St Cuthbert's Hospice

Making every day count since 1988

Quality Account

2023 – 2024

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.

PART 1

Quality Statement

Welcome to our Quality Account for 2023/24. This report is for our patients, their families and friends, the general public and the local NHS organisations that contribute nearly half of our service costs. The remaining finance required to pay for our services is raised through fundraising, legacies and our eight shops.

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

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

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

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 2024 – 31 MARCH 2025

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

2.2.1 Why have we chosen this aspiration?

We only have one chance to get care at the very end of life right.

As far as possible we want to ensure that we meet an individual's preference for where they want to die. We know that around 30% of people who state a preference would choose to die in a Hospice. In County Durham, around 5,300 people usually die every year from all causes (around 2/3 of these are aged over 75) and about 4% die in a hospice.

Wherever the actual place of death, people want a "good death". A number of research studies enable us to describe a good death with some certainty. It means that the person:

- Is able to make decisions about what is best for them
- Can be free of pain
- Is "at peace"

The problems are well articulated in the NICE Guideline (NG31) on Care of Dying Adults in the Last Days of Life (first published 2015, updated 2017) and the NICE Quality Standard (QS31) for End of Life Care of Adults (first published in November 2011 and updated in September 2021).

The root causes are:

- The inadequate availability of Hospice care
- Poor access to Hospice care
- Avoidable admissions to/delayed discharges from Hospital

If we achieve our aims, we expect to contribute to an increase in the percentage of people in County Durham who die in their preferred place of death and, for those we care for in the Hospice, to ensure that more than 90% achieve a good death.

> "She was only 62 when she died. It all happened so quickly. Death is never fair, but it just all felt so cruel. It was my first experience of the death of a person so close to me, but it was the best place to be in what is the worst time of your life. She was only in the Hospice for two weeks, but that time was so special. It's hard to describe how much it meant to us all."

2.2.2 What will we do in 2024/25 to achieve this aspiration?

We will:

- Publish the results of the 2023 VOICES Survey in County Durham and use these results to promote the continuing development of integrated care in County Durham.
- Work with the Integrated Care Board, the County Durham and Darlington Foundation Trust and other partners to develop a sustainable model of medical cover for palliative and end of life care in the County.
- Continue to work with FE/HEE and host students (nurses, therapists and medics).
- Work with Hospices North East & North Cumbria to secure analytics / health science resource and work with our own Data Academy graduates to improve the reporting of outcome data.
- Evaluate the continuing provision of our enhanced patient transport project

2.2.3 How will we measure success?

- Publication of the VOICES Survey results and analysis and its use in the development of Durham's Health and Well-Being Strategy and the Integrated Care Board's Palliative and End of Life Care Strategy
- Development of an agreed model of medical provision at the Hospice and in the wider system.
- Re-establishment of Trainee GP placements; evaluation of training provision.
- Deliver quarterly outcome-based reports to drive service improvement and development.
- Evaluation of the enhanced patient transport service with lessons learned at the mid-point.

2.3. ASPIRATION 2: To enable people living with a life-limiting illness who use Hospice services to live well and make every day count.

2.3.1 Why have we chosen this aspiration?

The Hospice offers palliative care to those for whom no cure is available for their illness. Some people only live for a very short time with life-limiting illnesses, while others may live for many years.

The Hospice's aim is to help people with life-limiting illness make every day count, recognising that where it is not possible to add days to life, it is still possible to add life to days.

The needs of people with life-limiting illnesses are many and varied – they include: symptom control, learning new ways of coping with everyday activities, information about choices and services available to them, social, psychological, spiritual and emotional support, an opportunity to make preparations for their death.

It is generally recognised, that wherever possible, people with life-limiting illnesses should be able to be looked after in their preferred place of care.

The Government estimates that at any one time, on average, 1% of the population will be on the palliative care register (PCR) – i.e. a doctor or clinician would not be surprised if the person were to die in the next 12 months.

However, there are other people who have a life-limiting illness for whom there is no curative treatment but who would have a life expectancy beyond 12 months. A palliative care approach with this population will be the choice of some.

An average of 366 people per year will die prematurely in County Durham as a result of lung, breast, bowel, or prostate cancer. Cardiovascular disease, respiratory disease and liver disease remain significant causes of premature mortality in the County. The mortality rates for cancer, CVD, COPD and liver disease are all above the England average.

Estimates suggest that in 2011, over 6,600 people in the County who are over 65 were living with dementia. Projections suggest the figure will rise exponentially.

Being faced with bad news is a significant and disturbing experience creating stress and anxiety. This includes having to go on to break the news to family and friends.

There is difficult decision-making to be done about the types of treatment that may be available and their impacts. Different people react differently to whether they want to be involved in advanced care planning decisions. Treatments are sometimes distressing and can increase social isolation and reduce self-esteem. This often leads to a sense of loss.

The transition to palliative care can be difficult because, particularly in non-malignant conditions, the prognosis can be difficult to be definite about. This is often compounded by an individual having more than one illness or condition.

The symptoms associated with the illness can be very debilitating and frightening. Common symptoms include dyspnoea (shortage of breath), pain, nausea, loss of appetite, constipation and low mood.

Even for those who prefer to be cared for at home, admissions for symptom control or for rehabilitation and resilience building are an important part of responding to the problems they face.

> "She loved going to the Living Well Centre. She made new friends who gave her the confidence to accept and talk about her illness. Mam had many visits and particularly enjoyed the craft lessons. Each visit we could see a new calmness in her, which gave us our mam back."

2.3.2 What will we do in 2024/25 to achieve this aspiration?

We will:

- Collaborate with other Hospices in the region to identify a common language to identify themes and trends from clinical incidents in order to identify and implement improvement programmes.
- Optimise the use of both the In Patient Unit and Living Well Centre by:
  - promoting services to referrers and the general public
  - working with a common referral process to ensure that referrals are appropriate
  - completing a workforce plan that would enable us to accept weekend referrals
  - developing new/improved services (eg platelet transfusions, advanced care planning consultations, acupuncture, seated exercise classes, HOPE programme)
- Implement and evaluate enhanced therapy provision following the appointment in 2023/24 of a rehabilitation assistant.
- Develop an options paper aimed at improving access to specialist psychological support for patients with complex symptoms.
- Develop an options paper aimed at improving access to podiatry for patients with complex symptoms.
- Develop an options paper aimed at improving access to chaplaincy support for patients at the end of life and those with complex symptoms.
- Investigate the feasibility of providing a staffed Namaste Service to patients living with dementia who present with complex needs.

2.3.3 How will we measure success?

- Development of a joint Patient Safety Incident Reporting Plan.
- Occupancy at 85% or above.
- Plan on a page for improved access to specialist psychological support for patients with complex symptoms.
- Plan on a page for improved access to podiatry for patients with complex symptoms.
- Plan on a page for improved access to chaplaincy support for patients at the end of life and those with complex symptoms.
- Feedback from funders re the appetite for supporting Namaste for patients with complex needs.

2.4 ASPIRATION 3: To provide the information and support that carers of people with life-limiting illnesses need to provide the care they want to provide.

2.4.1 Why have we chosen this aspiration?

From its inception, the Hospice movement has been as much about caring for the family as it has been about caring for patients.

Research in 2013 identified the following 5 needs common to most carers of people with life-limiting illnesses:

- Recognition that carers have their own needs
- Respect for the fact that they are expert partners in care
- Support in every setting
- To be acknowledged into bereavement
- Caring shouldn't be a fight

Census results for 2011 show that there are approximately 59,000 adult carers living in County Durham, of which nearly 17,000 are providing 50 hours or more care a week. Carers need support because:

- People are often suddenly in the role of carer without preparation or training
- Carers often feel side-lined by professionals
- Caring is not valued or appreciated

A Joseph Rowntree report, **Characteristics of care providers and care receivers over time**, found:

- There were geographic variations in the proportion of the England and Wales population providing unpaid care for 20 hours or more per week in 2001. The likelihood of caregiving was highest in Wales and the North of England and lowest in the South East of England.
- Caregiving was associated with disadvantage. The proportion of the population providing unpaid care was higher in deprived areas and areas with higher levels of poor health. Carers were also relatively disadvantaged and more likely than others of the same age to be in poor health themselves.
- Those from Bangladeshi and Pakistani ethnic groups were more likely to provide care than those from other ethnic groups, once age profile and gender were taken into account.
- Caregivers were less likely than others of the same age to be employed. Among those who were employed, women working in the public sector were more likely than those in the private sector to be carers. Women who had worked in a caring profession were more likely to become unpaid carers.
- Some 9 per cent of women and 4 per cent of men aged 65 and over and living in the community in 1991 were in institutional care by 2001. These proportions were slightly lower than the equivalent between 1981 and 1991. Characteristics associated with increased chances of moving into institutional care included older age, being unmarried, poorer health, being a tenant rather than an owner occupier and, among women, having no children.

> "The staff at St Cuthbert's made us feel ... that we were not alone. We will never be able to thank you enough for the love and care you showed us in those last months. You made a living nightmare that little bit easier to bear".

2.4.2 What will we do in 2024/25 to achieve this aspiration?

- Implement the Carer Conversation Wheel as the preferred carer needs assessment tool in In-Patient Unit and Living Well Centre.
- Provide a dementia carer education programme with a parallel running Namaste or Reminiscence Group for carer attendees loved ones who are living with dementia.

2.4.3 How will we measure success?

- Pilot and learn from one carer education programme.

2.5 ASPIRATION 4: To support those who have been bereaved as a consequence of a life-limiting illness to adjust to life without their loved one

2.5.1 Why have we chosen this aspiration?

Many bereaved people need support to facilitate grieving and prevent some of the detrimental consequences of bereavement that can occur. Bereaved people need to:

- Face the emotional consequences of loss with acceptance
- Achieve a revised sense of what can be changed/controlled
- Reach a sense of equilibrium, usually as a result of having good support, and acquiring a sense of meaning.

People closely affected by a death may include other hospice patients and guests, staff and volunteers, staff from a variety of health and social care organisations, as well as family members and carers, including children. Children may need particular tailored support.

Bereavement support may not be limited to immediately after death, but may be required on a longer-term basis and, in some cases, may begin before death.

Needs include:

- Need for information e.g. registering a death, arranging a funeral
- Practical support – e.g. arranging a funeral, managing money, clearing a house
- General emotional and bereavement support
- More specialist support from trained bereavement counsellors

Bereavement often leads to:

- Forgetfulness - missed appointments, keys locked in the car, purses left behind, work reports left at home, etc.
- Disorganisation - It takes longer to finish tasks. Time may not be managed as well.

- Inability to concentrate and retain information - It may be impossible to stay focused on a task. It may be difficult to read a book or even stick with a favourite TV programme.
- Preoccupation with the loss - This is a time when one's mind wanders and it is hard to stay on a task. Unplanned thoughts of the loss may enter the bereaved person's head at any time or at any place.
- Lack of interest or motivation - Things just don't matter as much now. It is difficult to be interested in anything. Life has taken on a temporarily different meaning.
- Lowered tolerance level - Patience may not be what it used to be leading to minor irritations becoming bigger and more quarrelling with family, people at work or with friends.
- Chronic fatigue - Grief is exhausting and in addition there may be difficulty sleeping, eating or exercising.

Research estimating aspects of the socioeconomic costs of bereavement in Scotland using 3 sets of data found that spousal bereavement was associated with increased mortality and longer hospital stays, with additional annual costs of around £20 million. Cost of bereavement coded consultations in primary care was estimated at around £2.0 million annually. In addition, bereaved people were significantly less likely to be employed in the year of and 2 years after bereavement than non-bereaved matched controls.

> "They're wonderful people. They got me through the most difficult time of my life. For that, I'm forever grateful. They'll always have such a big place in my heart."

2.5.2 What will we do in 2024/25 to achieve this aspiration?

- Trial the use of translational therapeutic objects as a therapeutic intervention, especially with children and young people
- Move data collection on bereavement support to SystmOne
- Celebrate outcomes of the development of a Hospice-wide bereavement support journey
- Develop a community bereavement offer

2.5.3 How will we measure success?

- Impact evaluation
- New procedure, staff training and implementation plan
- Review and refine the Bereavement Support Journey
- Re-designed community bereavement support offer

2.6 ASPIRATION 5: To break down the taboos associated with dying, death, loss and grief.

2.6.1 Why have we chosen this aspiration?

The general public need to be able to support their family, friends, neighbours and colleagues who are experiencing death, dying, grief or loss.

They also need to be able to understand the options that are available to them if they

were to be diagnosed with a life-limiting illness to make preparations for the end of life, whenever and however that might occur.

The population of County Durham is approximately 500,000. Everyone is likely to be affected by death, dying, grief and loss.

The End of Life Care Strategy for England notes that there appears to be a lack of public openness about death. This assumed lack of awareness and failure to discuss death as part of normal life may have a number of consequences, including fear of the process of dying, lack of knowledge about how to request and access services, and a lack of awareness and openness between close family members when a person is dying.

Some of the causes of the problem are:

- Deep seated fears – that talking about death can hasten death
- Death now a less public and more private event
- Focus on death as a medical event rather than as a social event

Consequences of the problem are can include unresolved grief (leading to further complications) and lack of ability to make informed choices about good end of life care.

> "Being referred to the Hospice was the best thing to happen. People think of a hospice as this big black scary and sad building that you go into and never come out of but for us that couldn't be any further from the truth. The Hospice is such a bright and welcoming place".

2.6.2 What will we do in 2024/25 to achieve this aspiration?

- Evaluate the continuing delivery of our pilot community outreach project.
- Increase the number of volunteers supporting the project
- Deliver community engagement events to access potentially hard to reach audiences

2.6.3 How will we measure success?

- Evaluation of the community outreach project with lessons learned at the mid-point.
- Volunteer impact report
- Plan for developing/improving engagement with potentially hard to reach audiences

2.7 ASPIRATION 6: To ensure that the Hospice has the Governance systems and processes it needs to deliver our other aspirations.

2.7.1 Why have we chosen this aspiration?

Governance is important because it:

- Ensures that the provision of healthcare services is of high quality, promoting patient outcomes, and building confidence in the system.

- Reduces negative outcomes such as medication errors, infection rates, and adverse events.
- Helps drive high quality care for the people you support.
- Helps benchmark quality care against other organisations.
- Plays a huge part in quality assurance.
- Aims to reduce unjustifiable variations in quality of care provided
- Helps sustain and improve high standards of patient care

2.7.2 What will we do in 2024/25 to achieve this aspiration?

- Review medical governance against GMC Guidance, Effective Clinical Governance to Support Revalidation
- Recruit at least one additional doctor to the Board of Trustees
- Have service level agreements with third party providers, including all services provided by the local NHS trust.

2.7.3 How will we measure success?

- Completion of a Medical Governance action plan
- Completion of Board recruitment process
- Audit of SLAs

2.8 Aspiration 7: To provide a safe and compassionate place for the delivery of services

2.8.1 Why have we chosen this aspiration?

The environment in which end of life care is delivered can support or detract from the physical, psychological, social and spiritual needs of patients and family members.

2.8.2 What will we do in 2024/25 to achieve this aspiration?

- Implement and audit against the National Cleaning Standards.
- Complete the redecoration of the In-Patient Unit
- Ensure that ensure all premises and equipment, including but not limited to, the cold room, are safe, clean, and properly maintained, and that this is recorded appropriately.

2.8.3 How will we measure success?

- Cleaning audit reports
- Confirmation from Infection Control Audit
- Report against planned maintenance schedule

2.9 Aspiration 8: To recruit, retain and develop people (staff and volunteers) who share our values and are committed to the mission and vision of the Hospice

2.9.1 Why have we chosen this aspiration?

Workforce development is key to the achievement of our mission, vision and all our aspirations.

2.9.2 What will we do in 2024/25 to achieve this aspiration?

- Continue to implement and develop new and established link practitioner roles.
- Implement safeguarding excellence training to non-clinical staff, volunteers, and supporters to raise the profile of safeguarding as everyone's business.
- Ensure that staff providing care and treatment have the training, qualifications, competence, skills, and experience, to do so safely.
- Review our workforce plan, to ensure the Hospice is able to recruit and retain excellent staff (paid staff and volunteers)
- Retain our Continuing Excellence status in the Better Health at Work awards.
- Review training and induction to ensure this is meaningful and appropriate.
- Deliver on the staff action plan and Health, Safety and Wellbeing Strategy.
- Conduct a staff and volunteers survey.
- Embed our Freedom to Speak Up Service

2.9.3 How will we measure success?

- Link practitioner slides
- Feedback from staff who attend training
- Quarterly workforce reports
- Retention of Better Health at Work award
- Results of 2024 Staff and Volunteers Survey
- HR Key Performance Indicators

PART 3

REVIEW OF SERVICE QUALITY PERFORMANCE
DURING THE PERIOD 1st APRIL 2023 to 31 MARCH 2024

3.1 Background and Context

3.1.1 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.

3.1.2 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.

3.2 Our Statement of Purpose

3.2.1 Our Hospice's vision is to be a centre of excellence within its community, providing 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.

3.2.3 In line with this vision, the Hospice's purpose is to provide the highest quality of holistic specialised palliative and end of life care for adults aged 18 and upwards in our community who have a life-limiting illness including a diagnosis of cancer, offering support also to their families and friends and helping them to make informed decisions affecting their lives.

3.3 Our Aim

To achieve the Hospice's purpose our aim is to meet the physical, social, psychological and spiritual needs and wishes of all who need our services, at every stage of their journey, in order to "make every day count" for them.

3.4 Our Objectives

At the heart of St Cuthbert's Hospice is the individual, who is seen as a unique person deserving of respect and dignity. Our specific objectives revolve around our core values of integrity, professionalism, choice and reputation. They are:

- to support and help patients, their families and carers with the provision and maintenance of care in their chosen location.
- to provide a service that is both responsive and flexible to needs.
- to recognise and evaluate the psychological and spiritual aspects involved in care and ensure provision of appropriate psycho-social and spiritual support for both individuals and their carers.
- to provide physical and emotional palliative rehabilitation to maximise quality of life.
- to collaborate and liaise with other agencies in order to facilitate integrated care.
- to provide an effective bereavement support service.

- to assess pain and other related symptoms and advise on how best to control them
- to provide care that is of the highest standard by ensuring that our staff are up to date with current research and training and that this is reflected in every aspect of their work with our patients, their families and other carers.
- to work together as a hospice team to provide a warm and welcoming atmosphere that accommodates diverse cultures and lifestyles within a calm and compassionate environment.
- to collaborate and liaise with other agencies in order to facilitate integrated care.

3.5 Our Activities

3.5.1 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 – Admiral Nurses are 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 and the following peer support groups:
    - 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 reception 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 Sustainability 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.

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

3.6 Our Workforce

3.6.1 We have a workforce of 122 employees, 93.3 full time equivalents (FTE) working across the Hospice and in the Community. As well as our clinical team of Nurses, Doctors, Occupational Therapists, Physiotherapists, Pharmacists, 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 clinical services, gardens, café and retail outlets, as well as at fundraising events and in the community.

3.6.2 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. During 2023 we reviewed the staffing model on our In-Patient Unit and approved the appointment of additional staff to ensure the quality and safety of the service we provide. 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.

3.6.3 During the year we have recruited to new roles, Rehabilitation Assistant, Community Outreach Co-ordinator and Nursing Associate.

3.6.4 This is all part of ongoing work to ensure we have a robust workforce plan in place to meet the anticipated challenges of the years ahead.

3.6.5 In 2023 our Medical Consultant, who was also our Medical Director, left the organisation and our attempts to fill this vacancy have not been successful. In order to ensure continuity of service, we instituted a remote Consultant Support service which has worked well. In addition, we have introduced the role of Advanced Nurse Practitioner onto the In-Patient Unit to complement and support the medical team. We have also benefitted from the support of the County Durham and Darlington Foundation Trust (CDDFT), who have provided interim Consultant support for part of the year, additional medical cover and interim cover for the Medical Director role.

3.6.6 Because of the Consultant's departure we had to suspend our hosting of GP registrars on the GP training scheme.

3.6.7 We have seen an improvement generally in recruitment, however. At the end of quarter 4, we were only carrying two vacancies in Clinical Services and two vacancies in our Income Generation teams. There were no vacancies in our Enabling Services teams.

3.6.8 We continue to support training 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, Supervised, 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.

3.6.9 To better match our workforce skill mix and numbers of staff to demand; as measured by patient numbers, dependency and acuity we use our own In-Patient Unit (IPU) dependency tool for based upon NHS England (Shelford Group) Safer Care. This helps us to establish benchmark acuity data to better model and predict our IPU care workforce needs against fluctuating bed occupancy and changes in patient acuity.

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

- 8am to 2pm: 3 Registered Nurses RNs to 10 patients
2 Healthcare Assistants HCAs to 10 patients
- 2pm to 8.30pm: 2 RNs to 10 patients, 2 HCAs to 10 patients
- 8pm to 8.30am: 2 RNs to 10 patients, 1 HCA to 10 patients

3.7 Evidence Based Practice

3.7.1 We have met or made substantial progress in meeting all our key aspirations for 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 following NICE Guidance or Standards to inform both policy and enhance our practice:

Improving supportive and palliative care for adults with cancer. NICE Cancer service guideline (CSG4) March 2004.
Palliative care for adults: strong opioids for pain relief. NICE Clinical Guideline (CG140) May 2012. Last updated: Aug 2016.
Nutritional support in adults: oral nutritional support, enteral tube feeding and parenteral nutritional. (NICE) Clinical Guidance 32 (2006). www.nice.org.uk/Guidance/CG32. (Updated 4 Aug 2017).

Pressure ulcers: prevention and management. NICE Clinical Guideline (CG179) April 2014.
End of life care for adults. NICE Clinical Guideline (QS13) 7 March 2017.
Care of dying adults in the last days of life. NICE Clinical Guideline (QS144) 2 March 2017.
Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. NICE guideline (NG5) March 2015.
Medicines optimisation NICE Clinical Guideline (QS120) 24 March 2016.
Controlled drugs: safe use and management. NICE Clinical Guideline (NG46) Published date: April 2016.
Palliative care for adults: strong opioids for pain relief. NICE Clinical Guideline (CG140) May 2012. Last updated: Aug 2016.
Falls in older people. NICE Quality Standard (QS86) Published March 2015. Updated January 2017.
Head injury: assessment and early management. NICE Clinical Guideline (QS176). Updated 2017.
Mental Health Act 1983 Code of Practice TSO, 2015.
Pressure ulcers: revised definition and measurement. Summary and recommendations. NHS Improvement (NHSI) June 2018.
The incidence and costs of inpatient falls in hospitals: report and annexes. NHS Improvement (NHSI) 2017.
Dementia: assessment, management and support for people living with dementia and their carers. NICE guideline. Published: 20 June 2018. nice.org.uk/guidance/ng97
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Higgerson, J., Ewing, G., Rowland, C. and Grande, G. (2019) The Current State of Caring for Family Carers in UK Hospices: Findings from the
Hospice UK Organisational Survey of Carer Assessment and Support. London: Hospice UK.
HM Government. (2008) Carers at the heart of 21st century families and communities. London: Government Publications.
Milwaukee, WI: End-of-Life Physician Education Resource Centre.
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National Institute for health and care excellence (2017) Healthcare-associated infections: prevention and control in primary and community care. Available at: https://www.nice.org.uk/guidance/cg139/chapter/1-guidance (Accessed 5th Feb 2021).
National Institute for Health and Care Excellence (2021) Supporting Adult Carers. [Online] Available at: Overview | Supporting adult carers | Quality standards | NICE [Accessed on 14th July 2021].
NICE: Quality Standard: QS24 Nutrition Support in Adults (2012)
NICE: Clinical Guidelines: CG32 Nutritional Support for Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition (2006/2017 updated.
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NHSE, August 2022, Patient Safety Incident Response Framework
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3.8 Governance

3.8.1 We have continued to be successful in ensuring we had strong clinical governance at St Cuthbert's Hospice. Throughout 2023 - 2024 our Board of Directors (Trustees), the Clinical Governance Sub-Committee, Senior Management Team, Clinical Governance Group and Integrated Care Board (ICB) 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.

3.9 Patient and Family Feedback

3.9.1 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. The summary of findings can be seen at Appendix 6 Service User Feedback.

3.10 Quality Inspections

3.10.1 In August 2023 the ICB undertook a quality assurance visit. The report of that visit said:

"There were no immediate patient safety concerns identified. Current challenges include the impact of the Medical Director/Palliative Care Consultant leaving in June, on both medical cover and the Senior Management Team and governance at the hospice".

3.10.2 The report of that visit made 14 recommendations (see appendix 6). In response to these, the Hospice has:

- Continued to work with the ICB and CDDFT and other partners to build a sustainable model of medical cover for palliative care in County Durham. In March 2024, the Trustees signed a statement of intent alongside the ICB and CDDFT to continue this work in 2024/25.

- Continued the practice of carrying out Trustee visits to the various departments within the hospice and opportunities for Board development.

- Refreshed the Business Continuity Plan to ensure there is a clear plan in place in the event of the absence of key personnel.

- Worked through a Medical Governance Action Plan. As part of this, we have instituted the role of Lead Hospice Doctor who has been working with medical team and the wider Clinical Services teams to refresh induction, improve communication and build in service development and performance improvement.

- Welcomed members of the ICB to meetings of the Board and its Governance and People and Resources Sub-Committees

- Ensured all relevant staff, including medical staff, have access to the serious incident reporting system (SIRMS).

- Continued to make available to the ICB progress on the clinical and non-clinical audit programme.

- Continued development of the Hospice workforce plan.

- Begun the process of migrating the Hospice's staff training matrix to its electronic workforce database.

3.10.3 In October 2023, the Care Quality Commission (CQC) undertook an unannounced inspection as part of its programme of inspecting Hospices. This was the first inspection since 2015.

3.10.4 The inspection resulted in a change in rating from "Outstanding" to "Requires Improvement".

3.10.5 The inspection report identified twelve requirements in the Safe and Well-Led domains (see appendix 8).

3.10.6 Since the inspection, the Hospice has completed the following actions:

- Cold room cleaning procedure, cleaning schedule, temperature charts, Standard Operating Procedure (SOP) have been updated.
- Nasogastric feeding tube policy, SOP and training updated.
- Gastrostomy policy and procedure updated.
- Service level agreements audited.
- Mandatory training performance report refreshed.
- Anaphylaxis policy and procedure updated.
- Volunteer learning and development policy, training and DBS records, risk assessments updated.
- Referral criteria refined.
- Safeguarding policy and procedure (adults and children) updated.
- Risk Management Policy and Framework reviewed and revised.
- Education, Learning and Development policy updated.
- DBS Re-checking procedure updated.
- After action review completed
- Learning sessions with managers and staff undertaken.
- Statement of Purpose updated.

3.10.7 The Hospice was rated Good in the Caring, Effective and Responsive domains. The report identified the following good practice:

- The service had enough staff to care for patients and keep them safe from harm and abuse.

- Staff assessed most clinical risks to patients, acted on them and kept good care records.

- They managed medicines well.

- The service managed safety incidents well and learned lessons from them.

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.

- Managers mostly monitored the effectiveness, quality, and safety of the service in accordance with the provider's policy.

- Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families, and carers.

- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.

- Staff understood the service's vision and values, and how to apply them in their work.

- Staff felt respected, supported, and valued. They were focused on the needs of patients receiving care.

- Staff were clear about their roles and accountabilities.

- The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

3.11 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 patients and guests 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 met, 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 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 the ICB as required.
- Report to Clinical Governance Sub Committee.

The Hospice's 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 throughout the year at regular intervals. We also use e-learning and workbooks in relation to Infection Control, for staff and volunteers who have been unable to attend the face-to-face mandatory training. Compliance with mandatory training is monitored via the Hospice's People and Resources Sub Committee and the Board of Trustees.

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 annually to ensure Hospice compliance. This enables our organisation to monitor our compliance and put systems in place with infection control standards and policies, thereby reducing the risks of healthcare-associated infections.

3.12 Safeguarding

Our last face to face assurance visit from ICB Safeguarding Lead happened in August 2023, as part of the general assurance visit (see 3.5.1 above). No concerns were raised.

In October 2023, we had a CQC inspection visit. Recommendations were made during the inspection (see appendix 7) and were implemented with immediate effect.

3.13 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). 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.

3.14 Our Services

3.14.1 In-Patient Unit (IPU)

The In-Patient Unit (IPU) has continued to meet the needs of our population during the year and the total number of admissions was 247 (out of 365 referrals received). Between 1 April 2023 and 31 March 2024 169 patients died on the IPU of which 167 achieved their preferred place of death. IPU bed occupancy in this year was 82%. Our average length of stay for the year was 12 days.

'Overall a fantastic place, staff are brilliant, friendly and very caring. Highly recommend'

3.14.2 Dementia Services

During 2023 - 2024 we have continued to provide support to people affected by dementia.

Admiral Nurse
Over the past year our Admiral Nurse has had 326 contacts providing information, advice and support to 79 individual people.

Within Hospice services the Admiral Nurse has provided consultancy and supervision to our inpatient and day services and clinical leadership to the Namaste and Community Outreach Services. The Admiral Nurse has supported the facilitation of 144 dementia support groups and externally has provided attended 15 community memory cafes to provide specialist support.

Our dementia training offer has continued to develop. 9 face- face training sessions have been delivered by the Admiral Nurse to Hospice staff and to students within local educational establishments.

“My need for help was recognised and taken on board by the Admiral Nurse. Her knowledge, expertise and lovely, caring manner has got me through a really difficult time” (Quote from a carer of someone living with dementia taken from a Friends and Family Test)

“This was a wonderful opportunity for the students to meet an experienced nurse and they were inspired to complete their UCAS applications – I can’t keep up with the reference requests! It was great for me to see them so enthralled and motivated to plan their careers” (Training feedback from a teacher at New College Durham)

3.14.3 Namaste

Over the past year we have continued to develop our Namaste Service for people living with advanced dementia and their carers including the introduction of a second Namaste group within our Living Well Centre. We have worked to explore the further scaling up of the service and consider how we can achieve a sustainable model through different funding options including the Big Lottery Community Fund.
New roles of a band 4 Namaste Coordinator and band 3 Dementia Support Worker have been successfully embedded and we have recruited and trained 6 new volunteers who are now practising Namaste Care both one- one with people within their own homes and in our Namaste groups.

Although the Namaste Care Project was initially designed to benefit people living with advanced dementia evaluation has identified significant benefits to carers also. These include carers feeling more supported in their caring role, gaining joy through observing the positive impact Namaste care can have on their loved ones and appreciation of the quality time spent together Namaste care promotes. Carers also voice feeling reassured by the accessibility of additional support from the Admiral Nurse as required via the Namaste Service.

Through our Namaste Service over the past year 1729 contacts were made supporting 93 individual patients and carers.

“it is a comfort to receive such kindness and acknowledgement of the difficulties we face. Our volunteer has lifted our spirits” (Quote from a carer of someone living with dementia taken from a Friends and Family Test)

3.14.4 Bereavement Services

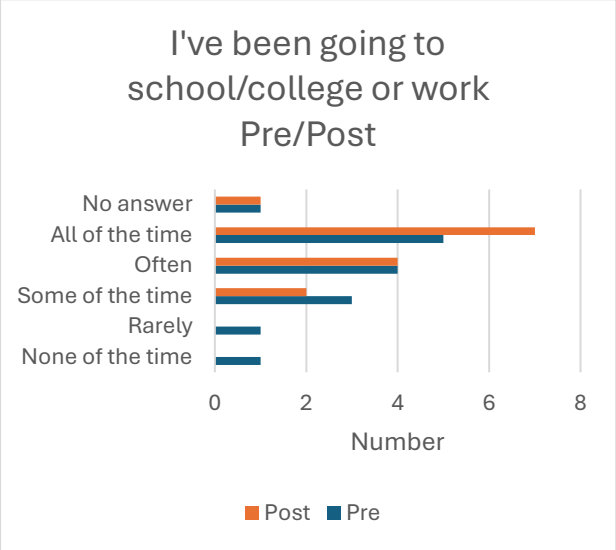
Throughout 2023 – 2024 delivery of bereavement services have been interrupted in response to staff absence/turnover. Nevertheless, the Bereavement Services team have continued to embed the Hospice-Wide Bereavement Journey and Bereavement Team Service Specification developed in 2021 – 2022, (see Appendix 9) which includes:-

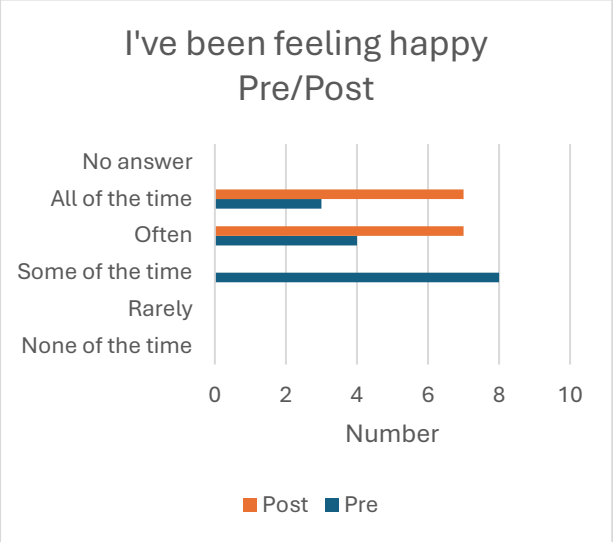
- Standard operating procedures articulating the process surrounding the bereavement support pathways available to clients and ensures our bereavement services are delivered in a caring, safe, effective, responsive and well led manner in line with the Hospice values.

- 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 one** - 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.
  - **Adult bereavement support resource**
  - **Child bereavement support resource**

Over the year, the team delivered 663 appointments to 108 adults and 217 appointments to 37 children and young people.

Children and young people accessing the Jigsaw Project are asked to identify the difference counselling has made to them. Across all domains, counselling has improved outcomes for young people. The following two charts are illustrative, demonstrating that counselling has had a positive impact on attendance and well-being





'The Jigsaw Days are a way for our service users to form positive experiences with people who are of a similar age group who are dealing with bereavement, adding to their support circle' (Staff Member August 2023)

3.14.5 Family Support Team

The Family Support Team have been focused on providing emotional support to Living Well Centre guests and Inpatients and their family members within the constraints of staff recruitment. They continue to implement the Listening Ear Service, an emotional support service offering including anticipatory grief and post bereavement support needs.

They team have reviewed the Care Support Needs Assessment Tool (CSNAT) Procedure developed in 2021 – 2022.It has been agreed that the CSNAT will be utilised by the Dementia-Namaste Service solely. The Family Support Team now implement the Carers Conversation Wheel within the IPU and LWC, which has a focus on immediate needs experienced during short term interventions such as IPU and LWC.

The Family Support Team have over seen the reintroduction of volunteer chaplaincy support, from a variety of volunteers.

'I have appreciated the chance to talk about everything and anything but not being unwell' (Inpatient May 2023).

3.14.6 Living Well Centre

The Living Well Centre team has continued to work hard to increase referral and occupancy through their service and support offering. 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 sessions. In addition, the team have delivered a variety of cognitive stimulation therapy and sporting reminiscence sessions for people living with dementia. During 2023/2024, a change in skill mix has introduced new ways of working including a dedicated Complementary Therapist and a Nursing Associate planned for 2024. During 2023-24, the Living Well Centre delivered 3857 appointments.

'He enjoys coming to the Living Well Centre, he doesn't feel judged about the wheelchair or his speech.' (Spouse about a Living Well Centre Guest, August 2023'

3.14.7 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 Sustainability 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.

3.14.8 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.

The project is a three-year project, and in year 1 focused on developing a spoke in Chester-Le-Street. The original plan was that this spoke would become financially sustainable and supported by a cohort of volunteers, which would allow 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. In fact, the complexity of needs that are being brought to the project has demonstrated the need for continuing professional support and so year 2 saw the project continuing to work in Chester-le-Street.

3.14.9 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. 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.

3.14.10 Awards

During the year we gained Disability Confident Committed status and also gained Cyber Essentials accreditation. This latter accreditation acknowledges the work the Hospice has done to keep the data of those we serve safe and secure and reduce the risk of service interruption through cyber attack. We are proud to say that we continue to be recognised as a 'Carer Friendly Employer' and that we continue to meet the Better Health at Work Award standard of 'Continuing Excellence'.

3.15 PROGRESS AGAINST OUR ASPIRATIONS FOR 2023 – 2024.

INTRODUCTION

St Cuthbert's Hospice has continued 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 excellent care to all our service users, delivered 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.

3.15.1 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 and realise our vision of becoming a centre of excellence. The Board of Trustees 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.

What did we plan to do to achieve this aspiration?

Actions proposed for 2023 – 2024 were 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.

What did we actually do?

We delivered on the recommendations of the independent review of our governance arrangements by Humankind, including running a training session on empathy as part of our Trustees annual awayday. In addition, we commissioned an independent review of our performance against the well-led criteria and acted upon its recommendations.

We also welcomed three members of the ICB to observe three of our governance meetings, who were assured of the quality of our governance arrangements.

We further refined our business planning cycle to embed a focus on impact. In particular we introduced new process to encourage the Hospice to consider how digital technology can help increase impact, how we can have a less detrimental impact on the environment and how we can ensure that everything we do is consistent with our commitment to equality, diversity and inclusion.

We undertook a review of medical procedures in Day Services, such as paracentesis and blood transfusion, based on lean principles. This identified ways in which patient satisfaction, staff efficiency and service effectiveness could be improved.

We appointed ambassadors to work with patients and their families to encourage more of them to complete our friends and families' test. This has had a small but positive impact on the number of return forms we receive which in turn helps us to improve our engagement. We also launched the production of a quarterly "Excellence in Practice" bulletin informs those who use our services about the work we do to provide them with an excellent service.

We completed the VOICES survey on behalf of the County Durham Palliative and End of Life Care Group. 383 people who recently registered a death in County Durham responded to our survey and the results will be published early in 2024/25.

We successfully filled the new Governance and Compliance Manager role.

We implemented a Freedom to Speak Up (FTSU) service, to support staff and volunteers. This includes a retired trustee acting as FTSU Guardian, and staff representatives from each service area acting as a FTSU Ambassador.

We continued to actively work on service improvement and service development. Some of this work is reflected later in this report.

ASPIRATION 2: STRENGTHENING CLINICAL LEADERSHIP

What was our rationale for choosing this aspiration?

Our full time Consultant/Medical Director was employed to 10 professional activities (PAs) of palliative care across Hospice, community and North Macmillan team (Derwentside, Chester-le Street and Durham) and into Willow Burn Hospice on an as required basis. Their appointment 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 continued to build the medical team and hosted GP registrars on the GP training scheme and planned to 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. As a provider of Specialist Palliative Care, with a vision of being a centre of excellence clinical leadership is a vital component.

What did we plan to do to achieve this aspiration?

Actions proposed for 2023/24 were:

- Increase the number of consultant sessions and ensure we maintain momentum in the change in provision of medical cover more towards a training unit.
- 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 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.

What did we actually do?

During the year, our Consultant left his post. We advertised for two consultant posts, a new Medical Director and the new part-time consultant post agreed by the Board. We were unable to appoint to either post.

The Consultant vacancy also meant that we could no longer host GP trainees.

In response to this gap we:

- Entered a service level agreement with CDDFT for the provision of a lead Hospice Doctor (10 PAs per week) and Medical Director input.

- Appointed an Advanced Nurse Practitioner to support medical cover on the In-Patient Unit.

- Contracted with Supportive Care to provide remote Consultant Support to the In-Patient Unit. They provide telephone advice Monday to Friday, 9am to 5pm and virtual attendance at a weekly ward round and Multi-Disciplinary team Meeting.

- Agreed to work with the ICB and CDDFT and other partners to develop a sustainable model of medical cover for the County.

- Negotiated the reinstatement of the GP trainee programme in 2024/25.

We developed and implemented an action plan to improve medical governance.

We continued to participate 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.

3.15.2 SAFE

ASPIRATION 3: 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 a 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 incidents.
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 aspired 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 continued to focus on learning and improving from patient safety incidents in three key areas: falls, pressure ulcers and, for in-patients, incidence of venous thromboembolism (VTE) assessment, (see Table 1 Safe care targets and achievements).

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. We recorded 26 falls in 2023/24 compared to 21 in the previous year. 3 falls were found to be avoidable.
However, we again aspired to have a zero rate of avoidable falls.

What did we plan to do to achieve this aspiration?

Actions proposed for 2023/24 were to:

- Embed work completed in 2021 – 2023 and implement the "falls bundle" on SystmOne (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.

What did we actually do?

- An external audit was done of the Hospice's falls prevention processes, with no concerns raised.
- Continued our practice of falls audits to identify any learning that could be used to improve our practice.
- Our Falls Prevention Policy and Standard Operating Procedure was updated.
- Implemented all relevant safety alerts – including safe bed rails use and safe wheelchair use.
- Ensured that all staff get regular refresher training on falls prevention and management.
- Introduced a new post of Rehabilitation Assistant.
- Extended the falls prevention plans that were embedded in IPU into Living Well Centre, Dementia Services and Namaste Care.

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 did we plan to do to achieve this aspiration?

Actions proposed for 2023 - 2024 were:

- 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 SystmOne and ensure clinical practice reflects the Pressure Ulcer Prevention and Management Policy (May 2019).
- Strengthen our engagement with the Hospice UK Patient Safety Forum and use this as a vehicle to share and learn from best practice and measure the effectiveness of our tissue viability activity against Hospice UK benchmarking data.

What did we actually do?

- We reviewed and revised our policy and introduced a new Standard Operating Procedure.
- We updated our clinical photography policy and procedure.
- We arranged for a number of staff to attend training on hospice and prison tissue viability training.
- As part of our programme of Fundamentals of Care we provided a session on skin care for Healthcare Assistants
- Continued a programme of quarterly audits.
- Commenced a review of the existing risk assessment tool and possible alternatives.

We reported 28 pressure ulcer/severe deep tissue injury occurrences in 2023-24 compared to 31 in the previous year of which 3 pressure ulcers were recorded as grade 2 new hospice pressure ulcers. The remainder were SDTI's or pressure ulcers on admission when patient admitted.

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 aimed to maintain our current performance.

What did we plan to do to achieve this aspiration?

Actions proposed for 2023 - 2024 were:

- 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.

What did we actually do?

97.5% of VTE assessments were completed within 24 hours of admission.

All falls, suspected deep tissue injuries (pressure ulcers) on admission, acquired or deteriorating following admission, and failures to complete a VTE assessment were 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 reported to the Clinical Governance Group what had been achieved in each quarter, what would 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 incidents were reported and monitored quarterly to the:

- Clinical Governance Sub-Committee (CGSC).
- The Clinical Governance Group (CGG).
- Senior Management Team (SMT).
- ICB in our quarterly Contract Quality Performance Reports
- General public via our 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:

ASPIRATION 4: 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.

We aspire to achieve a zero incidence of drug administration errors for 2023 - 2024. We subsequently 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 did we plan to do to achieve this aspiration?

Actions proposed for 2023 - 2024 were 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.

What did we actually do?

- We continued to reduce waste through improvements to supply of wholesale stock drugs and prescribing practice.
- Support reporting of medication incidents, both CDs and non-CDs.
- Brought together a Medicines Optimisation Group which met regularly throughout the year.
- Continued weekly audits.

We reported 23 medication errors in 2023-24 compared to 18 in the previous year. Nine of the 23 incidents concerned errors external to the Hospice.

3.15.3 EFFECTIVE

ASPIRATION 5: 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 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 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.

What did we plan to do?

In 2023 – 2024 we aimed 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.

What did we actually do?

We were not able to secure additional resources for data analysis, either in our own right or in collaboration with other hospices. We have attempted to do analysis internally but recognise that we have neither the capacity nor the capability to achieve this.

We have enrolled four staff on the Hospice UK Data Academy and would hope that this will lead to increased capability for us to take this aspiration forward next year.

3.15.4 RESPONSIVE

ASPIRATION 6: DEVELOP ST CUTHBERT'S AS THE SPECIALIST PALLIATIVE CARE UNIT FOR CO DURHAM.

What was our rationale for choosing this aspiration?

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.

In 2023 we wanted to explore how we could reinvigorate and develop our thinking in relation to Project Grow and how this would contribute to the delivery of a Palliative and End of Life Care Strategy within County Durham.

What did we plan to do?

In 2023 - 2024 we planned to: -

- Embed and continuously improve and develop the Hospice's service models and pathways of care developed in 2021 – 2022 for: -
  - Community Services – (Dementia and Namaste Care)
  - Day Hospice (medical procedures)
  - Bereavement Support (Appendix 8)
  - Family Support (Appendix 9)
  - Living Well Services (Appendix 10 and 11)
- Strengthen and develop partnership working with stakeholders in the local and national health and care sector including Her Majesty's Prisons, Alzheimer's Society, Durham Constabulary.
- Increase the Hospices engagement and outreach to people with life-limiting conditions and hard to reach groups by setting up a Hospice hub and spoke model for community outreach and delivering projects and initiatives, co-ordinated by the Hospice staff but mainly volunteer/peer support led. Examples include Namaste, MyPals and Everything in Place.
- Explore how we can introduce experience-based design to develop person centred care and develop our thinking in relation to Project Grow and how this contributes to the delivery of a Palliative and End of Life Care Strategy within County Durham.

What did we actually do?

- We continued to improve and develop our service models and pathways. We led on the delivery of a countywide post bereavement survey in order to harness the experience of those who had recent experience of using palliative and end of life care services in County Durham.
- We launched the pilot of a patient transport driver role, to better support people for whom accessing our services might be difficult.
- We implemented a skill mix change in the Living Well Centre, introducing new posts such as Complementary Therapist and Nursing Associate, to better meet the needs identified in referrals.
- We visited two 30 bed hospices to gain insights into the design and delivery of extended services.
- We worked on a consultation document for use in conversations with key stakeholders about the need for an increased number of beds and what Project Grow might look like.

3.15.5 CARING

ASPIRATION 7 IMPROVE ACCESS TO PALLIATIVE AND END OF LIFE CARE (PEoLC) FOR UNDERSERVED POPULATIONS VIA PERSONALISED APPROACHES TO HIGH QUALITY PALLIATIVE AND END OF LIFE CARE

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, 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.

What did we plan to do?

In 2023 – 2024 we aspired 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?

What did we actually do?

We produced a report, Improving Access to Palliative and End of Life Care.
We established the community outreach project in Chester-le-Street

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**	
				Q1	**Q2**	**Q3**	**Q4**		**Year 2023-2024 Performance**
In-Patient Unit (IPU)									**COMMENTS.**
Total number of in-patient referrals received	N/A for monitoring purposes	**340**	**-**	90	98	91	86	365	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	35.7	40	35	
Total number of inpatient admissions.	N/A for monitoring purposes	**220**	**-**	62	67	60	58	247	N/A for monitoring purposes.
Percentage bed occupancy.	**≥ 85%**	**86.63**	**Met**	84.67	82.05	78.71	80.88	81.50	Action Plan in place to improve performance against KPI.
Percentage bed availability.	**≥ 95%**	**99.3**	**Met**	100	99.89	99.56	100	99.86	
Average length of stay for inpatients.	**≤ 15 days**	**14.4**	**Met**	13.1	11.3	11.1	13.1	12.2	
Number and percentage of inpatients that have been offered an Advance Care Plan.	**90%**	**99.2%**	**Met**	62 100 %	**67 100%**	**60 100 %**	**58 100 %**	**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%**	**39 100 %**	**42 100 %**	**169 100 %**	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	**123 95.4%**	**-**	38 97.4 %	**48 98%**	**39 100 %**	**42 100 %**	**167 98.9 %**	N/A for monitoring purposes

Patient's risk of falls to be assessed within 6 hours of admission.	**100%**	**95.7%**	**Not met**	87.1	**94**	**98.3**	**100**	**95**	
Patient's written care plan tailored to address falls risk completed within 6 hours of admission.	**100%**	**95.7%**	**Not met**	87.1	**94**	**98.3**	**100**	**95**	
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**	**98.3**	**100**	**95**	
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**	**98.3**	**100**	**95**	
Venous thromboembolism (VTE) risk to be assessed within 24 hours of admission to determine if prophylaxis required.	**100%**	**98.5%**	**Not met**	100	**97**	**95**	**98**	**97.5**	1 was missed as on admission patient was immediately sent to hospital.
Percentage of patients that report a positive experience of care via the Friends and Family Test.	**90%**	**100%**	**Met**	100	**100**	**100**	**100**	**100**	Q4 - 13 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**	**141**	**133**	**302**	N/A for monitoring purposes
Number and percentage of Living Well Centre patients receiving a care plan	**100%**	**100%**	**-**	100	**100**	**100**	**100**	**100**	
Percentage occupancy	**≥ 80%**	**31.25%**	**Not Met**	51.2	**57**	**49**	**53**	**52.55**	Occupancy changes due to reduction in medical procedure offering.
Time from referral to Living Well Centre and contact to arrange home visit / assessment.	**90% within 7 days**	**100%**	**Met**	100	**100**	**100**	**100**	**100**	
Time from first referral in LWC to Physiotherapy assessment	**100% within 21 days**	**100%**	**Met**	100	**100**	**100**	**100**	**100**	
Time from referral in LWC to Occupational therapy assessment	**100% within 21 days**	**100%**	**Met**	100	**100**	**100**	**n/a**	**100**	OT left in quarter 4.
Percentage of patients that report a positive experience of care via the Friends and Family Test	**90%**	**100%**	**Met**	100	**100**	**100**	**100**	**100**	Q4 – 8 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**	**54**	**60**	**108**	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**	**100**	**100**	**100 %**	
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 %**	Q4 - 15 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**	**83**	**87**	**153**	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**	**100**	**100**	**100 %**	
Time from referral to Namaste care for first contact and appointment arranged for assessment.	**95% within 15 days**	**100%**	**Met**	**100**	**100**	**100**	**100**	**100 %**	
Percentage of patients who provide feedback and report a positive experience of care	90%	**100%**	**Met**	**100**	**100**	**100**	**100**	**100 %**	Q4 – 12 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**	
				Q1	**Q2**	**Q3**	**Q4**		**Year 2023-2024 Performance**
									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%	100 %	100 %	100 %	
% of patients and carers surveyed who are satisfied with the service.	**75%**	-	-	100 %	100%	100 %	100 %	100 %	
% of patients who felt they were treated with dignity and respect, as part of service user experience.	100%	-	-	100 %	100%	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%	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% of eligible staff, 95% triggers exception reporting, 90% requires remedial action plan. Excludes maternity and sick leave.	**100%**	-	-	n/a	60%	100 %	100 %	86.7 %	
% 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	**100%**	-	-	92	96	96	100	96%	Hospice mandatory training target is 90%.

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.									
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**	**77**	**82**	**75.33%**	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**	**95**	**100**	**93.3%**	
% 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%**	**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**	**100**	**100**	**86.7%**	
% of eligible staff that have completed safeguarding children training in accordance with the level, duration and frequency as set out in the	**100%**	**-**	**-**	88	**94**	**97**	**99**	**94.5%**	Hospice Target is 90%

Safeguarding 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**	**76.3**	**n/a**	**76.3 %**	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**	**95**	**93**	**91%**	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**	**100**	**100**	**98.5 %**	
% of agency staff used within the reporting period	**<5.00% of staffing structure**	**-**	**-**	1.84	**0.49**	**0.54**	**1.3**	**1.04 %**	In quarter 4 we had a number of patients who required 1:1 support
% of staff sickness within the reporting period	<7.00% of structure days	**-**	**-**	**5.30**	**5.40**	**4.40**	**3.00**	**4.53 %**	
% of patients at risk of falls, are assessed within 6 hours of admission.	98%	**-**	**-**	**87.1**	**94**	**98.3**	**100**	**95%**	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**	**100**	**100**	**100 %**	
% of pressure ulcers reviewed in line with the organisations Patient Safety Incident Response Plan	**100%**	**-**	**-**	**100**	**100**	**100**	**100**	**100 %**	
% of patients with an Advance Care Plan (ACP) or offered ACP discussions.	**98%**	**-**	**-**	100	**100**	**100**	**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**	**100**	**100**	**75.8 %**	
% of patients with a DNACPR or offered discussions (for hospice inpatients or hospice at home care patients).	**98%**	**-**	**-**	100	**100**	**100**	**100**	**100 %**	
% of patients who are offered discussions regarding preferred place of death (for hospice inpatients or hospice at home care patients).	**98%**	**-**	**-**	100	**100**	**100**	**100**	**100 %**	
% 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**	**100**	**100**	**98.9 %**	
% of discharge summaries to be sent to GP within 24hrs	**95%**	**-**	**-**	50	**73.3**	**88.2**	**92.9**	**76.1 %**	1 missed in Q4

Part 4

Statement of Assurance from 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 2023 to 31 March 2024 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 and to provide outreach into the community to meet the palliative and end of care needs of our local community.

During the period 1 April 2023 to 31 March 2024, 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 2023 - 2024. 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 2023 - 2024 St Cuthbert's Hospice signed an NHS contract for the provision of these services.

Part 5

Statement of Assurance from North East and North Cumbria Integrated Care Board

NHS
North East and
North Cumbria

4th June 2024

Mr. Marriott
Chief Executive
St Cuthbert's hospice
Via email to paul.marriott@stcuthbertshospice.com

Dear Mr Marriott

Response on behalf of NHS North East and North Cumbria Integrated Care Board for St Cuthbert's hospice Quality Account 2023-24

North East and North Cumbria Integrated Care Board (NENC ICB) takes seriously their responsibility to ensure that the needs of patients are met with provision of safe, high-quality services, and therefore welcomes to the opportunity to review and comment on the Quality Account for St Cuthbert's hospice for 2023-24.

NENC ICB is pleased to see that the hospice has identified several priorities going into 2024-25 including *to enable people at the very end of life to achieve a good death in the place of their choosing* and *to enable people living with a life-limiting illness who use Hospice services to live well and make every day count.* Also, *that the hospice endeavours provide the information* and *support that carers of people with life-limiting illnesses need to provide the care they want to provide* and *to support those who have been bereaved as a consequence of a life-limiting illness to adjust to life without their loved one.* The ICB looks forward to reviewing how St Cuthbert's Hospice will achieve these aspirations and others documented within the Quality Account for the coming year.

The ICB notes the disappointing CQC rating of 'Requires Improvement' from previous 'Outstanding' but recognises the work that the hospice has already undertaken to address the concerns. It should be recognised that the hospice achieved Good in the Caring, Effective and Responsive domain and is reflective of the care delivered to patients.

The hospice has achieved several endorsements including the Disability Confident Committed status and Cyber Essentials accreditation, furthermore the ICB is also pleased to see that the hospice continues to be a 'Carer Friendly Employer' and meets the Better Health at Work Award standard of 'Continuing Excellence'.

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

NHS
North East and
North Cumbria

The ICB congratulates the hospice in their efforts to achieve the priorities for improvement set out in 2022-23, including to *further development and strengthen the model of quality improvement* which incorporated implementing a Freedom to Speak Up (FTSU) service and appointing a Governance and Compliance Manager role. The ICB also notes the challenges that the hospice has encountered to fulfil the aspiration of *strengthening clinical leadership* and the work they have undertaken to manage these.

The ICB also acknowledges the extensive work that the hospice has undertaken in relation to patient safety, falls, VTE assessments, accessibility to hospice services, personalised care for palliative patients.

NENC ICB would like to thank St Cuthbert's hospice for their continued efforts in providing an effective, safe, and high-quality service to their patients and carers, as well as for reflecting their achievements for 2023-24 in the Quality Account for this year. The ICB looks forward to continuing to work in partnership with St Cuthbert's hospice to assure the quality of services commissioned in 2024-25.

Yours sincerely,

C. Piercy

Chris Piercy
Director of Nursing
North East and North Cumbria Integrated Care Board

Jeanette Scott
Director of Nursing

Appendix 1

Actions mapped against CQC Key Lines of Enquiry

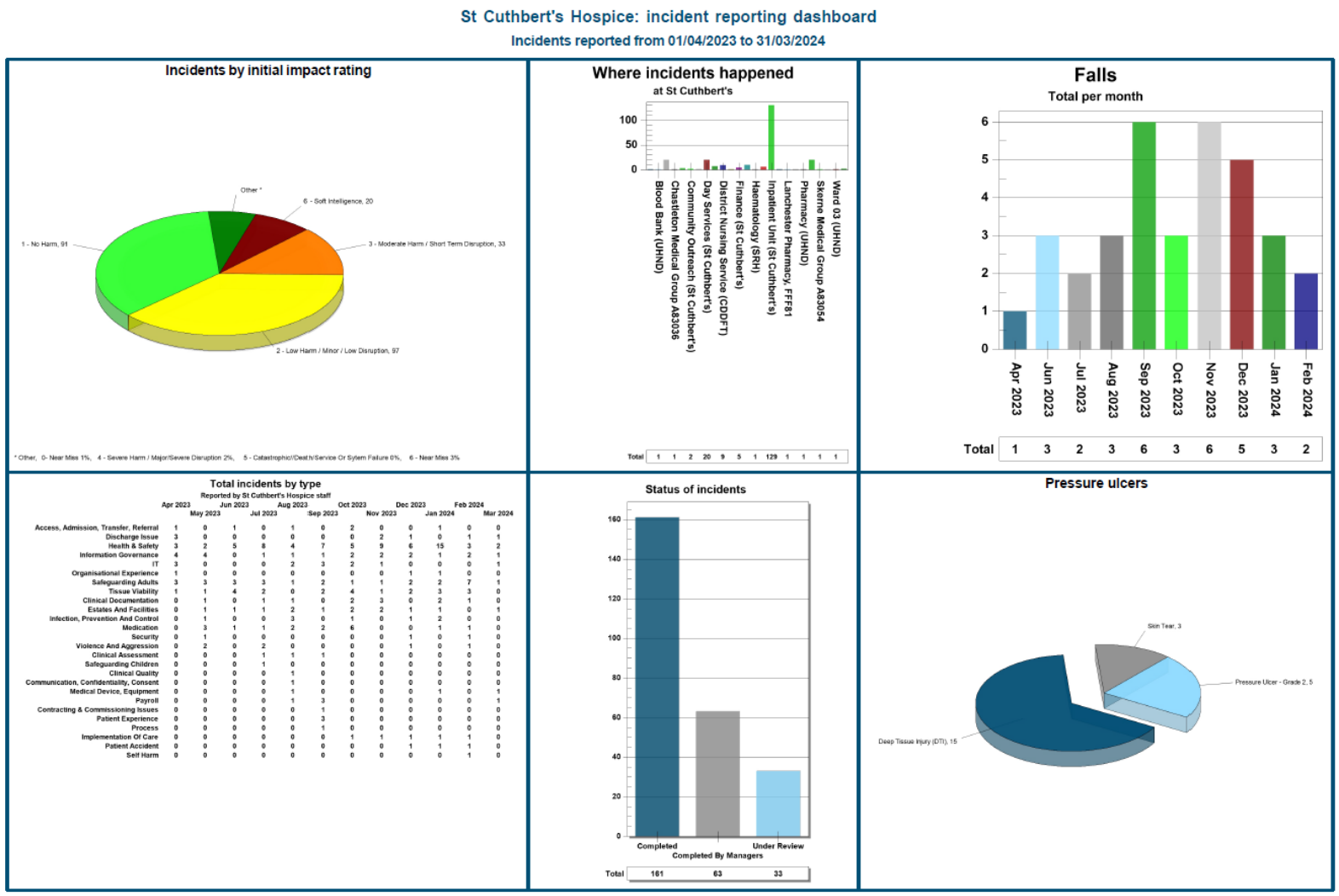
Mapping of our proposals for achieving our aspirations (section 2) against the Care Quality Commission Key Lines of Enquiry (KLOE).

Proposed action	**KLOE**
Publish the results of the 2023 VOICES Survey in County Durham and use these results to promote the continuing development of integrated care in County Durham.	Responsive Effective
Work with the Integrated Care Board, the County Durham and Darlington Foundation Trust and other partners to develop a sustainable model of medical cover for palliative and end of life care in the County.	Safe Well-led
Continue to work with FE/HEE and host students (nurses, therapists and medics).	Responsive
Work with Hospices North East & North Cumbria to secure analytics / health science resource and work with our own Data Academy graduates.t improve the reporting of outcome data.	Effective
Evaluate the continuing provision of our enhanced patient transport project	Caring Responsive
Collaborate with other Hospices in the region to identify a common language to identify themes and trends from clinical incidents in order to identify and implement improvement programmes.	Safe
Optimise the use of both the In Patient Unit and Living Well Centre by: • promoting services to referrers and the general public • working with a common referral process to ensure that referrals are appropriate. • completing a workforce plan that would enable us to accept weekend referrals • Developing new/improved services (eg platelet transfusions, advanced care planning consultations, acupuncture, seated exercise classes, HOPE programme)	Effective Responsive Caring

Proposed action	KLOE
Implement and evaluate enhanced therapy provision following the appointment in 2023/24 of a rehabilitation assistant.	Effective Caring
Develop an options paper aimed at improving access to specialist psychological support for patients with complex symptoms.	Safe Caring
Develop an options paper aimed at improving access to podiatry for patients with complex symptoms.	Safe Caring
Implement the Carer Conversation Wheel as the preferred carer needs assessment tool in In-Patient Unit and Living Well Centre.	Caring Effective
Provide a dementia carer education programme with a parallel running Namaste or Reminiscence Group for carer attendees loved ones who are living with dementia.	Caring Safe
Trial the use of translational therapeutic objects as a therapeutic intervention, especially with children and young people	Caring
Move data collection on bereavement support to SystmOne	Effective Well-led
Celebrate outcomes of the development of a Hospice-wide bereavement support journey	Caring Well-led
Develop a community bereavement offer	Caring Responsive
Evaluate the continuing delivery of our pilot community outreach project.	Effective
Increase the number of volunteers supporting the project	Caring Safe
Deliver community engagement events to access potentially hard to reach audiences	Responsive
Review medical governance against GMC Guidance, Effective Clinical Governance to Support Revalidation	Safe Well-led
Recruit at least one additional doctor to the Board of Trustees	Well-led
Have service level agreements with third party providers, including all services provided by the local NHS trust.	Safe Well-led

Proposed action	KLOE
Implement and audit against the National Cleaning Standards.	Safe
Complete the redecoration of the In-Patient Unit	Safe
Ensure that ensure all premises and equipment, including but not limited to, the cold room, are safe, clean, and properly maintained, and that this is recorded appropriately.	Safe
Continue to implement and develop new and established link practitioner roles.	Safe Effective Well-led
Implement safeguarding excellence training to non-clinical staff, volunteers, and supporters to raise the profile of safeguarding as everyone's business.	Safe
Ensure that staff providing care and treatment have the training, qualifications, competence, skills, and experience, to do so safely.	Safe Effective Caring

Appendix 2


St Cuthbert's Hospice: incident reporting dashboard
Incidents reported from 01/04/2023 to 31/03/2024
Incidents by initial impact rating
Other *
6 - Soft Intelligence, 20
1 - No Harm, 91
3 - Moderate Harm / Short Term Disruption, 33
2 - Low Harm / Minor / Low Disruption, 97
* Other, 0- Near Miss 1%, 4 - Severe Harm / Major/Severe Disruption 2%, 5 - Catastrophic//Death/Service Or Sytem Failure 0%, 6 - Near Miss 3%
Where incidents happened
at St Cuthbert's
100
50
0
Blood Bank (UHND)
Chasteton Medical Group A83036
Community Outreach (St Cuthbert's)
Day Services (St Cuthbert's)
District Nursing Service (CDDFT)
Finance (St Cuthbert's)
Haematology (SRH)
Inpatient Unit (St Cuthbert's)
Lanchester Pharmacy, FFF81
Pharmacy (UHND)
Skerne Medical Group A83054
Ward 03 (UHND)
Total 1 1 2 20 9 5 1 129 1 1 1 1
Falls
Total per month
6
5
4
3
2
1
0
Apr 2023
Jun 2023
Jul 2023
Aug 2023
Sep 2023
Oct 2023
Nov 2023
Dec 2023
Jan 2024
Feb 2024
Total 1 3 2 3 6 3 6 5 3 2
Total incidents by type
Reported by St Cuthbert's Hospice staff
Apr 2023 May 2023 Jun 2023 Jul 2023 Aug 2023 Sep 2023 Oct 2023 Nov 2023 Dec 2023 Jan 2024 Feb 2024 Mar 2024
Access, Admission, Transfer, Referral 1 0 1 0 1 0 2 0 0 1 0 0
Discharge Issue 3 0 0 0 0 0 0 2 1 0 1 1
Health & Safety 3 2 5 8 4 7 5 9 6 15 3 2
Information Governance 4 4 0 1 1 1 2 2 2 1 2 1
IT 3 0 0 0 2 3 2 1 0 0 0 1
Organisational Experience 1 0 0 0 0 0 0 0 1 1 0 0
Safeguarding Adults 3 3 3 3 1 2 1 1 2 2 7 1
Tissue Viability 1 1 4 2 0 2 4 1 2 3 3 0
Clinical Documentation 0 1 0 1 1 0 2 3 0 2 1 0
Estates And Facilities 0 1 1 1 2 1 2 2 1 1 0 1
Infection, Prevention And Control 0 1 0 0 3 0 1 0 1 2 0 0
Medication 0 3 1 1 2 2 6 0 0 1 1 0
Security 0 1 0 0 0 0 0 0 1 0 1 0
Violence And Aggression 0 2 0 2 0 0 0 0 1 0 1 0
Clinical Assessment 0 0 0 1 1 1 0 0 0 0 0 0
Safeguarding Children 0 0 0 1 0 0 0 0 0 0 0 0
Clinical Quality 0 0 0 0 1 0 0 0 0 0 0 0
Communication, Confidentiality, Consent 0 0 0 0 1 0 0 0 0 0 0 0
Medical Device, Equipment 0 0 0 0 1 0 0 0 0 1 0 1
Payroll 0 0 0 0 1 3 0 0 0 0 0 1
Contracting & Commissioning Issues 0 0 0 0 0 1 0 0 0 0 0 0
Patient Experience 0 0 0 0 0 3 0 0 0 0 0 0
Process 0 0 0 0 0 1 0 0 0 0 0 0
Implementation Of Care 0 0 0 0 0 0 1 1 1 1 1 0
Patient Accident 0 0 0 0 0 0 0 0 1 1 1 0
Self Harm 0 0 0 0 0 0 0 0 0 0 1 0
Status of incidents
160
140
120
100
80
60
40
20
0
Completed
Under Review
Completed By Managers
Total 161 63 33
Pressure ulcers
Skin Tear, 3
Pressure Ulcer - Grade 2, 5
Deep Tissue Injury (DTI), 15

Appendix 3

Quality Outcome Indicators: Bereavement Services: Children and Young People (CYP) 2023 – 2024

Number of referrals

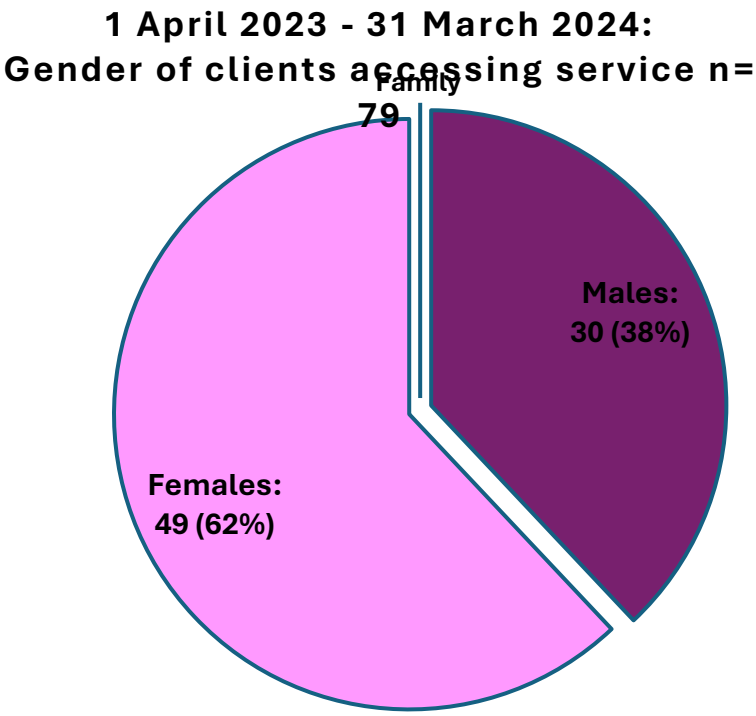
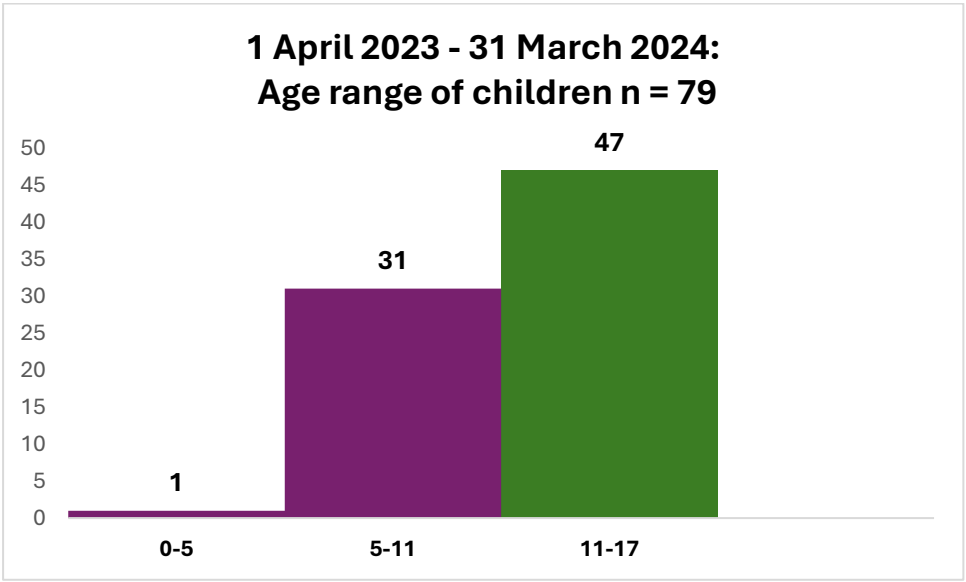


Figure 2. Children's age range



Religion and Ethnicity

We have recorded that 98.7% of CYP service users have recorded their ethnicity as white British and 24% have declared Christianity as their faith

Figure 3. Source of referrals

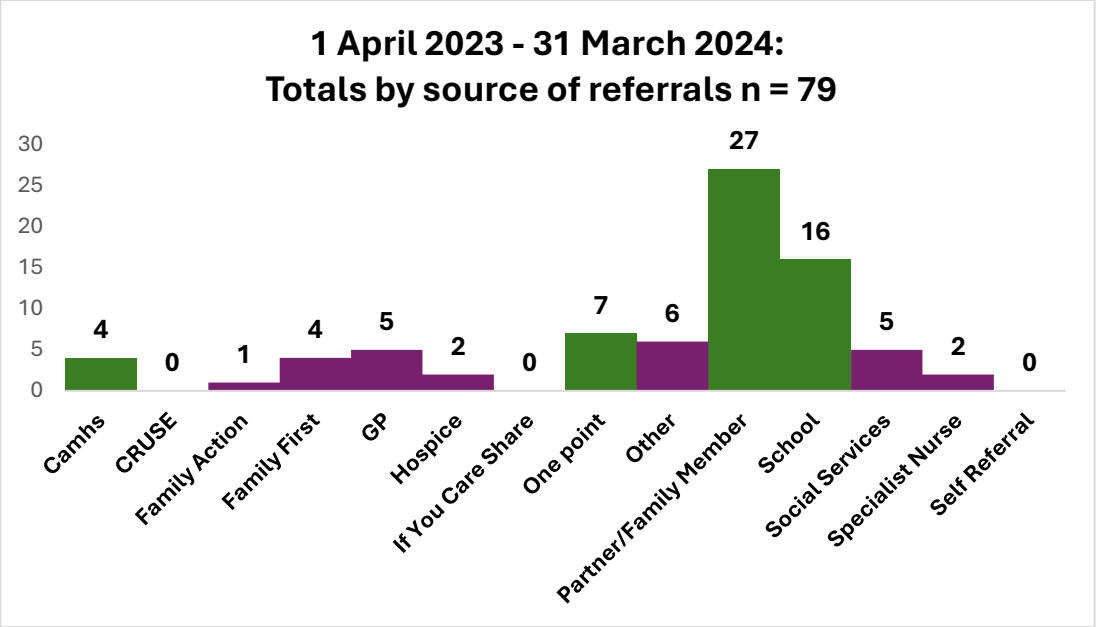


Figure 4. Child by Primary Care Network

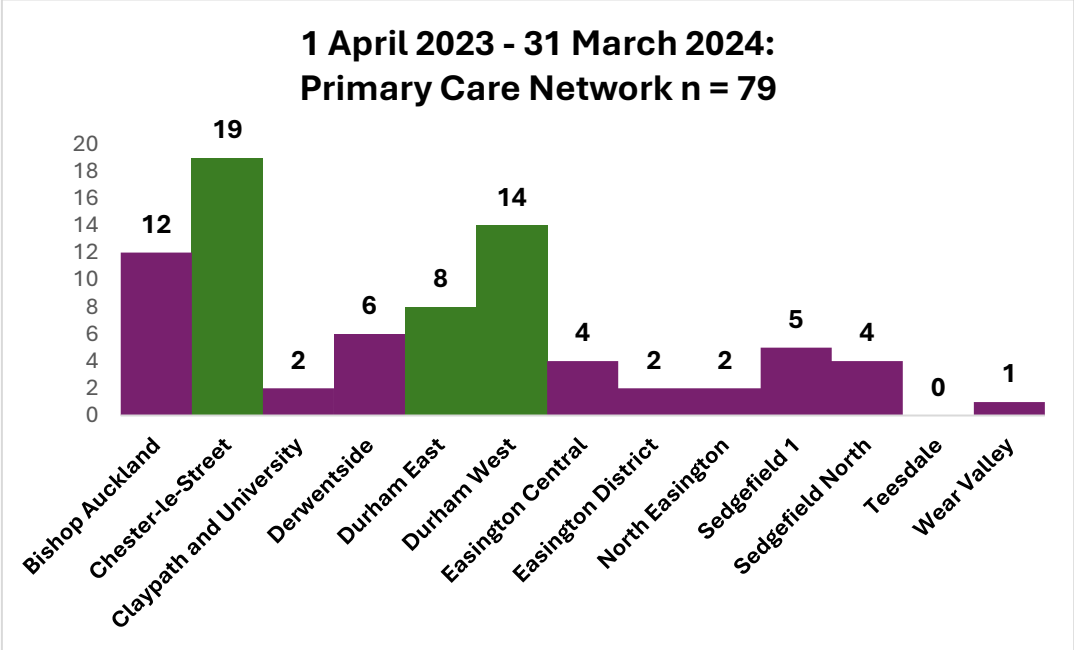


Figure 5. Cause of death were known

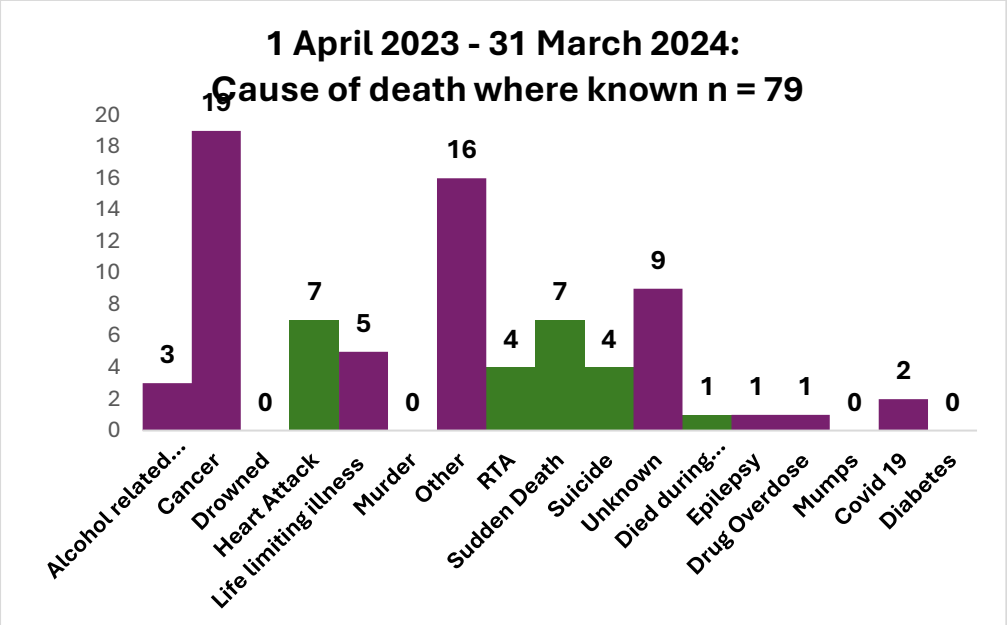


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Figure 6. Number of counselling session provided in this quarter.

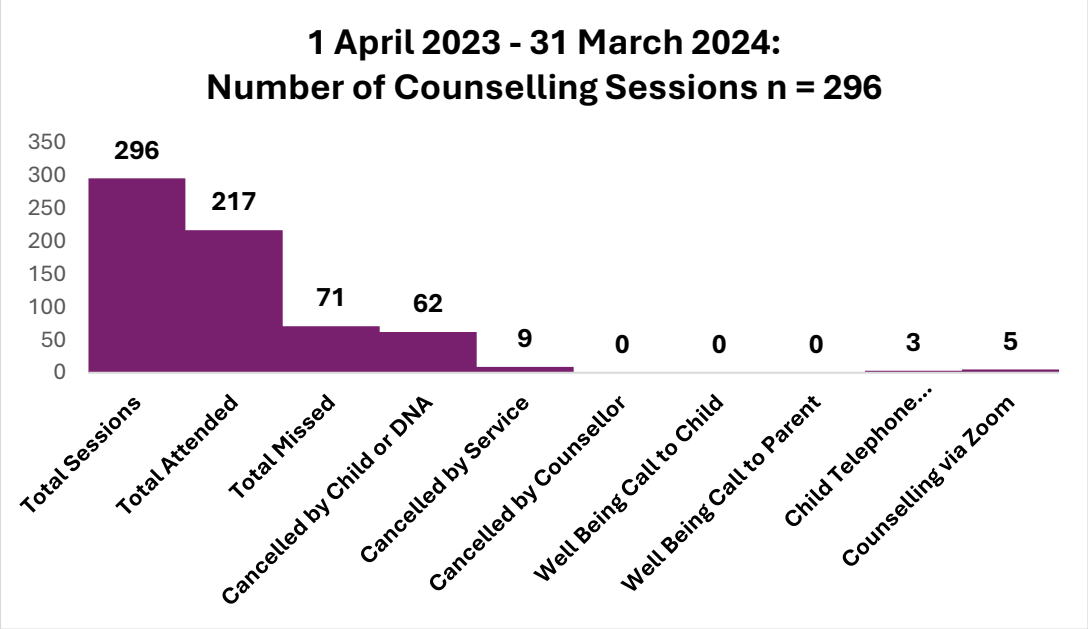
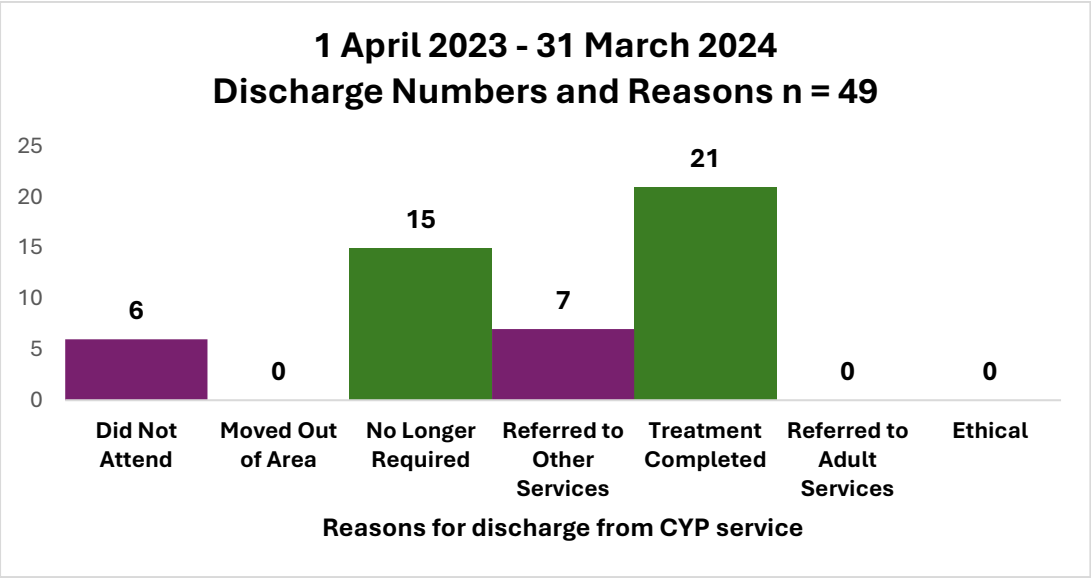


Figure 7. Treatment completion, leaving the service discharge.



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

	Q1	Q2	Q3	Q4
No. Actual Referrals	**13**	**14**	**17**	**16**
No. of Declined Referrals	**0**	**0**	**2**	**9**
No. of Signposted Referrals	**22**	**11**	**13**	**10**
No. of users that complete 6 sessions	**7** some client had 6+ sessions based on ethical/clinical need to continue due to identified suicide risk.	**5** some client had 6+ sessions based on recontracting with clients	**0** clients completed counselling in Q3	**7** some client had 6+ sessions based on recontracting with clients
Average waiting time	**6 weeks**	**11 weeks**	**12 weeks**	**8 weeks**
No on Waiting List	**8**	**9**	**15**	**18**

Appendix 4 Audit Schedule

Audit Schedule			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Agreed by CGSC														
AUDIT TOOL	Frequency		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Family & Friends Test	Monthly	Service Managers x4												
LWC/Day Hospice Admission	Quarterly	Service Manager LWC												
In-patient Admission	Quarterly	Service Manager IPU												
Doctor Admission Documentation	Quarterly	Doctor												
Care after Death Documentation	Quarterly	Doctor/Nurse												
INFO GOV AUDITS														
IPU	Quarterly	Governance Mgr												
LWC	Quarterly	Governance Mgr												
Dementia	Quarterly	Governance Mgr												
FST	Quarterly	Governance Mgr												
Caldecott (clinical & non clinical areas)	Annually	Medical Director												
Medical Audits														
Calcium Audit	Annually	GPR												
EHCP Audit	Annually	Doctor												
Spirituality Audit	Annually	Doctor												

Referrals to the Coroner/Inquests	**Quarterly**	**Doctor**													
CSNAT Audit															
CSNAT Audit	**Twice year**	**Admiral Nurse**													
TISSUE VIABILITY AUDITS															
Pressure Ulcers	**Quarterly**	**Staff Nurse**													
FUNDAMENTAL ASPECTS OF CARE AUDIT															
Nutrition IPU	**Quarterly**	**Snr Staff Nurse**													
Nutrition LWC	**Quarterly**	**Snr Staff Nurse**													
Bereavement	**Twice year**	**Co-Ordinator**													
Falls (KPI)	**Daily**	**Physiotherapist**													
Record Keeping (falls bundle)	**Weekly**	**Service Manager**													
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**													
Clinical Record Keeping (ROPE)	**Quarterly**	**Service Manager**													
MEDICINES OPTIMISATION AUDITS															
General Medicine Management	**Quarterly**	**Pharmacist**													

Medicine Compliance	**Weekly at MDT**	**Pharmacist**													
Controlled drugs	**Quarterly**	**Snr Staff Nurse**													
Accountable Officer Audit	**Annually**	**Head of CS**													
INFECTION CONTROL AUDITS															
Code of Practice - Julia	**Annually**	**Infection control group**													
Mattresses	**Quarterly**	**Senior HCA**													
Bed fall sensor mat	**Quarterly**	**HCA**													
Chair falls sensor mat	**Quarterly**	**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**													

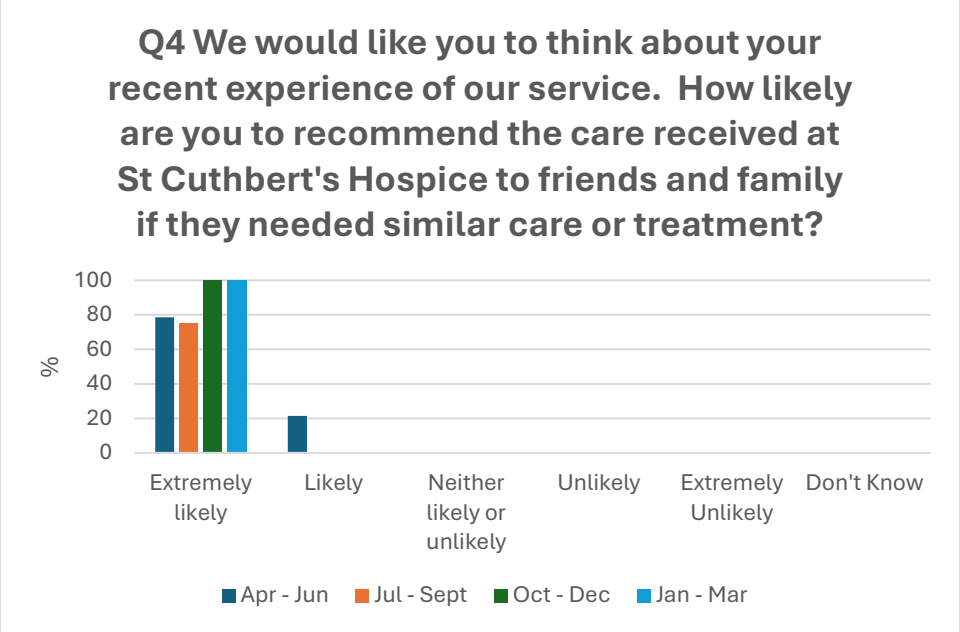
Offices within patient areas - IPU	**Annually**	**Infection control group**												
Offices within patient areas - LWC	**Annually**	**Infection control group**												
Sluice/Dirty Utility	**Annually**	**Infection control group**												
Sharps IPU	**Annually**	**Infection control group**												
Sharps LWC	**Annually**	**Infection control group**												
Toilets for Public Use - IPU	**Annually**	**Infection control group**											**re audit**	
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**												

Patient Safety														
Manchester Patient Safety Tool	**Annually**													
DOLS/MCA	**Quarterly**	**Service Manager**												
Albumin Audit LWC	**Quarterly**	**Nurse**												
VIP score -LWC	**Quarterly**	**Nurse**			**n/a**									
IV audit - IPU	**Quarterly**	**IV Link practitioner**			**n/a**									
Catering Audit	**Monthly**	**Guest Services Manager**												
Housekeeping Audit (Catering)	**Monthly**	**Guest Services Manager**												
National Standards of Cleanliness	**Annually**	**Guest Services Manager**												
External Audits														
Infection Control	**Annually**	**ICB IPC Nurse**												**Rescheduled to April 2024**
Food Hygiene	**Annually**	**Durham County Council**												
Safeguarding	**Annually**	**ICB Safeguarding Nurse**												
Falls	**Annually**	**Ergonomics Specialist**												
To be Developed														
Medical Devices	**Quarterly**	**Link Practitioner**												

Appendix 5

Service User Feedback Summary 2023/2024

Living Well Centre (LWC)



Comments

April to June

Number 1	Great way to have time for yourself and meet with friends for a few hours.
Number 2	Social Reasons.
Number 3	It's a lovely service makes my day better.
Number 4	The people are lovely, friendly, helpful, and reassuring.
Number 5	Very Professional and caring environment. Felt very welcome and put at ease by all members of staff.
Number 6	Helpful staff, who cared for me. Really enjoyed the group.
Number 7	No Comments.
Number 8	Friendly and helpful staff and volunteers
Number 9	No Comments.
Number 10	No Comments.
Number 11	Informative Very helpful
Number 12	I enjoyed meeting people
Number 13	Pleasant atmosphere
Number 14	Caring and Supportive.

July to Sept

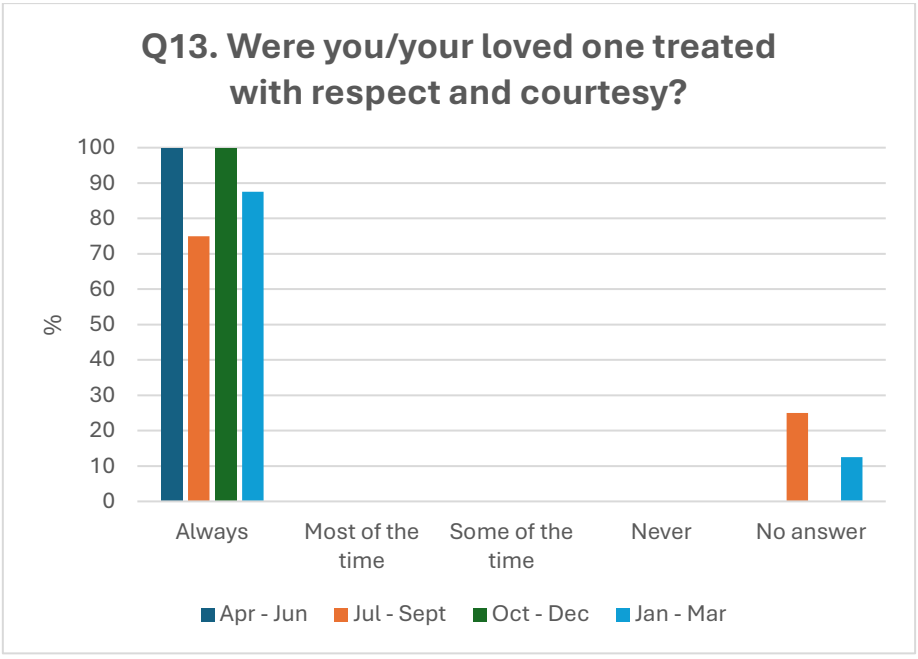
Number 1	No Comments
Number 2	No Comments
Number 3	No Comments
Number 4	No Comments

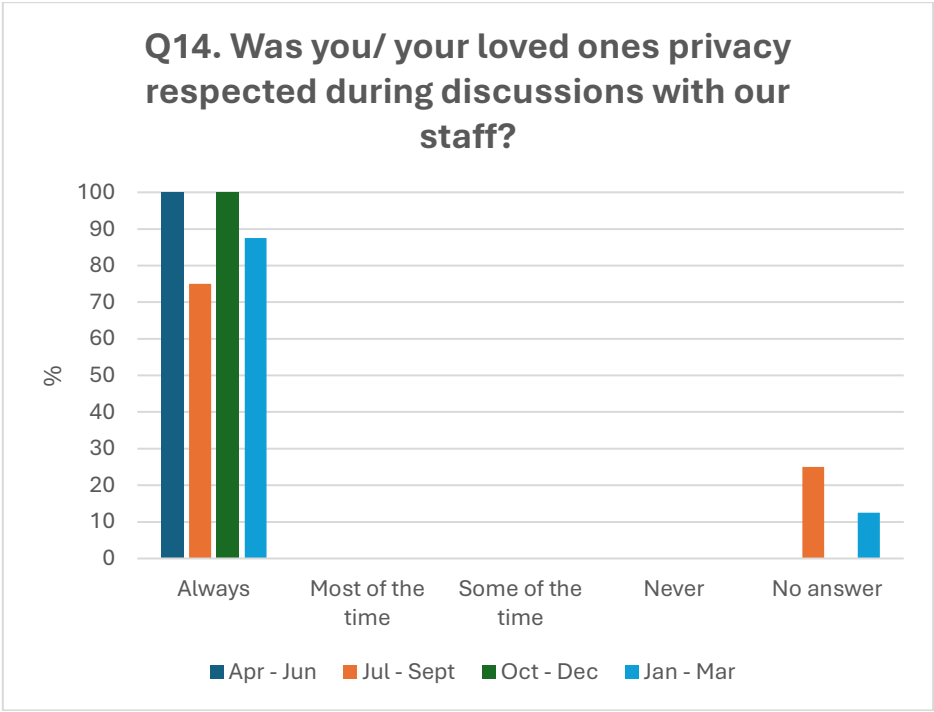
Oct - Dec

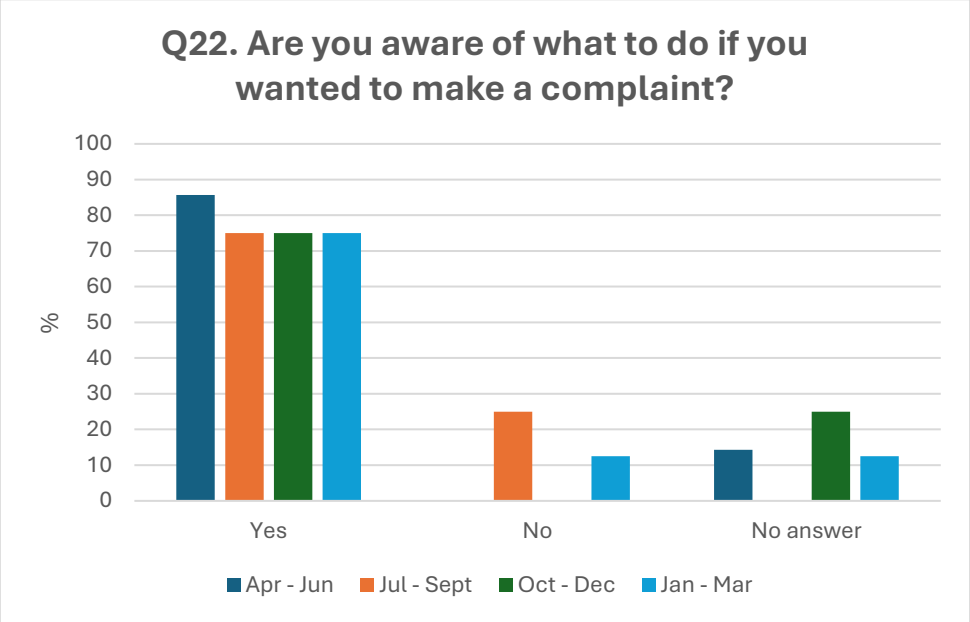
Number 1 Enjoy the company
Number 2 I found it helpful to be able to talk to staff
Number 3 No comment
Number 4 No comment
Number 5 No comment
Number 6 Changed both our lives
Number 7 A good centre to come to.
Number 8 The care and attention the staff give to people.

Jan - March

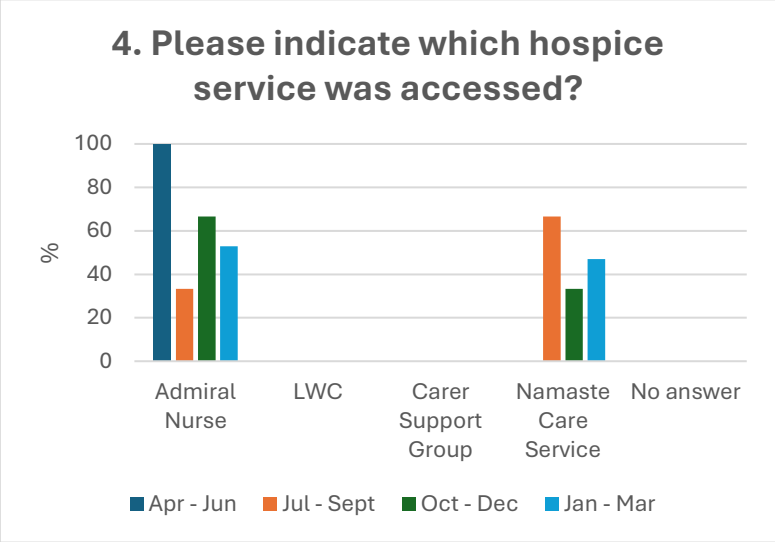
1 No Comment
2 Mixing with Friendly People
3 No Comment
4 The lovely, calming friendly atmosphere
5 Everything done fine
6 Staff have been brilliant and I feel more motivated
7 No Comment
8 The service has helped me communicate in a social setting with other people who have similar disabilities. You have provided excellent friendly support every week.

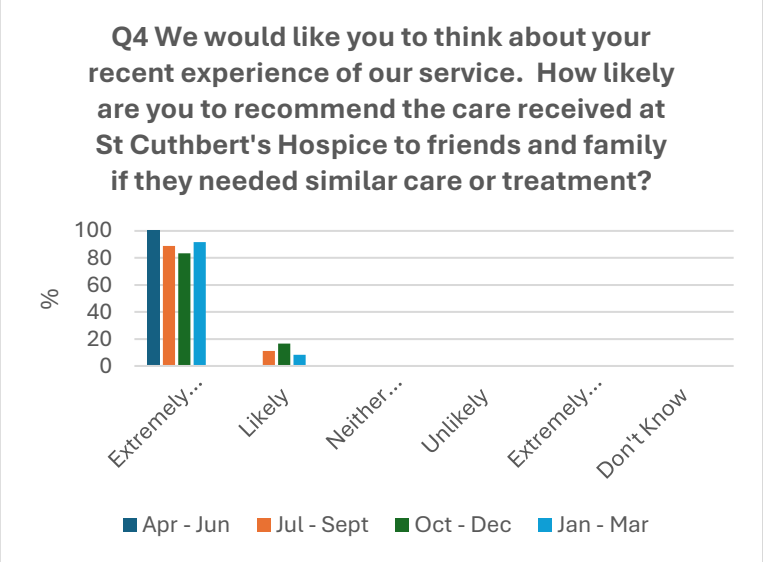

Q13. Were you/your loved one treated with respect and courtesy?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q14. Was you/ your loved ones privacy respected during discussions with our staff?
100
90
80
70
60
50
40
30
20
10
0
%
Always
Most of the time
Some of the time
Never
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar


Q22. Are you aware of what to do if you wanted to make a complaint?
100
90
80
70
60
50
40
30
20
10
0
%
Yes
No
No answer
Apr - Jun
Jul - Sept
Oct - Dec
Jan - Mar

Dementia/Namaste Friends and family Test 2023/2024





Comments

AN1: I'm so grateful for the time and care you gave to our conversation yesterday when I rang to ask for advice about a close relative with dementia. Your kindness and professional expertise were invaluable. Access to an admiral nurse is a lifeline for families like mine and your presence at St Cuthbert's makes the world of difference. Thank you.

AN2: ***** made me feel so comfortable to talk and open up which I can find really hard to do.

AN3: It was very helpful to speak to someone who understands dementia. I found ***** very knowledgeable on the subject and able to provide good ideas on how to manage difficult situations. I feel more confident moving on.

AN4: Always a friendly, safe environment with lots of stimulation to encourage relaxed participation of games, discussion and activities.
AN5: No comments

NC6: Quality service, delivered in a friendly and helpful way.
NC7: This is a very caring service, which anyone in need could benefit from.
AN8:Very informative, supporting in all aspects of dementia care. A caring, empathic environment for client and carer. A lifeline in times of crisis/need.
NC9: The visit of the hospice volunteer gives me an hour to myself.
NC10: Friendly, efficient, caring staff
NC11: I am not aware of any other sessions like this local to my area and I am sure it will grow as years go by.
NC12: Admiral is so understanding. Namaste activities may be too much for my wife but I know she enjoys the company/hand massage/biscuits/venue
NC13: All staff members at t Cuthbert's are professional and are always ready to lend a sympathetic ear. Are kind, helpful and show how they understand how a carer feels emotionally when caring for their loved one, as well as the care and support they have shown towards ****. The service is first class and I would have no hesitation recommending them to anyone needing their support.
NC14: All the ladies at St Cuthbert's are all such lovely, caring, friendly people. They are all lovely with my wife and my wife loves all of them. We've only known a few months, but hope they won't mind if we look on them all as new friends rather than staff.

NC15: When I brought mam for our initial assessment it was a comfort to receive such kindness and acknowledgement of the difficulties we faced. Our volunteer has 'lifted our spirits'.
AN16: All staff at St Cuthberts are professional and are always ready to listen. They are kind and understanding of how a carer feels emotionally when caring for their loved one. The service is first class and I would have no hesitation recommending them to anyone in need of support
AN17: 'As a carer I had no support before I made contact with St Cuthbert's Hospice. The Dementia Support Group is like a lifeline to me and the other carers who attend. I am so grateful to be able to have contact with an Admiral Nurse too. The support I have received over recent months has been invaluable'
AN18: '***** was fantastic to talk to. Allowed me time to talk about my experience and offered really helpful advice particularly about the importance of looking after myself as a carer'
AN19: '***** is so good supporting my Husband in the group. He has frontotemporal dementia and can be quite difficult to involve but she manages well. I always feel that staff in the group truly care about us both which is so important'
AN20: '***** was very gentle in how she spoke to my Mother who is struggling with caring for my Father which I really appreciated.

NM21: Warm, friendly, supportive, amazing group of girls.
NM22: No other services available.
NM23: Initial visit was lovely. *** was reluctant about the service at first, but really took to **** and **** subsequent visits have been successful and he now looks forward to a Friday

AN24: I received support from the Admiral Nurse, that no other party had offered without that support I wouldn't be here. I cannot praise her highly enough.
NM25: **** comes out feeling very happy and says he has enjoyed himself.
NM26: The staff are very caring and responsive to my wife.
NM27: Because the staff and helpers are excellent and would have no hesitation in recommending them to friends and family. Everybody that I have met in the hospice are very friendly and my husband agrees the help and service are second to none!
AN28: My need for help was recognised and taken on board by the Admiral Nurse. Her knowledge, expertise and lovely caring manner - friendship - has got me through a really difficult time.
AN29: The admiral nurse is excellent and gave me confidence and support in how to further aid my lovely husband. I feel lucky and privileged to have found her.
AN30: I received support from the Admiral Nurse that no other party has offered. Without that support I wouldn't be here. I couldn't praise her highly enough.
NM31: Somewhere I feel safe and happy.
NM32: Very caring and supportive

Q13. Please list up to 3 differences the admiral nurse/Namaste care service has made to you as a carer:
AN1 Listening and giving time
Information on medication for agitation
Information/advice on liaising with care home staff
AN2 Talking made me realise my feelings are 'normal' - I'm not going mad!
Telling me that my needs are important too
Knowing I can ring ***** anytime is so helpful
AN3 I feel better informed about what to expect in the future
I feel more confident
It helps to know support is there if I need it again in the future.
AN4 Listening to problems and supporting
Assisting with accessing services Involving other means of solving problems
AN5 Got my husband a GP appointment when I couldn't
Told me about peoples vision going when they have dementia which helped.
NC6: Provided the opportunity for a break from caring role.
Somebody to talk to about caring issues/general conversation
Provided stimulation to patient (play games/massage/craft work/conversation etc)
NC7: I get more rest
I feel more able to cope
I feel more informed
AN8: Readily available for advice and support
Offers solutions to immediate needs
Helps me to initiate links with primary care team linked to psychiatrist
NC9: An hour to do something different for me.
The hospice volunteer gives a different hour of conversation for ****

NC10: No answer
NC11: Stimulates the wife she looks forward to Friday sessions.
Give me peace of mind and a break.
Knowing support is at hand if required.

NC12: Admiral Nurse has provided reassurance to me when I was struggling caring for my wife.
Nurse supported me as my wife went into a care home.

NC13: Understanding
Friendliness
Lending an ear
NC14: We can go somewhere together that is a safe place for Dementia sufferers i.e. everyone there either has Dementia or knows about Dementia so my wife's behaviour is understood and accepted.
I can share experiences with other carers and the staff about caring for someone with Dementia.
Namaste is a happy place.
My wife is happy there which in turn makes me happy.

NC15: Acknowledging difficulties/validations.
Listening/caring
Non judgmental
AN16: Understanding
Friendliness
Lending an ear
AN17: I feel understood and not judged at all
It is very helpful having someone to talk to who understands dementia
Having the opportunity to talk to other carers in similar positions
AN18: Giving me time to talk, I didn't feel rushed at all Advice on my own mental health
Written information on Young Onset Dementia
AN19: Having the opportunity to talk one- one with ***** about difficulties I face as a carer
The group providing carers with a bit of a social life
Feeling less alone
An20: Provided information to help us as a family to understand my Father's dementia and how we can best help him
It was helpful to have written information sent out also particularly information on how best to communicate with someone with dementia
Having the knowledge that we can contact again if we require any more support in the future

NM22 Both incredibly supportive and wonderful in every way.
NM23 Its so nice to have someone visit who has experienced being a carer and understands the difficulties encountered by my husband and me as a carer.
**** visits lift his spirits and gives him something to look forward to.
AN24 Support when I couldn’t see my way forward.
Knowledge and information regarding my wife's dementia.
More understanding of dementia
NM25 Support when I couldn’t see my way forward.
Both enjoy the group
Friendship/fun
NM26 They make everyday count.

Provide a high quality service for my wife.
They provide a very caring support/
NM27 Relaxation
Comfort
Stimulating
AN28: Given me a better understanding of my thoughts and feelings.
Improved my understanding of my husbands specific dementia and symptoms.
Was able to explain what and how my husband was experiencing the massive changes happening to his brain. How different things were for him.
AN29: Her reassurance lifted my spirits. Has shared an acronym which I frequently now use to aid my husbands moods or triggers PINCH ME.
Her vast experience of this cruel illness made me sit up and listen.
She is an asset to anyone caring for a dementia sufferer. Thank you. I've shared your suggestions with care home staff, family and friends.
AN30: Support when I couldn't see my way forward.
Knowledge and information regarding my wife's dementia.
More understanding of dementia
NM31: Listening and support
Explaining and helping with dementia
Friendly and caring

Q14. How could the service be improved?
AN1 Increase number of admiral nurses
AN2 No comment
AN3 No comment
AN4 No comment
AN5 More admiral nurses

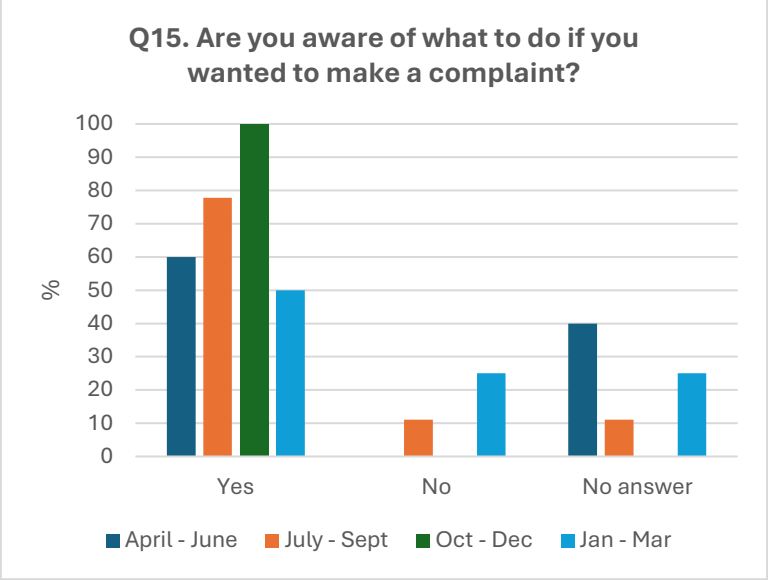
NC6: More sessions like we currently have. Longer carer breaks (e.g respite breaks for both patient and carer)
NC7: By more advertisement of the services
AN8: The opportunity when the team is increased in numbers perhaps consider offering day/respite care because I feel totally safe leaving my husband with the team.

NC9: No comment
NC10: It's difficult to answer questions because the Namaste volunteer has had prolonged illness. On occasions when she was able to visit she was helpful, friendly and provided gentle stimulation through conversation
NC11: Make the sessions longer than 3 hours.
NC12: Nothing I can think off. Maybe some leaflets for Alzheimer's Society etc.

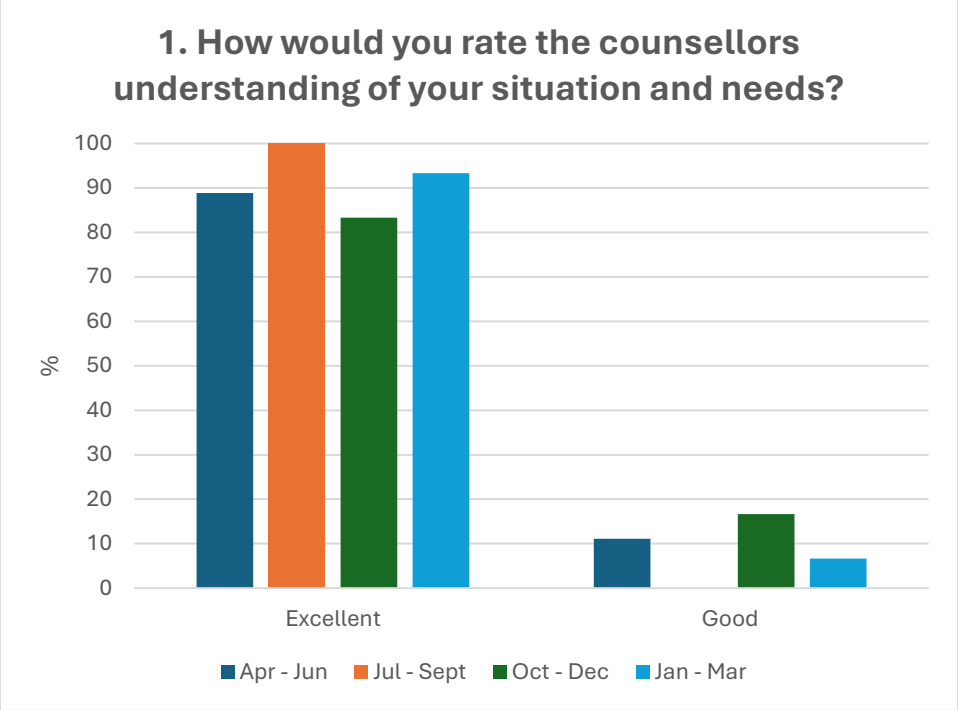
NC13: No comment.
NC14: My wife loves singing so more singing would be good.

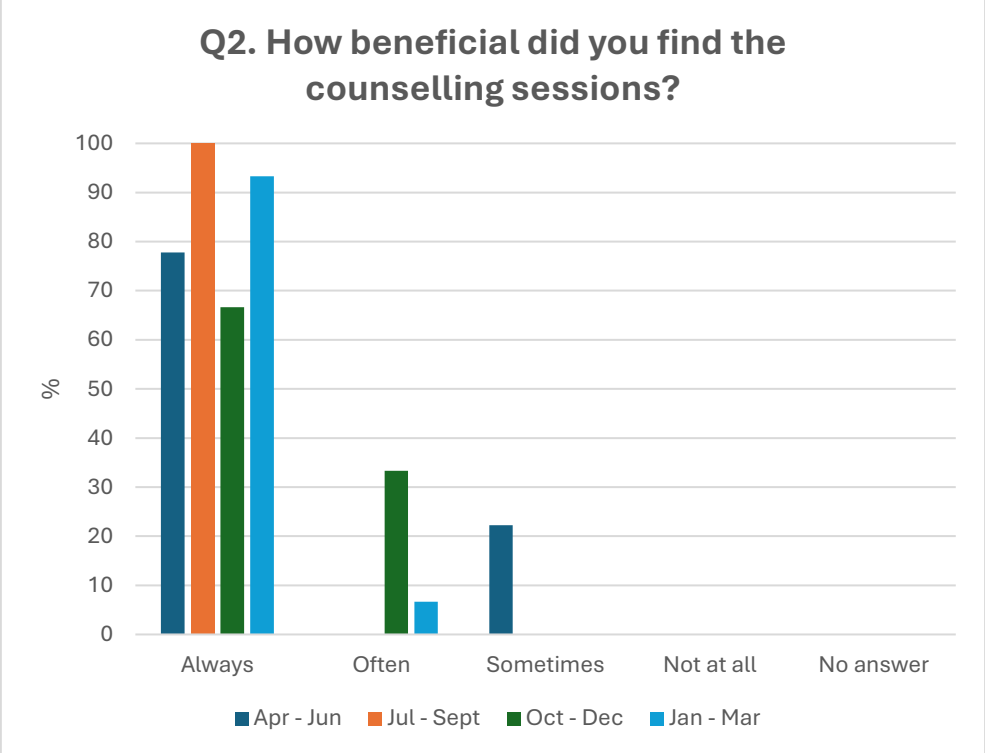
NC15: Its difficult to comment as I haven't been involved with the service as much as I would have liked, as mam refused to join the weekly group. It would be easier for me sometimes if I didn't always have to be there when our volunteer comes to see mam. I think it does help mam to see others on her own to build her trust and confidence.

AN24 Lots more wonderful people like ****!
NM26 More money from the Government.
AN28: By more available funding from the government to enable more of these wonderful, knowledgeable people to be available in every NHS region.


Q15. Are you aware of what to do if you wanted to make a complaint?
100
90
80
70
60
50
40
30
20
10
0
%
Yes
No
No answer
April - June
July - Sept
Oct - Dec
Jan - Mar

Bereavement Support Team 2023/2024





3. What was helpful about the sessions?

Q1

1 Totally understanding, caring and really listened to me.

2 During the session I found such peace, as I was in such turmoil and feared for my sanity.
3 Didn't answer.
4 When I first spoke to **** I wouldn't even say my sisters name without breaking down. **** been amazing
5 Someone to talk to about things you wouldn't say to people you know. A friendly Face.
6 Discussing the nature of my mental state and identifying why because of traumatic grief, the impact this had on my mental state.
7 The counsellor's empathy and readiness to understand my peculiar situation
8 Just someone to talk to.
9 **** was able to help me put things into perspective and to understand how to live with grief.

Q2
1 Everything.
2 Being able to talk through my problems without worrying about repercussions.
3 Help me focus and release tension, ease guilt.
4 An impartial person to listen and understand honest and trustworthy. **** has patience and her kind words have helped me on my journey.
5 Being able to talk about my present and my past.
6 Yes I could talk about things that I couldn't with family as they were upset too.
7 **** was always patient and understanding. She never rushed me. Her help and advice was amazing. The way she broke things down and explained everything step by step was a real help. It helped my understanding.
8 Learned coping Strategies, talking really help.
9 Talking through things about my bereavement.
10 They helped me organise my emotion and realise these feelings are justified and normal. Having someone outside of the situation listen and understand has been vital. The counsellor gave me coping strategies which I use everyday.
11 With out exception I always left the session feeling more positive than when I came in.
12 Helped me understand my emotions

Q3
1 Relaxing atmosphere and beautiful Location
2 Up front and honest, give and take
3 A Safe space to explore feelings, validation of what I was experiencing, helpful suggestions for coping
4 To have some actually listen to me and understand what I have been going through.
5 Mindfulness Sessions. Teaching me to relax and how to use as distraction Technique.
6 Excellent understanding of the reasons and route of my feelings and just being able to talk.

Q4
1 Consistent, professional, concise, empathetic, kind, understanding, supportive counselling.
2 Being able to understand how I was feeling and understand how to cope better with emotions.

3 My session helped me by working through the stages of grief and by talking about my thoughts and emotions.
4 Advice to cope.
5 Very thought provoking
6 The sessions were very helpful as when I first came I didn't want to go on, but now I do.
7 Being able to get things of my chest to someone not of my family.
8 Helped me work through a lot of things.
9 Speak to someone with knowledge of grief, speak to someone separately from the family.
10 **** is such a lovely person, patient and kind she knows what to say and when to listen she helped me understand my grief.
11 Having someone to talk to who understands **** was easy to talk to and just amazing.
12 The understanding of the counsellor and the helpful advice.
13 Understanding how I was feeling.
14 Opportunity to talk about feelings without worrying about response. Useful advice about bereavement process and how to cope.
15 **** has been kind, caring and compassionate. **** was quietly inquisitive when I would articulate what was happening to me.

4. What was unhelpful about the sessions?

Q1
1 Nothing.
2 Nothing was unhelpful.
3 Extremely difficult to get an appointment.
4 Absolutely Nothing.
5 Nothing.
6 Nothing.
7 Nothing.
8 When I first asked for help I was told no and found this stressful
9 Nothing was unhelpful. Everything was well worked through.

Q2
1 Nothing what so ever
2 No Comment
3 Nothing
4 Always helpful.
5 Nothing
6 Nothing
7 Nothing at all. All sessions were excellent. I feel like I made positive progress with every session.
8 Nothing
9 There was nothing that was unhelpful
10 Nothing at all.
11 Nothing
12 Nothing

Q3

1 Nothing
2 Appointments and communication could have been better - physical appointment card would be helpful
3 Nothing
4 Nothing
5 Talking about my fathers death. It just made me upset and didn't help with moving forward. We then started doing mindfulness session instead which were really helpful for me and my situation.
6 They were extremely helpful by just having someone to talk to who was empathetic who could help me to understand the cause and just to vent my anger and not be judged. I feel in a different place now with some hope.

Q4

1 I cannot think of anything that was unhelpful in anyway.
2 Nothing
3 There was nothing unhelpful about any of my sessions.
4 Nothing
5 Nothing
6 There was nothing unhelpful.
7 Nothing.
8 Nothing
9 Nothing Unhelpful.
10 Nothing.
11 Nothing was Unhelpful. Everything was helpful every session was useful.
12 Nothing
13 Just talking about my feelings and how to cope.
14 No answer
15 None

5. Are there any other comments you would like to make?

Q1

1 The Counselling Sessions really were a lifeline for me, thank you so much.
2 I would like to say that my counsellor **** was my light at the end of a long tunnel getting closer to me, giving me hope for the future.
3 A bit disorganized which was not helpful.
4 This Service has literally healed my heart and given me my life back. It's been invaluable thank you so much.
5 **** was a lovely helpful Lady.
6 From stat to finish I was met and treated with professional, courteous, sympathetic, consideration made to feel comfortable in discussing my problems.
7 I would happily have continued but felt that I had reached the stage where I would be attending just to have the opportunity for conversation at a lonely time.
8 **** was such a great help.
9 Thank you so much **** for helping me over the last few months. From being a complete wreck, I am much more confident now.

Q2

1 I would just like to say what a wonderful helpful person **** is she is very special and helped me tremendously with my bereavement of my husband.

2 **** was easy to talk to, she was understanding and caring, she made me feel wanted.

3 Help me to relax and cope with situations.

4 The session definitely helped me. I previously had no experience of this type of grief. I was never forgot the help I received at St Cuthberts.

5 I think this a excellent service and support for people in my situation.

6 Just I was very grateful for the support.

7 **** is an asset to your team. She is amazing at what she does and I will be forever grateful for all her help, advice and support she gave me.

8 Highly recommend the sessions

9 The Bereavement officer was very helpful and nice could talk to her about anything.

10 Just to say a huge THANK YOU! I don't know how I would have coped without my sessions they really have helped and changed my outlook and allowed me to see a way to cope and carry on after a devastating loss.

11 I could not understand why I had the feelings I had. **** explains the different emotion and also the stage of grief. This helps so much as I know I wasn't alone, lot's of people suffered similar emotions and learning to understand my anger etc was very important through the hour. **** guessed my feelings/mood and showed amazing empathy and understanding. I started to rely on the session carry on with carry on which I was at my lowest. I cannot thank you ****

12 It was good to talk to someone who understood what I was feeling

Q3

1 No Answer

2 Very friendly and approachable easy to talk to.

3 Other then its wonderful that it exists

4 **** was a tremendous support to me.

5 **** was lovely - Very patient and pleasant.

6 This is an amazing place and I have been helped along just amazingly by my counsellor.

Q4

1 **** is an outstanding therapist, adaptable absolutely professional, creative in delivery, astute and very kind. I do not think that I would have made so much progress without her skills

2 No just every session was very helpful.

3 I gained a better understanding to cope with my loss going forward.

4 Nothing

5 Nothing

6 If anyone asks if I know any where I will be recommending you, and telling them why I have done that.

7 The sessions helped me get through a bad time in my life.

8 No answer

9 No, but thank you for the time you have taken to help me.

10 **** counselling is holistic and takes into account everything in a person's life, not just the grief. She has set me on the right path to get back on my feet. I can't thank you enough ****

11 Having these sessions has helped me immensely. They have given me an understanding of what grief is and how better to understand myself. EXCELLENT.

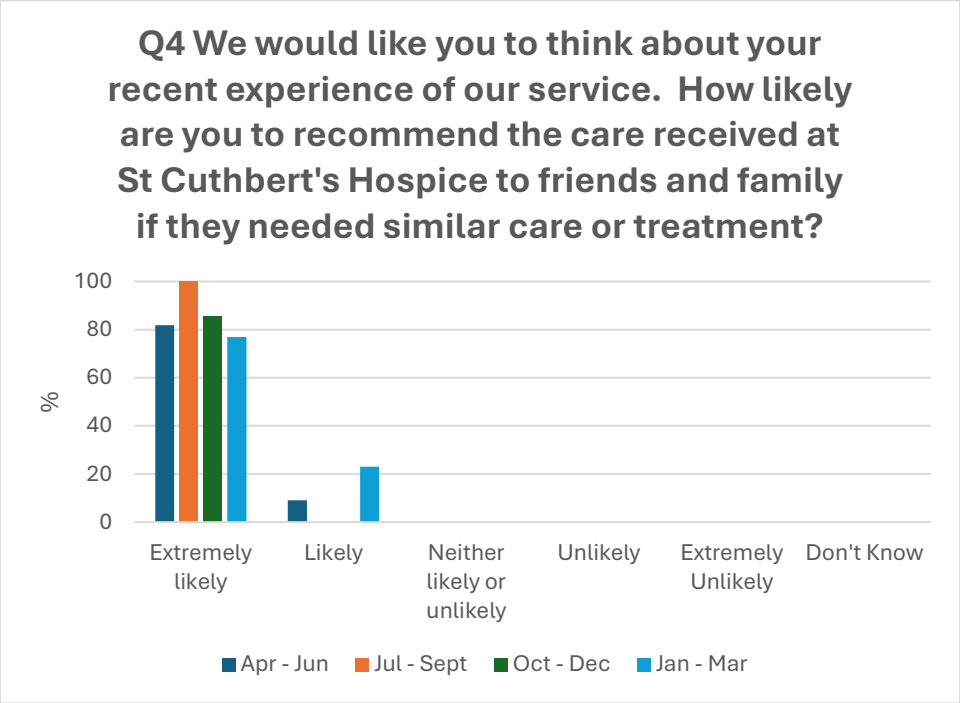
12 Nothing

13 I can't thank **** for everything she has done for me, I Know I'm never going to get over the loss of **** and in some strange way I don't want to. But I will just have to live with it and take one day at time.

14 No answer

15 **** was very helpful and tailored her approach to what I needed.

IPU Friends and Family Test 2023/2024



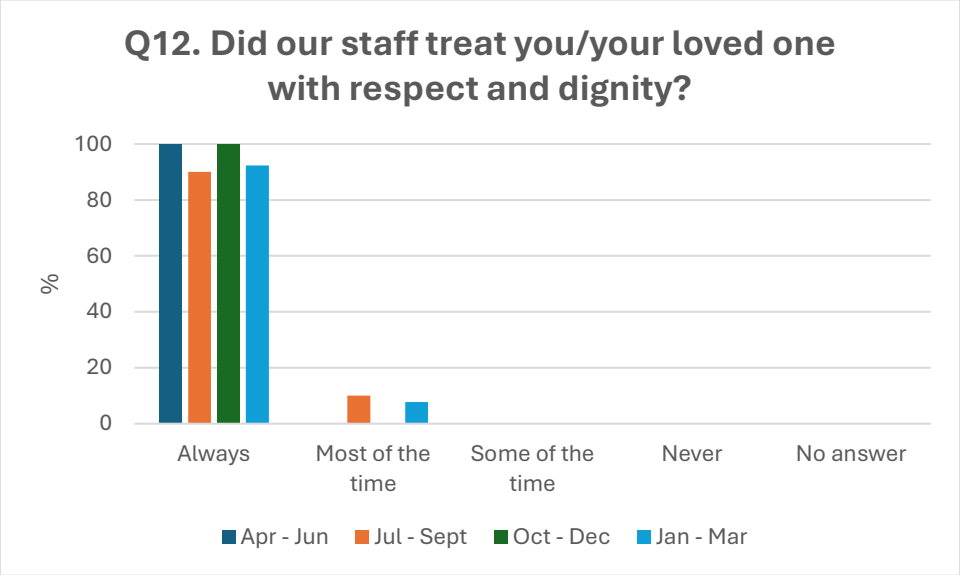
Comments

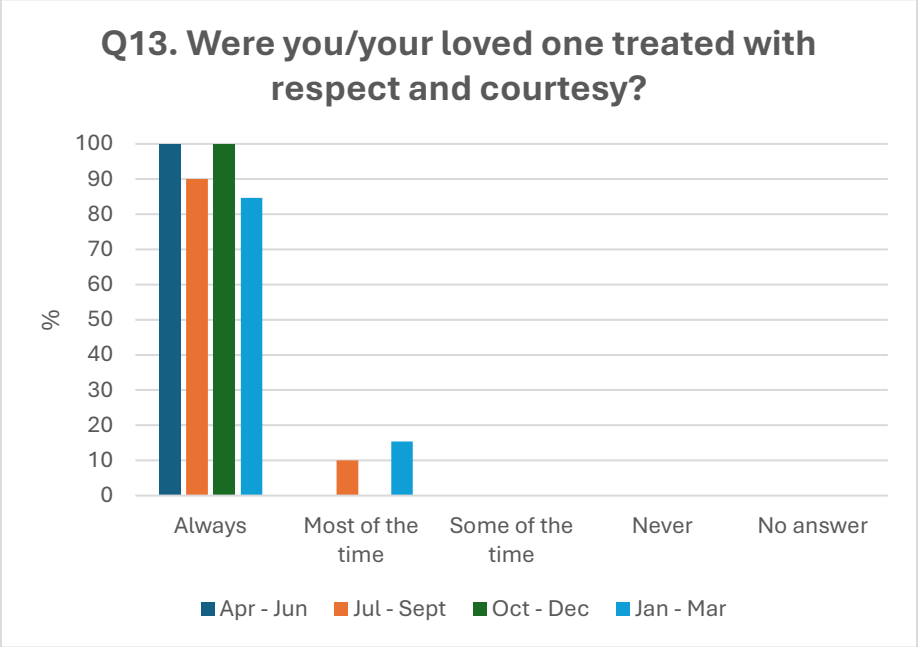
17/05/23 - Facilities are immaculate, perfect with the stunning views and gardens. The staff are outstanding, efficient, caring, friendly, and approachable. The relaxed atmosphere and flexibility around the patients needs i.e.: visiting pets and the quality of the food and care make this the best possible place to be at an extremely difficult time. The support and attention to detail make the unbearable bearable
17/05/23 - Most caring, first class, generous, none complaining 24/7 round the clock excellent care. Staff are amazing, friendly, will help you all they can.
18/05/23 - excellent staff and services
18/05/23 - it is a caring, happy environment
18/05/23 - care is exceptional. All staff empathetic and dedicated. Facilities are superb. Food varied and delicious.
21/07/23- caring and friendly staff. Go above and beyond in all aspects of care - nothing is too much trouble.
21/07/23 - I feel safe and well cared for
21/07/23 - the medical care and support are second to one.
21/07/23 - excellent acre for my wife
24/07/23- care taken
24/07/23 - good acre of my husband
14/9/23 - The service I received from the staff at St Cuthberts has been excellent in every way. They have dealt with my ongoing pain problem and understood how I was feeling, everyone there works in a very professional manner and are a credit to the hospice.

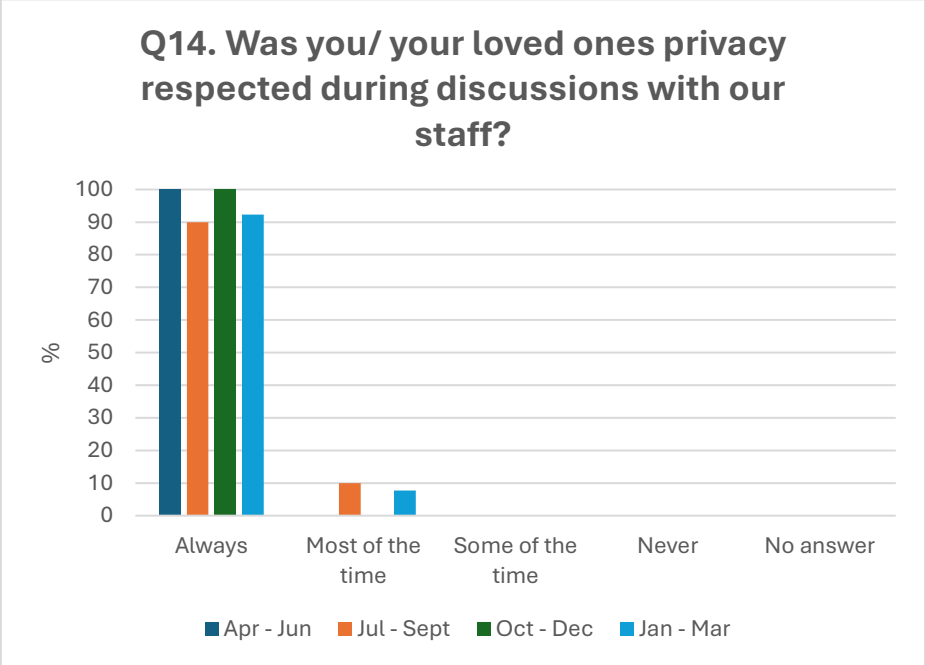
14/9/23 - The care from the Doctors and Nurses
11/12/23 - From the moment we arrived everyone has been so kind, caring and supportive. The care my wife has received has been incredible and she is always treated with the utmost respect, her dignity is
always preserved. Everyone has helped to make this heartbreaking time in our lives just that little more bearable.
31/12/23 care is outstanding
31/12/23 - staff absolutely brilliant, nothing is a bother
Fabulous staff and care is second to none.

18/01/2024 - Amazing staff and surroundings: will go out of their way to do anything.

18/01/2024 - Impossible to express how grateful I am for the care my mum is receiving. Every member of staff and volunteer has shown genuine empathy, and all have gone above and beyond to treat her with kindness and respect. Understanding and support is always extended to family members. I felt like my mum has been provided with comfort and dignity as her cancer progresses. Thank you.
22/01/2024 - It has a very homely feel to it, is set with beautiful gardens and all the staff are friendly and caring.
02/02/2024 - The hospice has a very calm and caring atmosphere and I feel that is the atmosphere that someone should spend their final days.
07/03/2024 - The patient care is always the top priority and carers, nurses everyone tries to help and care to the highest standard.
07/03/2024 - Professional service in beautiful surrounding area
07/03/2024 - My husband, myself and our family have been treated with dignity and respect throughout, care is exceptional.
07/03/2024 - Immediate trust and confidence in the nurses / doctors and all the other staff. Everything is first class care.
07/03/2024 - The hospice has a very calm and caring atmosphere and I feel that is the atmosphere that someone should spend their final days in.

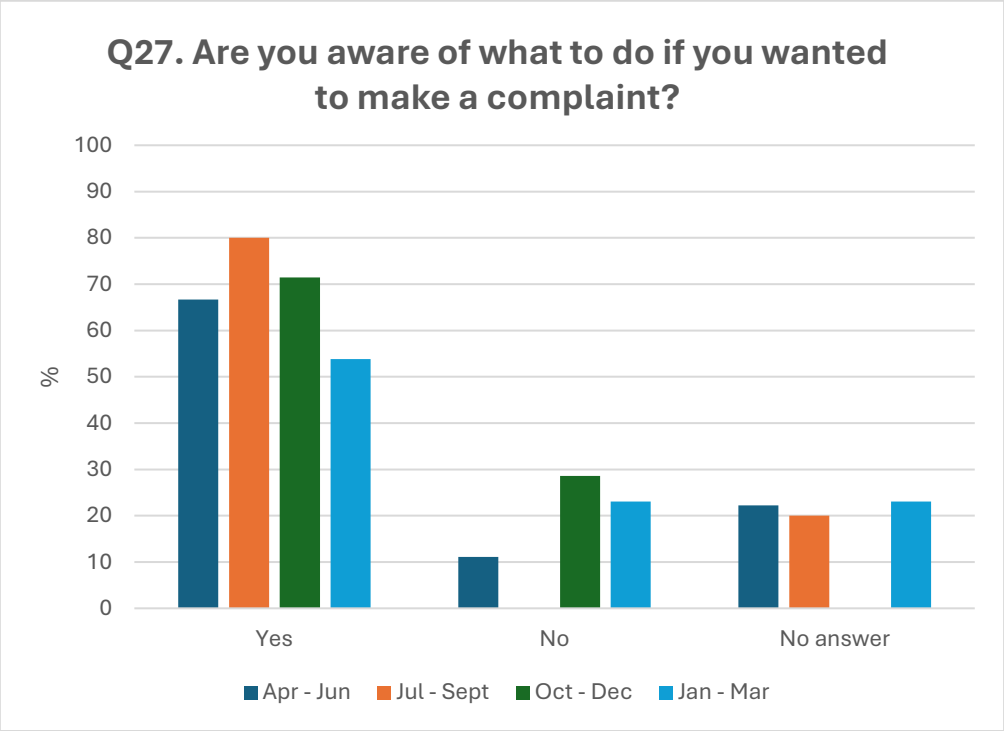






Do you have any further comments you would like to make?
excellent nothings a trouble
17/05/23 - lovely and clean great views, wildlife. Chefs very helpful; with individual diet needs.
18/05/23 - only negative was lack of Wi-Fi. During the time of the patients stay the hospice was undergoing work for new internet, phone and computer services.
18/05/23 - St Cuthberts provides a beautiful, tranquil environment for seriously ill patients, thanks are due to the volunteered who keep the gardens so well. To be able to view wildlife from my bedroom is delightful. I was always able to access food and drinks when I wanted it which was great. an individual tv was an extra facility which made life more pleasurable.

21/07/23 - I have stayed overnight on a couple of occasions at my request and felt fully supported
11/12/23 - You all go above and beyond to ensure that we are able to be here and as sad as it is for us to
be on this journey we feel very fortunate to be in such a wonderful place.
11/12/23 - I cannot see why anyone would want to make a complaint about the hospice. The staff are dedicated to patients and the care they give is beyond belief, staff are underpaid in my opinion.
Very happy here and with the care provided
22/01/2024 - Everything was of excellent standard.
26/01/2024 -Didn't eat very much during stay so difficult to comment
26/01/2024 - I feel people have done what they can for me more that a couple of staff have given 110%
07/03/2024 - Felt more than welcome and overwhelmed by the care and attention given to me and my family.
07/03/2024 - Food always well presented and always gave a personal touch.
07/03/2024 - No experience of food quality etc, but have no doubts that it is excellent



Appendix 6

In August 2023, the Integrated Care Board carried out a routine quality assurance visit.

The report of the visit included fourteen recommendations as follows:

1	Continuation of hospice Senior Management Team engagement with the ICB (Durham) and other providers on short and long-term medical cover solutions.
2	Continuation of Trustee visits to the various departments within the hospice and opportunities for Board development.
3	Consider contingency planning for the absence of members of the Senior Management Team and key employees.
4	Medical governance requirements to be addressed as part of the short and long-term medical cover plans.
5	Opportunity for ICB (Durham) to shadow relevant governance meetings.
6	Review of staff groups who require SIRMs accounts and authorisation of accounts where necessary.
7	Progress on clinical and non-clinical audit programme to be shared.
8	Refresh of business continuity plan to be shared when available.
9	Development of hospice workforce plan.
10	Establish an effective staff training matrix and learning and development programme for all staff.
11	Provide clarification on appraisal process for medical staff.
12	Continue to provide pastoral support for all staff and to communicate progress with plans for medical cover.
13	Support medical staff to enable the enhancement of medical team communication.
14	ICB (Durham) Quarterly Contract and Quality meetings to alternate between face to face (at St Cuthbert's Hospice) and via Microsoft Teams. With NECS Clinical Quality Lead, leading on the quality aspects of the agenda.

Appendix 7

CQC Requirements

1. The service must ensure all premises and equipment, including but not limited to, the cold room, are safe, clean, and properly maintained, and that this is recorded appropriately. (Regulation 12(1)(2)(d)(e)(h))

2. The service must ensure that staff providing care and treatment have the training, qualifications, competence, skills, and experience, to do so safely. This includes but is not limited to, mandatory training, management of deteriorating patients, safeguarding and management of patients with medical devices. (Regulation 12 (1)(2)(c))

3. The provider must have clearly defined exclusion criteria and clear ceilings of care, to ensure only appropriate patients are admitted to the hospice. (Regulation 12(2)(a))

4. The provider must ensure disclosure and barring checks for volunteers are completed in accordance with the provider's policy, they must be updated regularly and a comprehensive record of when to update these checks must be held. (Regulation 17 (1)(2)(b))

5. The provider must have suitable and sufficient risk assessments in place to evidence how actual and potential risks, are mitigated, as far as reasonably practicable. This includes, but is not limited to, risk assessments for management of volunteer staff, and cold room infection prevention and control risks. (Regulation 17 (1)(2)(b)).

6. The provider must have formal service level agreements with third party providers, including but not limited to, all services provided by the local NHS trust. (Regulation 17 (2)(d))

7. The provider must ensure all policies and procedures are relevant and specific to the services provided. (Regulation 17(1))

8. The provider must ensure staff have access to a policy to support the identification, management, and escalation of female genital mutilation. (Regulation 17 (2)(b))

9. The provider must implement effective systems and processes to ensure all nursing, medical and volunteer staff are compliant with all mandatory training, including but not limited to, safeguarding vulnerable adults and children, to a level appropriate for their role. (Regulation 17(1)(2)(a)(b))

10. The provider must maintain securely such other records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity, including but not limited to, comprehensive induction records for all staff roles. (Regulation 17 (2)(d))

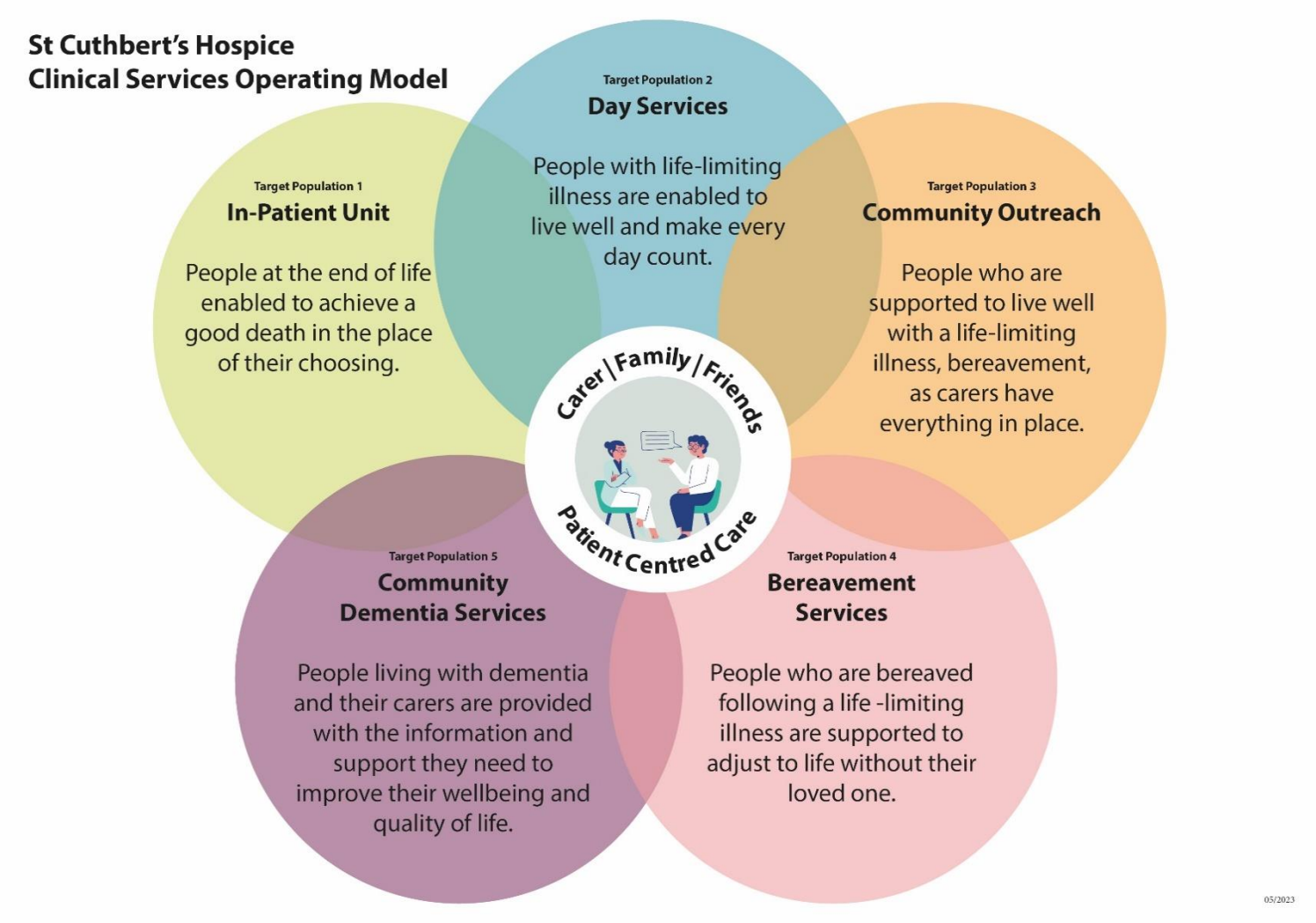
11. The provider must ensure all identified risks affecting the service in line with local policy are escalated to the risk register. (Regulation 17(1)(2)(b)) • The service must assess, monitor, and improve the quality and safety of the services provided in the carrying on of the regulated activities. (Regulation 17(2)(a))

12. The provider must ensure their statement of purpose is up to date and accurately reflects registered manager details and regulated services provided. (Regulation 12(3), (Registration) Regulations 2009).

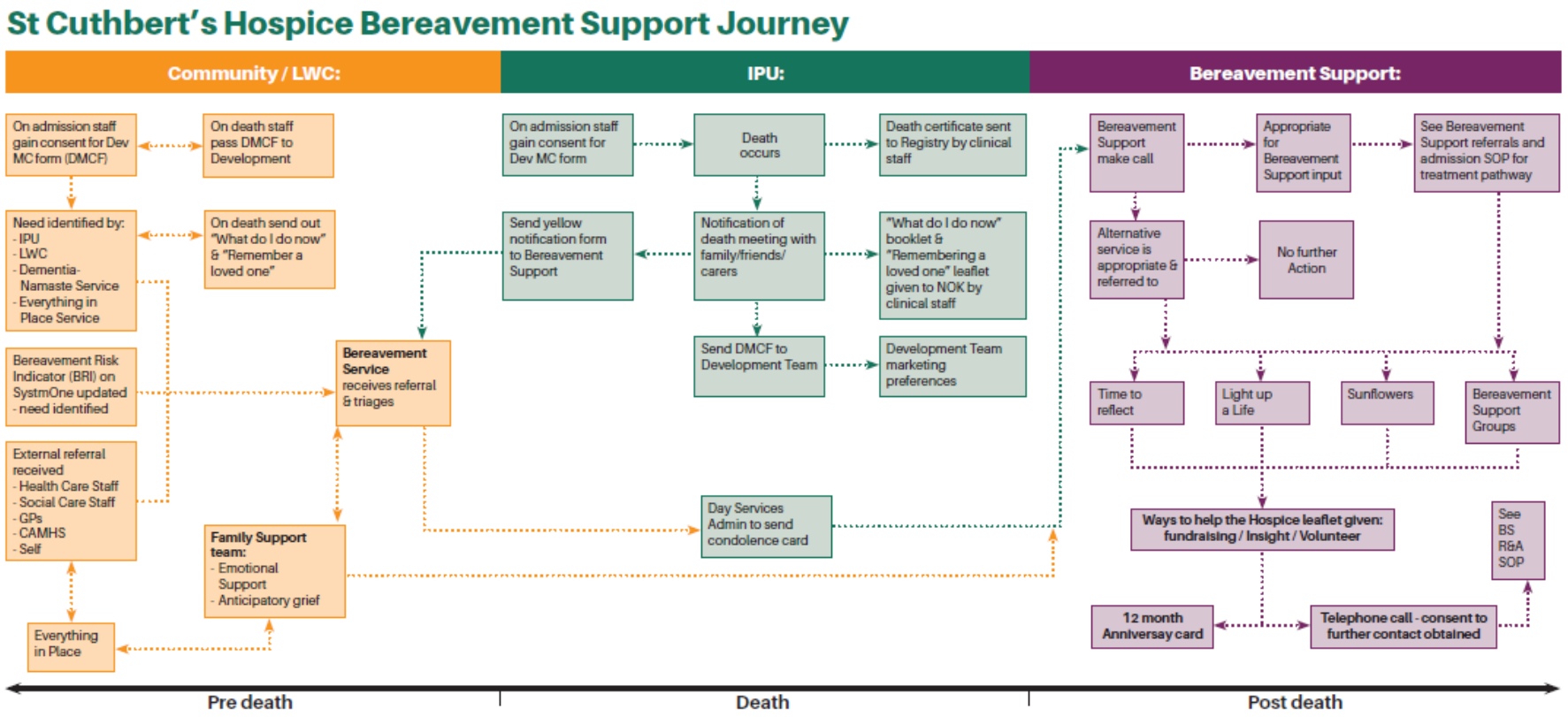
In addition, the CQC identified the following actions which the Hospice should take:

- The provider should consider providing additional equipment to meet people's needs, including but not limited to, ECG monitoring equipment and cooling blankets.
- The service should consider ways to raise awareness and improve staff compliance with reporting of all incidents and near misses, such as deviation of cold room temperature from the required range.
- The provider should continue work to upgrade of the IT system at pace and agree clear timescales and contingencies for staff to follow, until the work is completed

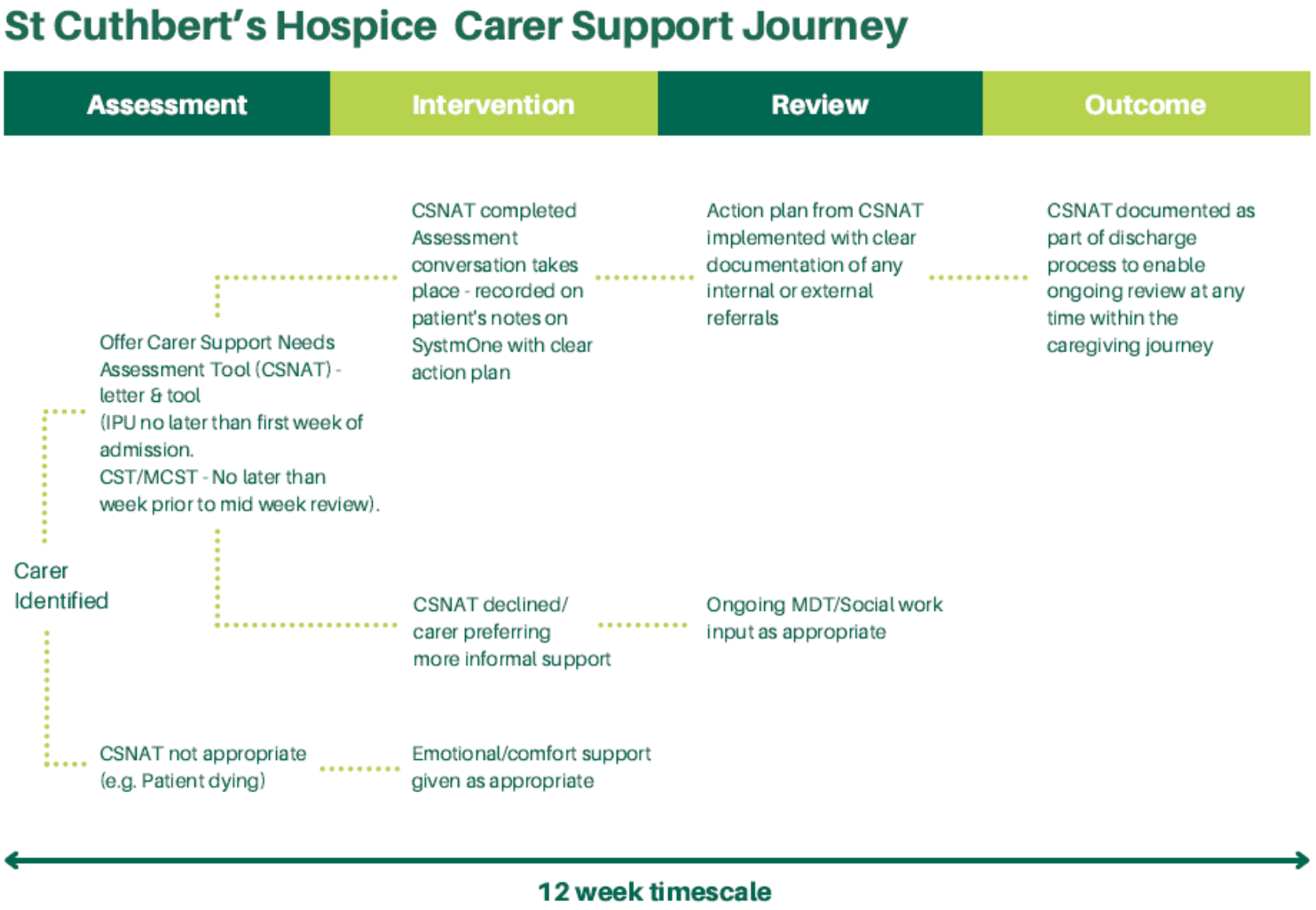
Appendix 8


St Cuthbert's Hospice
Clinical Services Operating Model
Target Population 1
In-Patient Unit
People at the end of life enabled to achieve a good death in the place of their choosing.
Target Population 2
Day Services
People with life-limiting illness are enabled to live well and make every day count.
Target Population 3
Community Outreach
People who are supported to live well with a life-limiting illness, bereavement, as carers have everything in place.
Carer | Family | Friends
Patient Centred Care
Target Population 5
Community Dementia Services
People living with dementia and their carers are provided with the information and support they need to improve their wellbeing and quality of life.
Target Population 4
Bereavement Services
People who are bereaved following a life -limiting illness are supported to adjust to life without their loved one.
05/2023

Appendix 9


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

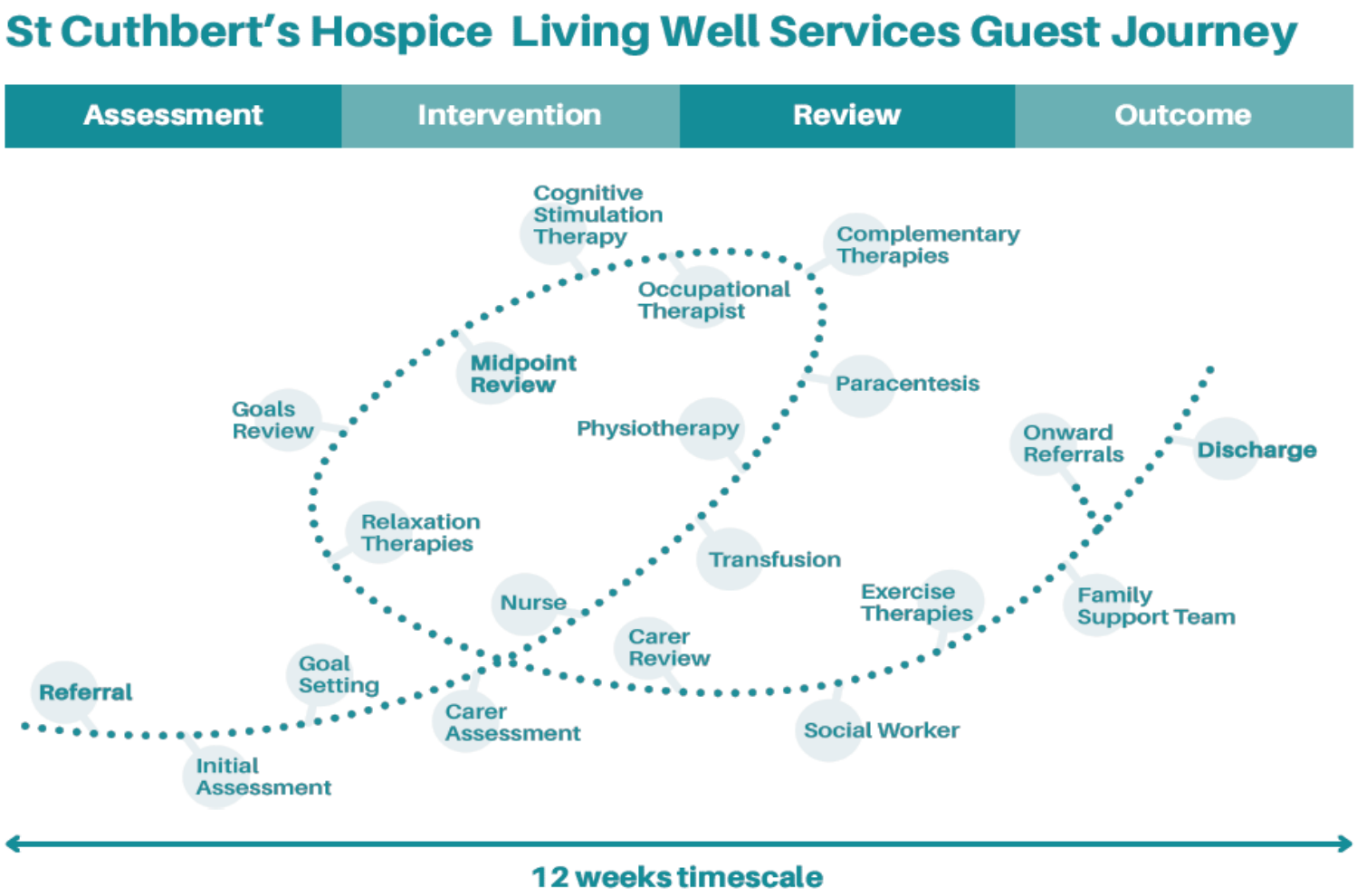
Appendix 10


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

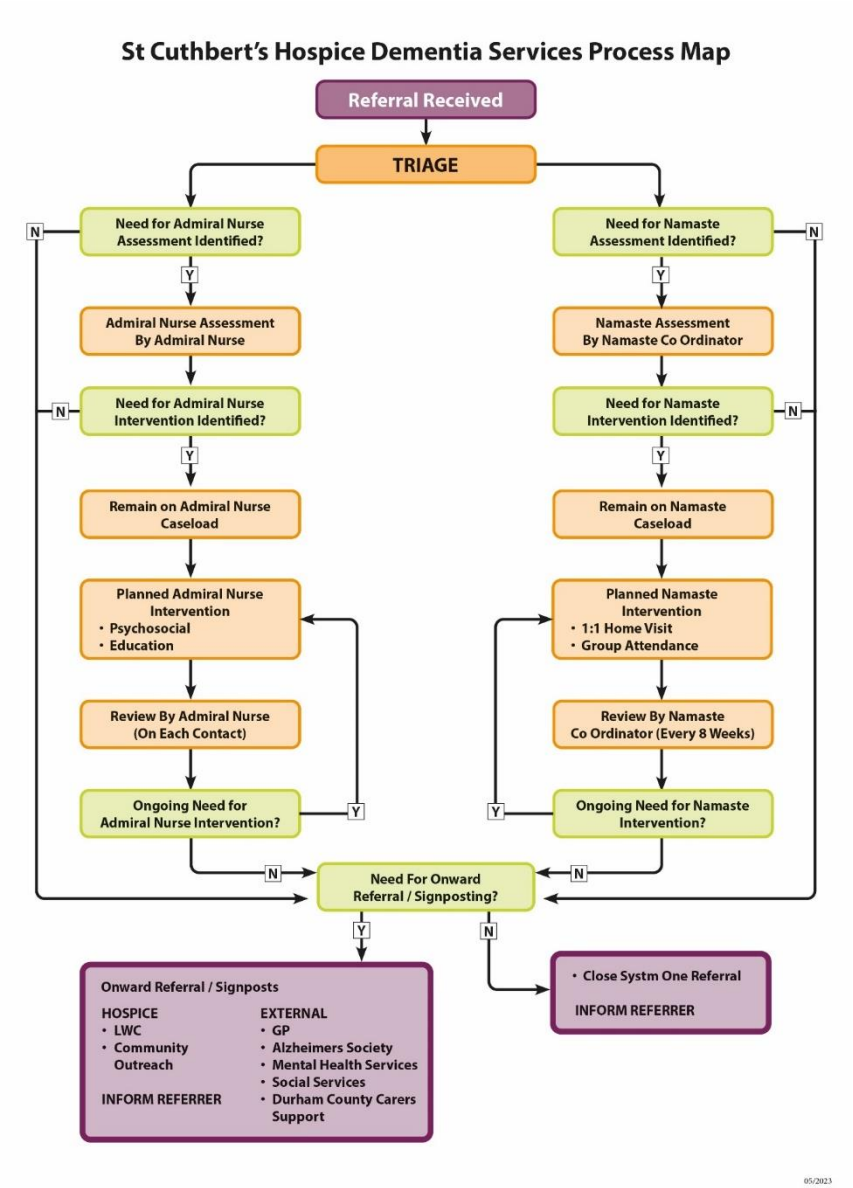
Appendix 11


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

Appendix 12

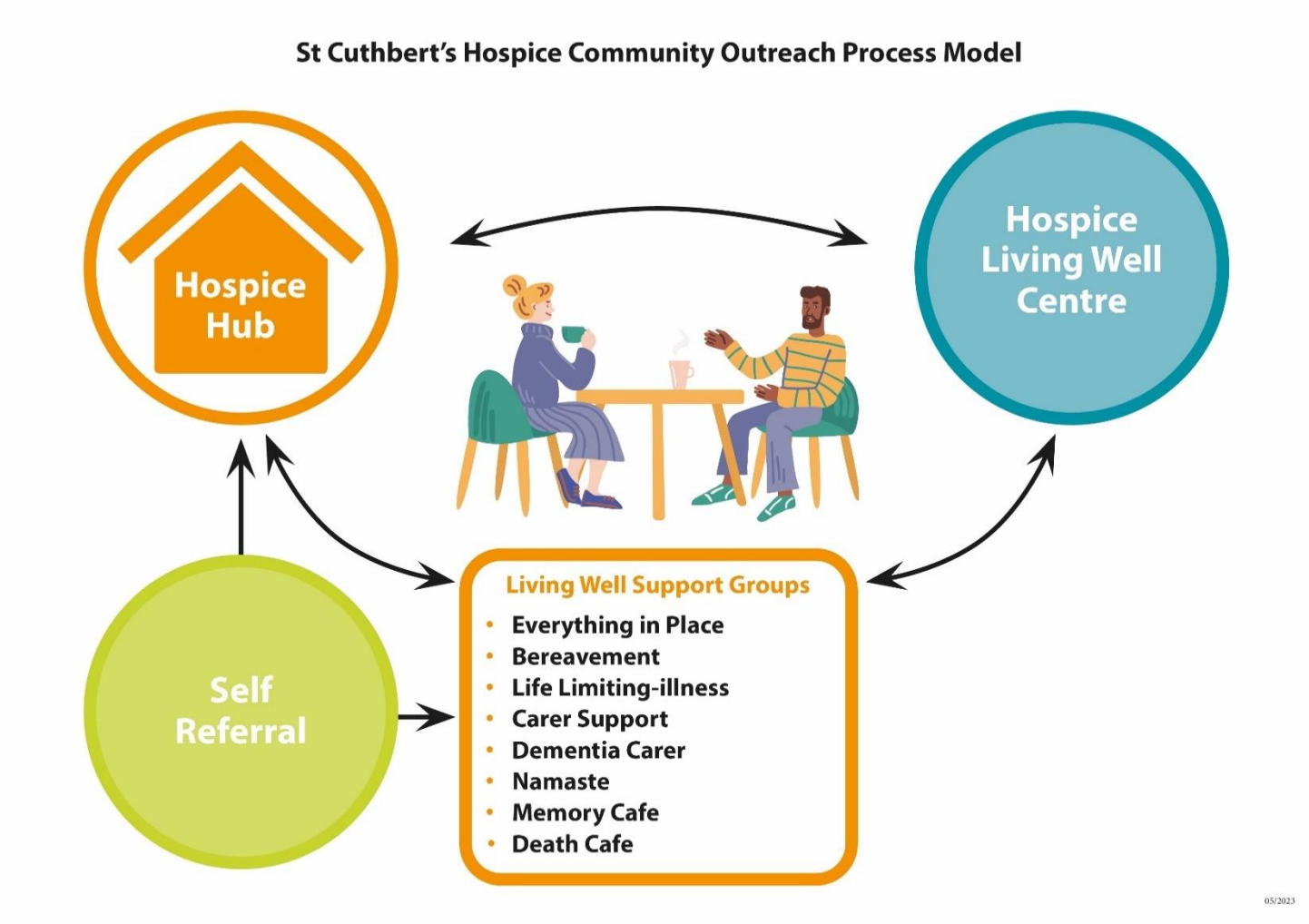

St Cuthbert's Hospice Living Well Services Guest Journey
Assessment
Intervention
Review
Outcome
Cognitive Stimulation Therapy
Complementary Therapies
Occupational Therapist
Midpoint Review
Paracentesis
Goals Review
Physiotherapy
Onward Referrals
Discharge
Relaxation Therapies
Transfusion
Nurse
Exercise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

Appendix 13



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

Appendix 14


St Cuthbert's Hospice Community Outreach Process Model
Hospice Hub
Hospice Living Well Centre
Self Referral
Living Well Support Groups
Everything in Place
Bereavement
Life Limiting-illness
Carer Support
Dementia Carer
Namaste
Memory Cafe
Death Cafe
05/2023

Appendix 15

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 2023 - 2024 no national clinical audits and no national confidential enquiries covered NHS services provided by St Cuthbert's Hospice.

During 2023 - 2024 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 2023 - 2024 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 2023 - 2024 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 2023 - 2024 that were recruited during that period to participate in research approved by a research ethics committee was one.

The participant consented to be entered into the CHELsea II study, which looks at Clinically Assisted Hydration in Patients in the Last Days of Life: A Cluster Randomised Trial.

The Trial is National Institute for Health and Care Research (NIHR) approved and conducted by The University of Surrey Clinical Trials Unit.