



Service Contract Quarterly Performance Report

Second Quarter: 1st July to 30th September 2023

1.0 Introduction

This second quarter Service Contract Quality Performance Report (SCQPR) covers the period 1 July – 30 September 2023 and provides an overview of St Cuthbert's Hospice performance against the key local quality requirements (LQRs) and performance indicators (KPI's) as outlined in our 2023 - 2024 NHS Contract.

Key service issues over the last quarter

In Patient Unit, (IPU). Cumulative deaths totalled since 1 April 2023 is 88 of which 86 achieved their preferred place of death, (PPD). We were able to discuss preferred place of death with 88 patients. 2 people did not achieve their preferred place of death, which was home. IPU bed occupancy in this quarter was 82.05%.

Following the departure of our Medical Director/Consultant (June 2023) and approval of an additional Consultant (June 2022), we have been unable to recruit to either post. To ensure continuity of care, during this quarter, CDDFT have provided the Hospice with 4 consultant sessions and 6 sessions from a Specialist Dr. From 2 October Consultant support will be provided virtually by Supportive UK. CDDFT will second a Specialist Dr for 8-10 sessions. This Dr will work alongside our existing Hospice Drs, (6 sessions) and an Advanced Nurse Practitioner (5 sessions). It is anticipated these arrangements will remain in place while we continue to work with stakeholders on a sustainable medical model for the healthcare local system.

Following challenges with recruitment to nursing posts we have successfully recruited 2 newly qualified Registered Nurses. We are using hours freed up by a reduction in hours to number of nursing posts to introduce a therapy assistant post. We are also exploring the feasibility of increasing pharmacy support to include cover for annual leave.

In August Team Valley Pharmacy terminated their agreement with us to supply wholesale medications. A temporary solution was put in place with support from Burdon's pharmacies and we are currently exploring a permanent solution.

Day Services, Within the Living Well Centre, services are provided Monday to Friday. We continue to develop our programme and therapy groups including cognitive stimulation therapy, sporting memories activity group, occupational therapy led fatigue and sleep management, creative writing, physio led strength and balance group and one to one complementary therapy sessions. We also continue to increase the number of people attending these groups/sessions. We continue to offer Day Hospice services for interventions such as blood transfusion. We are no longer offering paracentesis due to the departure of the Medical. We have used the departure of a Band 5 Registered Nurse to introduce a Band 4 Nursing Associate post and Band 4 Complimentary Therapist post.

We continue to provide Bereavement Support Services, with counselling sessions for adults, children and young people provided Monday - Friday. We are seeing a decrease in our waiting list since the review of staff skill mix and increase to counselling capacity. Delivery of bereavement support groups has been transferred to our Community Outreach Project.

Community Services –The Admiral Nurse is continuing to embed herself as a Specialist Dementia Nurse within the Hospice and North Durham locality. She offers specialist support on a face 121 basis in people's homes, through memory cafes and support groups. With her support, the Namaste Co-Ordinator and volunteers have reignited the Namaste Service within the community and Hospice.

2.0 Summary of what we have achieved in quarter two

Achievements to end of the second quarter:

Service Activity:

- **In-Patient Unit:**
 - 67 new admissions into the in-patient unit during this reporting period.
 - 49 deaths
 - 48 patients achieved preferred place of death.
- **Living Well Centre:**
 - 1095 Face to face appointments.
 - **Bereavement Support Services – Adults**
 - 144 Face to face appointments attended, 21 well-being calls to 55 people.
- **Admiral Nurse:**
 - 25 patient/carers had 69 contacts, attended 3 memory cafes and 25 community/Hospice groups. 14 new referrals received.
- **Namaste team:**
 - 59 patients/carers seen at home/Hospice/outreach, had 467 contacts. 28 new referrals received.

Protecting people from avoidable harm:

In Quarter 2 there have been 62 clinical incidents:

- 0 Serious incidents
- 0 Incident of major, permanent harm; severe disruption
- 7 Incident of actual moderate harm/short term harm/disruption
- 20 Incidents of actual minor/minimal harm/low disruption
- 35 Incidents of actual no harm
- 0 Near Misses

3.0 Service Activity

In accordance with Integrated Care Board (NENCICB) dataset requirements full data reports are submitted below. For comparison the preceding full year's performance (2022 - 2023) data is provided and each full quarter's performance for 2023 - 2024 and this will be updated in subsequent quarterly reports. Specific LQR's and KPI's measurements summarising performance can be seen in the Table 1 below:

4.0 Local Key Performance Indicators (KPI's)

Table 1 – Hospice activity against KPIs 2023-2024									
Indicators.	Threshold	End of Year. 2022-23	Met – Not met	2023-2024 quarterly performance.				End of year 2023 - 2024	Year 2023-2024 Performance
				Q1	Q2	Q3	Q4		
In-Patient Unit (IPU)									COMMENTS.
Total number of in-patient referrals received	N/A for monitoring purposes	340	-	90	98				N/A for monitoring purposes.
Average waiting time from referral to admission for inpatients (excluding weekends and planned respite).	≤ 48 hours	35.6	Met	31.6	32.7				
Total number of inpatient admissions.	N/A for monitoring purposes	220	-	62	67				N/A for monitoring purposes.
Percentage bed occupancy.	≥ 85%	86.63	Met	84.67	82.05				Action Plan in place to improve performance against KPI.
Percentage bed availability.	≥ 95%	99.3	Met	100	99.89				
Average length of stay for inpatients.	≤ 15 days	14.4	Met	13.1	11.3				
Number and percentage of inpatients that have been offered an Advance Care Plan.	90%	99.2%	Met	62 100%	67 100%				
Number and percentage of patients who died at the hospice and have preferred place of death recorded.	N/A for monitoring purposes	128 97.6%	-	39 100%	49 100%				N/A for monitoring purposes.
Number and percentage of patients who died at the hospice who stated their	N/A for monitoring purposes	123 95.4%	-	38 97.4 %	48 98%				N/A for monitoring purposes

preferred place of death and achieved this.									
Patient's risk of falls to be assessed within 6 hours of admission.	100%	95.7%	Not met	87.1	94				Time of recording rather than time of assessment 4 patients
Patient's written care plan tailored to address falls risk completed within 6 hours of admission.	100%	95.7%	Not met	87.1	94				Time of recording rather than time of assessment 4 patients
Pressure ulcer risk assessment to be completed within 6 hours of admission. (Ref - NHS Improvement 2018 Pressure Ulcers: revised definition and measurement).	95%	95.7%	Met	87.1	94				Time of recording rather than time of assessment 4 patients
Patient's written care plan tailored to address pressure ulcer risk within 6 hours of admission (Ref - NHS Improvement 2018 Pressure Ulcers: revised definition and measurement).	95%	95.7%	Met	87.1	94				Time of recording rather than time of assessment 4 patients
Venous thromboembolism (VTE) risk to be assessed within 24 hours of admission to determine if prophylaxis required.	100%	98.5%	Not met	100	97				2 were missed on admission. They had been seen at the Hospice previously. Incident reported on SIRMs
Percentage of patients that report a positive experience of care via the Friends and Family Test.	90%	100%	Met	100	100				Q2 - 10 forms returned since HCA 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.
Living Well Centre									COMMENTS
Total number of patients attending the Living Well Centre	N/A for monitoring purposes	249	-	138	135				N/A for monitoring purposes
Number and percentage of Living Well Centre patients receiving a care plan	100%	100%	-	100	100				
Percentage occupancy	≥ 80%	31.25%	Not Met	51.2	57				Occupancy expected to continue to increase as referrals are increasing.

Time from referral to Living Well Centre and contact to arrange home visit / assessment	90% within 7 days	100%	Met	100	100				
Time from first referral in LWC to Physiotherapy assessment	100% within 21 days	100%	Met	100	100				
Time from referral in LWC to Occupational therapy assessment	100% within 21 days	100%	Met	100	100				
Percentage of patients that report a positive experience of care via the Friends and Family Test	90%	100%	Met	100	100				Q2 – 4 forms returned since HCA champions identified.
Bereavement Support Services (Adults)									COMMENTS
Total number of clients accessing bereavement support services (adults)	N/A for monitoring purposes	103	-	46	55				N/A for monitoring purposes
Number and percentage of clients contacted within 15 working days of receipt of referral (adults)	95%	96.3%	Met	100	100				
Number and percentage of written assessments of needs and action plans agreed with clients (adults)	100%	100%	Met	100	100				
Percentage of clients that report a positive experience of care via the Friends and Family Test	90%	100	Met	100	100				Q2 - 12 forms returned.
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
Dementia services									COMMENTS
Total number of patients attending Dementia Support Service	N/A for monitoring purposes	95	-	53	76				N/A for monitoring purposes.
Time from referral to Admiral Nurse for first contact and appointment arranged for assessment.	95% within 15 days	99%	Met	100	100				

Time from referral to Namaste care for first contact and appointment arranged for assessment.	95% within 15 days	100%	Met	100	100				
Percentage of patients who provide feedback and report a positive experience of care	90%	100%	Met	100	100				Q2 – 9 forms returned.
Number of complaints and compliments received and actions taken	N/A for monitoring purposes	-	-	-	-	-	-	-	N/A for monitoring purposes Refer to Sect 5.2 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

Table 2 – Hospice activity against LQRs 2023-2024									
Indicators.	Threshold	End of Year 2022-23	Met – Not met	2023-2024 quarterly performance.				End of year 2023 - 2024	Year 2023-2024 Performance
				Q1	Q2	Q3	Q4		
									COMMENTS.
% of national safety alerts issued via the Central Alert System (CAS) that are fully implemented within the timescales set out within the alert.	100%	-	-	100%	100%				
% of patients and carers surveyed who are satisfied with the service.	75%	-	-	100%	100%				
% of patients who felt they were treated with dignity and respect, as part of service user experience.	100%	-	-	100%	100%				
% of eligible staff who have received safeguarding adults supervision in accordance with caseload supervision arrangements and the organisations clinical supervision policy.	100%	-	-	100%	100%				Supervision Policy in place. Staff have access to supervision on a 121 basis, (internal and external supervisors), group topic specific / following safeguarding issues.
% of staff that have a safeguarding adult training session within 6 weeks of taking up the post.	100%	-	-	n/a	60%				5 clinical new starters this quarter. The 6 wk period falls across Q2/3

100% of eligible staff, 95% triggers exception reporting, 90% requires remedial action plan. Excludes maternity and sick leave.									
% of staff that have completed safeguarding adults training in accordance with the level, duration and frequency set out in the Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document August 2018. 100% of eligible staff, 95% triggers exception reporting, 90% requires remedial action plan. Excludes maternity and sick leave.	100%	-	-	92	96				Hospice mandatory training target is 90%. The 6wk period falls across Q2/3. Share matrix. Review requirements. Improve reporting to enable managers to monitor and encourage uptake. Safeguarding link practitioner to monitor and encourage uptake.
The Provider will ensure that all training around the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DOLS) is provided in accordance with the level, duration and frequency as set out in the Adult Safeguarding: Roles and Competencies for Health Care Staff, Intercollegiate Document August 2018.	100%	-	-	67.30	75				Hospice mandatory training target is 90% Decision made to do Face to Face rather than e-learning as adds more value. All staff are booked on the face to face training.
% of eligible staff who meet the minimum requirements for "Prevent" mandatory training in accordance with the Prevent Training and Competencies Framework.	85%	-	-	86	92				Requirements for qualified staff to be clarified as Level 3
% of eligible staff who have received safeguarding children's supervision in accordance with caseload supervision arrangements and the organisations clinical supervision policy.	100%	-	-	100%	100%				
% of staff that have a safeguarding children training session within 6 weeks of taking up the post. 100% of eligible staff, 95% triggers exception reporting, 90% requires remedial action plan. Excludes maternity and sick leave.	100%	-	-	n/a	60				5 clinical new starters this quarter
% of eligible staff that have completed safeguarding children training in accordance with the level, duration and frequency as set out in the Safeguarding	100%	-	-	88	94				.Hospice Target is 90%

Children and Young People: Roles and Competencies for Healthcare Staff, Intercollegiate Document January 2019. 100% of eligible staff, 95% triggers exception reporting, 90% requires remedial action plan.									
% of frontline staff to be vaccinated against flu during the flu/winter period.	75%	-	-	n/a	n/a				To monitor uptake during flu season.
% of staff that have completed all relevant mandatory training such as infection, prevention, moving and handling, information governance and basic life support.	100%	-	-	83	93				Staffing issues/IT constraints have been a barrier to completing mandatory training. Compliance is improving.
% of eligible staff that have DBS checks in accordance with statutory requirements.	100%	-	-	94	100				
% of agency staff used within the reporting period	<5.00% of staffing structure	-	-	1.84	0.49				
% of staff sickness within the reporting period	<7.00% of structure days	-	-	5.30	5.40				
% of patients at risk of falls, are assessed within 6 hours of admission.	98%	-	-	87.1	94				Time of recording rather than time of assessment.
% of patient's with appropriate Falls Care Plan completed within 24 hours or admission	98%	-	-	100	100				
% of pressure ulcers reviewed in line with the organisations Patient Safety Incident Response Plan	100%	-	-	100	100				
% of patients with an Advance Care Plan (ACP) or offered ACP discussions.	98%	-	-	100	100				
% of patients with an Emergency Healthcare Plan (EHCP) or offered discussions (for hospice inpatients or hospice at home care patients).	98%	-	-	90.5	12.5				No evidence of discussion in 14 patients notes. ?because EHCP was not required. Improvement action plan to be agreed. Medical Discharge Template to be developed.
% of patients with a DNACPR or offered discussions (for hospice inpatients or hospice at home care patients).	98%	-	-	100	100				
% of patients who are offered discussions regarding preferred place of	98%	-	-	100	100				

death (for hospice inpatients or hospice at home care patients).									
% of patients who state their preferred place of death and achieve it (for deceased hospice inpatients or hospice at home care patients).	85%	-	-	97.4	98				
% of discharge summaries to be sent to GP within 24hrs	95%	-	-	50	73.3				Custom and practice, should improve now specialist Dr/ANP in post. No onsite Dr at weekends/bank holidays

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

5.1 Patient Safety

- 1.1 The review and updating of policies has continued over 2023 - 2024 to ensure our suite of care related policies and procedures reflect local and national guidelines. Within this quarter we updated key policies such as Control of Infection caused by Ectoparasite and Threadworms Policy & Procedure

To fulfil our '*Duty of Candour*' we report all serious incidents to statutory and regularity bodies, our commissioners and internally in our own clinical governance forums. See tables 2 and 3 below. Furthermore, our Clinical Practice Development Nurse also provides in house Duty of Candour training sessions for clinical staff.

Summary of clinical and other untoward incidents

Table 2 – Clinical and untoward incidents 2023-2024								
	Code	2022-23 Totals	Q1.	Q2.	Q3.	Q4.	Year end	Comments
Service Falls	1	21	3	10				9 Unavoidable, 1 avoidable (faulty nurse call box)
Pressure Ulcers/SDTI	3	31	6	5				2 PU (1 patient on admission) and 1 SDTI on admission and 2 following admission (3 patients)
Medication Errors	4	18	7	7				1 external and 6 internal to Hospice
Other clinical incidences	6	38	18	26				
Infection Prevention and Control - Health acquired infections	7	12	1	3				2 Cdif & 1 Covid on admission
Other non-clinical incidences	8	4	0	0				

Information Governance	9	16	6	3				
Subject Access Requests	10	0	1	1				
Safeguarding	11	1	1	4				
MCA/DoLS	-	22	8	4				SIRMS completed for all MCA/DoLS

5.2 Serious Incidents and complaints

Quarter Two

Incident Number	Incident Date	Cause Group	Cause 1	Cause 2	Details Of Incident	Initial impact	Actual Impact	Outcome Description
107327	04/07/2023	Tissue Viability	Deep Tissue Injury (DTI)		Patient admitted for EOLC with a SDTI to their left heel, elbows/sacrum/ears, not broken but discoloured.	4 - Major, Permanent Harm; Severe Disruption	2 - Minor, Minimal Harm; Low Disruption	Patient had been nursed in bed for two weeks, admitted unconscious, had not been eating/drinking, had family support and district nurses, Marie Curie input when at home. No concerns re neglect.
107453	06/07/2023	Health & Safety	Moving And Handling (Patient)	Skin Tear	Skin tear to right leg when transferring from home armchair to wheelchair. In own home being transferred to wheelchair to access minibus.	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	On arrival to LWC cleansed and dressed wound. Referred to SPA for DN input at home. Patient tolerated sessions at LWC with no concerns and was returned home safely. Advice to HCA on positioning of wheelchair and foot rest hangers to avoid further contact. HCA to use during transfers

								Review of moving and handling risk assessment in home. No changes needed.
107490	08/07/2023	Medication	Prescribing	Controlled Drug	Patient's written prescribed PRN sub cut dose of morphine on their Kardex did not equate with the recommended prn sub cut dose of a 6th of the daily syringe driver dose. Syringe driver dose was 40mg over 24 hours. PRN sub cut dose was written 15mg - 20mg s/c up to hourly with no max dose in 24 hours.	1 - No Harm; Negligible	1 - No Harm	All doses (PRN, subcut PRN, syringe drivers) to be checked regardless of what is prescribed in the community
107613	12/07/2023	Violence And Aggression	Physical Assault Of Staff By Patient		Patient verbally and physically aggressive towards staff, after banging his channel changer against the bedroom walls and table. Staff member on her left wrist then threw the	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	Patient calmed down and agreed to not to get out of bed and have analgesia for pain to his left leg. Staff member supported as needed. Patient care reviewed by medical and nursing staff.

					channel changer at her. He then said he was going to get out of the bed to attack her.			Risk assessment in place. Note on handover advising risk assessment in place.
107633	12/07/2023	Health & Safety	Slip/Trip/Fall	Patient Fall On Same Level	Patient had unwitnessed fall in Hospice car park on way into LWC. Reviewed by RN and physiotherapist. No concerns, no injuries reported. Able to complete session at LWC and travel home safely.	1 - No Harm; Negligible	1 - No Harm	Reviewed by Physiotherapist - no concerns reported. Moving/handling risk assessment completed. Falls bundle not updated. Able to partake in session and travelled home safely. Verbal duty of candour - t/call to wife to explain, no concerns raised. Checked car park - no trip hazards in vicinity identified by patient. Falls bundle updated by physio.
107704	13/07/2023	Safeguarding Adults	Deprivation Of Liberty		Patient lacks capacity to make informed decision re: care and treatment.	7 - Soft Intelligence	1 - No Harm	MCA 1 & 2 completed Urgent Dols request sent. CQC notification sent Verbal duty of candour - family aware.

107783	03/07/2023	Health & Safety	Other Health And Safety		Hospice transport vehicle (Minivan SC63 YBU) tax had expired on 31.06.2023 and not renewed immediately on 01.07.2023. Remained untaxed until 05.07.2023.	1 - No Harm; Negligible	1 - No Harm	Situation explained to DVSA. Replacement log book requested and paid for vehicle tax renewal, back dated to 01.07.23. DVSA records updated for accuracy. Assured reminder letter will be sent next year. No further actions. Staff to keep calendar reminder for next renewal period. Monitoring and renewals process to be discussed with new Governance and Compliance Manager once in post. Replacement log book Vehicle back in use now appropriate tax and documentation in situ.
107797	17/07/2023	Health & Safety	Other Health And Safety	Waste	No sharps bins.	3 - Moderate, Short Term Harm Or Disruption	2 - Minor, Minimal Harm; Low Disruption	
107821	15/07/2023	Health & Safety	Other Health And Safety	Safeguarding Vulnerable Adult	Staff contacted by police who man 101 online chat to advise that an inpatient had been expressing suicidal thoughts on the online police chat.	7 - Soft Intelligence	1 - No Harm	Patient advised of hospice staff contact with police (as above) and that hospice would be called if any other conversations happen on the 101 online chat Advised patient and family if they wished to

								peruse the issue they would need to contact Co.Durham Police. Patient, husband and daughter happy with information given. Patient has no thoughts to take own life.
107862	18/07/2023	Safeguarding Adults	Deprivation Of Liberty		Patient was admitted to the hospice for EoLC and is unconscious, lacks capacity and is coming to the end of their life.	1 - No Harm; Negligible	1 - No Harm	MCA 1&2 completed for care and treatment - lacks capacity DoLs application requested Verbal duty of candour - family aware CQC notification completed SIRM's completed
107920	20/07/2023	Health & Safety	Other health And Safety		Ex Volunteer found outside of Hospice at 02:00 known to have recent diagnosis of Dementia.	3 - Moderate, Short Term Harm Or Disruption	2 - Minor, Minimal Harm; Low Disruption	Police contacted. NOK contacted and informed of incident. Risk assessment put in place. -

107960	20/07/2023	Information Governance	Misdirected Email/Hard Copy Sent Containing Confidential Information	Breach Of Patient Confidentiality	Information governance issue - documents and tags relating to an albumin infusion had been sent to the wrong email address on the 10/06/23	1 - No Harm; Negligible	1 - No Harm	Email sent in error was deleted by recipient. Referral forms were subsequently sent to correct recipients. No patient harm reported. Duty of candour - admin had notified recipient immediately. Revisited info governance policy and expectations with staff member. IG training is up to date - valid to April 2024
107970	20/07/2023	Safeguarding Children	Other Safeguarding Children		Reported by client during counselling that the house their grand child lives in with parent, was vandalised by a friend of the parent and the child witnessed this. Reported by the client that the police were involved in this situation.	2 - Minor, Minimal Harm; Low Disruption	1 - No Harm	Referral to local authority child safeguarding team. Responded to request that additional information be sent to them. LAS team have advised that the client contacts them directly. Client given advice/support. 26.07.23 - CQC notification sent and
108114	21/07/2023	Violence And Aggression	Threatening Behaviour By Patient To Staff		Patient admitted that day for complex pain management became extremely agitated, aggressive and insisted on going home. Despite interventions from	3 - Moderate, Short Term Harm Or Disruption	3 - Moderate, Short Term Harm Or Disruption	Patient readmitted to IPU following day. Remained uncooperative, aggressive towards staff and extremely agitated that afternoon continuing overnight.

					staff he insisted on going home immediately with wife. Syringe drivers removed at his request and his own medication given to take home. Advised them to call OOH if any problems overnight. Telephone calls from Marie Curie, OOH GP requesting pain management at home.			121 observation. Staffing reviewed daily to ensure staff felt safe and supported. reassure felt IPU unsafe T
108171	21/07/2023	Safeguarding Adults	Deprivation Of Liberty		Patient with dementia admitted from UHND with aspirate pneumonia for EoLC. Following capacity assessment found not to have capacity to consent to care and treatment at the Hospice.	1 - No Harm; Negligible	1 - No Harm	MCA 1&2 completed DoLs application completed. Verbal duty of candour - family aware. CQC notification sent.
108176	25/07/2023	Health & Safety	Slip/Trip/Fall	Patient Fall On Same Level	Avoidable unwitnessed fall, patient wanting to remain independent as per OT assessment was able to stand without supervision.	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	Falls Bundle completed within 6hrs of admission as per KPI. To ensure sensor mat in situ and connected once assessed as a requirement - staff have been spoken to re this (REFLECTIVE PRACTICE). To advise patient on

								safe standing - has capacity to make own decisions. Patient requested bedrails up following incident - bedrail assessment updated Reviewed by Dr and physio post fall 26/07/23, within 24hrs as per P & P . Verbal duty of candor, family informed.
108190	25/07/2023	Tissue Viability	Deep Tissue Injury (DTI)		Patient developed SDTI to L hip after admission. Patient at very end of life.	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	Care plan in place and in line with what patient could tolerate. CQC notification completed Safeguarding informed. Not referred to TVN as not complex SDTI Patient died 26/7/23
108192	26/07/2023	Estates And Facilities	Non - Collection Of Waste		Clinical waste not collected on allocated dates including grace period (due to be collected between 21st and 25th July).	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	Complaint made to contractor. Contract review on going.
108414	03/08/2023	Health & Safety	Slip/Trip/Fall		Wife of a patient who had been sleeping in the patient's room overnight in a recliner chair slipped to the floor whilst getting up and was	1 - No Harm; Negligible	1 - No Harm	Visitor advised her daughter had forgot to put breaks on chair but they were aware of the breaks. Aware to seek medical attention if needed -

					found sat on the floor.			which she doesn't feel she needs.
108427	27/07/2023	Access, Admission, Transfer, Referral	Access To Service Failure (Other)		Hospice ran out of Death Certificates	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	New death certificate requested and received within 24hrs. Process re death certification reinforced. Care after death SOP. updated. Medical staff reminded to complete slip for more certificates and give to admin staff.
108677	09/08/2023	Health & Safety	Slip/Trip/Fall	Patient Fall From Bed	Patient rolled out of bed.	1 - No Harm; Negligible	1 - No Harm	Unavoidable, unwitnessed fall Spoke with individual staff re completion of relevant admission documentation in timely manner (Bedrail assessment). Spoke with individual staff re Admissions Falls Bundle audit as information incorrect.

108784	09/08/2023	Infection, Prevention And Control	Clostridium Diff, Infection		<p>09.08.2023 - Report from CDDFT microbiology that patient has tested positive for C-diff. Barrier nursing already in situ. Housekeeping team are following standard cleaning protocols when a patient has infective stool. Family informed of positive status and need to wear PPE when in patient's room.</p>	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	<p>Family kept informed. IV vancomycin as patient is actively dying and cannot tolerate IV medications. Infection control team contacted. 10.08.23 Patient has died. IPC team agreed this is a community associated HCl secondary to antibiotics, acquired at UHND. UKHSA notified C-diff not related to a second patient testing positive on Hospice Cause of death not due to C-diff. Does not need referral to the coroner. IPC team notified. Deep clean of patient's room.</p>
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108789	09/08/2023	Infection, Prevention And Control	Clostridium Diff, Infection		<p>09.08.2023 - Report from CDDFT microbiology that patient has tested positive for C-diff.</p> <p>09.08.23 - Barrier nursing already in situ. Housekeeping following standard cleaning protocols when a patient has infective stool.</p> <p>Family informed of positive status and need to wear PPE when in patient's room.</p>	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	<p>Consultant microbiologist does not recommend IV vancomycin as patient is actively dying and cannot tolerate IV medications. Discussed with patient and family. ICB infection control team notified.</p> <p>10.08.23 - Patient has died. ICB IPC team and Hospice Doctor agreed this is a community associated healthcare infection, secondary to antibiotics, acquired at UHND.</p> <p>UKHSA that this incident of C-diff is not related to a second patient testing positive on Hospice IPU. Medics agreed cause of death not due to C-diff. Dr will refer to the coroner as family report patient had previous industrial occupation. Housekeeping team completing deep clean. infection control team to advise on referral to coroner.</p>
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108835	14/08/2023	IT	Non Clinical Software Issue		My computer was replaced. Now unable to renewing certificates or repairing smartcards on the NHS Spine Portal. Cornerstones informed but unable to repair this.	3 - Moderate, Short Term Harm Or Disruption	3 - Moderate, Short Term Harm Or Disruption	Support sort from ICB digital team. NECSU supporting Cornerstones.
108863	14/08/2023	Estates And Facilities	Facilities Management	Communication Failure	Water leaking through ceiling and ceiling light in lounge. Rang SMT on call mobile went to voicemail. Previous incident on Friday 11/08/2023 when message left on SMT on call mobile and staff had not received a return call over the weekend. Contacted Service Manger who contacted SMT on call via her personal mobile number. Lights were separated from the loop when the same leak had occurred two weeks ago. Ensured lights were switched off in the room.	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	On call mobile set to voicemail for some reason. Mobile taken off voicemail by Central Support next day.

108933	15/08/2023	Medication	Medication Supply Issue - Shortage	No Contract In Place	Email received from PHARMA Team Valley advising Hospice that wholesale supply from Isletones pharmaceuticals is terminated with immediate effect due to significant issues sourcing supplies from wholesale suppliers which would compromise their ability to supply us with the range of medication we require.	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	Risk management plan put in place for that day. Interim solution but in place via Burdon's. Longer terms solution being worked on.
108961	17/08/2023	IT	IT Network Failure		IT systems not working from 4am to 7am	3 - Moderate, Short Term Harm Or Disruption	3 - Moderate, Short Term Harm Or Disruption	S1 restored and no action required
109096	17/08/2023	Clinical Assessment			Failure to complete planned medical review of outpatient. Planned review was not timetabled and Dr could not now attend outpatient review due to capacity.	2 - Minor, Minimal Harm; Low Disruption	1 - No Harm	Consultant informed. Consultant offered review, with 1 hour waiting time. Verbal duty of candour. Outpatient informed, outpatient unable to wait due to transport/ time constraints. No immediate concerns, outpatient can wait until next week's attendance.

								Agreed new process to avoid this in the future.
109099	17/08/2023	Infection, Prevention And Control			Patient admitted to IPU with Covid. Patient admitted to IPU from UHND for EOLC with chest symptoms. Routine LFT on admission showed positive for Covid.	7 - Soft Intelligence	1 - No Harm	Patient and family informed and advise given re: mask wearing which are supplied by hospice (IIR) and hand hygiene. Clinical team including domestic staff aware and on handover sheet. Risk assessments in place. IPC precautions in place. Transferring Ward at UHND informed of positive result and they advised other people in bay positive.
109138	18/08/2023	Medication	Monitoring/ Follow Up		Patient has been prescribed oral ketamine solution by hospice ward doctors each month on request on a	6 - Near Miss	1 - No Harm	Outpatients now to be referred to community team so that consultant is over seeing treatment plan. Ketamine SOP to be updated accordingly

					'repeat prescription' basis, but there is no record of any medication review or review of the patient since April 2023. The patient had been discharged from the community specialist palliative care team in June 2023 so had not been followed up by any other specialist palliative care service			
109146	19/08/2023 Incident occurred on 20.8.23 (not 19.8.23)	Estates And Facilities	Loss Of Utilities		Gas not working. Meals were prepared using electricity rather than gas. Communication issues with SMT on call & IPU and contacting contractor out of hours.	3 - Moderate, Short Term Harm Or Disruption	3 - Moderate, Short Term Harm Or Disruption	20.8.23 gas was re-set. Gas Contractor had not picked up the messages. Back-up contractor to be found. IPU rota to identify Nurse in Charge / clear point of contact. IPU now have a new mobile phone Keys have been organised and audited. A signing in and out book for keys in central support to be introduced. On call managers to introduce a checklist of questions to ask staff when responding to a call to assess the likely impact more accurately.

109161	21/08/2023	Clinical Quality	Lack Of Assurance	Audit Findings	Hospice does not appear to be fully compliant with fit and proper person checks for Trustees.	2 - Minor, Minimal Harm; Low Disruption	1 - No Harm	Trustee Declarations of Interest were on file, stored in the governance folder.
109232	21/08/2023	Health & Safety	Other Health And Safety		Patient lit up a cigarette and was smoking in his room on admission prior to being clerked in.	1 - No Harm; Negligible	1 - No Harm	Incident intercepted quickly and staff spoke with patient and relative re: smoking issues and hospice policy. Mitigating actions already in place.
109327	24/08/2023	Safeguarding Adults	Deprivation Of Liberty		Patient lacks capacity	7 - Soft Intelligence	7 - Soft Intelligence	MCA 1&2 completed Urgent DoLs request sent CQC notification sent Duty of candour carried out and family aware SIRMS completed
109339	25/08/2023	Medical Device, Equipment	Medical Device/Equipment Failure		Faulty Syrine Driver	7 - Soft Intelligence	1 - No Harm	
109467	23/08/2023	Communication, Confidentiality, Consent	Communication Failure		Head of Clinical Services, who was taking a days annual leave, picked up a voicemail message on her personal mobile from the Palliative Care Consultant at CDDFT. When she returned the call Voicemail message	1 - No Harm; Negligible	1 - No Harm	No work mobile. Uses personal mobile and had been changing network and switch was Tuesday. Alternative contact details given to consultant

					had been left on Tuesday. The Consultant had managed to resolve the Tuesday issue without having to speak to her.			
109530	24/08/2023	Clinical Documentation	Incorrect Patient Demographics On Documentation		Historically a donor email address was mistyped into Donorflex. The donor also had a second email address tagged to their profile. The donor received an email to their second email but questioned the content as they were already a part of the campaign. It was at this point the error in the original email was noted.	1 - No Harm; Negligible	1 - No Harm	

September 2023

Incident Number	Incident Date	Cause Group	Cause 1	Cause 2	Details Of Incident	Initial impact	Actual Impact	Outcome Description
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109564	01/09/2023	Contracting & Commissioning Issues	Inadequate Staffing Levels	Access To Service Delay - Non Urgent (Routine	We expected doctor cover on shift today and had a planned admission, unfortunately no doctor arrived and we were unable to get doctor cover, I rang the hospital and the admission we had organised we had to postpone until we have cover. Kardex's for the weekend I checked, we had a doctor I could call for advice and potentially a doctor could have came in briefly if there was anything urgent. I was able to sign the scripts for pharmacy.	1 - No Harm; Negligible	1 - No Harm	Human error/miscommunication IPU Ward manager now has access to medical rota and is overseeing medical rota.
109610	31/08/2023	Information Governance	Misdirected Email/Hard Copy Sent Containing Confidential Information		Email intended for JC St Cuthbert's sent in error to JS CDDFT. No confidential information included.	1 - No Harm; Negligible	1 - No Harm	Email recalled. No harm.

109680	06/09/2023	IT	IT Network Failure	<p>05/09/2023 Trying to access the intranet to upload updated policies the intranet was down. I reported it to Cornerstone and it was fixed at around 15:20.</p> <p>I was told the server was running slow and would be looked into. 06/09/2023 tried to access the intranet to again upload policies and am again unable to access the intranet.</p>	1 - No Harm; Negligible	1 - No Harm	IT action plan in place, delivery being monitored by Board.
109822	07/09/2023	Safeguarding Adults	Self Neglect	<p>07.09.2023 - Patient presented to LWC. Concerns over self-neglect identified by RN and Family Support Worker. Social and physical health starting to deteriorate due to self-neglect. Discussed with Social Worker and referred to LAS Adult Safeguarding team.</p>	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	<p>Duty of candour - discussed with patient and explained need to refer to LAS adult S/G team. Patient aware and agreed to referral.</p> <p>11.09.23 - Confirmation from LAS safeguarding team that case has been allocated. Difficulty contacting patient on phone. Suggested that S/G worker attends LWC on Thursday 14.09.23 to meet with patient at their next attendance. CQC notification</p>

								<p>commenced. 12.09.23 - Contact from LAS - patient allocated to Substance Misuse team for support.</p> <p>13.09.23 - Contact with Substance Misuse Team - patient allocated to them.</p>
109829	06/09/2023	Estates And Facilities	Facilities Management		Cold room temperature continues to be above recommended temperature of 4 degrees when air conditioning unit switched on.	3 - Moderate, Short Term Harm Or Disruption	2 - Minor, Minimal Harm; Low Disruption	<p>Quotations for replacement of unit obtained. Purchase of cold blankets being explored.</p>
109886	11/09/2023	Patient Experience	First Hand Experience	Communications (Breakdown/Concern)	Complaint from patient received via email. Concerns raised over family support information leaflet being sent to patient's NOK without patient's awareness.	2 - Minor, Minimal Harm; Low Disruption	1 - No Harm	<p>11/09/2023 - Apologies given for distress experienced at receiving info leaflet. Complaint sent to Head of Clinical Services (HOCS) - DSM to investigate and report via complaints procedure.</p> <p>13/09/2023 - Agreed change of process - will make sure the client is made directly aware that the leaflet is being sent before sending information to family members. Will stop sending the info leaflet ahead of the LWC attendance. To give</p>

								time to introduce and explain leaflet in person. This has encouraged discussion about the current assessment tool and info being sent out. Family Support Team to look at alternative provision to engage NOK/carers/families more effectively. Response to complaint letter sent. 21.09.23 - Complaints procedure complete. SIRMS closed.
109930	08/09/2023	Health & Safety	Other Health And Safety		Sandwich found in coffee shop which had 2 use by dates. One date had expired which is non compliance with Food Safety Act 1990	6 - Near Miss	1 - No Harm	Procedure reinforced with staff and volunteers. Use by dates standardised.
109947	12/07/2023	Patient Experience	First Hand Experience	Discharge - Planning Failure	Informal complaint re: discharge planning.	7 - Soft Intelligence	1 - No Harm	Informal complaint as above. Family member listened to apology made re: that they feel the way they do. Their expectation of how the issue should be resolved sought. SystmOne notes reviewed, spoke with staff involved, reflective practice took place with staff involved. Non

								formal complaint form completed and sent to CEO and head of clinical services as per hospice policy. Non formal complaint attached to SIRM's
109950	10/09/2023	Patient Experience	First Hand Experience		Patients son raised concerns over father being called 'pet' by nursing staff.	7 - Soft Intelligence	1 - No Harm	Informal complaint. Band 6 RGN acknowledged concerns and said I would talk to the member of staff and make the rest of the team aware of their concerns and document not to call him 'pet'. Both members of the family seemed happy with this. Band 6 spoke with staff involved and raised families concerns and reflected on situation, there was no malice intent. SIRM's completed and informal complaint form attached.
110045	17/09/2023	Health & Safety	Slip/Trip/Fall	Patient Found On Floor - Not Witnessed	Patient pressed call buzzer from bathroom, found sitting on the floor next to toilet. No obvious injury. Assisted to stand and transfer with 2 x staff. Mobility aid	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	Patient made decision to go to toilet by self despite being advised by healthcare professionals to call for assistance when wanting to mobilise. Declined sensor mats post fall - has capacity to do so Falls bundle, risk

					used to transfer back to bed. Obs taken, physical exam, no injury seen or complain of new pain.			assessment and care plan in place at time of fall. Patient wanted to contact husband and inform him of fall - verbal duty of candour.
110064	18/09/2023	Medication	Medication Incorrectly Stored/Sealed	Blood Product/Transfusion Incident	Patient came to IPU as a day admission to get 2 units of blood transfused. When opening the sealed box from blood bank there were 2 units in the box, due to the patient's low BP and them coming into IPU for the day we were administering the blood at a suitable pace for that patient and in accordance with the policy.	1 - No Harm; Negligible	1 - No Harm	We acknowledged the time on the return label on the box was 14.30, the staff nurse rang blood bank and reported this might not be achieved, we never get 2 units in one box, this was flagged up by the nurse, we returned the second unit and blood transfusion will provide another when required. Blood transfusion Service made aware of incident.
110098	16/09/2023	Safeguarding Adults			CID visited IPU to gather information re a potential past carer who had disclosed during counselling she had assisted a patient to die..	7 - Soft Intelligence		Patient records reviewed, (2015). The carer appears to have been the patient's niece and had been present when the patient died. The death was expected and there was nothing in the record to suggest the patient had been assisted to die. Informed by police they had interviewed the

								lady and no concerns were raised.
110300	21/09/2023	Medication	Dispensing	Controlled Drug	MST 10mg ordered from pharmacy for a patient. Box labelled with 5mg MST (8 x tablets) arrived to hospice. Staff going to administer meds to patient found tablets were MST 10mg not 5mg as labelled on box.	6 - Near Miss	1 - No Harm	Pharmacy informed. Reflective practice undertaken with staff. Good practice reinforced.
110309	22/09/2023	Health & Safety	Slip/Trip/Fall	Patient Fall On Same Level	Patient had got up from his recliner chair, wife present. he walked to the toilet ?stumbled he then slid himself down the wall to prevent a more serious fall. His wife witnessed this but no staff present at the time. His wife summoned staff to assist he was unhurt and able to get himself up from the floor with minimal assistance.	1 - No Harm; Negligible	1 - No Harm	Unavoidable witnessed (by wife) fall - all mitigating actions in place at time of fall. Admission falls bundle and assessments correct and in place Post fall Safety ensured Duty of Candour - wife present at time of fall. Post fall review carried out by Dr - same day Post fall review carried out by OT - Same day Post falls bundle completed fully SIRMS completed

110310	23/09/2023	Health & Safety	Slip/Trip/Fall	Patient Fall On Same Level	During our intentional rounding's a patient was found to be on floor next to window . Says she did not fall but was trying to sit in chair and thought she was tripping over quilt so put herself on floor. Was not hurt in anyway.	1 - No Harm; Negligible	1 - No Harm	Unwitnessed unavoidable fall - falls bundle, risk assessment and carer plan in place. Had declined sensor mat - had capacity Agreed to sensor mat at this point (has since declined - again has capacity to make these decisions) Duty of Candour - Patient did not want her mum contacting and informing, has capacity to make this decision and wishes respected by staff.
110313	24/09/2023	Health & Safety	Slip/Trip/Fall	Patient Fall From Bed	Patient shuffled down the bed, got out the gap at bottom of the bed rails, walked to the top of the bed, shouting for staff very confused, assistance by two staff back to bed using zimmer frame. Patient slide to the floor in a sitting position with support from staff.	1 - No Harm; Negligible	1 - No Harm	Unavoidable Assisted slide to floor - all mitigating action prior to slide in place as per risk assessment. Falls bundle, risk assessment and care plan in place. Declined sensor mats, (has since agreed as mobility has decreased further since controlled slide). Verbal duty of candour - Systmone documented husband informed

110349	25/09/2023	Tissue Viability	Pressure Ulcer - Grade 2		Patient admitted with Grade 2 pressure damage x 2 from community.	3 - Moderate, Short Term Harm Or Disruption	3 - Moderate, Short Term Harm Or Disruption	
110461	27/09/2023	Health & Safety	Slip/Trip/Fall	Patient Fall On Same Level	Patient found on floor and had caused a skin tear to his right arm . approx. 10cm x 10cm . No further injuries, pain or loss of movement noted. He apologised for not calling for assistance and he will going forward.	3 - Moderate, Short Term Harm Or Disruption	3 - Moderate, Short Term Harm Or Disruption	Unwitnessed unavoidable fall. Falls bundle, risk assessment and care plan in place. Patient aware to call for assistance but wanted to be as independent as possible, had continued to decline falls sensor mats and had capacity to do so. Duty of candour - patient contacted family and advised. Patient continues to decline to use sensor mats, has capacity to make this decision aware he should use nurse call when mobilising.
110462	27/09/2023	Tissue Viability	Deep Tissue Injury (DTI)		Patient with suspected SDTI as approaching end of life.	3 - Moderate, Short Term Harm Or Disruption	2 - Minor, Minimal Harm; Low Disruption	3 x new SDTI during admission to hospice. Risk assessment and care plan in place at time of SDTI which reflected care patient wanted at the time. Staff discussed change of mattress with family and agreed to switch to lateral turn mattress rather than alpha active

								<p>air flow mattress which patient didn't like. At risk of pressure damage updated at time of finding SDTI but SDTI developed care plan not implements - discussed with staff member and aware to implement new care plan if there is a change in the current plan of care. SDTI care plan implemented onto Systmmone at 12:57 - good care not reflected initially in documentation. Family informed of reportable nature of SDTI but not documented - ward manager to discuss with staff member when return from A/L. Safeguarding notified who agreed no evidence of neglect. CQC notification completed 3/10/23. Verbal duty of candour - family aware.</p>
110513	28/09/2023	Health & Safety	Slip/Trip/Fall	Patient Found On Floor - Not Witnessed	Patient found on floor in bedroom on IPU.	3 - Moderate, Short Term Harm Or Disruption	2 - Minor, Minimal Harm; Low Disruption	<p>Avoidable unwitnessed fall (avoidable as if sensor mat had been working fall may have been prevented) Sensor mat - upon review of sensor mat was plugged in correctly but appears</p>

								<p>that the connection to the nurse call system may be damaged as a number of sensor mats tried in the call system and did not work but worked on other call points. Call point sent to central support to be sent off for repair.</p> <p>Post fall bundle and care plan updated - 3 x sections missed but in place from previous documentation 25/9/23 and no change to these sections but staff member reminded to complete all sections of risk assessment.</p> <p>Appropriate care decisions made re: transfer to hi/lo bed and patient agreed.</p> <p>Verbal duty of candour - husband informed next morning.</p>
110516	28/09/2023	Clinical Assessment	Lack Of Clinical Or Risk Assessment		On auditing patient records on SystmOne for the quarterly service report, I found that 2 patients admitted in September did not have a VTE completed on admission.	1 - No Harm; Negligible	1 - No Harm	

110524	01/09/2023	Estates And Facilities	Facilities Management	Medication Incorrectly Stored/Sealed	IPU medicine fridge high recording of temperature and not being re set appropriately.	1 - No Harm; Negligible	1 - No Harm	Ward manager re set fridge correctly. Staff had been shown how to reset fridge when SOP initially implemented. Ward manager has gone through how to record temperature and reset fridge with all staff again, advising them to follow the SOP which is located at the fridge and has been so for the past year. Ward manager to carry out weekly audit of temperature checks to ensure procedure being followed for both medicine and sample fridge. email sent to clinical staff highlighting issue and procedure to follow
110634	29/09/2023	Medication	Lost/Misplaced Medication		Patient moved rooms within the hospice, some of their medication that was kept in the locked medicines cupboard within the room was not moved with the rest of the patients medication / belongings. There were no CD	1 - No Harm; Negligible	1 - No Harm	This was identified by the pharmacist on duty. SIRMs completed and medication will be returned to pharmacy for destruction as patient is no longer at the hospice.

					medications involved.			
110648	27/09/2023	Access, Admission, Transfer, Referral	Referral Issue (Missed)	Access To Service Delay - Non Urgent (Routine	IPU referrals received into NHS email inbox but filled before being printed out and given to IPU.	3 - Moderate, Short Term Harm Or Disruption	2 - Minor, Minimal Harm; Low Disruption	Addressed with staff member.
110689	30/09/2023	Medication	Administering Medication	Controlled Drug	Prescribed Fentanyl patch not administered at prescribed time.	2 - Minor, Minimal Harm; Low Disruption	2 - Minor, Minimal Harm; Low Disruption	

5.3 Prevention of Falls 2023 - 2024

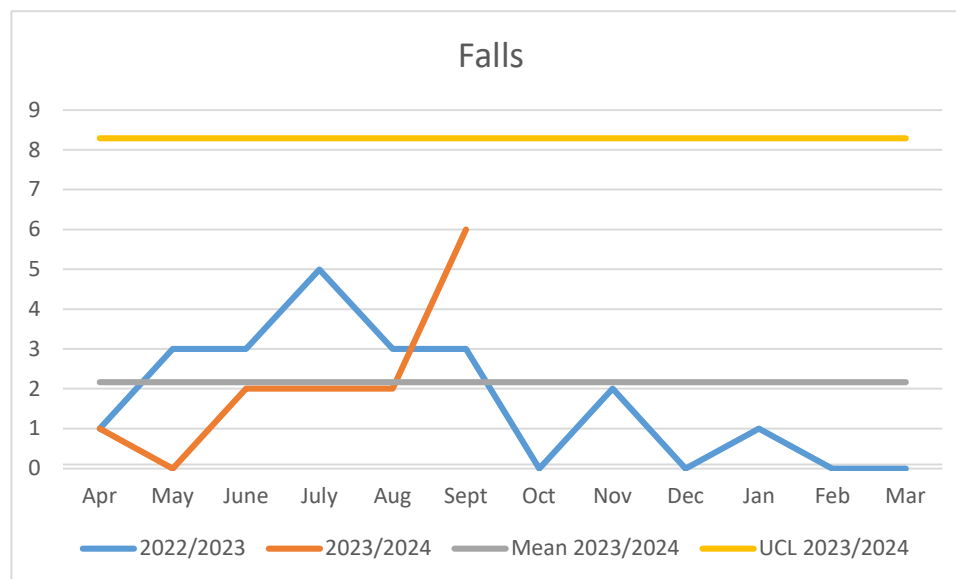
Although ambitious our aim for the period 1 April 2022 – March 2023 is to reduce the incidence of '**unavoidable**' patient falls to zero, based upon number of falls recorded (23) during 2021 - 2022. We recognise that despite assessing each patients' 'falls risk' against a wide range of factors we can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

Table 4 Falls assessment and prevention.

Assessments	Falls prevention measures
<ul style="list-style-type: none"> Follow best practice as outlined in 'Falls in older people'. Quality standard [QS86] Published March 2015. Last updated January 2017. Regular patient checks and encouragement to ask for help. Falls risk assessments (FRAT) – redesigned within SystmOne templates – due for roll out 2022/23 Q2. Bed rail assessment – redesigned within SystmOne templates rolled out in 2022/23. 	<ul style="list-style-type: none"> Weekly MDT formal review of falls risk and record action plan. Moving and handling equipment including <i>ultra</i> hi/low bed Bed, chair and floor falls and movement sensor alarms and soft-landing crash mats. Bed rails assessment and mobility care plans. One to one nursing / monitoring with rooms 5, 9 and 14 near to the nurses' station designated close observation rooms. Orientation to the environment and appropriate lighting and flooring Comfortable and safe positioning of the patient

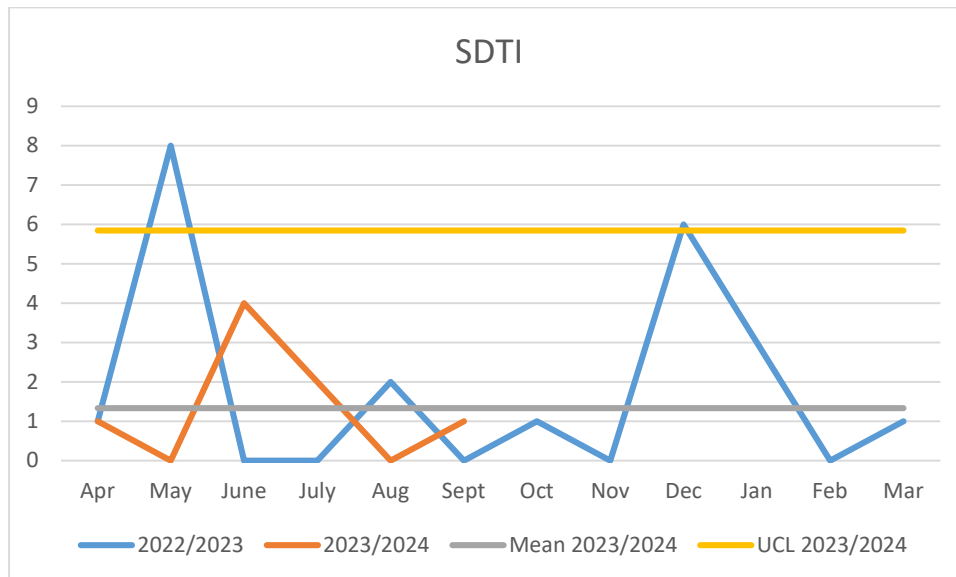
<ul style="list-style-type: none"> • Assessment and plan of care for toileting and continence needs. • Moving & handling assessment and physiotherapy/OT input. • Assessment and plan of care for postural hypotension • Assessment of cognition and/or mental capacity and plan of care to support. • Review of medications – Doctors and Pharmacists. 	<ul style="list-style-type: none"> • Timely answering of nurse call to attend to patient. • Appropriate footwear provision if needed. • Access to the nurse call bell '<i>Make the call avoid the fall</i>' signs in patient rooms. • Educating the patient and carers on safe moving techniques. • Falls Prevention Link Practitioner Group – meets quarterly to review measures in place and updates in line with best practice. • Annual staff training and falls prevention refresher sessions. • Annual 'train the trainer' updates from an external moving/handling provider. • External audit completed in May 2023 by independent Ergonomic Advisor (Cloud 9 Health & Wellbeing, Middlesbrough.) No concerns identified.
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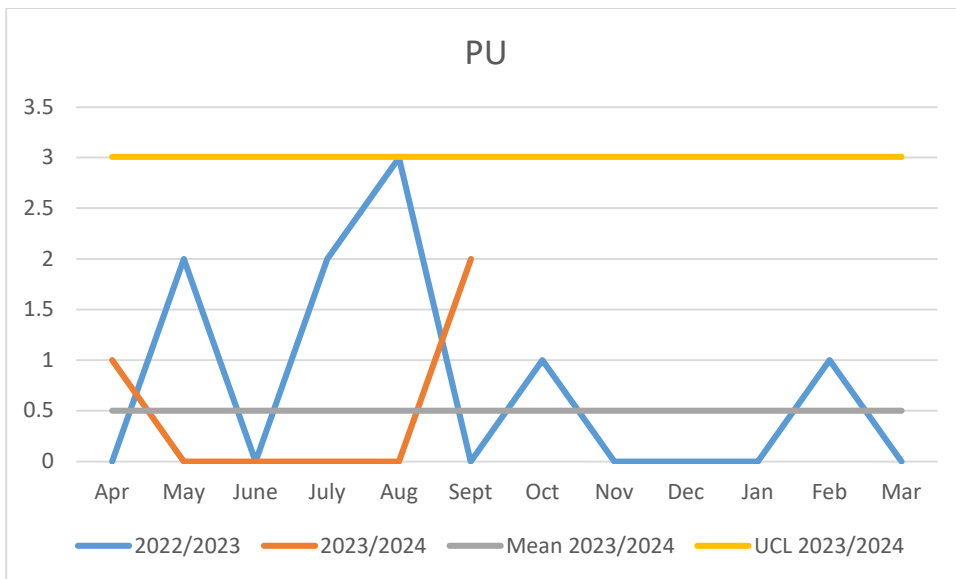
Not all these measures are routinely used for example, not every patient is nursed one to one, but these are care plan options if required for the patient's safety. In trying to maintain the patient's safety we recognise the need for patients to make choices and take risks and we continue to promote their independence if they have capacity and ability to do so. We will continue to classify falls as either avoidable or unavoidable dependent upon the measures put in place to help reduce / minimise the risk of falls.



5.4 Prevention of Pressure Ulcers and Suspected Deep Tissue Injuries

The findings from several independent studies highlight that preventing pressure ulcer occurrence may be difficult to achieve in patients who are dying and explains why we continue to report unavoidable PU's. St Cuthbert's Hospice in-patient unit (IPU) has set an ambitious target to achieve a 0% incidence rate of avoidable pressure ulcer (PU) development or deterioration following admission during 2022 - 2023. During 2021 – 2022, despite implementing evidence based and best practice guidelines we reported 10 PU's and 5 SDTI's on admission and 4 PU's and 21 SDTI's occurring or deteriorating after admission.





5.5 Prevention of Thromboembolism

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

In 2021 – 2022 85% of VTE assessments were completed within 24 hours of admission. In 2022 – 2023 98.5% of VTE assessments were completed within 24 hours of admission.

6. Service Development Activity

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

We continue to exploit opportunities for the Hospice to share our specialist knowledge with the wider community, (Aim 3) and work collaboratively in teaching, audit and research.

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

- Local further education colleges level completing level 2 - 4 qualifications in health and social care/nursing
- Trainee Nursing Associate Students from Teesside/Northumbria Universities
- Pre-registration nursing students from Northumbria University

Unfortunately, in Quarter 2, due to uncertainty about Consultant cover, we have been unable to support GP registrars (GPRs) on the GP training scheme, full time for 6 months or Specialist Registrars from Training Programme in Palliative Medicine within the North East. However we hope to reinstate GPRs from autumn 2024, if not sooner.

Planned developments include hosting student physiotherapist and occupational therapists.

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

6.2.1 Paracentesis Service

Following the departure of our specialist palliative care consultant and the outcome of our business case we are no longer accepting referrals to Day Hospice for paracentesis. We have continued to support three existing patients and have been working with CDDFT to clarify medical responsibility for these patients. In Quarter 2

- 0 paracentesis were carried out in IPU.
- 39 ascitic drains were carried out in LWC on 3 patients (1 cancer and 2 non cancer).

6.2.2 Blood Transfusions

In Quarter 2

- 10 blood transfusions were carried out in LWC.
- 3 were carried out in IPU.

6.3 Strategic Goal 3: To provide the information and support that carers of people with life limiting illness need to provide the care they want to provide.

6.3.1 Admiral Nurse

In January 2022 we appointed a new Admiral Nurse. 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.

6.3.2 Namaste

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

6.3.3 Carers Support Needs Assessment Tool (CSNAT)

Within the Inpatient Unit (IPU) the carer of each guest is given a CSNAT questionnaire/tool no later than the first week of admission unless there are exceptional circumstances. Within the Living Well Centre, including Cognitive Stimulation Therapy/Maintenance Cognitive Stimulation Therapy (CST/MCST), the carer of each guest is given a CSNAT questionnaire at the initial assessment. In this Quarter we have undertaken a review of the use of the CSNAT and following an options appraisal have decided to continue to use the CSNAT in Dementia Services but change to use of the carers wheel in IPU/LWC. Consensus of opinion is that the CSNAT tool works well for longer term support within Dementia Services. Whereas the carers wheel works well for short episodes of support within IPU/LWC.

We continue to forge good working partnerships with other carers’ services and develop our partnership with Durham County Carers Support (DCCS) and The Bridge Young Carers Service, (BYCS). Initiatives include:

- Working with DCCS to:
 - Deliver the Everything in Place Project to carers.
 - Achieve the Carer Friendly Employer Award, to become a more supportive employer to unpaid carers.
- Working with BYCS to embed a Young Persons Charter. The Child & Young Persons’ counsellors act as the link workers with BYCS.

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

6.3.4 CSNAT outcomes

During 2023 - 2024 the clinical services team strived to resolve the issues raised in completed CSNAT.

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

Most commonly occurring needs in quarter:	
<ul style="list-style-type: none"> Emotional support – Listening Ear Service remains in demand. Info and Guidance on community support 	
Intervention provided:	
<ul style="list-style-type: none"> Contacted Social Care Direct and GP for mental health support. Offered emotional support including listening ear. Offered advice re carer respite and information about care homes. 	
Outcomes met:	Outcomes not met and why:
<ul style="list-style-type: none"> Emotional wellbeing Information/advice/guidance 	<ul style="list-style-type: none">
Thank You and Compliments:	
<ul style="list-style-type: none"> F&FT feedback 	
Feedback and Improvements:	
<ul style="list-style-type: none"> CS- complaint – changes to process on distributing info. Review of CSNAT use – analysis of data and options paper. Q3 – to trial Carer conversation wheel in IPU/LWC and Dem-Nam to continue with CSNAT. 	

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

We have worked with the Commissioning Support Project Officer, to review our service to children and young people. We have successfully implemented an action plan agreed in response to risks to business continuity and intended to reduce our waiting list for CYP counselling. We continue to embed our Bereavement Pathway and new ways of working, for example development of a Listening Ear Service, a bereavement service offered to those experiencing a need for anticipatory grief and post bereavement support, means our Family Support Team have been able to provide more emotional support to Living Well Centre guests and Inpatients and their families.

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

6.5.1 Community Outreach Project

Our community outreach project is ongoing within Chester le Street. The three years funding secured from Big Lotteries Community Fund has enabled us to recruitment to four posts; Community Outreach Manager, Community Outreach Co-Ordinator, Namaste Co-Ordinator, Namaste Support Worker. These posts are enabling us to deliver a project aimed at increasing our engagement and outreach into the community to support more people affected by life limiting illnesses through a range of volunteer led projects i.e. MyPals, Everything in Place, Namaste, Carer Support Groups and Bereavement Support Groups.

In this quarter we have completed an evaluation of year one and have subsequently decided to focus our energy and resources, in year two, on the areas that are working well, Hospice Hub, Bereavement Support and Dementia Care. This will free up capacity to undertake more community engagement and strengthen the Hospice Hub, Everything in Place, Bereavement Support and Dementia Care.

6.5.2 Everything in Place (EiP)

Everything in Place promotes a Public Health approach to encouraging family conversations around death, dying and bereavement. 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.

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 and the availability of volunteers the EIP stalled. However, through the Community Outreach Project face to face delivery of the course recommenced in March 2023. In this quarter we have seen demand for Everything in Place increase and we hope to respond to this in Q3/4.

6.5.3 MyPals

Further development of MyPals, an innovative digital community support project, has ceased and any future developments will be subject to learning from the design and test phases of the project as well as funding.

7. Clinical Governance, Quality Assurance and Quality Improvement

7.1 Clinical Audit

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



20190820 Audit
Schedule NEW V0.0;



Clinical Audit
Summary Tracker Qu

An internal audit tool is being used to support a Caldicott Guardian '*spot check audit*' of all areas that hold personal identifiable data (PID) this can include patients and services users. The aim of the audit will be to identify where we reflect best practice in

managing and securing PID and where we might be at risk and what steps will be needed to protect sensitive data. This will be completed at least annually.

7.2 Link Practitioner Programme (LPP)

The Link Practitioner Programme is an initiative proposed after the formulation of the North East Hospice Collaboration (NEHC 2017). Prior to the pandemic there were nine hospices who came together to share and develop both clinical and non-clinical areas for practice development. Within this community the initiative was viewed as a cost effective and creative approach to learning, which also enables bench marking, innovative thinking and the sharing and dissemination of best practice findings. In 2023 – 2024 the Hospice hopes to reinvigorate this community of practice potentially under the Patient Safety Incident Report Framework (PSIRF).

Within St Cuthbert's Hospice senior leaders see the Link Practitioner Programme as key to embedding a quality improvement ethos within the Hospice, and subsequently avoiding complacency, retaining our outstanding rating and realising our vision of becoming a centre of excellence. The board and senior management team recognise that the LPP programme helps overcome barriers to staff involvement and engagement with quality improvement and quality assurance. It strengthens clinical leadership and engagement at all levels of the organisation and helps managers and front-line staff to work together to deliver a shared and aligned mission and vision. The Head of Clinical Services acts as sponsor for the LPP demonstrating visible leadership commitment from the board and senior management team.

Within the Hospice we have the following Link Practitioner Groups:

- Safeguarding
- Falls Prevention
- Tissue Viability
- Infection Prevention
- Blood Transfusions
- Nutrition & Hydration
- Medical Devices
- Complementary Therapies
- Information Governance
- Intravenous Lines
- Clinical Competency
- Student Nurses

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



Blood transfusion
Status Slide Q2.pptx



Falls Prevention
Status Slide Q2.pptx



Infection Control
Status Slide Q2 2023



Safeguarding
Status Slide Q2.pptx



Tissue Viability
Status Slide Q2.pptx

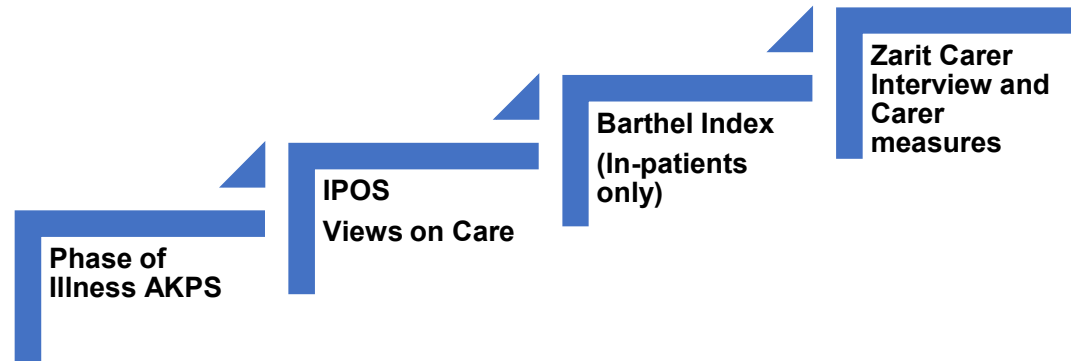


Venepuncture and
IV status slide Q2.pptx

7.3 Evaluating Practice - Palliative Outcome Measures

In 2015-16 St Cuthbert's Hospice implemented the suite of validated Palliative Care Outcomes Measures Toolkit (OACC) outlined below in Figure 1 below.

Figure 1 – Palliative Care Outcome Measures



In 2022/23 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: -



16 guests completed IPOS at both the beginning and the end of their care and 2 patients died.

IPU are in the process of collecting and collating karnofsky and phase of illness with a view to adding in pain management scores, which will be presented to the next Clinical Governance Subcommittee.

7.4 Evidenced Based Practice





We have met or made substantial progress in meeting all our key aspirations for quality improvement as outlined in our 2022 - 23 Quality Account. However, we recognise that to maintain and continually improve our care services, we must ensure that the knowledge, skills, and competence of our staff and volunteers and the evidence that underpins our practice is updated in line with current best practice and research. To reflect best practise we have adopted the NICE Guidance or Standards listed in Appendix 1 to inform both policy and enhance our practice. In addition, the Hospice Clinical Practice Development Nurse supports clinical practice and individual development & training needs. We are also very pleased to be adding to the evidence base with our Clinical Practice Development Nurse becoming one of the Principle Investigators for CHELsea II which is a Randomised Controlled Clinical Trial, badged by the National Institute for Health Research.

8.0 Patient Experience and Friends and Family Test

8.1 Welcome Pack- Patient, Client and Guest Survey Feedback

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

Service user feedback questionnaire charts and comments

 IPU Friends and Family Test- 2023 20	 LWC Friends and Family Test- 2023 20	 BST Questionnaires Adult - 2023 2024.xls	 Dementia Services Friends and Family 1
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8.2 Suggestion box feedback

There are suggestion boxes situated at communal areas around the hospice, giving everyone the opportunity to make suggestions in a confidential/anonymous manner. During Q2 there have been one suggestion from people using our service.

You said	We did
Chairs with arms are easier for people to get out off.	Secured additional funding for a new tall armchair with armrests. Reviewed chairs have various style and size of chairs for patients and guests and staff ask patients/guests what they need and accommodate. Guest Services Manager asked to consider coffee shop chairs in budget plan.

9.0 Workforce Assurance

9.1 Absence

We are carrying several vacancies:

- | | |
|-------------------------------|---------|
| • Nursing Associate | 0.8 WTE |
| • Ward Clerk | 0.5 WTE |
| • Senior Healthcare Assistant | 1.0 WTE |
| • Rehabilitation Assistant | 0.8 WTE |
| • Children's Counsellor | 1.0 WTE |

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

9.2 Recruitment

We have successfully recruited to several posts:-

- | | |
|--|---|
| • 1 Registered Nurse (newly qualified) | 1.0 WTE |
| • Consultant | x2 2 hour sessions per week, x1 clinical supervision per month, plus Mon to Fri 9 – 5 telephone support |
| • Speciality Dr | 8-10 sessions |
| • LWC Transport Driver | 1.0 WTE |
| • Ward Clerk | 0.5 WTE |
| • 2 HCA | 1.0 WTE |
| • 1 HCA (bank) | PRN |
| • ANP | Redeployed from CPDN |

We continue to actively review and increase the number of RN and HCA bank staff, for the most part from a pool of staff who have previously worked at the Hospice this will assist with staff induction prior to commencing work on the unit. On rare occasions when they are not available at short notice or are already covering bank for another health care provider, we make use of a local agency for bank cover. Staff absence has resulted in increased use of agency staff in this quarter.

9.3 Staffing Levels

In Patient Unit

To better match our workforce skill mix and numbers of staff to demand; as measured by patient numbers, dependency and acuity we introduced as of Monday 13 July 2016 a new In-Patient Unit (IPU) dependency tool for based upon NHS England (Shelford Group) safer care. This helps us to establish benchmark acuity data to better model and predict our IPU care workforce needs against fluctuating bed occupancy and changes in patient acuity. Our nurse-to-patient ratio on the In-Patient Unit under usual circumstances is:-

- 8am to 2pm: 3 RNs to 10 patients, 2 HCAs to 10 patients
- 2pm to 8.30pm: 2 RNs to 10 patients, 2 HCAs to 10 patients
- 8pm to 8.30am: 2 RN to 10 patients, 1 HCAs to 10 patients

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

9.4 Training & Development

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

- Bereavement 100%
- Clinical Development 100%
- Community 100%
- Dementia 97%
- Family Support Services 100%
- Guest Services 87%
- LWC 99%
- IPU 95%
- IPU Bank Staff 71%
- Medical 83%
- SMT 93%

We currently have 5 independent prescribers (1 pharmacists and 4 nurses). In this quarter 1 pharmacist secured a place on Independent Prescribing for Pharmacists.

We continue 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

Training and Development sessions are also provided by our Clinical Practice Development Nurse 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.

Appendix 1

NICE Guidance or Standards used to inform both policy and enhance our practice.

Improving supportive and palliative care for adults with cancer. NICE Cancer service guideline (CSG4) March 2004.

Palliative care for adults: strong opioids for pain relief. NICE Clinical Guideline (CG140) May 2012. Last updated: Aug 2016.

Nutritional support in adults: oral nutritional support, enteral tube feeding and parenteral nutritional. (NICE) Clinical Guidance 32 (2006). www.nice.org.uk/Guidance/CG32. (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 careers. NICE guideline. Published: 20 June 2018.
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Carers UK (2019a) Will I care? London: Carers UK.

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National Institute for Health and Care Excellence (2017) *End of Life Care for adults*. [Online] Available at: [Overview | End of life care for adults | Quality standards | NICE](#) [Accessed on 14th July 2021].

National Institute for Health and Care Excellence: *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 5th Feb 2021)

National Institute for Health and Care Excellence (2021) *Supporting Adult Carers*. [Online] Available at: [Overview | Supporting adult carers | Quality standards | NICE](#) [Accessed on 14th July 2021].

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)

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National Palliative and End of Life Care Partnership (2021) Ambitions for palliative care: a national framework for local action 2021-2026, London, NHS England

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