St Cuthbert's Hospice

Service Contract Quarterly Performance Report
Second Quarter: 1st July to 30th September 2024

1.0 Introduction

This Second quarter Service Contract Quality Performance Report (SCQPR) covers the period 1 July – 30 September 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 89 of which 87 achieved their preferred place of death, (PPD). We were able to discuss preferred place of death with 89 patients. 2 people did not achieve their preferred place of death, which was home. IPU bed occupancy to date is 76.83%.

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 and this model of care continues to work well. In Q2 we reconfigured the medical staffing rota, with Dr Sara Colclough joining us an additional 2 days and Denise Crawford returning to her practice development post. This has increased medical capacity to deliver a very responsive service.

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 commencing work at the end of 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 have launched a successful new treatment group in Q2, Fatigue, Anxiety and Breathlessness (FAB) group, which includes seated exercises. We have collaborated with the Macmillan Information Service to deliver the national HOPE program to people in North Durham. We have converted our Nursing Associate post to an Assistant Practitioner (band 4) post which supports new ways of working more efficiently. We continue to offer Day Hospice services for interventions such as blood transfusion.

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. Our 0.6WTE CYP Counsellor successfully completed their probation in Q2. Also, in Q2 we implemented our new referral criteria, in line with national guidance.

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 of 2023/24. A draft Plan was drafted in Q1 and Q2 of 2024/25,

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 Q3.

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 Q2 with the action plan due to be completed in Q3.

2.0 Summary of what we have achieved in quarter two

Achievements to end of the second quarter:

Service Activity:

- **In-Patient Unit:**
  - 61 new admissions into the in-patient unit during this reporting period.
  - 44 deaths
  - 43 patients achieved preferred place of death.
- **Living Well Centre:**
  - 1219 Face to face appointments.
  - **Bereavement Support Services – Adults**
    - 142 Face to face appointments attended, 17 well-being calls to 65 people.
- **Admiral Nurse:**
  - 46 patient/carers had 92 contacts, attended 2 memory cafes, 39 community/Hospice groups and 5 training sessions. 23 new referrals received.
- **Namaste team:**
  - 65 patients/carers seen at home/Hospice/outreach, had 709 contacts. 12 new referrals received.

Protecting people from avoidable harm:

In Quarter 2 there have been 36 clinical incidents:

- 0 Serious incidents
- 0 Incident of major, permanent harm; severe disruption
- 3 Incident of actual moderate harm/short term harm/disruption
- 13 Incidents of actual minor/minimal harm/low disruption
- 14 Incidents of actual no harm
- 6 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**	
				Q1	**Q2**	**Q3**	**Q4**		**Year 2023-2024 Performance**
In-Patient Unit (IPU)									**COMMENTS.**
Total number of in-patient referrals received	N/A for monitoring purposes	**365**	**-**	105	107				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	47.1				
Total number of inpatient admissions.	N/A for monitoring purposes	**247**	**-**	65	61				N/A for monitoring purposes.
Percentage bed occupancy.	**≥ 85%**	**81.50**	**Not Met**	71.31	82.28				
Percentage bed availability.	**≥ 95%**	**99.86**	**Met**	99.56	100				
Average length of stay for inpatients.	**≤ 15 days**	**12.2**	**Met**	10.1	12.3				
Number and percentage of inpatients that have been offered an Advance Care Plan.	**90%**	**100%**	**Met**	100%	**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%**	**44 100%**				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 %	**43 97.7%**				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%	**100%**				
Patient's written care plan tailored to address falls risk completed within 6 hours of admission.	**100%**	**95%**	**Not met**	100%	**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%	**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%	**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 %	**100%**				.
Percentage of patients that report a positive experience of care via the Friends and Family Test.	**90%**	**100%**	**Met**	100%	**100%**				Q2 - 11 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 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%**	**100%**				
% of discharge summaries to be sent to GP within 24hrs	95%	**76.1%**	**Not met**	**94.1 %**	**92.86 %**				1 missed due to holidays and locum staff
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	**154**				N/A for monitoring purposes

Number and percentage of Living Well Centre patients receiving a care plan	**100%**	**100%**	**-**	100	**100**				
Percentage occupancy	**≥ 80%**	**52.55%**	**Not Met**	60%	**63%**				If everyone booked to attend had attended occupancy would have been 75%
Time from referral to Living Well Centre and contact to arrange home visit / assessment.	**90% within 7 days**	**100%**	**Met**	100%	**100%**				
Time from first referral in LWC to Physiotherapy assessment	**100% within 21 days**	**100%**	**Met**	100%	**100%**				
Time from referral in LWC to Occupational therapy assessment	**100% within 21 days**	**100%**	**Met**	100%	**100%**				
Percentage of patients that report a positive experience of care via the Friends and Family Test	**90%**	**100%**	**Met**	100%	**100%**				Q2 – 12 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	**65**				N/A for monitoring purposes
Number and percentage of clients contacted within 15 working days of receipt of referral (adults)	**95%**	**100%**	**Met**	100%	**100%**				
Number and percentage of written assessments of needs and action plans agreed with clients (adults)	**100%**	**100%**	**Met**	100%	**100%**				
Percentage of clients that report a positive experience of care via the Friends and Family Test	**90%**	**100%**	**Met**	100%	**100%**				Q2 - 12 forms returned.
Number of complaints and compliments received and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes. Complaints are recorded on the Incident Log. Refer to Sect. 5.2 of report.
Number of safeguarding incidents and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes Refer to Sect. 5.2 in report
Dementia services									**COMMENTS**

Total number of patients attending Dementia Support Service	N/A for monitoring purposes	**153**	**-**	**93**	**102**				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%	**100%**				
Time from referral to Namaste care for first contact and appointment arranged for assessment.	**95% within 15 days**	**100%**	**Met**	**100%**	**100%**				
Percentage of patients who provide feedback and report a positive experience of care	90%	**100%**	**Met**	**100%**	**100%**				Q2 – 4 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**	**4**				3 Unavoidable, 1 Avoidable
Pressure Ulcers/SDTI	**28**	**7**	**14**				6 PU (4 patients on admission) and 8 SDTI on admission (4 patients)
Medication Errors	**23**	**7**	**2**				1 external and 1 internal to Hospice
Other clinical incidences	**80**	**16**	**15**				5 x Health and Safety 2 x Estate and Facilities 2 x IT 1 x Access, Admission, Transfer, Referral 1 x Implementation of Care 3 x Fire 1 x Violence and Aggression 1 x Patient Experience
Infection Prevention and Control - Health acquired infections	**8**	**4**	**0**				
Information Governance	**14**	**1**	**1**				
Subject Access Requests	**3**	**0**	**1**				
Safeguarding	**7**	**0**	**0**				
MCA/DoLS	**23**	**7**	**6**				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 Two

Incident Number	Incident Date	Cause Group	Cause 1	Cause 2	Details Of Incident	Initial impact	Actual Impact	Outcome Description

120738	19/07/2024	Fire	Actual Fire - Non Patient Area		Staff leaving hospice noticed smoke tracking across the ceiling near the area of the kitchen/staff toilet on the IPU. The fire alarm alarmed and 999 was contacted but they were already on the way. Senior management contacted and assured I'd contact back when resolved and reassured fire crew was minutes away. Patients checked on and fire doors kept shut. The plate had been removed from the building. Smoke accumulated in that corridor area and fire crew arrived very quickly and used a fan to remove smoke from the building. No harm to patients and reassurance given, smoke remained in that corridor only so felt that patients did not need to be evacuated. Senior nurse reset alarm with fire crew and fire crew left when smoke removed from building. I contacted senior management to let them know the crew had left and where happy patients were safe.	1 - No Harm	3 - Moderate Harm, Short Term Disruption	As staff member was about to leave shift, noted smoke tracking across ceiling. Went into IPU kitchen to find dark black smoke in the microwave. Upon opening microwave, a scone had been heated up on a paper plate and left unattended. Staff assessed situation and deemed it a safe and appropriate to remove plate from microwave (plate black not on fire at this point) and remove it from the building. Staff called 999 and advised fire crew on their way. SMT on call called ward following alert, band 6 dealing with the issue but advised she would call back when appropriate to do so. Fire crew removed smoke from corridor. Patients did not need to be evacuated as smoke contained and fire crew arrived and removed with appropriate equipment. Mains medical gas did not need to be turned off as source of fire found and removed quickly. Staff reassured patients. Senior nurse reset fire Pannel with support of fire brigade. Senior nurse contacted SMT on call and advised of situation and what had been done. 22/7/24 JM walk around with Central support manager identified gaps in fire doors which appears that smoke could pass through. Mckenzies builders had been contacted and reviewed fire doors as gaps in doors and advised gap is fine. Fire office inspection also carried out after fire and no concerns re: doors on IPU noted. There will now be an annual door gap assessment which will be carried out by central support using a door gap tool. Agency (nurse plus) who supplied agency staff informed of incident and advised they would pick up the issue with the staff member. Agency staff member supported by hospice staff during shift.

122380	09/09/2024	Fire	Actual Fire - Non Patient Area		Oven fire in main kitchen. Alarms did not activate	3 - Moderate Harm / Short Term Disruption	3 - Moderate Harm, Short Term Disruption	No harm to patients or staff. Fire extinguished by staff member. Fire Brigade did not attend. Central Support notified that alarms did not activate. Smoke Detector to be fitted outside kitchen door adjacent to the hub.
122687	15/09/2024	IT	Telecommunications Failure		External calls not being received onto IPU.	3 - Moderate Harm / Short Term Disruption	3 - Moderate Harm, Short Term Disruption	

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

During this quarter we were able to reinstate support to GP registrars (GPRs) on the GP training scheme, full time for 6 months

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 2 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.
- Recruited a retired Consultant to join the Board with another due to be interviewed.
- 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.
- Evaluated the first year of the LWC Transport Driver pilot project – see appendix:1.

6.1.4 During Quarter 3 we will:

- Agree a new SLA with CDDFT which will include capacity to develop and commence implementation of a Medial Governance Improvement Plan
- Seek confirmation from the ICB that SLAs are not required for CDDFT wheelchair service and CDDFT orthotics service.
- LWC team will host 2x T Level students from East Durham College, for a 12-month period.

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 2

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

6.2.2 Blood Transfusions

In Quarter 2

- 12 blood transfusions were carried out in LWC.

- 3 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 2 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
- Under an agreed Statement of Intent, have collaborated with the ICB and CDDFT to collaborate in developing a more integrated approach to the delivery of palliative and end of life care services, which would include improved out of hours access to care.
- In LWC, recommenced advance care planning sessions, seated exercises (in the FAB group) and hosted the HOPE program with Macmillan Info Service.

6.2.5 During Quarter 3 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 Q2.

6.3.4 Carer Satisfaction Outcomes: Q2

<table>
<tr><td colspan="2">Most commonly occurring needs in quarter:</td></tr>
<tr><td colspan="2">• Emotional support – Listening Ear Service remains in demand.
• Info and Guidance on community funding options
• Referrals for home-based community adaptations (Care Connect and Key safe)
• Benefit and LPA applications</td></tr>
<tr><td colspan="2">Intervention provided:</td></tr>
<tr><td colspan="2">• Made clay handprints with patient’s daughter on IPU
• Creative crafts provided to patient- supporting relative in knowing patient is supported holistically
• Anticipatory grief support provided whilst person’s husband was on IPU
• Provided advice on CHC funding on both IPU and LWC
• Provided listening ear (one to one) sessions with carers.
• Escalated emotional support needs with referrals made to the counselling team.
• 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
• Completed supporting letters to Housing providers
• Provided LPA forms to patient and family</td></tr>
<tr><td>Outcomes met:</td><td>Outcomes not met and why:</td></tr>
<tr><td>• Emotional wellbeing
• Information/advice/guidance</td><td>• None</td></tr>
<tr><td colspan="2">Thank You and Compliments:</td></tr>
<tr><td colspan="2">• None of note- families have thanked for bereavement support and advice given on care options</td></tr>
<tr><td colspan="2">Feedback and Improvements:</td></tr>
<tr><td colspan="2">• Goal for family support team is to establish carer services in hospice</td></tr>
</table>

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 2 we have:

- Implemented the Carer Conversation Wheel (see above)

6.3.7 During Quarter 3 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 SystmOne
- Celebrate outcomes of the development of a Hospice-wide bereavement support journey
- Develop a community bereavement offer

6.4.3 During Quarter 2 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 3 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 (Support Worker post funded by match funding).

Following the mid- term review of the project, Big Lottery has agreed that the focus will remain on the Chester-Le-Street and Durham area, rather than expanding to other areas of the County. Chester-Le-Street is easily accessible, and the network partnership is well established. It was agreed that people who need support and can travel from the wider community if they can make their own way there.

Support continues around the delivery of Hospice Hub, and Dementia Care/Namaste are working well. We offered one to one support through our Listening Ear Service and supported the Dementia Services team to deliver Carer education/training. During this quarter we attended a number of community events to promote our services, and make sure that we are up to date with services provided by the wider community and voluntary sector organisations.

Shapes of Grief training has started for two members of staff, and we are preparing training documents for the volunteer buddies.

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.

During quarter 2 we completed deliver of two courses, one delivered online and aimed at Carers who might not be able to leave the house. A second course was delivered face to face at Bullion Hall, Chester-Le-Street, with a total of 34 people completing the course, the informal manner that the sessions are delivered helps to address people's fears around discussing death with family and friends aims to debunk the myths and mysteries surrounding final wishes. A further two courses are planned for quarter 3.

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 2

- Commenced and reviewed audit cleaning reports

6.7.5 What we will do in Quarter 3

- Provide additional support to the Guest Services Department to complete audits of cleaning standards from the 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 2

- Completed relevant safeguarding training for Trustees and clinical managers.
- 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 3

- 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 Q2 2024


Clinical Competency Status S


Falls Prevention Status Slide Q2 2024


Infection Control Status Slide Q2.pptx


Information Governance Status S


Nutrition Status Slide Q2 2024-2025.p


Safeguarding Status Slide Q2 2024


Tissue Viability Status Slide Q2 2024


Venepuncture and IV status slide Q2 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 T

8.2 Suggestion box feedback

There are suggestion boxes situated at communal areas around the hospice, giving everyone the opportunity to make suggestions in a confidential/ anonymous manner. During Q2 two suggestions were received. One was for the purchase of an additional microwave for the staff room, and this was actioned. The other was for the sale of produce from the garden to be moved from the greenhouse to the front of the Hospice. This was not actioned because of the implications for the management of cash receipts and the difficulty in staffing such an arrangement. Suggestions and responses are published on the screens in Reception and IPU.

9.0 Workforce Assurance

9.1 Absence

We are carrying the following vacancies:

- 1 X HCA – IPU 1WTE

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 – IPU 1.0 WTE
- RGN – IPU 0.8 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 100%

- Community 100%
- Dementia 92%
- Family Support Services 100%
- Guest Services 90%
- LWC 100%
- IPU 96%
- Medical 92%

We currently have 4 independent prescribers (4 nurses).

We continue to roll out clinical procedure training and competency assessments. Examples include:

- Hickman Line
- PICC Line
- Indwelling Pleural Catheter drain

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.

Date: October 2024

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

Appendix: 1 QIP – LWC transport driver 1yr progress update.

QI: LWC Transport Driver role check in on progress
David McLoughlin, Day Services Manager (October 2024)

Background: Living Well Centre (LWC) Transport Service – 2x vehicles (1x minibus and 1x minivan).

- Pre-pandemic completely volunteer led transport service. – 20+ volunteer drivers.
- Constant high demand – KPI of 85% met for population in need of transport to access service.
- Post pandemic – decreased volunteer support to meet demand – 10 drivers (Mar 23) ***Reduced capacity.***
- 2022/2023 – referrals for LWC grew from 59 to 65 per Qtr. ***Not all converting to occupancy due to transport.***
- 2022/2023 - transport support for those needing assistance to access. ***Carer/ Family burden increased.***
- Limited geography covered – 'A1 corridor' (Durham/CLS/ Ferryhill). ***Not reaching all parts of County Durham.***

AIMS: Implement a 3yr project LWC Transport Driver employed role to:

1. Increase capacity of transport provision (SG 1/2/4).
2. Increase referrals and occupancy in LWC through transport support (SG 1/2/3/4).
3. Reduce carer stress and transport burden in line with Hospice carers strategy. (SG 3.)
4. Increase equity of access to services across County Durham (SG 1/2/3/4).

CONCLUSION:

Outcomes: Resoundingly positive in Year 1!

- Increase in capacity for journeys.
- Increase in LWC occupancy.
- Steps to reducing carer burden.
- Increased coverage of County Durham.

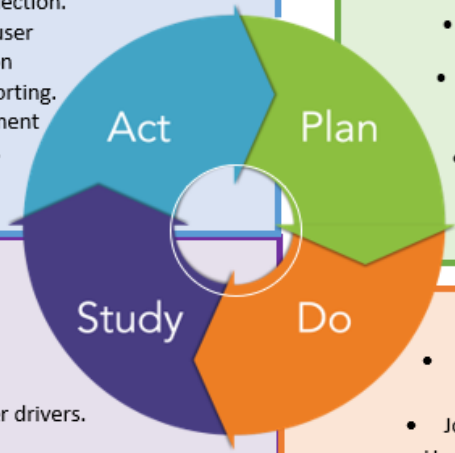
Next steps:

- Year 2 of the employed Transport Driver project.
- Reporting on utility/ impact – continue data collection.
- Scoping longer term funding.

A

SUGGESTIONS:

- Continue data collection.
- Continue service user feedback collection
- Data analysis/reporting.
- Continue Engagement of community svs.
- Volunteer recruit.



P

- Data collection in 22/23 with Red Cross Transport support for baseline output.
- Business case/ proposal based on 22/23 data collection to SMT for approval.
- Operational Plan outcome for 23/24.
- Devise JD and person spec in line with occupational standards for Driver.
- Review of DVLA/DVSA requirements.
- Scope training needs and provider.

S

Outcomes so far:

- LWC Guest numbers – 2022/2023 – **249** 2023/2024 – **302** – **increase of 53 guests.**
- LWC occupancy rates – 2022/2023 – **31.25%** 2023/2024 – **52.55** – **increase of 21.30%**
- Number of LWC Transport Driver Journeys – Q3 **126** / Q4 **247** / Q1 **240** / Q2 **175**
- Number of volunteer driver journeys – Q3 **332** / Q4 **283** / Q1 **153** / Q2 **300**
- Transport KPI (85%) – increased from 49% to 60% – balanced against shortfall in volunteer drivers.
- Appointed Driver Tracy has settled in well and become part of the team.
- Volunteer driver engagement remains difficult – 2 new drivers engaged but 3 existing drivers have left voluntary posts. 9 volunteer drivers (as of Sept 2024) supporting. Time commitment appears to be an
- LWC Transport Driver post has bridged gap created with limited volunteers – consistent provision in situ.
- LWC Transport Driver works with LWC HCAs to plan journeys – single point of contact is beneficial.
- Areas covered has increased beyond A1 corridor. PCNs serviced– Durham East /Durham West / Claypath & Univ./ Bishop Auckland/ Chester Le St/ Sedgefield North / Wear Valley/ Teesdale / Easington North/ Derwentside.
- Supporting medical procedure delivery – blood product collections from UHND – 139 journeys to UHND.
- Joint working Driver/Occupational Therapist (Emily) for complex home transport risk assessment issues – timely resolve of access issues to facilitate guest attendance at LWC.
- Commenced service user and carer feedback collection 24/25 Q1 – on-going initiative.

Feedback … 'As with all we have experienced, with SCH the service is second to none. We are very, very grateful.' (Guest Q1).

D

- SMT approval 23/24 – 3yr pilot period.
- JD and PS devised for Driver (B2)
- Job Evaluation Panel approval – B2 post.
- Hospice recruitment procedure followed – successful recruitment Q1 23/24.
- Section 19 permit (hire/reward) for vehicles obtained as per OTC guidance.
- Tracy Booth commenced in post Q2 23/24 (Sept 2023), and mandatory training done.
- Statutory CPC Driver training completed with Unique Driver Training by Q3 23/24.
- Data collection commenced – number of journeys/ primary care networks (PCNs) covered/ service user and carer feedback.