

# Quality Account

2020 - 2021

....*"Peace, love, time, support – thank you for giving so much of these in such abundance. We will be forever grateful that the last days/weeks of dad's life were so calm and full of life. You gave us space and time to come together as a family to love and cherish each other. A heartfelt thank you to all the amazing doctors, nurses and volunteers – you are making such a difference to people's lives"*

**Our last Care Quality Commission visit was in October 2016  
Our CQC rating is Outstanding**

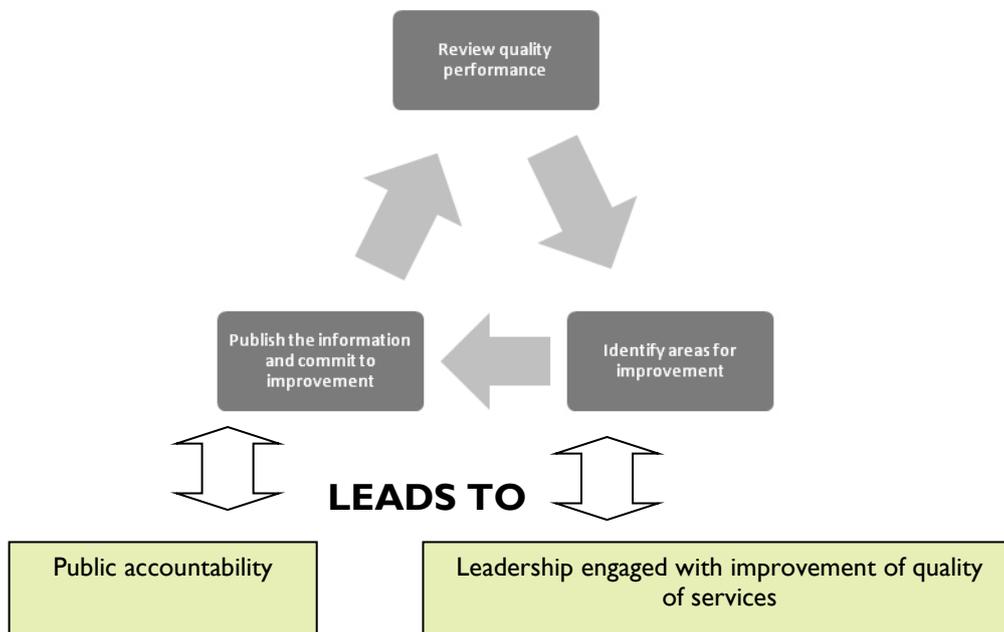


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**Registered Charity Number: 289154**

**This Quality Account was endorsed by the St Elizabeth Hospice board of trustees on 25<sup>th</sup> June 2021**

## Framework for Quality Accounts

Quality Accounts aim to improve organisational accountability to the public and engage boards in the quality improvements agenda for an organisation.



There is a legal requirement under the Health Act 2009, for St Elizabeth Hospice, as a provider of NHS services, to produce a Quality Account.



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## Part I: Statement on quality

### Our vision

“All in our community affected by life-limiting illness are able to live fully and die with choice and dignity”

### Our mission

“To lead and provide outstanding compassionate palliative and end of life care to meet the needs of our community, today and tomorrow”

### **Objectives and activities**

- To provide and support our partners to deliver proactive and reactive holistic, patient centred physical, social and emotional palliative and end of life care.
- To address inequalities in palliative and end of life healthcare provision.
- To work in partnership with our community to help and equip them to better support each other through life-limiting illnesses.
- To build our capacity and culture through innovation ensuring we have the right people with the right skills and equipment at the right time and place.

### **Our statement of purpose is:**

St Elizabeth Hospice aims to improve life for people living with a progressive illness by:

- Providing multi-disciplinary holistic specialist and dedicated palliative care services to patients, their families and carers.
- Working alongside other statutory and voluntary agencies to provide specialist and dedicated palliative care, in a timely manner, where the patient wishes to be.
- Acting as a resource to the local community regarding general and specialist palliative care to increase confidence and competence in improving life for people living with a progressive illness.
- Providing care that respects the choices made by patients and their families so that patients are treated in their preferred place and die in their place of choice where possible.
- Working towards equitable provision of all services, leading to increased use of services by people with a non-malignant progressive disease, and those from seldom-heard communities.

(full version to be found on our website.)



## Statement from the Chief Executive, Judi Newman



As an organisation that prides itself on its standards and transparency, we welcome any opportunity to document and evidence that our assurance processes are robust, safe and thorough. The Annual Quality Report is one such opportunity to demonstrate to ourselves and our stakeholders, including those that we serve, that we are trusted partners and are delivering high quality and safe services.

Our processes are subject to regular oversight as laid out in our Governance Framework, which has been comprehensively updated during 2020. In particular, we would like to reference the work of the Governance and Oversight Committee for monitoring our processes, Business Assurance Framework and risk registers.

Our Statement of Purpose outlines the main shape of our purpose, and our activities over the past year have developed significantly in each area:

St Elizabeth Hospice aims to improve life for people living with a progressive illness by:

- Providing multi-disciplinary holistic, specialist and dedicated palliative care services to patients, their families and carers.
- Working alongside other statutory and voluntary agencies to provide specialist and dedicated palliative care, in a timely manner, where the patient wishes to be.
- Acting as a resource to the local community regarding general and specialist palliative care to increase confidence and competence in improving life for people living with a progressive illness.
- Providing care that respects the choices made by patients and their families so that patients are treated in their preferred place and die in their place of choice where possible.
- Working towards equitable provision of all services, leading to increased use of services by people with non-malignant progressive disease, and those from seldom-heard communities.

In early 2020, we revisited our Strategy and Business Plan and embarked on a comprehensive stakeholder engagement process to inform and shape our thinking for a new Strategy for 2020-2024. Clearly the Covid-19 pandemic was a significant challenge for all our clinical and non-clinical operations but we would like to pay tribute to our staff and volunteers who responded to the new reality with agility, dedication and the upmost professionalism. Although our services had to be adapted, hospice services continued to be provided throughout the pandemic and national lockdowns. With the support of our partners, we launched the Palliative and End of Life Coordination Hub to ensure that end of life care in the community could be coordinated in an efficient and seamless way for patients and their families. During the year, the Hub was supported by over 70 logistics volunteers who were mobilised to support our clinical activities in the community. Our 24/7 OneCall advice line was in heightened demand and all colleagues had to quickly adapt to the challenges of enhanced infection control, PPE and the requirement for visiting restrictions.

Our partnership with ECCH has continued to deliver high quality specialist palliative care to the community of Great Yarmouth and Waveney, and this year we have signed a Partnership Agreement to be a founding member of the Ipswich and East Suffolk Alliance Partnership Board.

We are committed to evidence-based, data driven decision making, with new delivery models co-produced with our partners and patients. All our senior leaders and managers have had coproduction training this year, facilitated by Healthwatch Suffolk, in recognition that we want to continue to learn and fulfil our strategic commitment to address health inequalities in palliative and end of life healthcare.

On behalf of our Board of Trustees and Senior Leadership Team, our thanks go to our staff, volunteers, donors, stakeholder partners and, of course, our patients and their families who continue to provide all the motivation and drive we need to ensure that we can offer outstanding care to our community.

Judi Newman  
CEO



## **Statement from the Board of Trustees**

The Board of Trustees is responsible for ensuring the quality and continuing development of the outstanding care and support that St Elizabeth Hospice provides for both patients and their families. This ethos has never been more important and apparent than in the midst of the Covid-19 pandemic.

The Trustees are carefully selected by a formal process for their wide variety of experience and expertise in an individual field to both represent and support the different aspects of our work. We are delighted to include on the Board a young shadow trustee who represents our work with young adults. The Board is then further organised into specific sub-committees which meet regularly with staff and management to review current services, future development and the risk register for that area. These meetings are then formally reported to the Board. During the past twelve months, the Board has reviewed and where required, updated the Hospice's Governance Framework. This review has included an update of all the terms of references as well as the formation of a People and Culture sub-committee.

The Governance and Oversight sub-committee, which also reports directly to the Board, monitors the overall compliance of current practices with written and reviewed policies and procedures. It has overall responsibility for risk management including a formal board assurance framework. The Chairs of all sub-committees attend this governance sub-committee.

St Elizabeth Hospice, as one community, exudes a genuine sense of dedication and calm, together with a firm belief in the ethos and what we are privileged to do for our patients and their families. Staff set an outstandingly high standard right across the organisation clinically, compassionately and indeed commercially via our retail and other fundraising activities. This is also evident throughout our amazing army of volunteers who donate their time in a vast variety of roles.

The Board fully acknowledges the incredible contribution by so many people to ensure the care and treatment provided by St Elizabeth is of the very highest quality and is sustainable into the foreseeable future. The Board fully endorses and approves this Quality Account.

Ian Turner  
Chair of the Board of Trustees

## Part 2 - Priorities for improvement and statements of assurance from the board

### 2.1 Priorities for improvement 2021-2022

Following guidance from NHS England stating “where activities envisaged by the Quality Account regulations did not take place, owing to the exceptional challenges of 2020/21, trusts can disclose this was the case and their plans to reinstate them”, our areas for improvement for 2021-22 remain as per 2020-2021 and are set out below. Working on these priorities had begun. However these were suspended due to the Covid-19 pandemic.

They have been selected because of the impact they will have on patient safety, clinical effectiveness and patient experience.

- |                               |  |
|-------------------------------|--|
| <b>Patient safety:</b>        | - falls/advice checklist for staff   |
| <b>Patient effectiveness:</b> | - cost and review of meds/dressing on Inpatient Unit<br>- POS (Palliative Outcome Scale) in respect of breathlessness to support those patients in community and IPU |
| <b>Patient experience:</b>    | - review of activities in Day Care<br>- improving patient experience/safety in care homes.   |

#### 2.1.1 Patient safety

##### Priority one

**Topic** – Focus on supporting patients in the community by raising staff awareness around falls prevention. To promote recognition of risks, give advice to patients and families, give information and where needed refer patients on to appropriate community falls prevention team.

##### How the priority was decided:

The hospice has been focusing on reducing falls on the Inpatient Unit with the introduction of a new falls risk assessment, care plan and template in the patient records and by raising staff awareness. We also recognise that patients in the community are at risk of falls and that simple early interventions could help to reduce that risk; through raising staff awareness of risks and by sharing advice and information with patients. By doing so, the aim is to improve patient's independence and safety through increased awareness.

##### How the priority will be achieved:

- Identified lead(s) from Community team to devise action plan.
- Devise checklist for falls risk assessment for use in the community and Day Care.
- Liaise with external falls prevention teams for any relevant patient advice/information.
- Relevant training in falls awareness and prevention for staff where needed.
- Provide patients/families with advice/information and recognise when to refer patient on to appropriate falls prevention teams.

##### How progress will be monitored and reported:

- Updates through Patient Service Group.
- Devise method i.e. Systmone for capturing completion of checklist and advice given.
- Training records for staff where needed.
- Policies and procedures to be updated if required.

### 2.1.2 Patient effectiveness Priority one

**Topic** – Medications and dressings

To reduce spending on medications and dressings and reduce waste without compromising the quality of patients' care.

#### How was the priority decided:

- Increased staff awareness regarding the cost of resources e.g. medications and dressings resulted in staff identifying potential unnecessary wastage of medications and dressings.
- A change in pharmacy provision has resulted in medications being supplied from a geographical location further away therefore increased vigilance needed for ordering requirements.

#### How the priority will be achieved:

- Review current stock items and stock levels for medications and dressings.
- Review past usage of stock items for medications and dressings.
- Research dressings and ensure we are following current best practice. This will be led by the wound care link nurse.
- Look at current practice and review storage of medications e.g. anaphylaxis packs.
- Liaise with pharmacy to ensure we are following current best practice.
- Raise staff awareness of costs (by including in drug update days and adding prices to dressing storage drawers).
- Train staff on dressing choice and pressure area care. This will be led by the wound link role.

#### How progress will be monitored and reported:

- Monitor expenditure on medications and dressings (acknowledge this could vary with patient dependency).
- Training will be devised and delivered to staff.
- Monitoring dressing choice through documentation audits.
- Updated through Patient Services Group and Quality Assurance & Improvement Group.
- Policies and procedures to be updated and where needed implemented.

### 2.1.2 Patient effectiveness Priority two

**Topic** – To widen access to patients and families/carers in the community and the Inpatient Unit by introducing the “Breathing, Thinking, Function” model described by the Cambridge Breathlessness Intervention Service following feedback from patients after its successful implementation in hospice Day Care for helping patients and families to cope with chronic breathlessness.

#### How this priority was decided:

- Our aim is to promote quality of life; to help patients and their families to live as well as possible.

- Following a review of POS (Palliative Outcome Scale) in relation to breathlessness in Day Care the team introduced changes following the “Breathing, Thinking, Function’ model described by the Cambridge Breathlessness Intervention Service.
- Where patients identified this symptom the team wanted to support patients and their families/carers to cope with chronic breathlessness to improve their independence and quality of life through non-pharmacological management of their symptoms.
- The programme in Day Care has shown success through patient feedback and observation of the benefits in non-pharmacological strategies that patients and carers can use to cope with breathlessness.
- Following positive feedback and benefits from the patients, the hospice now plans to widen the programme to include both community and Inpatient Unit patients.

**How the priority will be achieved:**

- We will widen the training to hospice staff so members of the Community and IPU teams are confident to support patients in management of breathlessness through in-house training of staff.
- We will involve family members and carers so they can support patients during episodes of severe breathlessness.
- We will refer all patients scoring their breathlessness as severe or overwhelming, on the POS, scale to the hospice physio/OT team for assessment and advice.
- We will focus on embedding a consistent message of non-pharmacological management of chronic breathlessness across Day Care, IPU and Community.

**How progress will be monitored and reported:**

- Training will be organised for staff and volunteers, record attendees will be kept.
- Use of POS to identify the need for management of chronic severe breathlessness.
- Repeat POS evaluation to help review whether patients are better at managing and “mastering” their breathlessness
- Survey and feedback from service users.
- Feedback and updates through Patient Services Group and Quality Assurance & Improvement Group.
- Policies and procedures to be updated if required.

**2.1.2 Patient experience**

**Priority one**

**Topic – Exercise Class Provision**

To review current provision of exercise groups available for outpatients and Day Care patients to ensure appropriateness.

**How the priority was decided:**

- Exercise classes are provided four times a week to outpatients and Day Care patients.
- Currently patients are assessed as being suitable for attending group exercises by a physiotherapist. The groups have been ongoing for some time without reviewing processes, effectiveness and appropriateness. Groups are currently only on Monday, Tuesday and Wednesday, therefore not available as part of day care attendance on Thursday or Friday.
- Therefore, there is a need to review provision and gain feedback from patients on exercise groups within the hospice with the aim of improving equitable service delivery.

**How the priority will be achieved:**

- Audit current exercise class provision and make appropriate changes
- Gain patient feedback on current provision
- Investigate and liaise with external community providers to develop pathway for onward referral

- Trial seated exercise group run by HCA with specialist interest within day care sessions, including audit of this new service.
- Development of exercise class policy and procedure

**How progress will be monitored and reported:**

- Policies and procedures to be developed
- Update in six months with the aim of having completed patient feedback and audit by this time
- Audit of seated exercise group completed by end of 2021.
- Updates through Patient Services Group.

**2.1.2 Patient experience**

**Priority two**

**Topic – Improving patient experience and safety in care homes in relation to our input (The care home accreditation scheme)**

To review care home data, feedback and reflect from all interested parties. Review current provision, education and shadow shifts as part of updating the offer and support of care homes for 2020/21.

**How the priority was decided:**

The accreditation has been running for two years and the hospice now has 11 care homes, from East Suffolk, enrolled in the scheme enabling us to continue to work in partnership across the region. We have started to explore extending this scheme into Great Yarmouth and Waveney in 2020/21 and this has given us the opportunity to reassess the structure of the scheme.

It has been three years since this scheme was introduced, presenting a chance to reflect on the accreditation of care homes scheme and the potential to up-date and shape the year ahead.

**How the priority will be achieved:**

- Audit quantitative and qualitative data collected since launch.
- Explore residents and staff's feedback with a view to recording skills, knowledge and confidence levels at the start and end of the accreditation.
- Review the scheme training options and offer.
- Review membership of the care home alliance and value of current offer.
- Education team to review and propose any required changes.

**How progress will be monitored and reported:**

- Updates through Patient Service Group.
- Correlate, analyse, and use audit/feedback and findings.
- New role for one of the volunteers to support the clinical educator to collect data and support 15 step challenge and other administration.
- Recognition of hospice contribution e.g. CQC reports on care homes, Care Home Awards etc.

## 2.2 Achievement of priorities for improvement 2020-2021

Following guidance from NHS England stating “where activities envisaged by the quality accounts regulations did not take place, owing to the exceptional challenges of 2020/21, trusts can disclose this was the case and their plans to reinstate them”. Therefore, there has been no achievement of priorities for improvement in 2020-21. Working on these priorities had begun. However these were suspended due to the Covid-19 pandemic.

## 2.3. Statement of assurance

### 2.3.1 Review of services

During 2020-2021 St Elizabeth Hospice provided the following services:

- Inpatient Unit
- Day Care Services – suspended due to COVID pandemic
- Community clinical nurse specialists and healthcare assistant
- OneCall advice line
- Emotional wellbeing services, including bereavement service and spiritual care team
- Therapy services, including, physiotherapy and occupational therapy
- Medical consultant led outpatient appointments and domiciliary visits
- Zest Young Adult Services
- Co-ordination Hub

During the pandemic, following government guidelines, some services that were normally provided face to face were provided virtually.

#### **Inpatient unit**

The Inpatient Unit (IPU) in Ipswich provides specialist palliative care for the relief of pain and other distressing symptoms, at all times aiming to maintain dignity and choice.

The IPU is a short stay unit, there are several reasons why patients are admitted to the IPU, including end of life care. There are 18 beds on the IPU made up of wards and single rooms. During the pandemic, the hospice was commissioned for additional 6 beds from March – September 2020.

As well as expert medical and nursing care, a variety of activities and therapies are offered which are flexible and sensitive to individual needs such as physiotherapy and occupational therapy.

Inpatients and their family, friends and carers can access family support services such bereavement support and spiritual care.

We accept patients from East Suffolk, South Norfolk and further afield where this is the patient's choice.

#### **Day Care services**

Our Day Care services enable patients and their families to receive specific care and support from our multi-disciplinary team in a relaxing and homely atmosphere.

Each patient is assessed when they first attend Day Care. This assessment allows us to introduce the hospice and its services, discuss concerns, ask questions, identify needs and decide what support is needed. A plan of care is agreed based on the patient's needs and not their diagnosis including elements relating to their physical, psychological, emotional and spiritual needs.

During the pandemic, this service was suspended. All patients were transferred under the care of the Hospice Community Services and statutory services.

### Tailor-made care for patients and their families

We offer care that is tailored to the individual over a set period of time, focusing on patients and families' specific problems, changing the level of care as and when required. By using Day Care services, patients are helped to remain at home for as long as possible, if this is their wish. The support offered in the day unit includes elements targeting patients' medical needs, as well as those tailored to emotional or spiritual needs. Whichever service is chosen, the care will be reviewed regularly to ensure the most effective support is being offered.

### Day Care

Day Care provides supportive care to people living with progressive illness, as well as their families and carers. Nursing care, physiotherapy, occupational therapy and a range of complementary therapies are all available according to need. Lunch is also available for patients attending Day Care.

Patients coming to Day Care will have a care plan agreed by the patient and staff, to respond to needs by offering the appropriate service improving wellbeing. Day Care is usually attended for several weeks then the patient's needs and care is re-assessed.



### Drop-In

On Mondays we hold a drop-in for patients with activities between 10.30am - 12pm, or 2 - 3.30pm. No appointment is needed.

### Wellbeing day

The Tuesday wellbeing day, within Day Care, supports the full day care days which occur 3 days a week. It is acknowledged that patients with a variety of conditions may require additional support beyond the more intense multi professional team approach on full day care days i.e. to continue to support patients' psychological, spiritual and social needs.

### Community service

#### Community service

Around 70% of the care we give to our patients is in the community where they live, whether that be at home, in a care home or nursing home.

Our team of Clinical Nurse Specialists (CNS) and Community Healthcare Assistants (CHCA) provide support to the patient and family/carers at home with specialist care including symptom control, and personal care in the latter stages of illness.

They are our own hospice staff, employed by St Elizabeth Hospice, and are **not Macmillan nurses**, as some people may think. Macmillan do not provide a community nursing service in our area as the hospice were asked to take over that responsibility from them some years ago.





The Virtual Ward Service was set up in response to the pandemic to support patients and families to remain in their own homes at end of life.

### **Community Clinical Nurse Specialists (CNS)**

Our community clinical nurse specialists have advanced knowledge and experience of palliative and end of life care. CNS work alongside usual care providers, such as your GP or district nurse to help manage symptoms.

They support patients and families at home with symptom control, pain management, advice on difficult emotional and spiritual issues and understanding of what is happening. Once the CNS has supported the patient with advice or treatment, and they have monitored their needs, the usual care routine will resume. This may include support from one of our healthcare professionals, GP or district nurse or another health professional.

### **Community Health Care Assistants (CHCA's)**

We work closely with Ipswich Hospital and other organisations to help patients known to be nearing the end of life, to leave hospital to go home to die, or remain at home if that is their wish.

For patients being discharged from hospital, we can react quickly to make sure the patient has the quickest possible discharge home and ensure that good quality care is in place. Our CHCA's can provide personal care and specialist nursing support is available to manage pain and other difficult symptoms.

Our CHCA's may also give personal care to patients who have a sudden increase in care needs by providing short term support until statutory services can arrange carers for the longer term.

### **Home sitting service**

In addition to our CNS and CHCA service, we offer a home-sitting, companionship service, to give the carer a break from routine. Our volunteer sitters can spend time with the patient whilst normal carers take a break. They can help with practical tasks like making drinks and snacks, or simply stay and chat, take a walk or read to the patient. They are not allowed to provide nursing or personal care. During the pandemic, home visits were suspended and telephone support was provided as an alternative.

### **OneCall clinical and medical advice line**

Members of the public, patients, relatives, carers, GPs, nurses and other medical professionals, health and social care workers can get expert advice at the end of the phone, even in the middle of the night, from senior registered nurses, seven days a week.

When in the midst of difficult times such as coping with an illness or caring for a loved one, it is important all members of the community have quick and easy access to appropriate advice and the correct facts.

Having one phone number for anyone who wants advice or information about our hospice and palliative care issues will help us to reach out to the whole of the local community.

Most callers can be helped over the phone, however in some instances a caller may be offered a visit due to urgency and need.

St Elizabeth Hospice was among the first hospices in the country to set up an advice line which reaches out direct to the general public as well as healthcare professionals on the subject of specialist palliative and supportive care. And it is the first service of its kind in East Anglia.

| Number of Calls to OneCall | Apr - Mar |
|----------------------------|-----------|
| 2020-21                    | 49,659*   |
| 2019-20                    | 23,900    |
| 2018-19                    | 20,251    |

\*data for current year includes incoming and outgoing calls

## **Emotional support team**

Emotional support is available for adults, children, families and carers who have been referred to the hospice.

The team are available weekdays to discuss any queries relating to referrals and advice on accessing support services.

Coping with illness, loss and change is not easy for anyone. We can help patients and families with the practical and emotional aspects of facing life with an illness, life challenges and bereavement.

A range of services can be accessed through our emotional support team:

- Telephone advice and enquiries
- Counselling
- Practical support
- Art therapy
- Support groups
- Children's specialist support
- Bereavement services

### **Our highly skilled team is able to:**

- Support both patients and families with their emotional, spiritual and social needs
- Offer counselling
- Give information and advice regarding welfare benefits
- Offer advice on support groups available

### **We work with families as a group to:**

- Enable couples and families to talk about what they are facing and gain support from one another
- Help families to make important decisions
- Prepare children, in partnership with their parents, for loss or support with their bereavement
- Negotiate and liaise with teachers and employers

## **Children and young people**

The team and our specialist children's workers/counsellors are highly trained at supporting children and young adults.

The illness or death of a close family member can be a painful and even lonely experience for a child or young person. It can be hard to talk with parents or close relatives who are upset, and friends may be reluctant because they do not know what to say.

Parents can be supported when difficult information needs to be shared with children. Advice and support are available to both parents and children to help families talk about what they are all facing. Individual work with children and young people can also be offered.

## **Spiritual support**

Spiritual support can help the patient manage feelings about what is happening to them. Coping with illness, loss and change isn't easy for anyone. We can help the patient/family and carers to deal with a range of feelings that they might experience. The spiritual support we provide is not based on any particular faith and addresses everyone's individual and unique spiritual needs.

## **Bereavement service**

LivingGrief Bereavement service is part of the wider work of the Emotional Wellbeing Team. The team offer support in a number different ways to anyone who is experiencing bereavement over the age of 18 in East Suffolk.

The bereavement services have been further expanded and developed during the pandemic to include the 565 Service which accepts referrals for young people aged 5-18 who have experienced the loss of a loved one who was under the medical care of St Elizabeth Hospice.

## **Therapy team**

Our team consists of physiotherapists, occupational and art and music therapists.

## **Physiotherapy**

Physiotherapy aims to help maintain a patient's movement, function and independence. Our physiotherapists assess each patient and a treatment plan is agreed according to the individual's needs.

Physiotherapy can help with:

- Improving strength and mobility through exercise.
- Assessing whether a patient would benefit from appropriate walking aids or orthotics/supports.
- Providing these aids, such as sticks, walking frames or wheelchairs.
- Reducing pain through movement, positioning and use of a TENS machine (a small battery operated unit which reduces pain by stimulating sensory nerves), or acupuncture.
- Treating and managing breathlessness and chest congestion. The hospice also offers a specialist programme to help those experiencing breathlessness.
- General fitness through exercise groups.

## **Occupational therapy**

Occupational therapy (OT) focuses on maintaining independence and quality of life in all aspects of a patient's daily routine. Our occupational therapists work with patients, carers and families to assess a patient's ability to perform activities. They then draw up a treatment programme which aims to increase the patient's capability to tackle difficulties and adapt with independence, confidence and control.

Occupational therapy can be important in ensuring a patient is safely discharged home from the hospice with appropriate equipment and support services. The team also supports patients in the community, including those who wish to remain at home during the final stages of their illness.

Occupational therapists can help with:

- Providing equipment to aid independent living
- Relaxation techniques to alleviate stress and anxiety
- Techniques to cope with fatigue and loss of energy. The hospice offers a specialist programme to help those experiencing fatigue
- Advice on how to promote independence
- Assessing the patient's home environment
- Practical strategies to help families/carers support the patient at home
- The hospice also offers a specialist service to support people with lymphoedema

The following exercise groups were suspended during the pandemic:

- Monday circuit group
- Monday seated exercise
- Tuesday seated exercise
- Wednesday circuit group

## **Art therapy and music therapy**

People often find expressing themselves through art and music is easier than talking. We are able to offer art and music therapy to patients and relatives.

Our therapists can provide individual or group sessions in a variety of settings such as at the patient's bedside or in a family member's home.

## **Symptom support group**

This was suspended during the pandemic. Patients offered one-to-one virtual support.

This is an educational group for patients, carers and families to help improve understanding of, and develop better ways of managing common symptoms and concerns such as:

- Breathlessness
- Fatigue

- Anxiety
- Pain
- Nutrition

Patients can attend one or all of the sessions depending on their needs.

### **Zest Young adult services**

Due to medical advances and treatment, people are living longer, and that includes young people who have complicated conditions. From the age of 16, young adults are too old to be treated by children's services and are faced with the daunting prospect of adult care.

St Elizabeth Hospice has been developing a young adult service working closely with children's services to ensure young adults have a smooth transition from children's to adult care.

### **Transitional care**

The team here at St Elizabeth Hospice like to start getting to know young adults from the age of 14 to prepare them and their family for the transition to our services.

We are happy to attend education, health and care plan reviewing meetings and other transition planning meetings to ensure an easy transition from children's to adults services.

Suspended during the pandemic, the transitional care service monthly young adult group called X-Change.

We currently offer:

- Help in managing symptoms
- Emotional support
- Support for siblings
- Parent peer support
- Therapy services
- Outpatient clinics
- Home visits
- Short break unit
- Open events - suspended

### **Medical led out-patient/clinics & domiciliary visits**

All hospice services are available as out-patient services. During the pandemic where possible and appropriate appointments were provided via telephone or virtually. Appointments for out-patient services are available between Monday - Friday. If an out-patient is to unwell a domiciliary visit may be arranged.

During the pandemic patients were offered interventions, such as drug therapy, paracentesis (drainage of abdominal fluid) and blood transfusions as an in-patient.

### **Co-ordination Hub**

In response to the pandemic, St Elizabeth Hospice started working with clinical commissioning groups, GPs and other health providers in leading a new coordination centre to manage services in the community for those needing palliative and end of life care.

The Hub is an expansion of our OneCall service team - which provides 24/7 telephone support for patients, carers and healthcare professionals.

Working with our clinical partners, we are coordinating communication and care by:

- Providing and coordinating care in people's homes
- Providing advice on how to manage symptoms and administration of drugs
- Arranging admissions to hospice
- Providing psychological and bereavement advice
- Arranging practical help to get equipment and medication

### **Specialist palliative care services commissioned by East Coast Community Healthcare**

Since 1 April 2019, St Elizabeth Hospice has taken over responsibility for caring for patients in the Great Yarmouth and Waveney area with specialist palliative needs. This service is working in partnership with East Coast Community Healthcare. Our ambition is that in time, the people in the Great Yarmouth and Waveney area will not just have access to the level and range of services available in Ipswich and east Suffolk, but that real choice will be available to all.

The services we provide in this area are:

- Specialist consultant support to six palliative care beds at Beccles Hospital.
- In reach support into James Paget Hospital.
- Access to our 24 hour specialist palliative care advice line, OneCall, for patients, relatives and healthcare professionals – 0800 567 0111.
- A community nursing specialist service during working hours.
- Day Care services and outpatients at Beccles Hospital for one day a week, including counselling and therapies (suspended during the pandemic).

### **2.3.2. Service Development**

In response to the pandemic the hospice implemented new ways of working and approaches to delivering services. Working closely with partners and stakeholders eg CCG, ESNEFT, Social Care and other agencies. The Co-ordination Hub (as above) was introduced including the virtual ward, bereavement services were extended and virtual appointments were provided. As the hospice begins to focus on reopening services it has begun reviewing and planning on how best to deliver services going forward.

This includes the revision of Day Service provision and the introduction of the Community Care Units.

The Community Care Unit is a new service, replacing Day Care services in both East Suffolk and Great Yarmouth and Waveney.

The Community Care Unit will continue to support patients with complex needs. The new service will support symptom control, advance ease of access to professionals and provide social integration.

It is aimed at those suffering from a progressive or terminal illness requiring the input of several of our professionals and would benefit from having their appointments on the same day.

St Elizabeth Hospice Ipswich you can expect:

- Pre-booked appointments will be available so patients can receive multi-professional input on a Tuesday, Wednesday and Thursday
- There will be the option to remain at the hospice in our Atrium on the day of the visit
- Patient care will be booked depending on individual needs
- The popular drop-in days will continue across the three days
- A designated day for Zest young adults and families will be hosted on a Friday
- We hope to provide a range of support groups and rehabilitation programmes
- Hairdressing, complementary therapy and beauty therapy will be available

In Great Yarmouth and Waveney, in partnership with East Coast Community Healthcare:

- Four Community Care Unit locations will operate across the region, instead of being limited to one location and one day of the week
- Pre-booked appointments will be available for patients to receive multi-professional input
- Patients booked in with the relevant professionals will have the option to stay on the day of the visit
- Patient care will be booked depending on individual needs

St Elizabeth Hospice has reviewed all the data available to it on the quality of care of these services.

The work of St Elizabeth Hospice is supported by a grant from the Ipswich and East Suffolk Clinical Commissioning Group. The income received from the NHS in relation to services reviewed in April 2020 - March 2021 represents 21% per cent of the total income generated for the provision of these services by St Elizabeth Hospice for that period.

### 2.3.3 Participation in national clinical audits

As a provider of specialist palliative care, St Elizabeth Hospice is not eligible to participate in any of the national clinical audits or national confidential enquiries as they did not relate to specialist palliative care. We will also not be participating in them next year for the same reason. (Mandatory statement).

### 2.3.4 Participation in local audits

Our Quality Assurance and Improvement Group (QAIG) meets monthly to monitor our annual diary of audits, quality reporting, and patient experience. We continue to submit data for Hospice UK benchmarking (falls, pressure ulcers and drugs). In June, we participated in FAMCARE audit – Service evaluation of bereaved relatives' satisfaction with end of life care.

In the year 2020-21 the following audits/surveys were carried out:-

- User feedback (complaints, concerns & compliments) x 12
- Drug incident audit x 4
- Community patient's bereaved relative feedback x 3 (one quarter we participated in FAMCARE audit)
- Community patient feedback x 2
- Patient incidents x 4
- Day Care patient feedback 1
- Non-patient incidents x 2
- Controlled drug – Quarterly Pharmacy report x 3
- Emotional Wellbeing Team/Service feedback x 2
- Bereavement information feedback
- Complaint, compliment annual review
- Hospice UK Infection Control
- Falls annual review
- CQC controlled drug self-assessment
- Hospice UK benchmarking for falls, pressure ulcers and medicines
- Non-Medical Prescribing
- Therapy Team patient satisfaction
- Community HCA Documentation
- Short Break pilot feedback
- Controlled drug use at the hospice

The schedule below shows the local audits that St Elizabeth Hospice will carry out in 2021-22

## Audit diary chart 2021-22

### The Quality Assurance and Improvement Group

The Quality Assurance and Improvement Group has a rolling audit programme as well as the ability to prioritise new audits if this response is required.

#### Abbreviation Table

SLT – Senior Leadership Team

IPU - Inpatient Unit

Edu – Education department

Inf Pre – Infection Prevention Gro9up

CNS – Community Nurse Specialist

MT – Medical Team

Phar – Ipswich Hospital Pharmacy

Coloured boxes with initials represent the members of staff in charge of audit

|   | Apr 21 | May 21 | Jun 21 | Jul 21 | Aug 21 | Sep 21 | Oct 21 | Nov 21 | Dec 21 | Jan 22 | Feb 22 | Mar 22 |
|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| <b>Medical Team</b>                                     |        |        |        |        |        |        |        |        |        |        |        |        |
| Oxygen therapy on IPU                                   |        |        |        |        |        |        |        |        |        |        |        |        |
| Internall appraisal validation                          |        |        |        |        |        |        |        |        |        |        |        |        |
| Competence and practice in relation to NIV and training |        |        |        |        |        |        |        |        |        |        |        |        |
| Non-medical prescribing (Ipswich)                       |        |        |        |        |        |        |        |        |        |        |        |        |
| ReSPECT use in GY&W                                     |        |        |        |        |        |        |        |        |        |        |        |        |
| Corticosteroid use (IPU)                                |        |        |        |        |        |        |        |        |        |        |        |        |
| Non-medical prescribing (GY&W)                          |        |        |        |        |        |        |        |        |        |        |        |        |
| Medical FP10 prescribing                                |        |        |        |        |        |        |        |        |        |        |        |        |
| Corticosteroid use (CPCT)                               |        |        |        |        |        |        |        |        |        |        |        |        |
| Famcare   |        |        |        |        |        |        |        |        |        |        |        |        |
| Covid testing with PCR and LFDs                         |        |        |        |        |        |        |        |        |        |        |        |        |
| Care at the End of Life                                 |        |        |        |        |        |        |        |        |        |        |        |        |

|   | Apr 21  | May 21    | Jun 21 | Jul 21  | Aug 21 | Sep 21 | Oct 21   | Nov 21 | Dec 21 | Jan 22  | Feb 22 | Mar 22 |
|---|---------|-----------|--------|---------|--------|--------|----------|--------|--------|---------|--------|--------|
| In-Patient Unit (rolling)   | AO      |           |        | AO      |        |        | AO       |        |        | AO      |        |        |
| Drug (quarterly)  | LL      |           |        | LL      |        |        | LL       |        |        | LL      |        |        |
| Community Bereavement (rolling)   |         | AO        |        |         | AO     |        |          | AO     |        |         | AO     |        |
| Staff Survey (bi – annual)  |         |           |        | SMT     |        |        |          |        |        |         |        |        |
| Community Patient (rolling)   |         | AO        |        |         | AO     |        |          | AO     |        |         | AO     |        |
| Incidents – Patients (quarterly)  | RW      |           |        | RW      |        |        | RW       |        |        | RW      |        |        |
| Incidents – Non-patients (6 monthly)  |         |           |        | AO      |        |        |          |        |        | AO      |        |        |
| User Feedback (monthly)   | ST      | ST        | ST     | ST      | ST     | ST     | ST       | ST     | ST     | ST      | ST     | ST     |
| Complaint & Comm Review   |         |           |        |         |        |        |          | LL     |        |         |        |        |
| Education/Training (annual)   |         |           |        |         |        |        |          |        |        |         |        | Edu    |
| Controlled Drug AuditS  |         | CQC Audit | Phar   |         |        | Phar   |          |        | Phar   |         |        | Phar   |
| Onecall   |         |           |        |         |        |        | ST/SG/VJ |        |        |         |        |        |
| Bereavement Feedback  |         |           |        |         |        |        |          |        |        |         |        |        |
| Infection Control Report  | Inf Pre |           |        | Inf Pre |        |        | Inf Pre  |        |        | Inf Pre |        |        |
| Falls annual review   |         |           |        |         |        |        | LL       |        |        |         |        |        |
| Safeguarding annual review  |         |           |        |         |        |        |          |        | LL/KS  |         |        |        |
| OT/PT patient satis   |         |           |        |         |        |        |          |        | EG     |         |        | EG     |
| Acupuncture   |         |           |        |         |        |        |          |        |        | AB/KW   |        |        |
| Lymphoedema Service   |         |           |        |         |        | EG     |          |        |        |         |        |        |
| Hospice UK – Quality Metrics (Falls, Pressure Ulcers, Medication Incidents) | LL      |           |        | LL      |        |        | LL       |        |        | LL      |        |        |
| ECCH Governance Report monthly  | LL      |           |        |         |        |        |          |        |        |         |        |        |

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.

### **2.3.5. Research**

There were no patients receiving NHS services provided or subcontracted by St Elizabeth Hospice in 2020-21 recruited to participate in research approved by a research ethics committee. (Mandatory statement).

There have not been any national research projects in palliative care in which our patients were asked to participate.

### **2.3.6. Goals agreed with commissioners**

St Elizabeth Hospice's income in 2020-2021 was not conditional on achieving quality improvement and innovation goals through the commissioning for quality and innovation payment framework because it is a third sector organisation. It was therefore not eligible to take part. (Mandatory statement).

### **2.3.7. Data quality**

St Elizabeth Hospice did not submit records during 2020-2021 to the secondary uses service for inclusion in the hospital episode statistics which are included in the latest published data. (Mandatory statement).

This is because we are not required to submit data to this system.

#### **2.3.7.1 Information governance**

The NHS Digital Data Security and Protection Toolkit submission has been delayed due to Covid19 outbreak. We are on par to meet the Standard for this period.

#### **2.3.7.2 Clinical coding**

St Elizabeth Hospice was not subject to the payment by results clinical coding audit during 2020-2021 by the audit commission. (Mandatory statement).

## Part 3 Review of quality performance

### 3.1 Quality overview

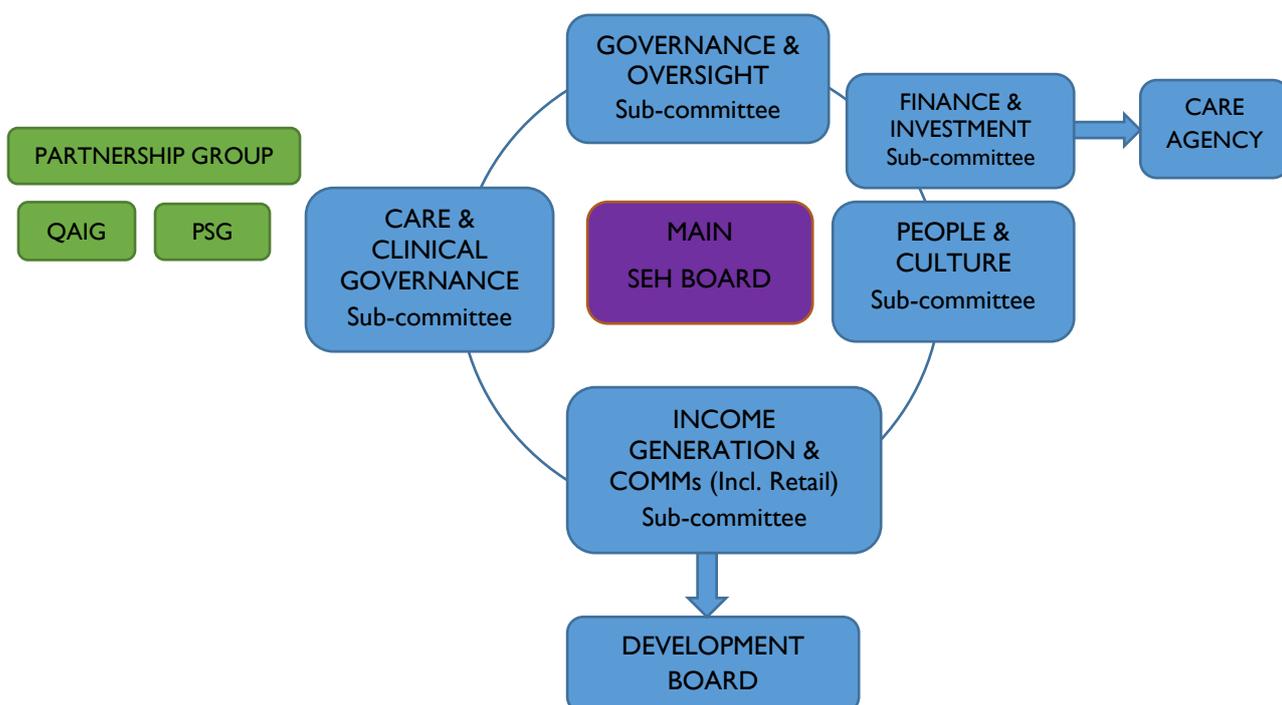
St Elizabeth Hospice is constantly aiming to improve quality of care and services to patients and their families. It demonstrates this through its governance structure. It has a culture of openness and learning by its mistakes and not apportioning blame.

#### 3.1.1 St Elizabeth Hospice governance

The organisation aims to ensure the overall direction, effectiveness, supervision and accountability of the organisation by putting in place a system and processes to:

- To lead the hospice, to establish, review and maintain its mission, vision and values and make sure these are delivered within an overall framework of systems, processes, policies and standards;
- To develop overall strategy to achieve the hospice’s mission and to make sure there is a clear system to delegate implementation of the strategies to the Chief Executive and the employed staff team;
- To monitor the performance of the hospice against key performance indicators which track delivery of the overall strategy so that the hospice’s mission is achieved on a sustainable basis;
- To ensure compliance with the law and to ensure accountability to the organisation’s stakeholders, in particular regulators, funders, staff, volunteers and the wider community served by the hospice, through the adoption and monitoring of appropriate policies; and
- To ensure the Board itself performs effectively and contains people with the skills and experience it needs, and provides for the recruitment, induction and development of new trustees.

#### St Elizabeth Hospice governance structure



Health & Safety, Infection Prevention & Control, Quality Assurance of Drugs (QUAD) and Partnership Groups also feed into the above.

The Accountable Officer (AO) is also the registered manager and a member of the locality intelligence network group. The AO or deputy monitors drugs incidents, makes three monthly drug incident reports and assesses the storage, destruction and use of controlled drugs.

Each directorate has a risk register which is updated regularly. Risk assessments and incidents are raised at the health and safety group.

The hospice has its own responsible officer, Dr Kelvin Bengtson. All doctors are now expected to be appraised on a regular annual basis and then revalidated every five years. All systems and processes are in place to ensure that this happens.

The Caldicott guardian is Dr Kelvin Bengtson.

### **Freedom to Speak Up Guardian**

Every NHS trust must have a Freedom to Speak Up (FtSU) Guardian to give independent support and advice to staff who want to raise concerns. St Elizabeth has decided to adopt this policy as well and we have appointed our Head of Inclusion and Development to the position.

Our Guardian will offer:

- Support and advice for staff who speak up or are supporting a colleague who is speaking up.
- Feedback on investigations and the conclusions.
- Immediate action if patient safety is compromised.

### **Safeguarding**

St Elizabeth Hospice has a Designated Safeguarding Lead (DSL) who supports staff where there are safeguarding concerns for both adults and children. All relevant staff have completed online safeguarding and prevent training modules; prevent is part of the Government's 'Contest' counter terrorism strategy, which has the aim of preventing and detecting radicalisation. Relevant staff have also been included in face-to-face safeguard training delivered by the DSL.

We have amended our Safeguarding (Adults) Policy to incorporate the Suffolk Safeguarding Adults framework guidelines. Following the implementation of Systmone last year we continue to update our safeguarding templates on Systmone to ensure they are up to date and in line with Suffolk's safeguarding policies. In addition to the templates, staff can record a Mental Capacity Assessment, Best Interests Decisions, and Deprivation of Liberty Safeguards (DoLs) within Systmone. We have updated information across the hospice i.e. staff information screens and there are safeguarding noticeboards across the hospice and retail areas for staff, patients and families. These boards provide information and guidance to patients, families, visitors and staff on how to report a concern. Safeguarding is raised at handovers and multi-disciplinary meetings also the DSL and Quality & Governance Lead meet monthly to discuss risks, concerns and policy changes. The DSL also attends safeguarding forums to ensure they are up to date with legislation and best practice which they then share within the organisation.

### **Partnership Group (user group)**

The Partnership Group is an important part of the governance structure of St Elizabeth Hospice. It acts as an invaluable voice of the people we serve. Their experience of hospice services makes them best placed to advise on services and how we might improve on what we offer. It is vital therefore that we encourage participation and harness the insight, and indeed in many cases, expertise, group members can give us.

A strong Partnership Group also enables us to be held to account directly to our supporters, outside of the formal Board of Trustees and membership mechanism.

### **Volunteering at St Elizabeth Hospice**

St Elizabeth volunteers are an integral and valued part of the organisation, who bring us a variety of skills, interests and individual experience. This complements the care we offer to patients, families and employees.

Volunteers are vital to hospices in helping to deliver high quality care, volunteering is not just about saving money, it is about making a difference to patients and families. St Elizabeth hospice is lucky to have more than 1,500 volunteers ranging in age from 14 to 95, contributing their skills and time to support the hospice. There are many ways volunteers support our hospice whether it's in one of our shops, the Inpatient Unit, Day Care, Community, administration, catering or with the events team.

### **3.1.2 Quality overview**

In 2020-21, St Elizabeth Hospice cared for 3941 patients and their families across the range of services.

### **Complaints and compliments**

All complaints received at St Elizabeth Hospice are taken seriously, fully investigated and processed as laid out in our complaints procedure.

We received 9 complaints throughout the year, covering all patient services.

In the same period, we received a high number of compliments, covering all patient services, retail, volunteers and support staff. Two extracts are reproduced below:

*"Telephone call from son just wanting to thank us for all we have done recently. He said he was getting emotional just talking about the help we provided. He said he is so thankful and he could not fault us saying we were 10 out of 10."*

*"Our family would like to thank you for your kindness and compassion while caring for our father during his time at the hospice. When he was awake, it gave us great comfort to see his interaction with the staff, mostly his cheekiness towards them. You helped his personality shine through in the darkest of times. We will be forever grateful."*

*I would not have managed this journey and been able to keep my father at home without your help. I cannot express strongly enough how much you all helped me. The Coordinators on the OneCall system were amazing. They listened and were so efficient, but above all when I just needed to offload they were there for me..... Finally, I would like to thank the nurses who came to our house towards the end of life for symptom control. They arrived like the cavalry one or twice in the night in their own challenging weather conditions. Thank you to the lovely nurse who came to verify his death and for being so sensitive and for allowing me to offload my fears about his death and when he died.*

### **Hospice community services audit**

Thank you to the community services.

*"My brothers and I would like to thank you so very much for the care and support you gave our dear mum at the end of her life. Your kindness and professionalism made such a difference at a very sad time. Not only did we feel mum was getting the best care but we were able to offload any concerns and were supported throughout. It will be a lasting memory that we shared such a precious time with mum, at home and thanks to your care, peaceful at the end. We cannot thank you enough."*

*"I am writing on behalf of the family to offer a huge thanks to the community hospice team. My mother's last wish was always to spend her final days at home and sadly, that was only one week following discharge from hospital having received the cancer diagnosis just two weeks before. Miraculously, a care plan clicked in and we felt very much supported by your team. Numerous times, we contacted the 'magic' telephone number for advice and on several occasions a nurse and HCA would promptly come to our aid, usually night, which became a particularly difficult time for her.*

*Mum was an amazing person, she was a friend, a soulmate and a confidante to us all and we miss her dreadfully.*

*Sincere thanks to each and every one who contributed to her care and made a hugely difficult experience that little bit more bearable."*

*"It is now just over a week since I sadly lost my dear husband but I wanted to write to you to thank you and the wonderful team of CHCAs who looked after him at home from the day he was discharged from Somersham ward. .... It would not have been possible to bring him home without the dedicated team of carers who came three times a day to care for him. Those 23 days were incredibly precious to me and I will always be grateful for the exceptional level of care shown to him – he would not have had better attention in an exclusive health spa."*

### **Day Care survey**

*"Coming here today has made me feel better in myself, I had bad news yesterday but now I feel more positive and focussed about more treatment. Talking to other patients and staff and sharing problems."*

*"We are so thankful for hospice, it really is a wonderful place, my husband comes home much more content and relaxed, the only day he looks forward to. Thank you so much."*

*"I had no idea what to expect and what I got was patience, kindness, respect and support through a time where I was lost with no clear direction. I know now that I will always have someone at any time. A lifesaver."*

### **Inpatient Unit**

We received the letter below from a patient following an admission to the ward.

*"I wanted to take the opportunity to send this letter of gratitude to thank your entire staff who made my experience at the hospice as easy, relaxing and successful as it could possibly be.*

*I was admitted ..... to address chronic bone pain in my legs as the result of prostate cancer with metastatic disease ..... Prior to my admission I was unable to walk more than a few steps due to the pain it produced but am now walking pain free as a direct result of the treatment afforded me.*

*In short, absolutely everyone I encountered was incredible, most friendly, professional and helpful in every way and nothing was ever too much; this applied to doctors, nurses, healthcare assistants and volunteers. Additionally, the grounds are so relaxing to facilitate patient comfort and care and staff will*

*know I spent many relaxing hours talking to the fish in the pond whilst being regularly supplied with copious cups of tea.*

*Without wishing to minimise the contribution of other staff members, I particularly wish to express my gratitude to some individual members; Kelvin Bengtson and Dr Hollie who afforded me more time and attention than I could ever have anticipated and who directly devised my treatment plan. To HCAs Emma and Donna whose infectious cheer was matched by their professionalism; nurses Sarah, Glenis and Jade, the latter of whom was so attentive when I was physically sick following radiotherapy and Clare whose night-time banter and attention to patients needs was unforgettable.*

*Most of all however, to nurse Katie, whose patient calm bedside manner and professionalism was truly outstanding.*

*I honestly believe that everything about the hospice makes it an oasis in a sea of mediocrity and cannot thank you enough for the massive transformation you have made to my quality of life."*

#### Letter received from the family of a patient following care on IPU

*"To all the wonderful people that work at the hospice. Last year and into this year, my husband and I have received your incredible support. My husband and myself spent our last two weeks together last summer in the hospice which allowed us precious time together. I shall never forget. We had amazing support from the hospice on the ward and also beforehand and since with support from: April hospice nurse, Bridget counsellor, Mavis financial advice and Dot reflexology. I made a speech in our school where I work about all that you do and we are fundraising for you this term. Please accept this with my eternal thanks and gratitude."*

#### Letter received from the family of a patient following care in one of our specialist palliative care beds at Beccles Hospital.

*"Just a short thank you to the doctors, nurses and anyone else working on the ward who came into contact with my mum and for making her time with you a happy and comfortable experience. As a family we really appreciate all the time and effort that every single one of you showed mum and it made her really happy that she was moved to "her room" bed 21.*

*At the end mum ended her days at a place where she wanted to be, she loved the staff and the staff told me that they loved her, calling her a lovely lady and on collecting her belongings I found handwritten note that mum had written and it read "love being here, everyone so kind, everything so nice, I hope until the end. They cannot do enough, what a lovely place to die in, I have been so lucky."*

#### **Quality markers we have chosen to measure**

In order to inform the governance process St Elizabeth Hospice monitors outcomes across six different areas of the hospice work monthly, using recognised tools and national benchmarking data.

This enables the board to look at areas of development over a period of twelve months to monitor progress and identify actions for any areas of concern.

The hospice has outcome key performance indicators relating to inpatient unit and assessing outcome of pain, psychological, spiritual and social interventions. We also ask when collecting this data, if the patients feel they were treated as a person, and would recommend us to their families and friends.

| Domain                       | Outcome                                 | Tools   |
|------------------------------|---|---|
| Patient experience           | Relief of symptoms                      | <ul style="list-style-type: none"> <li>- iPOS, (Integrated Palliative Outcome Scale)</li> <li>OACC (Outcome Assessment Complexity Collaborative)</li> <li>- patient surveys/questionnaires</li> </ul>   |
|                              | Meeting patient's needs                 | <ul style="list-style-type: none"> <li>- audit of complaints and compliments</li> </ul>   |
| Patient choice               | Achievement of preferred place for care | <ul style="list-style-type: none"> <li>- patient surveys/questionnaires</li> <li>- ensuring patients are part of the decision making process by checking capacity and obtaining consent for every intervention and documenting it</li> </ul>  |
| Patient safety               | Maintain a safe environment             | <ul style="list-style-type: none"> <li>- audit of patient incidents</li> <li>- audit of drug incidents</li> <li>audit of complaints, concerns and compliments</li> <li>- implementation of changes in safeguard framework including training and updates for staff.</li> <li>- Hospice UK benchmarking</li> </ul> |
| Effective workforce          | Employer of choice                      | <ul style="list-style-type: none"> <li>- staff retention</li> <li>- working days lost due to sickness</li> <li>- investment in training and education</li> <li>- no blame culture</li> <li>- mandatory training</li> </ul>  |
| Financial sustainability     | Financial health                        | <ul style="list-style-type: none"> <li>- audited accounts</li> </ul>  |
| Organisational effectiveness | Widening access                         | <ul style="list-style-type: none"> <li>- increase in patients with non-cancer diagnosis</li> <li>- supporting patients to transition from children's to adult services</li> </ul>   |

### Duty of Candour

The Duty of Candour was established under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and requires providers to be open and transparent with people who use our services. It also sets out some specific requirements we must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, truthful information, and an apology. St Elizabeth introduced a Duty of Candour procedure in February 2019, and this approach is incorporated into our incident and complaints policies and training. Duty of Candour is also a mandatory section of our incident reporting form, ensuring that all staff reporting an incident must address the issue and report what they have told the patient or carer.

### Quality of the Environment

In response to the pandemic the hospice team (which included clinical and non-clinical staff) implemented a COVID 19 Standard Operating Procedure (SOP) which has been continuously updated throughout the pandemic.

The SOP includes information on infection control and management, PPE, visiting, testing hospice processes ie admissions, community visits and other relevant guidance and Government guidelines.

The SOP was accessible to all staff. Weekly COVID and wellbeing updates were also circulated to all staff.

### 3.2 Who has been involved in the QA?

- Chief Executive Officer
- Senior Leadership Team
  - Director of Patient Services
  - Medical Director
  - Director of Corporate Services
  - Director of Income Generation And Marketing
  - Development Director
  - Director of Finance
- Quality and Improvement Group
- Partnership Group
- Governance & Oversight sub-committee
- Care and Clinical Governance sub-committee
- Board of Trustees

### 3.3 What others say about St Elizabeth Hospice

#### CQC outstanding report

In October 2016, the CQC carried out an unannounced inspection and awarded us an 'outstanding' rating. In summary the CQC found the service was extremely caring and focused on providing a tailored service which people helped plan and develop. There were appropriate systems in place to ensure flexibility to people so their care needs could be met either at home, in the hospice or in the wider community.

People spoke overwhelmingly of the positive support, guidance and healthcare interventions they had received. People were full of praise of the staff in terms of their kindness, compassion and knowledge about end of life matters.

Excellent leadership and management was demonstrated at the service. The culture was open and inclusive which meant that people received a tailored service which was flexible to their needs.

Staff were involved, listened to and empowered with training and support to offer excellent end of life healthcare and support.

<https://www.cqc.org.uk/location/1-109733338?referer=widget3>

During the pandemic, the CQC introduced alternative approaches to monitoring services. The hospice has completed two Transitional Monitoring telephone calls where questions were answered giving the CQC reassurance that the hospice continued to provide high standards and quality of care.

#### Statement by the Chair of the Partnership Group

The St Elizabeth Partnership Group (PG) comprises of volunteers who have had some experience of the hospice services, either directly or indirectly. We use our experience to assist the professional clinical teams to develop and continue to improve quality services that are focused on the patients and families' need.

As a result of Covid-19, which has heavily impacted on the hospice's normal provision of care, it has only been possible for the volunteer members of the Partnership Group to "meet" every 6 weeks utilising Zoom but even in these circumstances the group has been extremely effective in supporting both the hospice and its patients.

The most notable achievement was the formation of a WhatsApp group for Day Care patients which has allowed many of them to keep in regular contact with their friends who are also patients. This has been a great success and subsequently a qualified Yoga Practitioner has offered to provide free 30 minute weekly seated Yoga classes for members of the WhatsApp group. The Partnership Group was also invited to contribute towards the hospice's 3 year Strategy Plan and, at the time of the submission of my report, we are working very closely with senior management concerning the future plans for Day Care, which has been renamed and is now called the Community Care Unit. The group has established a good

working relationship with the new Compassionate Communities Department which will be expanded next year. Whilst, in a short report it is not possible to describe how patients have and will in the future benefit as a result of many initiatives made by The PG, the year has been notable for the strong support afforded by the former CEO and, particularly the Director of Income Generation & Marketing, and we look forward to working similarly with the recently appointed CEO.

We fully recognise that the hospice staff provide incredible work in ensuring quality, safety, clinical effectiveness and good patient/care experiences are delivered across the organisation. We fully endorse the content of this report.

### **3.4 Statements provided from commissioning CCG, Healthwatch and OSGS**

The following statements were made in response to receiving this Quality Account.

#### **Ipswich & East Clinical Commissioning Group**

The Ipswich and East Suffolk Clinical Commissioning Group (CCG) confirms that St Elizabeth Hospice have consulted and invited comment regarding the Annual Quality Account for 2020/21. This has been submitted as a draft within the agreed timeframe and the CCGs are satisfied that the draft Quality Account provides appropriate assurance of the service.

The CCG has reviewed the draft Quality Account and, to the best of our knowledge, consider that the data is accurate. The information contained within the draft Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12-month period. It is recognised that the COVID-19 pandemic has created additional, unprecedented challenges this year, which has made the report more difficult to compile.

The CCG looks forward to working with clinicians and managers from the service, and with local service users, to continue to improve services to ensure quality, safety, clinical effectiveness and a good service-user experience is delivered across the organisation.

This Quality Account demonstrates the commitment of St Elizabeth Hospice to provide a high-quality service. The CCG endorses the publication of this account.

Lisa Nobes  
Chief Nursing Officer  
Ipswich & East Clinical Commissioning Group  
6th July 2021

#### **Statement in response to setting up the Co-ordination Hub**

“I am extremely grateful to the staff at St Elizabeth’s Hospice for the speed in which they have set this service up. We are in unprecedented times at the moment and this is an excellent demonstration of how we are all pulling together within our system to ensure local people and communities receive the care, advice and support they need. St Elizabeth Hospice has a strong legacy of providing high quality services to communities and this extra provision will be extremely important to many local families.”

Dr Ed Garratt  
Chief Executive of the Clinical Commissioning Groups across Suffolk and North East Essex

#### **Healthwatch Suffolk**

*Thank you for contacting us again regarding your Quality Account. Unfortunately, we are once again unable provide organisations with statements this year, as in 2020, but we hope to be able to do so again from 2022.*

Elizabeth Storer  
Community Development Officer

#### **Suffolk Health Scrutiny Committee**

*As has been the case in previous years, the Suffolk Health Scrutiny Committee does not intend to comment individually on NHS Quality Accounts for 2020/21. This should in no way be taken as a negative*



*response. The Committee acknowledges the significant additional pressures faced by NHS providers in 2020/21 as a result of the Covid-19 pandemic and wishes to place on record our thanks for everything being done to maintain NHS services for the people of Suffolk in the most challenging of times.*

*County Councillor Jessica Fleming*

*Chairman of the Suffolk Health Scrutiny Committee*

If you have any feedback on this document, please email our enquiries line on [enquiries@stelizabethhospice.org.uk](mailto:enquiries@stelizabethhospice.org.uk) or visit our website [stelizabethhospice.org.uk](http://stelizabethhospice.org.uk) and complete our form for comments, compliments or complaints, which is found in the contact us section.