

Quality Account

2023 - 2024



St Elizabeth Hospice is an independent charity and hospice, which improves life for people in the East Suffolk, Great Yarmouth and Waveney areas living with a progressive or life-limiting illness.

Established in 1989, the hospice has built a reputation for delivering high-level care to patients and the community it serves. Through medicine and therapy, they ease pain; give life purpose and make life liveable. Last year, the charity supported over 4,000 patients and their families.

The hospice's work is centred on the individual's needs and they provide specialist support wherever it is needed; whether that is in the home, another setting in the community, in hospital or in the hospice itself. Support is provided to patients and their families via the Inpatient Unit, at Beccles Hospital, the Community Care Unit including outpatient's clinics, home visits from the community nursing, medical or therapy team, the OneCall 24/7 telephone helpline and bereavement support.

In 2023, St Elizabeth Hospice merged with East Coast Hospice to form a collaborative approach to developing achievable and sustainable specialist palliative care services for people living in the Great Yarmouth and Waveney area.

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

**St Elizabeth Hospice
565 Foxhall Road
Ipswich
Suffolk
IP3 8LX**

stelizabethhospice.org.uk

Registered Charity Number: 289154

This Quality Account was endorsed by the St Elizabeth Hospice Board of Trustees on 28 May 2024

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



When it is time to produce our Annual Quality Report, we welcome the opportunity to highlight the commitment and dedication of our teams to deliver outstanding safe care to our community. We take seriously our need to provide evidence that our assurance processes are robust, safe and thorough and we encourage a culture of continuous quality improvement.

We 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 (ICS) 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).

We take our integrated collaboration role seriously and contribute fully to system leadership: in SNEE, we currently chair the SNEE ICS End of Life Group and in Norfolk & Waveney, we are members of the Palliative and End of Life Clinical Programme Board. We have led system work on ICS End of Life workforce resilience in SNEE and often represent SNEE at regional and national meetings for palliative and end-of-life care.

At a place level, we are a member of the Ipswich & East Suffolk Alliance Committee and this year, we have joined the Great Yarmouth and Waveney Place Board.

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.

Our 18 bed Inpatient Unit in Ipswich has continued to see high levels of occupancy throughout the past year, usually averaging 85% occupancy. Similarly the Community team of Clinical Nurse Specialists has seen high levels of demand and the Palliative Care Co-ordination Hub has continued to see high levels of calls with over 31,000 incoming calls a year into the OneCall 24/7 telephone advice line from patients, families and other health care professionals seeking specialist advice, guidance or referrals. The additional Healthcare Assistant led virtual ward model is helping to avoid hospital admissions and provide an additional pathway for hospital discharges by delivering domiciliary care in the last 12 weeks of life, with clinical oversight as needed. We continue to work with partners to ensure our services are designed collaboratively according to the needs of the community and we have invested in a Business Intelligence Manager to develop our Population Health Management approach.

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. We have recently returned into the Louise Hamilton Centre and are actively scoping plans to build a phased development of built hospice care facilities in Gorleston on the 7.54 acres of land that we acquired through the merger with the East Coast Hospice charity in 2023.

The Zest transition programme for young adult care continues to be an invaluable service for the young adults and their families who deeply value the nurse-led short break respite care and the weekly social Zest Days. The Zest programme has extended into North East Essex and is now starting to develop the service in Norfolk in partnership with Norfolk-based hospices and partners.

Throughout this year, we have continued to invest in our Inclusion and Diversity programme with improved accessibility to information and services through a better translation service, Sign Language service, a revised Equality Impact Assessment process and more video content to break down barriers. Our Hospice Engagement Group has been strengthened with new governance for co-production and our Hospice for All work continues to engage with community outreach partners. We undertook No Barriers Here training and remain committed to continual learning and improvement in this area.

As we end the year, we have prepared a new strategy for 2024 with the three strategic objectives of championing the delivery of palliative and end of life care, health equity for all and equipping others professionally and in the community to grow their confidence and skills in supporting end-of-life care. We have prioritised sustainability, inclusion and the need for data-driven decision making across our new strategy.

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 introduced our new induction process to enhance that Trustees have a comprehensive introduction to the wide variety of services provided, and how they are funded. We actively endeavour to make sure our Board has a diversity of voices and experiences, and we have recently recruited a Young Shadow Trustee who is a GP.

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 approves the formation of working parties as required if there are specific areas the Board feels require additional time and focus. At present, these working parties cover one for Great Yarmouth and Waveney Clinical Services and a Property Working Group which includes the Carbon Reduction oversight. The working parties are 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 is very grateful.

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.

Each 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. This away day will also deliver some specific in person Trustee training: last year, this was Freedom to Speak Up, Safeguarding and Inclusion.

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 2024-2025

Areas for improvement for 2024-25 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**
 - Equipment issues and processes
- **Patient Effectiveness**
 - Patient related outcome measures and further implementation of OACC suite. (OACC stands for Outcomes and Assessment Collaborative, a project that aims to measure, analyse and compare the key outcomes of specialist palliative care).
- **Patient Experience**
 - Improving end-of-life care experiences and support provided to people who are homeless, refugees or asylum seekers or part of Gypsy, Roma, Traveller communities.
 - To improve our ability to provide equitable compassionate care and support for patients and families who are trans and gender diverse
 - Improving the accessibility and equitable opportunities for patients and families to provide feedback on our services.
 - Workforce development and scoping introduction of advanced clinical practitioners
 - Wishes development group

2.1.1 Patient safety

Priority one

Topic – Equipment Processes

To review and standardise the processes by which we manage supportive equipment. This includes

- Equipment issued via Medequip to patients at home (e.g. beds, commodes)
- Specialist equipment that the hospice owns which is loaned to patients from time to time (e.g. positioning cushions, TENS machines).
- Stock of small aids which the hospice purchases and issues to patients as needed (e.g. hand held fans, specialist cutlery, neck collars)

How was the priority decided?

We have realised that within the same organisation we have different processes around who can issue various equipment, processes for doing so, and what equipment is available to loan to patients. There is also no formal database of approved suppliers for small stock aids, meaning there can be variability in quality provided.

There has been a significant growth in clinical services, particularly in Great Yarmouth and Waveney, and within the Community Healthcare Assistant (CHCA) team in Ipswich. It has been challenging to keep up-to-date with ensuring all new staff understand their roles and responsibilities around management of equipment.

A recent Medicines and Healthcare products Regulatory Agency (MHRA) alert around appropriate issue and monitoring of bed rails and bed levers within organisations has highlighted the significant safety concerns which can arise if equipment is not appropriately assessed for and monitored.

How the priority will be achieved

- Development of a working party within the therapy team, but with representatives from and liaison with other teams as appropriate, to:
 - Review current equipment processes and provision.
 - Amend processes to try to standardise what we are doing across teams and geographical areas.
 - Update the policy on equipment management.
 - Develop an approved suppliers list for small aids, and ensure equity across sites on what is available.
 - Establish whether there is a need to develop any competencies around equipment.
- Develop and roll-out an appropriate training programme for all clinical staff regarding appropriate use of bed levers and bed rails, to ensure we are compliant with MHRA guidance on this.
- Provide training to the CHCA team on equipment to raise awareness on roles and responsibilities – as well as safety things to be aware of.

How progress will be monitored and reported

- Updates through therapy team meetings and one to ones.
- Relevant policies and processes will be updated.
- Training will have been provided to CHCA staff as part of their training days.
- Training will have been rolled out to all clinical staff and completed by March 2025 on use of bed rails and bed levers.
- We will have developed an approved list of suppliers for purchasing to use for purchase of small aids.

2.1.2 Patient effectiveness

Priority one

Topic – Patient related outcome measures and further implementation of OACC suite.

How was the priority decided?

The OACC suite of measures (iPOS, Phase of Illness and Australian Karnovsky Performance status (AKPS)) has been previously introduced in the hospice. These measures are used to help evaluate priorities for patients and also to demonstrate effectiveness of interventions, for example by reduction in severity of iPOS scores or by improvement in AKPS. The suite of measures are used to different extents within different services, for a number of reasons which include staff mix, types of patient and service changes since the pandemic. Review of use of the measures will identify any necessary support and changes required.

Until now, the results have largely been considered on a patient by patient basis – the next phase of implementation is to consider the potential for reporting by service area, team or as a wider hospice using the tool PCOM360 (Patient Centred Outcome Measure). Consideration will be given as to how this improves understanding of patients' needs, effectiveness of interventions and how this may be reported on a wider basis to help meet internal and external reporting requirements.

How the priority will be achieved

- Review of data inputting options and any required SystemOne changes with business intelligence/information management team
- Feedback from service area leads about current use of OACC measures
- Development of desired plan for outcome measures in conjunction with service leads/Senior Management Team and Director of Care, taking into account e.g. Multi-Disciplinary Team meetings, caseloads, goals of care and any other clinical impact.
- Consideration of staffing requirements for implementation e.g. admin support and patient facing support which may be via volunteers.
- Agreement of reporting framework.
- Implementation with clinical staff including training and integration into business as usual
- Review of completion rates of source data and of impact of the reports – process to be determined but likely audit and feedback.

How progress will be monitored and reported

- Initial discussion at Patient Services Group with regular review
- Trial reporting process and review with feedback
- Training plan according to the needs of staff/teams
- Policy and procedures to be updated as required

2.1.2 Patient experience

Priority one

Topic – Improving end-of-life care experiences and support provided to people who are homeless, refugees or asylum seekers or part of Gypsy, Roma, Traveller communities.

How was the priority decided?

- This priority aligns with our strategic objective ‘To Drive Health Equity for All’
- The above groups of people are identified in national reports as communities who experience an inequality of palliative care support and end-of-life care experiences (Care Quality Commission 2016, and Hospice UK 2021).

How the priority will be achieved

- Working with providers with established trust and service provision to these communities eg The Marginalised and Vulnerable Adults Outreach Team, and the Suffolk County Council Gypsy, Roma, Travellers Welfare Officer to enable learning and co-production.
- Working in co-production with those who have lived experience, including seeking advice from the Hospice Engagement Group.
- Taking a Compassionate Communities approach to equip and empower communities in end-of-life care and bereavement support.
- We will develop resources to enable staff to have greater awareness of the needs of these communities.
- We will consider how we can adapt our services to ensure improved access based on the above.

How progress will be monitored and reported

- Progress will be reported to the Quality Assurance and Improvement Group, Patient Services Group and Inclusion Steering Group.

- We will report updates to the Hospice Engagement Group.

Priority Two

Topic – To improve our ability to provide equitable compassionate care and support for patients and families who are transgender and gender diverse.

How was the priority decided?

The publication of the 'I just want to be me' report (2023) and the subsequent 'Being Ready' project initiated by Hospice UK has raised our awareness. Several members of the clinical team also attended LGBTQ+ awareness training, including on care considerations for those who are transgender. We then recognised and agreed as clinical team that we to undertake learning and review our ability to provide equitable compassionate care and support for people who are gender diverse and non-binary, including those who are transgender.

How the priority will be achieved

- A working party group for transgender and gender diverse care formed of representatives from the nursing, therapy and medical team will lead the progress.
- Members of the working group will attend further training provided by the 'Being Ready' project which aims to disseminate evidence based learning to support palliative care practice development.
- A new policy and procedure will be produced to provide information and guidance for staff to ensure we are providing equitable compassionate care to those who are transgender and gender diverse. It will also ensure staff are aware of the legal requirements associated with the rights of people who are transgender. The policy will also direct staff to further learning and resources available.
- Learning resources and research evidence will be collated and made accessible for staff on our intranet.
- There will be a new training session added to the annual nursing update days accessed by all hospice nurses on transgender care.
- We will seek opportunities to co-produce the project with people who have lived experience of being transgender and gender diverse.
- We will establish the use of a 'safe space' sign (recognised by the LGBTQ+ community) for our clinical care buildings to provide awareness of that our care and support is inclusive of those who are transgender and gender diverse.

How progress will be monitored and reported

- Progress will be reported to the Patient Services Group and Inclusion Steering Group.
- In addition, updates will be provided the staff LGBTQ+ working group which includes non-clinical staff.

Priority Three

Topic – Improving the accessibility and equitable opportunities for patients and families to provide feedback on our services.

How was the priority decided?

The need was co-produced through different inclusion projects eg Hospice for All (working with multi-ethnic communities) and the No Barriers Here project (working with people with learning disabilities). We recognised that our patient and family feedback mechanism were limited to sending written English surveys, therefore excluding anyone who didn't speak/write English, those who have limited or no literacy skills. We

therefore do not gather feedback and evaluate patient experience inclusively. We are also unable to evaluate the impact of our inclusion projects and how they are seeking to improve patient experience.

How the priority will be achieved

- Working with other provider organisations within the SNEE (Suffolk & North East Essex) Integrated Care Board we will seek to collaborate efforts in seeking solutions for inclusive feedback.
- Working in co-production with those who have lived experience, including seeking advice from the Hospice Engagement Group.
- We will review if our current systems of gathering feedback are inclusive e.g. timing of requesting feedback following episodes of care.
- We will pilot adapted feedback approaches with those who have limited English literacy (which can include multi-ethnic communities, people who have a learning disability, dementia or other cognitive impairment, those who use British Sign Language).
- We will seek to enable digital solutions that enable us to adapt our feedback questionnaires.
- We will establish a system that enables staff to identify patients and families who will require accessible feedback opportunities.
- We will establish understanding of the budget requirements to support inclusive feedback to support future delivery.

How progress will be monitored and reported

- Progress will be reported to the Quality Assurance and Improvement Group, Patient Services Group and Inclusion Steering Group.
- We will report updates to the Hospice Engagement Group.

Priority Four

Topic - Workforce development and scoping introduction of advanced clinical practitioners

Advanced Clinical Practice (ACP) is part of the strategy for workforce development within the NHS Long Term Workforce Plan (2023). The aim is to have 5000 new practitioners a year commencing ACP pathways by 2028.

Currently, within St Elizabeth Hospice there is not a clinician in an ACP role. However, there are 2 clinicians who are undertaking training and 2 who are requesting training. Of the 2 clinicians training 1 has an identified ACP role to fulfil once training completed that encompasses the ACP definition and pillars of practice.

The clinical workforce at present for nursing and therapy teams has a range of Band 4-8b roles from Nurse Associate to Nurse Consultant roles. The majority of roles sit within Band 5-7 roles. The Band 6-7 roles would be the people and roles considered for ACP training which comprise of Community Nurse Specialists and senior therapy clinicians.

St Nicholas Hospice Care and St Helena Hospice do have ACP roles and we are hoping to align the job specifications for ACP roles if possible.

Presently, there are opportunities to develop the workforce to ACP level with funding options available. However, this is not aligned to a workforce strategy for the hospice.

Developing the ACP workforce would support system wide working for enhanced patient care particularly in the community setting enabling clinical assessment, physical assessment, diagnosis and actions including prescribing if needed.

Health Education England have developed a specification for palliative and end-of-life care ACP which sets out the requirements for the ACP role in this speciality. This also captures the roles required for young adults in addition to adult services. Developing the ACP workforce supports the requirements of the role for organisations but would also contribute to evidence when commissioning of the scope of practice and contribution to system wide working.

How the priority will be achieved

- Review the current workforce roles/job specifications and identify where Advance Practitioners would be utilised within service provision
- Review service demand and identify where ACP roles would benefit patient care
- Work with the local Advance Practice Faculty to secure funding to support development of the roles
- Link with St Helena Hospice and St Nicholas Hospice Care to consider if there are possibilities to align and standardise the ACP role across Suffolk and North East Essex.
- Create a working party to scope the workforce plan and propose further actions as identified

How progress will be monitored and reported

- Complete the maturity matrix used for organisations that are scoping ACP and monitor the progress monthly
- Make recommendations as to how the ACP role can fit into a revised workforce structure
- Policies and procedures to be updated if required
- Audit feedback from staff participating on the ACP course with qualitative and quantitative data
- Review patient feedback from patient surveys

Priority Five

Topic - Topic – Patient Wishes

To review the process by which we help to achieve meaningful experiences for patients accessing hospice services. Develop an equitable process for this.

How was the priority decided?

Historically as an organisation, we have tried where possible to find ways to support patients and their families to achieve meaningful experiences which logistically it would be difficult for them to arrange without support. Examples include a visit to a meaningful place, e.g. river or beach, being able to attend a wedding, being able to visit home, facilitating a trip to watch football, celebrating an anniversary etc.

There is currently no formal process in place for this. If a request is made, it depends on who it is mentioned to, and whether clinicians can find the time on top of their busy workloads to provide the appropriate support as to whether it is something we can help achieve. This leads to a potentially inequitable service. In addition, high clinical caseloads are making it more difficult for staff to find the time for achievement of these important experiences. There is desire across hospice teams to improve the current situation.

How the priority will be achieved

- Discussion and consultation with the Hospice Engagement Group for advice.
- Development of processes for clinicians to be able to refer a patient for a wish.
- Development of appropriate Inclusion criteria, Risk Assessment and Process documents.
- Recruitment of a volunteer to support organisation of wish achievement following referral.

- Development of a group of interested clinical and support staff who can support the volunteer. Set up and organise appropriate communication channels.
- Development and management of a budget to support patient wishes – and processes for accessing this.
- Develop a database of organisations external to the hospice who may be able to help support with facilitation of wishes, and make and develop contacts with these organisations (e.g. taxi firms, concert venues).
- Liaise with fundraising regarding the possibility of sourcing a Trust Fund for purchase of two VR headsets (one for Ipswich and one for Great Yarmouth and Waveney).
- Communicate new processes and referral forms to hospice teams.

How progress will be monitored and reported

- Once a volunteer is in post and the referral process has been communicated to staff, a database will be developed to be able to track how many referrals are made to the service, and recording whether we were able to support with wish achievement.
- Patients and families who have wishes supported will be asked, where appropriate, whether they would be happy for their 'story' to be used for marketing purposes.
- Budget management will be tracked appropriately.
- Feedback will be provided to the Hospice Engagement Group.
- Service will be audited after a year to identify demand, use, and appropriateness.

2.2 Achievement of priorities for improvement 2023-24

2.2.1 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.

In 2023-24:

We established there was a need to review our ability as a service to offer safe supportive care to patients with complex respiratory needs.

What we did:

- We established a multi-disciplinary cross hospice clinical group which met every other month throughout the year.
- We aimed to review what the training requirements are for St Elizabeth Hospice staff to be able to safely and appropriately support patients with complex respiratory needs, and review current service provision to identify gaps.
- We identified that we needed to review and update hospice policies related to:
 - Tracheostomy management
 - Non-Invasive Ventilation management
 - Cough Assist machines
 - Suction
 - Use of Oxygen
- We identified that we needed to develop clinical competencies for the following respiratory skills:
 - Non-Invasive Ventilation
 - Cough Assist machines
 - Tracheostomy management
- We completed a report outlining various options regarding staff training needs. This was presented to the Senior Leadership Team in December 2023, with the preferred option being to invest in employing a clinician who could deliver respiratory training to staff.

Did we achieve these improvements?

- Relevant policies have been updated:
 - Tracheostomy management
 - Non-Invasive Ventilation management
 - Cough Assist machines
 - Suction
 - Use of Oxygen
- Clinical competencies have been developed and sent to Education for:
 - Non-Invasive Ventilation
 - Cough Assist machines
 - Tracheostomy management
- Senior Leadership Team are reviewing the report and considering options available to improve staff knowledge and skills.

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 Quality Assurance & Improvement Group (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

In 2023-24:

- The aim was to improve the documentation of pressure ulcers and to improve the assessment and documentation of skin integrity with the aim to prevent further deterioration of pressure ulcers where possible.
- Areas identified as needing improvement were: mattress numbers need to be recorded (for maintenance and to observe for further emerging trends of pressure ulcers related to a particular mattress), mattress settings to be recorded (to ensure that the setting is correct for estimated patient weight), Risk factors listed on the Waterlow assessment, care plans required for all pressure ulcers, variations of assessments of pressure related ulcers and terminology of sites of pressure ulcers.
- In May 2023, education update sessions commenced for all nurses on the Inpatient Unit (IPU). A programme of education was put together by the hospice wound care link nurse and education team to include category of pressure ulcer and correct anatomical locations.
- To date, 92% of IPU nursing staff (both Registered Nurses and Healthcare Assistants) have completed these education updates and new nurses will have this education as part of their induction.
- Incident forms have been amended to include only correct anatomical locations terminology.
- Laminated pocket cards issued to all nurses at education updates to clarify classifications of pressure ulcers.

- All mattresses on IPU have been numbered and are recorded in patient notes on admission. All patients admitted to IPU are nursed on high grade pressure relieving mattresses.
- It is required that all mattress settings are documented on admission of patients to IPU.
- We continue to investigate pressure ulcer incidents and review the results of findings and raise awareness via team meetings, emails and Governance updates.
- Monthly and quarterly pressure ulcer reports are reportable via QAIG and will continue to be monitored.
- New chairs with inbuilt pressure relief have been delivered for IPU.

Did we achieve these improvements?

- A mini audit was performed during a randomly picked month prior to pressure ulcer update training (April 2023) and again later in the year once pressure ulcer update training had commenced (November 2023).
- In April 2023, there were 18 pressure ulcer incidents reported and in November 2023, 26 pressure ulcer incidents were audited.

	% mattress numbers recorded	% mattress settings recorded	% photos taken	% Care plans completed	% Waterlow completed
April 2023	5.5%	66%	Out of 13 that were appropriate for a photo 54%	83%	94.4%
Nov 2023	96%	96%	Out of 17 that were appropriate for a photo 94%	92%	100%
Improvement	90.5%	30%	40%	9%	5.6%

- Significant improvements were made in all areas of focus, most notably in numbering mattresses, ensuring photography where appropriate and the recording of mattress settings. A repeat audit is planned for May 2024 to ensure these improvements have become embedded into practice.
- PSIRF (Patient Safety Incident Response Framework) is due to be implemented in the coming weeks which will bring more focus to the investigation and learning outcomes of pressure ulcer incidents including documentation.
- The hospice will be looking into a new pressure ulcer assessment tool to replace Waterlow and will be looking into using Purpose-T in order to make a better distinction between primary prevention (those at risk of pressure damage) and secondary prevention (those who already have a pressure ulcer).
- In summary, pressure area documentation and care has improved. Pressure area care and documentation will be ongoing and we will be reviewing the role of the wound care link nurse, looking into a new pressure area assessment tool and learning from investigation outcomes with the introduction of PSIRF.

2.2.2 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 (Healthcare Assistants, Registered Nurses) 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 multi-disciplinary team discussions, caseload monitoring, and 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 electronic patient records 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

In 2023-24:

The aim of this project was 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.

- A working group was established involving members of Education and Medical team.
- We liaised with local hospices and regional tissue donation nurse specialist to learn from their rollouts and share resources/expertise.
- Champions were identified in each clinical area.
- The hospice policy has been updated in consultation with clinical teams and circulated.
- Patient information leaflet has been developed and printed. The content has been added to hospice website.
- An Information board and staff information display has been created for Inpatient Unit.
- Training sessions were held with representatives from different service areas.
- Specific training sessions and support have been provided to service areas/departments as identified by their champions.
- Awaiting finalisation and rollout of 'special interest areas' (outside of this project) prior to further launch materials.
- SystmOne electronic documentation was finalised for recording decisions and as an audit tool.

Did we achieve these improvements?

- Having identified that there was a lack of awareness amongst patients and staff about the possibilities of corneal donation, the groundwork has now been laid for this to be conveyed in a timely and sensitive manner.
- Extensive training has been undertaken by a variety of clinical teams and champions have been identified across service areas. The ability to guide individual patients is now in place and should become business as usual. However, it will still be up to individual patient preference and so will take time to see whether donation rates increase on a hospice population basis.
- An audit will be undertaken by the medical team Dec 2024 to identify the level of awareness, information giving and donation rates and see whether further support is required.

2.2.4 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.

In 2023-24:

A need to improve awareness and access to hospice services for people from multi-ethnic backgrounds, for whom English may not be their first language, was identified.

The need was identified as part of the 'Hospice for All' project, which started with stakeholder engagement with a diverse range of communities. An action was co-produced with communities and a working group, including people from migrant communities, was formed.

The 'Hospice for All' working group met monthly in a community setting to progress the action plan.

The action plan included having core hospice information translated into different languages most commonly spoken in our local community. The need for translated virtual tours was also identified to aid insight into the hospice to reduce the fear and tackle myths and cultural misconceptions.

In addition to the initial aims, the need for hospice information poster with key messages identified as most relevant to multi-ethnic communities was raised as a priority.

Did we achieve these improvements?

Translation of written hospice information leaflets has now been completed as below. We also have the option for staff to request additional leaflets as needed which we can access via our website in different languages (using the Recite Me tool bar), or ask our community partners to support translation.

East Suffolk and Great Yarmouth and Waveney:

The following leaflets have now been translated by community champions and are being used by staff:

- Welcome to St Elizabeth Hospice
- Support in your community
- IPU Admissions
- Emotional, spiritual and bereavement services
- IPU Layout Map sheet

Languages include:

- Arabic
- Bangla
- Bulgarian
- Kurdish-Sorani
- Polish
- Portuguese
- Romanian
- Turkish

Virtual tours of the hospice are being recorded in May 2024 and due to be published on our website in July 2024. We have arranged for 11 different languages to be recorded to accompany video tours of the hospice in Ipswich.

We now have an adapted hospice information poster that includes key messages identified as most relevant to multi-ethnic communities EG that services are free, interpreters are available. This poster is in English with words chosen that most easily translate with minimal risk of misinterpretation. This has resulted in the use of the words such as 'dying' which enables better understanding of hospice services. Based on advice for communities we have distributed the posters in locations most likely to be accessed by multi-ethnic communities e.g. international cafes, shops, places of worship etc. The poster has a QR code which links to a landing page on the website that highlights our commitment to inclusion and with easy access to our translation tool bar to aid further navigation of hospice information in a chosen language. We are able to track the activity associated with the QR code to evaluate the impact of this approach to advertising hospice services.

The above achievements have been made possible through co-production with Ipswich Community Media, who host the local network of community champions from ethnically diverse communities.

2.3. Statement of assurance

2.3.1 Review of services

During 2023-2024 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

Our work is centred on the individual's needs and we provide specialist support wherever it is needed.

Inpatient Unit

The Inpatient Unit (IPU) provides specialist palliative care for the relief of pain and other distressing symptoms, as well as psychological and spiritual distress, or end-of-life care at all times aiming to maintain the patient's dignity and choice.

The IPU is a short stay unit made up of wards and single rooms, there are several reasons why patients are admitted to the IPU, including end-of-life care. There are 18 beds on IPU in Ipswich made up of wards and single rooms and there are a further 6 beds in Beccles Hospital.

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 families and carers can access emotional wellbeing support services such as bereavement support & spiritual care.

We accept patients from East Suffolk, Mid Suffolk, Great Yarmouth and Waveney, and further afield if this is the patient's choice

The Zest programme supports young adults, 14 years and above, from across East Anglia, as often there is not a comparable service elsewhere for them.

Community Care Unit (CCU)

The majority of patients want to be supported in the community, this can be in one of our Community Care Unit locations. The Community Care Unit supports patients with complex needs. This service supports symptom control, improves ease of access to professionals and provides social integration.

It is aimed at those suffering from a progressive or life-limiting illness requiring the input of several of our professionals and would benefit from having their appointments on the same day. This includes rehabilitation and enablement support by physiotherapists and occupational therapists as well as nursing, medical and emotional wellbeing support. We offer group support to patients, relatives and carers.

At St Elizabeth Hospice Ipswich, the service includes:

- Pre-booked appointments available Monday – Friday with all members of the multidisciplinary team
- Fully equipped gym for assessment and rehabilitation available 5 days a week
- Access to our Ridley's Café Tuesday, Wednesday and Thursday 10-3pm. This allows patients and their families to have somewhere to purchase light snacks and beverages whilst attending appointments
- Patient care will be booked depending on individual needs
- A designated day for Zest young adults and families on a Friday
- A range of support groups and rehabilitation programmes (Exercise Group, Breathlessness Management Group, Anxiety Management and Fatigue Management Groups and Symptom Control Groups etc.)
- Hairdressing, complementary therapy and beauty therapy available for a suggested donation fee
- Young adult short breaks are offered over the weekend

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

- Support offered throughout the region – currently at Louise Hamilton Centre, Martham Medical Centre, Pear Tree Centre in Halesworth and Beccles Hospital.
- 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

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.

Community service

Community service

Around 70% of our clinical care is provided in patients' place of residence whether that be at home or in a care home.

Our team of Clinical Nurse Specialists (CNS), Registered Nurses (RNs), Hospice Paramedic (in Gt Yarmouth & Waveney only), Community Healthcare Assistants (CHCA) and therapists work in people's homes to help manage difficult symptoms and care for patients at the end-of-life. Support is available 24/7.



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 team also operate a Virtual Ward, meaning that patients can remain at home and receive care from Healthcare Assistants, Clinical Nurse Specialists, Physiotherapists and Occupational Therapists. This enables patients to have choice over their place of care and receive clinical support.

The community team supports education across the area with specialist sessions as well as enhancing student education.

Community Clinical Nurse Specialists (CNS) & Registered Nurses

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

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

Community Health Care Assistants (CHCAs)

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 CHCAs 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

OneCall is a specialist 24/7 telephone helpline and provides quick and appropriate advice to members of the public, patients, relatives, carers, medical professionals and health and social care workers.

- 30,000 calls per year answered by OneCall from families, patients and healthcare professionals
- Currently have 2,500 calls a month

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.

Emotional support team

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

The Emotional and Spiritual wellbeing team is here to support patients and families facing illness and bereavement. Our LivingGrief Bereavement and Emotional Wellbeing Enquiry Line is open Monday – Friday from 9am - 4pm on 0300 303 5196. We are also here to co-ordinate bereavement care across Ipswich and East Suffolk – working with our partners to support anyone facing a bereavement.

LivingGrief is the St Elizabeth Hospice bereavement service. As of April 2020, the hospice's bereavement services have been available to everyone, even those who have not previously been under the hospice's care. However, in Great Yarmouth and Waveney, LivingGrief counselling services are only available to people who have received care from the hospice previously.

LivingGrief provides:

- LivingGrief sessions – group support and information for anyone who has experienced a bereavement
- Closed bereavement groups
- Leaflets and resources

- Counselling support – individual and family work
- COVID-19 support

565 Service

Provides emotional support to children, young people and families living with a family member with a progressive illness. The service also provides bereavement support following the loss of a loved one via family meetings, one-to-one counselling and group work.

There are also resources for professionals working with young people and parents to access online. As well as a coping with loss of a patient education sessions that provides support for other care providers.

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.

Therapy team

Our team consists of physiotherapists, occupational therapists 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:

- Provision of specialist palliative rehabilitation to allow patients with complex disease to exercise safely.
- Assessing whether a patient would benefit from appropriate walking aids or orthotics/supports, and providing these as appropriate.
- 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.
- Supporting with symptoms such as pain, nausea and breathlessness through provision of acupuncture.
- Treating and managing breathlessness symptoms through tailored support. The hospice also offers a specialist education session to help those experiencing breathlessness.
- Provision of respiratory physiotherapy to help patients who have weak cough and/or difficulty with respiratory secretion clearance. This can involve provision of respiratory exercises, assessment for and issue of suction machines, and teaching various techniques which can help with cough augmentation.
- 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 and improve comfort and positioning
- 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 Occupational therapists also offers a specialist service to support people with lymphoedema, in collaboration with the Hospital team.

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

Young people with incurable conditions are now living longer and needing adult hospice services. Working alongside local healthcare providers and children's services, St Elizabeth Hospice accepts referrals from the age of 14 years old, living in Suffolk and North East Essex, to support the transition into adult hospice care.

Zest is our young adult care service that provides a developmentally appropriate approach for young adults who are transitioning from children's services or diagnosed with a life-limiting illness in young adulthood.

We offer palliative and supportive care for the whole family including:

- Zest X-Change - a monthly evening social group
- Parent support group
- Monthly Saturday family drop-in
- Transition coordination support
- Zest Days - a service which gives young adults, aged 18 and upwards living the opportunity to enjoy socialising and inclusive engaging activities on Fridays, at Zest in Ipswich.
- Zest short breaks - respite provision
- Regular clinical reviews and access to the hospice multi-disciplinary team

Our specialist team work with young people and support them to minimise the impact of their conditions and maximise their potential. This care enables young adults with challenging conditions to manage their symptoms, access fun activities with their friends and fulfil their aspirations.

Medical led out-patient/clinics & domiciliary visits

Team of Medical Consultants, Nurse Consultants, Specialty Doctors and Registrars provide 24/7 support to all clinical teams across the hospice.

- Direct medical care to all inpatients in the 24 beds across the patch, with Palliative Medicine Consultant oversight. 7 day admissions, complex symptom control, meeting Preferred Place of Death wishes, avoiding unwanted hospital admissions
- Approx. 379 outpatient appointments or domiciliary visits per month to support patients in the community – 220 in East Suffolk and 159 in Great Yarmouth and Waveney
- Consultant support to OneCall 24/7 and direct advice to GPs
- Key role in delivering medical reviews, support for Advance Care Planning, managing complex co-morbidities
- Medical support for Zest – the hospice young adult services
- Cross site working for all consultants, improving co-ordination and collaboration with other providers including East Suffolk and North Essex Foundation Trust (ESNEFT), James Paget University Hospital (JPUH) and East Coast Community Healthcare (ECCH)

Multiple strategic roles in driving forward quality improvement within the organisation and across Integrated Care Systems (ICS) – clinical leadership, quality assurance, education delivery e.g. palliative care conferences and masterclass sessions, audit and research.

Co-ordination Hub

In response to COVID-19, in April 2020 we enhanced the OneCall provision with the creation of the Palliative and End of Life Care Hub. Commissioned by the Suffolk and North East Essex Integrated Care System (ICS) and working with health care partners, the Hub includes OneCall, a team of multi-disciplinary staff working across 24/7 which provides a range of responses to calls, education and support of other providers, emotional and bereavement support, support to care homes and GPs.

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

We are working in partnership with East Coast Community Healthcare (ECCH) to deliver specialist palliative care services in the area. The aim for this joint initiative is to ensure greater parity in the levels and range of care available to the communities of Great Yarmouth and Waveney in comparison to the rest of the region.

The services we provide in this area are:

- Specialist consultant and generalist medical support to six palliative care beds at Beccles Hospital
- In reach specialist palliative care support into James Paget University 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 palliative care service during working hours including weekends
- Community Care Unit and outpatients from Beccles Hospital, Louise Hamilton Centre and Martham Medical Centre, including counselling and therapies

2.3.2. Service Development

On 1 March 2023, we merged with another charity called East Coast Hospice (ECH).

East Coast Hospice has been fundraising to build an adult inpatient hospice with a day centre & respite care for the people of the Waveney & Great Yarmouth area. The charity believed that it was essential to open a hospice for inpatient and day care in one of only two parts of the country missing this vital provision.

They have a rural seven acre site near Beacon Park in Gorleston and were working to build an independent inpatient hospice for the people of Great Yarmouth and the Waveney area. Money is currently raised from 8 charity shops and some fundraising.

Both organisations have a shared ambition to develop an achievable and sustainable palliative and end-of-life care service for the communities of Great Yarmouth and Waveney.

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 2023 - March 2024 represents 38%, all NHS funding.

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 2023-24 the following audits/surveys were carried out:-

Complaint, compliment annual review

A monthly report is collated and a review of complaints over the period Jan 2023 – Dec 2023 completed.

Outcome:

- During this period there were 170 Compliments, 23 complaints, 1 comment and 14 concerns. Out of a total of 23 complaints to the hospice 2 x were downgraded from complaints to concerns, one was added to a previous complaint as already logged and three were retail related. 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.

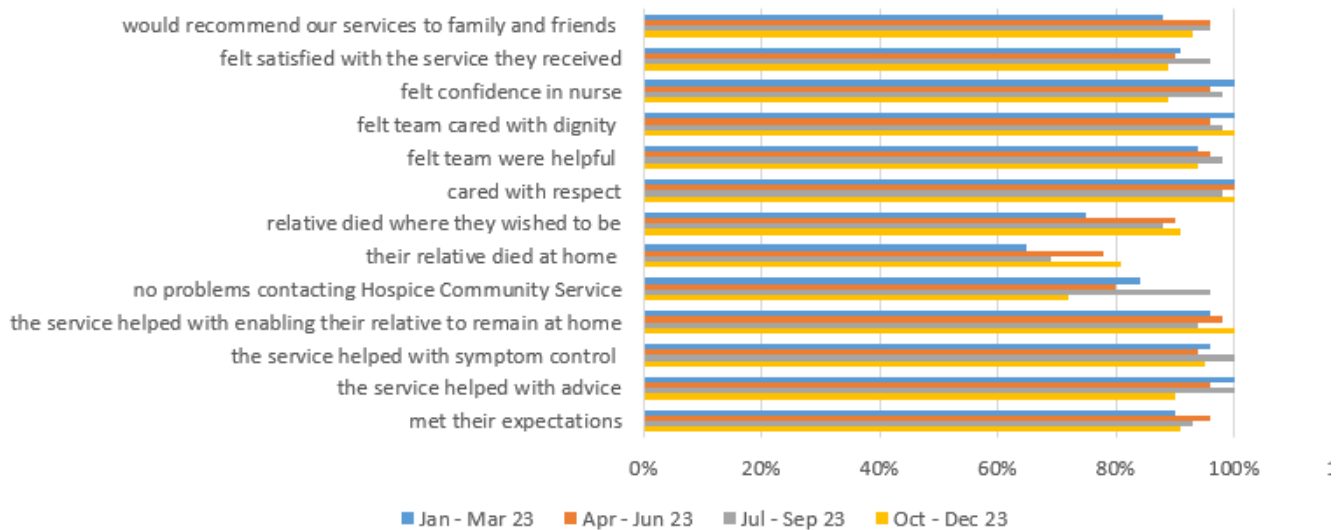
In all cases an investigation was made into the concerns raised and all complainants received a written response. No complaints went to the Ombudsman in 2023.

Community patient's bereaved relative feedback

A quarterly bereaved relative feedback report on the aspects of our service i.e. advice line, planned and reactive nurse visits (this is Hospice Community Nurses and not carers).

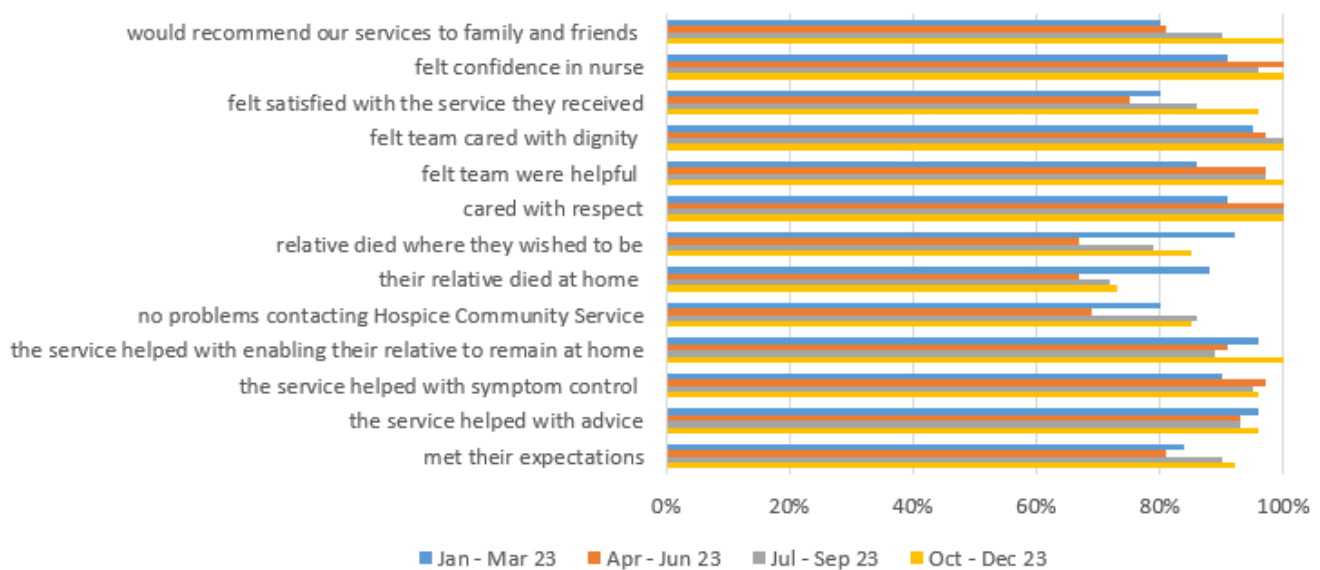
Ipswich Outcome:

Ipswich Bereaved Community Relatives Feedback 2023



Gt Yarmouth & Waveney Outcome:

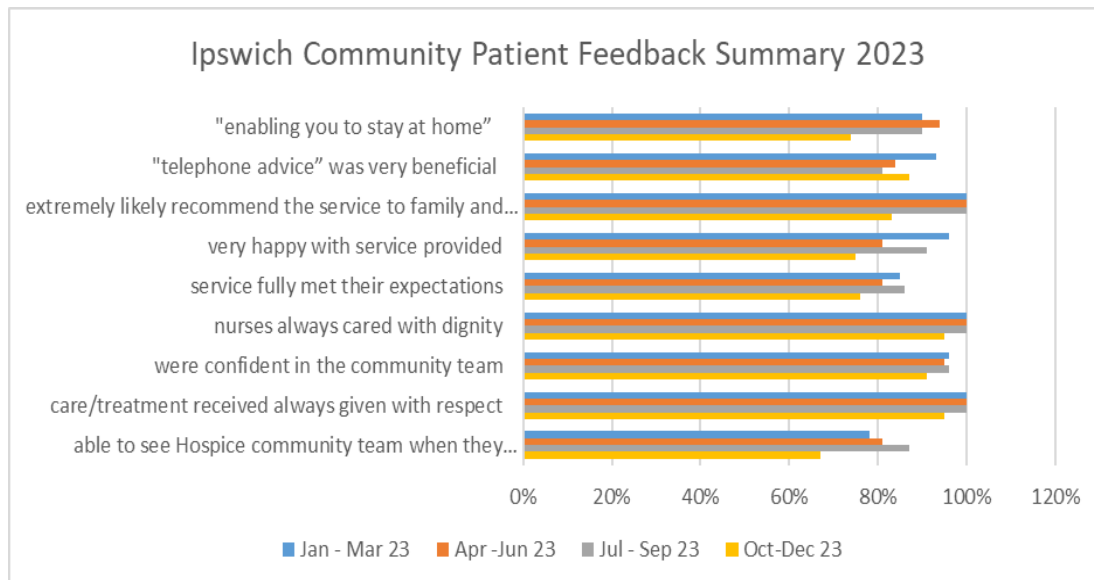
ECCH Bereaved Community Relatives Feedback 2023



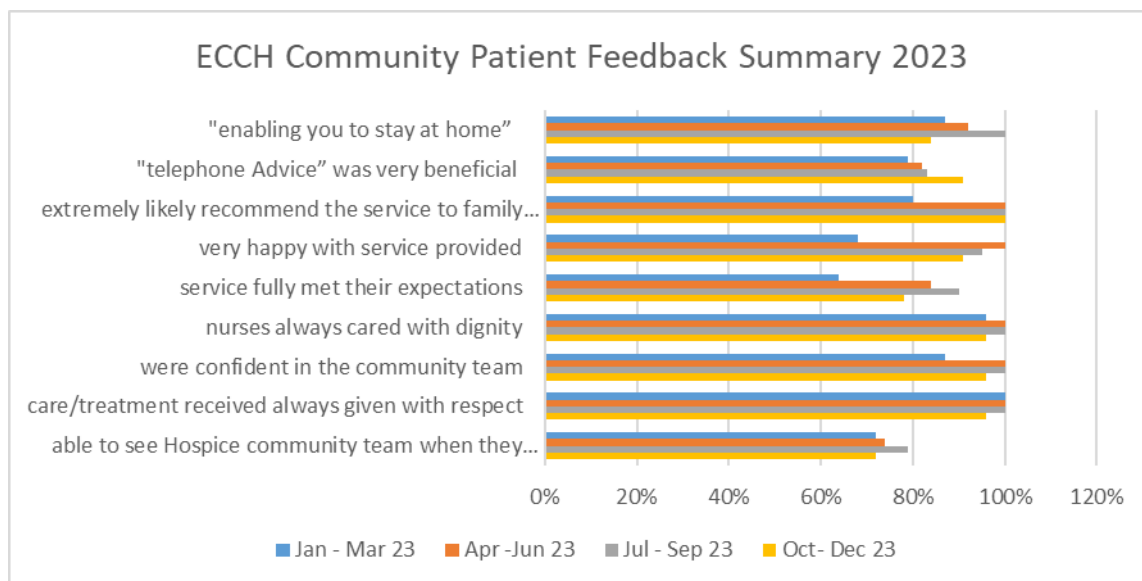
Community patient feedback

A quarterly feedback report on the aspects of our service i.e. advice line, planned and reactive nurse visits (this is hospice Community Nurses and not carers).

Ipswich Outcome:



Gt Yarmouth & Waveney Outcome:



Patient incidents (not drug related, falls or pressure ulcers)

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:

- 12 incidents implement risk assessments /care plans
- 1 incident a review to risk assessment /care plans
- 3 incidents patient/relative given advice
- 23 incidents staff training/ awareness raised

- 1 incident equipment implemented
- 4 incidents were further investigated

Patient fall incidents

Outcomes:

- 3 falls were reported to Care Quality Commission
- 20 falls implemented Risk Assessment/Care Plans
- 50 falls raised review of Risk Assessment/Care Plans
- 5 fall resulted in patient being moved to a place of higher visibility
- 34 patients/relatives were given advice
- 5 fall resulted in staff training given
- 13 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

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 Care Quality Commission Notification i.e. Category 3, 4, Unstageable or Suspected Deep Tissue Injury.

Outcome:

- For there to be an improvement in overall assessment and documentation of pressure ulcers e.g. accurate assessments, recording Waterlow scores, updating Waterlows, patient choice, mattress numbers and settings, care plans completed, rational for dressing choice, review dates are met and recorded, photos are taken and consent recorded. A Documentation Review of New Pressure Ulcers on Inpatient Unit was completed

Drug incident audit

All drug incidents of concern, involving Controlled drugs, are reported to the Local intelligence Network by the Controlled Drug Accountable Officer every quarter, as an Occurrence Report.

Outcomes:

- To ensure staff do not interrupt RNs when involved in drug administration. RNs to ensure they have red tabards on and staff to use board that has been placed outside Multi-Disciplinary Team office where a brief note and bed space can be added for nurse to follow up after round.
- A Business case has been submitted to the Integrated Care Board to consider more pharmacy support which would further support drug management and help mitigate certain drug incidents relating to omissions and reconciliation particularly.
- In Quarter 3 an issue with Pharmacy ordering contributed to 1 error. Near misses included some prescribing which was identified early, this may be due to the change in medical team. Bed occupancy also reduced for 1 month which may have impacted on the decrease of incidents.

Controlled Drug Audit

The Controlled Drug Accountable Officer (CDAO), 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 Audit of Controlled Drugs carried out by Ipswich Hospital.

Outcome:

- Compliant in all 9 categories of Care Quality Commission Controlled Drug (CD) Self-Assessment.
- Controlled Drug Pharmacy Report carried out by Ipswich Hospital – compliant.

Controlled Drug (CD) Prescribing Audit

The Gosport Independent Panel was convened to address concerns raised about the care of patients in Gosport War Memorial Hospital and the subsequent investigations into their deaths. The Panel found evidence of opioid use without appropriate clinical indication in 456 patients. The Panel concludes that, taking into account the missing records, there were probably at least another 200 patients similarly affected but whose clinical notes were not found. In response to the Gosport Report, the aim of the audit is to review opioid prescribing within inpatient units for St Elizabeth Hospice, St Helena Hospice and St Nicholas Hospice.

Outcome:

- The audit demonstrates prescribing across the three organisations appears to be consistent with no significant differences in opioid prescribing across organisations.
- The standard was met for the majority of the standards set with the exception of standard 4 in view of lack of comparable data. Standards 5 and 6 represent the prescribing benchmarking requirements of the Care Quality Commission Controlled Drug Audit which is completed annually.

Record keeping audit of FPI0 prescriptions

The Gosport Independent Panel was convened to address concerns raised about the care of patients in Gosport War Memorial Hospital and the subsequent investigations into their deaths. The Panel found evidence of opioid use without appropriate clinical indication in 456 patients. The Panel concludes that, taking into account the missing records, there were probably at least another 200 patients similarly affected but whose clinical notes were not found.

In response to the Gosport Report, a retrospective audit of electronic notes was carried out and concluded that;

Outcome:

- 3 out of 4 standards were not met but showed an improvement on last audit in 2020.
 - All prescriptions recorded in the bound notepad included prescription date, patient name, prescription number and drugs prescribed. Three did not state quantity and one did not have prescriber's initials.
 - The prescription record in the bound notepad reflects are not always accurately reflected in the patient electronic record
 - When controlled drug prescriptions are issued the indication, formulation, dose, total quantity, and review arrangements are not consistently included in the electronic patient record
 - Controlled drug were generally prescribed at low doses, with appropriate prn medication (when also prescribed) in line with national guidelines
 - As this is a documentation audit, none of the outcomes can be directly associated with patient harm, however the clinical risk of identified issues is likely to represent a minimal risk
- Photograph of prescription to become routine practice and amend the drug procedure to reflect this

Healthcare Acquired Infections (HAI)

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 the Inpatient Unit.

Outcome:

- No breaches of IPC reported. Infection prevention control Standard Operating Procedure 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.

Feedback Emotional Wellbeing Team clients

To monitor and gather information to help the hospice improve services offered by the Emotional Wellbeing Team.

Outcome:

- 100% of clients were satisfied with the overall emotional wellbeing team.
- 92% said the therapist showed warmth and empathy towards them.
- 88% felt the sessions had helped them deal with the situation that brought them to the Emotional Wellbeing Team.

Non-patient incidents

All incidents, including near misses, are reported and investigated at the time, by the Health & Safety Assistant 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 had been a slight increase in incidents in this period. 56 incidents occurred compared to 48 incidents for the previous year.
 43 being, knocks, strains, cuts, bruises, burns and pulled muscles
 6 incidents were environmental
 7 involved vehicles
- There were no incidents reportable to the Health & Safety Executive.

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:

- Pressure area care in relation to documentation was been identified as an area for improvement. This was made a Quality Account topic for 2023/24 and has been included in the 2023/24 education programme.

Corticosteroid Prescribing in Ipswich & East Suffolk Community Team

The audit is about how steroids are prescribed, whether the dose is in line with guidance, and whether Proton pump inhibitors (PPIs) are prescribed used. Results are compared to the previous audit in May 2021.

Outcome:

- Standard 1: Prescriptions for corticosteroids should contain details of the prescriber, drug, dosage, indication and follow-up plan – standard met (May 2021 standard not met)
- Standard 2: The starting dose for corticosteroids should be in line with current guidelines. - Standard met (May 2021: Standard met)
- Standard 3: PPIs are prescribed by Certified Patient Care Technician (CPCT) for patients started on corticosteroids - Standard met (May 2021: Standard met)

- The results represent an improvement on May 2021

Audit of Weekend Therapy Service Provision

Weekend working started in the hospice therapy team during 2020. The initial weekend working audit was completed between April and October 2020 this period, therapists worked in both the community and the inpatient unit (IPU). There was no evidence that therapy presence on IPU over the weekend facilitated more rapid discharges therefore this was no longer deemed a necessary criteria for therapists to cover when working weekends. The therapy service now covers community work on Saturdays and most Bank Holidays. As this was a relatively new service, we have continued to audit yearly to check appropriateness and trends in demand.

Outcome:

- The audit for this period identifies that there continues to be a need identified for specialist therapy input over the weekend, and this need is growing generally, though the main focus is not reactive work.

Audit to see if patients who die on IPU were supported by an End of Life Care plan

An audit was carried out to see how many of the patients who died on the IPU were supported by our end-of-life [EOL] plan and if their preferred place of death was documented and whether it was achieved. This enables the hospice to comply with NICE guidelines, "Care of dying adults in the last days of life" 16 October 2015; Item 1.3 "Shared decision making" and subsection "Providing individualised care".

Outcome:

- The standard of 'all patients who die on IPU are cared for on end-of-life care plan' was not achieved. In the previous audit it was 14/20 patients 70% and is now 48%.
- The template for last days of life is still being ticked less than 50% of the time, this is required so that information can be gathered for CQC etc. last audit it was 30% this time was 24%.
- However the percentage of patients who died on IPU who had PPD documented was nearly 100% (96%) only one patient did not have PPD documented previously was 18/20 = 90%
- There was also an improvement in that PPD was documented under ACP as was 68% compared to 10/20 = 50% last time
- Going forward to have regular meetings with new doctors to go over procedures and electronic patient notes.
- Re-audit in 6 months.

Community Healthcare Assistants (CHCA) Documentation Audit

Audit to monitor standards of record keeping are being maintained.

Outcome:

- 5/10 standards were fully met
Of the other 5;
 - 90% of CHCA checklists were completed prior to first visit.
 - 60% of patients were given written information about CHCA service on first visit.
 - 30% of observational equipment checks were done and recorded for each visit for equipment used and confirmed i.e. slide sheets etc. 60% were mostly carried out but not always.
 - 60% of patient's notes reflected that needs changed after care plan had been agreed, 10% (1) was partly.
 - 70% Risk assessments were updated as needed and recorded on electronic notes.
- Staff reminded to give out leaflets on service at first meeting.
- Staff reminded to update notes daily when equipment changed/added.
- Re-audit after 6 months.

Equitable Care for all Ethnicities (ECAE) audit.

High quality, consistent and valid ethnicity data is essential for monitoring racial and ethnic inequalities. There is a lack of evidence on data quality and consistency, and whether patients feel their ethnic group has been correctly recorded. In particular, within palliative care there is a paucity of work to assess the extent of these issues. This multisite audit will assess the validity and consistency of ethnicity data in palliative which can be used to improve data collection for services and research.

Outcome:

- Fifty-one sites participated in ECAE nationally, returning 1179 lines of data overall. St Elizabeth Hospice returned 99 lines of patient data, 67/99 consented to participation (68%). Reasons for non-inclusion were: patient did not have capacity (1%), patient was too unwell/clinically inappropriate (14%), patient did not speak English (1%), patient refused (1%), other reason (15%).
- Validity: St Elizabeth Hospice had more valid data, fewer missing data but more mismatch data
- Consistency: St Elizabeth Hospice audited SystmOne only so no consistency data were available
- Missing data: St Elizabeth Hospice performed better than the national average.

Review of the use of the Goal Attainment Scale Outcome measure in the therapy team

The Goal Attainment Scale was introduced for use in St Elizabeth Hospice across the therapy teams in 2022. We developed a questionnaire on SystmOne to improve documentation, and rolled out training for therapy team staff members.

Outcome:

- 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.
- To improve compliance by liaising 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 Inpatient Unit and in the Community Care Unit to therapy staff, and add offer ongoing training refreshers on the use of the measure and the documentation around it:
 - Team meeting discussions
 - 1 to 1 meetings
 - Provision of training as required.
- Re-audit May 2024.

GYW Audit of recording of resuscitation status, preferred place of death and ceiling of care on the Beccles IPU handover form

The Inpatient Unit medical handover sheet gives details of patients currently on the Inpatient Unit including diagnosis, reason for admission and current situation. Part of the handover sheet includes a column where resuscitation status, ceiling of treatment and advance care planning. This handover is used by the medical team both during the week and out of hours and weekends and should be updated daily. Re- audit was undertaken to look at how we are currently recording three important aspects of the handover form – resuscitation status, preferred place of death (PPD) and ceiling of care.

Outcome:

- Recording of PPD present in 9/12 – 75%
Recording of resuscitation status present in 10/12 patients – 83.3%
Recording of ceiling of care present in 9/12 patients – 75%
Standards not met. The incomplete recording of this important data on the handover list may make out of hours decisions by remote clinicians more challenging. In addition, the infrequent updating of the handover document also impacts on other staff e.g. admin team in multi-disciplinary team use the updated handover document to cut and paste some information into the MDT template to save retyping it.

- Revised handover sheet now in use.

Audit of recording of resus status, preferred place of death and ceiling of care on the medical team Inpatient Unit (Ipswich) handover form

The IPU medical handover sheet gives details of patients currently on the Inpatient Unit including diagnosis, reason for admission and current situation. Part of the handover sheet includes a column where resuscitation status, ceiling of treatment and advance care planning. Also discharge colour (red, amber or green). This handover is used by the medical team both during the week and out of hours and weekends and is updated daily.

Outcome:

- From the previous audit in 2021 there has been some improvement in the recording of preferred place of death (PPD) and ceiling of care however recording of DNACPR (Do not attempt cardiopulmonary resuscitation) decisions has reduced slightly. It may be that the introduction of the ReSPECT form (Recommended Summary Plan for Emergency Care & Treatment) on the IPU in August 2023 will help to improve discussions around DNACPR, ceiling of care and PPD.

Non-Medical Prescribing Audit

Non-medical prescribing (NMP) has been available as an intervention for a limited number of hospice practitioners within Great Yarmouth and Waveney (GYW) since soon after St Elizabeth took on providing Specialist Palliative Care Services over three years ago.

While the practice of Non-Medical Prescribing often allows patients to access medications in a timely manner and aids to symptom management, there are a few procedural challenges within this audit that need to be addressed:

Outcome:

- There was inconsistency in how prescribing activities were recorded between NMPs and areas of prescribing practice i.e. one NMP did not keep a log book and NMP smart forms were not completed for most prescribing activities within the inpatient unit.
- Notification of a prescription being issued was not sent to GPs in 18 (60%) of prescribing activities although of these 10 were for authorised ongoing repeat prescriptions which the GP had already been informed were being provided by the hospice on an ongoing basis.
- Clarification is needed as to whether NMPs need to send additional correspondence to patient's GP regarding prescribing repeat medications. Of note hospice Medical prescribers do not routinely correspond with GP's each time they provide prescriptions in this scenario.
- This still left 8 activities where there wasn't clear communication of prescribing with patients GP.
- Findings shared with Medical Consultants, NMPs who work within St Elizabeth Hospice.
- Clarify with all existing and new NMP's preferred method of monitoring own prescribing via use of logbook and need to communicate prescribing activities with GP.

Inpatient Unit Drug Administration Observational Audit

To monitor and review drug rounds and administration to ensure safety is promoted, following increase in drug incidents and increased reports of interruptions e.g. in pharmacy room, on drug rounds etc.

Outcome:

- To ensure the safe administration of drugs following Hospice Procedure for the Administration of drugs i.e. red tabards are worn when preparing and administering drugs, drug trolley is taken on routine drug rounds, patients name bands are checked before administration of drugs – this was not met.
- To ensure drug trolleys wiped down/before/after drug rounds - not met

- Observation of Pharmacy – was met
- Awareness was raised at Inpatient Unit meetings.

Observational Audit of Patient Care

To monitor and review aspects of patient care and safety through observational audit and specific documentation review.

Outcome:

- Overall very positive feedback from patients
Comments to consider:
 - 2 improvement areas for awareness; completion of patient information boards and ensuring documentation is correct and updated.

Patient Feedback on Aspects of Care

To gain insight and raise awareness of patient experience on IPU through direct patient feedback. Where identified make improvements

Outcome:

- Overall very positive feedback from patients on their inpatient unit experience.

Audit of the ReSPECT Process across St Elizabeth Hospice Great Yarmouth & Waveney (GYW) services

ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. It is an approach to discussing, making and recording recommendations about future care and treatment, including, but not limited to, cardiopulmonary resuscitation (CPR).

The ReSPECT process was implemented across the hospice's GYW services (community, inpatient and acute hospital in-reach teams) in March 2020.

Outcome:

- All documents were easy to understand and those uploaded to SystmOne were easy to find
- Inpatient areas performed well with good compliance to standards and forms uploaded to SystmOne
- Outpatient areas had good documentation of ReSPECT discussions and ACP template completion. The uploaded ReSPECT forms were generally of good quality
- Outpatient areas were poor at uploading ReSPECT documents to SystmOne, which was noted in both medical outpatients and Community Nurse Specialist's caseloads.
- Writing emergency contacts on ReSPECT forms was another area that had poor compliance across all areas. This was also noted in last year's audit.
- Clarify process of uploading ReSPECT forms with admin / clinical teams and update Resuscitation procedure documentation / SystmOne / ReSPECT training for all new GYW GP Vocational Training Scheme doctors and specialty doctors, as well as new Community Nurse Specialists.
- Results shared with Medical Team at Education meeting, including discussion of endorsement of forms.
- Results shared with GYW Community team at Community Multi-Disciplinary Team meeting.

Bereavement Group Satisfaction Report

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.

- Clients received handouts after each session and should be aware of further support available in the hospice.

So, how did it go? (Bereavement Group feedback)

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

Outcome:

- The feedback from the bereavement group session indicates that participants found value in sharing experiences and talking in a small group setting. However, some aspects of the session, such as the presentation style and the use of videos (especially not loud enough speakers from our TV) were not as well-received. Participants also expressed emotional difficulty in physically attending the session.

Infection Control Audit – Hand Hygiene

To reduce the incidence and consequences of infection throughout the hospice setting associated with poor hand hygiene.

Outcome:

- Hand inspections:
Clinical teams are compliant and meeting expectations.
Hospitality Teams are non-compliant across all areas.
- Handwashing:
All departments observed demonstrated compliance with 5 moments of hand hygiene and how to wash hands best practice guidance.
- Non-compliance was discussed at the Infection Prevention Control meeting.
- Areas of concern were raised with staff immediately.

Environmental Audit

Cleanliness and Infection Prevention and Control are included within the fundamental standards inspected by the Care Quality Commission. The hospice has a Standard Operating Procedure for Infection control, setting out processes and procedures to be followed.

Outcome:

- The overall cleaning of these areas is in line with Care Quality Commission standards and high contact cleaning is now a permanent role on the domestic team.
- Cosmetic repairs will be picked up by the maintenance team in the schedule of works.
- The hospice is having refurbishments done in stages so there has been increased cleaning in these areas.

Zest Patient & Parents/guardian/carer Service User Feedback

We provide Zest enhanced services within the Community Care Unit at St Elizabeth Hospice, Ipswich. These include Zest Days and Short Breaks that are accessed by personal budgets.

Zest Days run every Friday for up to 12 patients. Short breaks are Friday-Sunday, two weekends per month for up to 3 young adults per weekend.

Outcome:

Zest Days:

- 71% parent/carers rated Zest Days as excellent. 29% as good, both patients rated excellent. 86% parent/carers and both patients rated the care and facilities as excellent.

- Short breaks:
All parent/carers and patients rated short breaks as excellent, including the care.
The need to enhance the short break environment is an existing service improvement area as the space is currently multi-use with associated limitations.
The most highly rated benefits of the Zest services for parents/carers were the ability to spend time with other children and family members, a break from caring, physical and mental rest.

Respite views from patients

Respite is the provision of care to relieve a care giver, this can be for the day or overnight residential care. To ask patients for their views on respite provision.

Outcome:

The feedback has limitations regarding not knowing circumstances of those completing and a varied need and experiences of respite being evident in the responses. However it does indicate:

- Respite would be of value-for carers providing physical rest, sleep and break from routine and time constraints of care being highlighted, and for patients relieving burden of family carers was the highest rated benefit.
- If available, hospice or home is preferred place of respite and most popular choice would be for respite to be one week in duration. Feedback indicated that both planned and reactive needs for respite would be valuable.
- What matters most in terms of respite provision appears to be quality and confidence in the care provision, with some indications that people would value the ability to be assessed and monitored during their respite.

Inpatient Unit Patient Care Report

To monitor and review aspects of patient care and safety through observational audit and specific documentation review.

Outcome:

1. 100% of patients had drinks offered
2. 100% of patients had drinks within reach and were offered assistance if needed
3. 80% of patients had food offered, however 20% were gastrostomy tube fed
4. 80% of patients had food within reach and were offered assistance if needed, however 20% were gastrostomy tube fed
5. 90% of patients were offered the toilet and assistance if needed. 10% patients were independent as required no assistance.
6. 100% of patients had their call bell within reach
7. 90% of patients felt any necessary walking aids were within reach or brought to them as needed. 10% patients were independent and required no walking aids
8. 100% of patients had an uncluttered and tidy bedside table / bed space
9. 100% of patients felt they were treated with dignity and respect
10. 100% of patients had their information boards completed.
11. 10% of patients had a rounding chart in use and completed. 10% of patients had a rounding chart in use but it was not completed every hour. 80% of patients did not have the need for a rounding chart.
12. 10% of documentation did not reflect the patient needs
Awareness raised with staff at ward meetings for patients to have appropriate care plans on admission.

Hospice UK IPU Benchmarking

Falls, Medication and Pressure Ulcers are benchmarked against other hospices.

Results for the period Jan 23 – Dec 23 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 2024-25

Audit diary chart 2023-24

Table : Coloured boxes represent the staff responsible for the audits/surveys					
	IPU CNS Team Leaders & Ipswich Hospital Pharmacy		Head of Operations		Quality Assurance & Improvement Group
	Clinical Governance Lead		Governance Co-ordinator		Health & Safety Group
	Senior Leadership Team		Safeguarding Lead		Infection Prevention Control Group
	Head of Inclusion & Development		Education Department		Medical Team Audits
	Community Team Leaders		Therapy Team		

	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
IPU Patient Care Report												
IPU Patient Feedback Report												
IPU Observational Audit of Patient Care												
Incidents – Patients (quarterly)												
Pressure Ulcers												
Falls												
Acquired Infections												
Falls annual review												
Complaint annual review												
Hospice UK – Quality Metrics (Falls, Pressure Ulcers, Medication Incidents)												
ECCH Governance Q Report												
Safeguarding annual review												
Community Bereavement												
Community Patient												
Documentation												
CHCA Documentation												
Onecall												
Controlled Drug Audit (4m Pharmacy)												
CQC Controlled Drug Audit												
Drug Incidents												
IPU Drug Administration Report												
Hospice UK- CD arrangements - Role of CDAO												
Zest days and Short breaks												
Inclusion questionnaire												
Acupuncture												
Lymphedema Service (bi annual)												
Bereavement Feedback												
Quality Account												

Non-Clinical												
User Feedback												
Staff Survey (bi – annual)							SMT					
Incidents – Non-patients	IPT						IPT					
Education/Training			Edu									
Infection Control Report		IPC			IPC			IPC			IPC	

Medical Audit subject	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24
Methadone prescribing (GY&W)												
Antimicrobial stewardship												
Corneal Donation												
EPMA in Ipswich												
Non-medical prescribing (ES)												
ICP on Ipswich IPU												
Handover on Ipswich IPU												
CSCI charts Ipswich IPU												
Spirituality documentation												
National Audit of Care at the End of Life (JPUH)												
Strong Opioid Prescribing (JPUH)												
NIV / Optiflow withdrawal (JPUH)												
Transport between JPUH and Beccles												
Opioid benchmarking audit												
ReSPECT forms (ES) IPU												
ReSPECT forms (ES) Community												
Corticosteroid use (IPU)												
Non-medical prescribing (GY&W)												
CCU documentation on SI ACP template												
Medical Team FPI0 prescriptions												
Steroids on IPU (GY&W)												
ReSPECT forms (GY&W)												
FastTrack (GY&W)												
Care at the End of Life												

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.

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

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

Hospice patients have participated in the following research projects during 2023/24:

- Investigating the attitudes of care recipients and their informal caregivers towards deprescribing medication. Central University Research Ethics Committee Approval Reference: R82463/RE001 (Oxford). Conclusions - Patients are more willing to deprescribe than their informal caregivers. Better understanding of these attitudes and how they differ between patients and informal caregivers, will help inform interventions to improve involvement in medication-related decisions.
- Co-production within integrated care: participatory action research. University of Suffolk Ethics Committee of the School of Health and Sports Science. Abstract will be presented at Hospice UK Conference November 2024.

2.3.6. Goals agreed with commissioners

St Elizabeth Hospice's income in 2023-2024 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 2023-2024 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 2023-24 status - Standards Met.

2.3.7.2 Clinical coding

St Elizabeth Hospice was not subject to the payment by results clinical coding audit during 2023-2024 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 Officer 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) also feed into the above.

The Controlled Drug Accountable Officer (CDAO) is also the registered manager with the CQC and a member of the locality intelligence network group. The CDAO (or deputy) monitors controlled drug incidents, makes three monthly incident reports and assesses the arrangements for the safe 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 Alison Blaken. 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 Alison Blaken.

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) and alternative lead, 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 and detecting radicalisation. Relevant staff have also been included in face-to-face safeguarding training delivered by the DSL and safeguarding is training and updates are formally and informally provided to staff throughout the calendar year. In addition, depending on role, staff are expected to complete additional safeguarding updates and training and provide evidence of continued development and learning in this subject.

Our Safeguarding (Adults) Policy incorporates the Suffolk Safeguarding Adults framework guidelines. Our DSL can support staff to accurately complete Mental Capacity Assessment, Best Interests Decisions, and Deprivation of Liberty Safeguards (DoLs) to ensure safe and timely assessments are completed to ensure safeguarding policies and procedures are adhered to.

We update information across the hospice via emails, noticeboards and other forms of communication to provide up to date information to staff, patients, volunteers, visitors guidance and information on the subject of safeguarding. Our DSL regularly attends handovers and multi-disciplinary meetings across all hospice services to provide support and a safeguarding presence. In addition safeguarding supervision is provided via a member of the Integrated Care Board safeguarding team to the hospice DSL. The DSL has attended training on supervision and is available to provide supervision as and when identified. The DSL attends safeguarding forums within local, regional and nationally as identified to ensure they are up to date with legislation and best practice which is then disseminated within the organisation.

The DSL and Clinical Governance Lead meet monthly to discuss risks, concerns and policy changes as well as review system one safeguarding documentation and complete any appropriate identified safeguarding audits.

Volunteering at St Elizabeth Hospice

Volunteers are vital to the success of the hospice and without them we would not be able to support as many patients or generate as much income. Each month more than 1,500 volunteers fulfil 2,100 shifts; each week they donate approximately 8,400 hours, undertaking a variety of roles across the hospice.

Roles include receptionist, administration, community roles, gardener, retail, fundraising, assisting on IPU. Also work with corporate businesses for volunteering days and offer placements for Work Experience and Duke of Edinburgh schemes to young people.

The volunteers donate 436,800 hours collectively per year.

Compassionate Communities

Compassionate Communities care for one another, particularly at times of health crisis and personal loss. They recognise that care in the community is everyone's responsibility.

Compassionate Communities was a new project for St Elizabeth Hospice in 2021 which aims to help our local communities to develop greater confidence to build networks of peer support and to expand upon talking about death more openly.

We are collaborating with other local hospices to develop a public health approach to death and dying which places communities at the heart of learning and how best to support one another through end-of-life experiences and grief. While also providing resources on the hospice website that offer guidance on how the public can support one another and facilitate the creation of a Compassionate Community.

This means that in the future, communities will be better placed to support one another. Due to the ageing population, we know that the demand for end-of-life services will increase in years to come and the hospice will not be able to support everyone. So building resilience within families and communities will help take some of the load, so that we can focus on helping those needing more complex support.

The project involves working alongside community networks, existing social networks, schools, workplaces and local service providers across East Suffolk, Gt Yarmouth and Waveney. In order to support and champion co-produced solutions that publicly encourage, facilitate, enable and celebrate care for one another during life's most testing moments and experiences.

Inclusion Agenda

St Elizabeth Hospice is a hospice for all.

We believe everyone who accesses St Elizabeth Hospice services should receive outstanding care regardless of their age, race, socio-economic situation, gender, nationality, sexuality, disability or beliefs.

We are actively committed to ensuring we are inclusive and understanding to everyone from all backgrounds.

By building positive strong relationships within our local community, we are helping to improve our services and reduce inequalities for healthcare provision in East Suffolk, Great Yarmouth and Waveney.

3.1.2 Quality overview

We aim to improve life for people living with progressive illness and life-limiting conditions, and their families in the East Suffolk and Great Yarmouth and Waveney areas.

Last year over 4,000 patients and their families received care from St Elizabeth Hospice.

The majority of people we supported were living with cancer (61%). However, patients we cared for with neurological conditions (15%) and other chronic disease (23%) are increasing – adding to complexities and increasing the need for an appropriate level of skill diversity within staff teams.

In 2023/24:

- 4,497 individuals were supported in the community
- 3,829 CCU attendances for Ipswich
- 340 people admitted onto the Inpatient Unit at Foxhall Road
- 1,414 people received emotional wellbeing and/or bereavement support

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

Age	Community	Ipswich In-Patient	Emotional wellbeing & Bereavement support
Under 18	3%	0.0%	7%
18-25	1%	1%	3%
26-40	3%	2%	9%
41-60	11%	15%	25%
61-80	40%	50%	43%
81+	42%	32%	13%
Age unknown	0%	0%	0%

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 20 complaints throughout the year Apr 23 – Mar 24 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:

Inpatient Unit

“Dear Team Hospice, my children and I would like to thank you for your incredible care for S and the boundless support and compassion you showed to each of us. For what has been the most challenging episode of our family’s life, your selfless duty made everything a little more bearable. Every single interaction was uplifting and comforting, whether chatting with the emotional support, the clinical team, the volunteers, the healthcare assistants or the domestic assistants. I would just like to praise the loving care giving to S in his final hours, especially from the healthcare assistants who showed him such tenderness and allowed him to maintain his much valued dignity. They took my breath away. Finally, the last person to care for me and S, Ceri, she was angel who guided us both so lovingly”.

"A very big thank you to all the hospice staff for caring for my husband during his recent stay with you. Your care and attention was second to none for him, myself and our family. He was only with you for three days but you made these last few days as comfortable as possible and he is now at peace. Thank you again".

"I have just spent the saddest but most fulfilling three weeks of my life sitting with R surrounded by all the very kind and caring people who work at St Elizabeth. I would like to thank you all for looking after R and me so consistently well for the whole time. Unfortunately, it would be wrong to try and mentioning individuals who work in the nursing and caring staff as I am bound to miss out on some names. However, please forgive me if I do mention two names who had a bit of extra time to talk to me. Firstly, Rebecca, who spent a lot of time gently helping me and secondly Portia, behind the counter in the café who always had time to have a kid and friendly chat".

Hospice community services

"The words thank you don't really seem enough. Each time a team arrived it was like having a huge injection of positivity and confidence and bringing reassurance that we were doing okay and always took time to listen to our worries and fears with such empathy. Also, knowing that we could always phone the hospice number at any time, day or night, and not feel that our concerns were unimportant was invaluable and so calming and reassuring, every time".

"I want a special thank you to go to the carers who attended on the morning B died. They arrived like angels I feel, to him and support my mum and sister while I was still on my way to the house. By the time I arrived they had already helped to make him and my family feel as comfortable as they could. Their compassion at this time will never be forgotten by me. They kept talking to B and made sure he had the pillow he preferred and so forth. This was such a gift to me personally and I would really like them to know what it means to me. I'm ashamed to say I don't even know their names. Please can you track them down and let them know. Their actions will always be with me. The whole team were extraordinary and allowed us to keep B at home with us which is where we all wanted him to be (esp B). It feels everything happened so quickly but your carers were there to guide and keep us going. Please can you pass this on to the lovely ladies who made us all smile and kept us going when we really didn't feel like it. Looking back it feel surreal, but the care and kindness we felt was certainly real".

"I write to express my grateful thanks for the services we received from the hospice. We had assistance from the helpline, visits from several of your nurses and towards the end regular visits from your home carers team. There was support, not just for my husband but also for me as I tried to care for him and for my daughter and son. We are particularly appreciative of the way in which he was looked after in his last few days. Our special thanks to the two carers who were here when he died. They were so kind and helpful".

Other Services

"I just wanted to give some feedback for the group I recently attended at the hospice. I found meeting with other carers and sharing experiences very valuable. Although it was quite difficult talking personally about my situation I took a lot from the meetings. The speakers that attended from the hospice were all very professional and gave good advice. The activities Sandy initiated were also very relevant and made me think of my situation and how I am dealing with it. It was a nice touch at the end of each session as we sat in silence for a mindfulness few minutes to help clear our heads. Meeting others in a similar situation and listening to how they overcome problems was very useful. It did spur me on to finding respite care for my husband. Something I had been thinking about but hadn't got around to".

"Thank you to the therapy team from a student placement. Thank you so much for the hep and support over the past 5 weeks. I have had a fantastic time and learned so much. You have all been so generous with your time answering my questions and making me feel welcome here at the hospice. Thanks for letting me experience all aspects of the work you do and sharing your knowledge and experience".

"I just want to extend my huge and heartfelt thanks to each and every one of you – doctors, nurses, carers, receptionists and all others behind the scenes. I cannot thank you enough for the care and support that you gave to both of us during his illness".

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 Care
 - Medical Director
 - Chief Operating Officer
 - Interim 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



St Elizabeth Hospice Annual Quality Account

Date: 14 June 2024

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 2023/2024. This has been submitted within the agreed timeframe and SNEE ICB are satisfied that the Quality Account provides appropriate assurance of the service.

SNEE ICB have reviewed the Quality Account and the information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous twelve 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 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

Email received from GP in Gt Yarmouth and Waveney – December 2023

A note of thanks for helping arrange provide care for W in his last days. I am his registered GP and have known his family for nearly 10 years but it was not until a few weeks ago that he came to see me, looking very unwell with a very quick terminal illness.

His life had changed a lot recently and had found himself with fewer resources, moving towhich is not near his old family home. I visited him there but this is unfamiliar territory for me and I can say that I was sad to see how this man in later life had found himself in these circumstances.I was nervous about how care would reach him. By now, rapidly he had become jaundiced and confused. His twitching and spasms showed that his liver had completely failed. I gave him a set of injections to treat what I could but he needed so much more.

And then you arrived – your outreach from the hospice brought him dignity, comfort and safety. Thank you.



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 2023-24. This should in no way be taken as a negative response. The Committee acknowledges the significant developments, challenges and opportunities across health and care 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".

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 or visit our website stelizabethhospice.org.uk and complete our form for comments, compliments or complaints, which is found in the contact us section.