

Quality Account 2022 - 2023

“....I would just like to express my heartfelt thanks to each and every one of your staff who looked after my late husband. Whether on the phone or in person, your support enabled me to look after him at home as he wished, and enjoy the best quality of life for his last few weeks. I really don't know what we would have done without your caring and expert support. Please particularly pass on my thanks to the wonderful, wonderful carers who came to our house and all the others whose names I will never remember but whose care and compassion I shall never forget.”

Our last Care Quality Commission visit was in October 2021
Our CQC rating is Outstanding



St Elizabeth Hospice
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Registered Charity Number: 289154

This Quality Account was endorsed by the St Elizabeth Hospice Board of Trustees on 25th May 2023

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

Update from 'our strategy'

As an independent charity, we are the largest provider of specialist palliative and end of life care in Ipswich and East Suffolk, and Great Yarmouth and Waveney.

Our vision, mission and Strategic Objectives are as follows:



Statement from the Chief Executive, Judi Newman



On behalf of the staff and volunteers of St Elizabeth Hospice, I am delighted to present our Annual Quality Report. We welcome the opportunity to evidence that our assurance processes are robust, safe and thorough. One of our four values is “Learning never ends” which is the culture of continual improvement that we wish to see and encourage in every part of our organisation.

Over the past year, we have continued to deliver high quality and safe services to the community of Ipswich, East Suffolk, Great Yarmouth and Waveney as part of the two Integrated Care Systems that serve our geography: Suffolk and North East Essex (SNEE) ICS and Norfolk and Waveney ICS. In Great Yarmouth and Waveney, we continue to enjoy our partnership with East Coast Community Healthcare (ECCH) and in Ipswich & East Suffolk, we are a full member of the Alliance Committee.

In Suffolk and North East Essex (SNEE), St Elizabeth Hospice represents the three SNEE hospices in the new Integrated Care Partnership and I currently chair the SNEE ICS End of Life Group which brings together all system partners to work collaboratively in the best interests of our community.

Since the introduction of the new Health and Social Care Act on 1st July 2022, there is now a statutory requirement on ICBs to ensure that there is appropriate specialist palliative and end of life care for its local population’s needs. We welcome the opportunity to play our full role in the provision of that care, based on a data-driven understanding of what is required and continual evaluation of care delivered.

Each October, our Board has a Strategy away day and takes a robust look at our Governance Framework to ensure it is still fit for purpose and to review our governance structure and processes. This provides the oversight and compliance required by our Trustees and our regulatory commitments. This includes our risk registers and Business Assurance Framework, which are overseen by the Governance and Oversight Committee.

Our Statement of Purpose outlines the main shape of our purpose:

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 our current 2020-2024 Strategy, we have a dedicated commitment to tackling health inequalities. This ranges from identifying and removing barriers to accessing our services through our 'Hospice for All' programme, through to the provision of Zest transitional care for young adults who are moving out of the age range of children's hospice care. This strategic objective to tackle health inequalities also extends to geographical inequity of services. On 1st March 2023, we merged with a fundraising charity called East Coast Hospice who have been aspiring to raise sufficient funds to grow palliative and end of life services in Great Yarmouth and Waveney. East Coast Hospice had not yet started services so the merger is not clinical but includes a retail fundraising operation and land secured for the provision of future services. As such, it is a further signal of intent of our investment and commitment to the local population of Great Yarmouth and Waveney. In future our activities in this area will come under the banner of St Elizabeth East Coast Hospice.

Our partnership with East Coast Community Healthcare (ECCH) has continued to deliver high quality specialist palliative care to the community of Great Yarmouth and Waveney, with six SPC beds in Beccles Hospital, the community team, in-reach into the James Paget University Hospital and the provision of Community Care Unit day services including bereavement support.

In the next six months, we will begin the stakeholder engagement for the next period of strategic planning, with an emphasis on sustainability: of services, finances, workforce and climate resilience. We are fortunate to enjoy collaborative relationships with our stakeholders and fellow hospices, and wish to build on these foundations for the future within the new integrated care landscape.

We have secured further continuation funding for the Palliative and End of Life Coordination Hub from the Ipswich and East Suffolk Alliance, with recognition of the invaluable role that the Hub has played in avoiding hospital admissions and minimising duplication or risk of gaps in provision. We continue to see very high call volumes: last year, we received 30,000 incoming calls into the OneCall 24/7 telephone advice line from patients, families and other health care professionals seeking specialist advice, guidance or referrals. With co-funding from our neighbouring acute trust ESNEFT, we have been able to grow the virtual ward programme for last few weeks of life, helping to avoid hospital admissions and provide an additional pathway for hospital discharges.

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. I am pleased to confirm that the Board has received robust reassurance via its Governance Framework that the care provided is high quality, safe and compassionate and we would like to record our thanks to the Senior Leadership Team.

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. A Trustee skills audit is carried out at regular intervals to identify any recruitment requirements. We have reviewed our induction process to enhance that Trustees have a comprehensive introduction to the wide variety of services provided, and how they are funded. The Board is 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. In addition, the Board has approved the formation of three working parties. These cover specific areas the Board feels require additional time and focus. At present, these working parties cover Great Yarmouth and Waveney, Zest and property. The working parties are all chaired by a Trustee with a special interest in each area, joined by at least one or two other Trustees, plus appropriate members of the Senior Leadership and Management Teams and importantly outside experts who have been co-opted to lend their expertise on a pro-bono basis, for which the Board expresses heartfelt gratitude.

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.

Towards the end of each year, normally in October, the Board and Senior Leadership Team meet to discuss ongoing strategy, business planning, governance framework and the subjects requiring separate working party involvement. This ensures that all these important areas are properly reviewed and updated as necessary.

St Elizabeth Hospice restates its values to reflect the strategic objectives of inclusivity and coordinated care to our whole community within an integrated care landscape. These values are:



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 2023-2024

Areas for improvement for 2023-24 are set out below.

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

- **Patient safety**
 - Increasing skills on IPU to allow for admissions for patients with cough assist, traches etc
 - Documentation of pressure ulcers. (CQUIN 12) (NHS England Commissioning for Quality and Innovation (CQUIN) 2023/24 quality indicators)
- **Patient Effectiveness**
 - Increasing staff and patient awareness of corneal donation
- **Patient Experience**
 - Improving access to hospice information (translation of leaflets, virtual tours of the hospice in different languages)

2.1.1 Patient safety

Priority one

Topic – Respiratory skills training needs review

To increase staffing skills across the Hospice to allow us to safely support patients with complex respiratory needs.

How was the priority decided?

There have in recent years been requests for St Elizabeth Hospice to support patients with complex respiratory needs. We have not consistently been able to offer support for these patients due to staff not having the appropriate clinical skills. There is an identified need to develop and provide training for staff, to allow for safe and equitable treatment for patients with more complex respiratory clinical needs.

How the priority will be achieved

- A clinical Multi-Disciplinary (MDT) group will be formed and meet every two months to work on and complete the following:
 - Identify clinical skills which need improvement/ development.
 - Developed appropriate policies and competencies for all identified skills.
 - Identify which staff from each setting which would need signed off clinical competencies (these may be different for each service area).
 - Identified the training resources required, and to have identified approximate training costs to allow for this staff development to take place, including the costs of ongoing maintenance of these clinical skills.

- Considerations to support the Zest Training development project for seeking to fund external future training provision.
- We plan to have the above information in place by the end of 2023, to allow for Education to consider budget and training resources required, and have a plan for implementation of required staff training in 2024.

How progress will be monitored and reported

- MDT Meetings to be held every other month to ensure continued momentum.
- Accountable to the Senior Leadership Team through regular reporting
- TEAMS sheet to be created for staff in the group to share resources and update policies etc.
- Action log to be created, updated and reviewed at each meeting.

Priority Two

Topic – To improve through education the assessment and documentation of pressure ulcers

How the priority was decided:

Through investigation and review of pressure ulcer related incidents there appears to be an emerging trend in the need for improvement in the documentation in some areas of pressure ulcer incident reporting:

1. Mattress number to be recorded (for maintenance of mattresses and to observe for further emerging trends of pressure ulcers related to a particular mattress)
2. Mattress setting to be recorded (to ensure that setting is correct for estimated patient weight)
3. Risk factors need to be listed on Waterlow risk assessment tool
4. Care plans required for all pressure ulcers
5. Variations of assessments of pressure related ulcers and terminology of sites of pressure ulcers.

How the priority will be achieved:

- Education to put on education sessions for all nurses which will also include classification of pressure ulcers.
- Hospice link nurse for pressure area care to be involved in education
- Clinical Governance Lead to be involved in training with regards to documentation
- Identify areas of documentation which require improvement

How progress will be monitored and reported:

- By continuing to investigate pressure ulcers incidents and reviewing the results of the findings
- Monthly and quarterly pressure ulcer reports reportable via QAIG
- Education to work with Team Leaders and Clinical Governance Lead to devise a programme of education which all nurses will be rostered to attend
- Where appropriate, the Clinical Governance Lead will work with individuals to improve upon documentation

2.1.2 Patient effectiveness

Priority one

Topic – Increasing staff and patient awareness of corneal donation

How the priority was decided:

One of the key topics we broach with patients and relatives during their hospice care is their wishes and preferences around the time of their death, and afterwards. During these conversations, and sometimes after a loved one has died, people may express a wish to donate organs or leave a person's body to science. However we know that both patients and staff are often unsure or unconfident around what the possibilities for donation are, or are unable to find out information in a timely manner. For most hospice patients, they are limited in what tissues they can donate due to their conditions or the circumstances of their death, however the majority of hospice patients would be eligible to donate their corneas. Eye donation is feasible in a hospice or community setting and does not require any particular change in care or formal consent process by the hospice staff, or any additional ongoing financial or staff resource. Research shows that patients and relatives feel satisfaction by knowing they are helping others after their death and leaving a legacy.

Nationally, we know that there is a shortage of donated corneas despite regular need for corneal transplantation which can restore sight. Data suggests that rather than patients be unwilling or unable, this shortage is due to system issues i.e. people not being aware they are eligible to donate and referrals to the tissue donation team not being made in a timely manner. Training and information delivered in other hospices has shown significant increases in numbers of corneas donated by their patients. By offering patients and relatives accurate information at an earlier stage, it is possible to increase the number of corneas donated by increasing the numbers of patients and relatives who are aware of eligibility to donate, and by staff being aware of those wishes and then doing the necessary referrals in a timely manner.

The aim of this project is to improve the effectiveness of the information we give to patients and relatives around corneal donation and the effectiveness of the referral pathway in conveying those wishes to the NHS blood and transplant team.

How the priority will be achieved:

- Working group established involving members of education and medical team
- Liaison with local hospices and regional tissue donation nurse specialist to learn from their rollouts and share resources/expertise
- Information to team leaders with identification of champions in each clinical area
- Development of local training materials
- Education sessions to each clinical team through existing training days (HCA, RN) targeted sessions (medical team, therapy team, community team) lunch & learn session and others as needed
- Liaison with IT regarding changes and prompts to electronic patient record to convey information and allow auditing/monitoring
- Consider other areas to embed eg MDT discussions, caseload monitoring, whiteboards
- Information leaflet and content for website to be developed
- Resources provided for staff to embed referral pathways

How progress will be monitored and reported:

- Working group to review that training is being delivered as planned
- Relevant policy and procedures to be updated
- Direct notification of number of donations to be reported – to Patient Services Group.
- Regular audit of EPR for eligibility/willingness
- Feedback from staff regarding communication and information requirements
- Review at end of year to establish ongoing training requirements to maintain it as business as usual

2.1.2 Patient experience

Priority one

Topic – Improving access to hospice information (translation of leaflets, virtual tours of the hospice in different languages)

How the priority was decided:

Improving access to hospice information (translation of leaflets, virtual tours of the hospice in different languages)

How the priority will be achieved:

- The Head of Inclusion and Development will support the progress of the 'Hospice for All' action plan with a working party including local stakeholders. This includes identifying the most commonly spoken languages in the local community that are a priority.
- Marketing and Communications team will work with local organisations and community champions to co-produce the translation of hospice information leaflets, and virtual tours.
- Translated materials and virtual tours will be kept on our website to ensure availability.
- The hospice will continue to use the Recite Me tool bar provision to enable all areas of the hospice website to be accessible in different languages (utilising both spoken and written word)

How progress will be monitored and reported:

- The 'Hospice for All' working party action plan will enable progress to be tracked and accountability held with community groups. The working party will also enable evaluation of the impact of the translated information leaflets and virtual tours.
- The project will report to the Hospice Engagement Group and Patient Services Group.
- This work will also be part of a research project - a multi-case study of co-production within integrated care in Suffolk and North East Essex Integrated Care System: participatory action research. The research project will run May-October 2023 and will support the provision of evidence of the co-production of this initiative.

2.2 Achievement of priorities for improvement 2022-2023

2.2.1 Patient safety

Priority one

Topic – Introduction of electronic prescribing in Ipswich Inpatient Unit (Electronic Prescribing and Medicines Administration – EPMA)

In 2022-23:

- Successful procurement of EPMA module via SystmOne electronic record.
- Formulary developed and agreed in conjunction with pharmacist, In-Patient Unit (IPU) team leader and medical consultant.
- Hardware supplied via IT to facilitate day to day use – three adaptors to existing drug trollies to securely hold laptops, plus three additional computers on wheels with integrated platforms to support 'as required' drug administration.
- Bespoke training delivered by Information Management department to prescribers and administrators including bank staff, plus pharmacists. Small group sessions and 1-1s where necessary, supported by face to face delivery by IPU team leaders and clinicians. Backed up by written reference material on ward and on SharePoint (Hospice Intranet). Refresher sessions offered closer to 'go live' date in view of delay since initial training whilst awaiting hardware.
- Guidance flowcharts include back up options and emergency measures in case of IT or SystmOne failure.
- Development and re-introduction of paper Syringe Pump infusion charts (revised from previous versions) to be used alongside EPMA.
- Development of necessary SystmOne templates to replace aspects of old drug charts which are not included in EPMA – VTE, diabetes.
- Implementation of EPMA first week in July, supported by round the clock presence of IPU team leaders, consultants, pharmacists and IT. No significant issues or risks identified.
- Informal feedback welcomed, some initial adjustments made to set up and functionality in direct response to this.
- Ongoing feedback encouraged and being reviewed

Did we achieve these improvements?

- EPMA fully embedded into operational use and incident review process
- System allows for ongoing adaptations as opportunities are identified, to streamline processes and/or in response to audit findings
 - Automatic trigger of steroid prescribing questionnaire when prescribing a steroid
 - Automatic link to infection monitoring questionnaire when prescribing an antibiotic or antifungal
- Awaiting decision from ICB regarding possible funding for full time pharmacist as they are reviewing provision across the patch, no further progress as of Jan 2023
- Decision at present to continue with current TTO process, pending decision re pharmacist

Priority Two

Topic – Safeguarding Training across Hospice Services

To review the training levels and training needs of staff across the hospice. To suggest improvements in order to meet standards as recognised within the Adult Safeguarding: Roles and Competencies for Health Care Staff document and ensure that Safeguarding is at the heart of everything we do.

In 2022-23:

- A review of current hospice training against recommendations set out in the 'Adult safeguarding: Roles and Competencies for Health Care staff' national document was carried out by the Education Department.
- A suitable training programme was found and implemented across the appropriate identified staff. This will be an on-going project with identified staff being invited as and when they join the trust. Lunch and Learn sessions were also arranged.
- All identified safeguarding training was added to the mandatory training list for identified appropriate staff – Level 3 being added for appropriate clinical staff.
- Created safeguarding link roles for each clinical department across the hospice and identified staff to carry out these roles.
- Safeguarding will be a linked topic to the annual performance review (APR) process.

Did we achieve these improvements?

- Progress has been influenced by the ICB and Health Mental Capacity Act (MCA) Steering Group, this group have agreed ways to incorporate Safeguarding and MCA into everyday practice. Solutions were discussed by the Designated Safeguarding Lead (DSL), Head of Quality and Governance and People & Culture to include Safeguarding within recruitment as a desirable or essential skills and a discussion point within Supervision Sessions, Appraisals.
- Education has now included Level 3 safeguarding training for clinical staff within the Level 3 Blue Stream training. The Hospice Safeguarding Lead offers additional training to all identified safeguarding link workers across the Hospice sites. Additional training will be provided to staff and volunteers if the need is identified.
- Created safeguarding link roles for each clinical department across the hospice, staff have been identified and 2nd round of training is now underway.
- All team leaders have been trained to review mandatory training compliance rates.
- Yearly Safeguarding Report is completed by DSL and will report on compliance rates.
- We will continue to monitor and report on areas identified for learning and training with monthly meetings between Head of Quality and Governance and DSL.
- People & Culture dept. have included safeguarding into all personal specifications.
- Regular updates through the Quality Assurance and Improvement Group (QAIG).

Going forward

- When all link workers training completed a flowchart to identify safeguarding links will be created together with a short staff survey following every roll out. In addition we will create a 'checklist' for staff to use to help identify if an issue of safeguarding requires a safeguarding referral. Or if needs care and support to prevent safeguarding.

2.2.2 Patient effectiveness

Priority one

Topic – Therapy Outcome Measures

To review outcomes of interventions in the Community Care Unit, measuring patient goals for Occupational therapy and physio using the Goal Attainment Scale (GAS).

In 2022-23:

- Developed the patient record system (SystmOne) to add a questionnaire template that would allow staff to add details of the Goal Attainment Scale to a patient record.
- Provided training to therapy staff on appropriate use of the Goal Attainment Scale and documentation around this. This was provided on several different occasions as required, e.g. if new staff started.
- Developed a spreadsheet to allow monthly collection of data from SystmOne, and collated it to obtain information on:
 - Number of patients that have had Goal Attainment Scale used with them
 - The results of the Goal Attainment Scale (i.e. % of patients who have achieved or exceeded their therapy goals with appropriate intervention)
 - To what degree have patients achieved their Goals (i.e. is it a statistically significant change).
- Completed an audit at the end of 2022 which reviewed the above data and made suggestions for improvement.

Did we achieve these improvements?

- The use of the outcome measure is now in place and accessible for staff to use.
- We did achieve an audit on the use and application of the Goal Attainment Scale. Conclusions from this were that:
 - There were a reasonable number of patient goals set in this first year of using the outcome (72), which is a significant improvement from 2021 where setting and documentation of goals and using outcome measures were not consistent or standardised in the therapy team. This is encouraging as we know that setting goals, even if not achieved, is very important for patient engagement and wellbeing, and it helps us comply with professional standards and provide personalised care.
 - That staff were able to input and apply the measure on SystmOne demonstrates that the system developed to document use of the Goal Attainment Scale is working and available. Some staff reported verbally that they found it could be tricky to access and use the questionnaire, and sometimes it can be frustrating as clicking incorrectly on a box can result in a need to start a whole new questionnaire.
 - However, the proportion of goals that were then reviewed after initially being set with patients was only 20%. The reason for this is unclear from the data available, but it is something we need to aim to improve on. In palliative care we can't expect a 100% review rate as not all patients will be well enough for follow up. Feedback from staff is that the use of the Goal Attainment Scale is easier to apply in the In-patient and Community Care Unit settings where it is likely we will have further follow-up with patients. With much of our community domiciliary work we will be less likely to be reviewing patients routinely, and this can make setting and reviewing goals more challenging.
 - Of the goals which were reviewed, it is encouraging to see such a high proportion of patients achieving their goals and demonstrating the positive impact that therapeutic interventions can and do have for patients.

- Recommendations for future use are:
 - The use of the Goal Attainment Scale is recommended for continued use in the Community Care Unit and In-patient Unit settings for therapy interventions, where it provides a more personalised goal setting and outcome measurement for patients than just the use of the AKPS (Australia-Modified Karnofsky Performance Scale).
 - The Hospice encourages staff to continue to routinely use the AKPS from the OACC suite of Outcome measures for all patient interventions where possible. In the community, where use of the Goal Attainment Scale is more challenging, we would advise therapy staff to use the AKPS alone.
 - To improve compliance with use the recommendations are:
 - To liaise with IT to see if there is a way to prevent needing to start a whole new questionnaire if staff have inadvertently clicked on a box.
 - To re-iterate the importance of use on both IPU and in the CCU, and add offer ongoing training refreshers on the use of the measure and the documentation around it.
 - Plan is to re-assess use, compliance and effectiveness with audit again in one year.

2.2.4 Patient experience

Priority one

Topic – Co-production

Following review to implement a new co-production framework within the hospice, ensuring we enable those with lived experience from our community we support to be involved and influence hospice service delivery and development.

In 2022-23:

- The new Hospice Engagement Group (HEG) TOR and member role description were approved by Senior Leadership Team and the board of trustees.
- Recruitment of new HEG members commenced with the aim for the new group to be formed by the end of September 2022.
- Interviews were carried out, to include a member of SLT, non-clinical Senior Management Team member and a trustee.
- New co-production best practice guidelines for the hospice have been developed- for sharing, approval and launch HEG in Autumn 2022.
- Head of Inclusion & Development continues to be a member of both the Healthwatch Suffolk Co-production hub, and the Integrated Care Academy Co-production hub, enabling ongoing access to resources, learning and mentoring from peers across the system. This also enables the hospice to link in to system wide patient and public engagement opportunities.

Did we achieve these improvements?

- We successfully recruited and membership of a new Hospice Engagement has been completed. Membership consists of 9 members from Ipswich and East Suffolk and Great Yarmouth & Waveney. Members include 7 representatives with lived experience of palliative care and bereavement, some including those who have experienced care from St Elizabeth Hospice, and a member working with diverse migrant communities in Ipswich who are under-represented within hospice care. In addition there are 2 hospice staff members (1x clinical, 1x non-clinical) and a trustee.
- The group have now completed their induction and initial set up meetings. Nominations for a co-chair from the non-staff members is in progress.

- The new hospice Co-production Framework has now been signed off and shared with staff. This includes an over-arching framework, with Co-production Best Practice Guidelines, Hospice Engagement Group Terms of Reference and Operating Guidelines.
- The HEG has a launch campaign over the next year including a Lunch and Learn session next where staff can meet the new members, A Staff and Volunteer Forum in September, in-between members and chair will be attending team meetings including Great Yarmouth and Waveney and Retail teams to aid dissemination.

2.3. Statement of assurance

2.3.1 Review of services

During 2022-2023 St Elizabeth Hospice provided the following services:

- Inpatient Unit
- Community Care Unit
- Community Clinical Nurse Specialists/RNs and Healthcare Assistants
- 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

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.

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 emotional wellbeing services such as spiritual care, emotional and bereavement support.

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

Community Care Unit (CCU)

St Elizabeth Hospice has extended its support to the local community with the launch of its Community Care Unit service in both East Suffolk and Great Yarmouth and Waveney.

Replacing the hospice's former Day Care services, the CCU continues to care for patients living with progressive or life-limiting illness and complex needs by providing such support as symptom control, advance ease of access to healthcare professionals and social integration.

The CCU offers the opportunity for patients' wellbeing and social needs to be met, while also enabling the convenience of all necessary healthcare appointments to be organised and completed in one location, at the

hospice Atrium in Ipswich, on the same day. While in Great Yarmouth and Waveney the CCU will be held at Beccles Hospital on a Monday and Martham Medical Centre on a Thursday.

Through the new Community Care Units we are delivering holistic care to each individual and their family to ensure we are able to support more people who need our vital care throughout the region.

Held in the Atrium, at St Elizabeth Hospice in Ipswich, the Community Care Unit offers these services predominantly on a Tuesday, Wednesday and Thursday, allowing patients and their families to receive specific care and support from the hospice's multi-disciplinary team in a relaxing and welcoming atmosphere.

The CCU also provides a range of nursing and medical care, physiotherapy, occupational therapy, emotional and wellbeing support, support groups and rehabilitation programmes for patients, as well as additional services such as hairdressing, complementary therapy and beauty therapy.

Each patient is assessed before they first attend the CCU service to identify their needs and to determine what support is required before a tailored plan of care is created to meet these needs.

Various groups including Exercise Group, Breathlessness Management Group, Anxiety Management and Fatigue Management Groups and Symptom Control Groups etc.

Community service

Community service

Around 58% 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), Registered Nurses (RNs), Hospice Paramedic (in Gt Yarmouth & Waveney only), Community Healthcare Assistants (CHCA) and therapists 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 Covid-19 pandemic to support patients and families to remain in their own homes at end of life.

Community Clinical Nurse Specialists (CNS) & Registered Nurses

Our community clinical nurse specialists and registered nurses have advanced knowledge and experience of palliative and end of life care. The CNS work alongside usual care providers, such as the GP or district nurse to help manage symptoms. We also have Registered Nurses who work within the team.

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/RN 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.

Community Volunteer Service

In addition to our CNS and CHCA service, we offer a community volunteer service which offers patient support. Our volunteers 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 however.

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.

Number of Calls to OneCall	Apr - Mar
2022-23	43,708*
2021-22	51,033*
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
- Music 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 565 Service 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 Covid-19 pandemic to include the 565 Service which accepts referrals for young people aged 5-18 who have experienced the loss of a loved one from a long term or progressive illness, who was under the medical care of St Elizabeth Hospice.

Therapy team

Our team consists of physiotherapists, occupational and therapy assistants.

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

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.

Zest transition and young adult care 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.

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 provide transition advice and support, providing a one point of contact for families in transition from children's to adult's services. Where possible we are happy to attend education, health and care plan reviewing meetings and other transition planning meetings.

Zest offer six monthly clinical reviews alternating between a specialist Zest nurse and the hospice medical team, supporting symptom management, emergency and advance care planning. Alongside the clinical support available through the hospice MDT Zest provides a developmentally appropriate model of supportive care including:

- Monthly evening young adult group
- Monthly parent peer support group
- Monthly Saturday family drop-in

In response to unmet need after leaving children's services, provides nurse led Zest enhanced services for young adults from across Suffolk, part funded within young adult's care and support plans. These included:

- Zest days-Fridays in the hospice Community Care Unit, where young adults can attend for the day with their own community carers or under the care of the Zest care team
- Short breaks-for 2-3 young adults staying together at weekends Friday-Sunday

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 too 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 and 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.
- Community Care Unit services and outpatients at Beccles Hospital for one day a week, including counselling and therapies (suspended during the Covid-19 pandemic). Community Care Units – Sole Bay, Martham and Beccles.

2.3.2. Service Development

St Elizabeth Hospice has membership in a number of patient related groups, within the integrated care system. By doing this we can support the development of patient and family services and grow access to excellent care across East Suffolk and the Great Yarmouth and Waveney. For example we are working with another hospice to provide support to young adults accessing adult hospice care for the first time, and with commissioners in expanding the geographical reach. The joint Hospice education with St Helena Hospice is building and together, we influence patient care through training and support of other partners providing palliative care. We have joint project with the acute hospital to support more hospital patients to return home or remain home, when it is their choice to receive end of life care, or die, at home.

We continue to receive high satisfaction in our surveys, however are not complacent. Patient safety and quality services will always be top priorities for us.

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 Alliance, part of the Suffolk and North East Essex Integrated Care Board. The hospice also receives funding from Norfolk and Waveney Integrated Care Board, via a subcontract from East Coast Community Healthcare (ECCH).

The income received in relation to services reviewed in April 2022 - March 2023 represents 22%, all NHS funding excluding Hospice UK.

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 the year 2022-23 the following audits/surveys were carried out:-

Complaint, compliment annual review

All complaints are taken seriously regardless of how they are reported. The Chief Executive Officer, with the assistance of Head of Operations, is responsible for producing the audit. Complaints are also raised at Board meetings.

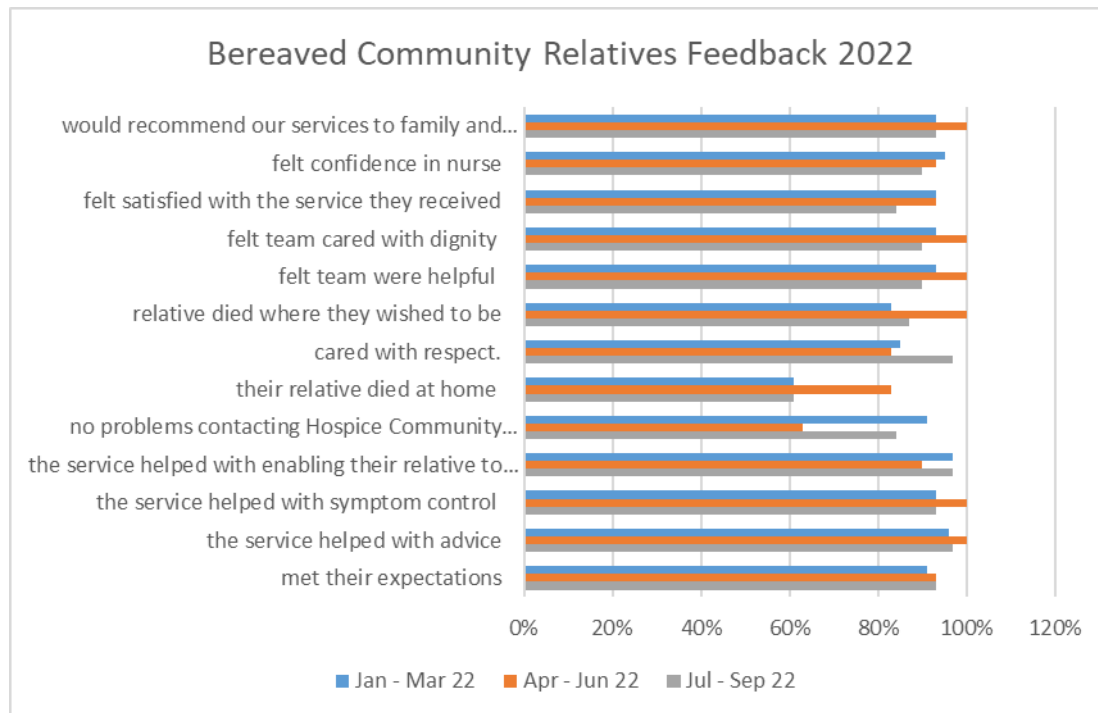
A monthly report is collated and a review of complaints over the period April 2022 – Mar 2023 completed.

Outcome:

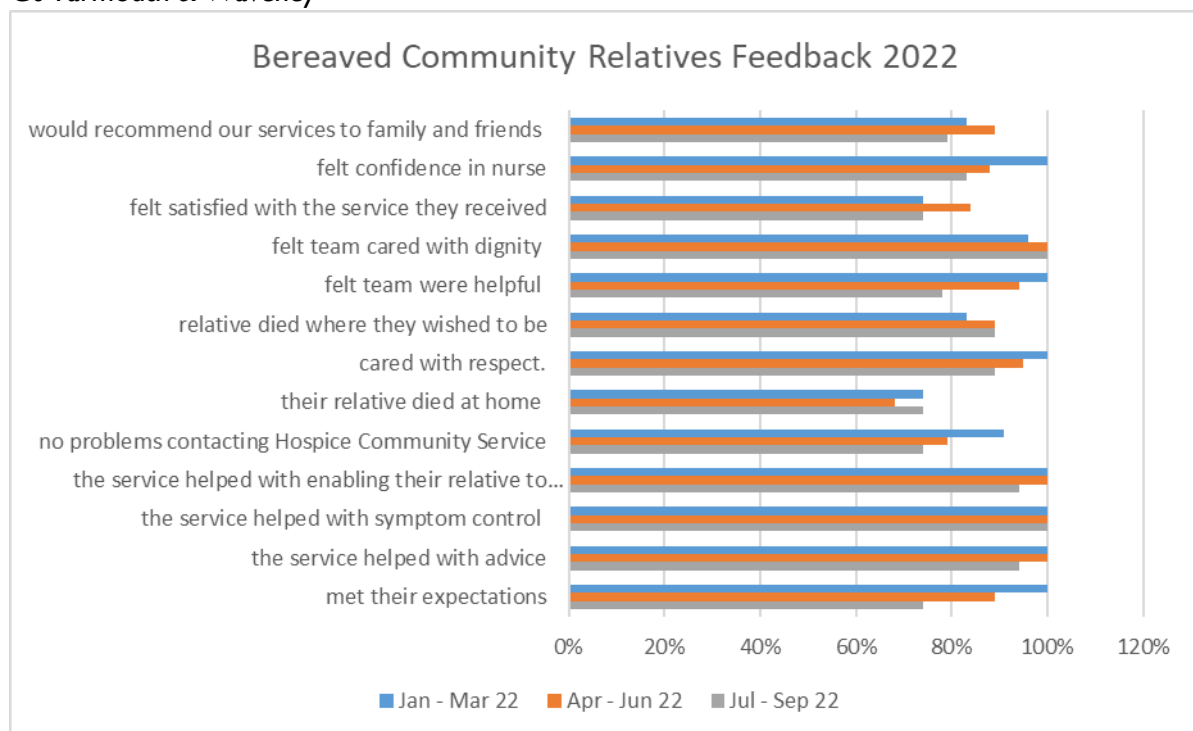
- During this period there were 236 Compliments, out of 23 complaints 17 were Clinical/Care related complaints, 2 complaints were downgraded to concerns and others were non clinical/care. All complaints and concerns were fully investigated and responded to; actions taken where needed i.e. change in process/practice etc.
- Communication and expectations of services remain the highest areas for concerns and complaints to be raised as it has been in previous annual reviews.
- Opportunity for learning and/or increased awareness was fed back either individually, at team meetings or through training. Changes were made e.g. to procedures and/or practices, information for sharing etc where relevant.
- In all cases an investigation was made into the concerns raised and all complainants received a written response. 1 complaint from 2021 went to the Ombudsman in 2022. We are still waiting confirmation that it was not upheld.

Community patient's bereaved relative feedback x 3

Ipswich

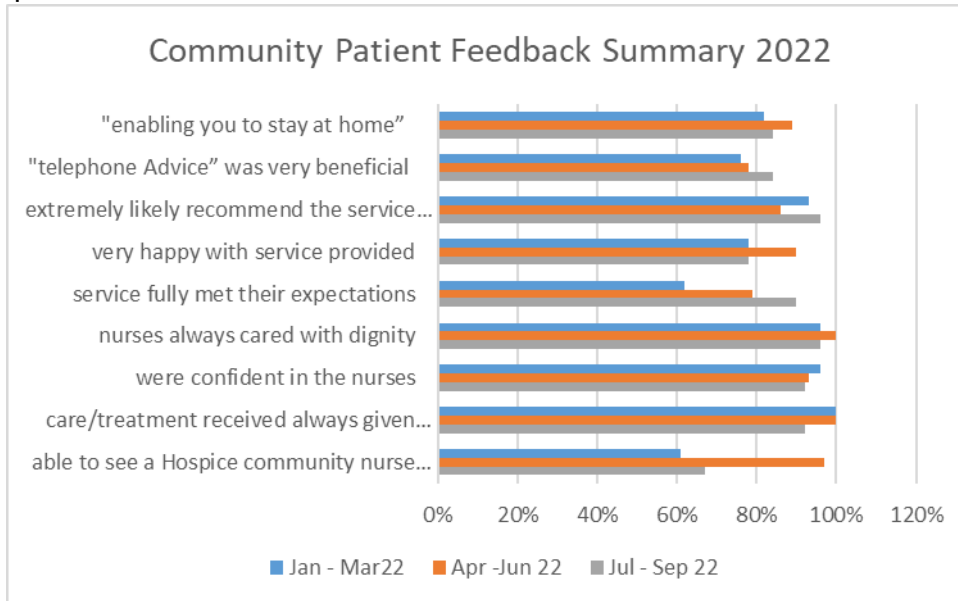


Gt Yarmouth & Waveney

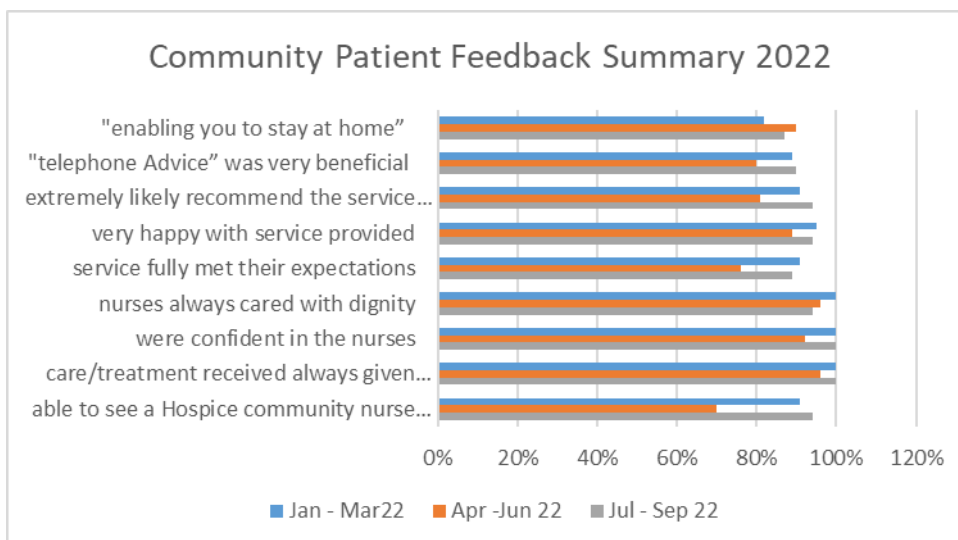


Community patient feedback x 3

Ipswich



Gt Yarmouth & Waveney



Patient incidents x 4

All incidents are reported and investigated by a senior nurse. Risk assessments are performed where patients are at risk of falls or injury and appropriate measures are taken to prevent or reduce identified risks. The purpose of the audit is to observe trends and look at the management of incidents or near misses, and make additional improvements.

Outcomes:

- Benchmarking through Hospice UK shows that we have a thorough reporting system.
- For ease of audit, in 2022, the patient incident audit tool was altered and separate audit reports are now raised for falls, pressure ulcers, healthcare acquired infections and general patient incidents.
- Awareness raised regarding use of oxygen with MND patients.

- Improving ACP discussions and the documentation of them as clearly as possible, and where needed identifying red flags for discussion with senior clinicians i.e. DNACPR decisions. Implementing the ReSPECT document will assist as cover decision making etc. in more detail.
- Improve documentation i.e. include what has not been done with clear rationale.
- Clear guidance on patients and staff being filmed by relatives. Policy was written.
- Debriefs offered to staff after complex patient care.

Patient fall incidents x 4

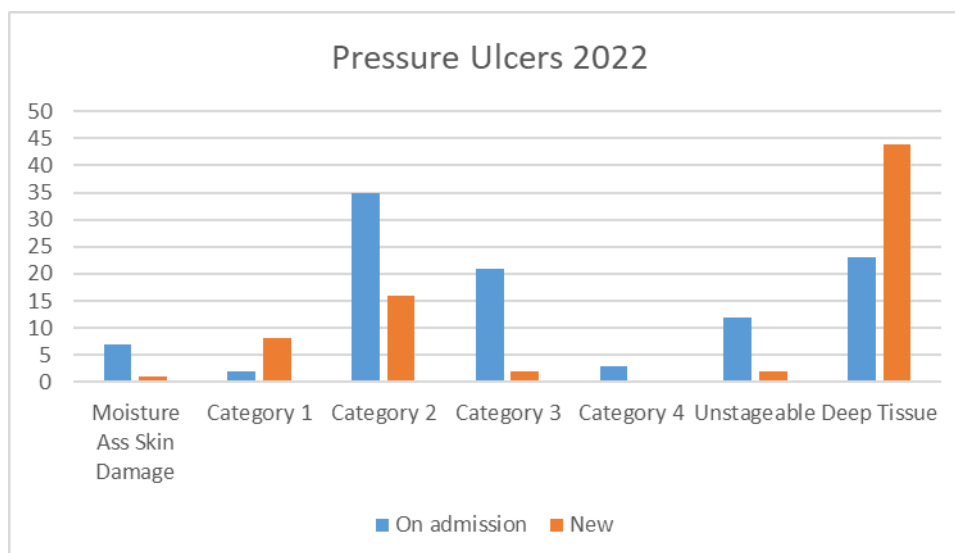
Outcomes:

- 3 falls were reported to CQC
- 43 falls implemented Risk Assessment/Care Plans
- 60 falls raised review of Risk Assessment/Care Plans
- 1 fall resulted in patient being moved to a side room
- 7 patients had their medication changed
- 23 patients/relatives were given advice
- 1 fall resulted in staff training given
- 44 falls implemented/changed equipment given i.e. falls mats/falls alarms, bed lowering, hourly rounding. Multiple fallers accounted for a high percentage of the falls or near miss incidents despite risk assessments and falls prevention actions.

Pressure Ulcer reports x 4

All pressure ulcers are reported via the electronic incident reporting system for patients in the Inpatient Unit (Ipswich) and those acquiring pressure ulcers on the virtual ward at the end of phase of care i.e. discharge or death, except when require CQC Notification i.e. Category 3, 4, Unstageable or Suspected Deep Tissue Injury.

Outcome:



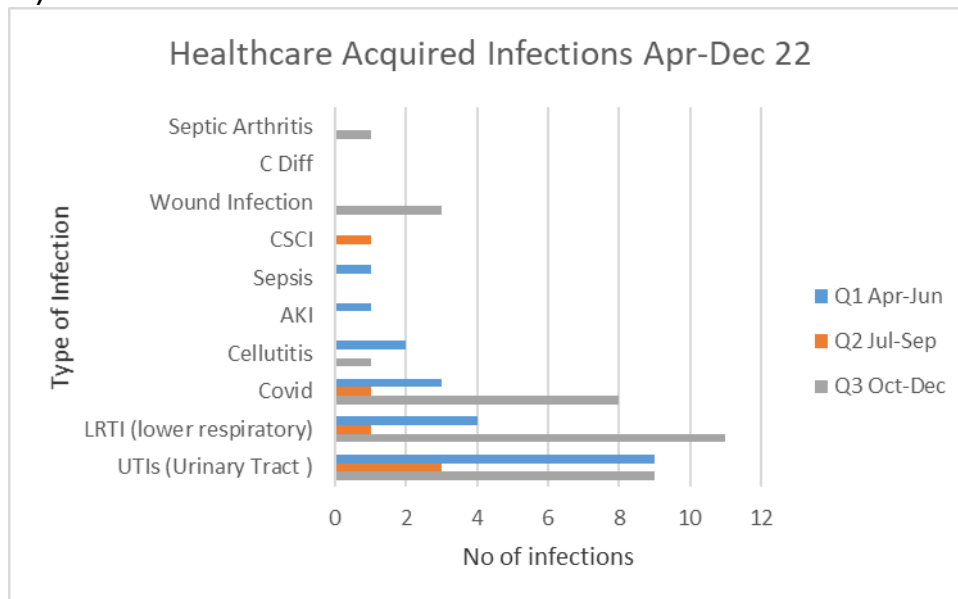
Drug incident audit x 4

Outcomes:

- Benchmarking through Hospice UK shows that we record slightly more incidents than other hospices but this is due to having a robust reporting system, as mentioned by CQC on a previous inspection.
- Q2 increase in number of patient related incidents. A number of factors identified including syringe driver management, pharmacy related issues and introduction of EPMA as new drug administration system.
- Make sure all syringe pumps are serviced in a timely manner.
- Battery supplier had to be changed.

Healthcare Acquired Infections

We report to capture and monitor the numbers of HAI rates which require national and local surveillance for any indications of an outbreak or increase in numbers of overall infections on IPU.



Outcome:

- Reporting template has been revised and also includes a prompt to complete the template on SystmOne.
- No breaches of IPC reported. Infection prevention control SOP followed for admissions and where need identified patients barrier nursed in side rooms, PPE available to staff and visitors. No specific links could be identified for outbreak and other infections appear to be preventable.

Emotional Wellbeing Team/Service feedback x 2

Aim of the feedback is to monitor and improve the services offered by the Emotional Wellbeing Team.

Outcome:

- All participants were engaged during the Bereavement Support Sessions.
- They all benefit from being with others in a similar situation and find understanding in the group.
- It was felt a small group talk was an excellent opportunity to open people and their feelings. They benefit from talking to each other, and many of them want more time.
- Clients received handouts after each session and should be aware of further support available in the Hospice.

Non-patient incidents

All incidents, including near misses, are reported and investigated at the time, by the Health & Safety Manager or deputy. They are reported at the Health and Safety Group. The purpose of the audit is to observe trends and look at the management of incidents or near misses, and make improvements.

Outcome:

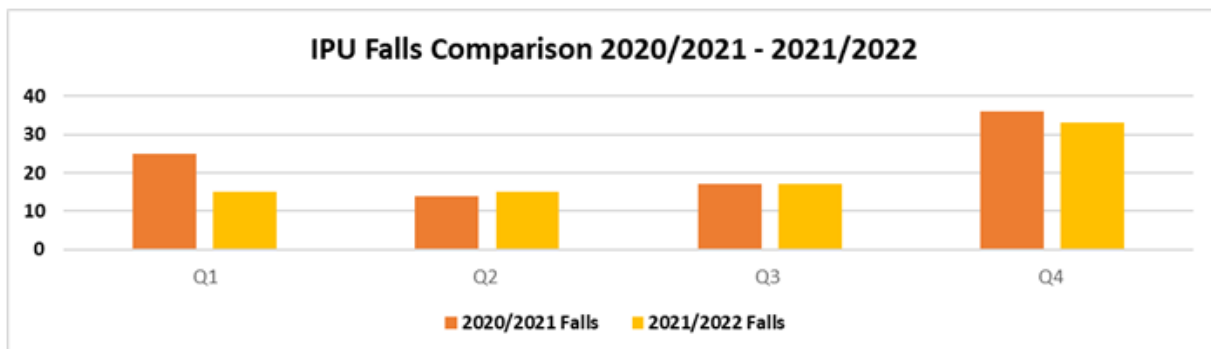
- There has been an increase over this period compared to the previous months when many staff were working from home or on furlough.
- 86 incidents occurred compared to 64 incidents for the previous year.
53 being, knocks, strains, cuts, bruises, burns and pulled muscles
27 incidents were environmental
6 involved vehicles
- There were no incidents reportable to the Health & Safety Executive.

Falls annual review

A review of fall incidents was completed for the period April 21 – Mar 22

Outcome:

- The majority of fall/near miss falls occurred between 00.01hrs – 07.59hrs, this remains unchanged from the previous annual review, as does fall location.
- It is recognised IPU has episodes where some patients continue to fall and despite interventions/preventive actions continue to be high risk. It is complex to manage patients who are repeated fallers despite interventions as described above being actioned. Also many patients have increasing weakness as part of their disease process and this exacerbates the risk of falls. Ensuring we meet patient's rights, wishes and preferences i.e. to remain independent, promote rehabilitation, enable choice, and follow MCA/DoLs guidelines the hospice has to strike a balance of not being risk adverse whilst also trying to promote patient safety. In doing so we cannot prevent all falls from occurring.



CQC controlled drug self-assessment

The Accountable Officer, who is responsible for the safe management and use of Controlled drugs monitors this through the completion of an annual Care Quality Commission self-assessment audit together with the Quarterly Audit of Controlled Drugs carried out by Ipswich Hospital.

Outcome:

- Compliant in all 9 categories of CQC Controlled Drug Self-Assessment.
Benchmarking with 2 local hospices has commenced late in 2022, awaiting results.
- 3 Controlled Drug Pharmacy Reports were carried out by Ipswich Hospital.
 - To ensure CD order books are locked in CD cupboard
 - To ensure correct entry in titles CD register
 - To ensure staff reminded to transfer CD entries
 - To ensure staff are reminded to bracket any error in CD book rather than cross out.
 - To investigate the two levels of TTO drugs awaiting destruction as wrong levels.

IPU Documentation of DNACPR

Patients under the care of the hospice are individually and appropriately considered for Cardiopulmonary Resuscitation (CPR) and that this decision is documented in the patient's notes. The audit was undertaken to ensure compliance with our Hospice statement

Outcome:

- All patients had documentation on SystmOne that a DNACPR form had been completed
- One patient did not have a fully and correctly completed DNACPR decision documented in their SystmOne and/or ward notes
- This audit shows a marked improvement from the audit in 2021

IPU Patient Documentation of New Pressure Ulcers

Audit to ensure patients pressure areas are regularly assessed, given appropriate pressure relieving care and treatment to reduce the risk to patient's skin and comfort as much possible and that any pressure area care and interventions are documented and updated accordingly.

Outcome:

- Awareness raised
 - to improve standard and consistency of Waterlow scores through education. Promote Waterlow Wednesday.
 - to document consistently including patients being aware of risks of not being repositioned.
 - to the nursing team that the specific settings require recording.
 - to complete pressure ulcer care plans within same shift of being assessed.
 - of importance of dressing choice rationale and improve documentation through education.
 - to ensure to document consent on each shift, and review dates are met and documented accordingly.
 - that clinical photography is required at time of initial assessment
- Pressure area care in relation to documentation has been identified as an area for improvement, part of the QAIG action plan and part of the 2023 education programme

Audit on the Outcome Assessment and Complexity Collaborative (OACC) suite of measures use by the Hospice Community Palliative Care Team (CPCT)

All patients assessed by the CPCT will have the Phase of Illness (POI) measure, Australian Karnofsky Performance Status (AKPS), and the Integrated Palliative care Outcome (IPOS) completed and recorded in their SystmOne OACC template and in their MDT letter

Outcome:

- Promote the use of the OACC suite measures ensuring staff are aware of how to use on SystmOne; particular emphasis on IPOS and including adding OACC to the MDT letter.
- Promote the use in weekly communications.
- Promote that the IPOS form is sent to the patient prior to the planned CNS home visit or Outpatient Appointment within the CCU.
- Promote that the CNS takes the IPOS on attending planned visits.
- Consider use of electronic form.

Use of IPU Corticosteroid Prescriptions

On the inpatient unit, we encounter patients who have remained on prolonged courses of steroids with no clear indication or evidence of benefit for their symptoms; or for whom dose review and choice of dose has been unclear. Bone and gastric protection are sometimes overlooked for our population of patients.

In order to overcome these problems we have set standards for steroid prescribing which will ensure best practice and the safety of patients is observed.

Outcome:

- The audit shows that while some processes on the IPU related to prescribing steroids in palliative care follow consensus guidelines, there is significant need for improvement. Some deficiencies can be improved by education on the IPU and better adherence to the standards set. However, some limitations to meeting standards relate to the quality of steroid prescribing and documentation before patients are admitted. An educational need was identified for these prescribers and a need to communicate these standards.
- Steroids were discontinued on IPU when appropriate and this was documented. The indication for steroid prescription was noted on the drug chart and medical record were documented in nearly all cases (1 omission for patient admitted on steroid and indication unclear from outside prescriber.) The dose of steroid prescribed was consistent with consensus guidelines for indication/symptom management with steroids.
- Systmone template set up as part of the admission template, follow up notes and NHA to prompt adherence to the standards.
- Clear documentation of medication chart of indication and review date.
- Use of steroid treatment card on discharge from IPU and if prescription initialled by community or hospital SPC.

Safeguarding Annual Review

The purpose of the report is to review the current procedures, policies and training in place to ensure that St Elizabeth Hospice comply and act accordingly in line with the duties of care it has to safeguard its service users and staff. The report aims to identify positive practices, in order to build upon these successes and identify areas of concern or further development needs. This is to ensure progress can be achieved in the forth coming year ahead. A development plan to show how the Hospice will aim to make further improvements for the year 2022/2

023 is also prepared.

No. Safeguarding Concerns Logged	Action only required by the Hospice (local concern)	No. Referrals to Safeguarding Team	No. DOLs completed	No of Notifications to CQC	Appropriate evidence of Safeguarding for CQC
17	14	2	1	3	17

Outcome:

- The current policy is accurate and shows the Safeguarding Team Structure.
- Regular safeguarding updates, training materials and resources provided in the weekly update email and distributed to all Hospice staff and volunteers.
- Staff at St Elizabeth Hospice currently complete safeguarding training level 2 and depending upon their level of responsibilities and/or profession level 3 via online training as part of their mandatory training and complete a safeguarding refresher every 3 years. (Level 3 training was a recommendation from the CQC report).

- Continued supervision for Hospice safeguarding lead being provided by CCG safeguarding staff. An additional 43 staff members have been identified to complete this training.
- Discussions regarding joint Safeguarding education across St Elizabeth Hospice, St Nicholas Hospice and St Helena's Hospice now in progress.
- Identification of 13 Safeguarding Link workers across a range of departments and roles with training started to be rolled out for this role.
- Continued joint working with the ICB and CCG exploring the training and development needs of services in Suffolk when liberty protection Safeguarding is introduced
- Areas of improvement identified:
 - Partnership working with EACH for transitional care patients
 - Need to evidence use and quality of best interest decision documentation
 - Need to evidence use and quality of decision specific capacity assessments
 - Staff understanding of documentation regarding safeguarding across the Hospice.

	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
In-Patient Unit (rolling)												
Drug Incidents												
Controlled Drug Audit (3m Pharmacy)												
CQC Controlled Drug												
Medical – see below												
Community Bereavement												

Hospice UK IPU Benchmarking
Falls, Medication and Pressure Ulcers

are benchmarked against other hospices.

Table : Coloured boxes represent the staff responsible for the audits/surveys	
	IPU CNS Team Leaders
	Governance Lead
	Senior Leadership Team
	Head of Inclusion. & Development
	Community Team Leaders
	Head of Operations
	Governance Co-ordinator
	Infection Prevention Control Group
	Education Department
	Therapy Team

Results for the period Jan 22 – Dec 22 were not available at the time of making this report.

The schedule below shows the local audits that St Elizabeth Hospice will carry out in 2023-24

Audit diary chart 2023-24

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.

Staff Survey (bi – annual)												
Community Patient												
Patients Incidents												
Pressure Ulcers												
Falls												
Acquired Infections												
Incidents – Non-patients												
Infection Control Report												
User Feedback												
Complaint & Comm Review												
Documentation												
Education/Training (annual)												

	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Onecall												
Bereavement Feedback												
Quality Account												
Care, Diet & Nutrition												
Falls annual review												
Safeguarding annual review												
Acupuncture												
Lymphoedema Service bi annual												
Zest user feedback												
Inclusion feedback												
Hospice UK – Quality Metrics (Falls, Pressure Ulcers, Medication Incidents)												

Medical Audit subject	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appraisal Summary and PDP Audit Tool												
Internal appraisal validation												
Antimicrobial stewardship												
Non-medical prescribing (IES)												
IES Ward Handover												
ReSPECT use in GY&W												
Corticosteroid use (IPU)- Beccles												
GYW Methadone prescribing												
GYW audit of recording resus status, PPD and ceiling of care on the medical IPU handover form												
Corticosteroid use (IPU)												
Non-medical prescribing (GY&W)												
Medical FPI0 prescribing												
Corticosteroid use (CPCT)												
Famcare												
Care at the End of Life												
CD Benchmarking												

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 2022-23 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 2022-2023 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).

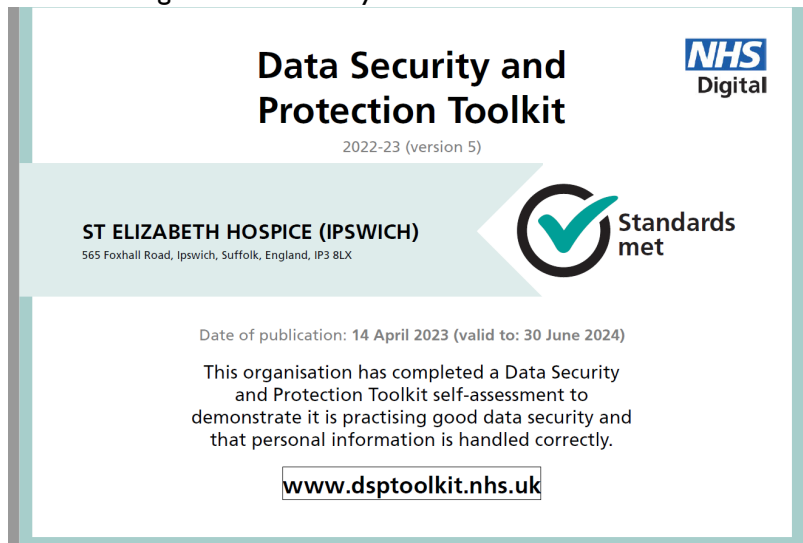
2.3.7. Data quality

St Elizabeth Hospice did not submit records during 2022-2023 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 for 2022-23 status - Standards Met.



2.3.7.2 Clinical coding

St Elizabeth Hospice was not subject to the payment by results clinical coding audit during 2022-2023 by the audit commission. (Mandatory statement).

Health & Safety, Infection Prevention & Control, Quality Assurance of Drugs (QUAD) 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 Head of Quality & Governance 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.

Volunteering at St Elizabeth Hospice

St Elizabeth Hospice 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, Community Care Unit, Community, administration, catering or with the events team.

Compassionate Communities

As part of our Compassionate Communities work we are carrying out a minimum of 24 Compassionate Conversation sessions this year. These sessions are aimed at helping people build the skills and confidence to enable open, honest and sensitive conversations around end of life, loss and bereavement. We are also carrying out Compassionate Workplaces sessions focussed on helping employers support their workforce when experiencing loss and bereavement. Furthermore, we have installed 8 bereavement bookcases in Suffolk libraries and are running advanced care life planning sessions in them. Finally we have installed a 'Before I Die wall' on Ipswich waterfront over the month of May to let members of the public state what they would like to do with in their lives.

3.1.2 Quality overview

Every year over 3,000 patients and their families receive care from St Elizabeth Hospice.

In 2022/23:

- 4,302 individuals were supported in the community
- 2733 CCU attendances for Ipswich
- 355 people admitted onto the Inpatient Unit at Foxhall Road
- 1359 people received emotional wellbeing and/or bereavement support

The majority of people we supported (not including non-patient service users) were living with:

Diagnosis	%
Cancer	59.54%
Neurological Disease	16.11%
Other	22.59%
Unknown	1.75%

The majority of people we support are aged 60-80 years, as below:

Age	Community	Hospice	Emotional wellbeing & Bereavement support
Under 18	2.3%	0.0%	7.5%
18-25	1.7%	0.4%	3.7%
26-40	3.1%	2.7%	8.8%
41-60	12.8%	13.4%	26.0%
61-80	41.8%	52.7%	42.6%
81+	38.3%	30.8%	11.5%

Complaints and compliments

All complaints received at St Elizabeth Hospice are taken seriously, fully investigated, processed as laid out in our complaints procedure and audited as mentioned in 2.3.4

We received 17 complaints throughout the year Apr 22 – Mar 23 covering all patient services.

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

“It is with great sadness that we lost our dear mum. Although her illness was short, the care she received from St Elizabeth Hospice made such a big difference to both controlling her symptoms and ensuring her comfort. You are all incredible at what you do. From the first point of contact with the OneCall service to the specialist staff, nothing ever appeared too much trouble, whatever time of the day or night. The support you also extended to mum’s family during this time was invaluable and we cannot thank you enough for being there for us all during mum’s final weeks. You are special people and you should be very proud of the huge difference you make, not only to us but also to the many other families you help at a time when it is needed most”.

“Words cannot express how grateful and appreciative we are for the unwavering care and kindness that you bestowed on our mum. The work that you all do means so much too so many – you are definitely a special breed and deserve all the respect, love and laughter so you can continue to be the very special human beings you are”.

“It has been a very insightful and enjoyable week for me. I am a GP trainee spending time at the hospice and hospital to learn more about what you do with the intention to work in palliative care someday. I can say with a very full heart that there is so much care and kindness in every member I’ve worked with. This week has inspired me so much to reflect on the way I practice medicine, the things that matter to patients at such a difficult stage of their life and the beautiful things that can be done (no matter how small they may be – like adjusting a pillow or providing a straw or modifying medication) to improve the overall quality of a person’s life. Thank you for all the learning compassion and inspiration”.

Hospice community services audit

“We would like to extend our most grateful thanks to all the wonderful staff who attended B during his final days. Without your support, expertise, care and dedication, we would not have coped. There are no words big enough to express how much we appreciated your involvement in his final days”.

“Please convey mine and my family’s grateful thanks for the exemplary care you gave my father who died at home on 1 April. Your care to both him and us as his grieving family was outstanding. It makes it so much easier for us as a family to know we were able to give him his final wish which was to die at home. This was due to all your kindness, compassion and skills. Thank you from the bottom of my heart”.

“To have the option of having treatments and care in the hospice instead of the hospital was so very uplifting. You have a fabulous team of people and they demonstrate love and care in everything they do.”

“I would like to personally thank you for the wonderful care that you gave to C in the last weeks of her life when she was at home with me. Your carers were always cheerful, kind and very good at their job and kept her as comfortable as they could at a time when that was needed so much. I also had to call you out late at night for additional painkilling medication on three occasions and you responded as quickly as you could and always made me feel that it was just part

of the service that you offer. Such a wonderful and necessary job that you do. With my sincere thanks for all the help that you gave to my dear C. It is something I will always remember”

Inpatient Unit

“On behalf of myself and my two brothers I would like to say a huge and heartfelt thank you for your wonderful care of my father over the last 4 weeks. We know he was looked after with great sensitivity and gentleness – he said on several occasions that it was like “being cared for by angels”. I am afraid I did not learnt names of everyone who tended to him so I apologise for this generic thank you – but thank you so much to all the staff, nurses, carers, volunteers at St Elizabeth for our wonderful care for dad in his final days, and of us his children when we were visiting. Particular thanks to Lauren and Tom who cared for him in his final hours”.

“Thank you all so so much for all the help, support and care you gave to not just my mum but also to my dad, brother, sister and myself. We will never be able to thank you enough. You all do such an amazing job and go above and beyond to help”.

“This is a long overdue thank you to all the staff at St Elizabeth Hospice. You were so wonderful, caring, kind and generous with your time with All the staff from cleaners to doctors and consultants were wonderful, I cannot praise you all enough. You gave her such care and she was allowed to die with dignity”.

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"> - iPOS, (Integrated Palliative Outcome Scale) OACC (Outcome Assessment Complexity Collaborative) - patient surveys/questionnaires
	Meeting patient's needs	<ul style="list-style-type: none"> - audit of complaints and compliments
Patient choice	Achievement of preferred place for care	<ul style="list-style-type: none"> - patient surveys/questionnaires - ensuring patients are part of the decision making process by checking capacity and obtaining consent for every intervention and documenting it
Patient safety	Maintain a safe environment	<ul style="list-style-type: none"> - audit of patient incidents - audit of drug incidents - audit of complaints, concerns and compliments - implementation of changes in safeguard framework including training and

		updates for staff. - Hospice UK benchmarking
Effective workforce	Employer of choice	- staff retention - investment in training and education - no blame culture - mandatory training - enhanced sick/maternity benefits - staff access to EAP and regular wellbeing check-up from EWBT
Financial sustainability	Financial health	- audited accounts
Organisational effectiveness	Widening access	- increase in patients with non-cancer diagnosis - supporting patients to transition from children's to adult services - Hospice Engagement Group - Work on service user engagement and inclusivity

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 Covid-19 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 and still continues.

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 is accessible 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

- Senior Management Team Members
- Quality Assurance and Improvement Group
- Governance & Oversight sub-committee
- Care and Clinical Governance sub-committee
- Board of Trustees

3.3 What others say about St Elizabeth Hospice

Care Quality Commission Inspection Report

Overall rating for this location	
	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Our rating of this service stayed the same. We rated it as outstanding because:

- Services were delivered in a way to ensure flexibility, choice and continuity of care and were tailored to meet patients' individual needs and wishes. The service planned and provided care in a way that fully met the needs of local people and the communities served. It also worked proactively with others in the wider system and local organisations to plan care and improve services.
- Leaders ran services well, led innovations and supported staff to develop their skills. Staff understood the vision and values, and how to apply them in their work. Staff were motivated to provide the best care they could for their patients. There was a common focus on improving the quality and sustainability of care and people's experiences.
- Staff were proud to work at the service and felt respected, supported and valued. Leaders operated effective governance processes and staff at all levels were clear about their roles and accountabilities. The service engaged well with patients, staff and the local community.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

We found areas of good practice:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

However:

- Not all clinical staff had completed safeguarding training at the appropriate level.
- Staff did not always fully record and sign changes to prescription records.

3.4 Statements provided from NHS Suffolk & North East Essex ICB , Healthwatch and OSCS

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



St Elizabeth Hospice Annual Quality Account

Date: 08 June 2023

The Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) confirm that St Elizabeth Hospice have consulted and invited comment regarding the Annual Quality Account for 2022/2023. This has been submitted within the agreed timeframe and the ICB are satisfied that the Quality Account provides appropriate assurance of the service.

SNEE ICB have reviewed the Quality Account (and enclose some feedback for your consideration). The information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous 12 month period.

SNEE ICB look 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.



Lisa Nobes
Chief Nursing Officer
Suffolk & North East Essex Integrated Care Board

Healthwatch Suffolk

Thank you for contacting us again regarding your Quality Account. Unfortunately, we are once again unable to provide organisations with statements this year due to lack of capacity.

Andy Yacoub
CEO
Healthwatch Suffolk CIC



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 2022-23. This should in no way be taken as a negative response. The Committee acknowledges the significant ongoing pressures faced by NHS providers 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.

A handwritten signature in cursive script, appearing to read "Jessica Fleming", is shown within a rectangular box.

County Councillor Jessica Fleming
Hartismere Division, Suffolk
Chairman of the Suffolk Health Scrutiny Committee
Email: Jessica.Fleming@suffolk.gov.uk
Tel: 07714-597980

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