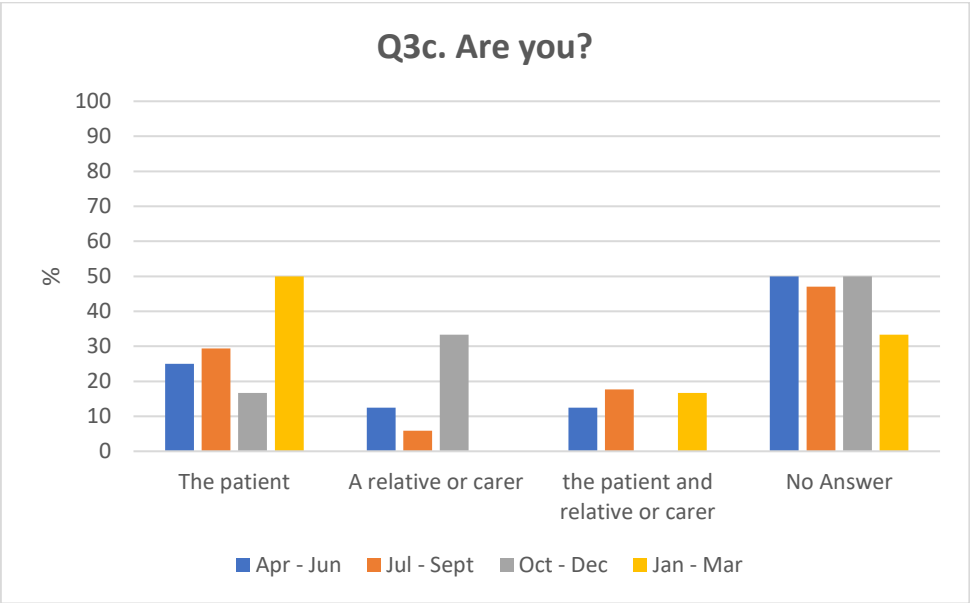


## Appendix 5

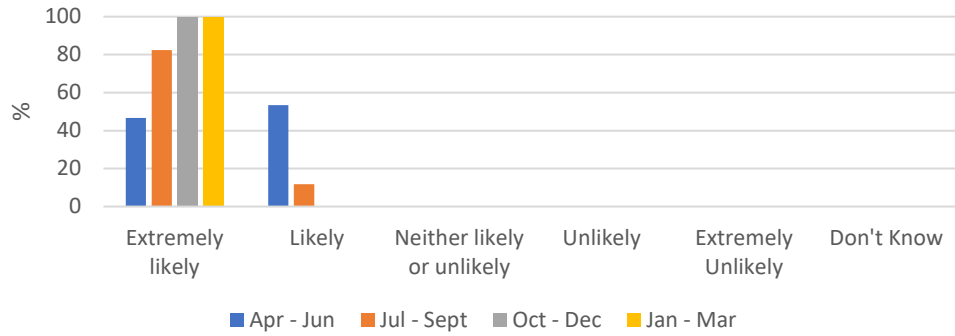
### LWC Friends and Family Test 2022/2023



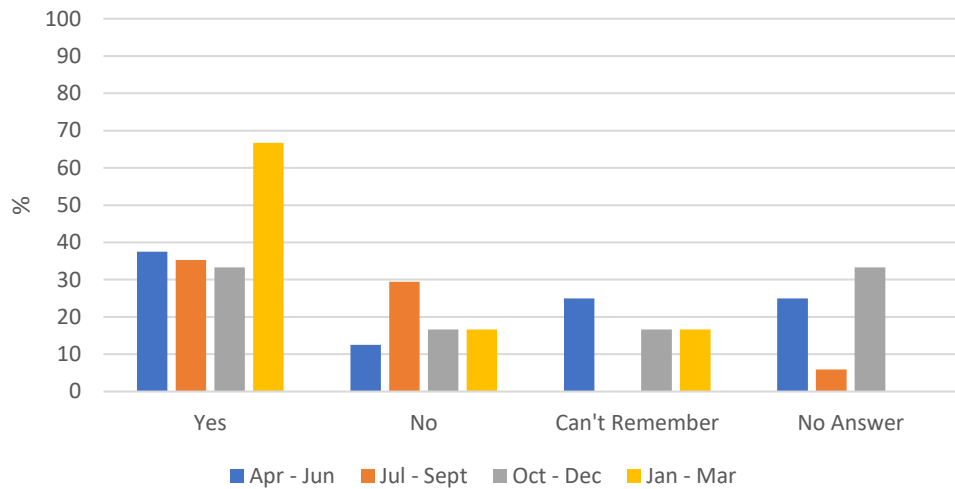




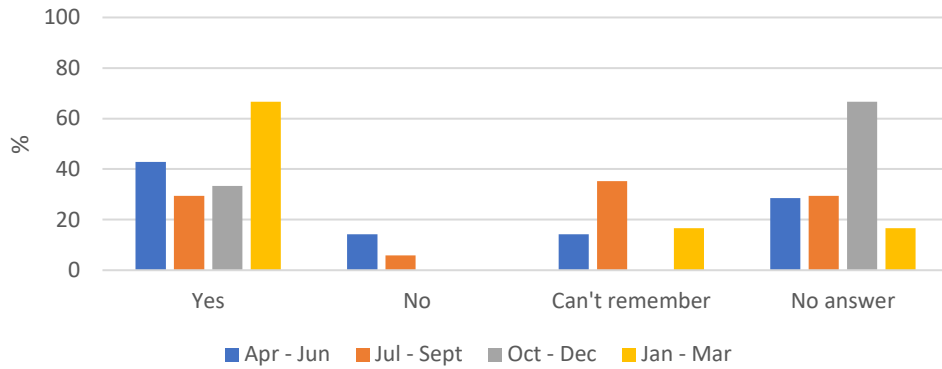
**Q4 We would like you to think about your recent experience of our service. How likely are you to recommend the care received at St Cuthbert's Hospice to friends and family if they needed similar care or treatment?**



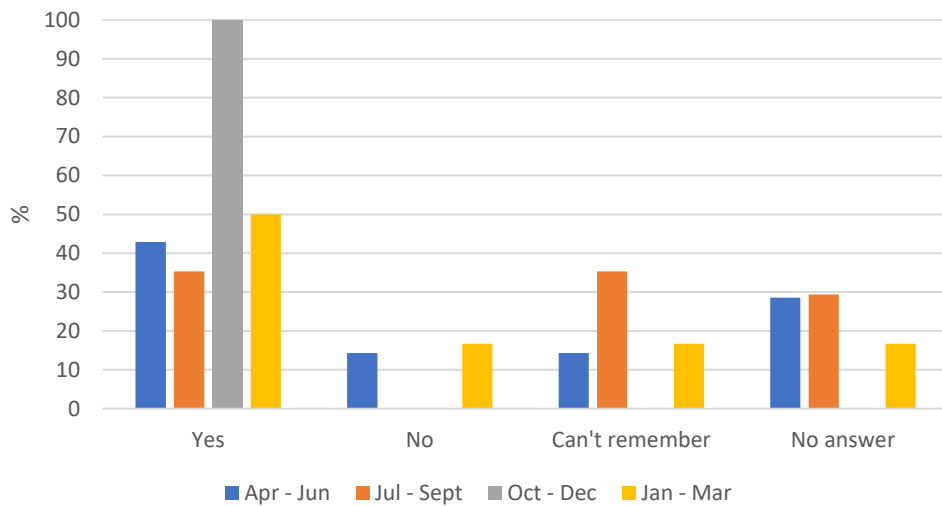
**Q5. During your time in our care did you receive an information pack/leaflet?**



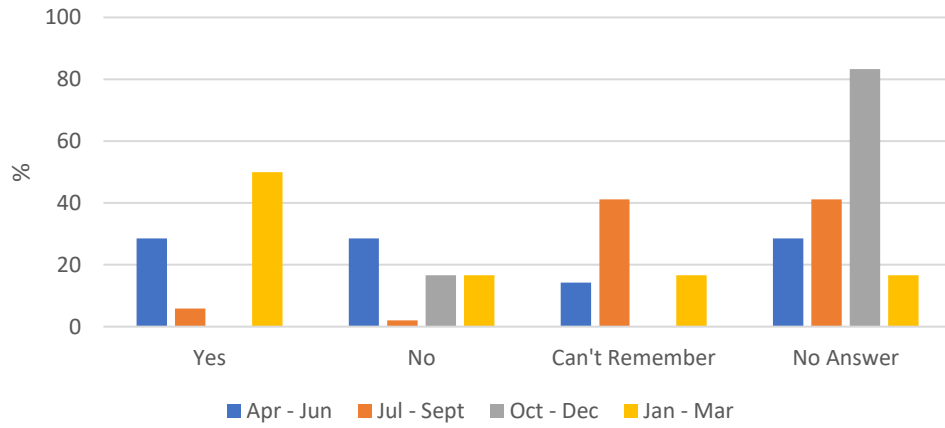
**Q6. If you received an information/leaflet was it easy to understand? (if you ticked No please indicate why)?**



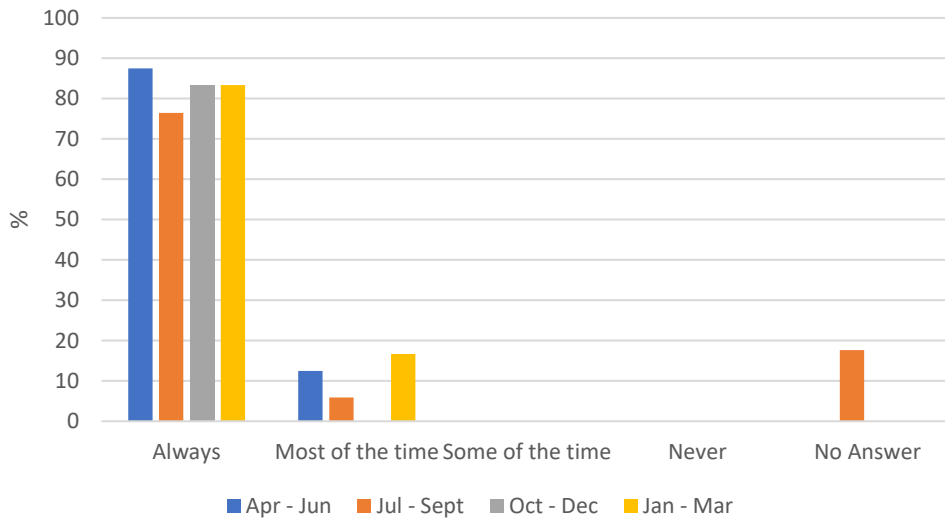
**Q7. Was the information pack / leaflet helpful? (if you ticked No please indicate why)**



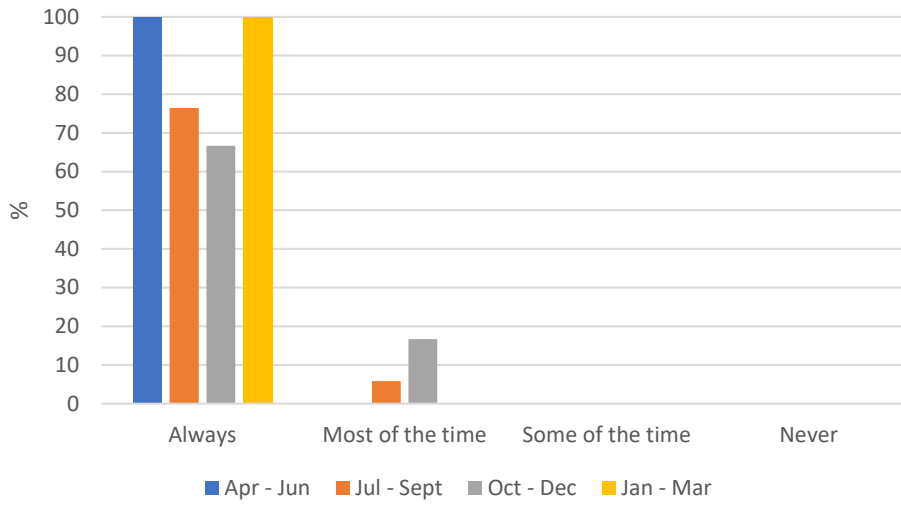
**Q8. Was there anything in the information pack/leaflet that you found to be incorrect? (If you ticked Yes please indicate why)**



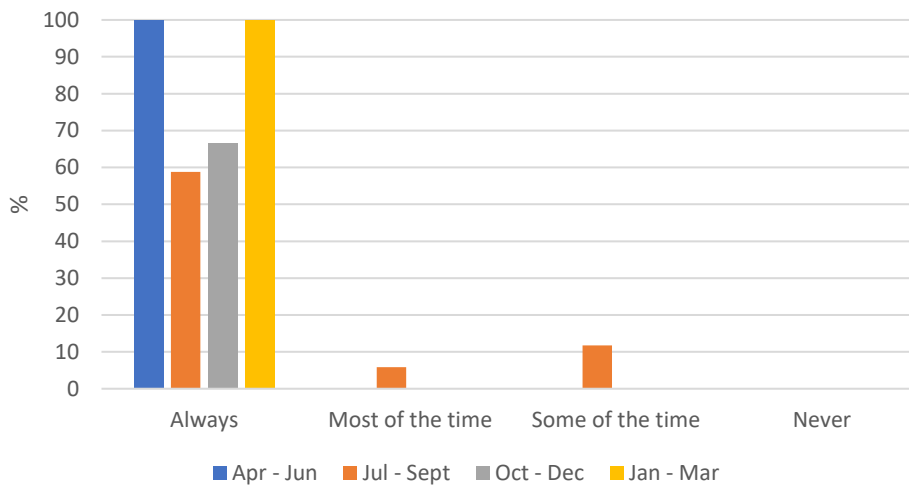
**Q9. When you accessed our services did the staff introduce themselves to you/your loved one?**



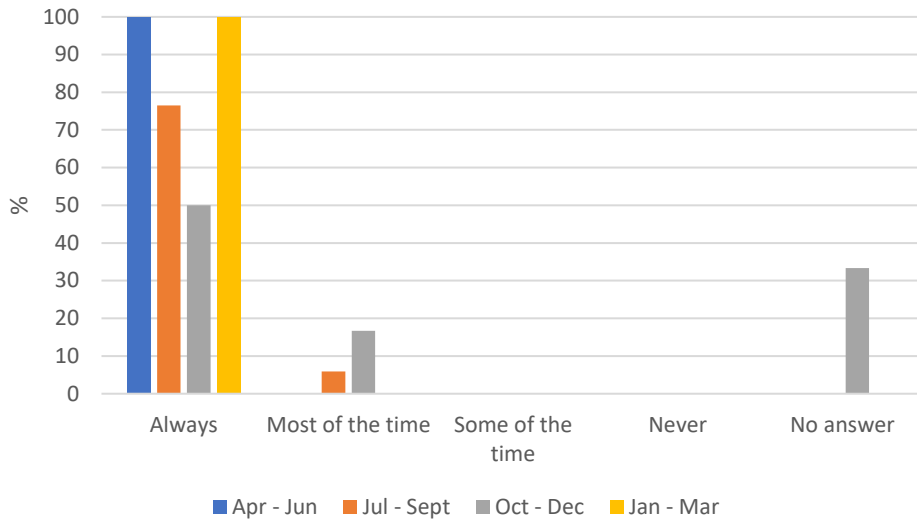
**Q10. Did you have confidence in and trust the staff who were caring for you/your loved one?**



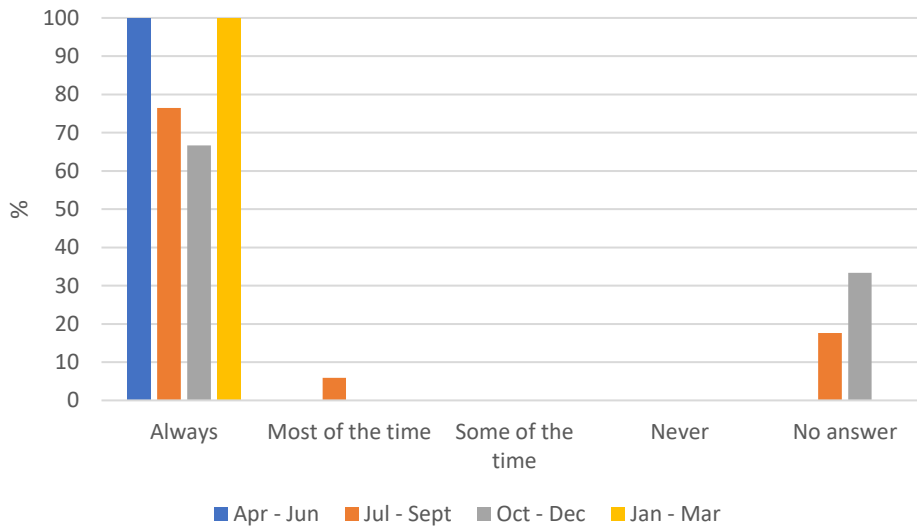
**Q11. Did you have the opportunity to ask questions when you / your loved one wanted to?**



**Q12. Did our staff treat you/your loved one with respect and dignity?**

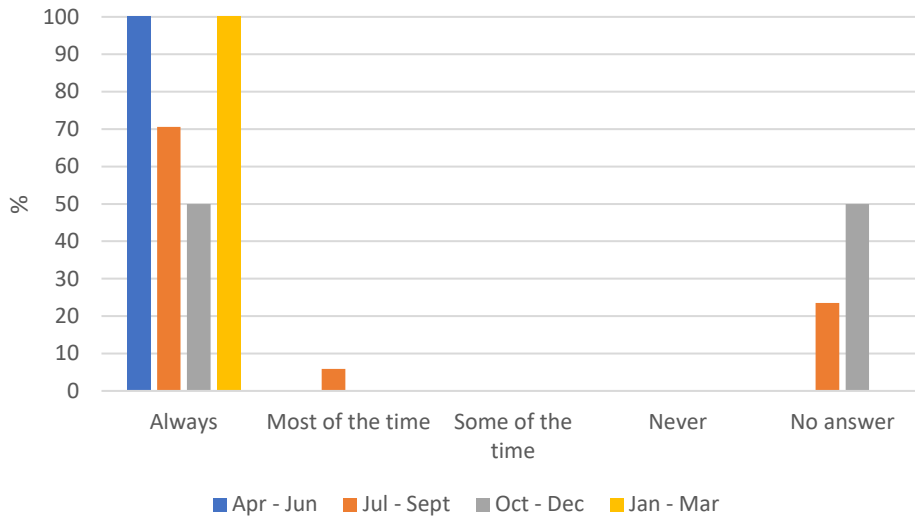


**Q13. Were you/your loved one treated with respect and courtesy?**

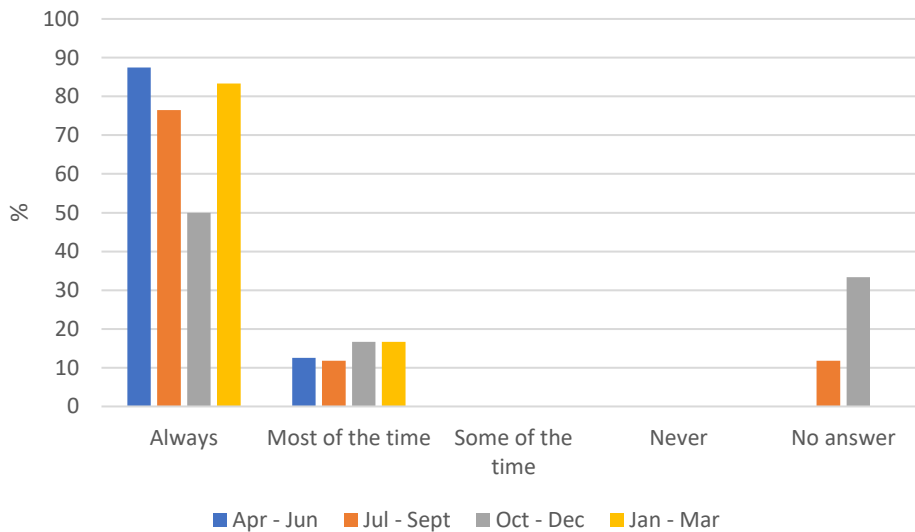




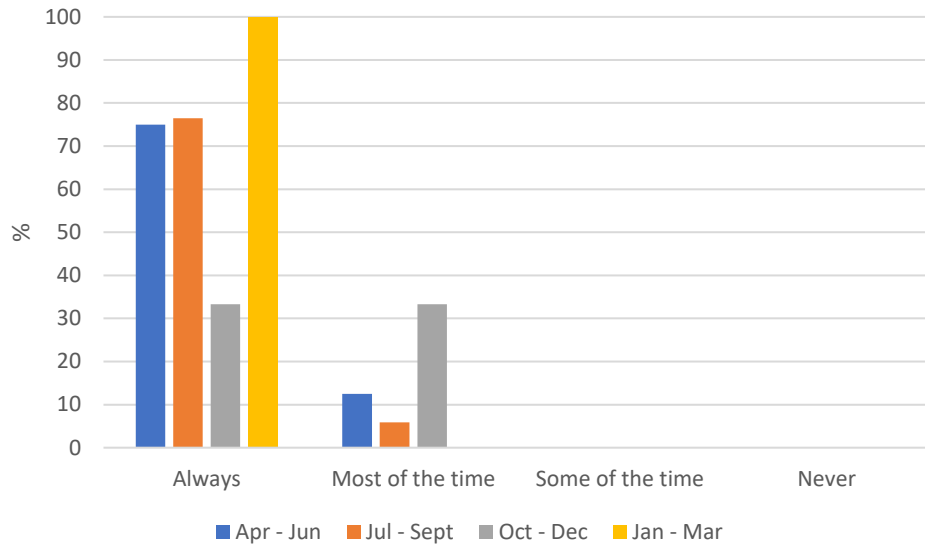
**Q14. Was you/ your loved ones privacy respected during discussions with our staff?**



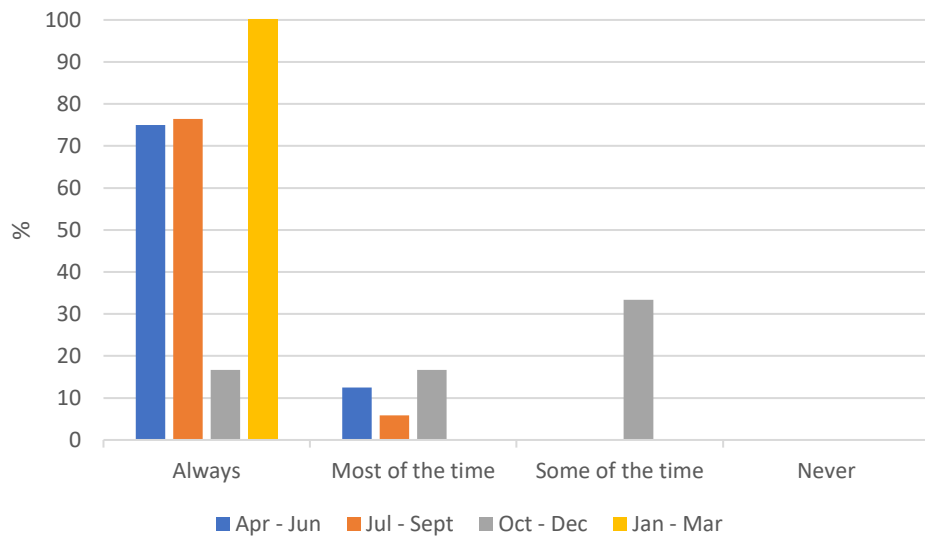
**Q14b. Were our staff well informed about you or your loved ones condition or treatment?**



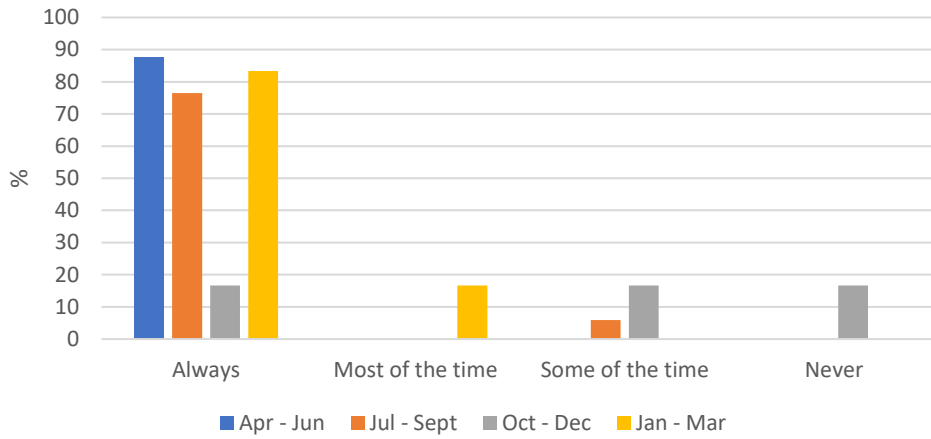
**Q14c. Did our staff respond promptly when you or your loved one needed/called for assistance?**



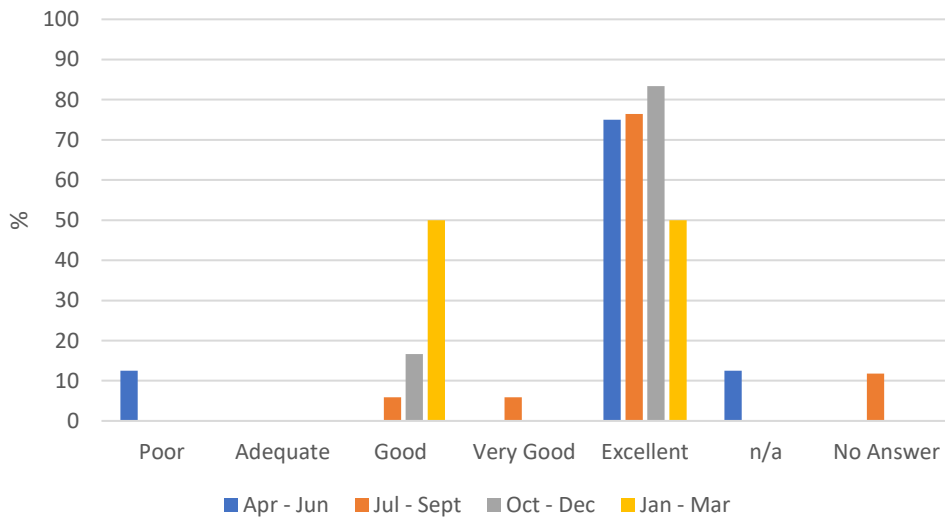
**Q14d. Did our staff try to meet yours or your loved ones individual needs and preferences?**



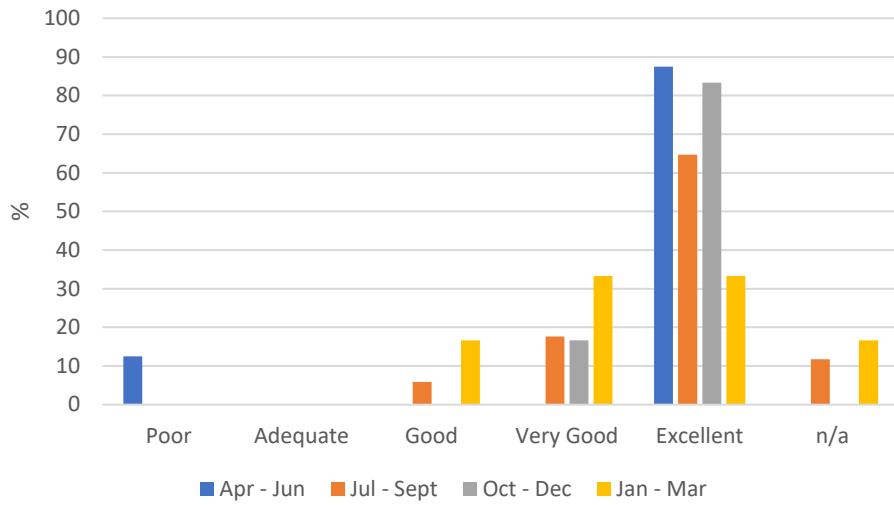
**Q15. Did our staff offer explanations about the care and treatment provided to you or your loved one?**



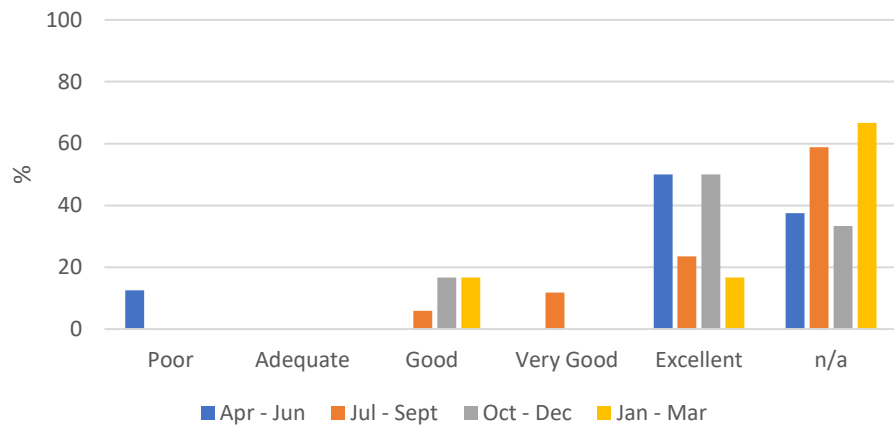
**Q16. The cleanliness of our premises?**



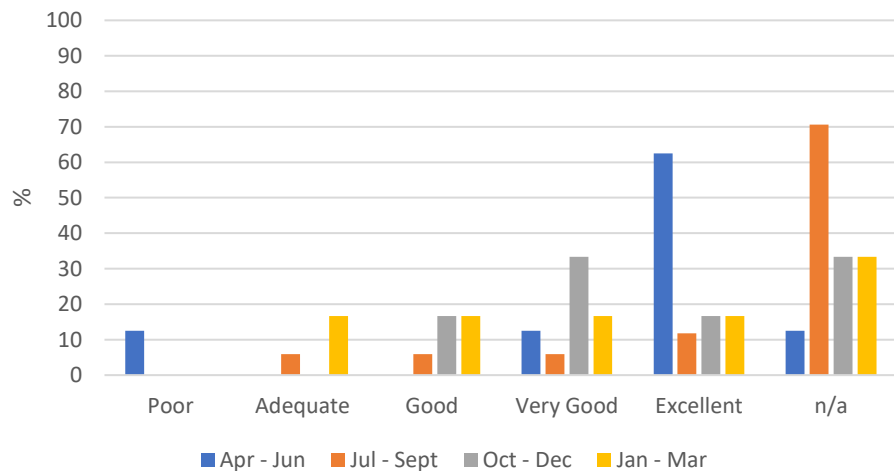
### Q17. The general environment/surroundings?

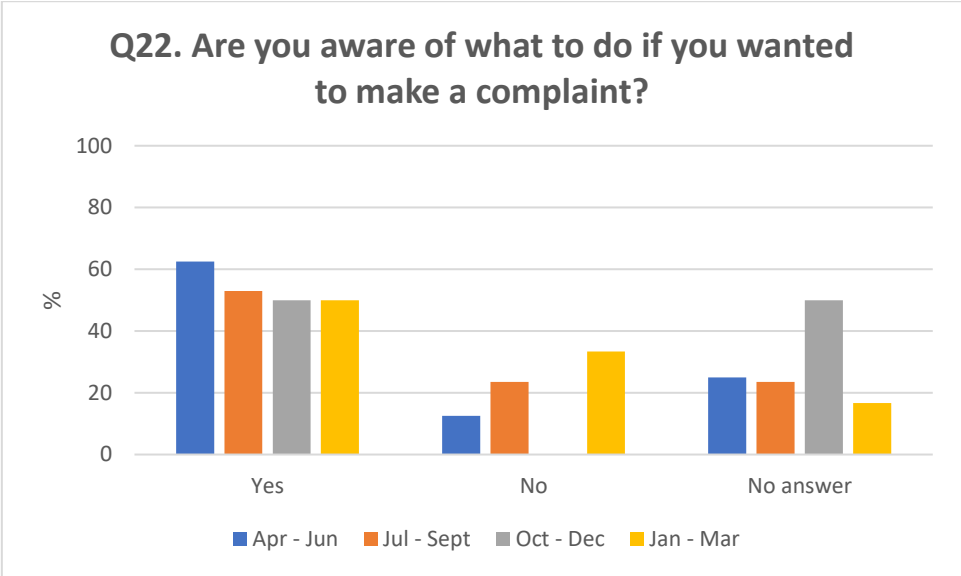
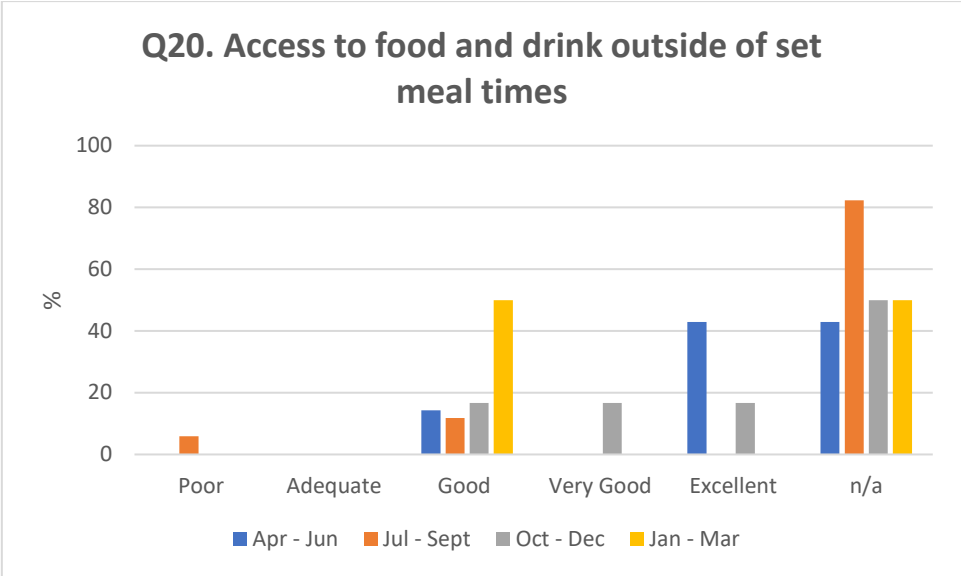


### Q18. The facilities in patients rooms to support patient care



### Q19. The quality of our catering





Living Well Centre Friends and Family Test 2022 / 2023

This is a team of angels in uniform.

An amazing place -  
staff and care  
outstanding

Every likelihood I will  
need these services for  
the rest of my life. All staff  
and facilities have given  
me much more  
confidence and trust for  
my 'future'

Most excellent all round care.  
An oasis in the desert.

The care I was given was  
excellent. Everyone was very  
friendly and helpful.

Nothing was too much  
trouble including caring for  
our emotional well being. All  
of the staff are a credit to  
the hospice.

the people who work  
here can't do enough  
for you, always happy  
to help.

Living Well Centre Friends and Family Test 2022 / 2023

The staff are so friendly and welcoming.

I looked forward to the visit and enjoyed making new friends taking part in social activities and receiving therapy occasionally.

Nothing was too much trouble including caring for our emotional well being. All of the staff are a credit to the hospice.

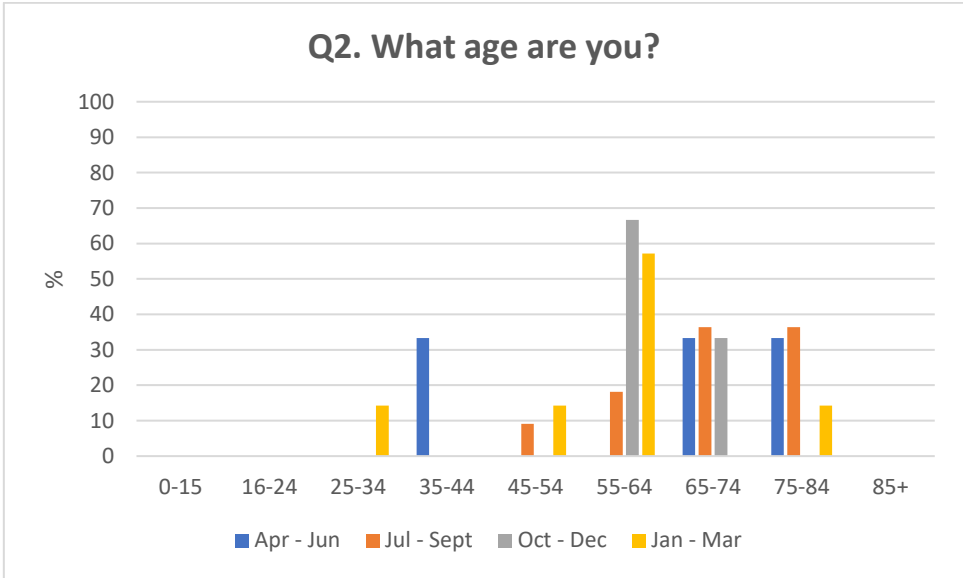
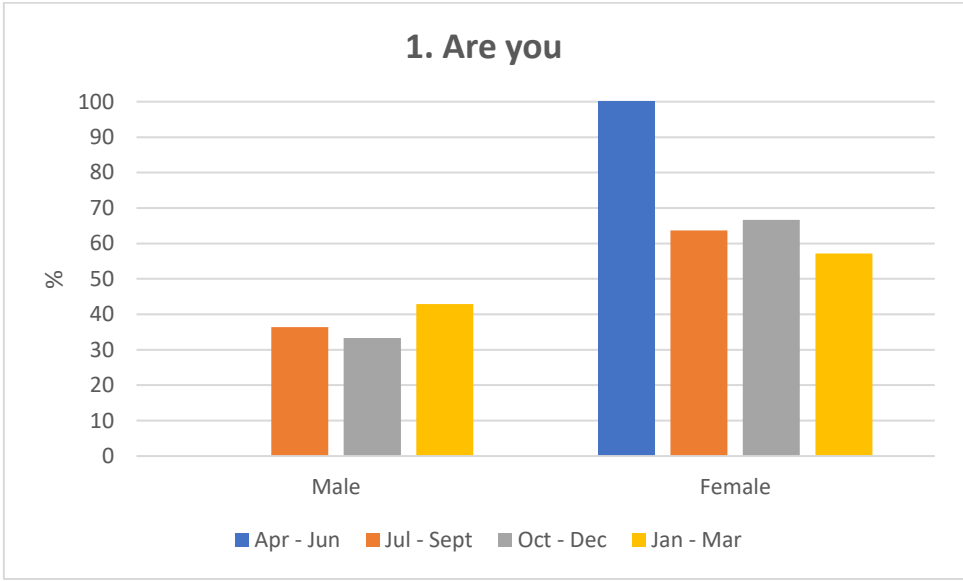
Warm & Welcoming staff interesting sessions

My Husband felt safe and cared for. He also enjoyed the company and especially the company of the carers/nurses

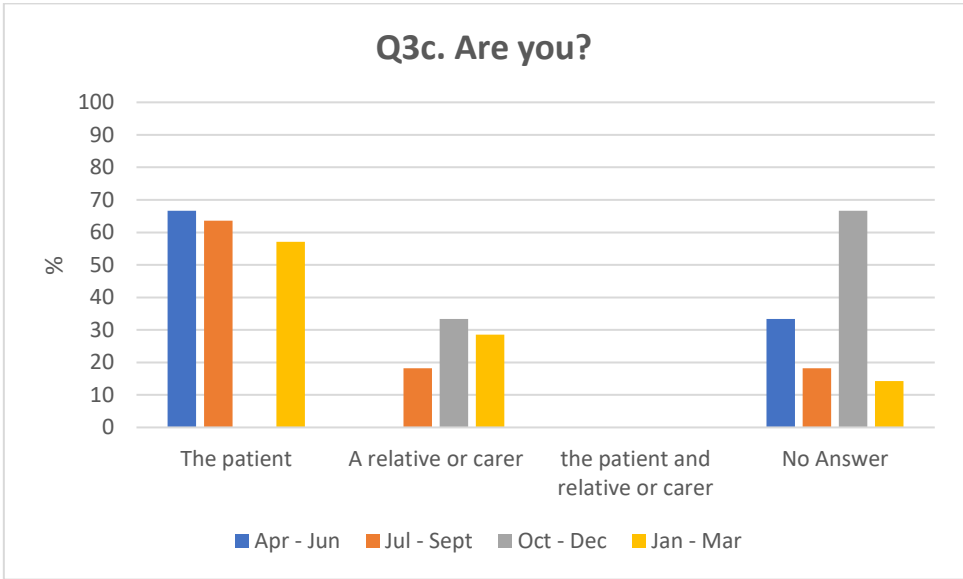
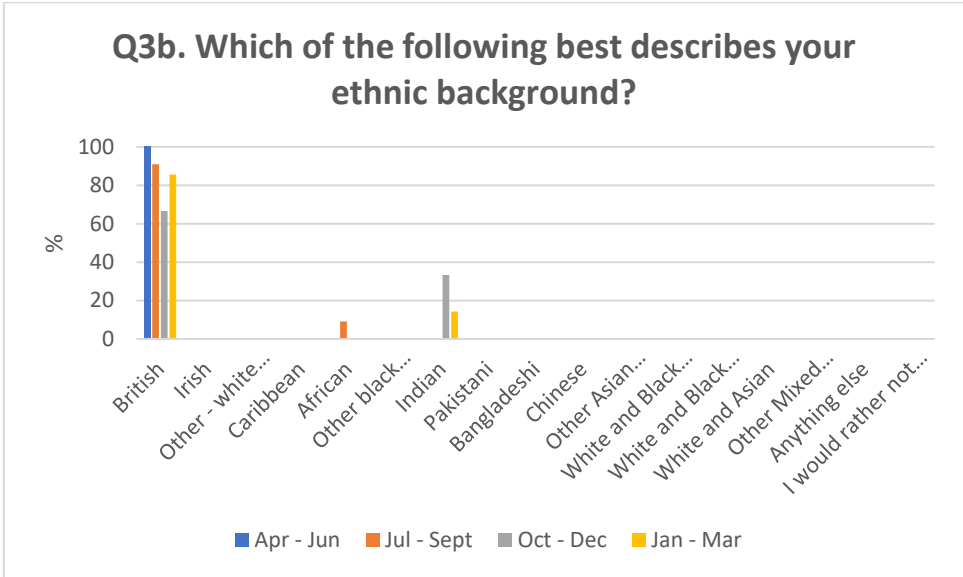
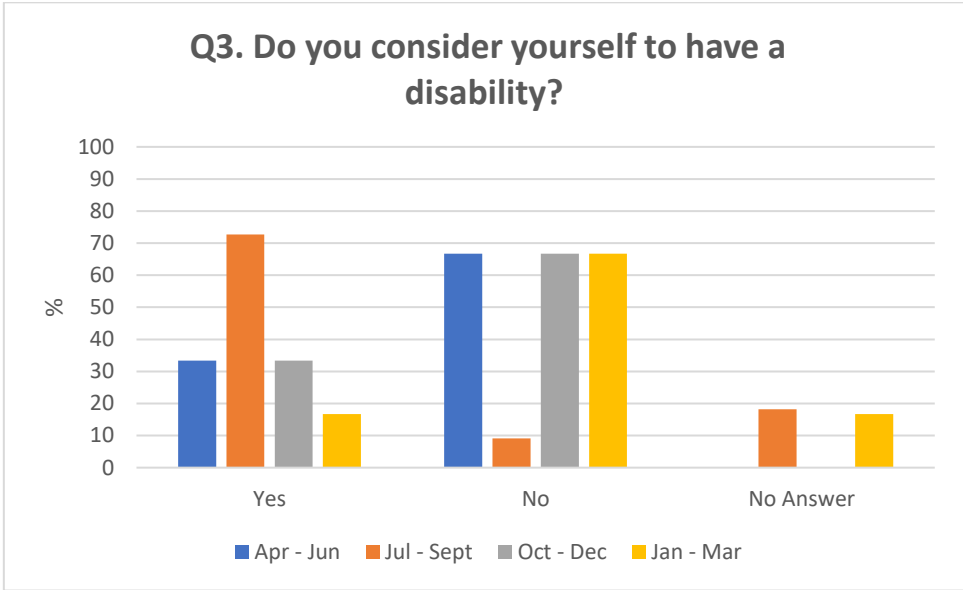
Staff are very friendly easy to talk to.

keep up the good work

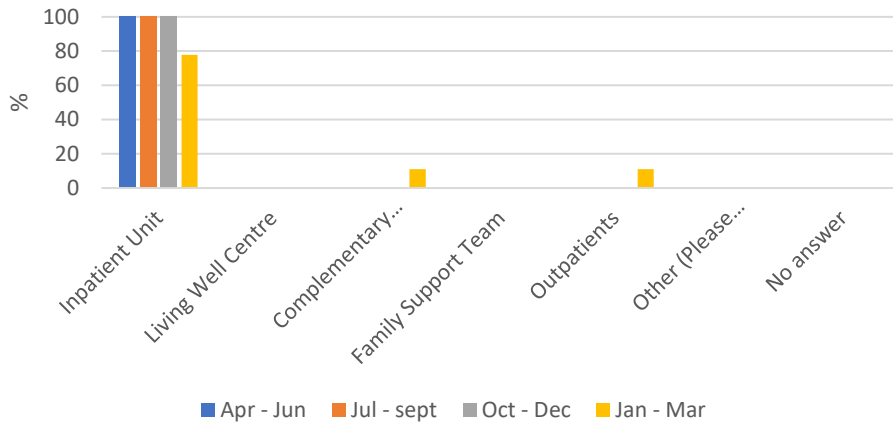
# IPU Friends and Family Test 2022/2023



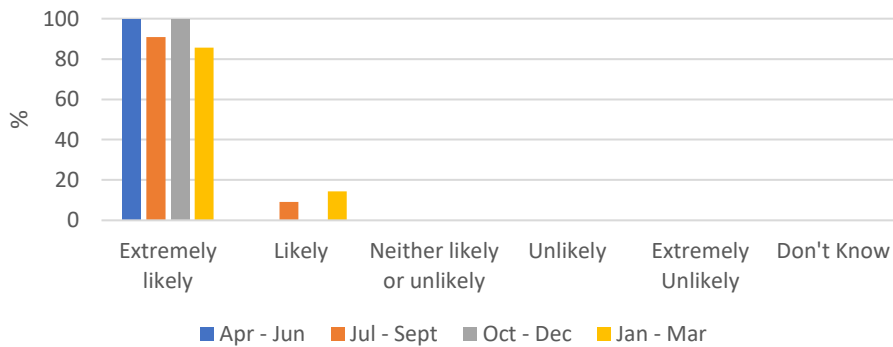




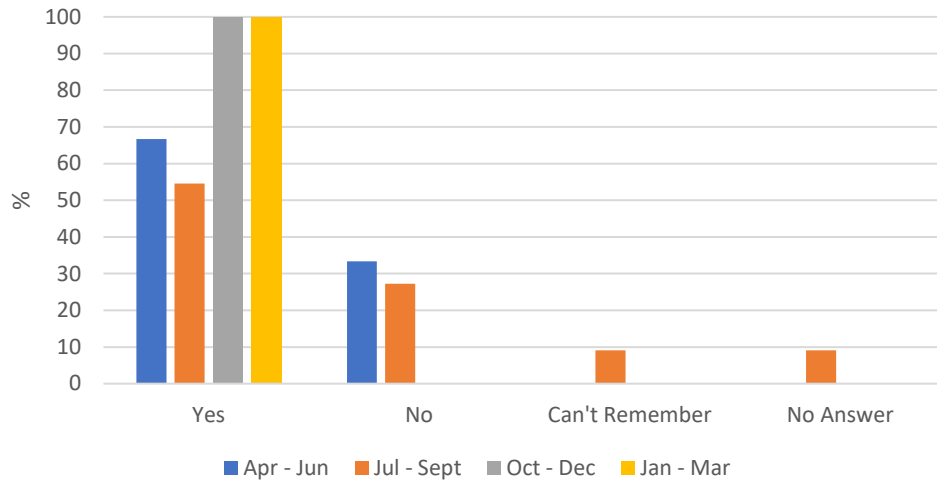
**4. Please indicate which hospice service was accessed?**



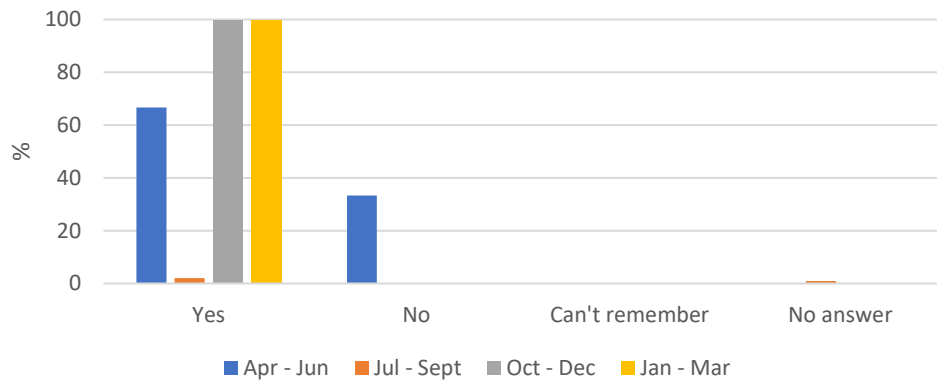
**Q4 We would like you to think about your recent experience of our service. How likely are you to recommend the care received at St Cuthbert's Hospice to friends and family if they needed similar care or treatment?**



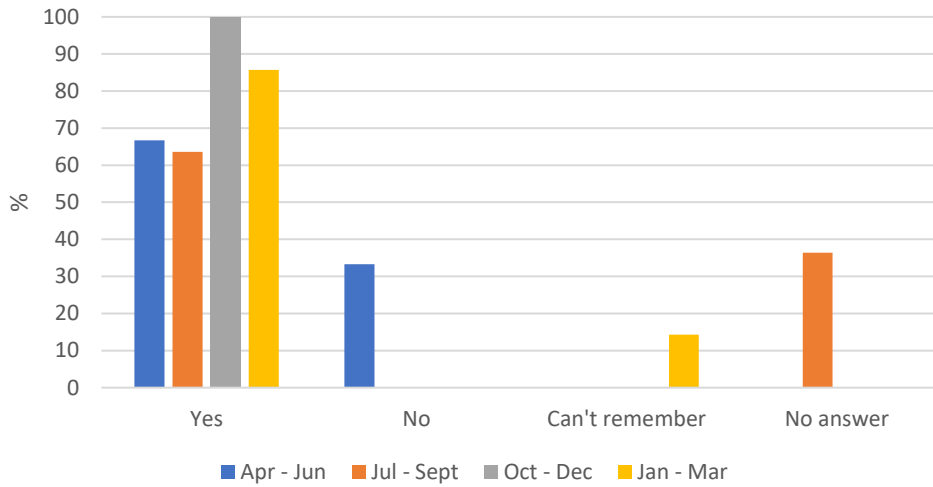
**Q5. During your time in our care did you receive an information pack/leaflet?**



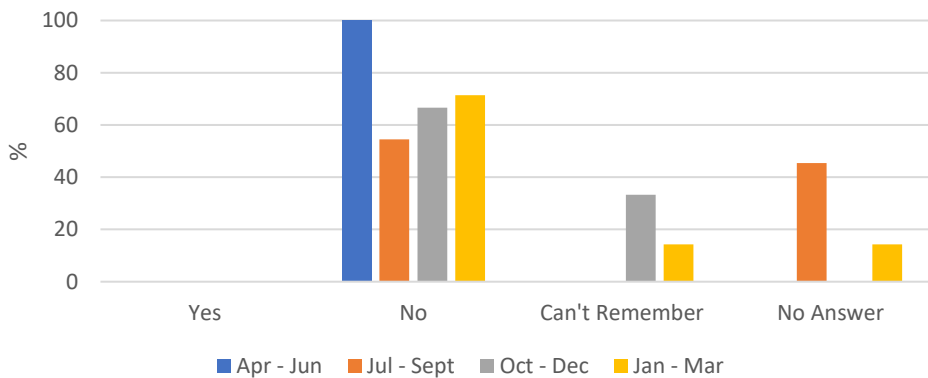
**Q6. If you received an information/leaflet was it easy to understand? (if you ticked No please indicate why?)**



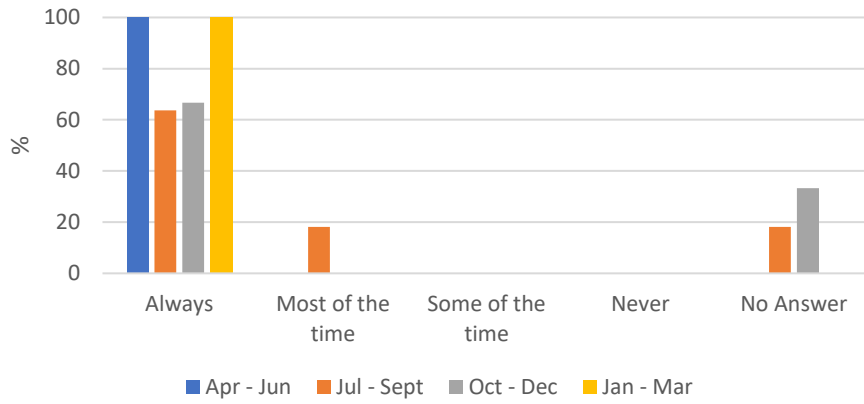
**Q7. Was the information pack / leaflet helpful? (If you ticked No please indicate why)**



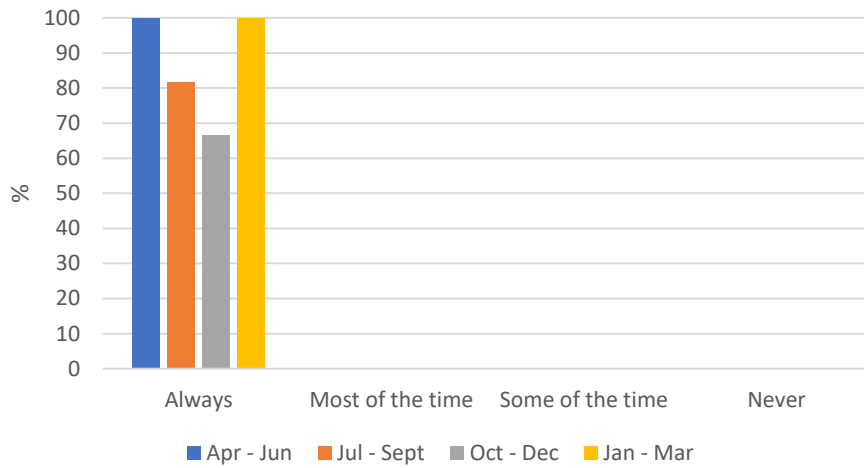
**Q8. Was there anything in the information pack/leaflet that you found to be incorrect? (If you ticked Yes please indicate why)**



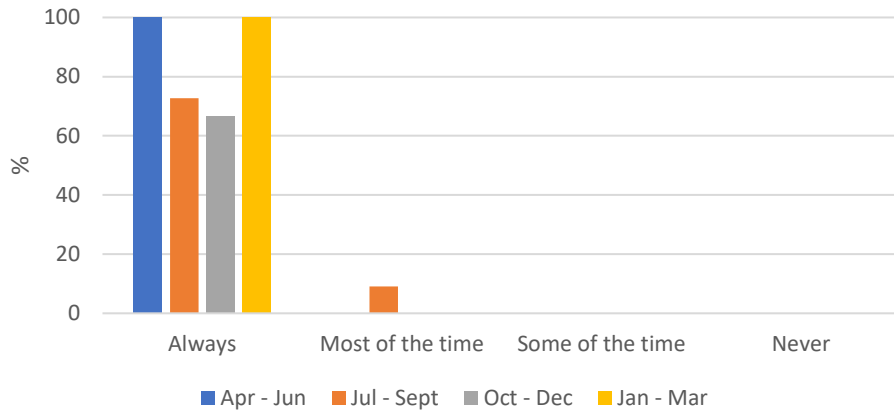
**Q9. When you accessed our services did the staff introduce themselves to you/your loved one?**



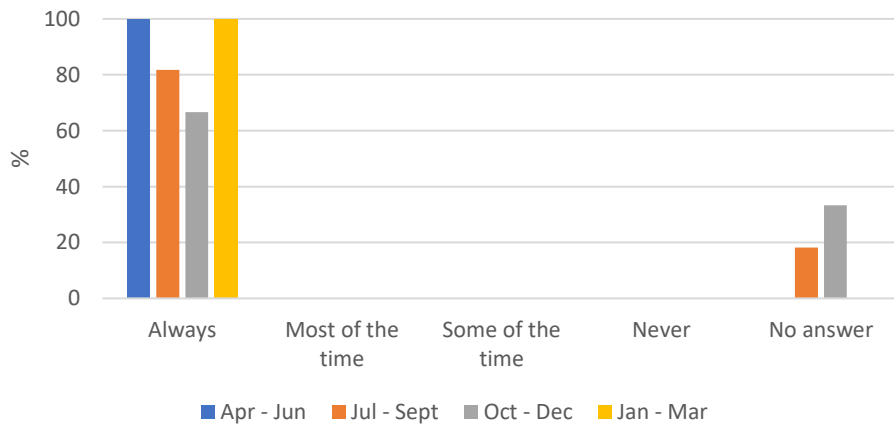
**Q10. Did you have confidence in and trust the staff who were caring for you/your loved one?**



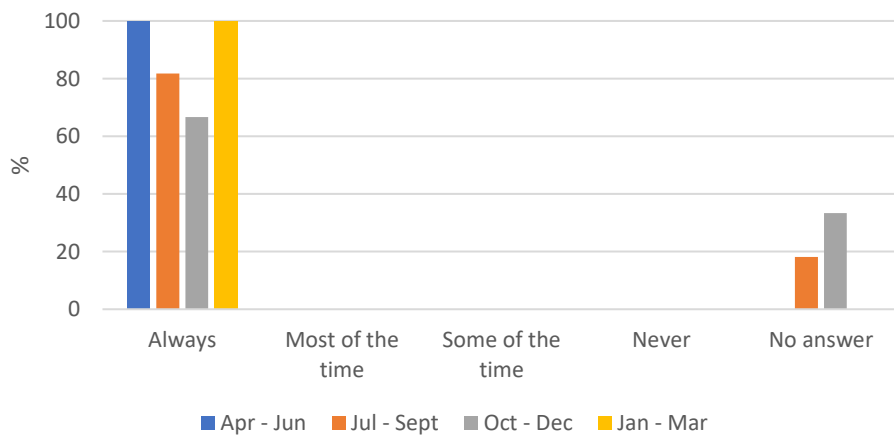
**Q11. Did you have the opportunity to ask questions when you / your loved one wanted to?**

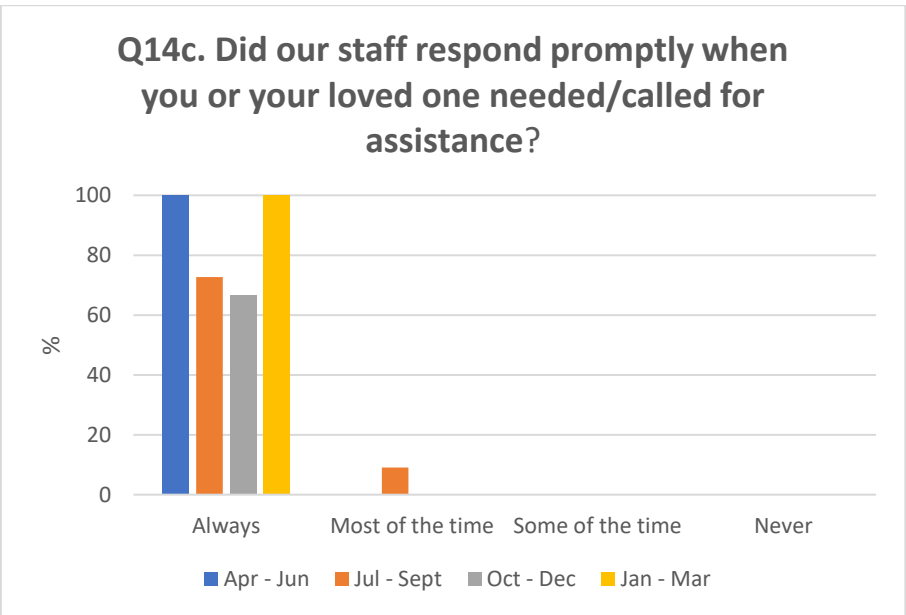
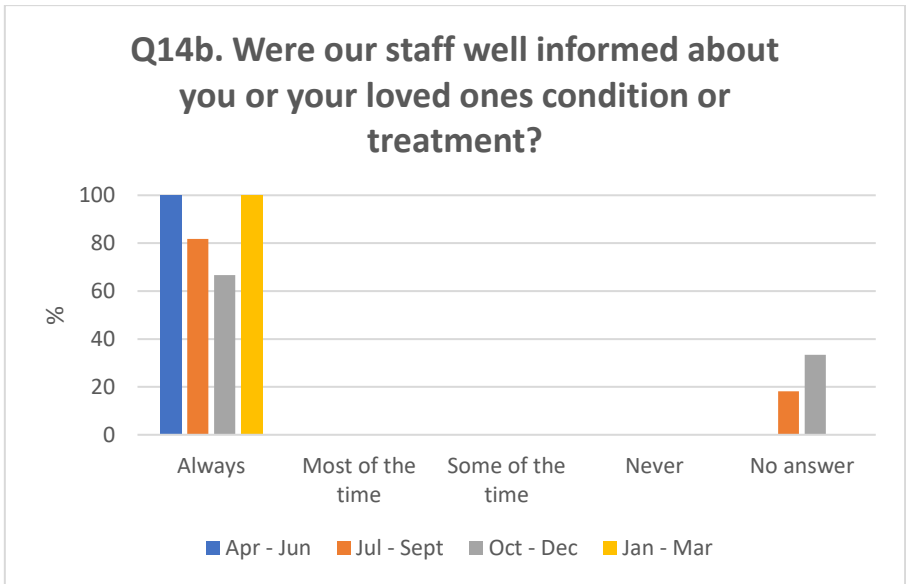
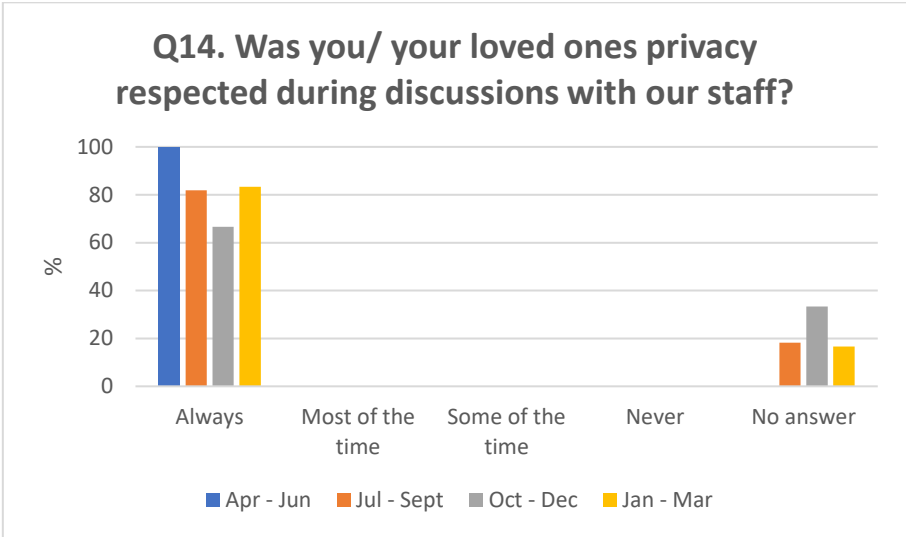


**Q12. Did our staff treat you/your loved one with respect and dignity?**

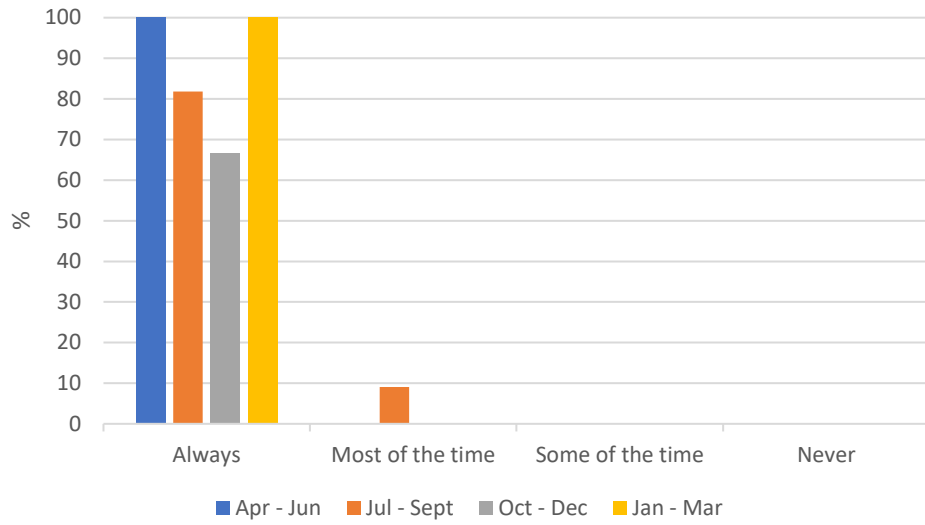


**Q13. Were you/your loved one treated with respect and courtesy?**

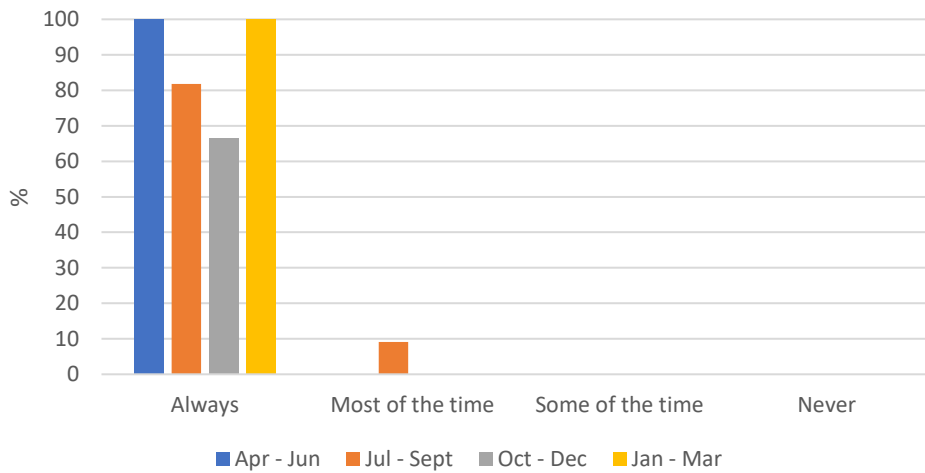




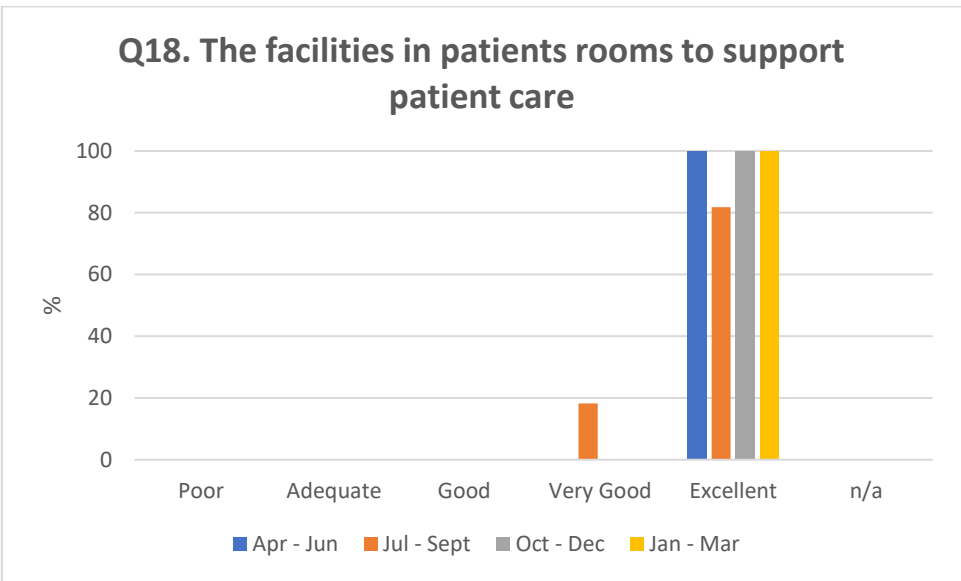
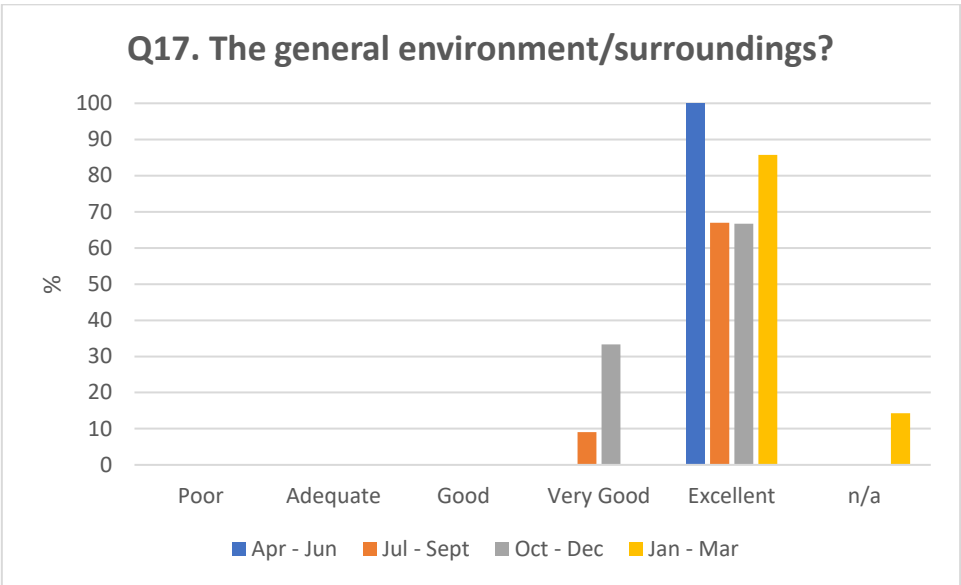
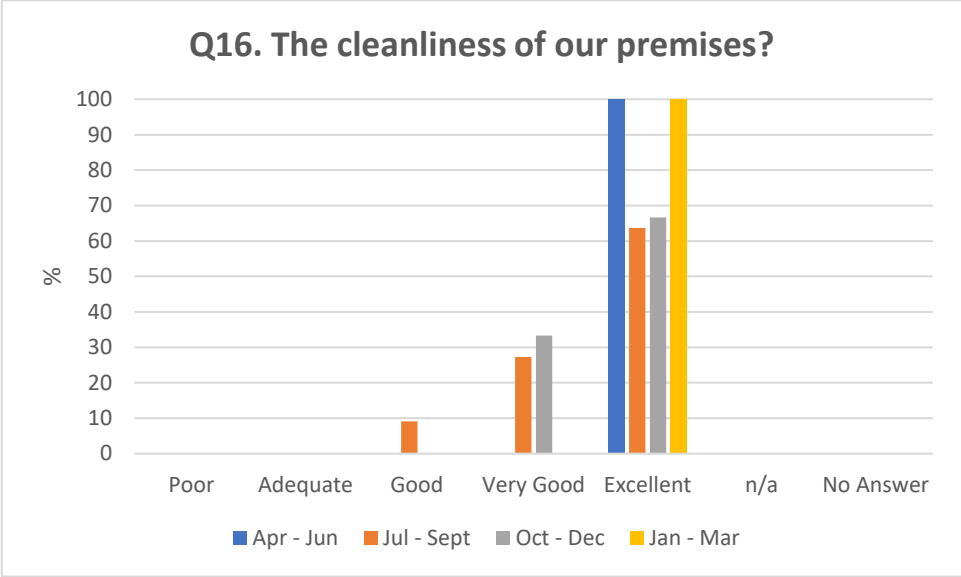
**Q14d. Did our staff try to meet yours or your loved ones individual needs and preferences?**

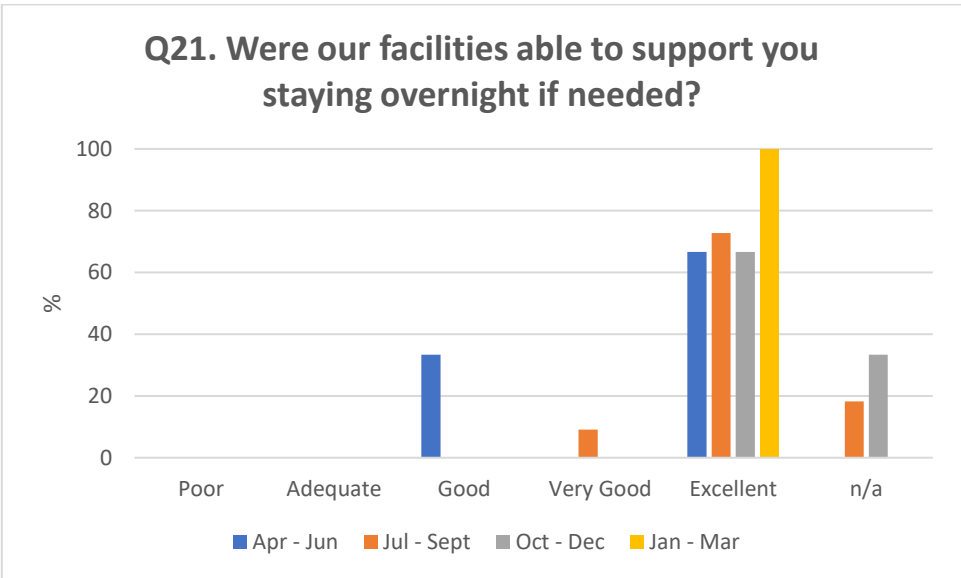
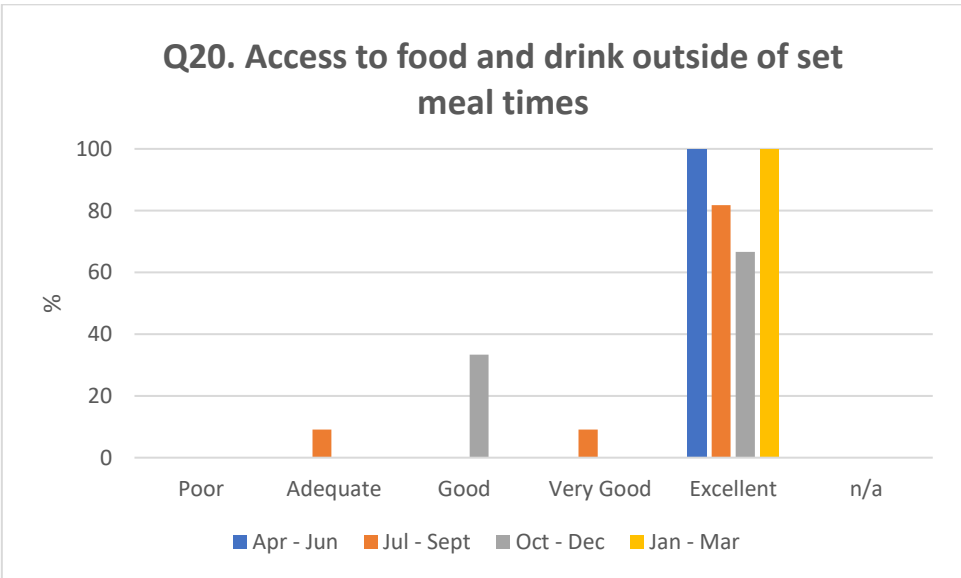
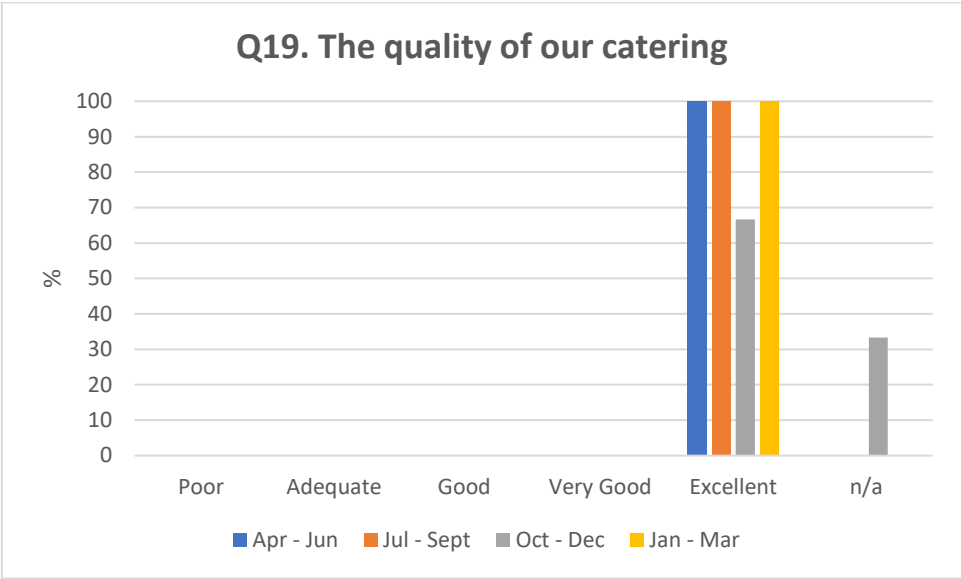


**Q15. Did our staff offer explanations about the care and treatment provided to you or your loved one?**

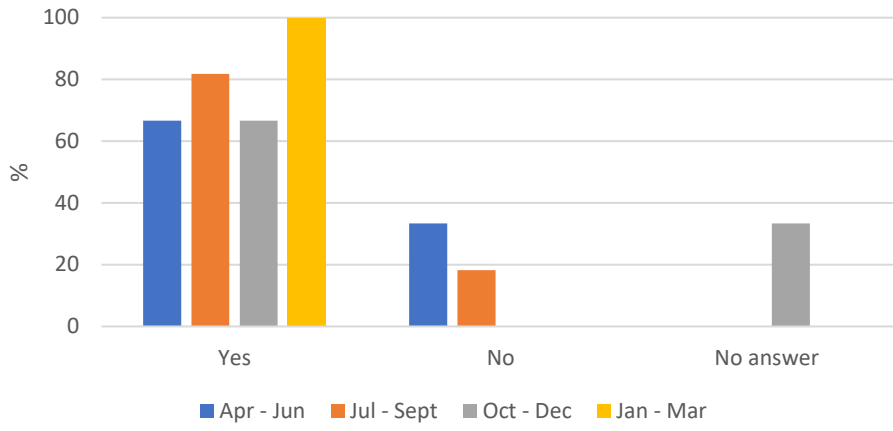








**Q22. Are you aware of what to do if you wanted to make a complaint?**



Brilliant Staff

I have never met such  
a caring/  
compassionate team

well informed, involved in  
decisions both family and  
patient, nothing was too  
much trouble. A fantastic  
team

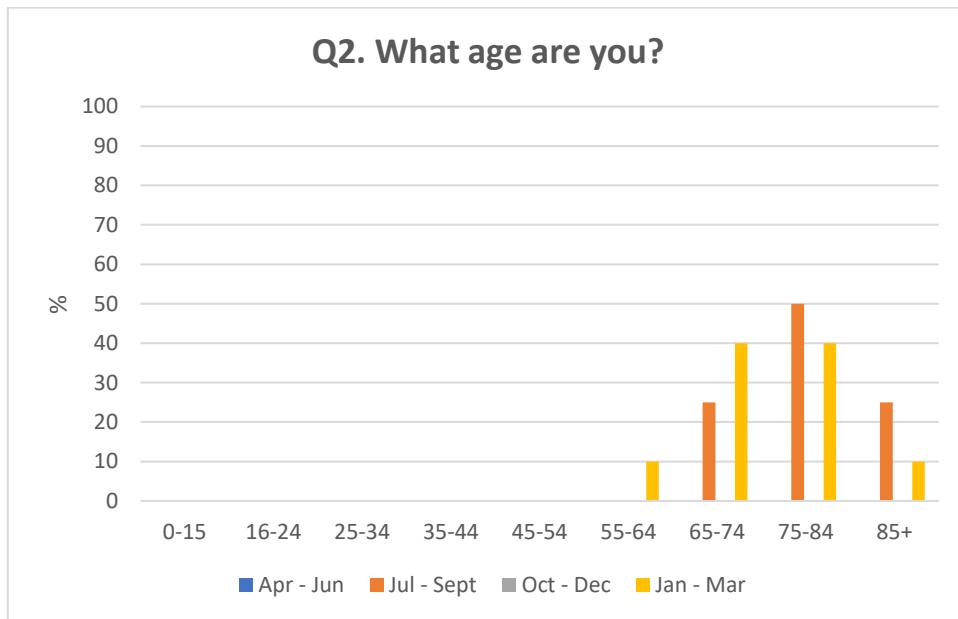
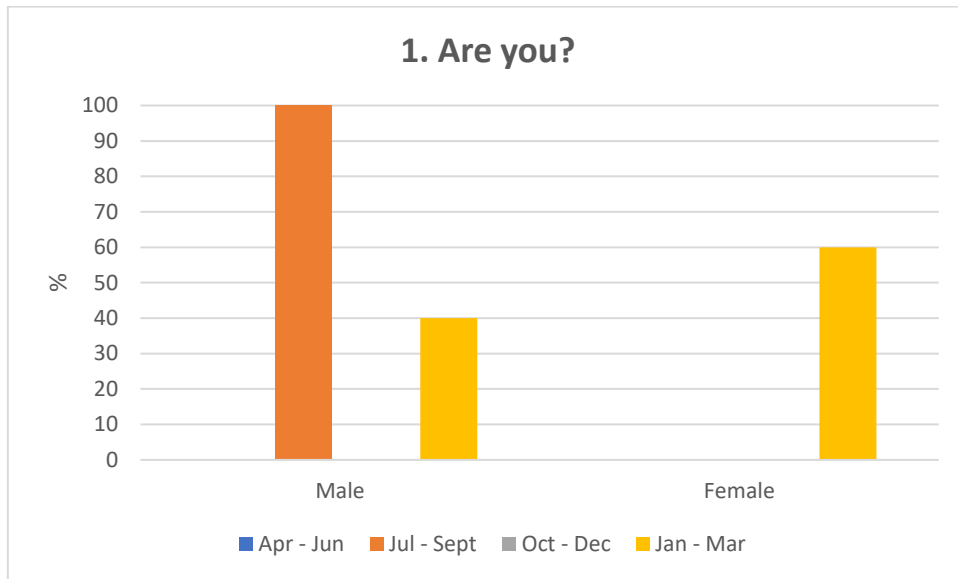
Lovely setting, very nice views and grounds.

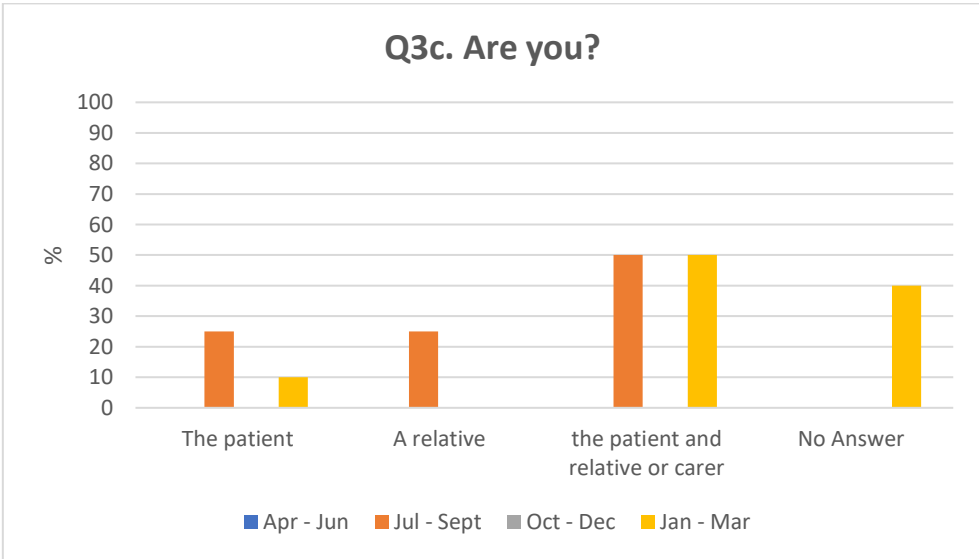
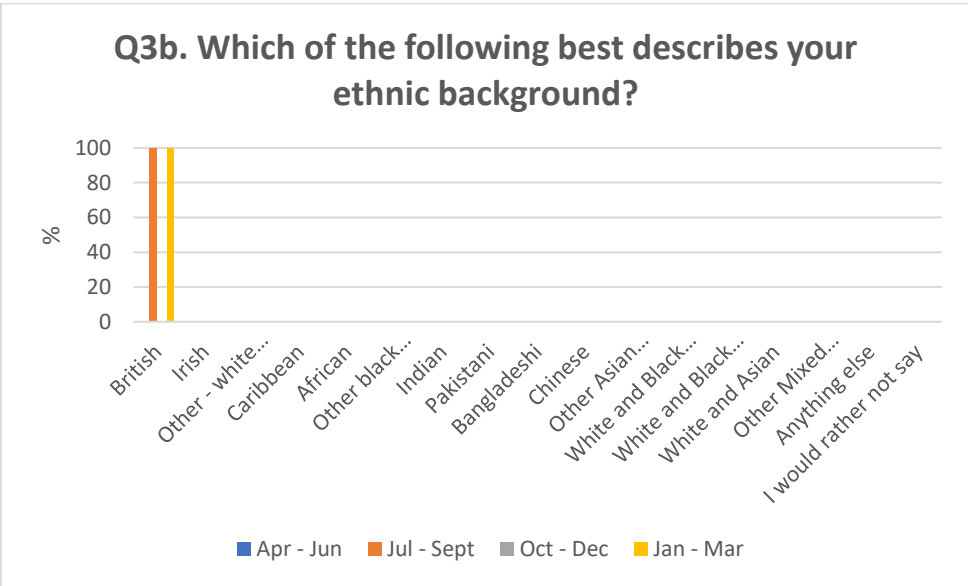
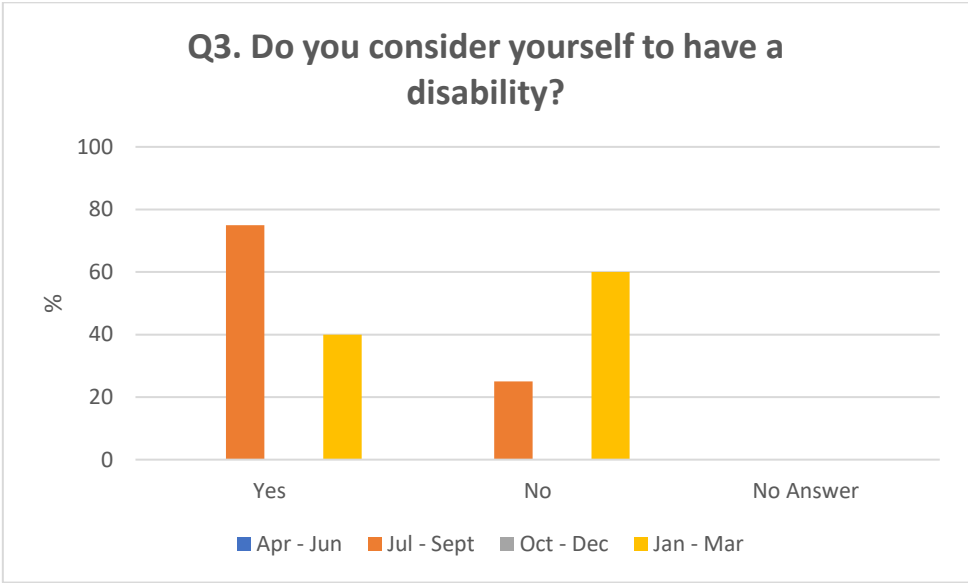
excellent in every way. From  
cleaners to support staff,  
doctors nurses and  
volunteers. Exceptional!

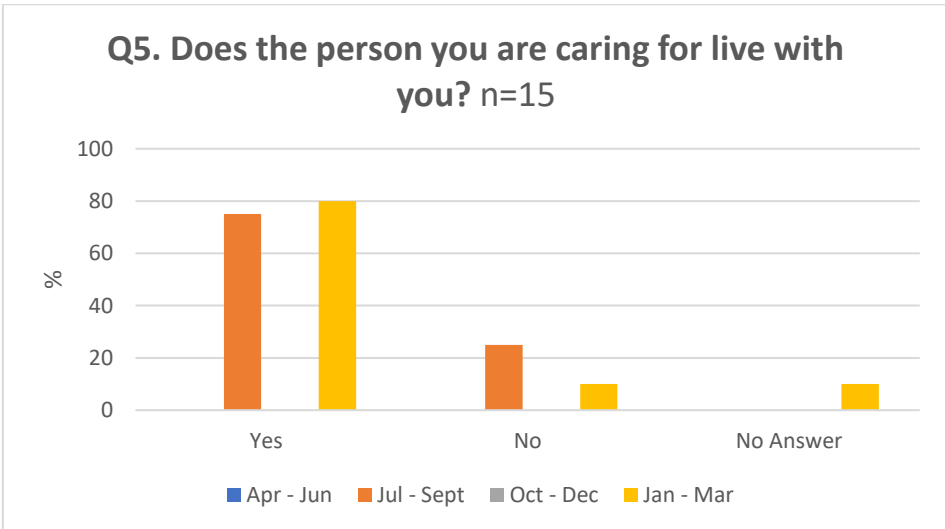
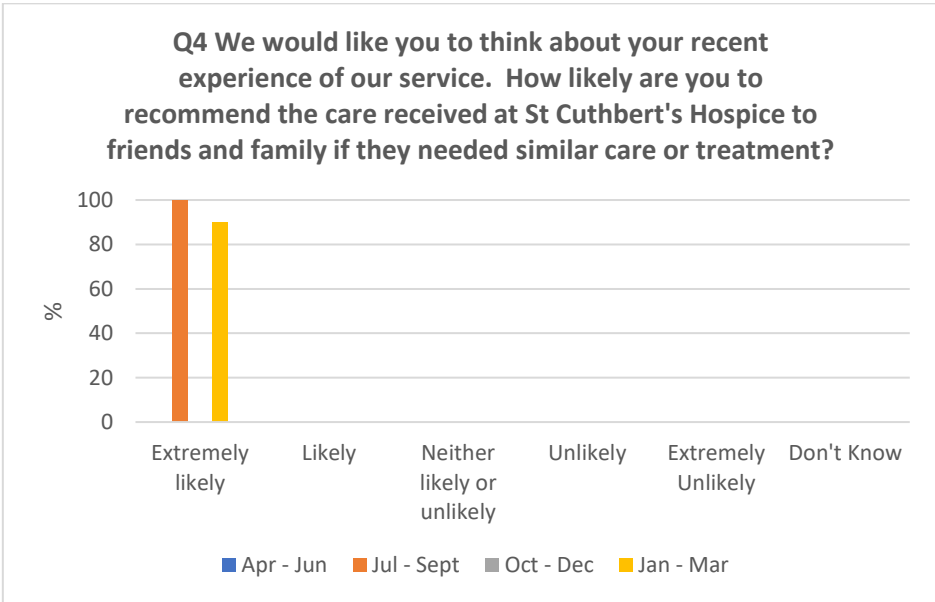
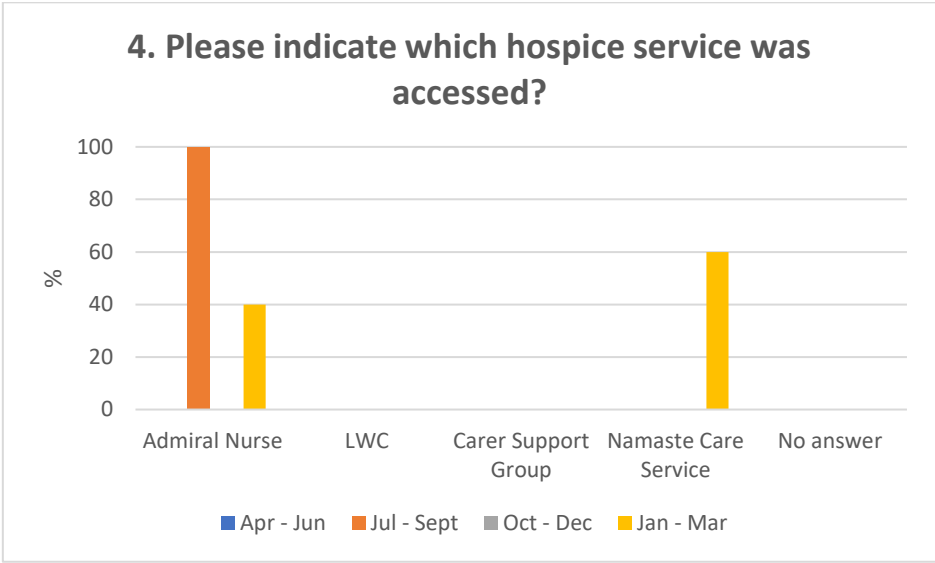
The support staff keep the  
facilities and environment in  
a very clean and comforting  
state.

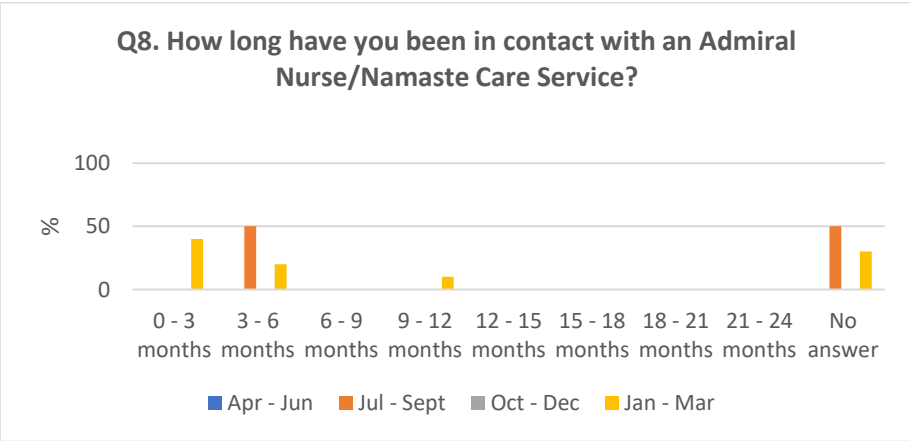
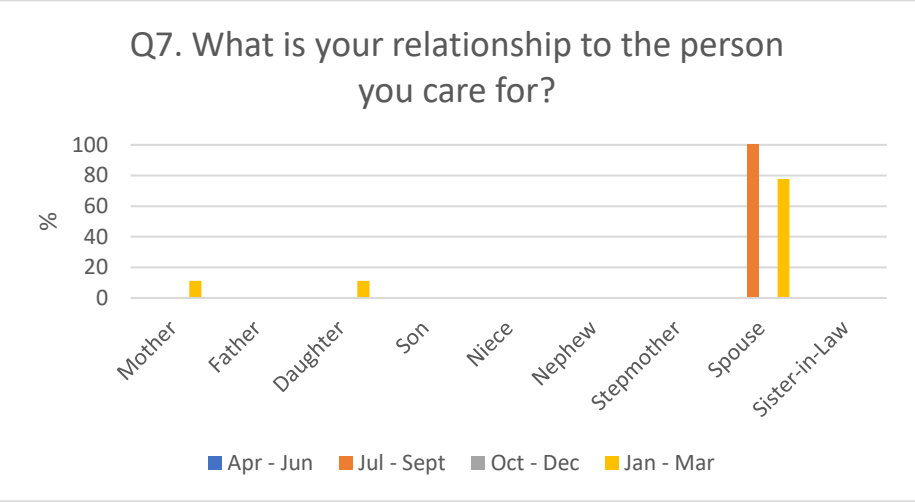
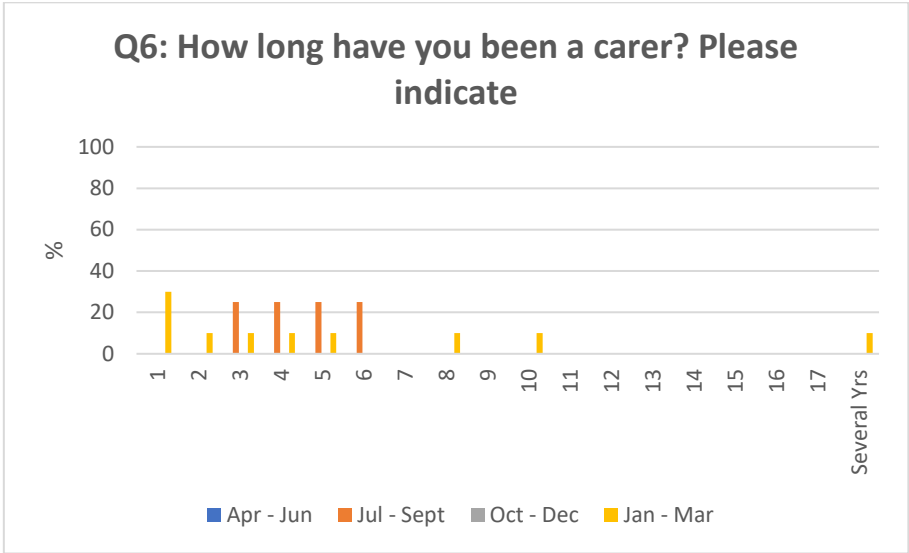
keep up the good  
work

## Dementia Services Friends and Family Test 2022/2023

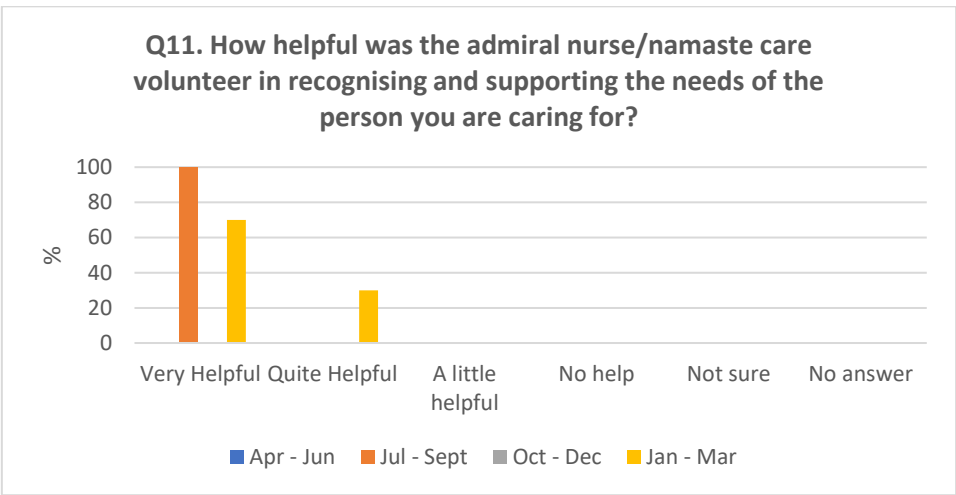
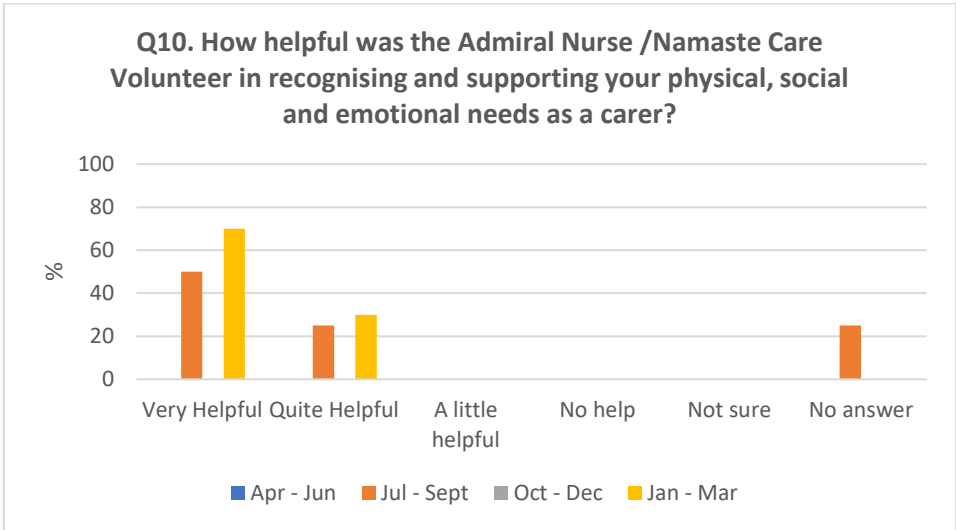
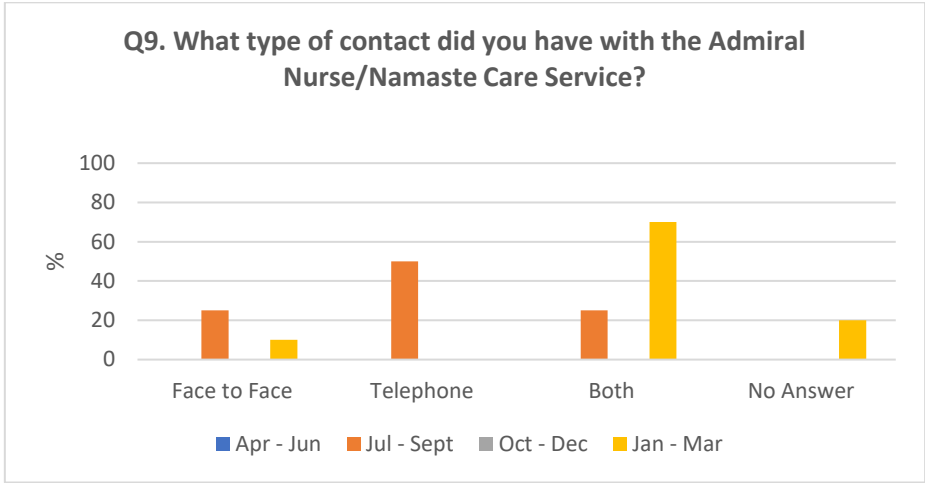




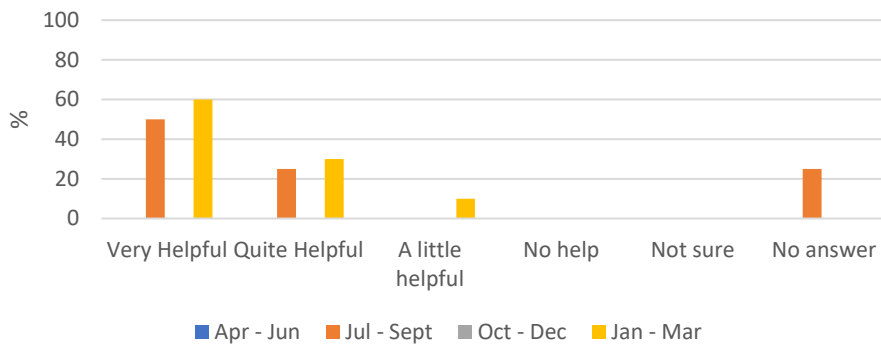




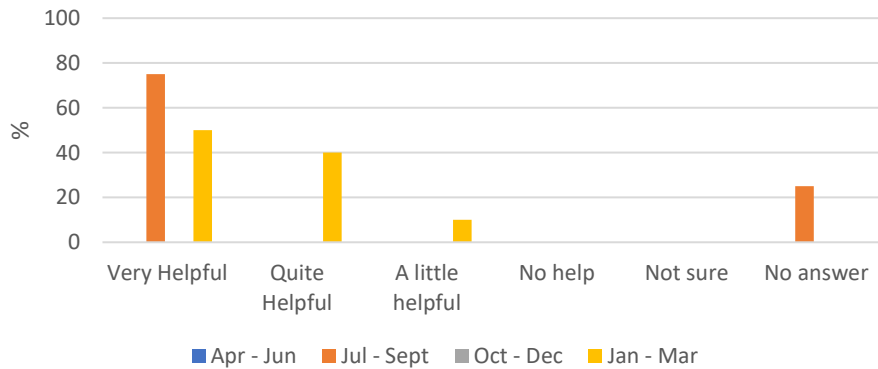




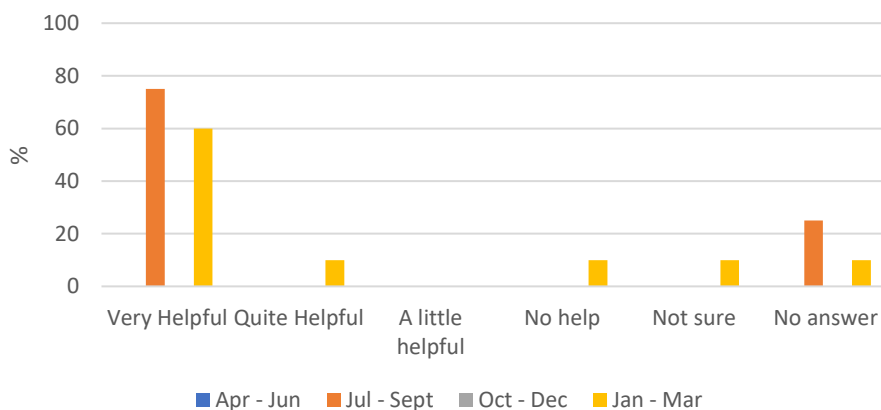
**Q12. How helpful was the admiral nurse/namaste care volunteer in improving your understanding of dementia and the impact on you as a carer?**



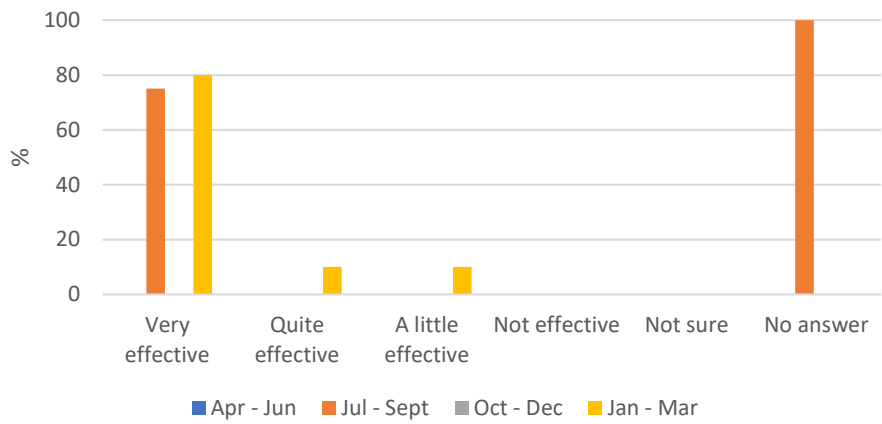
**Q13. How helpful was the admiral nurse/namaste care volunteer in offering advice, guidance and support with caring for someone with dementia?**



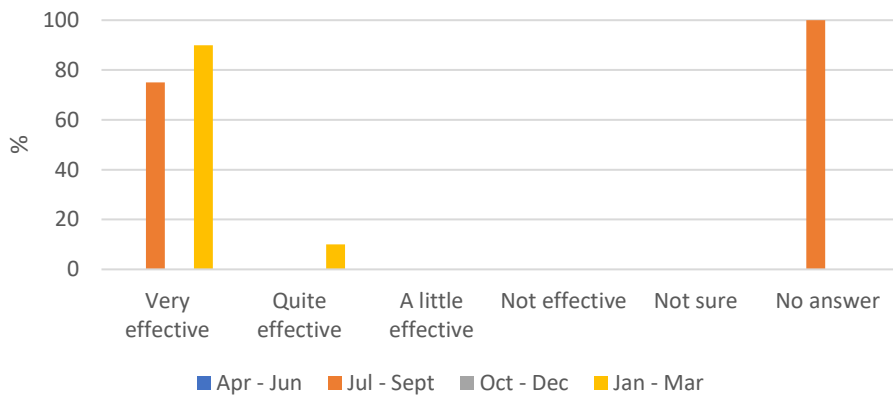
**Q14. How helpful was the admiral nurse/namaste care volunteer in working with other professionals to provide coordinated care?**



**Q15. How effective was the admiral nurse/namaste care volunteer in building trust and establishing a good rapport with you and the person you care for?**



**Q16. How effective was the admiral nurse/namaste care volunteer in showing compassion, respect and understanding to you and the person you care for?**



Friendly, caring, professional help.

Quality of staff is excellent, providing genuine and friendly support. Knowledgeable and empathy shown consistently.

People can feel very alone and be struggling and by receiving care from St Cuthbert's Hospice you no longer feel alone and appreciate the support you are given.

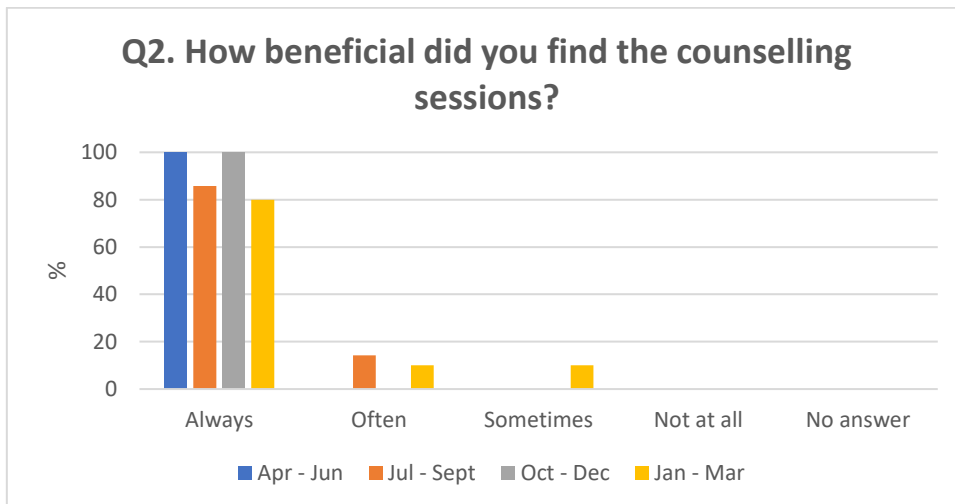
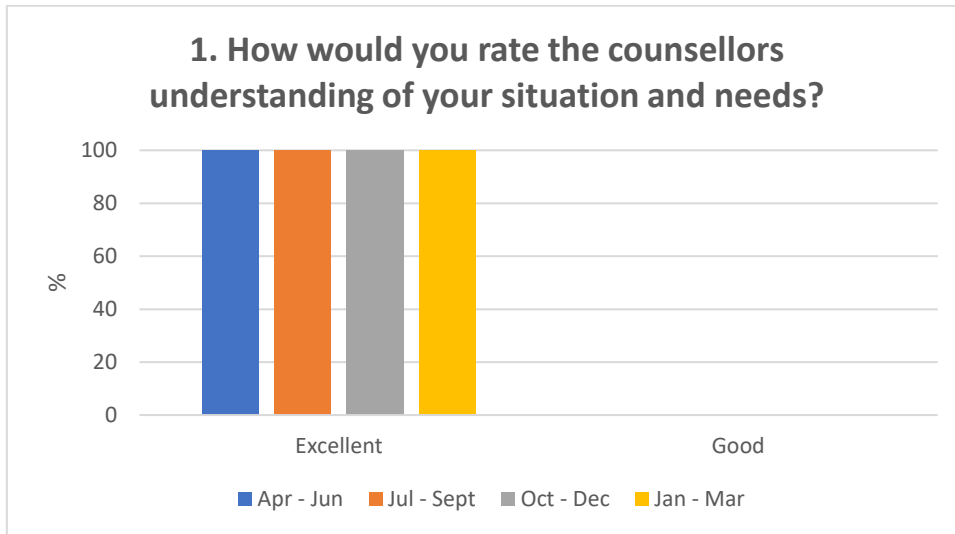
I found the contact with the Admiral Nurse a big help and would recommend it.

Everyone has been very friendly and kind and offer us something that is different and needed.

People can feel very alone and be struggling and by receiving care from St Cuthbert's Hospice you no longer feel alone

Just brilliant support for me and \*\*\*\*.

**Bereavement Support Team Friends and Family Test  
2022/2023**



Bereavement Support Team  
Friends and Family Test 2022 / 2023

What was helpful about the sessions?

A safe place to describe my feelings.

A Safe space to discuss difficult emotions,

My Counsellor was amazing she always came up with the right answers and I am missing the consultation.

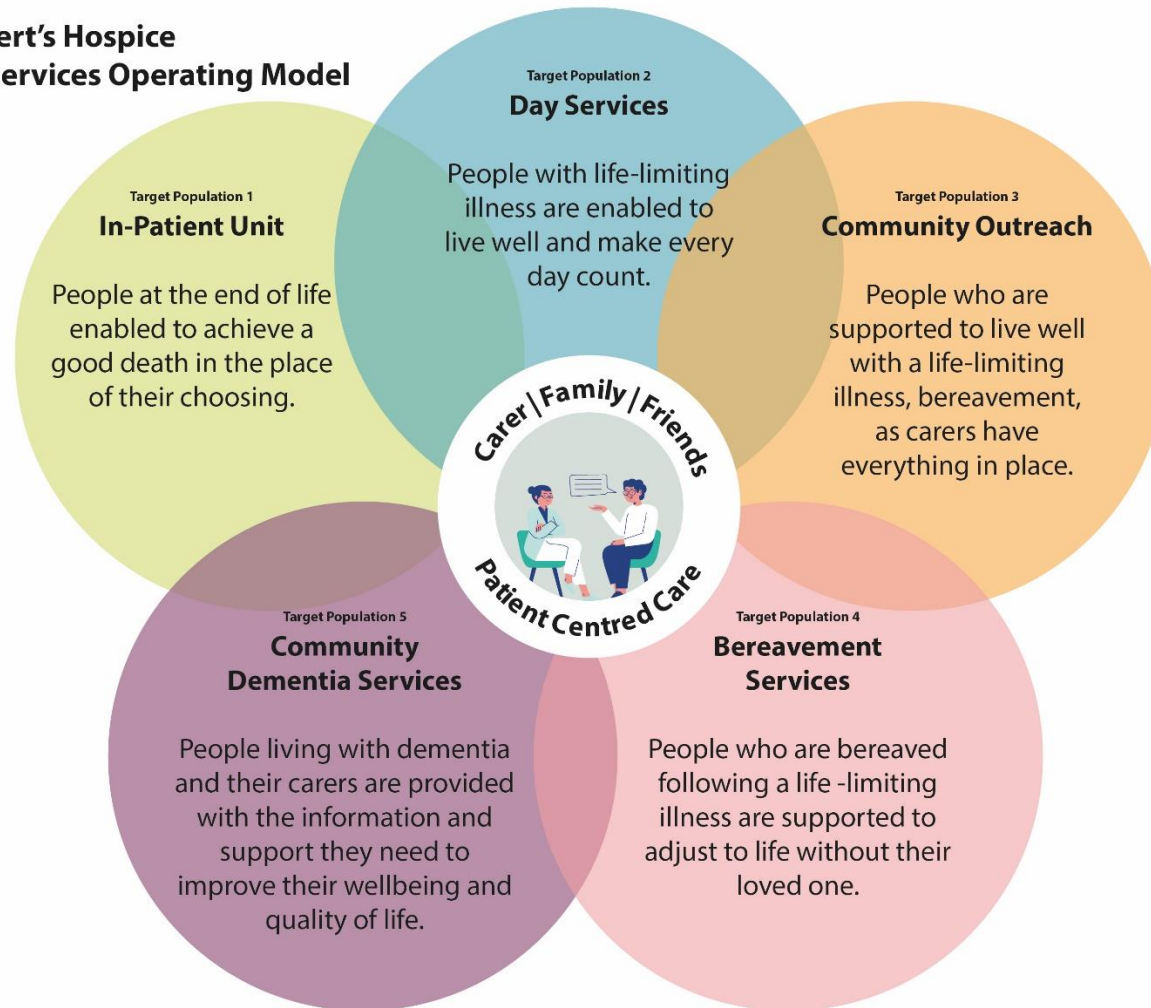
To begin a process of trusting and opening up to how I was really feeling following the death of my husband from MND

I could talk about things that I couldn't discuss with other people because it was so painful & distressing. Also it has helped me gradually to be able to try and function again at my own pace, however slowly.

Talking through my thoughts and feelings and understanding what I'm going through is normal.

## Appendix 6

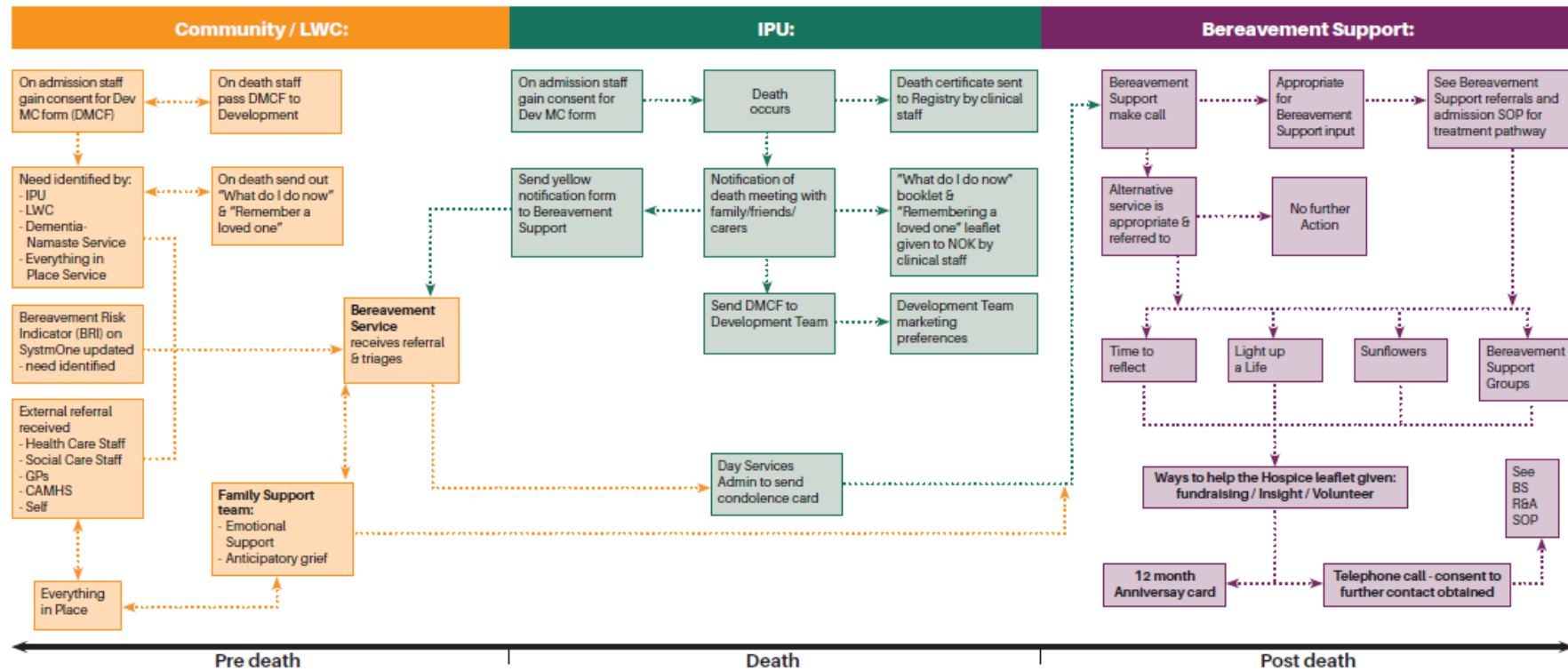
### St Cuthbert's Hospice Clinical Services Operating Model



05/2023

# Appendix 7

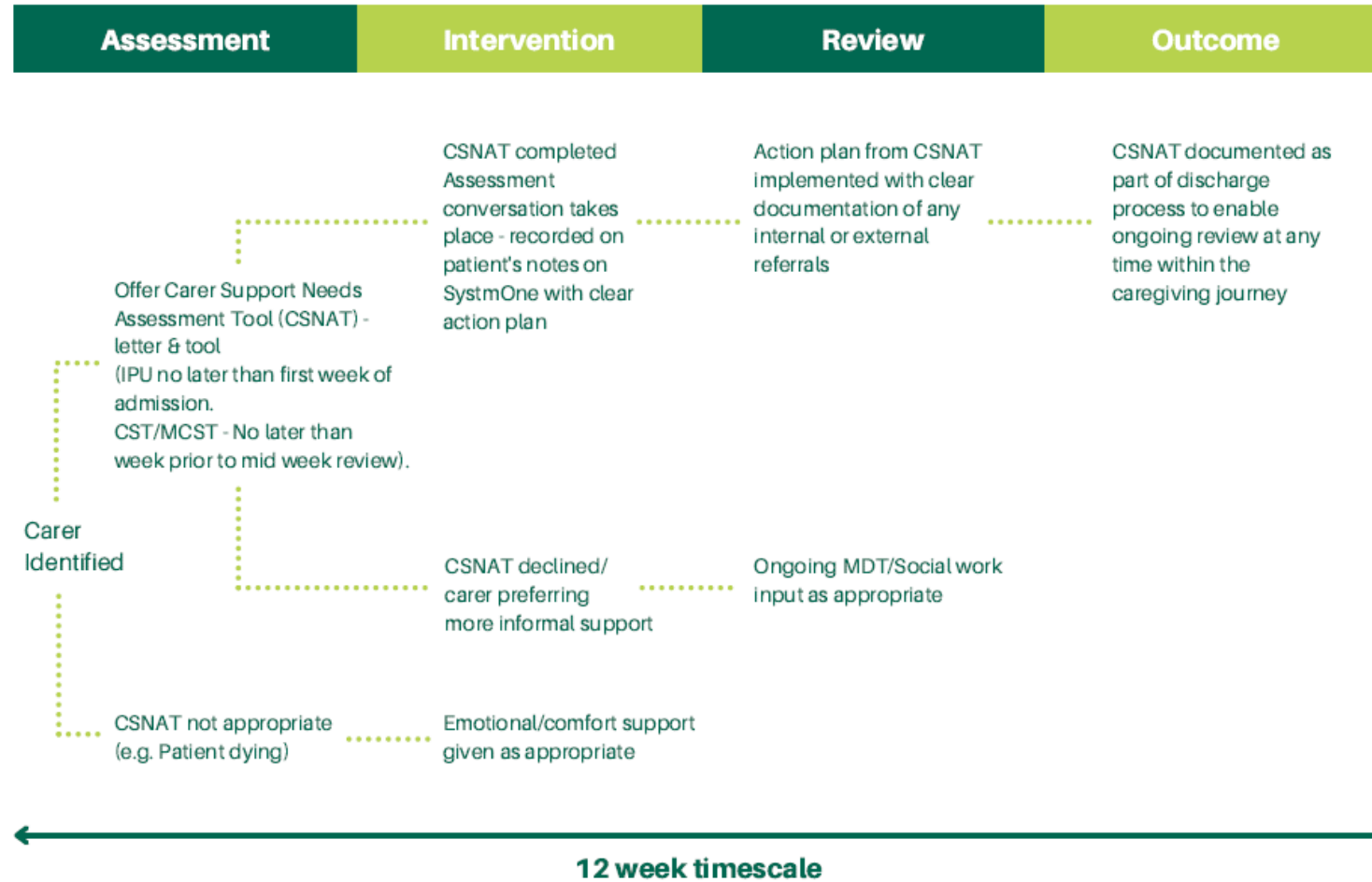
## St Cuthbert's Hospice Bereavement Support Journey





Appendix 8

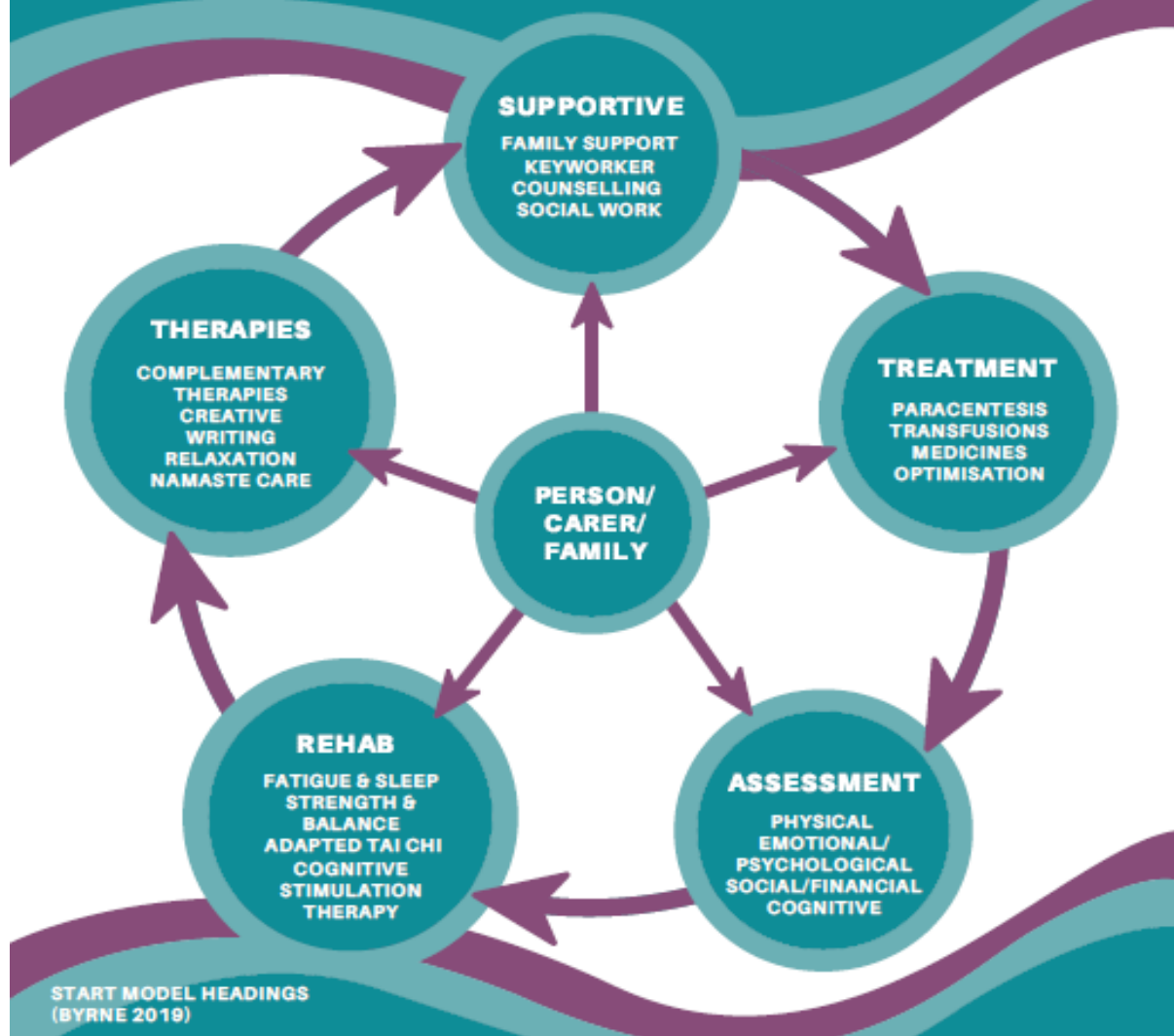
## St Cuthbert's Hospice Carer Support Journey



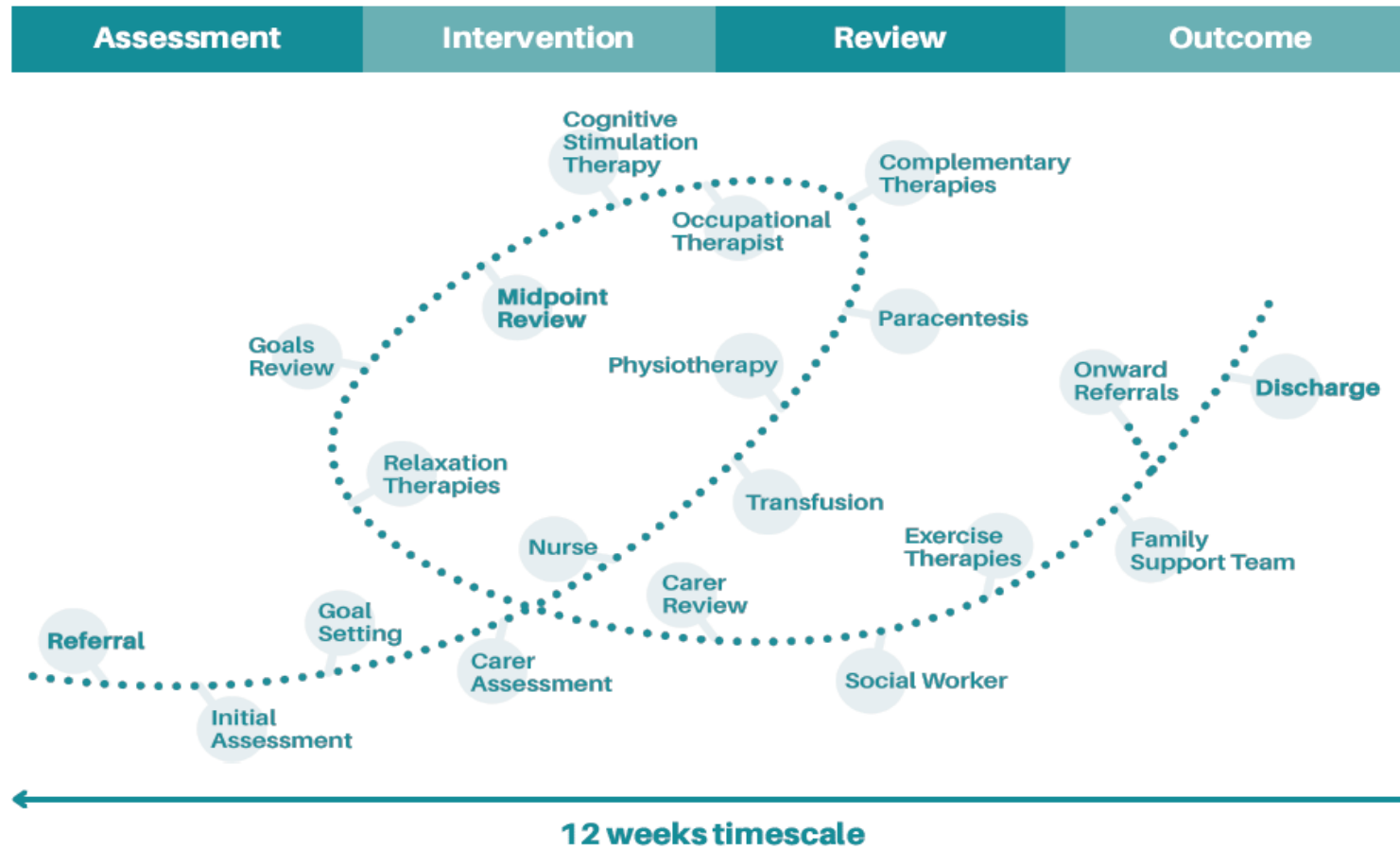
## ST CUTHBERT'S HOSPICE - LIVING WELL SERVICES

Goal is to deliver excellence in end of life and specialist palliative care through prevention, restoration and support.

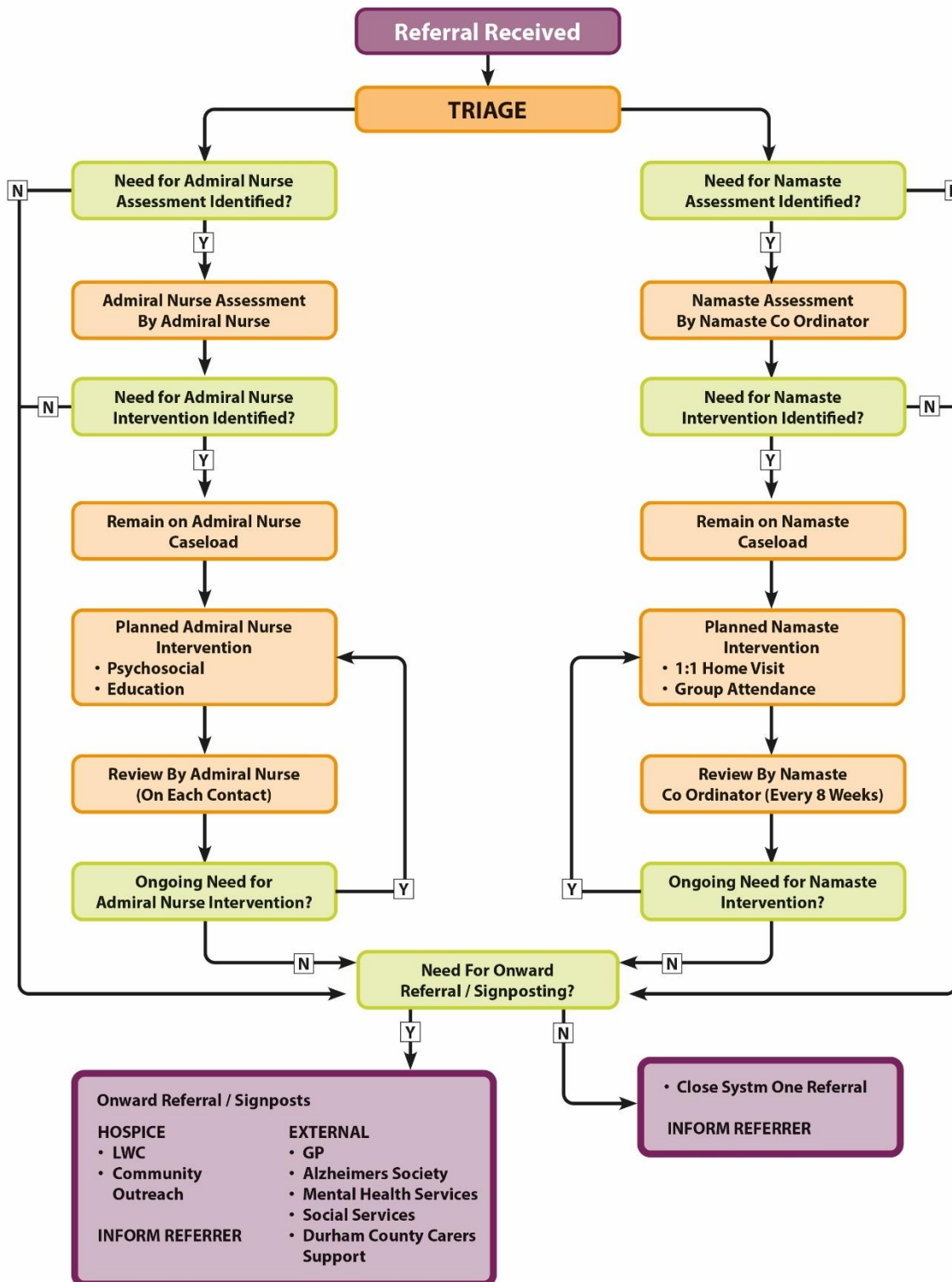
Living Well Services provide wrap around specialist palliative care through a team comprising of doctors, nurses, physiotherapists, occupational therapists, complementary therapists, social workers, counsellors, health care assistants and volunteers.



## St Cuthbert's Hospice Living Well Services Guest Journey



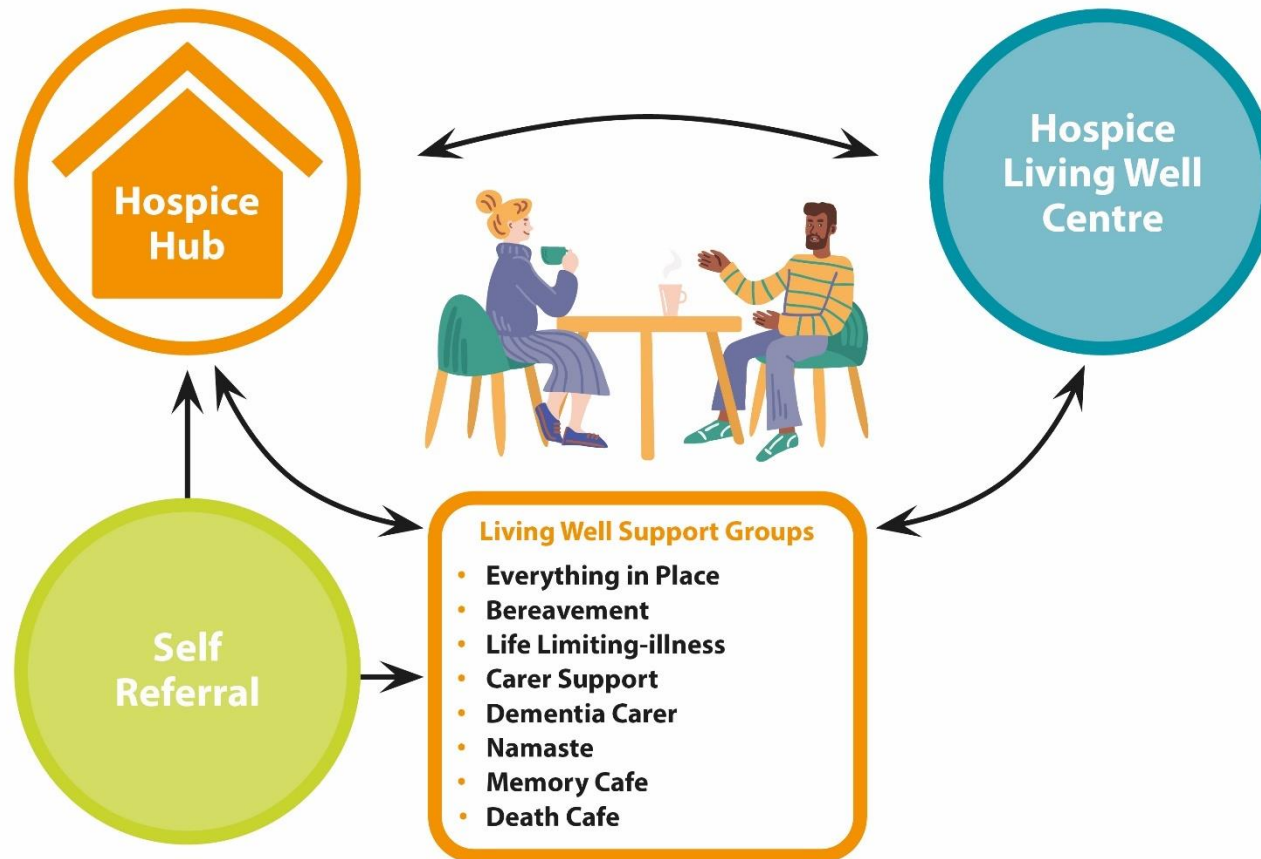
### St Cuthbert's Hospice Dementia Services Process Map



05/2023

For Dementia Community Outreach, please refer to the St Cuthbert's Hospice Community Outreach Model Appendix 12

St Cuthbert's Hospice Community Outreach Process Model



05/2023

## Appendix 13

### NICE Guidelines and Standards

- Beldon, P (2010) Skin changes at life's end (SCALE): a consensus document, wounds UK (6)*
- 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)*
- Care Quality Commission (2019) The state of health care and adult social care in England 2018/2019. [Online] Available at: [THE STATE OF HEALTH CARE AND ADULT SOCIAL CARE IN ENGLAND 2018/19 \(cqc.org.uk\)](https://www.cqc.org.uk/publications-reports/state-of-health-care-and-adult-social-care-in-england-2018-2019) [Accessed on 14<sup>th</sup> 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.*
- Decubitus (1989) in Decubitus, now known as Advances in Skin & Wound Care). Vol.2, No,2, May 1989. p.44-45.*

Durham Insight (2020) General Health and wellbeing County Durham. [Online] Available at: [InstantAtlas Durham – Health & Wellbeing \(durhaminsight.info\)](https://www.durhaminsight.info) [Accessed 14<sup>th</sup> 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 \(kentcht.nhs.uk\)](https://www.eol-carer-pack.pdf) [Accessed on 14<sup>th</sup> July 2021].

E-Hospice (2018) OACC outcomes measures – what difference does Hospice care make? Available at [OACC outcome measures: what difference does hospice care make? - ehospice](https://www.ehospice.org.uk/oacc-outcome-measures-what-difference-does-hospice-care-make/) (accessed 12<sup>th</sup> December 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.

Ewing G & G Grande (2020) The Carers Support Needs Assessment Tool (CSNAT) Manchester UK, Cambridge University Press.

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](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection[1]prevention-and-control) (Accessed 5<sup>th</sup> 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 21<sup>st</sup> century families and communities. London: Government Publications.

Milwaukee, WI: End-of-Life Physician Education Resource Centre.

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](https://www.nice.org.uk/guidance/CG183) [Accessed on 14<sup>th</sup> July 2021].

National Institute for Health and Care Excellence: Clinical Guidelines: CG183 Drug Allergy: Diagnosis and Management (2014)

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 5<sup>th</sup> Feb 2021).

National Institute for Health and Care Excellence (2021) Supporting Adult Carers. [Online] Available at: [Overview | Supporting adult carers | Quality standards | NICE](https://www.nice.org.uk/guidance/CG183) [Accessed on 14<sup>th</sup> July 2021].

National Institute for Health and Care Excellence: Clinical Guidelines: (CG113) Urinary Tract Infections – Catheter Associated Antimicrobial Prescribing (2018)

National Institute for Health and Care Excellence: (NG112) Urinary Tract Infections (recurrent): Antimicrobial Prescribing (2018)

National Institute for Health and Care Excellence: (NG109) Urinary Tract Infections (Lower) (2018)

National Institute for Health and Care Excellence: Clinical Guidelines (CG97) Lower Urinary Tract Symptoms in men: Management (2015)

National Institute for Health and Care Excellence: Clinical Guidelines: (CG151) Neutropenic Sepsis: prevention & Management in people with Cancer (2012)

National Institute for Health and Care Excellence: Clinical Guidelines: (CG173) Neuropathic Pain in Adults (2020)

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).

National Institute for Health and Care Excellence: Clinical Guidelines (CG75) Metastatic Spinal Cord Compression in Adults: Risk (2008)

National Institute for Health and Care Excellence: Clinical Guidelines (CG140) Palliative Care for Adults – Strong opioids for Pain Relief (2016)

National Institute for Health and Care Excellence: Sepsis Recognition, Diagnosis & Early Management (NG51) (2017)

NHSE Commissioning-Investment-Framework-All-ages-FINAL-LIVE-(20201022) (southeastclinicalnetworks.nhs.uk)

NHSE, August 2022, Patient Safety Incident Response Framework

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 \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandcare/articles/2011-census-analysis-unpaid-care-in-england-and-wales-2011-and-comparison-with-2001) [Accessed on 14<sup>th</sup> 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 action 2021-2026, 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.

Royal College of Occupational Therapists (RCOT) (2020) Occupational therapy in the prevention and management of falls in adults, London UK.

Safety, Cost effectiveness and Feasibility in the management of malignant ascites. Harding et al. (2013) – University of York Centre for Reviews and Dissemination.

Scottish Palliative Care Guidelines for Symptom Management – Health Improvement Scotland & NHS Scotland

Palliative and End of Life Care Symptom Control Guidelines for cancer and non-cancer patients (5<sup>th</sup> ed.) North East and North Cumbria Clinical Networks (2021)

Equality Act (2010)

Human Rights Act (1998)

Weismann D (2000). Fast fact and concept #03: Syndrome of imminent death. Milwaukee, WI: End-of-Life Physician Education Resource Centre.



## **Appendix 14**

### 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 2022 - 2023 no national clinical audits and no national confidential enquiries covered NHS services provided by St Cuthbert's Hospice.

During 2022 - 2023 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 2022 - 2023 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 2022 - 2023 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 2022 - 2023 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.