



Quality Account 2021-2022



Registered Charity No. 1053814

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Acknowledgements

Thank you to the following St Barnabas Hospice staff who have contributed to this Quality Account:

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Dr Kat Collett	Palliative Medicine Consultant
Mrs Kerry Bareham	Nurse Consultant
Mrs Jenny Streather	Allied Health Professional Lead
Mrs Jill Edwards	Senior Clinical Services Manager
Miss Emma Ford	Deputy Governance and Quality Lead
Mrs Mandy Irons	Head of Well Being
Mrs Jo Negus	Clinical Systems Lead
Mrs Mandy Tapfield	Administration and Support
Mrs Rose Gray	Freedom to Speak up Guardian

Part 1:

Introductory Statement by the Chief Executive Officer, Mr Chris Wheway

On behalf of St Barnabas Executive Team and the Board of Trustees, it gives me great pleasure to present the 2021/2022 Quality Account for St Barnabas Hospice.

2020 /2021 have been a very challenging years for the Hospice, we have invested a great deal of time, resources and commitment responding to the Pandemic, supporting new ways of working to enable us to meet the needs of the people in our care and to keep our staff and volunteers safe. As we begin our journey to restoration and recovery of services I am confident St Barnabas will continue to develop new collaborations and innovations so that we can continue to deliver outstanding hospice care to the people we so proudly serve across Lincolnshire.

Our key priority at St Barnabas Hospice is to ensure high quality care for all our patients, and their families. We have during this reporting period and time of exceptional uncertainty maintained a strong governance framework, working in line with both national and local guidance and within short time frames developed new services. An excellent example of this is our Wellbeing Team who have developed at short notice a bereavement line accessible to all in Lincolnshire, to support people facing acute grief and loss during this pandemic. Our clinical teams have also adapted and made use of technology to keep in touch with our patients, families and each other.

I am humbled to report that the quality of our services has not been negatively impacted by the new ways of working, this is tantamount to the dedication and commitment of all our staff and volunteers.

This account gives us the opportunity to provide information on how we delivered last year's improvement priorities, how we measure and gain assurance about the quality of our services and to identify the quality actions we intend to introduce during the coming 12 months.

The four priorities for improvement undertaken during 2020-2021

- Deployment of electronic referrals to St Barnabas Hospice Community Services
- Enhancing the quality of holistic family support
- Single nurse administration of controlled drugs – Inpatient Unit
- Raising the profile of equality and diversity across hospice services

I am pleased to report good progress has been made with our priorities for delivering improvement this year, despite the challenges we have faced. This demonstrates ongoing commitment to improving the quality of care for our patients and families.

Electronic referrals to our co-ordination centre has been successfully achieved. This project has been delivered in partnership with other providers in the County and is evidence of the commitment and value of working together to improve care for patients and clinicians. This project has freed time for care, in what have been challenging times for frontline clinical staff.

Our Inpatient Unit team have established a project for the implementation of single nurse administration of controlled drugs. This initiative has already proved successful in freeing up time for care and given the team autonomy and a sense of pride in new ways of working.

Our equality and diversity group have continued to drive the agenda for improving the awareness of issues faced by those from minority groups and enabling access to Hospice care. The supporting education and training has continued to be delivered despite the challenges faced. We acknowledge this is an ambitious and big piece of work and we pledge to continue this and have committed as a team to carry forwards this priority until all of the learning can be embedded.

The Wellbeing Team are a key specialist team here at the Hospice. Their priority is to improve the family experience at end of life care by introducing a simple model of family assessment, into multi-disciplinary meetings. This has proved to be invaluable in our commitment to holistic assessment of the patients we are privileged to care for.

The projects for the coming year are described and are:

Priority 1

Enhancing spiritual care for patients.

Priority 2

Palliative Rehabilitation – responding to the needs of our patients and staff, post Covid 19.

Priority 3

Enhancing care after death.

Priority 4 (carried over from 2019/2020)

Single nurse administration of controlled drugs releasing registered nurse time to care.

Priority 5 (carried over from 2019/2020)

Raising the profile of equality and diversity across hospice services.

I am very confident that all of our clinical teams will deliver the new priorities established for 2021/2022 and I am sure this will result in direct improvements in the care of patients and families.

I ensure the quality of care we deliver at St Barnabas Hospice is regularly reviewed and improvements are made as required and I can confirm the accuracy of this quality account. Comments on the quality account from external local organisations are included.



Chris Wheway - Chief Executive

Trust Response to the Covid 19 pandemic

Michelle Webb - Director of Patient Care



This year's quality account has been prepared as the Hospice starts to plan restoration and recovery of services from Covid 19. Despite the challenges faced by St Barnabas during 2020/2021, the clinical teams have continued to support patients and families with outstanding compassionate palliative and end of life care wherever our patients reside.

The Hospice at Home team have deployed a blended approach of both face to face care for patients in their own homes and the use of technology to promote responsive and safe working throughout the pandemic. Our specialist nurse practitioners have made use of online consultations to ensure the needs and wishes of our patients are met.

St Barnabas has remained responsive to the needs of the Lincolnshire health and social care system and is very proud to have supported new collaborations and innovative new services to support patients and the workforce in the County.

Day therapy services have been maintained providing patients and families a combination of on-line support and therapy provision in the patients own home. We were fortunate to receive grant funding to invest in technology and have deployed iPads to maintain much needed contact and interaction with people who are in remote and isolated communities.

Our Inpatient Unit has continued to admit patients in need of specialist symptom control care and support on the Unit to patients, some of whom were Covid-19 positive. Our expert team have adapted to new ways of working to keep all patients in our care safe and have implemented a robust process for supporting visitors to the Unit. A combination of face to face visiting for those at the very end of life and by making good use of technology where appropriate to facilitate much needed *virtual visits*.

The Wellbeing Team has continued to provide much needed support and care. A bereavement line has been established and through the fantastic knowledge and expertise of our volunteers have provided much needed support for those affected by Covid and non-Covid bereavement issues. The well-established bereavement groups that St Barnabas is well known for providing quickly migrated to an on-line service to remain responsive to the needs of patients and families facing the unprecedented challenges imposed by Covid - 19. Our wellbeing leads have given expert advice to our partners in both health and social care in terms of supporting staff to cope with increased deaths of patients and clients in a short timeframe and often in in very challenging circumstances.

Our specialist palliative care team have also facilitated learning and education through ECHO(an evidenced based education system using technology) and other on-line platforms. The aim of the sessions was to increase knowledge and awareness of end of life care issues facing the clinical workforce in Lincolnshire so that individuals were empowered and upskilled to support the people in their care. The feedback from the session is excellent.

The Hospice has worked hard to procure sufficient clinical grade personal protective equipment to keep our staff safe and ensure clinical services could be maintained. The Governance and Education team have provided additional training and support to all staff with regards to infection prevention and control, not just to our own staff but those external to the organisation.

The Trust have continued to monitor and respond to national and local guidance to support the safe delivery of care for patients, families and staff. One of our key priorities during the pandemic has been to support the wellbeing of our staff. This has been facilitated by our people, education and wellbeing teams through a combination of both formal and informal support. I am proud of the achievements of all of the Hospice teams in their contribution and commitment to maintaining outstanding hospice care.



Trust Board Chairman's Statement

I am very pleased to share with you the Quality Account for 2021/2022. This year without doubt has been unprecedented within the history of St Barnabas Hospice. I am proud to report that with outstanding commitment and with no detriment to the delivery of care, our dedicated staff and volunteers have risen to the many challenges that would not have been foreseen at the outset of the year.

As Chairman, my role is to ensure that the Board of Trustees have all the necessary information available to provide them with confidence that the Executive team can deliver on our strategic objectives.

We are all fully satisfied with the transparency and inclusivity of the breadth of reporting to Trustees. This provides the Board with the knowledge and evidence that this is a well led and outstanding organisation that firmly has the interests of patients, families, the public and staff as a priority.

The success of the work we do is firmly reflected in the ability of the hospice to respond to the challenges that have been presented to us and the commitment to evolve and innovate. I firmly believe that the hospice has successfully navigated through this pandemic to continue deliver outstanding care through the work of all our of staff at the hospice and through the collaborative working and partnerships with other healthcare providers across the County.

The breath and scope of the priorities we have committed to deliver for the 2021/2022 Quality Account continues to evolve so that hospice care is accessible to more people in Lincolnshire, a firm commitment of St Barnabas.

Our commitment to continue to deliver outstanding care in these unprecedented times is unwavering. On behalf of the Board I would like to extend our utmost gratitude to everyone who has supported us through these challenging times and period of uncertainty.

Tony Maltby
Trust Chairman



Trust Board Endorsement of the Quality Account

We, the Trust Board of St Barnabas Hospice, are pleased to endorse the content of the Quality Account and, to the best of our knowledge the information contained therein is accurate.

<u>Trustee</u>
Mr Tony Maltby
Mr David Libiszewski
Dr David Boldy
Mrs Amanda Legate
Mr Paul Banton
Mrs Sylvia Knight
Mr Simon Elkington
Mr Phillip Hoskins

Introduction

Welcome to St Barnabas Hospice Quality Account report which we have written to provide information on the quality of the care we provide to our patients and their families. The report will evidence the high quality of care and the acknowledgment of the work we do in collaboration and partnership with others.

St Barnabas Vision, Mission and Values



St Barnabas
Hospice • Care • Support

OUR VISION

Our vision is a world where dying with dignity, compassion and having choices is a fundamental part of a life.

OUR MISSION

Our Mission is to ensure all individuals facing the end of their life in Lincolnshire receive dignified, compassionate care when they require it and where they ask for it.

OUR VALUES

Aiming High

We reach for excellence and set the standard for others to follow. Celebrating individual and collective success and actively looking for ways to be even better.

Being Courageous

We push boundaries and provide challenge – standing up for what is right and supporting others to make a difference across all aspects of our work.

Working Better Together

We recognise the power of community; building connections and relationships which help us make a positive contribution. Respecting and valuing all contributions - we are ONE team, united and inspired by our common purpose.

Having Heart

People are at the centre of all we do. We're proud of our ability to work in tough situations with resilience, empathy and kindness.

Doing It Right

We are ethical, honest and use resources respectfully. Taking responsibility for our actions and doing what we say we'll do – we challenge others to do the same.

In this Quality Account, we focus on the quality of care we provide for patients and their families, reflecting on our most recent year of operation and look forward to our plans for 2021-2022.

We will continue to deliver our objectives as detailed in our five-year clinical strategy.



Our clinical objectives for the next five years are -:

1. To maintain the “Outstanding” Care Quality Commission rating awarded in August 2019 and to continue to exceed the expectations of those we serve in Lincolnshire.
2. To ensure that the hospice approach to care and support is understood by, and available to, more people wherever they may be, working always to reach the people who are disenfranchised and disadvantaged. We will work with, and lead, partner organisations to ensure that care is connected and co-ordinated.
3. To engage, enable and support our workforce to develop the skills, knowledge, competence and resilience, developing new roles and professional pathways to be exemplars in innovative models of palliative and end of life care.
4. To utilise co-design an evidence based and innovative approach to co-ordinate and connect services that are fit for the people of Lincolnshire in the future.
5. To develop therapeutic relationships with patients and their families to maximise comfort and wellbeing to each individual, increasing professional contact, whilst always promoting self and family care.
6. To deliver services that are value for money and achieve positive outcomes for patients, families, communities and the wider health and social care economy.
7. To empower communities across Lincolnshire to become more resilient and to feel confident to identify and support those at end of life.
8. To generate sustainable income streams by working in partnership across the health and social care system to support the sustainability of the organisation.

Our Year in Numbers 2020-2021

1st April 2020 to 31st March 2021
Our Year in Numbers

We Supported Approximately 5,700 Patients Through the Following Services

We cared for 192 patients in our hospice In Patient Unit in Lincoln



We cared for 89 patients in the Hospice in the Hospital in Grantham



Palliative Coordination Centre received 2,948 New Patient Referrals



We were involved in the care of 2,586 patients in their own home



772 patients under care of our Day Therapy Teams



Our Allied Health Professional teams were involved in the care of 1067 patients receiving Occupational Therapy and 633 patients receiving physiotherapy



Welfare team assisted in clients receiving £8,798,589 worth of benefits



Family Support Service supported 701 new clients



Part 2

Priorities for Improvement 2020/2021

Priority 1

Clinical Effectiveness

Electronic referrals for St Barnabas Hospice Services

What we wanted to achieve

Recommendations for improving access and outcomes for people with palliative care needs is reliant on collaborative working between local health and social care providers and recognised as an essential aspect for the transformation of health and social care. This includes using resources wisely so care can continue to be delivered free of charge, with appropriate allocation of resources and reducing inequalities to access.

The Palliative Care Co-ordination Centre (PCCC) now takes all community referrals for hospice care which has resulted in a significant increase in referrals received through the service, this has placed significant demand on the service. Current national documents set out the process for change and recognise the use of technology to aid safe and effective transfer of information through systems. Therefore, a decision was made to implement a process of electronic referrals to the service.

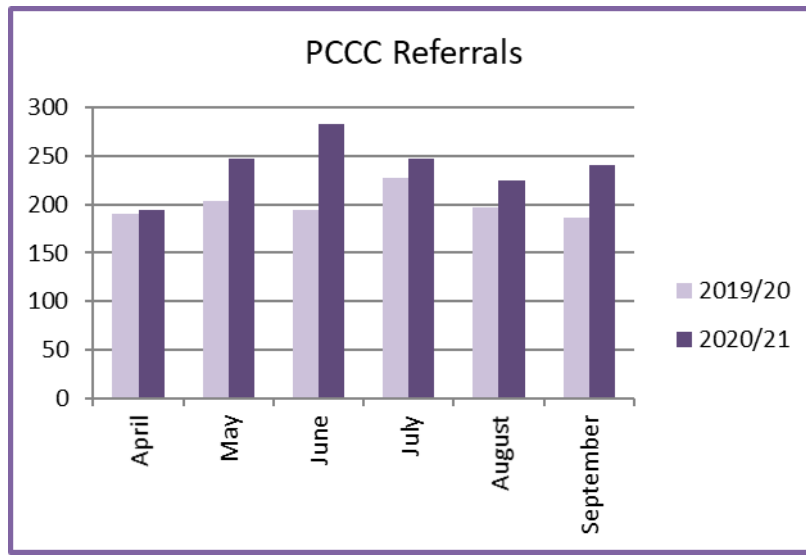
What we have achieved

The electronic referral was co- designed as part of a collaborative task and finish group with multiple stakeholders from across the health and social care system. This has resulted in the development of a Lincolnshire multi-agency electronic referral form.

The first version of this form went live in May 2020. This was reviewed through a co-design group in August 2020 and again in October 2020. The form has been constantly reviewed and updated to ensure it captures all of the necessary information to support effective referrals to our services. The form has been uploaded onto the patient electronic record system and has been shared with other stakeholders to embed into everyday practice.

This innovation ensures that the most relevant patient information is collated by the referring clinician on one form that serves as a single referral document for all palliative and end of life care services. Clinicians continue to have a choice of referral methods, which continues to be collated by the PCCC.

To date there has been an overall 20% increase to date in referrals to the service since introduction of the new electronic referral form.



Next Steps

The next steps for this priority are to work alongside other Trusts bordering the County to develop a unified and simple referral process to access end of life care services. This promotes the Hospice ambition of equitable access to palliative care for all.

This priority will continue to be monitored through data collation and reporting quarterly to the Clinical Governance committee.



Priority 2

Patient Experience

Improving holistic palliative care – enhancing the quality of family support

What we wanted to achieve

This project aimed to improve the family experience of end of life care by introducing a simple model of family assessment into multi-disciplinary meetings and equipping staff with the skills, knowledge and confidence to initiate conversations, involve and support families, children and young people proactively and appropriately.

What we have achieved

Assessment

We have implemented a simple model of family assessment into our Multi-Disciplinary Meetings. Guidance has been developed to support these conversations which include:

- Physical/Emotional/Spiritual needs
- Social and support network
- Financial wellbeing and planning including bereavement benefits. The welfare benefits team are now collecting data showing the number of claims made on behalf of carers
- Risk as a result of bereavement , the potential impact of significant loss for families

Engagement with Local Organisations

We have developed stronger partnerships with Carers First and Young Carers Forum through joint social events and invitations to our carers champion forums specifically to promote the Early Help Child and Family Assessment programme and the Young Carers Card Scheme. We are working with the Palliative Care and End of Life nominated professional from Carers First to engage with service users to understand and co-design our carers support offer.



Education and Resources



The impact of the pandemic delayed our planned education events; however, we are continuing to develop an internal resource for clinical colleagues to enhance support to families. We also piloted 'Pip's Kits' (an educational resource) with two families to enable conversations with their children about palliative illness and dying. These kits have been extremely well received and we are actively seeking funding to make them more widely accessible.

Story Telling

We produced two videos of children's stories to encourage conversations about loss, death and dying. The 'Dragonfly' story was accessed on line over 1500 times and we plan to develop this approach to sharing resources to support families and young children.

Next Steps

We are continuing to develop our services by adopting a family centred wellbeing approach and are supporting this by engaging in:

Data Collection

We developed a Wellbeing template for the patient electronic record to provide improved data and recording of family relationships. Our intention is to cascade this across the organisation following a pilot in the South West Team, which is currently ongoing with a plan to be fully implemented across teams by September 2021.

Open Dialogue Training

An approach which supports families in crisis based on systemic family therapy. Training is provided through MindSpace Stamford - a local charity committed to improving mental health and wellbeing. Our intention is to cascade the skills and knowledge to staff and to support a community network across Lincolnshire.

Research

We are developing links with Keele University to measure the outcomes and practice of the Attitude to Health Change including the development of a tool to support children.

Website Development

Our plans to develop our website include a wellbeing hub which provides a 'one stop shop' for resources, information and help for families, and professionals.

Bereavement Hub – Scoping Community Assets

We have engaged with two neighbourhood teams to scope and develop a family centred approach to pre-bereavement care. This supports our ambition to develop a Lincolnshire Bereavement Hub.

Priority 3

This priority has been carried over to 2021-2022

Clinical Effectiveness

To enhance the efficiency of medicines management activity at the Inpatient unit and release registered nurses time to care.

What we wanted to achieve

A significant proportion of the working day for the Inpatient nursing team includes administration of controlled drugs (CDs) which are used extensively for symptom management in specialist palliative and end of life care. Current practice requires two registered nurses to check and administer CDs. The aim of this priority is to enhance person-centred care releasing registered nurse time, generate increased autonomy, job satisfaction and efficient working patterns for the whole nursing team. This priority will be achieved through a phased implementation plan, a summary of which is detailed below.

What we have achieved

The original timeframes for this priority were unfortunately deferred due to the impact of Coronavirus pandemic. The project recommenced during Quarter 4 2020/2021 and the progress to date is detailed in the table below -:

Quarter	Workstreams
2020/2021 Quarter 4	Phase 1 <ul style="list-style-type: none">• Completion of a literature review of current controlled drug legislation and guidance• The rationale for the project has been shared with the Inpatient team and successful engagement with the project• A risk/benefit analysis has been completed identifying any exclusions and any changes to current practice• The Trust Accountable Officer for Controlled Drugs (CDAO) is aware of the project and supporting implementation.• A pilot project is planned with five experienced registered nurses that have self-selected to trial Single Nurse Administration of Controlled Drugs (SNACDs).• Completion of SNACDs policy

Feedback from the project to date has been extremely positive. Staff undertaking Single Nurse Administration of Controlled Drugs (SNACD) report that they feel empowered to work more efficiently and autonomously. Workstreams flow easier and are more cohesive. Nurses undertaking SNACDs can manage medicines without the frustration of having to wait for a second registered nurse to be available to check medication diverting that nurse from care of patients and families. Staff feel their focus and attention is enhanced and they are more proactive about not being disturbed when preparing medicines, which is safer for both staff and patients.

Evidence from the project so far demonstrates that working patterns are more efficient with for example in a single shift an average of 2-3 hours are being saved by freeing the second registered nurse from checking medicines enabling them to provide direct care for patients and families. Staff report the benefit of having increased time to build relationships and particularly provide psychological support without the risks of interruptions to check a medication.

The rest of the team have also reported benefits from this change in practice in that the day to day work of the shift flows more smoothly. The availability of an extra registered nurse is invaluable in supporting care delivery particularly when situations become complex, the skill mix is more balanced to enable delivery of timely high quality care.

The Ward Manager reports that staff morale is high. Staff feel less constrained by having to wait for medication checks and there are less interruptions to care delivery improving the quality care for patients and families. Staff have also commented they feel valued in being able to take this significant initiative forward for the Inpatient Unit with the result of increased job satisfaction. Nurses who were initially cautious about this project are now looking forward to the training and undertaking SNACDs. Patient and staff safety remains paramount and although the early success of SNACDs is positive close monitoring and support remains integral to day to day practice. Robust training and updates will be maintained and in the event of any concerns the project will be paused and the project plan reassessed.

In the short time this priority has been implemented the ambition of freeing up registered nurse time to care has been achieved and with further work this will be consolidated and enhanced with positive outcomes for patients and staff.

Next Steps

2021/2022 Quarter 1/2	Phase 2 <ul style="list-style-type: none"> • Training day delivered and key competencies completed. • Project commenced on 03.05.2021. • Feedback to date detailed above. • Daily monitoring and weekly meetings in place to assess progress so far. • Maintain monitoring of the project and feedback to Clinical Governance and Medicines Management Committees. • Identify additional five staff members who wish to participate in the project. • Deliver a competency training day. • New staff to commence SNACDs. • Ongoing monitoring of the project for risks and benefits.
Quarter 3	Phase 3 <ul style="list-style-type: none"> • Evaluation and report on the outcomes of single nurse administration of medicines for patients and staff. • Potential patient survey to assess any direct benefit.
Quarter 4	Phase 4 <ul style="list-style-type: none"> • Plan to extend to all registered nurses. • Staff survey to gain feedback on the change in practice

Priority 4

This priority has been carried over to 2021-2022

Patient Experience

Raising the profile of equality and diversity across hospice services

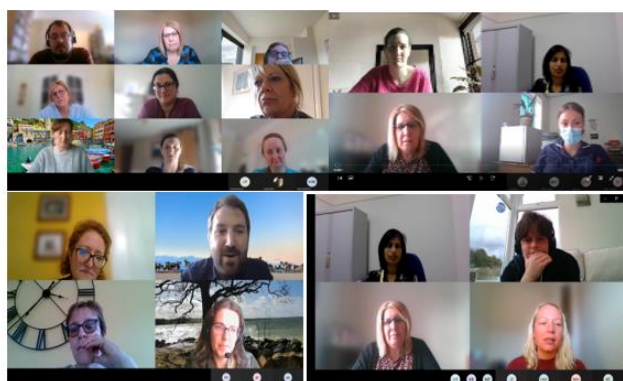
What we wanted to achieve

St Barnabas Hospice is committed to ensuring individuals facing the end of their life in Lincolnshire receive dignified, compassionate care when they require it and where they ask for it. Unfortunately, we know nationally that people from certain groups in society can experience poorer quality care at the end of their lives because providers do not always understand or fully consider their needs. We want to make sure that we address any inequalities which may prevent people accessing Hospice care in Lincolnshire across the communities we proudly serve by making equality, diversity and inclusion part of everything that we do.

What we have achieved

An equality, diversity and inclusion (ED&I) forum was established in October 2018 by a group of interested staff and has already established links with other local organisations and investigated external support available and reviewed workforce policies.

Equality and Diversity Group



The clinical teams supported by the ED&I forum have worked to key workstreams to deliver this priority including:

- **Embed ED&I into the governance structure of the hospice**

The ability to collect demographic information via the patient electronic record has been available since October 2020. Data is to now to be reviewed at quarterly

Clinical Governance meetings. This will raise awareness, facilitate reflection and encourage discussion.

ED&I is now standing or regular item in a variety of different meetings/senior forums within the Trust.

- **Improve knowledge and awareness of equality and diversity issues within the organisation**

An EDI curriculum was developed with clinical staff in the summer of 2020 covering 6 key topics identified as learning needs including -:

- Understanding about privilege and its impact
- Rational for monitoring Equality and Diversity
- Optimising communication in the context of Personal Protective Equipment
- Valuing workforce diversity
- Understanding the health needs of people who identify as transgender
- Who are our hard to reach groups?

Training was paused during the COVID second wave but have now been resumed and concluded in April 2021. Sessions were recorded where possible and the recordings are available for review in the clinical library on the Trusts' electronic learning platform.

Next Steps

To refresh the equality impact assessment tool for the Hospice. The aim is to adopt the tool used by NHS Lincolnshire to improve consistency of assessment of Hospice policies and procedures.

Review of protected characteristics data collection for patients who access Hospice care.

As part of staff supervision, a requirement was identified to strengthen the framework for data collection, in respect of protected characteristics. A template is now embedded into the clinical record. The ambition is to review this data in detail at 6 month and 12 month points to understand themes and inform future EDI priorities. The Nurse Consultant is working along the data lead to develop a process for timely data collation and sharing.

Develop a newsletter to be introduced in Quarter 2 to share equality and diversity issues and relevant topics with all staff.

Part 3:

Priorities for improvement and statements of assurance from the Board (in regulations)

This section of the quality account looks forward to our priorities for 2021/2022.

The Board of Trustees and our clinical teams are committed to a culture of continuous development and improvement and will continue to ensure that services evolve to meet patient and carer needs and to support widening access and equity to palliative and end of life care for all, in a rural County with many diverse challenges.

The priorities for quality improvement we have identified for 2021/22 are set out below. These priorities have been identified in conjunction with patients and carers, staff and stakeholders. The priorities we have selected will impact directly on each of the four priority areas; patient safety, clinical effectiveness, staff development and patient experience.

Our links with the wider Lincolnshire health and social care economy, together with strong regional and national relationships will support the ongoing development of our services and enable us to achieve the ambitions identified for 2021/22

Priorities for Improvement 2021-2022

Priority 1

Enhancing Palliative Spiritual Care

Clinical Effectiveness

How has this priority been identified?

Spiritual wellbeing in care planning and care provision

The World Health Organisation (WHO) definition of palliative care encompasses meeting the spiritual (care) needs of patients, their family and caregivers in all settings. The St Barnabas Hospice model of Wellbeing recognises the importance of spirituality in holistic care. Ensuring that patients and those important to them have had the opportunity for their spiritual needs to be assessed and addressed. Research by the European Association of Palliative Care have cited Spiritual Wellbeing as a more significant contributor to Quality of Life (QoL) than physical wellbeing, and the neglect of spiritual need is directly associated with decreased Quality of life (QoL).

Why is spiritual care neglected?

Lack of confidence and skills in clinical teams and a traditional lack of robust outcomes evidence, have been cited as a major contributory factor leading to a lack of spiritual care assessment and provision over time and our vision is to enhance the quality of spiritual care to patients, from all faiths and none through an integrated approach.

How will this priority be achieved?

1. Embed key spiritual enquiry questions into Specialist Palliative Multi-disciplinary Team for all new patients to ensure spiritual needs are highlighted and addressed.
2. Develop the role of Spiritual Champions in each clinical team to provide skills, support and escalation where required, through simple training programme provide by the spiritual leads.
3. Expand accessible and high-quality multi-faith resources for faith and spiritual expression appropriate to the diversity of users of all faiths and no faiths , including reflective space where appropriate in hospice buildings.
4. Create a resource of information including contact numbers for local/national organisations.
5. A quarterly audit of Specialist Palliative Multi-Disciplinary Template.

How will progress be monitored and reported?

This priority will be monitored through quarterly reports to the Clinical Governance Committee and the quarterly Patient Care Committee.

Priority 2

Palliative Rehabilitation – responding to the needs of our patients and staff, post Covid 19

Clinical Effectiveness

How has this priority been identified?

Covid-19 has had a significant impact on the delivery of care provided by the Hospice Allied Health Professionals, Physiotherapist and Occupational Therapists. Many of our patients are clinically vulnerable and have been advised to stay at home and shield. A cohort of patients who may have been relatively stable in their disease pathway may have experienced some deconditioning through undertaking less activities and an increased dependence on professionals, carers and family.

The role of the Hospice health care support workers has also changed due to the impact of the pandemic. This has resulted in an opportunity for closer working within teams and provided an opportunity for our health care support staff to learn new skills and facilitate improved access and rehabilitation outcomes for patients and families.

This work will then enable our Therapists to support a more complex patient group whilst giving our support workers greater autonomy to deliver rehabilitation therapy programme with patients.

How will this priority be achieved?

Quarter 1: Identification of appropriate staff to support and develop a training programme.

Quarter 2: Delivery of training programmes and shadowing with OT/Physiotherapy.

Quarter 3: Nominated staff to deliver rehabilitation therapy in patients own homes and in the appropriate settings. To develop a short evaluation tool to assess the impact of the project from a patient and staff perspective.

Quarter 4: Review of nominated staff caseload data and patient feedback to evaluate the success of the project.

How will this priority be reported?

The lead for this priority will report each quarter to the Trust Clinical Governance Committee and the Patient Care Committee on the progress made against delivering this priority.

Priority 3

Care after Death

Clinical Effectiveness

How has this priority been identified?

The Hospice works to a national guidance framework to ensure compassion and dignity and the safety of our staff when providing care after death. A recent audit identified some areas that require a review and the aim of this priority is to enhance practice and staff skills and knowledge to reflect the changing needs of the people we serve.

How will this priority be achieved?

The table below details the timeline for implementation of the quality improvement measures identified and agreed.

2021-2022	Quality Improvement Measure
Quarter 1	<ul style="list-style-type: none">• Expand accessible and high quality multi-faith resources for spiritual expression appropriate to the diversity of users of all faiths and none, including consideration of a reflective space where appropriate in hospice buildings.• Commence a review of Hospice current guidance to ensure after death care is personalised and consistent.• Review resources available for the safe transfer of care of the deceased to funeral directors.• Update electronic template in the patient record to ensure all relevant information is recorded.
Quarter 2	<ul style="list-style-type: none">• Refresh content and format of the information provided to families after a death has occurred. To include review of remembrance token given to families after the death of a loved one.
Quarter 3	<ul style="list-style-type: none">• Deliver a short programme of education to update staff knowledge and awareness of the current issues facing families. Engage with a local funeral directors/Coroner to support education programme.
Quarter 4	<ul style="list-style-type: none">• Evaluate the impact and the learning from this priority through a short staff survey.• In partnership with the Wellbeing Lead develop a simple survey to gain feedback from bereaved families of the care the Hospice provides after death to loved ones.

How will this be reported?

The lead for this priority will report each quarter to the Trust Clinical Governance Committee on the progress made against delivering this priority.

Part 4:

Mandatory statements relating to the quality of the NHS service provided

1. Statement of Assurance from the Board

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers and therefore explanations of what these statements mean are also given.

2a. Review of Services

During 2020/21 St Barnabas Hospice supported the Lincolnshire's four NHS Clinical Commissioning Group priorities regarding the provision of local specialist palliative care by providing the following services -:

- Hospice at Home
- Inpatient Unit
- Hospice in the Hospital (Grantham)
- Palliative Care Co-ordination Centre
- Day therapy

In addition, the Trust has provided the following services through charitable funding -:

- Welfare Benefits
- Occupational Therapy
- Physiotherapy Services
- Well Being Services

During the reporting period 2020/21 St Barnabas Lincolnshire Hospice provided four NHS services. St Barnabas Lincolnshire Hospice has reviewed all the data available to them on the quality of care in all these NHS services.

2b. Funding of Services

The income generated by the NHS services reviewed in 2020/21 represents 45.8% percent and including the Covid related payments it is 60.3% of the total income generated from the provision of NHS services by St Barnabas Lincolnshire Hospice.

St Barnabas Lincolnshire Hospice receives NHS funding, through the National Community Contract, for the Hospice at Home service and Palliative Care Co-ordination Centre and partial funding for the Inpatient Unit and Day Therapy services. The remaining income, to support the delivery of Day Therapy, Occupational and Physiotherapy Services, Wellbeing Services (including bereavement) and Welfare is generated through fundraising, shops and lottery activity and investment income.

2c. Participation in National Clinical Audit

During 2020/2021 St Barnabas Hospice did not participate in National Clinical Audit, as none of the audits were appropriate to Hospice care.

2d. Participation in Other Research

St Barnabas Hospice remains committed to developing research strategic aims and becoming a “research active hospice” as defined by the framework published by Payne et al ⁽⁴⁾.

In the year 2020-2021 research activity has been limited due to Covid-19. St Barnabas Hospice has continued during this time to support individual researchers.

A study entitled “The experiences of hospice staff working with dying patients and death” is being led by a Doctor and lecturer from the University of Lincoln, who is working closely with the St Barnabas Head of Wellbeing. This project was delayed due to Covid-19 but has resumed and the interviews are in progress.

St Barnabas Hospice continues to work closely with Dementia UK and the Lincolnshire County Council to evaluate the Admiral Nurse role, over a two-year period. The first year evaluative report of the Admiral Nurse service has been presented externally. A project to evaluate remote consultations has been completed and a paper has been accepted for publication in the Nursing Older People Journal.

A MSc student (MSc in Contemporary Psychosexual Therapy, Doncaster College University Centre) has been supported to complete a project for her dissertation. An anonymised staff survey is underway to consider the study title: Is there a need for a Psychosexual therapy service within Palliative care?

A new MSc Counselling Programme commenced at the University of Lincoln in October 2020. The St Barnabas Head of Wellbeing has been working closely with the University to offer support for the student’s research assessment.

The results from the HOLISTIC study (Hospice-led Innovation Study to Improve Care) which the Grantham Hospice in a Hospital participated in are still awaited.

2e. Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

Due the current Coronavirus Pandemic no CQUINs were identified for 2020-2021.

2f. Statement from the Care Quality Commission (CQC)

St Barnabas Lincolnshire Hospice is required to register with the Care Quality Commission and is currently registered to carry out the regulated activity: **Treatment of disease, disorder or injury.**

“St Barnabas Lincolnshire Hospice has the following conditions on registration:

- *The registered provider must ensure that the regulated activity, ‘treatment for disorder or injury’ is managed by an individual who is registered as a manager in respect of the activity as carried on at or from a Specialist Palliative Care Unit.”*

Statement of Reasons

The registration of the provider of this regulated activity is subject to a registered manager condition under Regulation 5 of the Care Quality Commission (Registration) Regulations 2000.

- *The Registered Specialist Palliative Care Unit. Provider must only accommodate a maximum of 11 patients at the Inpatient Unit, 36 Nettleham Road, Lincoln.*

Statement of Reasons

We are imposing this condition because your service is set up to accommodate 11 persons. The premises, management or staffing provided at this location are suitable only for a maximum of 11 persons.

- *The Registered Provider must not treat persons under 18 years in respect of the regulated activity 'Treatment for disorder or injury' at or from Specialist Palliative Care Unit.*

Statement of Reasons

We are imposing this condition because your service is set up to accommodate persons aged 18 years or over. The premises, management or staffing provided at this location are suitable only for persons aged 18 years or over.

- *This Regulated Activity may only be carried on at the following locations:
Specialist Palliative Care Unit, 36 Nettleham Road, Lincoln, LN2 1RE*

The Care Quality Commission has not taken any enforcement action against St Barnabas Lincolnshire Hospice during 2020/21.

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2020/21.

The Care Quality Commission undertook an unannounced inspection in August 2019. The report is available on the CQC website: www.cqc.org.uk/directory/1-140658893 and, on the St Barnabas Hospice website: www.stbarnabashospice.co.uk

Care Quality Commission Rating



Last rated
7 November 2019

St Barnabas Hospice Trust (Lincolnshire)

St Barnabas Hospice - Specialist Palliative Care Unit



Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding
Responsive?	Outstanding
Well led?	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/1-140658893
We would like to hear about your experience of the care you have received, whether good or bad.
Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder

2g. Data Quality

Statement of relevance of Data Quality and your actions to improve Data Quality.

St Barnabas Lincolnshire Hospice did not submit records during 2020/21 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data. St Barnabas Lincolnshire Hospice is not eligible to participate in this scheme. However, in the absence of this we have our own systems in place for monitoring the quality of data and the use of the electronic patient information system, SystmOne. This is important because, with the patients' consent, we share data with other health professionals to support the care of patients in the community.

2h. Information Governance Toolkit Attainment Levels



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ST BARNABAS HOSPICE TRUST (LINCOLNSHIRE)

Organisation code: 8A260
Address: INPATIENT UNIT, 36 NETTLEHAM ROAD, LINCOLN, LINCOLNSHIRE, ENGLAND, LN2 1RE
Primary sector: Charity / Hospice

Publication history

Status	Date Published
19/20 Standards Met	28/07/2020
18/19 Standards Met	27/03/2019

2i. Clinical Coding

St Barnabas Hospice was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission. This is because St Barnabas Hospice receives payment under a block contract and not through tariff and therefore clinical coding is not relevant.

Part 5: Review of Activity and Outcomes 2020/2021

St Barnabas Hospice

Palliative Care Co-ordination Centre

	New Patient Referrals	Re-referrals	Percentage of non-cancer referrals	Incoming calls	Outgoing calls
2018/19	2469	2752	31%	25,344	39,409
2019/20	2602	3081	35%	26,751	41,490
2020/21	2948	3758	36%	35,783	57,578

Specialist Inpatient Unit Services - Lincoln

	2018/19	2019/20	2020/21
Admissions this year	214	204	187
Patients in beds on 1 st April (start of year)	5	11	8
Total Admissions	219	215	195
% New patients	89%	91%	94%
% Admissions from patient's own home	65%	50%	56%
% Admission from acute hospital	35%	50%	44%
% Occupancy	75%	72%	58%
% Patients discharged to their home	39%	31%	36%
Average length of stay – cancer	13.2 days	13.4 days	11.5 days
Average length of stay – non-cancer	16.9 days	12.5 days	11 days

Specialist Palliative Care – Other Services				
2020/2021	Outpatients	In Reach	Advice/Consultation	*Community Clinical Nurse Specialists
Referrals this year	46	137	466	342
*Ongoing referrals	5	1	24	7
Total Referrals	51	138	490	349
Total patients	49	133	454	334
% New patients	96%	96%	88%	96%

* Community Clinical Nurse Specialists – two full time posts funded from 2019 Winter Pressures programme. Two experienced palliative care nurses work at Lincoln and Boston Hospital alongside adult social care to support early identification and recognition of those people who would benefit from hospice care.

Day Therapy			
	2018/19	2019/20	2020/21
Referrals this year	781	748	386
*Ongoing referrals	395	417	408
Total Referrals	1176	1165	794
Total number of patients	1136	1134	772
% New patients	66.5%	64.8%	94%
% Re-referred patients	4.3%	3.1%	2.7%
% of places booked but not used	14.5%	17.4%	N/A*
Average length of care	218 days	183.5 days	274.3

*N/A due to pandemic the Day Therapy buildings were closed

Allied Health Professionals (Occupational Therapists/Physiotherapists)			
	2018/19	2019/20	2020/21
Referrals this year	1611	1594	1586
*Ongoing referrals	247	290	251
Total referrals	1858	1884	1837
Total number of patients	1341	1449	1421

Hospice at Home			
	2018/19	2019/20	2020/21
Referrals this year	1968	2266	2611
*Ongoing referrals	196	138	204
Total Referrals	2164	2404	2815
Total number of patients	1949	2217	2586
% New patients	90.5%	92.9%	93.1%
% Re-referred patients	9.5%	7.1%	6.9%
% of patients who died at home	89%	88%	89%
% of patients who died in acute hospital	5.2%	5.8%	5.2%
Average length of care	29.1 days	30.9 days	35.9 days

*Ongoing = admissions/referrals prior to 1st April each year that continued into the current years

Well Being Services			
	2018/19	2019/20	2020/21
Client Referrals	766	776	701

Welfare Benefits Service			
	2018/19	2019/20	2020/21
Total Clients	4146	4552	4202
New Clients	2222	2376	2054
Re-referred Clients	1924	2176	2148
Total money claimed on behalf of clients	£8,628,284	£9,053,548	£8,798,589

Hospice in a Hospital													
	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Total
Admissions	6	8	7	5	7	6	10	7	5	7	7	9	84
<i>Admissions Last Year</i>	10	15	17	13	11	17	12	12	10	11	7	16	151
Beds Available	180	186	180	186	186	180	186	180	186	186	168	186	2190
Beds Occupied	60	92	81	67	90	36	119	111	93	103	98	123	1078
% Occupancy	33%	49%	48%	36%	48%	20%	64%	62%	50%	55%	58%	66%	49%
<i>Last Year %</i>	64%	90%	56%	72%	75%	76%	72%	75%	84%	67%	62%	54%	70%

There were 5 patients in unit overnight on 31st March20 going in to 1st April20 (start of Year)

Part 6

Patient Safety Indicators

Patient safety and the provision of high quality of care for patients and families are our highest priority and integral to all our clinical services. The hospice is committed to an open and just culture in which staff feel comfortable to raise concerns and report incidents. The electronic risk management system Datix, is embedded into practice and enables staff to promptly record, analyse and investigate incidents, risks and complaints.

The Trust has in place a Duty of Candour policy in accordance with the Statutory Duty of Candour for Health and Social Care Providers (Department of Health 2014) and Care Quality Commission (CQC) Regulation 20. If a patient safety incident does occur an apology will be given to patients and families and an assurance that all concerns will be investigated within a designated timeframe and any learning identified will be shared with staff and with external healthcare teams of appropriate.

There was **one** occasion when there was a formal requirement to invoke Duty of Candour during 2020/21.

Patient Safety Indicators	2018/19	2019/20	2020/21
Notifiable patient safety Incidents	2	1	0
Never Events	0	0	0
Medication Incidents (Administration and prescribing)	21	23	19
Patient Falls			
• No / Low Harm	11	12	8
• Moderate Harm	0	1	0
• Severe Harm	0	0	0
Total	11	13	8
Pressure Damage			
• Category 1	3	2	1
• Category 2	17	11	10
• Category 3	1	1	1
• Category 4	0	0	0
• Suspected Deep Tissue Injury	1	3	2
Total	22	17	14
Infections			
• Acquired MRSA	0	0	0
• Acquired Clostridium difficile	0	0	0
• Avoidable Catheter Associated Urinary Tract Infections	0	0	0
• Acquired Covid 19	NA	NA	1

Medicines - all medication incidents reported during 2020/21, resulted in no patient harm or low harm. All incidents are initially reviewed by Ward Manager/Deputy with collation of incident data to identify any trends, training requirements or wider learning that can be shared with all clinical teams. All incidents are also reviewed quarterly at the Medicines Management Committee.

Patient Falls - it is positive to note the reduction in patient falls during 2020/21. There was no physical patient harm resulting from the falls, however the Hospice acknowledges the distress and shock a fall may cause for patients and families. A framework is in place for ongoing multidisciplinary assessment of risk factors that may contribute to a fall with effective communication within the clinical team to support patient safety.

Pressure Damage - the incidence of pressure damage continues to be closely monitored with individual assessment and plans of care in place to minimise risk for patients. All incident reports are fully investigated and no concerns regarding care delivery have been identified.

Infections - the incidence of infections remains low with a robust framework in place for identifying and managing infection risk. The Hospice has responded positively to the Covid-19 pandemic, carefully planning and managing the working environment to minimise risks for patients, visitors and staff, sourcing sufficient, high quality Personal Protective Equipment for staff, provision of training and working collaboratively with other healthcare providers to provide safe care for patients and their families. The Inpatient Unit experienced an outbreak of Covid-19 during February/March 2021 despite all measures being in place to minimise the risk of an outbreak. A full investigation was undertaken and learning has been shared with relevant teams.

e. Complaints Clinical Services

All complaints and concerns are robustly investigated by senior staff and an individual response is shared with the complainant in a format of their choice. The Hospice strives to ensure the complaints process is easy to access by our services users and we welcome the opportunity to receive feedback to improve and develop our services. The table below details the complaints received for 2020/2021. There were no trends or themes identified. Any learning is shared with the relevant individuals or team.

	Upheld	Partially Upheld	Not Upheld	Pending outcome
2018/2019	3	0	0	0
2019/2020	3	2	4	0
2020/2021	1	3	2	1

Part 7: Clinical Audit and Quality Improvement

The Trust Quality Improvement and Research Committee maintain a programme of audit and quality improvement across both clinical and non-clinical services. During 2020-2021, twenty-one clinical audits were completed for our Inpatient and Community Teams. Examples of some of the audits undertaken with the key evaluation points are detailed in the tables below.

Documentation audit

The Hospice undertakes a rolling programme of documentation audits across all clinical teams to ensure that all documentation recorded onto the 'SystmOne' (the Trust's clinical electronic record keeping database) is compliant with 'St Barnabas Clinical Record Keeping and Use of Abbreviations Guidelines.' This year the records of both medical staff and clinical staff in the community teams were audited, and included Registered Nurses, Physiotherapists, Occupational Therapists, Health Rehabilitation Support Workers and Coordinators. Individual feedback is given and followed up with a certificate. The audits confirmed documentation was of a high standard and compliance with Trust guidelines.

Annual Safeguarding Audit

The annual safeguarding audit was undertaken to assess for assurance of compliance with the St Barnabas Safeguarding Adults and Children at Risk Policy and Procedure. The audit also assessed the effectiveness and quality of the incident reporting system for recording safeguarding occurrences. The actions from the previous audit were also reviewed to assess if these actions have been effective in the improvement of recording and the management of safeguarding issues. This audit confirmed that the current system for reporting safeguarding concerns is effective with robust documentation. All actions from the previous audit had been completed and staff are working consistently within policy with evidence of a strong multi-disciplinary approach to reporting and addressing safeguarding concerns. No risks were identified and there was clear evidence of staff promptly identifying concerns and if required further appropriate action and escalation taken.

Medicines Audits

The Hospice undertook a range of medicine audits during 2020/2021 to give assurance of the safe and secure management of general medicines and controlled drugs handled at the Inpatient Unit. A concise monthly audit was also introduced to promote learning and accountability for safe handling of medicines. The additional audit commenced in March 2021 and was undertaken by a rotational RGN's to develop knowledge of audit and governance processes. Staff feedback is positive and they are engaging with the quality improvement programme and making suggestions to support best practice.

The audits to date have demonstrated compliance with the Trust General Medicines and Controlled Drug policy. No areas of concern were identified however some minor working issues were noted to address to further strengthen practice.

Mortality Review

The mortality review process at the Hospice is led by a Specialty Doctor in Palliative Medicine and now embedded into the Trust Quality Improvement Programme. A policy is being developed and a quarterly and annual report are shared at the Quality Improvement Group and Patient Care Committee. The reviews to date have not identified any care concerns but have highlighted some areas of learning. For example, medicine guidelines have been developed and information on how to refer to Hospice services have been circulated to other healthcare providers.

Feedback from Patients and their Families

Patient and family feedback is extremely valuable for the Hospice to help develop and improve our services and to also share with staff to recognise the outstanding care they provide. Feedback is received in a variety of formats including verbal and written comments, compliments, concerns and complaints.

The Trust recently introduced an online survey for patient and families as an alternative to paper surveys if preferred. We are also currently in the process of exploring other options to facilitate timely feedback for our services this includes participation in a system wide piece of work to improve how patient and family feedback can effectively collated and shared across all providers.

To note the response is reduced for the reporting period as the survey programme was paused for the first half of the year due to the Covid-19 pandemic.

Patients satisfaction Survey for the Inpatient Unit

QUESTION	RESPONSE	
	Always	Most of the time
Did the staff gain consent prior to providing care?	100%	
Did the staff treat you with dignity and respect	100%	
Did you feel cared for?	100%	
Were you given enough privacy when discussing your condition / receiving treatment?	86%	14%*

*The limitations of the layout of the current Inpatient unit does not always enable maximum privacy however staff do endeavour to facilitate private space for conversations. This feedback will inform future design plans for our Inpatient Unit.

Relatives satisfaction Survey for the Inpatient Unit

QUESTION	RESPONSE		
	Always	Most of the time	Not Answered
Did the staff gain consent prior to providing care	89%	5.5%	5.5%
Did the staff treat you with dignity and respect?	95%	5%	
Did you feel cared for?	95%	5%	
Was your relative / friend given enough privacy when discussing their condition / receiving treatment?	95%	5%	

Some examples of feedback are shared in the poster below.

What our patients and families say about St Barnabas Hospice

"A high level of care, compassion and understanding shown at all times."

"Humanity, dignity and compassion."

"Fantastic care with dignity and respect towards myself and my Mum. Want to thank you all."

"Took the time and explained things. Very approachable."

"You were always caring and compassionate both to my Mum and the family. We were all made to feel cared for."

"Excellent information provided, very compassionate, sympathetic and understanding."

"You are very caring and patient, easy to talk to."

"The care my Mum received was very professional and considerate. I would like to thank everyone involved."

"Caring and considerate, explained everything well."

"Very friendly, easy to talk to and very helpful."

Statement of Directors' Responsibilities in Respect of the Quality Account

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011)).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the Trust's performance over the period covered;
- the performance information reported in the Quality Account is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

29 July 2021



Mr Tony Maltby
Chairman

29 July 2021



Mr Chris Wheway
Chief Executive

Glossary

Abbreviation	Meaning
Care Quality Commission (CQC)	The independent regulator of Health and Social Care in England.
SystmOne	SystmOne is an electronic patient record system.
Multi-Disciplinary Teams Meetings (MDT)	MDT is an abbreviation of 'multidisciplinary team'. Every patient is discussed by a team of relevant specialists, to make sure that all available treatment options are considered for each patient. The MDT is led by a specialist palliative care physician or specialist nurse.
ECHO	ECHO is an evidence-based education system that uses technology to support the delivery of specialist knowledge to the wider healthcare community.

References:

1. Research in palliative care: can hospices afford not to be involved A report for the Commission into the Future of Hospice Care. Help the Hospices; 2013. Payne S, Preston N, Turner M, Rolls L.

Lincolnshire Clinical Commissioning Group

NHS Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the St Barnabas (the organisation) Annual Quality Account 2020 – 21.

The Quality Account provides very comprehensive information on the quality priorities the organisation has focussed on during the past year. It is pleasing to see the organisation continuing the holistic approach in developing the priorities to ensure they contribute in putting patients and their families at the centre of their development work, this included:

- St Barnabas is an integral part of the local health and social care system, the implementation of an electronic referrals process for hospice services has enabled the use of technology to aid safe and effective transfer of patient information through the healthcare system.
- During the year the organisation has seen a 20% increase in e-referrals, looking forward to 2021 – 2022 St Barnabas will extend the e-referral to encompass trusts on the border of Lincolnshire.
- The hospice teams recognised that palliative care affects not only the patients but their families as well and these teams are well placed to understand and offer support. This is particularly so with young people who need age appropriate information, to have their feelings and emotions acknowledged and to feel supported, with their questions and anxieties openly and honestly answered. The education and training package delivered to staff including a resource hub of information signposting and activities has been invaluable in supporting this important work.

Looking forward to the 2021 – 22 Quality Priorities the commissioner is assured that the approach of considering all aspects of a patients needs is continuing with:

- Enhancing the Palliative Spiritual Care to patients and their families building further on the work detailed above
- The work on administration of control drugs within the hospice is continuing into a second year as the impact of the Covid pandemic delayed the commencement of the project. The revised medication process will enable one nurse (currently two nurses) to undertake the administration of controlled drugs. The time released will enable the nurses to have “more time to care”. Patient Safety is paramount and a preliminary risk assessment has been undertaken to analyse the risks and benefits of the project. A comprehensive education and monitoring programme will initially be undertaken which will include the assurance of robust checks and balances, to ensure staff are supported and confident to progress to the new way of working.

The Quality Account has numerous examples of the good work undertaken by the organisation over the past year including comprehensive information relating to clinical audit which ensures good quality care is being delivered. The commissioner believes raising the profile of equality and diversity across hospice services is particularly noteworthy.

The trust was not subject to a comprehensive CQC inspection during the year. The most recent inspection was published on the 7th November 2019 which rated the organisation as “Outstanding”, the commissioner is greatly assured by this rating.

The commissioner would like to thank St Barnabas who has worked extremely well and cohesively with partners in the Lincolnshire Health System during the COVID-19 pandemic to ensure patients’ needs are met in this challenging time.

NHS Lincolnshire CCG look forward to continuing working with the organisation over the coming year to improve service quality recognising the excellent service already in place.

A handwritten signature in blue ink that reads "W. A. Martin".

Wendy Martin
Associate Director of Nursing & Quality
NHS Lincolnshire Clinical Commissioning Group

Our contact details

If you wish to give feedback or comment on this Quality Account, please contact:

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St Barnabas
Hospice • Care • Support