

St Cuthbert's Hospice



Service Contract Quarterly Performance Report
First Quarter: 1st April to 30th June 2024

1.0 Introduction

This first quarter Service Contract Quality Performance Report (SCQPR) covers the period 1 April – 30 June 2024 and provides an overview of St Cuthbert's Hospice performance against the key local quality requirements (LQRs) and performance indicators (KPI's) as outlined in our 2024 -2025 NHS Contract.

Key service issues over the last quarter

In Patient Unit, (IPU). Cumulative deaths totalled since 1 April 2024 is 45 of which 44 achieved their preferred place of death, (PPD). We were able to discuss preferred place of death with 45 patients. 1 person did not achieve their preferred place of death, which was home. IPU bed occupancy in this quarter was 71.31%.

Following the departure of our Medical Director/Consultant (June 2023) and approval of an additional Consultant (June 2022), we have been unable to recruit to either post. Since 2 October Consultant support has been provided virtually by Supportive UK. CDDFT seconded a Specialist Dr for 10 sessions. This Dr works alongside our existing Hospice Drs, (6 sessions) and an Advanced Nurse Practitioner (5 sessions). It is anticipated these arrangements will remain in place while we continue to work with stakeholders on a sustainable medical model for the healthcare local system.

We have been without a Head of Clinical Services throughout this quarter and it is huge credit to the Clinical Managers that we have delivered everything included In this report. We have successfully recruited to the vacant post with the new postholder expected to commence work in Q2.

Day Services, Within the Living Well Centre, services are provided Monday to Friday. We continue to develop our programme and therapy groups including cognitive stimulation therapy, sporting memories activity group, health and wellbeing group, creative writing, physio led strength and balance group and one to one complementary therapy sessions. We continue to offer Day Hospice services for interventions such as blood transfusion. Nursing Associate (Band 4) has been inducted in Q1, giving scope for new ways of working.

We continue to provide Bereavement Support Services, with counselling sessions for adults, children and young people provided Monday - Friday. We are seeing a decrease in our waiting list since the review of staff skill mix and increase to counselling capacity. We have inducted another new CYP counsellor (0.4WTE). We have consulted on a proposal to change the referral criteria for the bereavement service to mean that we will only accept referrals that are made 6 months after the death. We plan to implement the beginning of Q3.

Community Services – The Admiral Nurse provides clinical leadership to the Dementia and Community Outreach Team. Working collaboratively, we are continuing to increase community support for people living with dementia and their carers in County Durham offering one-one clinic appointments, dementia support groups and Namaste care. We are also developing our dementia educational offer and have provided education sessions to carers, facilitators of community Memory Cafes, other nursing professionals and educational establishments.

We have worked with the ICB to agree a way for hospices to collaborate to meet the requirements of the new Patient Safety Incident Reporting Framework (PSIRF). Three workshops were delivered in Q4.

We have completed the VOICES Survey for County Durham on behalf of the Palliative and End of Life Care Steering Group for the County. Over 380 responses were received. Findings will be published in Q2.

The Care Quality Commission (CQC) carried out an unannounced inspection in October 2023. This generated a range of activities including: the purchase of a new air conditioning unit for our cold room; the introduction of new standard operating procedures including management and care of nasogastric tubes, management of anaphylaxis, safeguarding of adults and safeguarding of children, cold room cleaning procedure; Percutaneous Endoscopic Gastrostomy (PEG) tubes policy and procedure; the introduction of a new set of admissions criteria; training for staff on management of NG tubes. Further work to meet the requirements set out following the visit was undertaken in Q1 and will continue in Q2.

The recommendations from the ICB Quality Assurance visit in August 2023 have been implemented,

The Quality Account for 2023/24 has been published on the Hospice website.

2.0 Summary of what we have achieved in quarter one

Achievements to end of the first quarter:

Service Activity:

- **In-Patient Unit:**
 - 65 new admissions into the in-patient unit during this reporting period.
 - 45 deaths
 - 44 patients achieved preferred place of death.
- **Living Well Centre:**
 - 1096 Face to face appointments.
 - **Bereavement Support Services – Adults**
 - 135 Face to face appointments attended, 14 well-being calls to 63 people.
- **Admiral Nurse:**
 - 41 patient/carers had 104 contacts, attended 3 memory cafes, 39 community/Hospice groups and 8 training sessions. 25 new referrals received.
- **Namaste team:**
 - 61 patients/carers seen at home/Hospice/outreach, had 630 contacts. 17 new referrals received.

Protecting people from avoidable harm:

In Quarter 1 there have been 42 clinical incidents:

- 0 Serious incidents
- 0 Incident of major, permanent harm; severe disruption
- 2 Incident of actual moderate harm/short term harm/disruption
- 16 Incidents of actual minor/minimal harm/low disruption
- 24 Incidents of actual no harm
- 0 Incidents of soft Intelligence
- 0 Near Misses

3.0 Service Activity

In accordance with Integrated Care Board (NENCICB) dataset requirements full data reports are submitted below. For comparison the preceding full year's performance (2023 - 2024) data is provided and each full quarter's performance for 2024 - 2025 and this will be updated in subsequent quarterly reports. Specific LQR's and KPI's measurements summarising performance can be seen in the Table 1 below:

4.0 Local Key Performance Indicators (KPI's)

Table 1 – Hospice activity against KPIs 2024-2025									
Indicators.	Threshold	End of Year. 2023-24	Met – Not met	2024-2025 quarterly performance.				End of year 2024 - 2025	Year 2023-2024 Performance
				Q1	Q2	Q3	Q4		
In-Patient Unit (IPU)								COMMENTS.	
Total number of in-patient referrals received	N/A for monitoring purposes	365	-	105					N/A for monitoring purposes.
Average waiting time from referral to admission for inpatients (excluding weekends and planned respite).	≤ 48 hours	35	Met	24.6					
Total number of inpatient admissions.	N/A for monitoring purposes	247	-	65					N/A for monitoring purposes.
Percentage bed occupancy.	≥ 85%	81.50	Not Met	71.31					
Percentage bed availability.	≥ 95%	99.86	Met	99.56					
Average length of stay for inpatients.	≤ 15 days	12.2	Met	10.1					
Number and percentage of inpatients that have been offered an Advance Care Plan.	90%	100%	Met	100%					
Number and percentage of patients who died at the hospice and have preferred place of death recorded.	N/A for monitoring purposes	169 100%	-	45 100%					N/A for monitoring purposes.
Number and percentage of patients who died at the hospice who stated their	N/A for monitoring purposes	167 98.9%	-	44 97.8 %					N/A for monitoring purposes

preferred place of death and achieved this.									
Patient's risk of falls to be assessed within 6 hours of admission.	100%	95%	Not met	100%					
Patient's written care plan tailored to address falls risk completed within 6 hours of admission.	100%	95%	Not met	100%					
Pressure ulcer risk assessment to be completed within 6 hours of admission. (Ref - NHS Improvement 2018 Pressure Ulcers: revised definition and measurement).	95%	95%	Met	100%					
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%	Met	100%					
Venous thromboembolism (VTE) risk to be assessed within 24 hours of admission to determine if prophylaxis required.	100%	97.5%	Not met	98.5 %					1 patient passed away within 12 hours.
Percentage of patients that report a positive experience of care via the Friends and Family Test.	90%	100%	Met	100%					Q1 - 20 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
% of patients with an Emergency Healthcare Plan (EHCP) or offered discussions (for hospice inpatients or hospice at home care patients).	98%	75.8%	Not met	100%					
% of discharge summaries to be sent to GP within 24hrs	95%	76.1%	Not met	94.1 %					1 missed due to medical staff sickness
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	302	-	143					N/A for monitoring purposes

Number and percentage of Living Well Centre patients receiving a care plan	100%	100%	-	100					
Percentage occupancy	≥ 80%	52.55%	Not Met	60%					If everyone booked to attend had attended occupancy would have been 77.59%
Time from referral to Living Well Centre and contact to arrange home visit / assessment.	90% within 7 days	100%	Met	100%					
Time from first referral in LWC to Physiotherapy assessment	100% within 21 days	100%	Met	100%					
Time from referral in LWC to Occupational therapy assessment	100% within 21 days	100%	Met	100%					
Percentage of patients that report a positive experience of care via the Friends and Family Test	90%	100%	Met	100%					Q1 – 5 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	108	-	63					N/A for monitoring purposes
Number and percentage of clients contacted within 15 working days of receipt of referral (adults)	95%	100%	Met	100%					
Number and percentage of written assessments of needs and action plans agreed with clients (adults)	100%	100%	Met	100%					
Percentage of clients that report a positive experience of care via the Friends and Family Test	90%	100%	Met	100%					Q1 - 11 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	153	-	93					N/A for monitoring purposes.
Time from referral to Admiral Nurse for first contact and appointment arranged for assessment.	95% within 15 days	100%	Met	100%					
Time from referral to Namaste care for first contact and appointment arranged for assessment.	95% within 15 days	100%	Met	100%					
Percentage of patients who provide feedback and report a positive experience of care	90%	100%	Met	100%					Q1 – 8 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

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

5.1 Patient Safety

1.1 The review and updating of policies has continued, to ensure our suite of care related policies and procedures reflect local and national guidelines. Within this quarter we updated key policies such as General Precautions Infection Control Policy and associated standard operating procedures.

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

Summary of clinical and other untoward incidents

	2023-24 Totals	Q1.	Q2.	Q3.	Q4.	Year end	Comments
Service Falls	26	3					3 Unavoidable
Pressure Ulcers/SDTI	28	7					6 PU (4 patients on admission) and 1 SDTI on admission (1 patient)
Medication Errors	23	7					2 external and 5 internal to Hospice
Other clinical incidences	80	16					1 x medical device 4 Contract & Commissioning Issues 4 x Estate and Facilities 1 x IT 2 x Access, Admission, Transfer, Referral 3 x Implementation of Care 1 x Discharge Issue
Infection Prevention and Control - Health acquired infections	8	4					1 COVID 1 x Head Lice 2 x C-Diff
Information Governance	14	1					
Subject Access Requests	3	0					
Safeguarding	7	0					
MCA/DoLS	23	7					SIRMS completed for all MCA/DoLS

5.2 Serious Incidents and complaints

For the future, commencing with this report, we propose to give the detail of incidents rated at 3 or above, with incidents below 3 only being reported by exception. We would welcome any comments on this proposal.

Quarter One

Incident Number	Incident Date	Cause Group	Cause 1	Cause 2	Details Of Incident	Initial impact	Actual Impact	Outcome Description
117331	09/04/2024	Tissue Viability	Pressure Ulcer - Grade 3		Patient admitted from UHND for EOL care with Ungradable pressure ulcer.	3 - Moderate Harm / Short Term Disruption	3 - Moderate Harm, Short Term Disruption	Care plan and waterlow score initiated on admission. Dressing regime instigated on advice of TVN. Verbal duty of Candour - Family informed of damage. Safeguarding referral made - d/c with patients' social worker SIRMs completed. CQC notification completed.

119765	25/06/2024	Contracting & Commissioning Issues	Inadequate Staffing Levels	Due to medical staff sickness no medical cover today.	3 - Moderate Harm / Short Term Disruption	3 - Moderate Harm, Short Term Disruption	<p>Dr tested positive for covid 24/6/24 and not well enough to attend work 24th and 25th June (No patient contact for 5 days as per gov guidance for hospice staff).</p> <p>ANP who was due to be second staff member for medical team called in sick 25/6/24. Currently 5 x patients on IPU. Attempt made to cover with locum but unable to obtain. Pharmacist on duty. Non-medical prescriber in LWC if anything was needed to be prescribed and she was happy to do so. No planned discharges. LWC have no blood transfusions or procedures that requires medical input. Supportive care available to staff if required. SMT emailed and informed of the above.</p> <p>2 x referrals from UHND 1 x Symptom management and 1 x EOLC. Agreed to accept EOLC (non complex) referral with UHND. Palliative care consultant agreed to clerk patient from UHND and complete hospice medication kardex. Received call later in the day to advise patient had died before transfer.</p> <p>1 x young patient who required review of medication, IPU service manager contacted supportive care, handed over patient and plan agreed with consultant. LWC non-medical prescriber happy to prescribe new regime following review of notes and discussion with IPU service manager, kardex reviewed by pharmacist. IPU service manager checked in with UHND SPC consultant who agreed plan was sensible. All documented (SH) on patients notes and plan discussed with patient and mum and in agreement.</p> <p>All patients drug kardexs checked to ensure enough space to administer medications from. Contacted Dr who is due in tomorrow (26/6/24) to check is fit for work - a/w response as unwell today.</p> <p>Contacted other medical staff to see if they can cover if Wednesday Dr not well enough for shift. CEO informed medical director CDDFT and ICB of today's issue.</p>
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6. Service Development Activity

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

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

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

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

Unfortunately, in Quarter 4, due to uncertainty about Consultant cover, we have been unable to support GP registrars (GPRs) on the GP training scheme, full time for 6 months or Specialist Registrars from Training Programme in Palliative Medicine within the North East. However, we plan to reinstate GPRs from August 2024.

Planned developments include hosting student physiotherapist and occupational therapists and pharmacists.

6.1.2 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 (SLAs) with third party providers, including all services provided by the local NHS trust.

6.1.3 During Quarter 1 we have:

- Agreed with the Clinical Governance Committee that we will develop a new Medical Governance Improvement Plan based on The Medical Practitioners Assurance Framework (MPAF) and the updated GMC guide, Effective Clinical Governance to support revalidation
- Held a Trustee awayday to identify the skills and experience we want to attract to the Board and have agreed to broaden our search to include attracting people with medical, nursing and other clinical experience.
- Identified a potential retired Consultant to join the Board
- Completed an audit of SLAs. This indicates that we have appropriate SLAs in place regarding most, if not all, services. We await confirmation from the ICB regarding CDDFT wheelchair service and CDDFT orthotics service.

6.1.4 During Quarter 2 we will:

Agree a new SLA with CDDFT which will include capacity to develop and commence implementation of a Medial Governance Improvement Plan
Convene the Board's Search Sub-Committee to commence and complete Trustee recruitment
Seek confirmation from the ICB that SLAs are not required for CDDFT wheelchair service and CDDFT orthotics service.

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

6.2.1 Ascitic Drainage:

Following the departure of our specialist palliative care consultant and the outcome of our business case we are no longer accepting referrals to LWC for paracentesis. We have continued to support one existing patient and have been working with CDDFT to clarify medical responsibility for these patients. In Quarter 1

- 9 ascitic drainages were carried out in LWC on 1 patient (non-cancer).

6.2.2 Blood Transfusions

In Quarter 1

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

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

- 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.

6.2.4 During Quarter 1 we have:

- Worked with Hospices North East and North Cumbria (HNENC) to agree a draft Patient Safety Incident Reporting Plan (PSIRP) for consideration by the ICB.
- Begun to break down what we currently classify as “other” incidents
- Continued to focus on optimising use of both the IPU and LWC
- Agreed a Statement of Intent with the ICB and CDDFT to collaborate in developing a more integrated approach to the delivery of palliative and end of life care services

6.2.5 During Quarter 2 we will:

- Finalise the PSIRP and commence work on agreeing a common typology for incidents
- Work with the ICB and CDDFT towards developing a more integrated and sustainable provision of PEOl services
- Produce an initial evaluation of the outcomes from and impact of the deployment of the rehabilitation assistant

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

6.3.1 Admiral Nurse

The Admiral Nurse works with families and people affected by dementia, particularly during complex periods of transition. This is achieved through casework, coordination, groups and clinics to:

- Promote physical, social, and psychological health of family carers and people with dementia.
- Improve well-being and quality of life for people with dementia and their family carers.
- Enhance adjustment and coping strategies for people affected by dementia and their families.

6.3.2 Namaste

In addition to improving the quality of life for people living with dementia evaluation of Namaste care has identified direct benefits to carers themselves. Carers have reported that having regular contact with a volunteer through Namaste home visits and the link this provides to additional support from the Dementia Team if required makes them feel well supported and more confident in their caring roles.

Carer attendees to our Namaste groups have reported that they enjoy spending quality time with their loved ones in an environment where they feel safe and supported. Carers have commented on the feelings of connection this time together can provide and the pleasure they have experienced seeing their loved ones engaged in therapeutic activity that is specifically tailored to meet their needs. Carers also highlight greatly appreciating the opportunity to access both peer and professional support when attending the groups.

6.3.3 Carers Support Needs Assessment Tool (CSNAT)

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

CSNAT is being implemented in Dementia-Namaste Service.

Within IPU and LWC, the Family Support Team (FST) implement Carers Conversation Wheel as part of their assessment. See below for outcomes for Q1.

6.3.4 Carer Satisfaction Outcomes: Q1

Most commonly occurring needs in quarter:	
<ul style="list-style-type: none"> • Emotional support – Listening Ear Service remains in demand. • Info and Guidance on community funding options • Referrals for home-based community adaptations (Care Connect) • Benefit applications 	
Intervention provided:	
<ul style="list-style-type: none"> • Provided advice on CHC funding on both IPU and LWC • Provided listening ear and one to one session with carers. • Escalated emotional support needs with a referral to the counselling team. • Referral completed to Social Care Direct to result in increased support for their relative • Provided information on care homes that were suitable for their relative • Provided bereavement support to relatives to ensure appropriate ongoing level of support. • Provided information on community support options including care home agencies. • Telephone listening ear support • Completed supporting letters to Housing providers 	
Outcomes met:	Outcomes not met and why:
<ul style="list-style-type: none"> • Emotional wellbeing 	<ul style="list-style-type: none"> • None

<ul style="list-style-type: none"> Information/advice/guidance 	
Thank You and Compliments:	
<ul style="list-style-type: none"> None of note- carer said thank you for supporting with benefit application 	
Feedback and Improvements:	
<ul style="list-style-type: none"> Now family support worker to help implement carer support 	

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

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

6.3.5 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.

6.3.6 During Quarter 1 we have:

- Implemented the Carer Conversation Wheel (see above)

6.3.7 During Quarter 2 we will:

- Continue to embed the Carer Conversation Wheel
- Plan for the delivery of carer education sessions

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

6.4.1 We have worked with the Commissioning Support Project Officer, to review our service to children and young people. We have successfully implemented an action plan agreed in response to risks to business continuity and intended to reduce our waiting list for CYP

counselling. We continue to embed our Bereavement Pathway and new ways of working, for example development of a Listening Ear Service, a bereavement service offered to those experiencing a need for anticipatory grief and post bereavement support, means our Family Support Team have been able to provide more emotional support to Living Well Centre guests and Inpatients and their families.

6.4.2 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 SystemOne
- Celebrate outcomes of the development of a Hospice-wide bereavement support journey
- Develop a community bereavement offer

6.4.3 During Quarter 1 we have:

- Authorised two staff to complete Shapes of Grief training to support the development of a community bereavement offer

6.4.4 During Quarter 2 we will:

- Commence the development of a community bereavement offer

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

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

In this quarter we have completed an evaluation and have subsequently decided to focus our energy and resources, in year two, on the areas that are working well, Hospice Hub, Bereavement Support and Dementia Care. This will free up capacity to undertake more community engagement and strengthen the Hospice Hub, Everything in Place, Bereavement Support and Dementia Care. We offer one to one support through our Community Outreach Listening Ear Service, have supported the Dementia Services team to deliver Carer education/training. We have also delivered an online introduction to Anticipatory Grief with Durham County Carers during quarter 1 which will be delivered during quarter 2, previously the numbers of attendees can be low, but it is very specific training around what to expect when someone is dying – therefore best accessed at the time of need and small numbers work well due to the emotional nature of the

discussion. Feedback from previous courses suggest that the information is 'invaluable' in understanding what might happen in the days/weeks preceding the death of a loved one, where to access help, and how to look after oneself during difficult times.

6.5.2 Everything in Place (EiP)

Everything in Place promotes a Public Health approach to encouraging family conversations around death, dying and bereavement. The course is delivered over eight, weekly sessions, covering topics such as Wills, Power of Attorney, Advance Care Planning, funeral planning, making memories etc. The overall aim of the programme is to encourage what can be difficult conversations, support informed decision making and the drafting of legal/informal documents preparing individuals and families for later life/end of life.

Prior to the Pandemic the Hospice delivered 'Everything in Place', in local community venues. During the pandemic the course was re-written to enable virtual delivery which has proven to be successful. Following an end to the non-recurring funding the departure of the Everything in Place Project Manager and the availability of volunteers the EIP stalled. However, through the Community Outreach Project both face to face and virtual delivery of the course recommenced in March 2023. During quarter one we have seen demand for Everything in Place increase. We have completed delivery of two courses (one of each) and offered additional support for checking over legal documents etc some of these can be home visits depending on need.

6.5.2 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

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

6.6.1 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

6.6.2 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.

6.6.3 How will we measure success?

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

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

6.7.1 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.

6.7.2 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.
- Complete quarterly audits of service provision to assure safety.
- Celebration of Hospice-wide bereavement support journey.

6.7.3 How will we measure success?

- Cleaning audit reports
- Confirmation from Infection Control Audit
- Report against planned maintenance schedule
- Report improvements against quarterly audit outcomes.
- Friends and family feedback results.

6.7.4 What we have done in Quarter 1

- Commenced and reviewed audit cleaning reports

6.7.5 What we will do in Quarter 2

- Move responsibility for cleaning standards to Estates and Facilities department
- Complete audit reports

6.8.1 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

6.8.2 Why have we chosen this aspiration?

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

6.8.3 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

6.8.4 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

6.8.5 What we have done in Quarter 1

- Completed Safeguarding training for Trustees
- Embedded responsibility for retaining the Better Health at Work Award into the job description of the HR Manager
- Recruited a new Freedom to Speak Up Guardian and new Freedom to Speak Up Ambassadors

6.8.6 What we will do in Quarter 2

- Complete level 4 Safeguarding training for appropriate staff

- Prepare the Staff Survey
- Consider the feasibility and value of conducting a culture web audit

7. Clinical Governance, Quality Assurance and Quality Improvement

7.1 Clinical Audit

Audits have been carried out in this quarter and will be report by exception.

7.2 Link Practitioner Programme (LPP)

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

Within the Hospice we have the following Link Practitioner Groups:

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



Blood transfusion
Status Slide Q1 2024



Falls Prevention
Status Slide Q1 2024



Infection Control
Status Slide Q1.pptx



Medical Devices
Status Slide Q1 2024



Safeguarding
Status Slide Q1 2024



Tissue Viability
Status Slide Q1 2024







Venepuncture and
IV status slide Q1 20

8.0 Patient and Family Experience

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

Service user feedback questionnaire charts and comments

 IPU Friends and Family Test- 2024 20	 LWC Friends and Family Test- 2024 20	 BST Questionnaires Adult - 2024 2025.xls	 Dementia Services Friends and Family 1
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8.2 Suggestion box feedback

There are suggestion boxes situated at communal areas around the hospice, giving everyone the opportunity to make suggestions in a confidential/anonymous manner. During Q1 there have been 5 suggestions from people using our service.

9.0 Workforce Assurance

9.1 Absence

We are carrying the following vacancies:

- HCA 1.0 WTE
- Head of Clinical Services 1.0WTE

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

9.2 Recruitment

We have successfully recruited to several posts: -

- HCA 0.9 WTE
- Nursing Associate 0.6 WTE
- Family Support Worker 1.0 WTE
- CYP Counsellor (fixed term) 0.4 WTE

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

9.3 Staffing Levels

In Patient Unit

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

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

9.4 Training & Development

We continue to support training and development. All staff receive mandatory training and compliance against our mandatory training target of 90% is currently:

- Bereavement 95%
- Community 100%
- Dementia 90%
- Family Support Services 100%
- Guest Services 92%
- LWC 98%
- IPU 98%
- Medical 95%

We currently have 5 independent prescribers (1 pharmacist and 4 nurses).

We continue to roll out competency assessments. Examples include:

- Hickman Line
- PICC Line
- Tissue Viability

Training and Development sessions are also provided by our Clinical Practice Development Nurse and cover topics such as Fundamentals of Care and Palliative care emergencies. We support clinical staff to undertake the Foundations and Advances in Palliative Care Course.

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Contributors

Sarah Stanley, Secretary, Clinical Services

Julia McCabe, Service Manager, IPU
David McLoughlin, Service Manager, Day Services
Jenna Cannon, Admiral Nurse, Dementia Services
Denise Crawford, ANP
Louise Johnson, Community Outreach Manager