

2023  
2024

# Quality Account

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# Acknowledgements

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- Mr Tony Maltby

Mr Chris Wheway

Mrs Rebecca Franks

Mrs Michelle Webb

Mr St.John Sutcliffe

Dr Georgina Keenleyside

Dr Kat Collett

Mrs Kerry Bareham

Mrs Mandy Irons

Mrs Jo Negus

Mrs Nicola Lambert

Mrs Cassie Scullion

Miss Michelle Johnson

Mrs Caroline Jubbs

Miss Laura Coleman
- Chair of Trustees

Chief Executive

Director of Patient Care

Deputy Chief Executive

Director of Finance and Performance

Medical Director

Palliative Medicine Consultant

Nurse Consultant

Head of Wellbeing

Clinical Systems Lead

Head of Governance

Data Protection Officer

Allied Health Professional Lead

Palliative Care Social Worker

Governance Administrator



# Introductory Statement

**Chris Wheway, Chief Executive Officer and Tony Maltby, Chair of Trustees**

On behalf of the Board of Trustees and Directors we are pleased to present the 2023-2024 Quality Account for St Barnabas Hospice Lincolnshire.

This Quality Account details progress made on the identified priorities and the quality and performance activity of the organisation for 2023/2024 as well as setting out our priorities for the coming year 2024/2025.

During 2023/24 we maintained our levels of service to patients who are facing the end of their lives, their families and carers – in some areas the number of people cared for increased from the previous year. All of this was delivered within the current funding levels along with retail and fundraising income. Activity in the wellbeing centres across the County has returned to almost pre pandemic levels whilst being delivered in a different way by the community teams. All manner of sessions, clinics and groups are now running in Louth, Boston, Spalding, Grantham and Lincoln – such as creative wellbeing groups, counselling, physiotherapy, seated Tai 'chi, coffee mornings and condition specific support groups such as for patients and carers with MND. A regular visitor to Novak House at Boston is Tanya the St Bernard PAT (Pets As Therapy) dog who comes with her owner to share companionship and connection with attendees. Every month at Louth wellbeing centre a singing session and a dance group meet to share both an activity and support for each other. Our Welfare and Benefits team, counselling staff and community Clinical Teams are also working at and delivering care from the centres particularly on the days of higher levels of activity, to provide a seamless support system for palliative patients and their families.

These activities all continue to be supported and delivered by our clinical staff and a great group of volunteers without whom most of this could not be achieved. Volunteers also play a huge part in our fundraising efforts across the county and beyond – extreme challenges up high mountains through to tombolas and

raffles at local events all contribute to the large part of the income we must generate to continue to provide our services.

Both last year and this our identified clinical priorities cover the areas of patient safety, patient experience, clinical effectiveness and staff development – all areas that are key to continuing to deliver outstanding care to patients facing the end of their lives in Lincolnshire. These have been identified by staff through recognition of areas for improvements combined with local and or national priorities and are clearly planned for the forthcoming year.

Our staff are crucial to the delivery of these priorities and to the five year strategy that we launched earlier this year. We are proud to have a committed and engaged workforce who go above and beyond in demonstrating and living our values in their work. As you will see in this report, our strategy was developed in consultation with many stakeholder groups and details our plans and aspirations for the next five years. We intend to continue delivering the outstanding level of specialist care to palliative patients in Lincolnshire in the face of increasing demand for services, growing costs and challenging income generation. This quality account has been endorsed by the Board of Trustees and we are able to confirm that the information contained in this document is accurate to the best of our knowledge.



**Chris Wheway**  
**Chief Executive**



**Tony Maltby**  
**Trust Chairman**



# Trust Board Endorsement of the Quality Account

Trustee	Signature
Mr Tony Maltby	
Mr David Libiszewski	
Dr Neill Hepburn	
Mrs Amanda Legate	
Mrs Sylvia Knight	
Mr Simon Elkington	
Mr Phillip Hoskins	
Mr James Wadsworth	
Mrs Amanda King	
Mrs Sue Matheson	
Mr Stuart Wyle	

## Introduction

Welcome to St Barnabas Hospice Quality Account report which provides 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.

### 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 (2023-2024) and look forward to our plans for 2024-2025.

We have developed our Organisational Strategy for the next five years, launched in early 2024. Underpinning the delivery of this will be our enabling strategies for the clinical, education, workforce, financial, IM&T and income generation components of our organisation, all of which rely on the success of each other to deliver our overarching strategic priorities.



### Our three strategic priorities are:

- 1: To be the system provider of choice for specialist palliative and end of life care.
- 2: To grow our services to meet increasing demand for care and support.
- 3: To remain sustainable and resilient for the people we care for.

### Organisational Strategy

<https://stbarnabashospice.co.uk/organisationalstrategy/>

# Our Year in numbers

**1st April 2023 to 31st March 2024**

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 227 patients in our hospice beds in Lincoln



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



Our Welfare team assisted 4,971 clients in receiving £8,614,648 worth of Benefits



Our AHP teams were involved in the care of 926 patients for Occupational Therapy & 729 for Physiotherapy



Our PCCC team received 3,204 New Patient Referrals and handled over 68,000 phone calls



Our Community Clinical Nursing teams were involved in the triage and/or care of 3,430 patients



Our CCNS's based in ULHT supported 326 patients



Our Counselling / Bereavement Service supported 1,085 clients



## Review of 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 Advanced Clinical Practitioners who have completed their Non-Medical Prescribing Qualification are supported to embed this skill into their practice.

#### What we have achieved:

All doctors and nurses (who are either Independent or supplementary prescribers) have supplies of their own prescriptions (FP10's) that enable them to prescribe for patients that they visit on the clinical caseload. The correct ordering, storage and recording of use of the prescriptions has been initiated as per the ratified SOP.

St Barnabas is registered with the NHS Business Authority to receive ePACT (electronic Prescribing Analysis and Cost) data on our prescribing activities; this will assist with audit and review of clinical practice.

For the registered nurses who are independent or supplementary prescribers the prescribing clinics have been completed and personal prescribing formularies identified. Each has a continuing education and clinical supervision plan in respect of prescribing. Indemnity for prescribing has been confirmed with the Hospice's insurers, and prescribing is in the relevant parts of the nurses' job descriptions.

Through discussion with the LCHS lead pharmacist to assist this priorities work, the Nurse Consultant and Medical Director are working with the wider system regarding collaborative approaches to prescribing, which may include the opportunity to develop e-prescribing through the SystmOne clinical system for the community teams.

To ensure that Non-Medical Prescribing becomes embedded as usual practice, and is effectively audited, reviewed and supported, there is a further workstream priority for this in the quality account for 2024-2025.



# 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 at 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 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 bed rail use.

#### What we have achieved:

The multiagency policy was reviewed and then ratified for implementation within St Barnabas via the clinical governance committee processes.

All appropriate staff in the community teams have completed the requisite training for assessment and implementation of bed rails for patients. They are able to undertake the relevant risk assessments and then place orders with NRS (community equipment providers) for specified individual patients. The NRS system does not allow orders to be processed without the relevant risk assessment being completed and uploaded. This ensures that the policy is being followed and allows for review of previous risk assessments for the patient.

The training requirement is part of the induction process for new staff to the community teams.

The risk assessment is now embedded within the SystmOne clinical care template, and an individualised care plan will be developed when the holistic template is redesigned in 2024-25.

# 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. 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.

#### What we have achieved:

The service underwent a restructure during this period, and from June until December 2023 the current structure of Spiritual Care Champions and Spiritual Care Volunteers, with support from the Head of Wellbeing and Community Chaplains, continued to ensure that the spiritual care needs of patients in the community and Inpatient units were met. The spiritual care chaplaincy roles became vacant in June 2023. We were able to have a broader review of our internal structures and after consultation successfully recruited a Spiritual Care Lead in December 2023. This post has a wider remit for leading and embedding spiritual care across the organisation and is already having a significant impact on both the inpatient and community provision.

To enhance our local faith networks we have provided placements for two theological students and joined the ecumenical and all faiths networks. Through these connections we have been able to raise the profile of spiritual care at the end of life and for the bereaved; we have also increased recruitment of Spiritual Care Volunteers. This will help to achieve our ambition of having a volunteer presence on the Inpatient Unit every day of the week. The Spiritual Care Lead will continue a series of visits to other Hospices, having visited Douglas Mack Hospice in February 2024 to learn from their experiences and service.

Induction training has also been reviewed and redesigned and further training for staff is



We plan to roll this out during 2024 to further support the confidence and competence of staff, particularly community staff. Through this priority we have taken the opportunity to review the service and will continue to grow and develop the team to provide excellent spiritual support to patients and staff.

## Priority 4

# 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, demographic disability, sexual orientation, and religion are the lowest

recorded protected characteristics for our caseloads and we are keen to understand why this is. Especially with reference to the protected characteristic of disability, as with 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.

#### What we have achieved:

Patient centred information and review of demographic data is now embedded within the monthly Clinical Governance meeting and data and performance reviews. This has

identified the need to confirm and challenge the data reporting accuracy as some of the reports are felt to not be reflective of the recording the Clinical Teams are doing in practice. This will be reviewed with the data analyst going forward.

Use of the data we collect has informed the education day that St Barnabas has been commissioned to deliver to the Advanced Clinical Practice Students at the University of Lincoln. A case study workshop is being used to demonstrate how to improve the recognition of complex palliative care needs, reduce inequalities of access to timely palliative and end-of-life care and improve outcomes.

The Nurse Consultant represents St Barnabas Hospice at the Lincolnshire Nursing and Midwifery ED&I Community of Practice. Work within this forum continues to develop to understand the data available within the ICB and Lincolnshire health system and inform future quality improvements. An emerging priority is understanding the intersectionality of EDI needs across the Lincolnshire population.





# 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 2024/2025.

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 2024/2025 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 including 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 2024/2025.



## Priority 1

# Improving Carer Support (of Dementia Patients) and Communication Through Digital Innovation

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

### How was this identified as a priority?

The Admiral (Specialist Dementia) Nurse Service at St Barnabas provides specialist support to families living with dementia. With an increasing caseload and wide geographical area to cover, consideration is needed on how to best utilise the two Admiral Specialist Dementia Nurses and support appropriate prioritisation.

Research and evidence show that carers are more likely to neglect and deprioritise their own health and wellbeing. Carers also frequently state that they feel unsupported, uncertain about how to ask for help and feel unheard when describing concerns. A system wide concern is based on appropriate escalation of care, supporting families at the right time and in the right place. Evidence also shows us that many people who attend Emergency departments or escalate needs with dementia are at a point of crisis. A factor that contributes to this is communication and monitoring between carers, families, and Healthcare professionals.

The Admiral Specialist Dementia Nurse Service will use technological innovation to improve carer feedback and communication, increase self-monitoring, and identify deterioration situations.

### How will this be achieved?

The Clinitouch App, accessed via smart devices such as a mobile, has been produced by Spirit Health and is already used in several areas, including Leicestershire and South Wales, to support remote monitoring and self-management in services such as virtual wards, frailty, and respiratory. Through the use of a tailored questionnaire, carers will be prompted to input information related to the general well-being of the person they care for and the impact on their own resilience. The app will recommend resources for self-management. Through an internet interface, the Admiral Specialist Dementia Nurses will be able to review feedback, monitor trends in well-being and, through an inbuilt RAG (Red – amber – green) rating system, be able to identify those carers in need of more urgent support. This will be the first time that the app has been used to support carers and the aim is to form a research project around the delivery of this app to carers.



Quarter 1

- Completion of the governance framework, standard operating procedures, and familiarisation for the Admiral Specialist Dementia Nurses.
- Identification of the initial cohort of carers to be invited to use the app.
- Continue initial discussions with NIHR about the larger rollout of this app into a formal research project.

Outcome

- Signoff and agreement of relevant data governance and good practice.
- Ensure a smooth roll-out process and familiarity of the app and webpage for those who will use the system.

Quarter 3

- The initial phase of the trial will be complete.
- Focus group style event for users of the app, including Admiral Specialist Dementia Nurses to collect evidence and feedback on the use of the app to inform longer-term considerations about usage.

Outcome

- Recommendation about the ongoing use of the app within St Barnabas Admiral Specialist Dementia Nurse Service.

Quarter 2

- Use of the app will commence by this quarter upon confirmation of governance and data aspects.
- Admiral Specialist Dementia Nurses will collect feedback from the users of the app around usability and sustainability of the app.
- Review of question set, self-help material and links to confirm appropriateness to carers needs.

Outcome

- Use of app will have commenced.

Quarter 4

- Presentation of outcomes from project to St Barnabas and wider system.
- Potential rollout on a permanent basis.

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  
Supporting Families of  
Palliative Patients with  
Children and Young People

(Patient Experience, Staff Development)

How was this identified as a priority?

Supporting children and young people (CYP) who have a close family member undergoing palliative care is critical to their wellbeing and to longer term bereavement outcomes. It requires a collaborative and multi-professional approach that addresses the emotional, psychological, and practical needs of young people and their families. This priority aims to ensure that children and young people receive the support they need to navigate this challenging period in their lives with resilience and understanding.

St Barnabas recognises that there is an increasing number of families with children and young people who are affected by the palliative diagnosis of a close family member. As a specialist palliative care provider, it is best placed to support families with information and where required, more direct input for families with complex needs. Support will be extended to young people up to the age of 25 who have additional needs and or dependencies.

How will this priority be achieved?

There are currently a number of resources available to families, both internally and through external organisations which offer information, education, and support. However, we recognise that families do not always have the knowledge or physical/ emotional capacity to seek the

help they need. This project will develop a comprehensive pathway for Clinical Teams to identify families at risk and access tiered levels of support dependent on need.

The pathway will:

- Collate and analyse data in relation to families with CYP to further understand the scope and nature of the difficulties.
- Develop a tiered system of support ranging from identification, information giving, and signposting to publicly available information and support through specialist organisations including the St Barnabas Social Work Team.
- Identify the training and education needs of St Barnabas Clinical Teams to ensure that they are confident and competent to support CYP e.g. through the Ruth Strauss Foundation.



Time Frame	Outputs
Q1	<ul style="list-style-type: none"> <li>• Design pathway and cascade to Clinical Teams.</li> <li>• Agree and cascade data set and collection methods.</li> <li>• Identify training needs.</li> </ul>
Q2	<ul style="list-style-type: none"> <li>• Work with training providers/internal resources e.g. Ruth Strauss Foundation/Education and Wellbeing Teams to meet identified training.</li> </ul>
Q3	<ul style="list-style-type: none"> <li>• Complete information/signposting resource and agree hosting and updating arrangements e.g. Intranet, Marketing Team.</li> </ul>
Q4	<ul style="list-style-type: none"> <li>• Review project and case study data to inform future support.</li> </ul>

### 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

## Review of Specialist Palliative Care Clinical Assessment Template to Embed the OACC Suite of Validated Outcome Measures

(Patient Experience, Staff Development)

### How was this identified as a priority?

#### Background

Hospice and palliative care services need to improve their ability to demonstrate the impact of their care by measuring patient centred outcomes. The Outcome Assessment and Complexity Collaborative (OACC) suite of outcome tools was developed by the Cicely Saunders Institute, King’s College London, Department for Palliative Care, Policy and Rehabilitation.

The Outcome Measures address the individual symptoms and concerns (and ability and function) of each patient. They enable professionals to collect useful information, develop a “common language” with patients and team colleagues, and plan care in the most appropriate way which is unique for each individual person. The measures can also be used to support good communication, and monitor symptoms, treatment and changes over time. They provide a summary, or the ‘headlines’, about what is happening. This may be a demonstrable positive improvement in symptoms or that symptoms have lessened or prevented from getting worse.

### Outcome Measures information or data can be used in several ways:

With the patient, to talk about their main symptoms or concerns, and for planning actions together. Screening for further assessment, or using alerts if scores are high. For example, a score of 2, 3 or 4 for the item on depressed mood in the Integrated Palliative Care Outcome Scale should lead to detailed assessment of mood. Helping the team to plan caseloads, review cases, and share information across the multi-disciplinary team and with other teams. To inform the provision of palliative care services, for quality improvement, to improve services, to deliver business cases, and provide evidence for annual and other reports. Outcome data can also be shared locally, nationally, and even internationally, to improve care and ensure excellent standards.

#### Context

St Barnabas Hospice has previously introduced some of the OACC measures

into our clinical assessments: Phase of Illness, Karnofsky and IPOS. However, these were not all embedded as part of the assessment process, resulting in duplication. Furthermore, to date, there has not been a way to pull this information together to build a patient picture or service reports, making these outcome measures less useful.

However, Hospice UK have now developed the PCOM360 (Patient Centred Outcome Measures) tool for analysing patient centred outcome measures. It is anticipated this will be available to use through SystmOne later in 2024. Therefore, we now have an opportunity to review and update the St Barnabas Hospice Holistic Assessment Template on SystmOne to and embed the OACC measures to reflect the principles of person and family centred care, provide opportunities to improve objective triage, case load reviews and case load management. This in turn will provide future opportunities to inform the provision and development of palliative care services.

<div><div>Quarter 1</div><div><ul style="list-style-type: none"><li>• Establish multi-disciplinary working group to review current SystmOne Holistic Assessment Template.</li><li>• Engage Clinical Governance, Risk Management Committees and Quality Improvement and Research Group where appropriate to review OACC measures.</li><li>• Benchmark with two to three similar hospice services regarding their use of outcome measures.</li></ul></div></div>	<div><div>Quarter 2</div><div><ul style="list-style-type: none"><li>• Draft first iteration of reviewed Holistic Assessment Template and gain feedback from Clinical Teams.</li><li>• Liaise with Clinical Systems Lead about how the template can be built.</li><li>• Review how national work is progressing with implementation of PCOM360.</li></ul></div></div>
<div><div>Quarter 3</div><div><ul style="list-style-type: none"><li>• Launch use of OACC measures within community and IPU settings: education and training sessions for staff with 'how to' visual guides.</li><li>• Implement use of reviewed Holistic Assessment Template.</li></ul></div></div>	<div><div>Quarter 4</div><div><ul style="list-style-type: none"><li>• Implement use of OACC measures within community and IPU settings.</li><li>• Review and refine Holistic Assessment Template.</li><li>• Implement OCOM360 data collection and service reports (dependent on when tool becomes available).</li></ul></div></div>

How will progress be monitored and reported?

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

Priority 4

Embedding Community Prescribing Practice within the Hospice

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

How was this identified as a priority?

Background

The St Barnabas Quality Account priorities 2023-2024 included the development and implementation of the necessary Governance Framework to enable our Non-Medical Prescribers and Doctors to have access to FP10 prescribing in the community setting. As part of this work, St Barnabas Hospice has now been registered with the NHS Business Authority ePACT (electronic Prescribing Analysis and Cost) system, which will enable the organisation to monitor and audit FP10 prescribing practice for the purpose of identification of possible quality improvement and shared learning.

St Barnabas Hospice is now well placed to ensure that Advanced Clinical Practitioners who have completed the Non-Medical Prescribing qualification are supported to embed this skill into their practice.

This will be achieved by adhering to the principles of the St Barnabas Hospice prescribing framework. This framework is underpinned by the Royal Pharmaceutical Societies Competency Framework for all Prescribers (2021) <https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/supporting-tools>

The model supports good prescribing practice and ensures that patients receive high quality care irrespective of the prescriber’s background.



## The St Barnabas Model consists of 5 elements:

1. The Prescribing Forum
2. Annual on-going self-assessment completion of the "competency framework for all prescribers"
3. Completed Competency Framework to be reviewed at appraisal each year
4. Presentation of case study at the prescribing forum once a year
5. Completion of a single observation in practice annually

### Quarter 1

- Ensure all Non-Medical Prescribers have completed the necessary Governance and have been issued with their own FP10s (community prescriptions) and locked box.
- Group meetings to reflect on the Prescribing SOP and Principles document and provide an opportunity to share previous practice and any questions prescribers may have regarding handling FP10s in the community setting.
- Nurse Consultant will work with Governance lead to access ePACT2 data and prepare a report for the Medical Director for review at the quarterly Medicines Management and Prescribing Forum.

### Quarter 2

- Nurse Consultant will review prescribing practice with all Non-Medical Prescribers as part of regular clinical supervision.
- ePACT 2 data report will be prepared with the Medical Director for review at the quarters' Medicines Management and Prescribing Forum. Any emerging themes will be identified and considered with action plans formulated.
- St Barnabas Hospice Palliative Care Consultant representation at the Lincolnshire PACEF meeting. Deputised by Nurse Consultant if necessary.

### Quarter 3

- All Non-Medical Prescribers in preparation for their appraisal will: Complete annual self-assessment of the Royal Society of Pharmacists competency framework for prescribers.
- Arrange a peer observation of their prescribing practice.
- ePACT 2 data report will be prepared with the Medical Director for review at the quarters' Medicines Management and Prescribing Forum. Any emerging themes will be identified and considered with action plans formulated.
- St Barnabas Hospice Palliative Care Consultant representation at the Lincolnshire PACEF meeting.

### Quarter 4

- ePACT 2 data report will be prepared with the Medical Director for review at the quarters' Medicines Management and Prescribing Forum. Any persistent or emerging themes and opportunities for quality improvement will be identified to inform future quality account priorities, and any audits required for medicines management.

Part

4

**Mandatory  
Statements  
Relating to  
the Quality  
of the NHS  
Services  
Provided  
(2023 - 2024)**

## 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 2023/2024 St Barnabas Hospice supported the NHS Lincolnshire Integrated Care Board 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 (PCCC)
- Wellbeing Centres

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

- Welfare & Benefits Services
- Specialist Physiotherapy & Occupational Therapy
- 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, lottery activity and investment income.

### 2c. Participation in National Clinical Audit

During 2023/2024 St Barnabas Hospice did not participate in National Clinical Audit, as none of the audits were relevant or applicable to Palliative or Hospice care.

### 2d. Participation in Other Research

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

### Research Governance

All research initiatives and projects have been on hold in recent months whilst the hospice research governance framework is reviewed and updated. The Medical Director and Head of Education have been working with the Research Manager at Lincolnshire Community Health Services and her team, whilst also gaining advice from the Research Governance Lead at LOROS Hospice (non-NHS).

Feedback has included that our policy is good and needs minor updates, but a gap has been identified in robust process and procedure for all staff to follow. Guidance is therefore being developed to provide a step wide governance procedure for any potential project.

The Education Team and Medical Director have updated their Good Clinical Practice CPD and are encouraging other clinicians to also consider updates.

Good connections have been made with the East Midlands team from the National Institute for Health and Care research (NIHR) to enable our research processes and pathways to be established, and also with the recently launched Lincolnshire Improvement for Everyone (LIfE) Research and Innovation Hub.

### Research Indemnity

Until now the hospice has had no continuous research indemnity. For any individual project, an approach has been made to the hospice insurers to agree cover. This has been time consuming for the Researcher, MD and Director of Finance and Performance.

The Director of Finance and Performance has approached the insurer and agreed background indemnity for any "low risk" studies. This is a positive step and will support a seamless procedure.

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

Income for St Barnabas Hospice in 2023/2024 was not conditional on achieving any of the CQUINS in the framework.

### 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.

Terms of this registration relating to carrying out this regulated activity apply:

- The Registered Provider must not treat persons under the age of 18 years in respect of the regulated activity treatment of disease, disorder or injury as carried on at or from the location St Barnabas Hospice – Specialist Palliative Care Unit.
- The Registered Provider must only accommodate a maximum of 11 patients at St Barnabas Hospice – Specialist Palliative Care Unit.

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](http://www.cqc.org.uk/directory/1-140658893) and, on the St Barnabas Hospice website: [www.stbarnabashospice.co.uk](http://www.stbarnabashospice.co.uk)

The Care Quality Commission has not taken any enforcement action against St Barnabas Lincolnshire Hospice during 2023 / 2024.


St Barnabas Lincolnshire Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2023 / 2024.

The CQC reviewed the information and data available to them about St Barnabas Hospice on 06 July 2023:

'We have not found evidence that we need to reassess the rating at this stage. We will continue to monitor information about this service.'



# Care Quality Commission Rating



St Barnabas Hospice Trust (Lincolnshire)

Last rated

7 November 2019

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](http://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](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://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 2023/24 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 patient's 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 (DSPT) 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 they are practising good data security and that personal information is handled appropriately in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulations (GDPR).

In 2023 St Barnabas achieved 'standards exceeded' with their submission.

### Cyber Essentials Plus

St Barnabas Lincolnshire Hospice achieved Cyber Essentials Plus accreditation and have maintained the DCB1596 secure email standard by NHS Digital in October 2023. As a result of St Barnabas Lincolnshire Hospice having this national accreditation it enables compliance with the mandated NHS Data Security and Protection Toolkit and the Data Protection Act 2018.

Data Security and Protection Toolkit

2022-23 (version 5)

ST BARNABAS HOSPICE TRUST (LINCOLNSHIRE)

Inpatient Unit, 36 Nettleham Road, Lincoln, Lincolnshire, England, LN2 1RE

Standards exceeded

Date of publication: 23 May 2023 (valid to: 30 June 2024)

This organisation has completed a Data Security and Protection Toolkit self-assessment to demonstrate it is practising good data security and that personal information is handled correctly.

[www.dsptoolkit.nhs.uk](http://www.dsptoolkit.nhs.uk)

### 2i. Clinical Coding

St Barnabas Lincolnshire Hospice was not subject to the Payment by Results clinical coding audit during 2023 / 2024 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 applicable.

## Review of Activity and Outcomes (2023 - 2024)

# St Barnabas Hospice

## Palliative Care Co-ordination Centre

	New Patient Referrals	Re-Referrals	Percentage of Non-Cancer Referrals	Incoming Calls	Outgoing Calls
2021/22	2884	3602	38%	39,096	73,152
2022/23	3166	3707	37%	32,497	55,429
<b>2023/24</b>	<b>3204</b>	<b>4339</b>	<b>38%</b>	<b>26,028</b>	<b>42,966</b>

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

## Specialist Inpatient Unit Services - Lincoln

	2021/22	2022/23	2023/24
Admissions this year	198	104	<b>227</b>
Patients in beds on 1st April (start of year)	3	5	<b>5</b>
Total admissions	201	109	<b>232</b>
% New patients	88%	94%	<b>90%</b>
% Admissions from patient's own home	59%	60%	<b>56%</b>
% Admission from acute hospital	40%	38%	<b>42%</b>
% Occupancy	83%	84%	<b>69%</b>
% Patients discharged to their home	31%	31%	<b>25%</b>
Average length of stay – cancer	10.3 days	10 days	<b>11 days</b>
Average length of stay – non-cancer	8.2 days	4.6 days	<b>9.8 days</b>

\*Lincoln Inpatient Unit was closed for refurbishment from early May 22 until November 22



### Specialist Palliative Care – Other Services

2023/24	Outpatients	In Reach	Advice/ Consultation	Community Clinical Nurse Specialists
Referrals this year	87	1243	3083	316
*Ongoing referrals	24	24	196	19
Total referrals	111	1267	3279	335
Total patients	111	1129	2893	329
% New patients	78%	98%	88%	94%

### Allied Health Professionals (Occupational Therapists/Physiotherapists)

	Occupational Therapy		Physiotherapy	
	2022/23	2023/24	2022/23	2023/24
Referrals this year	997	987	632	729
*Ongoing referrals	92	68	44	84
Total referrals	1089	1055	676	813
Total patients	939	926	621	729
% New patients	91%	94%	93%	90%

### Community Clinical Nursing

	2020/21	2022/23	2023/24
Referrals this year	2562	2596	2621
*Ongoing referrals	388	293	340
Total referrals	2950	2889	2961
Total patients	2547	2595	2618
% New patients	90.1%	90.8%	89.4%
% Of patients who died at home	85.2%	86.5%	87%
% Of patients who died in acute hospital	5.2%	6.2%	6.3%
Average length of care	51.3 days	47.9 days	51.2 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	2022/23	2023/24
Client referrals	772	859	1,085

Welfare Benefits Service

	2020/21	2022/23	2023/24
Total clients	4752	5323	4971
New clients	2431	2748	2943
Re-referred clients	2321	2575	2028
Total money claimed on behalf of clients	£8,605,651	£9,830,929	£8,614,648

Hospice in the Hospital

	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Total
Admissions	10	6	22	10	9	11	14	14	11	13	14	6	140
Admissions last year	11	18	14	15	12	12	13	12	16	11	10	18	162
Beds available	180	186	180	186	186	180	186	180	186	186	174	186	2196
Beds occupied	161	122	123	104	119	119	103	94	118	106	135	108	1412
% Occupancy	89%	66%	68%	56%	64%	66%	55%	52%	63%	57%	78%	58%	64%
Last year %	43%	67%	57%	78%	51%	57%	78%	57%	65%	65%	48%	58%	60%

There were 6 patients in unit overnight on 31st March 2023 going into 1st April 2023 (Start of year)



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 their family. Any learning identified will be shared with staff and with appropriate external healthcare teams. There has been no requirement to invoke Duty of Candour during 2023/24.

During 2023/24 the Trust fully transitioned to the new Patient Safety Incident Response Framework (PSIRF) - the patient safety initiative developed by NHSE which all UK healthcare organisations are required to adopt.

This included upgrading the Datix system to incorporate ‘Learning From Patient Safety Events’ (LFPSE), a full review of the Incident Reporting Policy, implementation of patient safety training for all staff including our patient safety specialist, production of a patient safety plan, and the development of new patient safety investigation tools/reports.

Patient Safety Indicators	2020/21	2022/23	2023/24
Notifiable Patient Safety Incidents	0	0	0
Never Events	0	0	0
Medication Incidents (Administration / Omission and Prescribing Incidents)	24	18	33
Patient Falls			
• No / Low Harm	16	9	8
• Moderate Harm	0	0	0
• Severe Harm	0	0	0
Total	16	9	8
Acquired Pressure Damage			
• Category 1	2	2	4
• Category 2	9	5	7
• Category 3	1	2	3
• Category 4	0	0	0
• Suspected Deep Tissue Injury	4	1	3
Total	16	10	17
Infections			
• Acquired MRSA	0	0	0
• Acquired Clostridium difficile	0	0	0
• Avoidable Catheter Associated Urinary Tract Infections	0	0	0
• Acquired Covid 19	0	0	0

a. Medication Errors

Medicines Management - all medication incidents reported during 2023/24 resulted in no patient harm. All incidents are initially reviewed by the Ward Manager/Deputy or the Clinical Service Manager 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 reviewed quarterly at the Medicines Management & Prescribing Committee, and any controlled drug incidents are reported via the LIN (Local Intelligence Network) as appropriate.

b. New Pressure Damage

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. In all cases of acquired pressure damage observed, the active dying process of the skin as an organ was noted to be a factor, along with some cases of patient non-compliance with pressure relieving measures put in place.

c. Falls

Patient Falls - three falls occurred resulting 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.

d. Infection Prevention

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 efficiently to the Covid-19 infection risk, 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 continue to provide safe care for patients and their families.

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 2023/2024. There were no trends or themes identified. Any learning is shared with the relevant individuals or team.

	Upheld	Partially Upheld	Not Upheld	Pending Outcome
2021/2022	1	0	6	0
2022/2023	0	2	1	0
2023/2024	2	3	2	0

The Trust Quality Improvement and Research Committee maintain a programme of audit and quality improvement across both clinical and non-clinical services. During 2023-2024, 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 external infection, prevention and control (IP&C) audits from colleagues from the ULHT IP&C team, and the ICB IP&C team. The Trust also undertook a range of internal infection control audits during 2023/2024 to provide assurance of safe infection control practice for the management of infection risk. 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 2023/24 demonstrated excellent compliance and overall safe infection control practice. During 2023/24 the National Standards of Healthcare Cleanliness (2021) were fully implemented across the Trust.

#### Medicines Audits

The Hospice undertook statutory and Trust medicine audits during 2023/2024 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 their knowledge of audit and governance processes. Staff feedback is positive and often provides suggestions to develop working practices.

#### Inpatient Unit Tissue Viability

The Hospice undertook an audit of the Inpatient Unit 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. A separate piece of systemwide work is ongoing around pressure damage, led by the ICB Quality Team that we are involved in.

#### Patient led Assessment of the Care Environment (PLACE)

The Trust participated in a full PLACE assessment in 2023. All areas were assessed, and all passed with an average of 96.23%. There have been some minor improvements made since the assessment, such as clearing of debris from external guttering and provision of hand wipes for patients to use prior to mealtimes.



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. 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.

Since April 2022 all deaths within the Inpatient Unit have been reviewed by the Medical Examiner (ME), and as part of the process, we receive feedback via the 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. Having been involved in this process for more than two years, our clinical staff will be well placed to support our community teams when the ME review process is extended to all deaths in the community.

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%		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 71%)

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

“Like a home from home, nothing was too much trouble.”

“All staff go above and beyond, can’t recommend the Hospice enough.”

“I can’t fault anything, everyone is so kind, caring and respectful.”

“The staff made a very sad and difficult time so much easier, we felt reassured that Mum was in the very best place.”

“We felt like the staff treated us all as if we were their own family.”

“You made my Dad’s final days calm and peaceful.”

“The staff are all angels!”



# Part 8

## 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

## 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](mailto:mandy.tapfield@stbarnabashospice.co.uk)  
Website: [www.stbarnabashospice.co.uk](http://www.stbarnabashospice.co.uk)





**Lincolnshire**  
**Integrated Care Board**

**Lincolnshire Integrated Care Board**

Rebecca Franks  
Director of Patient Care  
St Barnabas Hospice

Bridge House  
The Point  
Lions Way  
Sleaford  
NG34 8GG

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

26th June 2024

Dear Rebecca,

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review and comment on the St Barnabas Draft Annual Quality Report 2023/ 24.

There were four priorities identified for improvement during 2023-2024 around community prescribing, safe use of bed rails in the community, spiritual care and collection of equality and diversity data. The Quality Account provides comprehensive information detailing progress in relation to these priorities. Specific highlights of achievements within these priorities includes:

The development of policies and a Prescribing Forum to support Independent Prescribing Practice.

The development and ratification of a multiagency bed rails policy and completion of training for assessment and implementation of bed rails for patients by all appropriate staff in the community teams.

Recruitment of a Spiritual Care Lead in December 2023 who has a remit for leading and embedding spiritual care across the organisation.

Provision of placements for two theological students, increased recruitment of Spiritual Care Volunteers and joining the ecumenical and all faiths networks which has enabled raising the profile of spiritual care at the end of life and for the bereaved.

Looking forward to the coming year, there continues to be particular focus on Non-Medical Prescribing. The commissioners are also pleased that other important key priorities have been identified. The new priorities for 2024/25 are:

1. Improving carer support (of Dementia Patients) and communication through Digital Innovation
2. Supporting Children and Young People who have a close family member receiving Palliative Care

3. Embedding the Outcome Assessment and Complexity Collaborative (OACC) suite of outcome tools to improve the ability to demonstrate the impact of care by measuring patient centred outcomes

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

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

The welfare benefits team have supported over 2000 clients to access £8.6 million in benefits.

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

Delivering a counselling and bereavement service to over 1000 clients.

Achievement of 'standards exceeded' for data security standards in the submission of the Data Security and Protection Toolkit (DSPT).

A zero incidence infection rate for acquired MRSA, acquired Clostridium difficile, avoidable catheter associated Urinary Tract Infections, and acquired Covid 19.

The current CQC rating for St Barnabas is Outstanding which was awarded during the unannounced inspection in August 2019. The CQC reviewed the information and data available to them about St Barnabas Hospice on 06 July 2023 and commented:

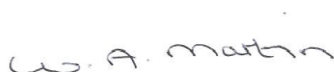
'We have not found evidence that we need to reassess the rating at this stage. We will continue to monitor information about this service.'

The hospice clearly strives to continue to deliver outstanding care.

The commissioners would like to thank St Barnabas Hospice, who have continued to work closely with partners in the Lincolnshire Health System to ensure patients' needs are met.

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,



Wendy Martin  
Associate Chief Nurse  
NHS Lincolnshire ICB