QUALITY ACCOUNT

2022-2023

every day matters

St Barnabas

Contents

Acknowledgements

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

Mr Tony Maltby	Chair of Trustees
Mr Chris Wheway	Chief Executive
Mrs Michelle Webb	Director of Patient Care
Mrs Jo Polkey	Deputy Director of Patient Care
Dr Kat Collett	Palliative Medicine Consultant
Mrs Kerry Bareham	Nurse Consultant
Mrs Mandy Irons	Head of Wellbeing
Mrs Jo Negus	Clinical Systems Lead
Miss Kate Lightfoot	Governance and Education Officer

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 2022/2023 Quality Account for St Barnabas Lincolnshire Hospice.

This Account summarises the progress we have made during 2021-2022, as well as setting out our priorities for the coming year.

You will see from this year's review of our priorities that despite the continued impact of the pandemic, we have achieved the delivery of several significant projects, by our dedicated teams of staff.

I am both humbled and proud to report that the quality of our services has not been negatively impacted by the continued impact of Covid 19 and this is absolute tantamount to the continued commitment and resilience of all our staff and volunteers.

As we continue to restore our services, I am confident St Barnabas will continue to ensure outstanding Hospice Care and support reaches more people in Lincolnshire wherever they reside. St Barnabas has committed to support more people in the communities we proudly serve and have invested in improving the quality of our premises across the County.

We are confident that the new premises and improvements to our existing estate will support our clinical teams to work in partnership with our patients and healthcare colleagues locally to deliver, safe effective and therapeutic care. I am confident the priorities the clinical teams have set for 2022/2023 will also positively impact on our ambition to restore clinical services in our wellbeing hubs.

This account affords 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 identifies the quality actions we intend to introduce during the coming 12 months.

The five priorities for improvement undertaken during 2021-2022

- Enhancing Palliative Spiritual care
- Palliative Rehabilitation, responding to patient need post Covid 19
- Care after death
- Single Nurse administration of controlled drugs
- Raising the profile of equality and diversity across hospice services

Good progress has been made with our priorities for delivering improvements identified in last year's account despite the challenges we have faced. This demonstrates ongoing commitment to improving the quality of care for our patients and families.

The wellbeing teams have worked hard to enhance the spiritual care offer provided by the Hospice, key members of the wellbeing team have participated in our specialist multidisciplinary team meetings to ensure spiritual and psychological needs to support care of patients and our own staff.

Our allied health care professional team acknowledged that Covid 19 had a significant effect on the people we care for, shielding caused deconditioning in some of our patient group. Our skilled and specialist occupational therapists and physiotherapists have trained some of the Hospice healthcare rehabilitation support workers to develop enhanced skills and competencies to provide additional care and support to people in their own homes. The feedback from patients has been very positive.

After death care is important and a key part of the care we provide to patients and families, and the Hospice adheres to national guidelines to ensure people's cultural and religious wishes are respected and met. In partnership with the clinical teams, our chaplaincy teams have supported updating clinical record keeping templates and our written information provided for families. In addition, we have created reflective spaces in some our buildings for people that support the needs of the different faith groups, there are plans to ensure every building has a reflective space accessible to all.

The inpatient unit nursing team has made great progress with the single nurse administration of controlled drugs project. Thirteen experienced registered nurses are now competent to administer controlled drugs singly, this provides our nurses with increased autonomy and frees time to provide specialist care to patients. A reduction in medication incidents has been observed and care provided to patients is personalised and very responsive.

The Hospice is committed to improving access to our services to anyone in Lincolnshire who requires end of life care. This commitment includes increasing contacts with underrepresented communities and people, ensuring our services are inclusive for everybody. This priority has been carried forward from 2020/2021 as we acknowledge there is a lot of work to do to promote equality diversity and inclusion. Our equality diversity and inclusion forum has supported several key workstreams including a critique of the data we collect, providing training for staff and influencing discussions in the County to ensure equality, diversity and inclusion remains considered when developing palliative and end of life care services for people in the County. We acknowledge the work to be done and the importance of providing inclusive Hospice care and our clinical teams will be making Equality Diversity and Inclusion a priority for our 2022/2023 account.

The projects for the coming year are described and are:

Priority 1
Refreshing our approach to Clinical Supervision.

Priority 2
Transitioning from Children's and Young Adult Hospice care to Adult Hospice – co-designing a pathway.

Priority 3
Equality, Diversity, and Inclusion – strengthening clinical knowledge and skills to ensure good data collection enabling widening access to meet the needs of the local population requiring palliative care.

Priority 4
Improving patient and public engagement in hospice services.

Priority 5
Delivering community bereavement support through peer led groups

I am very confident our clinical teams will deliver the new priorities established for 2022/2023 and this will result in 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 Lincolnshire Clinical Commissioning Group are included.

I look forward to another year of change and challenge, and I very much hope you enjoy reading this Quality Account.

Chris Wheway - Chief Executive

Trust Board Chairman's Statement

On behalf of the Board of Trustees and the Executive Team, it gives me great pleasure to present the Quality Account for the Hospice. This Account summarises the progress that we have made during 2021-2022, as well as setting out our priorities for the coming year.

It goes without saying that the past 12 months have remained challenging, but in some respects, it has been energising as the Hospice has remained responsive and delivered innovation, improvement to our Estate and commitment to ensure the continuity of our services for our patients and families across the County.

Everyone at St Barnabas has demonstrated remarkable resilience and as we emerge from the Covid 19 pandemic, I am confident that the Hospice will continue to provide outstanding and responsive care to all that require our support.

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 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.

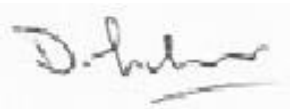
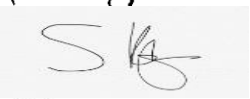
The breath and scope of the priorities we have committed to deliver for the 2022/2023 Quality Account continues to innovate and evolve so that hospice care is accessible to more people in our communities across Lincolnshire, a firm commitment of St Barnabas.

Our dedication to continue to deliver outstanding Hospice care remains is unwavering. On behalf of the Board, I would like to extend our utmost gratitude to everyone who has supports St Barnabas Lincolnshire Hospice.

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.

Trustee	**Signature**
Mr Tony Maltby	
Mr David Libiszewski	
Dr Neill Hepburn	
Mrs Amanda Legate	
Mrs Sylvia Knight	
Mr Simon Elkington	
Mr Phillip Hoskins	
Miss Hayley Jackson	
Mr Dean Cross	
Mr James Wadsworth	

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

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 2022-2023.

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 everyone, 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.

1st April 2021 to 31st March 2022
Our Year in Numbers

St Barnabas

Our Year in numbers
1st April 2021 to 31st March 2022

We supported approximately **6,770** patients through the following services:

PCCC received **2,884** new patient referrals and handled over **100k** phone calls

PCCC - Palliative Care Coordination Centre

Welfare team assisted clients receiving **£8,605,651** worth of Benefits

We had **134** admissions to the 'Hospice in the Hospital'in Grantham

We were involved in the triage/care of **2,905** patients

Family Support Service supported **772** new clients

Our AHP teams were involved in the care of **1,050** patients for Occupational Therapy and **596** for Physiotherapy

We cared for **201** patients in our IPU in Lincoln

every day matters

Part 2:

Review of Priorities for Improvement 2021/2022

Priority 1

Clinical Effectiveness

Enhancing Palliative Spiritual care

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.

What did we set out to do?

We aimed to enhance the quality of spiritual care to patients through three key work streams:

- Embedding spiritual care within the specialist palliative MDT process.
- Embedding and enhancing the role of Spiritual Champions within clinical teams.
- Creating reflective spaces resources and information available to patients and staff.

<u>What we have achieved</u>

Embedding spiritual care within specialist palliative MDT process

Specialist palliative care Multidisciplinary Team meetings (MDT) take place weekly across the County. The aim is to bring multi-professionals together to improve outcomes for complex patients. Spiritual care now forms an integral part of the discussion – the MDT template used internally is structured across the four pillars of wellbeing and makes explicit reference to spiritual care. Prompts for staff are outlined in figure 1. Where there are indications, the patient may be experiencing a higher level of spiritual distress (column) the support of spiritual care champions, community and/or inpatient chaplaincy is sought.

faith belief	influence impact	community	peace	distress
• do you have a faith or a belief • do you consider yourself to be religious or spiritual • what things / beliefs give meaning to your life	• What influence does it have on how you take care of yourself? • What role do your beliefs play in your life	• are you part of a spiritual or religious community • is this of support to you and how • Is there a person or group of people you really love or who are really important to you?	• have you felt peace • What has helped to find peace • What helps you to maintain a sense of peace	• what is contributing to your distress • what might help you to find peace

Figure 1

Spiritual Champions

Spiritual champions, under the guidance and supervision of the Inpatient and Community Chaplains deliver spiritual support to patients and to staff in clinical teams. The first away day dedicated to the wellbeing of the champions, and in recognition of their contribution took place in November 2021. Spiritual champions benefitted from a day of education and spiritual reflection which was positively received and evaluated by all delegates. Two dates have been agreed for 2022. In addition, champions were given 'Spiritual Care Badges' which they had designed themselves to wear on lanyards. This further identifies their role to patients and has proved valuable in opening conversations.

Spiritual champions complete contact sheets which enable the service to understand the nature of support, ranging from pastoral, religious and spiritual. Champions report helping patients to find peace with palliative diagnosis, supporting conversations about faith, helping patients and families to find value, and meaning in life, and enabling making plans for death. Supervision is provided by the Chaplains on a one to one and group basis

Priority 2

Clinical Effectiveness

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

How has this priority been identified?

What have we wanted to achieve?

Covid-19 has had a significant impact on the delivery of care provided by the Hospice Allied Health Professionals (AHPs), 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 Rehabilitation Support Workers (HRSW) 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 HRSWs to learn new skills and facilitate improved access to rehabilitation outcomes for patients and families.

In addition, there is a requirement to refresh the model of delivery to enable the AHPs to focus on complex assessment and care delivery whilst overseeing the work of assistants to undertake delegated fewer complex interventions. This will support HRSW to effectively fulfil the “rehabilitation” element in their job description and enhance job motivation and satisfaction.

What we have achieved

The AHPs have developed a competency document to support HRSWs undertake a supportive role to the team’s meeting rehabilitation and reablement goals with patients.

The key principles are:

- To work under direct or indirect supervision of an Occupational Therapist or Physiotherapist.
- To work as a member of a therapy team within the community clinical services teams.
- To undertake delegated duties dependant on experience.

Training has been completed with the physiotherapy competencies and the occupational therapy competencies are completed with further training planned for the 2022.

With the planned reopening of the wellbeing hubs, the Allied Health Professionals will have an active and leading role in providing 1:1 sessions that are patient goal specific; overseeing, managing maintaining competencies to the Tai Chi and relaxation sessions that will predominantly be delivered in groups by Health and Rehabilitation Support Workers.

As a team the AHPs are progressing and integrating more cohesively within the wider St Barnabas services, working actively with the Clinical Services Managers to facilitate triage and assessment within the MDT. There are plans to develop and strengthen links with the wider community therapy teams, and possibility of robust pathways such as with the oncology wards and the Primary Care Networks.

Priority 3

Clinical Effectiveness

Care after death

How was this identified as a priority?

The Hospice works to a national guidance framework to ensure compassion, 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.

What we wanted to achieve

2021-2022	Quality Improvement Measure
	• 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. Refresh content and format of the information provided to families after a death of a loved one. • Update electronic template in the patient record to ensure all relevant information is recorded. • 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.

What we achieved

Both the Inpatient and Community Chaplains are involved in creating reflective spaces/resources in bases across the County. Resources have been purchased which reflect the needs of specific faith groups, eg, prayer mats, compasses, crosses, bibles, and other non-faith resources to create a quiet reflective space which may be used for staff and for patients as required, and as a place where chaplains and champions can work more intensively on an individual basis. The spaces will be known as 'The Sanctuary'. Progress has been impacted by the need to open Covid-safe buildings, however final preparations are being completed for the opening of Sanctuaries in Lincoln (which will be post IPU refurbishment) and in Boston at Novak House, the ambition is for all the Hospice buildings to have a Sanctuary space for quiet reflection for all.

An updated booklet pertaining to essential information and frequently asked questions immediately after the death of a loved one, has been developed in partnership with spiritual care and wellbeing teams. This will be presented for approval at Clinical Governance June 2022.

As part of the Medical Examiner pilot scheme – the hospice will receive family/carer feedback which will be used to enhance the understanding of family's experience of hospice services at the time of death. In addition to this the Hospice is part of the Lincolnshire system work to encouraged bereaved relatives and carers to complete the Voices survey 2022 looking at experiences of caring for someone who has died. Feedback will be system wide and key plans developed from this.

Priority 4

This priority has been carried over from 2020-2021

Clinical Effectiveness

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

How was this identified as a priority?

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 safety of patients and staff are paramount within this priority, the aim of which is to release registered nurse time to enhance the delivery of person-centred care, generate increased autonomy, job satisfaction and efficient working patterns for the whole nursing team.

This priority represented a significant piece of work for the Hospice and the priority was carried forward from last year's Quality Account due to initial delays because of the pandemic.

What we have achieved

The final phase of the project has now reached its conclusion. Training for the remaining staff, eligible to take part in the Single Nurse Administration of Drugs (SNAD) project has been completed over the last quarter of 2021-22. There are now 13 staff in total who can administer CDs singly, working within the parameters of the adopted amendments to policy. The changes are now embedded within the Unit and feedback from those undertaking it remain positive, with reported increased autonomy and job satisfaction. For colleagues not currently undertaking SNADs, their responses have also been encouraging; they have reported benefits regarding maintenance of responsiveness to patient need and have confirmed that they are still very much involved in clinical conversations regarding symptom management which continues to support their learning.

Monitoring of medication incidents continues via the Datix system and, thus far, the reduction noted over previous quarters has been sustained.

A full appraisal of the project will be reported to the Clinical Governance Group during quarter one of the new reporting year.

Priority 5

This priority has been carried over from 2020-2021

Patient Experience

Raising the profile of equality and diversity across hospice services

How was this identified as a priority?

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.

The reasons for these issues are multi-factorial. They include societal and organisational structural barriers and processes as well as knowledge, beliefs, and behaviours by individuals. These barriers are usually difficult to see by people who are not affected by them.

St Barnabas Hospice is committed to promoting inclusivity and accessibility for all people who need our help and care. 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, reviewed workforce policies and provided equality and diversity mandatory training. 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

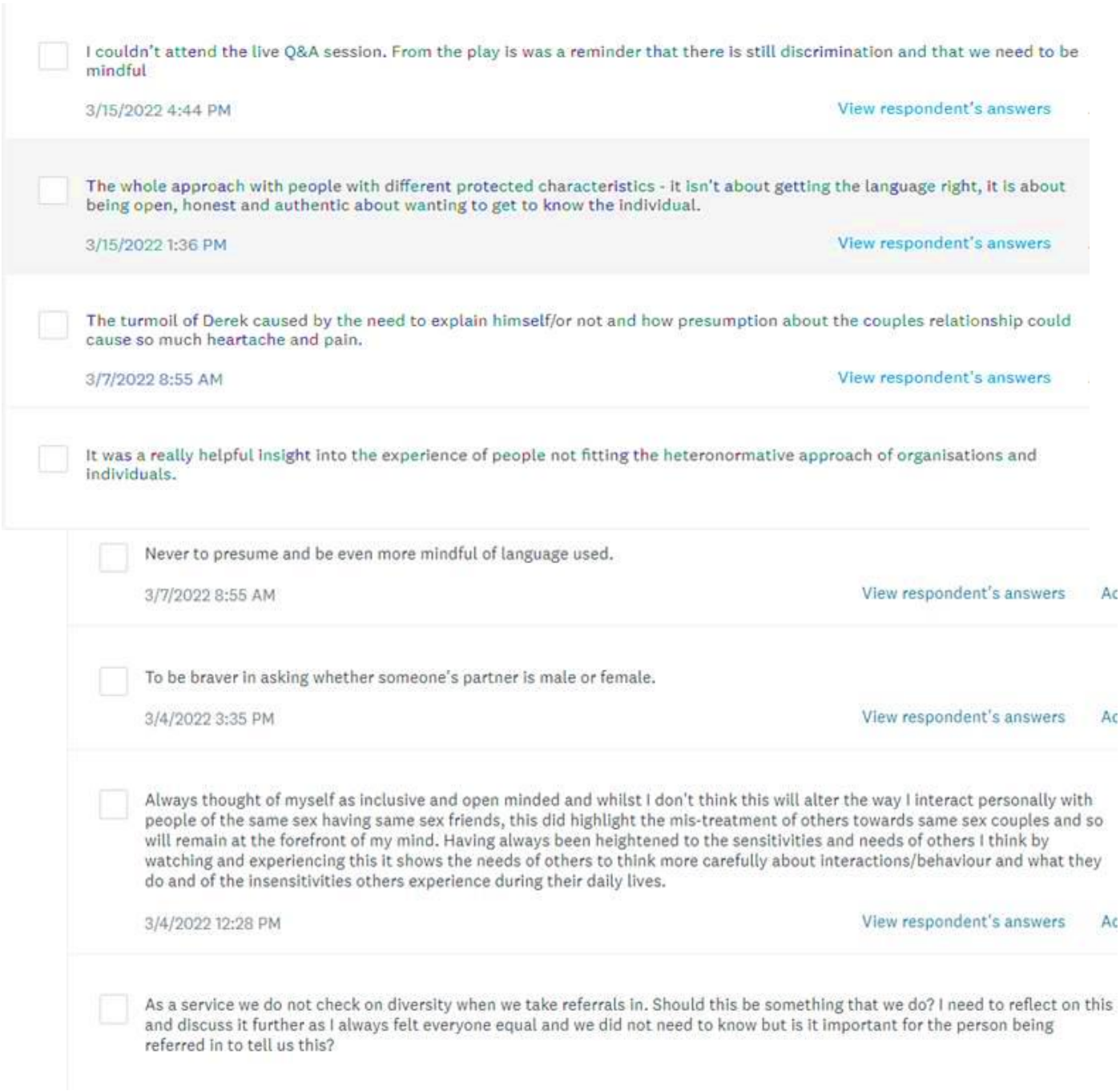
During the year the work of the Equality Diversity and Inclusion (ED&I) forum has continued. Diversity issues continued to be raised through the multidisciplinary team meetings and ED&I is now included as a standing agenda item at monthly clinical governance meetings. Our increasing knowledge and experience in this area is influencing discussions at strategic level though the Palliative and End of Life Care Strategy group, ensuring ED&I is reflected in the Lincolnshire palliative and end of life care Principles Document.

- Clinical data has continued to be reviewed during to inform future Equality and Diversity priorities. It is included in the monthly performance data that is shared through the clinical governance meeting. This will provide us with a baseline for the quality and consistency of the completion of our demographic data collection from November 2021 to March 2022. It is clear we have opportunities for improvement.

- The ‘Purple List’ play was made available for our staff, volunteers, and other stakeholders at the end of February with a live Q&A session with the director and actor. This is a dramatised resource that reflects the experience of a married gay couple when a husband is diagnosed with dementia and his care needs increase.

This is explored in the context of the past and current prejudice within our society and the lived experience of members of our LGBTQ+ community. The link to the resources is shared for reference https://www.purplelisttheatre.co.uk/

Feedback (via feedback survey) was received from staff and volunteers who attended. Overall, it was positive and demonstrated that the people who attended had learned from the resource and it had allowed people to reflect on their working practices.



The Trust Engagement Officer is now an active member of the ED&I Forum and has developed an ED&I section on the new staff intranet. It includes information on the activities of the ED&I forum as well as wider relevant news. They are also engaging directly with both clinical and non- clinical staff which includes discussion of ED&I issues. The ED&I section on the intranet rather than newsletter is in alignment with overall development of sharing information within St Barnabas.

Next Steps

The demographic data will now be used to inform the Quality Account Priorities for 2022-2023 and create a more focused priority; thus, acknowledging the huge area for consideration within this topic.

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 2022/2023.

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 2022/23 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 2022/23.

Priorities for Improvement 2022-2023

Priority 1

Refreshing our approach to Clinical Supervision
Clinical Effectiveness

How was this identified as a priority?

Clinical supervision is not a new concept and has been used for many years in a range of disciplines across the healthcare field but, for nurses and midwives, it began in earnest in the 1990s. Clinical supervision was embraced quickly by nurses in mental health settings. However, it was less widely adopted in general nursing care, where there was reluctance to engage, perhaps because of time pressures, and lack of opportunity and suitable expertise of supervisors. A continued debate on individuals' and organisations' poor uptake of clinical supervision has continued, but uptake is unlikely to improve without some policy initiatives to move matters onwards. New policy imperatives, such as the preparation and designation of professional nurse advocates, are likely to improve the situation dramatically (May 2021). An extensive roll-out of nurse advocate courses is under way in England, and a key element of the courses is preparing nurses and midwives to be supervisors. Evaluation data from these courses will help in the development of clinical supervision that best fits the profession. A growth in the Advocating for Education and Quality Improvement (A-EQUIP) model of supervision for midwives has seen wide adoption of a more refined and refreshed supervision provision for midwives across England. (Nursing Times 2022)[i1]

St Barnabas has an established model of clinical supervision that is due for review and refresh to enhance staff wellbeing along with the other offers the Hospice makes as well as meeting the needs of reviewing and learning from clinical practice.

How will this be achieved?

- Review of policy and practice to refresh Clinical Supervision for hospice staff will take place.
- Currently the engagement with clinical supervision is varied across the areas and supervisors will receive some additional training to support a refreshed approach.
- The Trust policy is due for review. Benchmarking the current practice and engagement and scoping the newer thinking about supervision models. The restorative approach is embedded in the Professional Nurse advocate role and is advertised by Hospice UK. Restorative Clinical Supervision Home - Restorative Clinical Supervision (restorativesupervision.org.uk)
- Recommendations for a refreshed model will be considered through the clinical directorate meetings.
- Launch of a new model of clinical supervision to take place during quarter 4.

How will progress be monitored and reported?
Progress will be reported on an ongoing basis through the Clinical Governance Committee, and to the Trust Board Patient Care Committee.

[1] What is clinical supervision and how can it be delivered in practice? | Nursing Times

Priority 2

Transition from Children's and Young Adult Hospice care to Adult Hospice – co- designing a pathway.

Patient Experience

How was this identified as a priority?

Hospice UK identified: A growing number of children and young adults with life-limiting and life-threatening conditions are now living into adulthood and evidence shows moving from children to adult services can be a particularly stressful time for them and their families. Models of care used for these young people need to be adapted as they mature and begin to access adult services and their needs and preferences change. The stories of young people confirm they often fail to find the support and services they need from either children's or adult services.

Hospice UK believes every young person with a life-limiting or life-threatening condition should have access to appropriate care and support reflective of his/her individual needs and preferences.

St Barnabas Hospice been approached by the NHSE team looking at transition to join on going work across the Country supported through the Burdett Trust around ensuring transitions for young adults are considered and pathways are in place. Because Children's Hospices have a different model to overselves; it would be helpful to build links across the system with the leaders in Transition and link up with the Childrens' Hospices locally to co-design with the Young Adults and their families what the pathway could look like from Children's Hospices to Adult Hospices. This will work with re-establishing the Wellbeing Hubs.

How will this priority be achieved?

Through co-design of an adult hospice model of care for young adults to access transition from childrens to adult hospice care.

The Interim transitions lead for the hospice will map service access points for young adults across Lincolnshire in conjunction with the Lincolnshire Healthcare system partners.

Connections will be developed with a local children's Hospice to facilitate access to working with young adults and their families regarding transition to adult Hospice care and how they would design their service to enable a co designed pathway to be produced. A review of other adult Hospices that have transition pathways in place will be used to support the work locally.

The ambition is for a pathway to be developed that is accessible for young adults to access adult Hospice care which is meaningful to them and their families; this will be in addition to services already offered by the Hospice.

How will progress be monitored and reported?

Progress will be reported on an ongoing basis through the Clinical Governance Committee, and to the Trust Board Patient Care Committee.

Priority 3

Equality and Diversity – Improving equity in access to clinical care by using data to identify opportunities for development.

Clinical Effectiveness

How was this identified as a priority?

All organisations have legal responsibilities in this area. Within end-of-life care, a report by the Care Quality Commission "A different ending: addressing inequalities in end-of-life care" (May 2016), shows that where commissioners and services take an equality-led approach that responds to people's individual needs, people receive better care.

The development of a SystmOne Demographic Template co-designed with Lincolnshire Partnership Trust enabled the protected characteristic data of our clinical caseloads to be collated. This data has been reported for the last six months.

Reviewing the data, the demographic data disability, sexual orientation, and religion are the lowest recorded protected characteristics for our caseloads. We are keen to understand why this is. Especially with reference to the protected characteristic of Disability, as the definitions given in the Equalities Act 2010, people on our caseloads would each be recognised as having this characteristic. Likewise, we are keen to explore with our clinical teams' barriers to recording the protected characteristics, initial discussions and training around sexual orientation and religion to enhance knowledge, understand barriers and provide support to accurately record and represent the people on our caseloads.

Therefore, this demographic data will now be used to inform the Quality Account Priorities for 2022-2023. These will include:

- Understanding the barriers to recording the protected characteristics of Disability Sexual Orientation and Religion, provide support and training.
- Improving the quality of demographic data recording.
- Using the Census 2021 data that is expected to be published in late Spring 2022 to identify opportunities for widening access to our Hospice Services and service improvements by comparing with the hospice data.

How will the priority be achieved?

- The demographic data will be shared at Hospice Clinical Governance meetings to raise awareness of data quality issues with senior clinical leaders to support the development of localised action plans within teams.
- Teams to be made aware of the importance of demographic data, issues with reporting and collating and how it will be used to widen access to palliative care and delivering equitable services.
- There will be two virtual focus groups with clinical staff to understand barriers to the collation of disability, sexual orientation and religion protected characteristic data; thus, leading to understand barriers to data collection and co-design mitigation strategies.

- Compare Lincolnshire Census 2021 data with Hospice Demographic data to identify any opportunities to widen access to palliative care and deliver equitable services.
- Present Census 2021 comparison data at the Hospice Clinical Cabinet and identify areas to investigate to support exploration and inform opportunities for future development.
- Use data to inform ED&I service developments.

How will progress be monitored and reported?

Progress will be reported on an ongoing basis through the Clinical Governance Committee and to the Trust Board Patient Care Committee and Equality Diversity and Inclusion forum.

Priority 4

Improving patient and public engagement in hospice services.
Patient Experience

Improving Patient and Public Involvement

How has this priority been identified?

The aim of PPI is to work with communities, patients / service users, families, and carers, to increase awareness, provide feedback on patient and service user experience and influence future services. St Barnabas Hospice provides many opportunities for patients and families to share their experiences of our services and we value their feedback; however, we recognise that palliative and end of life care, including bereavement is an often sensitive and distressing area which the public can be reluctant to become involved with until services are required and understandably families who have used our services may not want to be contacted for future involvement. We also acknowledge that there are still some misconceptions about palliative care as being principally for cancer patients and recognise that expanding patient and public involvement will both increased awareness of the breadth of palliative and end of life care services and enable us to better understand the needs of communities to enable us to plan our future services.

In addition to creating a palliative care network we also recognise the value of wider community conversations about death and dying to raise awareness and to break down myths and misconceptions. The Death Café model is well established, and we are keen to explore a digital death café approach as an additional way of involving local people.

How will this priority be achieved?

- We will invite patients and families to speak about their experiences of using hospice services at our Patient Care Committee and Trust Board meetings. With an aim to support review and development of services.

- Establish user groups in our Wellbeing hubs to include public, patients, and families to ensure that services are delivered with local influence in each locality and are community owned and supported but achieve consistency in Hospice care and support across Lincolnshire.

- Support User Groups with Community Wellbeing Volunteers to provide local intelligence and a community focus.

- Actively encourage participation in Lincolnshire Bereaved Families Voices 2022 survey – working with the Palliative and End of Life care system in Lincolnshire to consider findings and local implementation of changes based on results, through our Wellbeing Services and other networks e.g. All Parliamentary Party Group (Bereavement).

- Work with the Medical Director and Medical Examiner to consider feedback from this pilot study and embed any learning.

- Report and share learning from how to engage the public, patients, families and the bereaved in shaping palliative care with wider Hospice networks

How will progress be monitored and reported?

Progress will be reported on an ongoing basis through the Clinical Governance Committee, the Trust Board Patient Care Committee.

Priority 5

Delivering community bereavement support through peer led groups

Patient Experience

The death of a loved one is universal and one of the most stressful experiences in life. St Barnabas Hospice has a long and successful history of providing bereavement care ranging from group support to one-to-one counselling for adults across Lincolnshire, including people who have not previously used our services. During the Pandemic, all support was delivered remotely either via telephone or online platforms.

As precautionary measures have been eased, clients have increasingly been asking for opportunities to meet with other bereaved people in their communities for local support.

Grief support groups offer companionship and understanding from others who have experienced a similar loss. In a culture that often avoids talking about loss, support groups provide the opportunity to share one's story openly. Support groups offer a chance to begin the healing process by sharing stories and hearing the stories of others.

Following evaluation of feedback from clients who have attended groups, consultation with volunteers, membership of the All-Parliamentary Party Group (APPG) in Bereavement we have developed a new, more flexible, and community-based approach to group bereavement care which we intend to launch over the coming months. Alongside this and working with other Hospices, we are keen to design a more structured group to address persistent grief support.

How will this priority be achieved?

Over the next 12 months we will achieve three aims:

1. Pilot monthly drop-in bereavement groups in local facilities providing community bereavement support across the Lincolnshire areas.
2. Evaluate outcomes and impact of drop-in group through a co design approach with clients, volunteers, and the community.
3. Design and pilot a 'closed' bereavement programme for clients with complex grief/persistent grief disorder and evaluate to inform future grief provision.

How will progress be monitored and reported?

Progress will be reported on an ongoing basis through the Clinical Governance Committee, and to the Trust Board Patient Care Committee.

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 2021/22 St Barnabas Hospice supported the NHS Lincolnshire 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
- Wellbeing (Day Therapy)

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

- Welfare Benefits
- Occupational Therapy
- Physiotherapy Services
- Wellbeing Services

During the reporting period 2021/22 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 2021/22 represents 41.3% percent including the Covid related payments it is 50.4% 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 2021/2022 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 2021-2022 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 now completed. The report and preliminary findings are awaited.

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 considered the study title: Is there a need for a psychosexual therapy service within Palliative care? The report has been completed, submitted and the research student has successfully had her MSc awarded. Findings identified training needs associated with staff confidence and the Head of Wellbeing is working to arrange training.

A new MSc Counselling Programme commenced at the University of Lincoln in October 2020. The Head of Wellbeing has been working closely with the University to offer support for the student's research assessment. As part of this a student project was supported entitled "An exploration of the experiences of volunteer counsellors within bereavement and palliative care services**."**

A MSc student from Sheffield Hallam University completed one off interviews with nursing staff to explore the bereavement experiences of palliative care nurses in hospice settings when a patient in their care has died during the Covid-19 pandemic lockdowns. The feedback and report are awaited.

A funding bid was presented to the Clinical Research Network East Midlands by the Head of Wellbeing in partnership with the School of Psychology at Lincoln University to pilot and evaluate a bereavement support service in HMPS. This bid was unsuccessful, but a further review of this project is planned.

Early work is being scoped regards St Barnabas Hospice participating in the RESOLVE research search programme. This a programme led by Wolfson Institute at Hull University to consider embedding palliative care outcome measures into clinical practice.

St Barnabas continues to partner with Dementia UK to provide Admiral Nurses who are clinical dementia nurse specialists. Following the initial phase of the service, funding arrangements have changed, and the service is now entirely funded by charitable means through St Barnabas. The service is currently in a transitional phase to align and integrate more fully with the existing St Barnabas MDT. Two service evaluations have shown the positive impact that the service has on families impacted by dementia in Lincolnshire by providing much needed and valuable support, often at a critical point for families. The service continues to provide support for complex and challenging situations with a focus on those in need of palliative support.

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

Due the current Coronavirus Pandemic no CQUINs were identified for 2021-22.

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 2021/22.

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2021/22.

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

Overall rating	Inadequate	Requires improvement	Good	Outstanding ☆

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 2021/22 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 & Cyber Essentials Plus Attainment Levels

NHS Digital **Data Security and Protection Toolkit**

ST BARNABAS HOSPICE TRUST (LINCOLNSHIRE

All organisations that have access to NHS patient data and systems must use the Data Security and Protection Toolkit to publish an assessment against the National Data Guardian's 10 data security standards. Details of past publications for this organisation are provided below.

← Back to organisation search

Organisation code: 8A260

Address: INPATIENT UNIT, 36 NETTLEHAM ROAD, LINCOLN, LINCOLNSHIRE, ENGLAND, LN2 1RE

Primary sector: Other (including charities and NHS business partners)

Status	Date Published
21/22 Standards Exceeded	18/05/2022
20/21 Standards Met	03/06/2021

Cyber Essentials Plus

St Barnabas Lincolnshire Hospice achieved Cyber Essentials Plus and were accredited to the DCB1596 secure email standard by NHS Digital in October 2021. St Barnabas Lincolnshire Hospice is required to comply with the national Data Protection Act 2018 and other national requirements, such as the mandated NHS Data Security and Protection Toolkit. During 2022 we have completed the Toolkit and achieved standards which exceeded the submission requirements.

The hospice achieved the nationally recognised Cyber Essentials Plus and were accredited to the DCB1596 secure email standard by NHS Digital in October 2021.

2i. Clinical Coding

St Barnabas Lincolnshire Hospice was not subject to the Payment by Results clinical coding audit during 2021/22 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 2021/2022

St Barnabas Hospice

Palliative Care Co-ordination Centre					
	New Patient Referrals	Re-referrals	Percentage of non-cancer referrals	Incoming calls	Outgoing calls
2019/20	2602	3081	35%	26,751	41,490
2020/21	2948	3758	36%	35,783	57,578
2021/22	**2884**	**3602**	**38%**	**39,096**	**73,152**

Specialist Inpatient Unit Services - Lincoln			
	2019/20	2020/21	**2021/22**
Admissions this year	204	187	**198**
Patients in beds on 1st April (start of year)	11	8	**3**
Total Admissions	215	195	**201**
% New patients	91%	94%	**88%**
% Admissions from patient's own home	50%	56%	**59%**
% Admission from acute hospital	50%	44%	**40%**
% Occupancy	72%	58%	**83%**
% Patients discharged to their home	31%	36%	**31%**
Average length of stay – cancer	13.4 days	11.5 days	**10.3 days**
Average length of stay – non-cancer	12.5 days	11 days	**8.2 days**

Specialist Palliative Care – Other Services				
2021/22	Outpatients	In Reach	Advice/Consultation	Community Clinical Nurse Specialists
Referrals this year	91	63	523	279
*Ongoing referrals	18	5	49	2
Total Referrals	109	68	572	281
Total patients	109	68	537	265
% New patients	84%	93%	91%	99%

Allied Health Professionals (Occupational Therapists/Physiotherapists)				
	Occupational Therapy		Physiotherapy	
	2020/21	**2021/22**	2020/21	**2021/22**
Referrals this year	1024	**1039**	584	**621**
*Ongoing referrals	131	**131**	121	**66**
Total referrals	1155	**1170**	705	**687**
Total patients	1067	**1050**	633	**596**
% New patients	88%	**88%**	81%	**89%**

Community Clinical Nursing			
	2019/20	2020/21	**2021/22**
Referrals this year	2266	2611	**2562**
*Ongoing referrals	138	204	**388**
Total Referrals	2404	2815	**2950**
Total patients	2217	2586	**2547**
% New patients	92.9%	93.1%	**90.1%**
% Of patients who died at home	88%	89%	**85.2%**
% Of patients who died in acute hospital	5.8%	5.2%	**5.2%**
Average length of care	30.9 days	35.9 days	**51.3 days**

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

Counselling and Bereavement Service			
	2019/20	2020/21	**2021/22**
Client Referrals	776	701	**772**

Welfare Benefits Service			
	2019/20	2020/21	**2021/22**
Total Clients	4552	4202	**4752**
New Clients	2376	2054	**2431**
Re-referred Clients	2176	2148	**2321**
Total money claimed on behalf of clients	£9,053,548	£8,798,589	**£8,605,651**

Hospice in the Hospital													
	Apr 21	**May 21**	**Jun 21**	**Jul 21**	**Aug 21**	**Sep 21**	**Oct 21**	**Nov 21**	**Dec 21**	**Jan 22**	**Feb 22**	**Mar 22**	**Total**
Admissions	**6**	**6**	**8**	**11**	**9**	**15**	**10**	**15**	**13**	**11**	**15**	**10**	**129**
Admissions Last Year	*6*	*8*	*7*	*5*	*7*	*6*	*10*	*7*	*5*	*7*	*7*	*9*	*84*
Beds Available	**180**	**186**	**153**	**164**	**186**	**180**	**186**	**180**	**186**	**186**	**168**	**186**	**2141**
Beds Occupied	**141**	**68**	**68**	**92**	**137**	**125**	**143**	**132**	**150**	**153**	**124**	**120**	**1453**
% Occupancy	**78%**	**37%**	**44%**	**56%**	**74%**	**69%**	**77%**	**73%**	**81%**	**82%**	**74%**	**65%**	**68%**
Last Year %	*33%*	*49%*	*45%*	*36%*	*48%*	*20%*	*64%*	*62%*	*50%*	55%	*58%*	*66%*	49%

There were 5 patients in unit overnight on 31st March 2021 going into 1st April 2021 (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 a Duty of Candour policy in place 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. In the event of a patient safety incident an apology will be given and an assurance that the incident will be formally investigated within a designated timeframe and the response shared with the patient and families. Any learning identified will be shared with staff and with external healthcare teams of appropriate.

There has been no requirement to invoke Duty of Candour during 2021/22.

Patient Safety Indicators	2019/20	2020/21	2021/22
Notifiable patient safety Incidents **Never Events**	1 0	0 0	0 0
Medication Incidents (Administration / omission and prescribing incidents)	23	19	10
Patient Falls • **No / Low Harm** • **Moderate Harm** • **Severe Harm** **Total**	 12 1 0 13	 8 0 0 8	 16 0 0 16
Pressure Damage • **Category 1** • **Category 2** • **Category 3** • **Category 4** • **Suspected Deep Tissue Injury** **Total**	 2 11 1 0 3 17	 1 10 1 0 2 14	 2 9 1 0 4 16
Infections • **Acquired MRSA** • **Acquired Clostridium difficile** • **Avoidable Catheter Associated Urinary Tract Infections** • **Acquired Covid 19**	 0 0 0 NA	 0 0 0 1	 0 0 0 0

Medicines Management - all medication incidents reported during 2021/22, resulted in no patient harm. It is positive to note this year the reduction in medicine errors. 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 medicine incidents are also reviewed quarterly at the Medicines Management Committee.

Patient Falls - it is noted the slight increase in patient falls this year. Several falls resulted in minor bruising but no patient harm however the Hospice acknowledges the distress and shock a fall may cause for patients and families. A framework is in place for initial and 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 assessments 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 other than Covid 19 remains very low with a robust framework in place for identifying and manging infection risk.

The Hospice has continued to respond positively to the Covid-19 pandemic, carefully planning and managing the working environment to minimise risks for patients, visitors, and staff. The Hospice has maintained sufficient supplies of high quality personal protective equipment and facilitated covid testing procedures for staff, patients, and visitors. In addition, the provision of training and working collaboratively with other healthcare providers has enabled Hospice teams to provide safe care for patients and their families. During 2021/2022, there have been no outbreaks of infection.

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 2021/2022. There were no trends or themes identified. Any learning is shared with the relevant individuals or team.

	Upheld	Partially Upheld	Not Upheld	Pending outcome
2019/2020	3	2	4	0
2020/2021	1	3	2	1
2021/2022	1	0	6	0

Part 7:

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 2021-2022, twenty-one clinical audits were completed for our Inpatient and Community Teams. Examples of some of the audits undertaken are detailed in the tables below.

Infection Control

The Trust undertook a range of infection control audits during 2021/2022 to provide assurance of safe infection control practice for the management of Covid 19 and other infections. The audit programme consisted of isolation precautions including the use of personal protective equipment, sharps management, cleanliness audits and an annual assurance assessment against standards from *The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance.* 2015. The results demonstrated good compliance and overall safe infection control practice.

Annual Safeguarding Audit

The Trust annual safeguarding audit was undertaken May 2021 to assess for assurance of compliance with the St Barnabas Safeguarding Adults and Children at Risk Policy and Procedure. The actions from the previous audit were also reviewed to assess if the actions have been implemented into practice. This audit confirmed that the current system for reporting safeguarding concerns is effective, and staff are vigilant to any safeguarding concerns. There is also evidence of a strong multi-disciplinary approach to reporting and addressing safeguarding concerns. It was noted the range and complexity of safeguarding concern identified over the last twelve months.

Medicines Audits

The Hospice undertook statutory and Trust medicine audits during 2021/2022 including the safe and secure management of general medicines and controlled drugs handled at the Inpatient Unit and the process for remote prescribing was also audited.

The audits 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 particularly in relation to some aspects of record keeping. A programme of “snapshot” medicines audits is also undertaken by the nursing staff to promptly identify any areas for improvement and to also develop knowledge of audit and governance processes. Staff feedback is positive and with suggestions to develop working practices.

Reusable Medical Devices

This audit assessed management of reusable medical devices such as syringe pumps and blood pressure monitoring machines in use at the Inpatient Unit. The audit tracked the devices from purchase to maintenance, cleaning, servicing, and decommissioning to assure effective processes were in place to support clinical staff in the delivery of safe patient care. The audit confirmed a robust policy, procedure and a device inventory were in place to support monitoring and safe use of the equipment. There were some minor recommendations to strengthen documentation but overall, the audit provided good assurance of the safe management of reusable medical devices.

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 / electronic 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 and this includes participation in a system wide piece of work to improve how patient and family feedback can effectively be collated and shared across all healthcare providers.

One area that was identified for improvement was the provision of information on how to complain. This is being addressed by the Ward Manager with a refresh of literature available and posters displayed.

Patients' satisfaction Survey for the Inpatient Unit (Response rate 59%)

QUESTION	RESPONSE		
	Always	**Most of the time**	**Not Answered**
Did the staff gain consent prior to providing care?	100%		1
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?	100%		1
Was the Hospice environment clean?	100%		1

Relatives' satisfaction Survey for the Inpatient Unit (Response rate 48%)

QUESTION	RESPONSE		
	Always	Most of the time	Not Answered
Did the staff gain consent prior to providing care to your relative	100%		3
Did the staff treat you with dignity and respect?	100%		2
Did you feel cared for?	100%		
Was your relative / friend given enough privacy when discussing their condition / receiving treatment?	100%		
Was the Hospice environment clean?	100%		2

Some examples of feedback from *What We Did Well* are shared in below:

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

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 of 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.

Lincolnshire CCG
Bridge House
The Point
Lions Way
Sleaford
NG34 8GG

Telephone: 01522 573939
Email: lccg.office@nhs.net

27/06/2022

Michelle Webb
Director of Patient Care
St Barnabas
Hawthorn Road
Lincoln
LN2 4QX

Tel: 01522 518200
Email: michelle.webb@stbarnabashospice.co.uk

Dear Michelle

NHS Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on St Barnabas's (the provider) Draft Quality Report 2021 – 2022.

The Quality Account provides comprehensive information on the quality priorities that the provider has focussed on during the year in relation to patient safety, clinical effectiveness, and patient experience. Responding to the continuing needs of the Covid-19 pandemic saw St Barnabas respond and adapt to supporting services in a dynamic way to protect all patients and staff, despite demands on workforce, restrictions, and capacity pressures.

Throughout 2021 - 2022, the provider has continued to engage with the community, local general practitioners, system partners, charities and continued to foster good relationships with United Lincolnshire Hospital NHS Trust (ULHT), Lincolnshire Partnership Foundation NHS Trust (LPFT) and Lincolnshire Community Health Services Trust (LCHS) with the provider investing in their commitment to patient experience, quality care and safety. The provider has made the most of digital technologies for audit purposes and patient experience feedback.

Despite the ongoing pandemic, the provider delivered on several quality priorities. These include:

- Patient Experience: Enhancing Palliative Spiritual care. The commissioners recognise this as a valuable and important aspect of palliative care. 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 is noted in the positive feedback.

- Patient Safety: in relation to Covid-19 assurance, the providers remained dedicated to keeping patients and staff safe by working differently when required and shielding those who were vulnerable. This was bolstered by COVID-19 risk assessments, patient education, safety checks, up to date and clinically appropriate pathways, compliance with government Covid-19 testing guidance,

supportive human resources (HR), policies and ongoing occupational health and wellbeing, IPC audits, continual risk assessments and training.

- Infection prevention and control, to continue reduction of hospital acquired infections and adhering to national guidance. The commissioners acknowledge that there has been no clostridium difficile, methicillin sensitive staphylococcus aureus (MSSA) or methicillin-resistant staphylococcus aureus (MRSA) cases in St Barnabas and this is due to best practice and management of IPC practices.

Looking forward to the coming year the commissioners are pleased that the provider is committed to continuing to build on clinical effectiveness through clinical supervision and is supporting the transition for young adults from Children's and Young Adult Hospice care to Adult Hospice care. The provider recognises the importance of staff resilience in contributing to the quality of care for patients and enhancing patient and staff experience.

Quality priorities that focus on shared governance and increased involvement of patients, relatives and the public demonstrate the provider's ongoing commitment to embed quality improvement into the culture of the organisation.

The Quality Account has numerous examples of the good work undertaken by the provider over the past year. These include care after death and safe and effective medicines management.

The commissioner confirms that, to the best of our knowledge, the accuracy of the information presented within the working draft of the Quality Account submitted, is a true reflection of the quality delivered by the provider.

The commissioners acknowledge that the last Comprehensive Care Quality Commission inspection was in November 2019 and rated as "Good" with the caring and responsiveness domains rated as "Outstanding."

The commissioners would like to thank St Barnabas for the continued collaborative work with the Lincolnshire Health System.

NHS Lincolnshire CCG looks forward to working with St Barnabas over the coming year to further improve the quality of services available for our population to deliver better outcomes, and the best possible patient experience.

Yours sincerely,

Lynda Stockwell
Deputy Director of Nursing
NHS Lincolnshire Clinical Commissioning Group
Tel: 07814 067223
Email: lynda.stockwell@nhs.net

Our contact details

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

Chief Executive's Office
St Barnabas Hospice
36 Nettleham Road
Lincoln
LN2 1RE

Tel: 01522 518211

Email: mandy.tapfield@stbarnabashospice.co.uk

Website: www.stbarnabashospice.co.uk

St Barnabas
Hospice • Care • Support