



QUALITY ACCOUNT

2022/23
Activity
2023/24
Priorities

every day *matters*

 **St Barnabas**

Contents

	Page Number
Part 1	
Introductory Statement by the Chief Executive	5
Statement from the Chairman of the Board of Trustees	8
Introduction to Quality Account	10
Part 2 - Priorities for Improvement 2022 - 2023	
Priority 1: Refreshing our approach to Clinical Supervision.	13
Priority 2: Transitioning from Children's and Young Adult Hospice care to Adult Hospice – co-designing a pathway.	14
Priority 3: Equality, Diversity, and Inclusion – Improving equity in access to clinical care by using data to identify opportunities for development.	15
Priority 4: Improving patient and public engagement in hospice services	17
Priority 5: Delivering community bereavement support through peer led groups	18
Part 3 - Priorities for Improvement 2023 - 2024	
Priority 1: Adoption of Community Prescribing Practice within St Barnabas Hospice.	20
Priority 2: Implement the multiagency Lincolnshire joint Policy and Procedures for the Safe Use of Bed Rails in the Community.	22
Priority 3: Spiritual Care and end of Life – Enhancing Community Networks.	24
Priority 4: Equality, Diversity, and Inclusion – Improving equity in access to clinical care by using data to identify opportunities for development. <i>Continued priority from 2022/2023</i>	25

Part 4 - Mandatory Statements Relating to the Quality of the NHS Services Provided 2022 - 2023

1. Statement of Assurance for the Board	26
2a. Review of Services	26
2b. Funding of Services	26
2c. Participation in National Clinical Audit	26
2d. Participation in Clinical Research	26
2e. Use of the Commissioning for Quality and Innovation (CQUIN) payment framework	27
2f. Statement from the Care Quality Commission (CQC) Summary Report	27
2g. Data Quality	30
2h. Information Governance Toolkit & Cyber Essentials Plus Attainment Levels	30
2i. Clinical Coding	31

Part 5 - Review of Performance 2022 - 2023

Data Tables	32
-------------	----

Part 6 - Patient Safety Quality Markers 2022 - 2023

a. Medication Errors	36
b. New Pressure Damage	36
c. Falls	36
d. Infection Prevention	36
e. Complaints Clinical Services	36

Part 7 - Clinical Audit and Quality Improvement 2022 - 2023

Audit and Quality Improvement	37
Feedback from Patients and Relatives on Trust clinical services	38

Part 8

Statement of Directors' Responsibilities in Respect of the Quality Account	41
Explanation of Abbreviations	42
Response from Integrated Care Board (ICB)	43
Our Contact Details	45

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 Rebecca Franks	Director of Patient Care
Mrs Michelle Webb	Deputy Chief Executive
Mr St.John Sutcliffe	Director of Finance and Performance
Dr Georgina Keenleyside	Medical Director
Dr Kat Collett	Palliative Medicine Consultant
Mrs Kerry Bareham	Nurse Consultant
Mrs Mandy Irons	Head of Wellbeing
Mrs Jo Negus	Clinical Systems Lead
Mrs Nicola Hooker	Head of Governance
Mrs Cassie Scullion	Data Protection Officer
Miss Michelle Johnson	Allied Health Professional Lead
Mrs Caroline Jubbs	Palliative Care Social Worker
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 Quality Account for St Barnabas Lincolnshire Hospice.

This Account summarises the progress we have made during 2022 / 2023, as well as setting out our priorities for the coming year 2023 /2024.

Our systems of work are now fully embedded in a post pandemic way of operating, as we have made the most of the opportunities that mobile and hybrid working conditions can and have enhanced service delivery. These developments have contributed to how effectively the account priorities from last year have been undertaken and demonstrate our ever-evolving collaborative ways of working with other organisations within the Lincolnshire health care system.

This joined up working across the county and across organisations and services has enabled more people in all areas of Lincolnshire to receive outstanding care and support from our Hospice services; we will continue to utilise this approach to provide more targeted and disease specific quality services and support.

As an organisation we have committed and resilient staff and volunteers who every day (and night) of the year go above and beyond to deliver safe, effective and therapeutic care. They do this despite the ongoing economic and political circumstances over which they and we have little control and do it with the values of the organisation at the forefront of all that they do. Working with our people is a privilege and humbling in how they support patients, families and carers at the end of life. I am confident that the priorities set by the clinical team this year will contribute further to this as they have demonstrated in previous years.

This account sets out 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 develop and deliver during the coming year.

The five priorities for improvement undertaken during 2022-2023

- Refreshing our approach to Clinical Supervision.
- Transitioning from Children's and Young Adult Hospice Care to Adult Hospice: co-designing a pathway.
- Equality, Diversity and Inclusion: improving equity in access to clinical care by using data to identify opportunities for development.
- Improving patient and public engagement in hospice services.
- Delivering community bereavement support through peer led groups.

Significant progress has been made with our priorities for delivering improvements identified in last year's account. Some are now 'business as usual' in the organisation, one is being developed and taken forward in the Palliative and End of Life (PEOL) system and one is being enhanced and continued this year.

The practice, uptake and effectiveness of clinical supervision has been reviewed with all registered nurses within the organisation providing the basis for refreshing the policy. A restorative approach to supervision has been enabled and will be continuously delivered, along with the training of and work of our first Professional Nurse Advocate (an NHS England work programme as part of the NHS Long Term Plan).

Our Interim transitions lead utilised a population health management approach to identify the current services that children and young people within Lincolnshire who have life-limiting and life-threatening conditions access, whilst mapping what the current and future need may be within the County. Several options and wishes for services and a potential pathway were identified from patients and other providers across the country. This work is being developed further in collaboration with other stakeholders in the PEOL system.

The priority of improving equity in access to clinical care is being continued; good progress has been made in this by strengthening clinical knowledge and skills in data collection and interpretation of this locally (and was presented in a poster at the Hospice UK Conference in November 2022). Further work to embed this data collection, interpretation and use is identified for this year's account.

Teams from across the organisation have been involved in improving the patient and public engagement with hospice services, from the Director of Patient care delivering presentations to community groups, shops and fundraising staff talking to supporters, clinical staff attending public health and wellbeing events with information stalls and counselling staff obtaining and acting on survey feedback from clients. An ongoing action plan that is reviewed and supported by the clinical governance team ensures this is now regular activity across the organisation.

The Wellbeing team have developed and are supporting new drop-in peer-led bereavement groups that are across the County, with more being planned; in conjunction with the clinical teams, creative groups are now established at the Wellbeing Centres. Projects working in specific areas outside of the organisation are also being delivered, for example at HMP North Sea Camp.

The priorities identified for the 2023/2024 account are:

Priority 1:

Adoption of Community Prescribing Practice within St Barnabas Hospice.

Priority 2:

Implement the multiagency Lincolnshire joint Policy and Procedures for the Safe Use of Bed Rails in the Community.

Priority 3:

Spiritual Care and end of Life – Enhancing Community Networks.

Priority 4:

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

Continued priority from 2022/2023

I have every confidence in the abilities and commitment of our clinical and wellbeing teams in delivering the new and continued priorities established for 2023/2024 and that this will result in notable improvements for the care of patients and families.

The quality of care we deliver at St Barnabas Hospice is regularly and extensively reviewed through several different processes, and I along with the executive team ensure this is maintained and improvements made as required. Comments on the Quality Account from Lincolnshire Integrated Care Board (ICB) are included.

We are looking forward to another year of challenge and development within St Barnabas and the Lincolnshire care system 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 2022 / 2023, as well as setting out our priorities for the coming year.

Whilst the previous few years have been challenging, the Hospice have remained strong and resilient in developing and delivering palliative and end of life care services throughout the County, whilst also improving our Estates and being a key contributor to the county wide service redesign programme with the Integrated Care Board (ICB). I am confident that the Hospice can and 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 and are delivering 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 its priority.

The diversity and scope of the priorities we have committed to deliver in the 2023/2024 Quality Account demonstrates that we can innovate and evolve to enable hospice care to be accessible to ever increasing numbers of people in our communities across Lincolnshire that need us, a firm commitment of St Barnabas.

Our dedication to continue to deliver outstanding Hospice care is steadfast. On behalf of the Board, I would like to extend our utmost gratitude to everyone who has and continues to support 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.

<u>Trustee</u>	<u>Signature</u>
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 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 acknowledge 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.

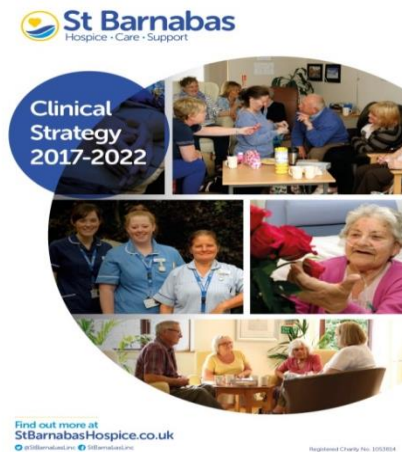
Working Better Together
We recognise the power of community; building connections and relationships which help us make a positive contribution. Respecting and valuing all contributions - we are ONE team, united and inspired by our common purpose.

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 (2022-2023) and look forward to our plans for 2023-2024.

We will continue to deliver our objectives as detailed in the five-year clinical strategy whilst we are planning for and working on our new strategy to take us from 2023 onwards.



Our clinical objectives within the 2017-2022 strategy were:

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.

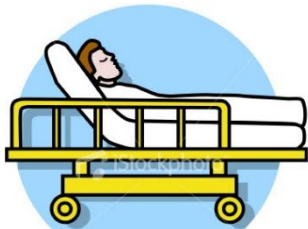
1st April 2022 to 31st March 2023

Our Year in Numbers



We supported approximately 7,770 patients through the following services (majority of those patients will have received support/care from 2 or more of these services)

Our team at the IPU cared for **109** patients in our hospice beds in Lincoln



164 patients were cared for in our Hospice in the Hospital in Grantham



Our PCCC team received **3,166** New Patient Referrals and handled over **87k** Phone calls



Our Community Clinical Nursing teams were involved in the triage/care of **3,306** patients



Our CCNS's based in United Lincolnshire Hospitals NHS Trust (ULHT) supported **379** patients

Our AHP teams were involved in the care of **939** patients for Occupational Therapy & **621** for Physiotherapy



Our Welfare team assisted **5,323** clients in receiving **£9,830,929** worth of Benefits



Our Counselling/Bereavement Service supported **859** new clients



Part 2

Review of Priorities for Improvement 2022/2023

Priority 1

Clinical Effectiveness

Refreshing our Approach to Clinical Supervision

How was this priority identified?

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. The debate around 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. 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.

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.

What we have achieved:

- Regional Professional Nurse Advocate (PNA) links established.
- PNA Masters level course completed by the Lead Nurse of the Palliative Care Coordination Centre (PCCC).
- Future PNA roles and training needs have been identified.
- Registered General Nurses (RGNs) surveyed to scope their opinions and needs of current provision of clinical supervision and knowledge of PNAs.
- Detailed report and action plan recommendations taken to Clinical Governance meeting for ratification and are now being delivered.
- March 2023 hospice supervision policy updated and being implemented.

Priority 2

Patient Experience

Transitioning from Children's and Young Adult Hospice Care to Adult Hospice: Co-Designing a Pathway

How was this priority identified?

It was identified by Hospice UK that 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 were 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 ours it would be helpful to build links across the system with the leaders in Transition and link up with the Children's' 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.

What we have achieved:

- Cohort of young people identified – numbers of those with a life limiting illness and or a long-term condition within Lincolnshire and where they are currently receiving care.
- Links established with and information gained from the current care providers and with organisations in surrounding counties that are already delivering transitional care services.
- Range of transition services available in other areas scoped; these vary from leaflets for patients and families through to regular respite care provision, teen spaces and young adults' activity and peer support groups.
- Network of professional and other agency stakeholders established in Lincolnshire and needs analysis undertaken.
- Work, resources and contacts have been shared with the NHS Transition Nurse Specialist who is now in post. County wide transition working group consisting of ICB, Continuing Healthcare (CHC), NHS, Education and St Barnabas representatives has been established to take this work forwards.

Priority 3

Clinical Effectiveness

Equality and Diversity – Improving Equity in Access to Clinical Care by Using Data to Identify Opportunities for Development.

How was this priority identified?

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.

What we have achieved:

- Disability and religion protected characteristic data were identified as being low in numbers; focus groups with staff were delivered to understand and mitigate for barriers in the collation of this, with notable effects.
- Education surrounding demographic data collection generally has been effective and reports are shared at Clinical Governance meetings (and other PEOL forums where appropriate) to support development of localised action plans.
- The demographic data collection template on SystmOne has been reviewed and amended to reflect feedback from staff and renamed Person Centred Information.
- A clinical cabinet session was dedicated to this quality account priority to facilitate a shared approach to leadership in communicating the value added to individual patient care and future service design.

- Information collected from the focus groups was included in a poster called Raising the Profile of Equality and Diversity across Lincolnshire Hospice services. This was presented at the Hospice UK Conference in Glasgow in November 2022.
- The 2021 national census data has been compared to our demographic data to identify gaps and opportunities for widening access to our hospice services across the County. This work will be developed further in this coming years quality account work.

Priority 4

Patient Experience Improving Patient and Public Engagement in Hospice Services

How was this priority identified?

The aim of Patient and Public Involvement (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.

What we have achieved:

The Trust has made good progress towards its ambition to improve public and patient engagement. Staff have attended a number of events and responded to requests to meet with groups and individuals to hear their feedback, these have included attending public health and wellbeing events across the County and HMP North Sea Camp and collating survey responses from counselling clients about their experience. The Lincolnshire Bereaved Families Voices 2022 Survey had a good response and the results have helped to direct our involvement strategies. An action plan developed by the DoPC is robust and comprehensive and has provided a focus for developing awareness and involvement across the Trust.

The action plan has been kept under review throughout the year. After discussion this will now be monitored by and accountable to the Clinical Governance Committee. This will promote organisational ownership, action and information sharing. Feedback from the medical examiner process is now reviewed by the Clinical Governance Committee. The Head of Wellbeing will lead on engaging organisational stakeholders and continuing to develop the strategy and actions. This will include bringing together key staff from:

- Fundraising/Marketing; Support at events attended across the County – wellbeing coordinate this now with clinical attendance.
- Shops
- Clinical Services including the Head of Clinical Governance and Wellbeing Team
- Staff PPI forum; Staff engagement forum; Staff engagement champions.

Priority 5

Patient Experience **Delivering Community Bereavement Support Through Peer Led Groups**

How was this priority identified?

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 Hospice's we are keen to design a more structured group to address persistent grief support.

What we have achieved:

Boston and Grantham have well attended and received monthly drop-in bereavement groups. Current other provision around the County has been scoped to help identify where gaps are for community support to roll out the drop in model there as required.

Creative wellbeing groups are being developed – at the wellbeing centres to produce items for comfort bags for example.

Work on the closed bereavement programme for clients with complex grief / persistent grief disorder has paused with Nottinghamshire Hospice due to long term sickness in their team but is planned to resume in Spring 2023. Provision of grief support at HMP North Sea Camp has had excellent feedback with a request for further group working that is being looked at. To strengthen the support available, wellbeing staff have undertaken additional training in trauma interventions and are evaluating bereavement risk assessments. They are working with Lincolnshire Partnership NHS Trust (LPFT) to ensure the content is clinically safe and evidence based.

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 2023/2024.

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 2023/2024 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 2023/2024.

Priorities for Improvement 2023 - 2024

Priority 1

Adoption of Community Prescribing Practice within St Barnabas

(Patient Safety, Patient Experience, Clinical Effectiveness, Staff Development)

How was this identified as a priority?

St Barnabas Hospice has extensive experience within the Inpatient Unit and has been developing Independent Prescribers for the past five years. We have a developed governance process including appropriate policies and a Prescribing Forum to support Independent Prescribing Practice. St Barnabas has also worked with the Integrated Care Board and NHS Business Authority to access FP10 prescriptions and developed a Standard Operation Policy to assure the safe ordering, handling and storage of these prescription pads.

St Barnabas Hospice is now well placed to ensure that Clinical Practitioners who have completed the Independent Prescribing Qualification and or Nurse Prescribing Qualifications are supported to embed this skill into their practice.

How will this be achieved?

Quarter 1

Review and Update Independent Prescribing Policy including Independent Prescribing Supervision.

Engage with Lincolnshire Community Health Services (LCHS) Prescribing Lead to walk through their FP10 management procedure and e prescribing procedure.

Invite LCHS Prescribing Lead to walk through St Barnabas Policy & Procedures.

Confirm which St Barnabas Nurses intend to prescribe.

Outcome:

Provide assurance the Independent Prescribing Policy and Procedure reflect latest best practice.

Strengthen links and access with LCHS expertise regarding Independent Prescribing Practice to support confirm and challenge and further assurance.

Provide dates for Prescribing Clinics to those nurses intending to use their prescribing qualification.

Quarter 2

Confirm Governance Process with Clinical Governance and Medical Director.

Nurse Consultant to hold Independent Prescribing Clinics to review paperwork and agree personal prescribing formulary.

Submit FP10 prescription request to NHS Business Authority.

Outcome:

Prescribing Governance Process clearly understood and agreed by all stakeholders.

All nurses who intend to prescribe will have an agreed and personalised prescribing formulary and where necessary a clear development plan to support their prescribing practice.

FP10 prescription pads will be available for distribution in Quarter 3.

Quarter 3

Disseminate FP10 Prescribing pads to prescribers.

Initiate scope of e-prescribing

Outcome:

All community prescribers who wish to prescribe will have access to FP10 prescriptions for the benefit of patient care.

Begin to engage key stakeholders to understand e-prescribing practice framework.

Quarter 4

Develop Audit for prescribing practice to be delivered through 2024-2025

Plan for roll out of e prescribing quality account 2024-2025

Outcome:

Assurance framework to support safe prescribing practice, learning and quality improvement.

Improved patient safety and prescribing practice through the development of e-prescribing within St Barnabas 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 2

Implement the Multiagency Lincolnshire Joint Policy and Procedures for the Safe Use of Bed Rails in the Community (Patient Safety)

How was this identified as a priority?

The safe use of bed rails in community care has a significant impact on the safety and quality of care delivered to community patients. The multiagency policy has been developed and is being ratified within all other Lincolnshire stakeholders and will be the standard to which all community staff should work.

Adopting the use of Lincolnshire bed rail policy into clinical practice for the community teams in St Barnabas Hospice will involve cascading training of the policy to all clinical community teams, which will vary depending on their roles.

Engagement with the St Barnabas education team and NHS equipment services will support the training, along with the wider Lincolnshire agencies as appropriate. This will empower the whole MDT with the skills, knowledge and resources to complete the bed rail risk assessments and embed safe person-centred care planning of the bed rail use.

How will this priority be achieved?

Quarter 1

- Take the completed Lincolnshire policy to clinical governance for final approval once published.
- Continue to have St Barnabas representation at the Lincolnshire interagency group so can take feedback and comments to the forum.
- Collaborate with the St Barnabas Education team to support primary development of the training package, as part of the mandatory training.
- Identify the roles and responsibilities, with individual training needs, of the multidisciplinary team (MDT).
- Collaborate with the SystmOne and education teams regarding the completion and saving of the risk assessment.
- Possible joint working with other organisations regarding the training packages as appropriate

Outcome:

To ensure the policy is ratified and has the agreed resources needed to ensure an effective implementation to the clinical teams, applicable to each individuals' roles and responsibilities.

Quarter 2

- Develop a codesign group to agree equipment ordering levels and responsibilities.
- Collaboration with the Clinical Service Managers, alongside the education team to highlight the new training, along with specific roles and responsibilities.
- Completion of the training packages for the clinical teams and signed off documentation.

Outcome:

To ensure the teams are aware of how to access the training packages and support the teams regarding ease of documentation, discussion of where it is best placed and how to save and document. Staff will be competent to assess for the safe use of bed rails.

Quarter 3

- Final implementation of the completed training packages to all community clinical teams.
- Mandatory for all community staff to participate in safe use of bed rail training.

Outcome:

Completion of the training and compliance with the risk assessments and bed rail checks.

Quarter 4

- Audit the staff training with feedback and survey regarding the ease of documentation.
- Identify any themes via Datix incident reporting, as appropriate.
- Develop a future audit of beds ordered with or without bed rails, and whether and why a bed rail risk assessment was completed.

Outcome:

Learning will be shared with the codesign support group to support next steps. This learning will also be shared with the Lincolnshire interagency group exploring trends with the audit or feedback of the policy implementation and delivery of training.

How will progress be monitored and reported?

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

Priority 3

Spiritual Care and End of Life – Enhancing Community Networks (Patient Experience)

How was this identified as a priority?

At the end of life many people do not wish to be separated from the communities in which they have lived, and those close to them are likely to require local support to cope with their loss. In addition, this is a time when, for some people, spiritual matters come to the fore both for the individual concerned, their carers and their loved ones. (*Faith at end of life. A resource for professionals, providers and commissioners working in communities: Public Health England 2016*).

St Barnabas has significantly enhanced the quality and reach of its spiritual care provision in recent years, including embedding spiritual care in specialist MDT discussions, and increasing spiritual care champions in each clinical team. However delivering spiritual care and alleviating spiritual distress at the end of life presents significant challenges in a diverse and rural community, and our intention is to further enhance the quality of community spiritual care by reviewing our current structures, training and community networks.

Everyone, whether religious or not, needs support, especially in times of crisis. Many patients, carers and staff have spiritual needs and welcome spiritual care when they are facing difficult questions about life and death. Finding peace at the end of life significantly contributes to symptom management, psychological wellbeing and bereavement outcomes for those who grieve.

How will the priority be achieved?

- Review our internal structures to ensure that we are able to develop and grow the service.
- Network with other Hospices to explore joint development opportunities and learn from best practice.
- Explore training opportunities – for example e-lfh (e-learning for health) to enhance the skills knowledge and confidence of community staff.
- Map local faith networks and explore community provision for end-of-life care.

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 4
(Carried over from 2022/2023)

Equality and Diversity – Improving Equity in Access to Clinical Care by Using Data to Identify Opportunities For Development (Clinical Effectiveness)

How has this priority been identified?

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 eighteen 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.

How will this priority be achieved?

- Regular (quarterly) and one-off audits will be conducted throughout the year to identify themes of data collection; results will be compared with other County wide and national sources of data to identify and address any trends.
- Person Centred Information will be reported on at the ED&I forum and Clinical governance committee and presented locally within the community quadrant quarterly staff meetings to embed the recognition and use of this data.
- Senior clinical leaders will take this data and intelligence to system and regional forums to assist in shaping and designing new and ongoing services delivering PEOL care.

How will progress be monitored and reported?

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

Part 4:

Mandatory statements relating to the quality of the NHS service provided (2022 – 23).

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 2022/2023 St Barnabas Hospice supported the NHS Lincolnshire Clinical Commissioning Group (Integrated Care Board from July 2022) 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 Centres

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

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

St Barnabas Lincolnshire Hospice has reviewed all the data available to them on the quality of care in all the NHS funded services.

2b. Funding of Services

St Barnabas Lincolnshire Hospice is contracted for and receives NHS funding through the National Community Contract, that partially funds the Inpatient Unit, Hospice at Home service and Palliative Care Co-ordination Centre. The remaining income, to support the delivery of Wellbeing Centres, 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 2022/2023 St Barnabas Hospice did not participate in National Clinical Audit, as none of the audits were relevant or applicable to Hospice care.

2d. Participation in Other Research

St Barnabas Hospice remains committed to developing research strategic aims and becoming a research active hospice.

Hospice staff supported a MSc student from Sheffield Hallam University with her interview project to consider “Professional loss during the Covid-19 pandemic lockdowns for Palliative care nurses”. Four members of hospice staff participated in the interviews.

The hospice engaged in a study entitled “Improving health status and symptom experience for people living with advanced cancer: A process evaluation using surveys and interviews to understand the RESOLVE Person-Centered Outcome measures implementation strategy” led by Wolfson Palliative Care Research Centre, University of Hull.

A funding bid was presented to Hospice UK and was successfully attained 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 project is underway.

Partnership working with LORIC (Lincolnshire Open Research Innovation Centre based at Bishop Grosseteste University) has resulted in an offer to support St Barnabas Hospice with up to 50 hours of research support. Two research proposals have been approved, one in Income Generation and the other in Volunteering.

Meetings with the Direct Delivery Team Regional Lead for Lincolnshire (Clinical Research Network East Midlands) are supporting the hospice to further develop and strengthen our research governance policy, processes and in the future will hopefully support identifying suitable portfolio studies and in supporting the practical aspects of running a study.

Three St Barnabas abstracts were presented as posters at the Hospice UK National conference:

- Raising the profile of Equality and Diversity across St Barnabas Lincolnshire Hospice Services.
- The Codesign of a Standardised Model for Delivering Community Specialist Palliative Care Multi-Disciplinary Care Team Meeting across Four Integrated Specialist Palliative Care Teams.
- The development and evaluation of an integrated Specialist Dementia Admiral Nurse service within a Specialist Palliative Care Community Hospice service.

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

None of the CQUINS for 2022-2023 were applicable to third sector hospice care providers.

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 2022 / 2023.

St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2022 / 2023.

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 2022/23 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data as 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 auditing and monitoring the quality of data and the use of the electronic patient information system, SystmOne. This is important because we share patient data (with the patients' consent) with other health professionals to support their care within the community.

2h. Information Governance Toolkit & Cyber Essentials Plus Attainment Levels

The Data Security and Protection Toolkit is a national self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards.

All organisations that have access to NHS systems and patient data are required to use the toolkit to provide assurance that they are practising good data security and that personal information is handled appropriately in accordance with the Data Protection Act 2018.

In 2022 St Barnabas achieved 'standards exceeded' with their submission.



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 2022. 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.

2i. Clinical Coding

St Barnabas Lincolnshire Hospice was not subject to the Payment by Results clinical coding audit during 2022 / 2023 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 2022/2023

St Barnabas Hospice

Palliative Care Co-ordination Centre

	New Patient Referrals	Re-referrals	Percentage of non-cancer referrals	Incoming calls	Outgoing calls
2020/21	2948	3758	36%	35,783	57,578
2021/22	2884	3602	38%	39,096	73,152
2022/23	3166	3707	37%	32,497	55,429

PCCC calls have reduced due to the majority of referrals now being received through the SPA on SystmOne.

Specialist Inpatient Unit Services - Lincoln

	2020/21	2021/22	2022/23
Admissions this year	187	198	104
Patients in beds on 1 st April (start of year)	8	3	5
Total Admissions	195	201	109
% New patients	94%	88%	94%
% Admissions from patient's own home	56%	59%	60%
% Admission from acute hospital	44%	40%	38%
% Occupancy	58%	83%	84%
% Patients discharged to their home	36%	31%	31%
Average length of stay – cancer	11.5 days	10.3 days	10 days
Average length of stay – non-cancer	11 days	8.2 days	4.6 days

***Lincoln Inpatient Unit was closed for refurbishment from early May22 until November22**

Specialist Palliative Care – Other Services				
2022/23	Outpatients	In Reach	Advice/Consultation	Community Clinical Nurse Specialists
Referrals this year	16	1172	3135	391
*Ongoing referrals	4	17	149	7
Total Referrals	20	1189	3284	398
Total patients	20	1086	2390	379
% New patients	80%	98%	96%	98%

Allied Health Professionals (Occupational Therapists/Physiotherapists)				
	Occupational Therapy		Physiotherapy	
	2021/22	2022/23	2021/22	2022/23
Referrals this year	1039	997	621	632
*Ongoing referrals	131	92	66	44
Total referrals	1170	1089	687	676
Total patients	1050	939	596	621
% New patients	88%	91%	89%	93%

Community Clinical Nursing			
	2020/21	2021/22	2022/23
Referrals this year	2611	2562	2596
*Ongoing referrals	204	388	293
Total Referrals	2815	2950	2889
Total patients	2586	2547	2595
% New patients	93.1%	90.1%	90.8%
% Of patients who died at home	89%	85.2%	86.5%
% Of patients who died in acute hospital	5.2%	5.2%	6.2%
Average length of care	35.9 days	51.3 days	47.9 days

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

** 2021/22 Data for Community Nursing included some of the patients that started that year on the old Day Therapy service – this service was amalgamated in that year.

Counselling and Bereavement Service			
	2020/21	2021/22	2022/23
Client Referrals	701	772	859

Welfare Benefits Service			
	2020/21	2021/22	2022/23
Total Clients	4202	4752	5323
New Clients	2054	2431	2748
Re-referred Clients	2148	2321	2575
Total money claimed on behalf of clients	£8,798,589	£8,605,651	£9,830,929

Hospice in the Hospital													
	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Total
Admissions	11	18	14	15	12	12	13	12	16	11	10	18	162
<i>Admissions Last Year</i>	6	6	8	11	9	15	10	15	13	11	15	10	129
Beds Available	180	186	180	186	186	180	174	180	186	186	168	186	2178
Beds Occupied	78	124	103	145	95	103	136	103	121	120	80	107	1315
% Occupancy	43%	67%	57%	78%	51%	57%	78%	57%	65%	65%	48%	58%	60%
<i>Last Year %</i>	78%	37%	44%	56%	74%	69%	77%	73%	81%	82%	74%	65%	68%

There were 2 patients in unit overnight on 31st March 2022 going into 1st April 2022 (start of Year)

Part 6

Patient Safety Indicators 2022 - 2023

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 2022/23.

Patient Safety Indicators	2020/21	2021/22	2022/23
Notifiable patient safety Incidents	1	0	0
Never Events	0	0	0
Medication Incidents (Administration / omission and prescribing incidents)	30	24	18
Patient Falls			
• No / Low Harm	8	16	9
• Moderate Harm	0	0	0
• Severe Harm	0	0	0
Total	8	16	9
Pressure Damage			
• Category 1	1	2	2
• Category 2	10	9	5
• Category 3	1	1	2
• Category 4	0	0	0
• Suspected Deep Tissue Injury	2	4	1
Total	14	16	10
Infections			
• Acquired MRSA	0	0	0
• Acquired Clostridium difficile	0	0	0
• Avoidable Catheter Associated Urinary Tract Infections	0	0	0
• Acquired Covid 19	1	0	0

Medicines Management - all medication incidents reported during 2022/23 resulted in no patient harm. It is positive to note the decrease in medication incidents during 2022/23. 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, and any controlled drug incidents are reported via the LIN (Local Intelligence Network).

Patient Falls - it is positive to note the decrease 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. Again, it is positive to note the decrease in acquired pressure damage during 2022/23.

Infections - the incidence of infections other than Covid 19 remains very low with a robust framework in place for identifying and managing infection risk.

The Hospice has continued to respond positively to the Covid-19 pandemic, and recent measures have been put in place to align with both local and National guidance to adapt to living with Covid-19 in our society. Careful planning and managing the working environment to minimise risks for patients, visitors, and staff continues. 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 2022/2023 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 2022/2023. There were no trends or themes identified. Any learning is shared with the relevant individuals or team. It is positive to note the

	Upheld	Partially Upheld	Not Upheld	Pending outcome
2020/2021	1	3	2	0
2021/2022	1	0	6	0
2022/2023	0	2	1	0

Part 7:

Audit and Quality Improvement 2022 - 2023

The Trust Quality Improvement and Research Committee maintain a programme of audit and quality improvement across both clinical and non-clinical services. During 2022-2023, Nineteen 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 welcomed an external infection, prevention and control (IP&C) audit from colleagues from the ULHT IP&C team, the first audit since pre-pandemic. The Trust also undertook a range of internal infection control audits during 2022/2023 to provide assurance of safe infection control practice for the management infections. The audit programme consisted of sharps management, and cleanliness audits at the Inpatient Unit and the Community Wellbeing Centres. The results from all infection control audits carried out in 2022/23 demonstrated good compliance and overall safe infection control practice.

Inpatient Unit Staff Documentation Audit

The Trust undertook a two-yearly documentation audit to ensure compliance with 'St Barnabas Clinical Record Keeping and Use of Abbreviations Guidelines'. The clinical electronic records of all Inpatient Unit nursing staff were audited.

The audit demonstrated documentation was patient centred, personalised, professional, non-judgemental, detailed and in compliance with required standards. From this a few working issues were identified and addressed regarding consistency when documenting patient consent to care, and SystmOne processes required refinement to support staff with consistent and non-repetitive documentation.

Medicines Audits

The Hospice undertook statutory and Trust medicine audits during 2022/2023 including the safe and secure management of general medicines and controlled drugs handled at the Inpatient Unit.

The audits demonstrated compliance with the Trust General Medicines and Controlled Drug policy. No risks or areas of concern were identified. There were however some minor working issues noted to further strengthen practice particularly in relation to some aspects of signature record keeping.

A programme of monthly 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 provides suggestions to develop working practices.

Community Tissue Viability

The Hospice undertook an audit of the community nursing teams to explore the efficient use of the ASSKING tool in clinical practice and to establish the reliability of documentation in relation to tissue viability record keeping.

The audit showed a good level of tissue viability care to patients whilst identifying a few areas needing developing and improvement. Working closely with the Link Clinicians and the Education team measures were put in place to strengthen the training and knowledge around pressure damage.

Patient led Assessment of the Care Environment (PLACE)

The Trust participated in a PLACE - LITE assessment. Due to the window for PLACE assessments 2022 closing prior to the Inpatient unit re- opening a PLACE – LITE assessment was completed using the same assessment framework as PLACE. All areas (except food) were assessed, and all passed with an average of 93%. There have been some minor improvements made since the assessment, such as a replacement baby changing facility in the visitors toilet and subdued lighting for the conservatory.

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 has both an online survey and a paper version for patients and families. 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.

ULHT are hosting the rollout of the Medical Examiner (ME) service for review of all community deaths. St Barnabas has been part of the pilot rollout since April 2022, and as part of the ME process, we receive feedback via the ME service from bereaved relatives shortly after the patient has died. This is following a conversation the ME has with the next of kin. The ME service offers comprehensive support and safeguards for both the public and professionals, and the ability to support National initiatives including learning from deaths.

Patients' Satisfaction Survey for the Inpatient Unit (Response rate 63%)

QUESTION	RESPONSE		
	Always	Most of the time	Not Answered
Did the staff gain consent prior to providing care?	100%		0
Did the staff treat you with dignity and respect	100%		0
Did you feel cared for?	100%		0
Were you given enough privacy when discussing your condition / receiving treatment?	100%		0
Was the Hospice environment clean?	100%		0

Relatives' satisfaction Survey for the Inpatient Unit (Response rate 51%)

QUESTION	RESPONSE		
	Always	Most of the time	Not Answered
Did the staff gain consent prior to providing care to your relative	100%		0
Did the staff treat you with dignity and respect?	100%		0
Did you feel cared for?	100%		0
Was your relative / friend given enough privacy when discussing their condition / receiving treatment?	100%		0
Was the Hospice environment clean?	100%		0

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

***The standard
of care was
extremely
high.***

***I can honestly say
everything was
amazing. Very
caring staff and
nothing was too
much trouble.***

***Simply
everything,
dignity, and
respect.***

***St Barnabas hospice
is a calm, caring and
friendly environment
where my mum felt
totally at peace and
contented.***

***It felt as if they
were really
invested in my
fathers' care.***

***Absolutely
everything was
first class.
Excellent
teamwork by all.***

***It was obviously a
very difficult time
and the kindness
shown by everyone
was so appreciated.***

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 the electronic patient record system used by the hospice
Multi-Disciplinary Teams (MDT) Meetings	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 and or specialist nurse.
FP10	The green pre-printed forms that are used to handwrite or compute generate a prescription to take to a community pharmacy for medication to be dispensed against.
PCCC	Palliative Care Coordination Centre
LPFT	Lincolnshire Partnership Foundation Trust
ASSKING	A ssessment, S kin, S urface, K eeP moving, I ncontinence/moisture, N utrition and hydration, G iving information: mnemonic for pressure area care assessment
Burdett Trust	The Burdett Trust for Nursing is an independent charitable trust that gives grants to support healthcare developments.

Lincolnshire Integrated Care Board

Bridge House
The Point
Lions Way
Sleaford
NG34 8GG

Rebecca Franks
Director of Patient Care
St Barnabas Hospice

Tel: 01522 573939
Email: licb.office@nhs.net

9 June 2023

Dear Rebecca

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review and comment on the St Barnabas Draft Annual Quality Report 2022/23.

There were five priorities identified for improvement during 2022-2023 around clinical supervision; transition; Equality, Diversity and Inclusion; engagement; and bereavement support. The Quality Account provides comprehensive information detailing progress in relation to these priorities. Specific highlights of achievements within these priorities includes:

Updating and implementation of a new supervision policy for the hospice.

Further development of the Professional Nurse Advocate role.

Scoping the range of transition services available in other areas and making network links with these and other stakeholders.

Analysis of demographic data to identify gaps in access to services and raising the profile of Equality and Diversity across the service.

Staff attendance at events and the use of surveys to promote patient and public feedback and the use of this information to inform an action plan focused on improving engagement.

The development of a flexible community-based approach to group bereavement care.

Looking forward to the coming year, there continues to be particular focus on Equality, Diversity, and Inclusion. The commissioners are also pleased that other important key priorities have been identified. The new priorities for 2023/24 are:

1. Adoption of Community Prescribing Practice within St Barnabas Hospice.

2. Implementation of the multiagency Lincolnshire joint Policy and Procedures for the Safe Use of Bed Rails in the Community.
3. Spiritual Care and end of Life – enhancing the quality of community spiritual care by reviewing structures, training and community networks.
4. Equality, Diversity, and Inclusion – Improving equity in access to clinical care by using data to identify opportunities for development.

The Quality account details how St Barnabas plan to achieve these priorities and sets out a detailed description of aims for each quarter for priorities 1 and 2.

The Quality Account has numerous examples of the good work undertaken by the organisation over the past year, including:

Achieving 100% positive responses from patients and relatives in all 5 questions in the inpatient's satisfaction survey.

A commitment to being a research active hospice through the development of research strategic aims and participation in patient-focused research studies. This resulted in presentation of three posters at the National Hospice UK conference.

The welfare team have supported more than 5000 clients to access relevant finances, totalling over £9.8m.

Continued development of the Palliative Care Coordination Centre, enabling staff to handle over 87,000 calls to support and signpost patients to appropriate services.

The current CQC rating for St Barnabas is Outstanding which was awarded during the unannounced inspection in August 2019. There has been no CQC inspection since this date, but the hospice clearly strives to continue to deliver outstanding care.

The commissioners would like to thank St Barnabas Hospice, who have worked closely with partners in the Lincolnshire Health System during increased demand upon urgent and emergency care services and the on-going impacts of the COVID-19 pandemic, to ensure patients' needs are met in this challenging time.

NHS Lincolnshire Integrated Care Board 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 optimal patient experience.

Yours sincerely,



Vanessa Wort
Associate Director of Nursing & Quality
NHS Lincolnshire ICB

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