



St Wilfrid's Hospice

**Quality
Accounts
2021-2022**
Our 40th year!

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Key Points

- St Wilfrid's Hospice has seen a reduction in referrals during the year.
- The hospice continues to use Quality Improvement Priorities to drive continuous service improvements.
- The hospice has focused on a Pressure Ulcer Management Improvement Project as a response to an increasing incidence.
- Disruption due to the ongoing pandemic and recruitment have continued to present workforce challenges and the ability for the hospice to operate all services fully.
- The St Wilfrid's VOICES Survey 2021-2022 achieved a response rate overall for the year of 28%.
- There has been a significant increase in the number of counselling sessions offered by the Counselling Services Team.

These Quality Accounts have been written by **Tara Schrikker, Head of Quality Improvement** and **Colin Twomey, Clinical Services Director** with direct contribution from:
David Scott Ralphs / Chief Executive Officer • **Shaun O'Leary** / Chair of Trustees
Andrea Dechamps / Patient & Family Support Director • **Ruth Bacon** / Head of Inpatient Unit
Susan Stocks / Learning & Development Manager • **Steve Clarke** / Insight & Information Lead
Andrew Carstairs / Therapies Lead • **Eirian Levell** / Head of Community Services
Liz Silvester / Communications Manager

Part One

Statements of Assurance

1.1 Statement from the Chief Executive

St Wilfrid's Hospice Eastbourne is the local hospice for Eastbourne, Seaford, Pevensey, Hailsham, Heathfield, Uckfield and all points in between, an area of c.300 square miles. We serve a population of around 235,000 people and our mission is 'reaching out to transform end of life care'. We celebrated our 40th anniversary in 2021.



We put our mission into practice with a range of services in the hospice and in the local community. We seek to offer a holistic support service for people with advanced, life-limiting illness and their families and carers, meeting physical, psychosocial and spiritual need. Our multi-disciplinary workforce comprises Palliative Care Consultants and Doctors, Nurses, Healthcare Assistants, Physiotherapists and Occupational Therapists, Counsellors, Social Workers and Spiritual Support Workers. This Clinical Team is supported by a strong back office of non-clinical teams (Finance, Human Resources, Income Generation, Communications, Facilities & Housekeeping, Clinical Administration). Our 200-strong workforce is supplemented by several hundred volunteers who add value in many different roles.

While we have continued to provide all of our core services throughout the Covid pandemic and in some areas (such as counselling) have expanded our activities, in the past year we saw a 10% reduction in patients supported (1,510) and the total number of people supported directly (2,186 patients and carers), was a reduction of 6% on the previous year. We believe that several factors were at play – a higher incidence of deaths in 2020, referrals not coming through as efficiently and our own workforce challenges at certain times in the year. Our expectation is to see numbers rise again in 2022-2023.

These Quality Accounts were prepared by senior clinicians leading the quality and safety and clinical effectiveness workstreams that make up the hospice's clinical governance framework. They have been approved by the Clinical Governance Committee, a sub-committee of the Board of Trustees. My thanks go to all of our workforce, employees and volunteers, for the way they rose to the challenge during the pandemic and kept the wheels turning. To the best of my knowledge, the information present in these Quality Accounts is a fair and accurate representation of the services provided by St Wilfrid's Hospice (Eastbourne).

A handwritten signature in black ink that reads "David Scott-Ralphs". The signature is written in a cursive, flowing style.

David Scott-Ralphs Chief Executive

1.2 Statement from the Chair of Board of Trustees

This year's quality account provides detailed insight to those areas of service improvement the St Wilfrid's team committed to working on over the last year.

Some of the priorities such as increasing reach, improving access and building confidence and knowledge in using digital responses, despite the improvements identified, remain a priority and have been refined and incorporated into priorities for 2022-2023.

The organisation is totally committed to learning and developing its services and systems in response to feedback. The means of securing that feedback are broad and have included audits, surveys, root cause analyses, internal and external surveys representing the views expressed by service users, commissioners, donors, staff and volunteers on many different aspects of the hospice's activities.

A robust structure of Board subcommittees receives reports on all aspects of hospice activities and scrutinizes their detail on behalf of the Board.

The Board of Trustees is assured and encouraged by the progress made, despite the ever-changing challenges presented by the pandemic, and congratulates the workforce – paid staff and volunteers – for their ongoing commitment to our patients, their carers and families and the wider community we serve.

1.3 Our Vision, Mission and Values

Our Vision is of a community where people talk openly about dying, live well until the end of their life and where nobody dies alone, afraid or in pain.

Our Mission is reaching out to transform end of life care.

Underpinning the hospice vision and mission are our four values:

Compassionate / Professional / Progressive / Respectful

Compassionate

We care about each other. We will go out of our way to recognise when someone needs our help or support and will respond to the very best of our ability.

Professional

We use our knowledge and skills individually and collectively to deliver the best service possible to those we support. We proactively seek to improve and enhance our skills, taking pride in developing ourselves and others.

Progressive

We're forward looking and thinking. We pursue opportunities to improve and find better ways of doing things through new ideas and approaches.

Respectful

We treat people with dignity and respect, always acknowledging and respecting people's individuality. What makes us different makes us better.

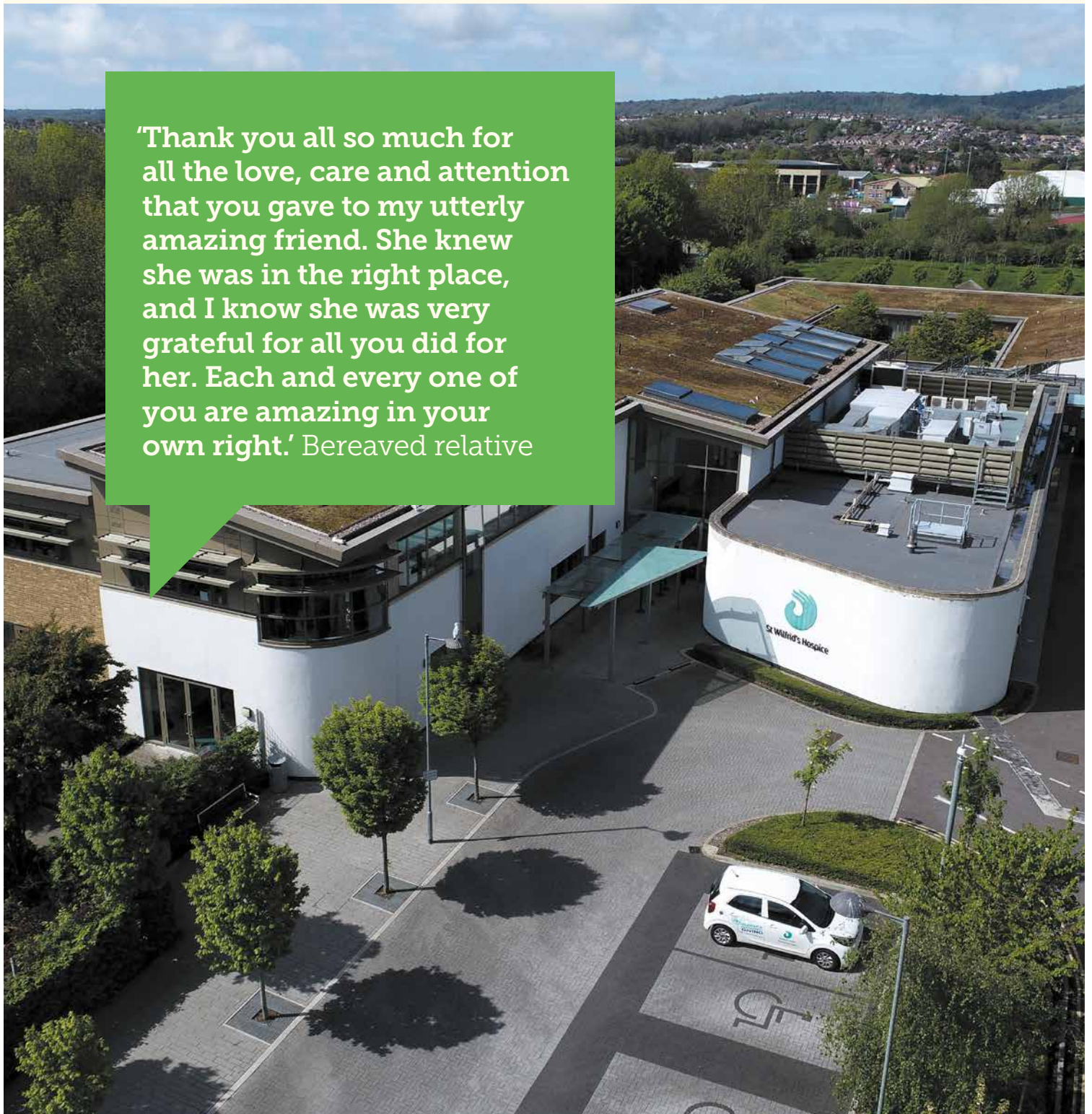
'Your care, support and compassion has comforted us through this difficult time' Bereaved relative

1:4 Quality Accounts

The hospice has continued to ensure quality improvement is at the centre for care delivery. Our Quality Improvement Priorities (QIPs) are one illustration for this.

There was multi-professional involvement in identifying the QIPs, part of the process involved identifying themes from complaints and incidents to see where areas of practice could be improved on. Our QIPs relate to the Business Plan, Clinical Strategy and reflect our Core Values. They guide goal setting for staff as part of their annual appraisal cycle. Embedding QIPs across the organisation creates a common goal for the whole hospice team to demonstrate quality improvement. Producing Quality Accounts has played a part in providing a route to quality improvement.

'Thank you all so much for all the love, care and attention that you gave to my utterly amazing friend. She knew she was in the right place, and I know she was very grateful for all you did for her. Each and every one of you are amazing in your own right.' Bereaved relative



Part Two

Quality Improvement Priorities

2:1 Model for Quality Improvement

As a hospice we strive to deliver outstanding care, by embedding continuous quality improvement methodology and implementing best practice.

This year we have an objective to review quality improvement methodologies and agree the most effective model to embed a consistent approach to how we achieve our QIPs.

2:2 Quality Improvement Priorities for 2022-2023



Compassionate • Professional • Progressive • Respectful

1. To review and improve our current offer and practice in regard to Advance Care Planning (ACP)

Why

- To ensure the hospice embeds best practice in line with national guidance and evidence.
- There has been a great increase in available resources and online tools to support patients and public with ACP; we need to be in best position to support our community with this.
- The wider health and social care community in Sussex is focusing much more on patient-centred decision making for care.

How

- Review current resources available and decide in line with our community, which are best to promote.
- For staff to feel that learning opportunities equip them to discuss ACP and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) with confidence.
- Promote a culture of reflective learning within our ReSPECT Quality Assurance Forums and formally assess its benefit.
- To ensure at least one quality improvement activity eg Audit, People with Personal Experience (PPE) Initiative to demonstrate the impact and outcome of our ACP process.



2. To amplify the patient/family voice in planning and delivery

Why

The Care Quality Commission (CQC – see glossary) strategic framework puts patient and user experience central to its strategy.

The hospice has well-established mechanisms for seeking patient feedback. However, there is room for further improvement in the following areas:

- Seeking feedback from users through a greater variety of different channels and in relation to service developments (eg Living Well)
- Ensuring consistent and timely reporting on feedback
- Consistently demonstrating learning and changes to practice in response to feedback
- Embedding user involvement culture into everyday practice.

How

- Recruit and induct Patient and Family Engagement Officer.
- Put in place a quarterly process for reviewing and learning from VOICES (see glossary) feedback.
- Review and further improve how feedback is responded to by managers and relevant staff, demonstrating learning and changes to practice.
- Develop a reference group of patients and families.

3. To improve reach of, and access to, hospice care ensuring equity, in relation to diagnosis, location and demographics

Why

- The hospice has a mission to reach more people at the end of life.
- The hospice has seen a reduction in referrals in 2021-2022 especially for people with a non-malignant illness.
- We need to understand more the differences of referral numbers based on locality and ensure any barriers to access to our care are identified and responded to.
- Collection of demographic details of patients and carers has not been consistent with current practice.
- The hospice has committed to improve its approach to equality, diversity and inclusion.

How

- Review clinical data within our community hubs and link to patient population, inclusion in GP palliative care registers and involvement of hospice services.
- Complete rolling spot audits of demographic capture across hospice care.
- To continue the work which has started on the referral criteria to all hospice services, including reviewing our 'offer' to patients in other care settings.
- Use evidence from audits to promote awareness and better compliance within clinical teams.

4. To improve use of digital health approaches

Why

- The hospice has invested in a Digital Health Project Lead to enhance patient care.
- To improve our capability to work in partnership with others across the PLACE System (see glossary)
- The hospice will be implementing a new Electronic Patient Record (EPR) database during 2022-2023.
- To consolidate the Information Technology (IT) transformation project commenced in 2020 and the new IT implemented.
- Need to ensure optimum use of digital systems to ensure most effective patient-focused support.

How

- Work collaboratively with healthcare professionals across the organisations to develop an understanding of the key learning and development needs in terms of IT systems.
- Establishment of a steering group to provide governance, planning, monitor and scrutiny of the implementation of a new EPR database.
- Implement a digital app to monitor patient outcomes.

2:3 Feedback on Quality Improvement Priorities for 2021-2022

The following section describes the activity which has taken place through the reporting year to address the QIPs.

1. To improve our response time within the community services

A seven-day community visiting service (07:00hrs-19:00hrs) has been in place since 1st November 2021. This has provided an opportunity for the Community Team to attend to changes in patients' and family's needs in a timely and responsive manner, without impacting on the other visits and outpatient appointments scheduled.

A seven-day (16:30hrs-22:00hrs) Clinical Nurse Specialist (CNS – see glossary) On-Call Service has been supporting the Community Team since 29th November 2021. Feedback has been positive and there are plans to continue the service which will also support the planned further service extension expected in the autumn of 2022.

The team is continuing to work on the development of a referral criteria and process, and an audit has been completed. The service will communicate the changes at Gold Standard Framework (GSF – see glossary) meetings and also give a periodical overview of data in relation to reach and service delivery across the catchment area.

The Inpatient Unit (IPU) and community workflow within the patients electronic notes (Crosscare) has been reviewed and implemented.



The Learning Disabilities Project finished on 31st March 2022. Work achieved during the 12-month project included:

- Poster presentation at the Hospice UK conference on 'Bridging the Gap with Learning Disabilities'
- Training sessions and workshops to staff and volunteers
- Participation within a Schwartz Round
- Established a Learning Disabilities Forum
- Commenced discussions surrounding transitional care and opportunities for adult hospices involvement in relation to Learning Disabilities
- Involvement in Multidisciplinary Team's (MDT – see glossary) and caseload reviews
- Face-to-face support for clinical staff on how to manage patients and carers with Learning Disabilities
- Learning Disability Learning Hub created on hospice intranet; resources include recorded teaching sessions and films, web links, publications and relevant documents
- Members of the Learning Disability Nursing Service will now attend the Community MDT on a regular basis.

2. To further develop and embed a Rehabilitative Palliative Care model for patients and carers

- A new goal-setting window has been added to the care plan window on Crosscare allowing the whole MDT to contribute to the goal-setting process with patients.
- Two new questions have been added to the Integrated Palliative Care Outcome Score (IPOS – see glossary)
What is important to you right now? and What would you like us to focus on to support you? which have empowered both patients and clinicians to more easily collaborate on goal setting.
- The ongoing care plan window has been developed and successfully launched on Crosscare with the aim of improving the continuity of rehabilitative approaches between our community and inpatient settings.
- Workshops are ongoing and will continue to support staff with best practice in goal setting and the use of the ongoing care plan window.
- The Therapies Team through the appointment of two new Rehabilitation Assistants has increased its ability to support goal setting and rehabilitation practices in the community in collaboration with our hospice community nursing colleagues.

3. To build confidence on virtual consultation and deliver a training programme to staff on digital health

- Drop-in training sessions held on the use of digital platforms (accuRx and Zoom – see glossary) for remote patient consultation.
- The following resources have been created and made accessible for staff to refer to via the Learning Hub:
 - Range of guides of using Zoom and accuRx
 - Video with a role-play demonstration for using Zoom for patient consultations.
 - Powerpoint training slide set on 'Remote patient consultations and considerations for best practice'
- Developed a quarterly Clinical Activity Report. Quarterly reports are presented at the PPE and Clinical Effectiveness meetings. Aspects of identified themes along with cases studies from the Clinical Activity reports have been presented at Clinical Governance Committee (CGC). The data will form part of the Annual Clinical Activity report.

- Successful grant approved for a Nursing Improvement Project on Digital Health. The Digital Health Project Lead commenced their 12-month secondment in January 2022.
- Gap training needs analysis undertaken by the Digital Health Project Lead at the beginning of their secondment.
- Initiative is being piloted to enable patients to have direct access to community staff via email. Evaluations to this initiative plan to be available in 2022-2023.
- The hospice will be implementing a new EPR database during 2022-2023.

4. To improve our approach to suicide awareness and prevention

- A second cohort of Mental Health First Aiders have been trained bringing the total up to 17 members to ensure there is representation and support across all areas of the workforce. Competence in recognising suicidal ideation and how to support individuals is part of this training.
- The Employee Wellbeing Hub on the hospice intranet now includes a section specifically dedicated to suicide awareness (supporting others) and help with individuals' own suicidal thoughts.
- Two organisational Wellbeing Champions are now in place, again with suicide awareness and support as part of their brief.
- Plans are in place for regular bi-monthly emails from the Counselling Team to all staff regarding different aspects of suicide awareness (first email sent April 2022).
- The review of the suicide policy is in progress. A consultation regarding the current policy was completed in February 2022 and improvements were identified.
- The review of recording suicidal ideation, assessment of risk and plan for follow through in electronic patient records has been rolled forward into the coming year.
- Six-weekly reflective learning sessions on cases involving suicidal ideation and/or safeguarding issues have been in place for the community MDT from February 2022.
- Suicide awareness e-learning continues to be rolled out across the clinical workforce.



Part Three

Quality Performance Overview for 2021-2022

3.1 Review of Services

Inpatient Services

Our Inpatient Unit (IPU) continued to provide skilled end of life care to those with greatest need. We cared for 192 patients in the reporting year compared to the previous year figures where the IPU cared for 255 patients.

The hospice remained operational to accept patients with Covid-19 throughout the year. Activity was disrupted again by the ongoing impact of the Covid-19 pandemic, which required us to respond flexibly with the number of beds available depending on staffing. This and other wider health system factors are likely to have impacted on the number of admissions we were able to support. Additionally, we were challenged in recruitment to Registered Nurse posts which resulted in a reduction in the number of beds available. The average length of stay was 22 days compared to 20 days in the previous year.

The MDT reported higher complexity in patient and family need, and this requires further study in the future to quantify. As with all care services across the hospice, the IPU continued to use the Outcome Assessment and Complexity Collaborative (OACC) measures to identify what matters most to the patient and their families and describe complexity and dependency. We will be improving our analysis of year-on-year trends and any learning gained from OACC measures.

In addition to the medical Consultant-led specialist palliative care beds, the hospice continued a well-established relationship with NHS Continuing Healthcare (CHC – see glossary) to provide inpatient support under Nurse-led care. The hospice adopted a great deal of flexibility in the case mix of patients during surge periods across the local system to support patient flow.

Community Services

Our Community Services underwent significant development and change during the reporting year. This included an extension to the community nursing visiting hours to increase the capacity to respond to urgent need.

We supported 1,075 patients in community settings, including their own home, care homes and in outpatient and virtual consultations, compared to 1,123 in the previous year. Contributing factors could be a higher incidence of deaths in 2020 and referrals not coming through as efficiently. With the extended visiting times within the community we expect to see these number rise again in the coming year.

Our 24/7 Nurse Line continued to provide support to patients, families and health and social care professionals. We handled in total 19,027 calls compared to 19,256 calls in the previous year. Contributing factors to the slight reduction could be during the pandemic (2020-2021) there were minimal visits during the initial lockdown and patients were using Nurse Line for advice and support. Feedback demonstrated this remained a highly valued hospice support service.

'They always dealt with calls professionally but in a caring way and supported family. Things happened quickly' Feedback about Nurse Line from a family member.

The hospice continued to embed its model of individual teams dedicated to primary care networks to enhance communication and support. We demonstrated a strong response to urgent referrals achieving 94% within 24 hours of referral received. The hospice maintained

a high level of attendance at primary care meetings in GP Surgeries, with presence at 74% of meetings. We engaged with neighboring hospices to formally explore the potential to share provision of a 24/7 Nurse Line across the Clinical Commissioning Group area in East Sussex.

Our Community Support Volunteers (CSVs) continued to expand this critical support to people in their own homes, a much valued component of the hospice's support. In addition, the CSVs provided befriending support to an individual in their care home, an aspect the hospice will explore further. Within the reporting year there have been 26 new CSVs and 7 new telephone befrienders. In total at the end of March 2022 there were 70 CSVs and 44 telephone befrienders.

Living Well

Having commenced a limited offer of group and individual support across our day services in 2020, we continued to expand access through the reporting year. This included Physiotherapist led groups for managing fatigue and breathlessness and individual and small group activity to enable people to achieve their optimum level of ability, depending on their individual goals.

A working group was established to guide the development of Living Well activities to ensure they responded to local need. This included a commitment to fund a new post to lead on a project to understand our role in supporting the wider community to live well at the end of life through the right community engagement.

As demonstrated in the QIPs, we evolved and strengthened the hospice's approach to rehabilitative palliative care. We appointed two new Rehabilitative Assistants to strengthen the foundation of this approach to patient support. Our Occupational Therapists continued to respond to rising demand across all hospice services. Complementary Therapy was enhanced with the addition of five new volunteers and the continued offer of online support provided by the Lead Complementary Therapist.



Patient & Family Support Services

This has been a strong year for our Counselling Services Team with further consolidation across all sections of counselling, including pre-death counselling for patients and family members including children and then bereavement support for both adults and children.

Our Seahorse Project which offers support to children, including those children in the community where their loved one did not die under the care of the hospice, continues to be supported by Children in Need with a follow-on grant already promised for 2022-2023. Referrals to the Seahorse Project are on the increase especially from the community.

Likewise, our adult bereavement support to the wider community, which we started in response to the first wave of Covid-19, continues with strong performance. We presented this initiative and related learning at the Hospice UK Conference in November 2021. Overall, we have seen a significant increase in counselling sessions this year, with now 30% of all those under our care supported by counselling.

The Social Work Team has continued to play a strong role in the areas of safeguarding and mental capacity as part of its core role. Social work led on the introduction of new style carer assessments for completion by the MDT. The focus on how to best support carers, starting of course with assessment, continues.

Learning & Development

The learning and development department continued to provide education and training to staff despite the disruption caused by the Covid-19 pandemic.

The online learning for the statutory and mandatory modules continued to take place, but a change was instituted from face-to-face teaching to a more blended approach, with use of IT (Zoom and Teams) to deliver sessions.

Despite the unpredicted challenges of the Covid-19 pandemic we were able to deliver clinical update days for our Clinical Teams, although in small socially-distanced groups. This ensured the staff had regular updates and refresher training. We delivered sessions on Infection Prevention and Control throughout the year, including practical sessions on donning and doffing of Personal Protective Equipment (PPE). Manual Handling sessions were presented via video presentations and some face-to-face small group practical sessions.

Our recently purchased Learning and Management System enabled us to develop learning resources for staff to use as training resources in the absence of face-to-face training on Suicidal Callers, The SBAR (see glossary) communication tool, PURPOSE-T (Pressure Ulcer Risk Primary or Secondary Evaluation Tool), Communication in Cognitive Impairment, Medicines Management, Health & Safety, resuscitation practical interactive video, Learning Disabilities, a data security presentation, and Safeguarding Adults Level 3. The value of these sessions was that staff could access them at any time, from anywhere.

We also made good use of our 'Learning Hub' this past year, which is an online resource centre, and to which all staff have access. It is where teaching sessions, videos resources, and slide shows are stored as a reference library for staff to support their practice and their Continuous Professional Development (CPD).

External training has been delivered to care homes as part of a Sussex Hospice Collaborative. The programme ECHO (Extension for Community Healthcare Outcomes) is delivered by video and telementoring and offers learning and support for care homes to help staff provide skilled and effective end of life care for their residents. Three cohorts were recruited last year and knowledge networks created, which have now become Communities of Practice (CoP – see glossary).

3:2 Clinical Governance

During the reporting year the established clinical governance structure continued to ensure safety, effectiveness and evidence based practice across clinical services. The Assistant Director of Nursing for the community NHS trust serving part of the hospice population joined the Clinical Governance Committee (CGC) as External Scrutiniser. They joined the Deputy Chief Nurse from the local integrated acute and community Trust who is an existing External Scrutiniser.

Safety metrics were scrutinised at the quarterly CGC meetings, which are chaired by a Trustee. A key focus was held on the management and prevention of pressure ulcers, in response to an increase in incidence. A task and finish group reviewed practice, policy and procedure, and produced an action plan for quality improvement.

3:3 Risk Management

The hospice migrated to a web-based accident, incident and near miss reporting system from 1st April 2021. The Sentinel Reporting System is now the sole reporting platform for all staff across the hospice, including retail.

The consistent use of root cause analysis (RCA) was introduced during the year, with a template built into the incident reporting database. The template is based on the 'Yorkshire Contributory Framework' and identifies key information and actions to prevent further incidents. Additional training on the completion of an RCA has taken place.

The implementation of the Pressure Ulcer Management Improvement Project started because similar themes were being identified through the RCAs which had been completed on pressure ulcers acquired at the hospice which were grade three or above.

The hospice has streamlined the process for completing and reviewing departmental and strategic risk registers. All risk registers will be migrated to a newly-developed risk register module within the Sentinel system on 1st April 2022. The reporting system will enable the CEO and all members of the Leadership Team to have oversight of all currently active risks as well as their departmental risks. The CEO and Registered Manager will also be automatically notified of any risk added to a risk register which has a high rating.

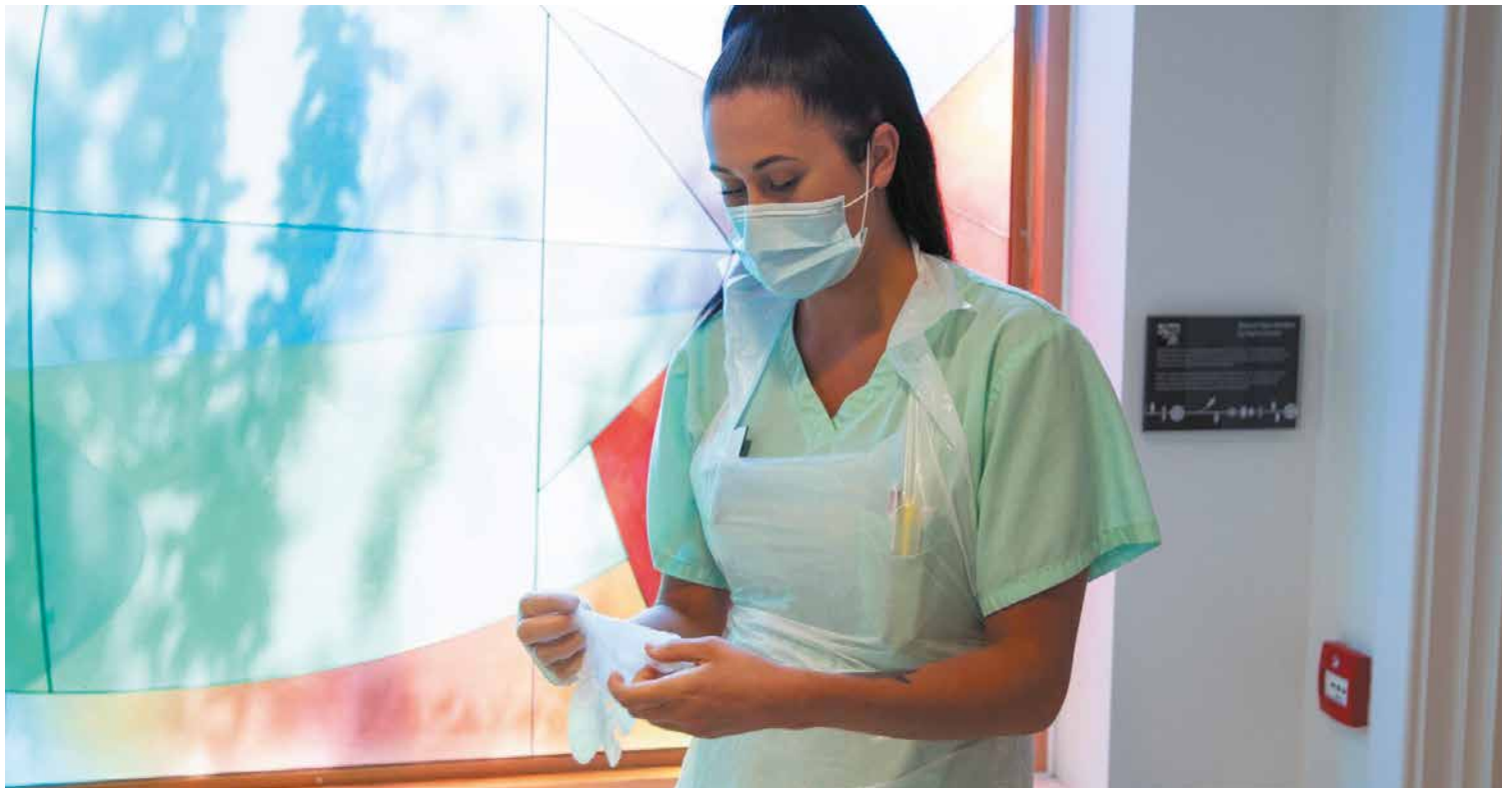
3:4 Care Quality Commission

St Wilfrid's Hospice is registered with the Care Quality Commission (CQC) and is currently registered for the following regulated activity:

Treatment of disease, disorder or injury.

- The hospice has updated its Statement of Purpose describing:
 - What we do
 - Where we provide the service
 - Who we provide the service to
- St Wilfrid's Hospice current rating is outstanding. There have been no conditions attached to registration, or any special reviews or investigations that have impacted on our registration status during 2021-2022.
- During the reporting year the hospice met twice with its allocated CQC Lead Inspector. These meetings, held online, were part of the continuous monitoring approach being introduced by the CQC.

'I've had the best time over the last few months! Thank you for being so supportive, and even though we didn't see each other much, you still made me feel at home' Young clinical Volunteer



3:5 Data Protection and Security

The hospice places great importance on data protection and security and strives to be open, honest and transparent about how we process personal data in compliance with UK GDPR (see glossary) and the Data Protection Act 2018. Each year we also complete the NHS Digital Data Protection and Security Toolkit which states our position against the 10 NHS data security standards. There is a working group reviewing and updating the toolkit in preparation for our annual submission due by the end of June 2022.

For any new initiatives involving the processing of personal data our staff will complete a privacy impact assessment so that key elements of data security are taken into account and approved before proceeding.

This is the first year that data protection incidents were logged via the Sentinel system. There were 44 data protection incidents logged in 2021-2022. The largest incident type (43%) were external scam/phishing attempts via email, phone or text. We continue to raise awareness of these through training and communications to staff.

We are also very conscious that internal human errors are another potential cause of data breaches and there have been several low-risk incidents such as emails to the wrong person/group, items left on photocopiers, items posted to the wrong address. Again, we continue to raise awareness of these through training, communications to staff and visible signage in rooms.

- **Cyber Essentials** This year we undertook significant steps forward to address the underlying threat of cyber-attack and managed to obtain Cyber Essentials Plus certification. This establishes that we have a level of protection in terms of firewalls, secure configuration, user access control, malware protection and patch management. There will be more work to do in the future and we anticipate that next year we will also need to introduce multi-factor authentication for access to online systems and applications.
- **Cyber Major Incident Exercise** In March 2021 we held a desktop Major Incident Exercise with managers and the leadership team to consider the impact of a cyber-attack on our systems/servers. Each department considered the business impact assessment and business continuity measures in light of such an event. One outcome from this has seen the clinical teams move towards use of a single paper business continuity form to capture activity when systems are unavailable.

3:6 Participation in Clinical Audits

To ensure the hospice is continually meeting standards and providing a consistently high-quality service, St Wilfrid's has an Audit Timetable. The Audit Timetable is reviewed at the Clinical Effectiveness & People with Personal Experience (PPE) Group, this allows us to monitor the quality of service in a systematic way, identifying areas for audit and evaluation.

Completed audits are presented to staff and volunteers at our quarterly Audit and PPE feedback presentations. The sessions are a hybrid of face to face and virtual. They provide opportunities for participants to have a greater understanding of the clinical audit process and to reflect on clinical practice. In addition, the process supports identification of areas for development and the evidence to support change in practice, this further demonstrates the hospice's strong commitment to the hospice QIPs.

Audits have been completed by a variety of clinical and non-clinical staff, as documented below:

Nurse Line Audit



Aims

- Analyse all Nurse Line calls over a set period
- Look at the volume of the calls
- Gain an understanding as to who is accessing the service
- Ascertain who is using this service
- Identify staff training need
- Monitor the impact of the extended hours in the community team
- Focus on staff education including symptom control and a timelier management of the patient consultation
- Further breakdown of the psychosocial calls to get a better understanding of the issues which come under that umbrella
- Look at the appropriateness of the calls, does there need to be more of a triage system implemented?
- Look more in-depth at the calls regarding Just In Case medications, and external GP prescribing.



Outcomes

- Tuesdays are the busiest days
- The highest volume of calls and the busiest period is from 09:00hrs-12:00hrs
- The majority of the calls received were from relatives of patients
- In relation to physical symptoms, pain was the prevalent one
- In relation to overall symptoms, psychosocial issues were the most prevalent
- 37% of the incoming calls were concerning messages for other healthcare professionals
- The late shift had proportionally longer calls and more follow-up calls compared to the early shift, thus indication of the increased work load on a late shift as only one clinician on duty.



Next Step

Plan to reaudit to see the impact the extended community services hours has on the Nurse Line service.

Call Bell Audit



Aim

To monitor the length of time it takes to answer a call bell on the IPU.



Outcomes

- 491 call bells were answered
- 186 bells were answered within one minute
- 142 bells were answered within two minutes
- 163 bells took over two minutes to be answered
- Dependency score showed either Amber or Red during the time frame
- Occupancy showed 16 patients or more
- Short staffed on two days, however, Young Clinical Volunteers on all shifts.



Next Steps

We plan to repeat the audit and consider the impact on the timing due to the donning and doffing of PPE.

Corneal Donation Audit



Aim

To highlight if clinical staff discuss corneal donation with patients



Outcomes

- We are not routinely asking patients about corneal donation
- We have conducted teaching sessions for staff highlighting the importance of corneal donation
- The Crosscare window has been updated to ensure Donation can be documented
- Champions have been identified throughout the IPU and community teams.



Next Steps

- Develop a Corneal Donation patient information leaflet
-

Oxygen Equipment Audit



Aim

To highlight if the hospice has a safe ordering, storage and returns process for portable oxygen.



Outcomes

The audit has identified some issues with the current oxygen set up:

- The hospice has seven out of seven concentrators
- The hospice has 19 oxygen cylinders
- It was discovered we have x12 BOC (see glossary) oxygen cylinders left with us from the DGH, these have now been returned
- We did not have enough back-up cylinders to match the number of compressors.



Next Steps

Liaised with Dolby to clarify the process for updating the prescription for static cylinders.

Encouraged staff to make sure to return any oxygen cylinders which came with patients from other clinical settings

Diabetic Audit



Aim

A retrospective audit of patients into the management of patients on the IPU who had type 1, 2 and steroid-induced diabetes.



Questions asked within the Audit

- 11 patients were identified, and we looked to see if their diabetic status was recorded in their medical notes
- Initial assessment – was the capillary blood glucose recorded and were there instructions to check daily?
- Was the diabetes medication prescribed properly?
- Were medications for diabetes initiated at the hospice?
- Were capillary blood glucose levels adjusted according to guidance for end of life (EOL) patients?



Outcomes

- To code patients with diabetes within our electronic notes, to allow early identification when going through patient notes.
- Capillary blood glucose to be recorded on the medication chart as well as the diabetic recording chart.

Audit of Identification of Patients in Dying Phase and Completion of Management Plan



Aims

To review patients both on the IPU and in community to see if the dying phase is recognised in a timely manner, and their Phase of Illness (POI – see glossary) is updated and EOL management plan commenced.



Outcomes

- Has highlighted different practises between community and IPU. This is potentially being addressed through new care plan window and bespoke training
- In the community it is more difficult to accurately identify POI as they are only with the patient for a limited time
- Potential for further training to help staff gain confidence when suggesting that a patient is entering the dying phase
- Highlighted needs for discussion as to whether Nurse Line should change the POI for patients, after receiving info from members of the wider MDT.



Opioid Benchmarking Audit

Aims

Opioid benchmarking audit carried out by the medical team to look at doses on opiates and sedatives administered to patients in the last 24 hours. Data was shared with two other hospices.

Review medication charts to see the amount of medication given – opioids, midazolam, levomepromazine and haloperidol.



Outcomes

- At St Wilfrid's we administer in the median range dosing for opiates and midazolam compared to the two other hospices, suggesting appropriate prescribing
- There was clear documentation in 94% of the patients records we checked.

Documentation Audit

- A root cause analysis identified concerns about the accuracy, time frames and efficiency of care records on IPU, as well as the completion of risk assessments
- Good understanding of the value and need for accurate record keeping
- Competing priorities is a barrier as ward busy and it feels like there is not enough time
- Lack of clarity re roles and responsibilities
- Paperwork could be simplified and filed regularly.

✓ Outcomes

- Need for continuous refresher training
- Huddles to help with effective team working
- Focus groups on specific topics
- Mandatory training days include focus on risk assessment and record keeping
- Implementation of handheld devices.

🔧 Next Steps

- Focus groups on specific topics
- Implementation of handheld devices


Relaxation a Course of Therapeutic Interventions

🎯 Aim

To identify the benefits of patients using breathing exercises through telephone consultation.

✓ Outcomes

There were some benefits from telephone consultation and so we will continue to offer this service to patients who are unable to come into the hospice building.

A photograph of a hospice lounge area with a dark blue speech bubble overlay containing a testimonial. The lounge features a round wooden table, a grey armchair, and a wall decorated with several framed artworks. A red guitar case and a guitar are visible on the right side of the image.

'Every second of every minute of the 40 or so hours my husband spent in the hospice in the care of loving, caring, staff members was I know just a blur to him as he was so very ill and had been so for a very long time, but for me I was truly grateful from the bottom of my heart that he was with you all, I felt such relief and completely reassured he was in your care when he passed away' Bereaved relative

Care Plan Audit



Aim

To identify if when patients scored a three or above on the IPOS score that a care plan was generated. Sample size 10 patients.



Outcomes

- Out of the ten care plans only two were completed correctly
- There was inconsistency when care plans are reviewed following a repeat IPOS
- Constraints of the audit are that the sample size was small
- Impact of the pandemic affected the ability to run further training on the use of care plans
- To conduct a new study once the training has been completed.



Next Steps

Additional training for staff following the review of the Crosscare workflow on the patients' electronic records.

Use of Steroids in Palliative Care Patients



Aim

Review of steroid and palliative care patients.



Outcomes

- 13 out of 20 patients who were discharged from the IPU were taking steroids
- 4 of the 13 did not have an indication for the initiation of steroid treatment in their records.



Next Steps

- Blue steroid cards to be given to all patients who are on steroid treatment
 - Proton pump inhibitors (PPI – see glossary) prescriptions to all patients who are started on steroids
 - A plan for the weaning of steroids should be written on the medication charts
 - Capillary Blood Glucose (CBG) monitoring for all diabetic patients who are started on steroids
 - Patients who are on steroids for longer than a month to have a CBG on a weekly basis.
-

Hospice UK General Medicines Audit



Aim

The management of non-controlled medicines will meet the requirements of the Medicines Act (1968), Misuse of Drugs Regulations (2001), and the Health Act (2006).



Outcomes

- Overall compliance 96%
- Destruction of unused medicines is by a nominated representee from the pharmacy with an authorised witness
- There is no clear documentation of patient being informed when medication is used in an off-licence way.



Next Steps

We are looking to produce a designated leaflet on off-label and unlicensed medicines.

Use of Lorazepam Audit

- 🎯 **Aims**

To identify the indications of why lorazepam was being used on the IPU.
Sample size was 34 patients
 - ✅ **Outcomes**
 - This drug was being used predominantly for night sedation
 - Lack of knowledge for clinical staff about the appropriate use of lorazepam.
 - 🔧 **Next Steps**
 - Staff training provided by the clinical pharmacist
 - Changes made to the way this medication was prescribed, only one dose to be written in the first instance for patients who had not taken this medication before. Once it had been administered then a doctor review took place to see if a patient would benefit from being prescribed this medication on a regular basis.
-

Waiting Times for a Medication Once a Prescription Has Been Written (Community)

- 🎯 **Aim**

To determine the waiting time for a prescription to be received by a patient once requested by a STW HCP for either symptom control or JIC (see glossary) meds.
 - ✅ **Outcomes**
 - 48 patients were included in this audit, 21 had prescriptions and medications received within 24 hours
 - 3 out of 12 surgeries can ensure patients get their medications within 24 hours of the prescription being written
 - This audit gave a small indication that some surgeries can be more efficient
 - Reflection sample size was too small and not enough data collected to suggest why most patients were not getting their medication in a timely manner.
 - 🔧 **Next Steps**

To reaudit with a larger sample size.
-

Infection Prevention and Control Audit

- 🎯 **Aims**

To ensure safe and effective Infection control and Prevention process and structures in place to minimize with risk of transmission.

The hospice has also started completing a three-monthly rolling use of PPE and infection prevention measures audit. Findings are gained through questionnaires, observations and interviews.
- ✅ **Outcomes**
 - Evidence of widespread good practice in relation to hand washing, appropriate use of PPE and understanding its rationale
 - Evidence of effective embedding of new policy and practice eg in relation to isolation criteria and process, use of PPE and new visitor policy.
- 🔧 **Next Step**

The hospice has started completing a three-monthly rolling use of PPE and infection prevention measures audit.

3:7 Research

St Wilfrid's Hospice is committed to research into palliative and end of life care. The hospice recognises the contribution research makes to the development and the quality of care delivery within specialist palliative care and end of life care services. This is a subject within the terms of reference of the Clinical Effectiveness & People with Personal Experience (PPE) Group, a sub-committee of the CGC, with an aim of working towards being a 'research active' organisation. The Clinical Research Policy and Procedure provides guidance for the conduct of research at or by St Wilfrid's Hospice.

As from April 2022 the hospice is planning to reintroduce a quarterly journal club for staff and volunteers. The aim of the sessions is to inform participants on up-to-date clinical practices through critical analysis of research and how it can be applied in our setting.

Research Activity

The PALLUP Study: Improving home-based palliative care for older people

Started September 2019 and ends September 2024. Funded by the National Institute for Health Research (NIHR).

The Study is based on equipping community services to meet the palliative care needs of older people with frailty approaching end of life care, to ensure a consistently high-quality service.

Involvement included Head of Therapies completing a two round on-line survey.

Research Studies

St Wilfrid's Hospice has been involved in the following research studies:

Exercise and Nutrition based Rehabilitation (ENeRgise)

An international, open label, randomised trial of an Exercise and Nutrition based Rehabilitation programme (ENeRgise) delivered by health professionals, versus standard care.

Accepted into the research study as a locality team involving both hospices in East Sussex – St Wilfrid's Hospice in Eastbourne and St Michael's Hospices in Hastings – along with East Sussex Healthcare NHS Trust. By joining together as a research site, we will increase opportunities for recruitment and ensure access to the components of the intervention with physiotherapy coming from the hospices and dietetic support from the NHS Trust.

Expression of Interest

CHELsea II randomised Study

Expression of interest application made January 2021 for participation in a cluster randomised trial of alternative form of hydration for cancer patients in last few days of life.

3:8 Medical Revalidation

St Wilfrid's Hospice has a Service Level Agreement with East Sussex Healthcare NHS Trust (ESHT) to provide medical appraisals and revalidation support. There has been 100% compliance of all doctors who were expected to undertake an appraisal in accordance with the ESHT Medical Revalidation Policy and St Wilfrid's Medical Revalidation Policy.

3:9 Income Generated

While some of our funding comes from the NHS, over 70% of the £17,000+ a day we need comes through fundraising, donations and Gifts in Wills.

3:10 Medicines Management

The hospice's Medicines Management Group has been renamed to the Medicines Optimisation Group (MOG). This better reflects the broad purpose and outcomes of the group and its functions. Membership of the group is multi-disciplinary including a Clinical Pharmacist.

The MOG provides scrutiny of the budget for medicines, which is delegated from East Sussex Clinical Commissioning Group (CCG). The input from the Clinical Pharmacist and the service provider has been influential in the cost efficiency and effectiveness of drug expenditure throughout the year.

Following a medication incident, staff complete a medication reflection tool. Registered Nurses and Doctors have found the process beneficial, especially when completing their reflective discussion evidence for their ongoing professional development and revalidation.

CCTV has been installed into the medication room to improve safety. Permission to view CCTV footage must be given by the CEO or a Director. Since installation, the CCTV footage has helped with investigating a drug discrepancy within the drug register. The outcome of the incident was a documentation error. Staff involved in the incident could see the benefit of having CCTV footage installed as it enabled them to recall the incident which had been raised.

St Wilfrid's Hospice continues to be part of Hospice UK's national benchmarking for medication incidents. There has been an increase in our medication incidents compared to previous years. Over 85% of the reported incidents resulted in no adverse effect to the patient.

Care at Home Medication Administration Project

Medication is an increasing and significant aspect of care requested by commissioners. This year the hospice has developed a systematic process to enable its Care at Home Care Assistants and Supervisors to assess CHC funded patients' medication support requirement and administer medication safely within the domiciliary care setting. The Care at Home service will be accepting patients requiring this level of care from 1st April 2022.

Work which has been completed prior to implementation includes:

- Introduction of a Care at Home Medication Administration policy and procedure.
- Development of a Care at Home medication risk assessment and medication administration record.
- Care Assistants and Supervisors have attended a face-to-face training session, covering the theoretical and legislative requirements for safe administration of medications in the patient's home.
- Care Assistants and Supervisors have completed the 'Care Assistant administration of patient's own medications in the home' competency assessment and workbook which has been ratified by St Wilfrid's Hospice.
- Care Assistants and Supervisors have been assessed using stimulation which has been documented.

The Head of Quality Improvement and Community Team Leader will continue to assess and support staff when assisting patients with their medication in their own home, following implementation.

Written positive feedback and evaluations were gathered following the training from the attendees which will influence ongoing training for the staff.

Accountable Officer for Controlled Drugs

The Head of Quality Improvement is the Controlled Drugs Accountable Officer (CDAO) with the Clinical Services Director identified as Deputy CDAO. Both individuals have undertaken formal training on the CDAO role. There is no specific guidance on requirements for refresher training.

The CDAO ensures she is kept up to date with current legislation and guidelines around Controlled Drugs (CDs), including attendance at the Local Intelligence Network (LIN) meetings and CD LIN learning events. The CDAO undertook a Hospice UK – Self Assessment for Controlled Drugs Accountable Officer (CDAO) to provide assurance with national protocols.

There has been quarterly virtual attendance at the NHS England and NHS Improvement South East Local Intelligence Network (LIN) by the CDAO and the quarterly occurrence reports of CD incidents have been submitted.

The CDAO completed the annual Hospice UK CD audit and has undertaken quarterly stock level checks with Head of Inpatient Care. Authorised witnesses have been trained to observe the destruction of CDs on the premises. Destruction of controlled drugs which are no longer required is carried out by a competent representative from the pharmacy provider with an authorized witness from the hospice overseeing the process of destruction. The hospice holds a valid T28 certificate to permit the denaturing of controlled drugs on the hospice premises.

3:11 Falls

When patients are admitted to the IPU a falls risk assessment is completed and where appropriate multi factorial interventions are implemented to reduce the risk of falls, including the use of falls sensor equipment and one to one supervision.

The IPU implemented 'Safety Huddles' (see glossary) at the beginning of November 2021. Patients who are high falls risk are highlighted enhancing communication among the MDT. There has been positive feedback gained from the MDT on this new initiative. The Safety Huddles have provided protected time at least once a shift for staff to focus on specific questions with the overall aim to reduce errors, minimize harm, eliminate preventable harm, improve communication in teams and create a culture of safety.

There has been a reduction in the number of falls in this reporting year compared to the previous year. Fall incidents are reported and analysed at the Quality and Safety Group.

Potential contributing factors in the reduction in falls could be:

- More one-to-one support for patients who are at high falls risk.
- Implementation of Safety Huddles on the IPU.
- Reduced overall bed occupancy resulting in fewer fall incidents.

'Thank you for your kindness and loving care given to my brother during the last weeks of his life' Bereaved relative

3:12 Pressure Ulcers

All pressure ulcers, including Category 1 are reported. Some pressure ulcers deteriorate further, exacerbated by the dying process as the organs slow down and fail, and skin changes take place.

Of the patients that acquired pressure damage while on the IPU, their POI was predominately dying or deteriorating, and many of these patients were either bedbound or had very poor mobility potential. Also, it's important to note that these patients were low in weight, and had problems maintaining adequate levels of nutrition and fluids.

All patients admitted onto the IPU have a PURPOSE T risk assessment and skin assessment completed on admission. The PURPOSE T is reviewed and updated at least weekly. All beds on the IPU are profiling beds and have an alternating pressure mattress.

A Pressure Ulcer Management improvement project is in progress. An overview of the project was presented to the CGC on 3rd August 2021.

The reason why the project started was due to:

- More patients admitted with one or more pressure ulcers
- An increase in Category Three, Four and Unstageable pressure ulcers developing during the patient's stay
- An increase in the reporting of pressure ulcers to CQC
- Documentation demonstrating that patients were declining position changes due to pain, family input and lack of understanding
- Lack of evidence within patient records referencing pressure ulcer assessment.

The diagram below encapsulates the work which is being done within the project.



The hospice was involved in the National STOP Pressure Ulcer Day. There were various resources available for staff including a quiz on pressure ulcer care and categorisation of pressure damage. This day was well attended by the Clinical Team, and we received very positive feedback.

The management and care of pressure ulcers will continue to be part of the RNs and HCAs mandatory clinical skills study days for 2022-2023. The session will incorporate an interactive quiz for participants to engage with pressure ulcer care before and after the session.

As from May 2022 a Clinical Skills Facilitator role (30 hrs per week) will be piloted on the IPU for a six-month period.

The role will be supernumerary, and the staff member will focus on new and less experienced members of the team and areas of learning where engagement of the whole team is required. Pressure ulcer care and management, including documentation has already been identified as an area for the Clinical Skills Facilitator to concentrate on throughout the pilot.



3:13 Infection Prevention and Control

St Wilfrid's Hospice is committed to ensuring that effective prevention and control of healthcare associated infections (HCAI's) is embedded into everyday practice. The hospice's Board of Trustees recognises and agrees its collective responsibility for minimising the risks of infection and has agreed the general means by which it prevents and controls these risks. The responsibility for Infection Prevention (IP) is designated to the Head of Quality Improvement, supported by the Clinical Service Director.

At St Wilfrid's Hospice there have been no cases of patients with a new diagnosis of Clostridium Difficile infection or a blood stream MRSA infection (see glossary). No vomiting and diarrhea outbreaks took place at the Hospice from April 2021 to March 2022.

The hospice has cared for patients with Covid-19 on the IPU and within the community. The hospice also cared for patients who required an aerosol generating procedure (AGP).

Key activity in this area during the year include:

- The Infection Prevention and Control Policy and Procedure has been updated in accordance with gov.uk guidance.
- Ongoing training has taken place on infection prevention and control measures, including the donning and doffing of personal protective equipment (PPE). This has ensured a consistent approach and has been well received by staff and volunteers, helping to alleviate fears and anxieties during the pandemic.
- Visual flow charts illustrating the correct donning and doffing practice of PPE, isolation precautions and hand washing techniques are clearly displayed on the IPU and designated areas within the hospice.
- The introduction of twice daily Safety Huddles on the IPU has been an effective way of cascading infection prevention and control information to staff.
- An Infection Prevention and Control newsletter was introduced at the beginning of the pandemic. This was continued and is now issued monthly to staff and volunteers.
- Over 75% of clinical staff have been fit tested for filtering face piece (FFP). The hospice has also purchased two Powered Air purifying respirator (PAPR) hoods. This has enabled the hospice to continue to accept and care for patients requiring an Aerosol Generated procedure (AGP) throughout the pandemic.
- The hospice completes a monthly environmental audit which looks at the cleanliness and hygiene standards of the hospice environment.

The Infection Prevention Society (IPS), Process Improvement Tool (PIT) (2016), was completed by an external auditor on the 23rd January 2020. The tool reflects current legislation, national guidelines, and good practice of infection prevention within a healthcare environment.

23 sections were audited, and 496 standards/questions were used, some of these were repeated. 68 standard/questions were non-complaint, providing the hospice with an overall compliance score of 86%.

		No standards	Score
1	Infection prevention and control is integral to safety in this hospice	10	70%
2	The staff are afforded health and safety protection from potential infection risks	4	100%
3	There is a competent and confident workforce trained to minimise infection risks	11	90%
4	There is evidence of compliance with policies, procedures and guidance	6	66%
5	Personal Protective Equipment is used to minimise infection risks	15	93%
6	Environment: General environment safety and cleanliness (including lobby/reception and entrance)	28	96%
7	Environment: The patient's bedroom	46	88%
8	Environment: Hand hygiene facilities	26	84%
9	Environment: relatives lounge/Garden Room	14	78%

Above is a breakdown of compliance for each section.

Over the past year work has taken place to address the areas of improvement to ensure a high compliance in specific sections of the tool. The hospice will repeat the process by April 2023.

The hospice has also started completing a three-monthly rolling use of PPE and infection prevention measures audit. [Outcomes of the audit include:](#)

- Evidence of widespread good practice in relation to hand washing, appropriate use of PPE and understanding its rationale
- Evidence of effective embedding of new policy and practice eg in relation to isolation criteria and process, use of PPE and new visitor policy.

3:14 Data Quality

Good data quality underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made. St Wilfrid's is committed to ensuring high standard data as a key business objective. During 2021-2022 we have continued to monitor and scrutinise data quality through our Clinical Governance structure. St Wilfrid's Hospice reports its own clinical activity dashboard which provides an overview of all clinical activity and supports service development and QIPs.

The hospice continues to provide reported falls, medication and pressure ulcer incidents to Hospice UK for national benchmarking.

As a specialist palliative and end of life care provider, the hospice does not submit data information to the Hospital Episodes Statistics (HES) database because hospices are not eligible to participate in the data collection.

3:15 Safeguarding

This year the focus on safeguarding as an organisation-wide priority has continued.

The numbers for safeguarding referrals from the hospice to Adult Social Care/Children Services, as well as concerns identified internally and monitored closely but with no referral, have doubled in the last five years. This clearly demonstrates heightened awareness and engagement amongst clinical staff.

The Seahorse Project (the hospice's bereavement support service for children) and other children support are firmly established in this hospice for adults. Therefore, work has been undertaken to strengthen children safeguarding. This has included case reflections, further improvements to the children safeguarding policy and the creation of a flowchart for practice, with step-by-step instructions on how to follow through a concern.

A Prevent Policy is now in place, Prevent is about safeguarding individuals from being drawn into terrorism, ensuring those vulnerable to extremist and terrorist narrative are given appropriate advice and support at an early stage. Training has been provided to staff, with corresponding training.

Further improvements have been made also towards adult and children safeguarding training at different levels, for clinical and non-clinical staff, volunteers and trustees, in line with national guidance. Safeguarding supervision for clinical staff in the community is now in place and participatory face-to-face safeguarding learning for Inpatient staff planned from April 2022.

Improvements have been made with regards to the monitoring of completion rates for training, with overall good results. Retail staff have undertaken one day bespoke safeguarding training tailored to their specific circumstances. Trustee specific training has been a particular priority with teaching developed jointly by the Trustee Safeguarding Leads from the Sussex Hospices Collaborative (see glossary), delivered in-house and highly evaluated.

Work on further fine-tuning the organisation's safeguarding risk register is continuing, with input across all departments and follow through as relevant (e.g. introduction of 3 yearly DBS re-checks for those staff working directly with children in response to identified risk).

The focus on continuous improvement of the hospice's safeguarding culture continues with e.g. six weekly safeguarding awareness emails to all staff on a range of topics. Trustees visit staff regularly and each time include some questions regarding safeguarding awareness and practice.

The governance structure for safeguarding has been reviewed and simplified. An external review of the hospice's governance practices in March 2022 identified Safeguarding as a top scoring key strength in terms of governance.

'Sorry for the delay, I still can't believe it has happened, but I would like to extend my gratitude to all of the staff there, as you looked after my mum' Bereaved relative

Part Four

Feedback About Our Organisation

4:1 Duty of Candour

St Wilfrid's Hospice recognises that the effects of harming a patient can have devastating emotional and physical consequences for patients, their families, and carers. It can also be distressing for the professionals involved.

The hospice's Duty of Candour Policy and Procedure provides guidance to staff and volunteers around being open and honest with patients and their families following an incident which has resulted in harm.

All incidents are discussed at the Quality and Safety Group and summarised to the CGC. A root cause analysis (RCA) is completed for serious incidents to ensure the reporting manager has detailed understanding of the cause of the event and promotes organisational learning. All serious incidents are reported to the CQC as well as other statutory bodies as required.

No clinical serious incidents took place during 2021-2022.

4:2 Freedom to Speak Up

St Wilfrid's Hospice has a commitment that any employee or volunteer should be able to raise reasonable concerns about malpractice without fear for their future role in the organisation or of any form of retribution. All staff and volunteers are encouraged to raise any matter that is detrimental to our work, including:

- Action being taken by the hospice or individuals that may be causing unsafe patient care
- Unsafe working conditions
- Unethical behaviour
- A bullying culture.

Staff and volunteers can raise their concerns through their line manager, the HR Team or the trained Freedom to Speak Up Guardians (FSUG) at the hospice. The FSUG may be approached in person, by email or via a postbox outside the HR office. It is always made clear from the outset if individuals wish to raise the matter in confidence or is willing to be identified. The FSUG have direct access to the CEO and the Clinical Services Director for advice. The FSUGs provide a six monthly review to the CEO and Clinical Services Director.

4:3 Service User Feedback and Engagement – VOICES and Views on Care

St Wilfrid's Hospice uses VOICES as one of its tools for gaining user feedback. The survey is adapted from a validated service evaluation and quality assurance tool for use in hospices, developed jointly between the Southampton University School of Health Sciences and St Christopher's Hospice, London. It is based on the National Bereavement Survey – VOICES conducted by the National Office of Statistics.

In the most recent reporting period (2020-2021) a response rate overall of 37.35% was achieved compared to 22.39% for the previous reporting period. Key findings were:

- 83% of respondents felt the care they received from the Inpatient Team was above 'good' (43% 'outstanding' and 40% 'excellent').
- Overall, when caring for their relative or friend, 80% felt that they and their family got as much advice and support from the Community Team as they needed.

- For those who had discussed and expressed a preference with their relative/carer, just under two thirds (61%) said they would like to die at home with 24% saying the hospice. Respondents have told us that 52% died at home and 36% at St Wilfrid's Hospice.
- Only very small percentages of people indicated that they did not receive support when they needed it, across different domains.
- 86% of respondents said they were extremely likely to recommend St Wilfrid's Hospice to friends and family if they needed similar care and support and 9% were likely to do so.

The hospice used the recognised Views on Care (VoC) tool to assess the patient's own rating of their quality of life, their views of the impact of the service on their main problem(s) and their wellbeing.

In the reporting year there have been 129 assessments completed (80 IPU, 49 community), with 70 patients declining or not clinically appropriate at the time. Key findings were:

- 73/129 (57%) feel things are a little or much better
- 107/129 (83%) are getting some or a lot of benefit from us.

Word cloud below taken from VoC responses for the year:



Some comments from the patients:

- 'All teams are very efficient, good and attentive. Always feel quite relaxed when they have gone'
- 'Hospice is marvellous. Could not cope on our own'
- 'Wonderful establishment. Excellent'
- 'Excellent care from everyone involved in my care!'
- 'All the staff are very caring and helpful. Both mentally and physically feeling stronger than when I arrived'
- 'I can find no fault in any of the care I have received since coming to St Wilfrid's. First class in every way.'

Other methods feedback can be gained are through the hospice website, complaints, informal feedback and plaudits.

4:4 People/Patient Experience with Personal Experience (PPE)

Continues to be a commitment from staff to obtaining and acting on feedback from PPE. There have been seven People with Personal Experience initiatives completed. Feedback from the work that has been completed is presented at the Quality and Audit Forums. The forums are open to all staff and volunteers to attend.

4:5 Trustee Visits

At least two trustees have visited the hospice each quarter to meet front line staff. The visits provide an opportunity for staff to give feedback.

Prior to the visits themes based on the Care Quality Commissions (CQC) key line of enquiry (KLOE) are identified. Areas that have been explored are:

- Well Led and Leadership
- Safety
- Medicines Management
- Safeguarding

Highlights of good practice

'The positive culture in the hospice is highly valued. Staff are familiar with the organisational values and can give examples of how they are used to support day to day practice'

'Doctors in training were overwhelmingly positive about their placements experience and the support and teaching from senior medical staff'

Reports are discussed at the Clinical Governance Committee and an annual report of the feedback themes and actions taken following the trustees' visits have been shared with the board.

4:6 Complaints and Compliance

The hospice has a policy to welcome comments, suggestions and complaints, because they can be invaluable in achieving improvements in service delivery. During the reporting year we received four formal complaints related to clinical support. There were no themes identified through these complaints, all were investigated and an outcome provided to the complainant within the hospice's stated timeframe.

During the year, we have taken time to reflect on our approach to complaints and continue to look at improving our ability to respond in an open way, and to ensure learning from investigations contributes to positive changes in practice. We will engage with expert training in handling complaints to improve competence and knowledge.

4:7 Hospice UK National Benchmarking Programme

St Wilfrid's Hospice submits data to the Hospice UK (HUK) national benchmarking programme quarterly.

Data which is correlated includes:

- Inpatient bed occupancy
- Patient throughput
- Patient falls
- Level of harm following a patient's fall
- Medication incidents
- Level of harm following a medication incident
- Pressure ulcers on admission
- Pressure ulcers acquired during admission
- Categorises of pressure ulcers damage.

Outcomes of the data received are reported to the Quality and Safety Group, Medicines Optimisation Group and the CGC for further analysis and scrutiny.

Over the reporting year the hospice has reported fewer falls and medication incidents than other hospices with similar bed capacity.

The number of patients admitted and who have developed pressure damage is slightly higher compared to other hospices of similar bed capacity.

4:8 Staff – Pulse Survey

The hospice has a schedule of surveys to be sent to staff throughout the year. Each survey is based on a different subject with two standard questions asked in each to help determine our net promoter score.

Our recent staff surveys have covered topics such as learning from lockdown, workforce wellbeing and disability awareness. Our usual response rate to staff surveys is around 40% with feedback being gathered from clinical, non-clinical and retail staff. Feedback and input collected from staff within these surveys allows us to identify gaps, make changes and introduce new initiatives in line with our workforce wants and needs.

Some examples of actions that have been implemented from survey feedback include:

- Staff support/wellbeing notice boards put in clinical areas and physical leaflets and posters put in clinical areas and toilets to reach individuals that may not have regular access to emails
- Introduction of two Wellbeing Champions to help support staff, raise awareness and signpost to resources in areas of healthy living
- Re-launch of our Employee Wellbeing Hub in line with the new ways of working on Microsoft Teams and SharePoint to make support resources even more accessible to staff
- Introduction of a Menopause Support Group and arrangements for external speakers to deliver talks for staff on various topics
- Managers working together more frequently, attending managers forums, manager meetings and training activities to encourage a more collaborative approach across departments, gaining a better understanding of each other's goals, strategies, and priorities
- The first hospice awards ceremony was held in October 2021 which helped to promote a sense of community amongst hospice teams
- One central line of communication introduced for important updates and guidance sent via the HR Team.

Glossary

ACCURX Video platform used for remote consultations.

BOC UK's leading supplier of industrial and medical grade gas.

Care Quality Commission (CQC) Independent regulator of all health and social care services in England.

Clinical Nurse Specialist (CNS) Registered Nurses with a specialist knowledge and qualifications in cancer and palliative care.

Communities of Practice (CoP) Where a group of people who share an interest in a topic and who come together to fulfil both individual and group goals.

Continuing Health Care (CHC) A package of care for people who are not in hospital and have been assessed as having a primary healthcare need. It's paid by the NHS.

Integrated Palliative Care Outcome Score (IPOS) A tool for global measurement of palliative care concerns, suitable completion by patients and healthcare staff in various care settings.

General Data Protection Regulation (GDPR) A European Union law which governs the way we can use, process and store personal data.

Gold Standard Framework (GSF) A way of working within GP practices. It involves working together as a team with other professionals in hospitals, hospices and specialist teams to provide the highest standard of care possible for patients and their families.

Just In Case (JIC) medication Medication which are effective in treating pain, vomiting, secretions and agitation at end of life.

Multidisciplinary Team (MDT) A group of healthcare workers who are members of different disciplines each providing a specific service to the patient.

Methicillin-resistant Staphylococcus Aureus (MRSA) A group of gram-positive bacteria.

Phase of Illness (POI) Describes stages of advanced illness according to care needs of the individual, family and suitability of care plan.

PLACE System A set of health and care providers in a town or district.

Proton Pump Inhibitors (PPI) Class of medication that cause a profound and prolonged reduction of stomach acid production.

Safety Huddles Brief, focused and structured exchanges of information about potential or existing safety risks which may affect patients, staff and any person accessing the healthcare environment.

Safety huddles are held at points in the day to allow teams to:

- Develop on the spot action plans to address safety concerns
- Provide an update on the action taken on risk previously identified
- Celebrate success and compliments

Situation – Background – Assessment – Recommendation (SBAR) A communication tool designed to support staff sharing clear, concise and focused information.

Glossary continued

Sussex Hospices Collaborative Network of seven adult hospices in Sussex working collaboratively to combine resources, share knowledge and speak effectively with one voice.

Schwartz Rounds Conversations with staff about the emotional impact of their work. Schwartz Rounds provide an opportunity for staff from all disciplinary across a healthcare organisation to reflect on the emotional aspects of their work.

VOICES survey St Wilfrid's VOICES survey is adapted from a validated service evaluation and quality assurance tool for use in hospices, developed jointly between the Southampton University School of Health Sciences and St Christopher's Hospice, London. It is based on the National Bereavement Survey VOICES conducted by the National Office of Statistics. It is common for hospices to have adapted the national tool to local circumstances and services.

ZOOM Digital platform for video conferencing.



St Wilfrid's Hospice

Reaching out to transform
end of life care

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