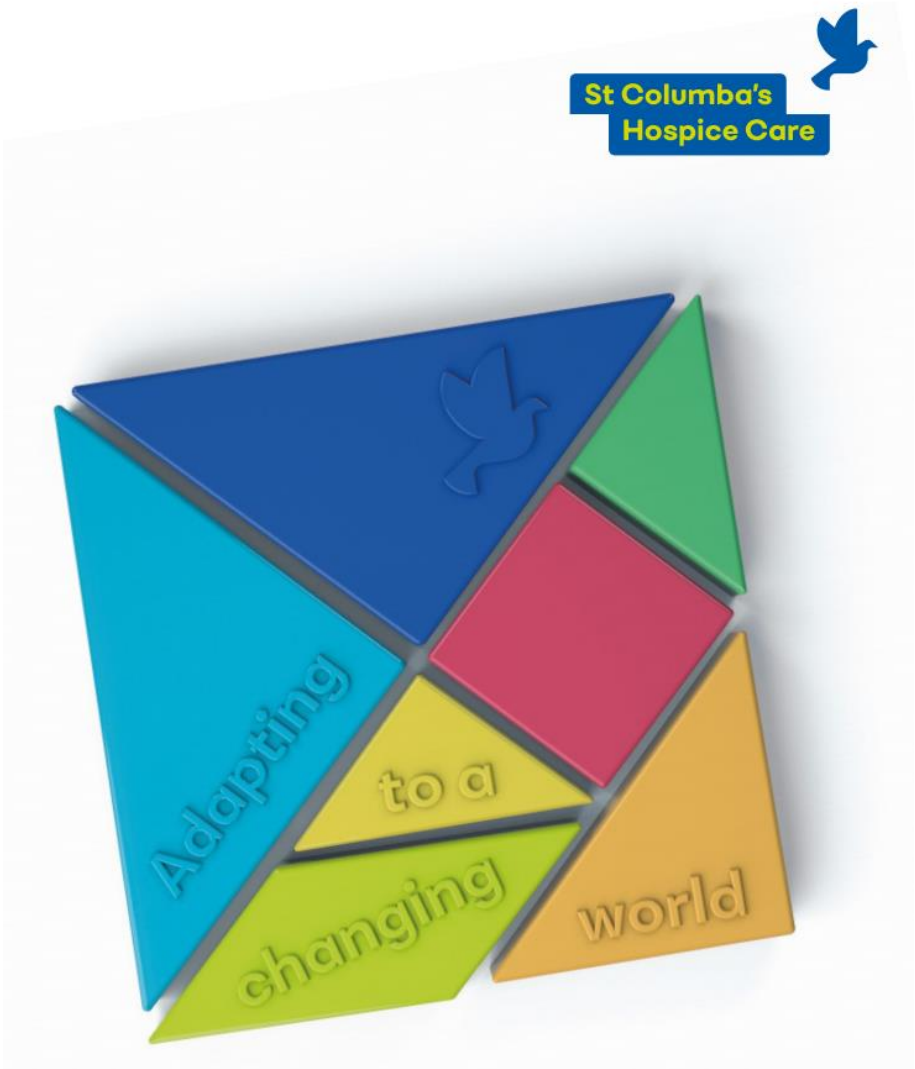
St Columba's Hospice Care



Clinical Services

Quality Report

2022/23 Quarter 2

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Introduction

Welcome everyone to our Quarter 2 quality report which showcases the impact of our hospice services. We hope you continue to find this report helpful.

Our teams continue to adapt and respond to the changing world around us, working closely together with our partners across health and social care. You will see from each section the progress being made towards the implementation of our strategic plan 'Adapting to a changing world' and the challenges faced along the way.

Our team have continued to 'go the extra mile', responding to the need for change and to the increasing numbers of people who need our support. We are incredibly grateful and proud to have such a dedicated workforce.

As we look ahead to quarter 3, we are hoping to entre a phase of consolidation and evaluation of the innovative changes we have made over the period of the pandemic. We will support our teams to prepare for the potentially difficult winter ahead maximising their resilience through our new shared leadership model and rolling out a model of resilience based clinical supervision across our teams.

We are grateful to everyone who takes the time to read and share this report. We value your opinion and would be really grateful for any feedback regarding the report, it's content and anything you think we could do to improve it. Please do not hesitate to email any comments to dpartington@stcolumbashospice.org.uk.

Thank you for taking the time to learn more about our teams and our developments,

Best wishes,

Dot

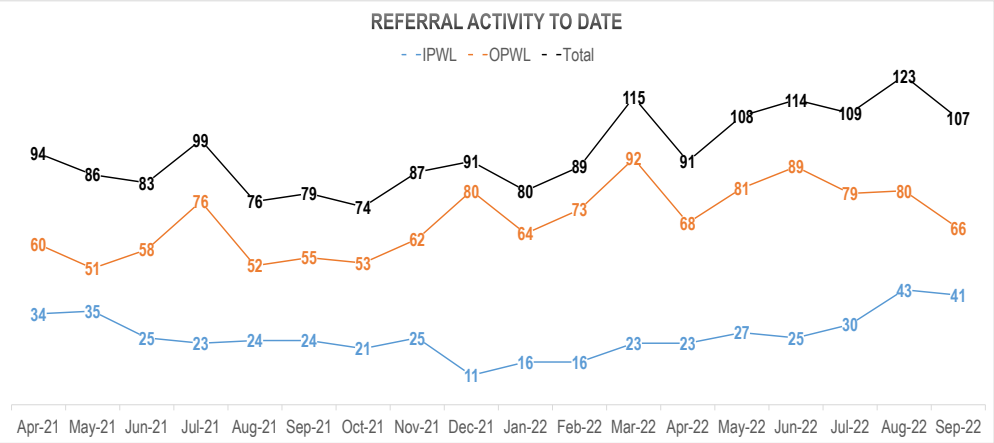
Dot Partington Deputy CEO

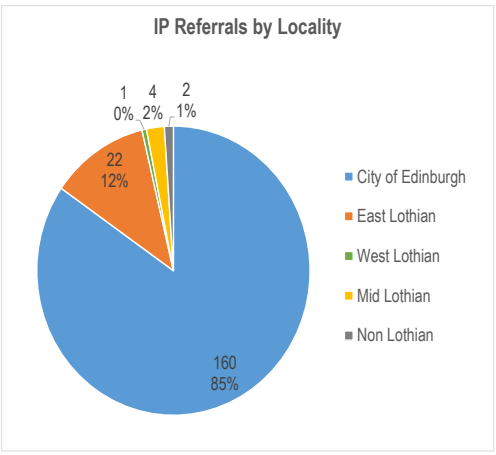
The Access Team

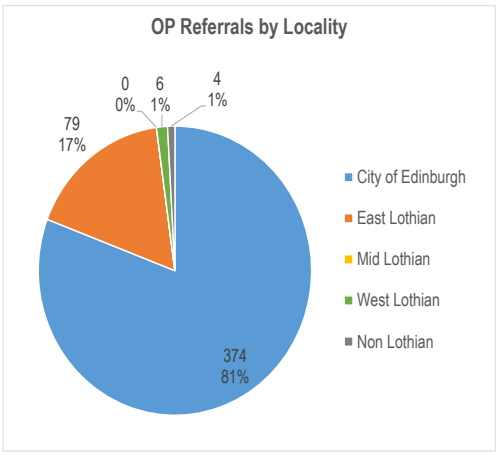
Commentary by Becky Chaddock Access Team Lead

Activity Summary

The chart on the right presents the number of individual people referred for hospice care. For Qtr2, we can see a sustained higher level of activity against last year. For the first 6 months activity is (26% higher (increase of 135 referrals).







The increase in referral activity has meant the Access team have supported more people than normal whilst they wait to be picked up by our community hospice team.

The role of the access team is to proactively support people and their care providers while they are waiting, ensuring they have access to specialist symptom management advice and support with their wellbeing needs.

As a single point of contact, the team support individuals, their families and their wider communities. In addition to referral activity, the Access Team receive advice calls that fall into two categories: those that are routine, and those requiring an urgent same day response from people already known to the Community Hospice Team.

In the last 3 months, the team responded to 334 advice calls, the vast majority of which were same day advice community calls already known to the Community Hospice Team. The category breakdown for these calls is as follows:

- 46% were from people/family/friends
- 38% were from primary care colleagues
- 13% were from the acute sector colleagues
- 3% were from St Columba's Hospice Care, Community Hospice Team

The majority of these calls related to pain and symptom control, with the next largest category being Social, Spiritual and Psychological concerns. One example of the issues responded to is:

"We had an urgent advice call from a District nurse for a patient acutely short of breath. The lady was on the on the community waiting list and the team had repeatedly attempted to make contact to arrange a home visit over the preceding two weeks. The lady was on oral morphine for breathing and the DN was requesting advice to increase the dosage. On investigation, the lady's renal function was impaired, and so the advice was to introduce Lorazepam 4 hourly instead. We emailed the GP to advise lorazepam prescription and to update them. We were also able to arrange a joint visit for the community team with the District nurse."

Impact

We routinely ask people for feedback about the Access service via written communication, there were 25 responses in this quarter, and these were just some of the comments. 100% of respondents said that they would recommend the Access Service to others in similar situations. Some of the comments from this quarter have been included below.

"It's reassuring to know that they are helpful options available"

"I had no idea that support was available to me at this stage of my illness, so this is a great boost to my confidence. Thank you."

"A feeling of having a fund of expertise and caring available at the end of a phone. I do not think you can approve on your service."

"I am very grateful for the support emotional and practical; I am being offered since my referral to the access team. It is a great comfort I don't feel so alone and my son who helps look after me will benefit too."

" The call brought me a great deal of comfort."

"Pleased to have access to expertise and experience that has helped my relative better manage symptoms"

"It's early days as our referral is just starting but the first contacts have been super helpful, we have felt listened to, supported and confident that support for our Mum is coming. Thanks so much for your care and kindness"

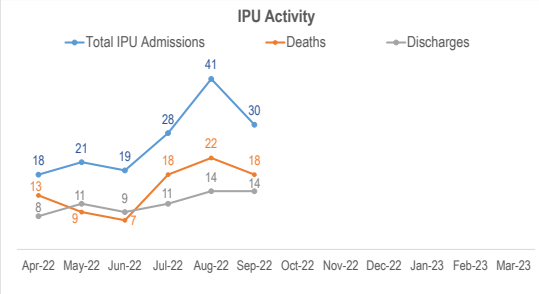
"It was really helpful to have one point of contact with who told us about the services the hospice provides and helped us to access the right support."

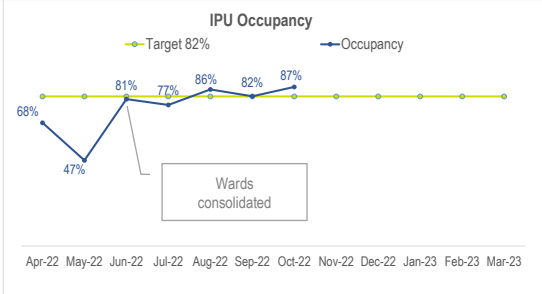
"Helpful to know the different forms of support and have a point of access for the future when needs change."

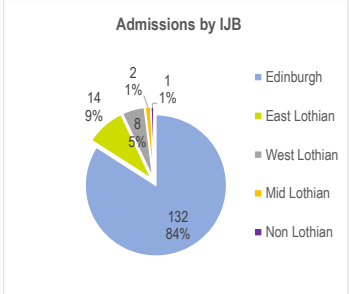
"Very friendly and supportive."

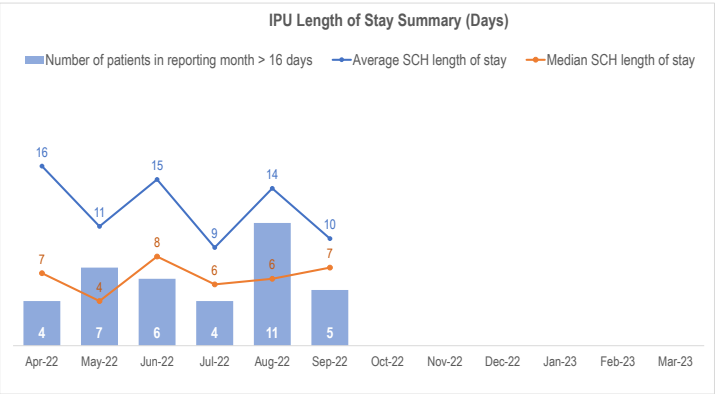
In-patient Services

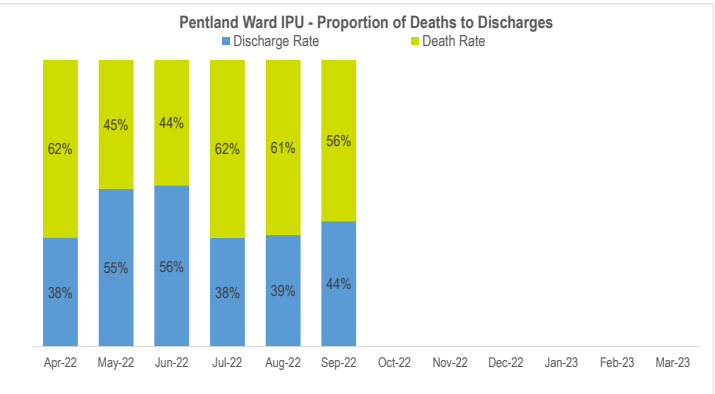
Commentary by Sally Ramage Inpatient Services Lead







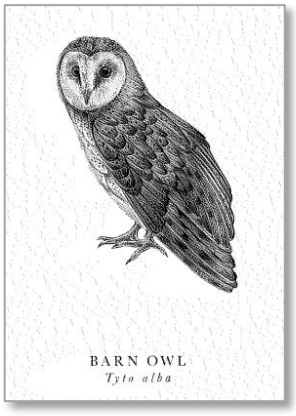




Impact

We continue to work closely with the Quality Assurance Team and we have supported the introduction of an 'Feedback' and 'How did we do?' questionnaires to enable us to gather feedback from or patients and relatives on their experience of the hospice, so that we can continually review and improve the care that we provide..

The following feedback was kindly received from the friend of someone who was recently cared for in our inpatient unit and demonstrates the high standard of person centred care that was delivered by the entire hospice team.



I just wanted to thank everyone for all the love and exceptional care that you gave to my dearest friend [Person's name]. Care that in every way match the dignity and thoughtfulness of herself. To Fay for that cat! Sharon – thanks for the toast, Dave – guardian reader and classical music supremo, Carly – thank you for phoning me, Karen for jokes well sweeping around me and Grace for being the kind of doctor [Person's name] would have wished on the team while she was training and nursing years ago. Fay- I will never forget washing my lovely friend with you-what a special nurse. What a special place St Columba's is. Everyone I've mentioned but also everyone I came into contact with.

Warm wishes to you all.

[Friend's name]

Adapting to a Changing World

Quarter 2 has been less challenging staffing wise with some successful recruitment and lower levels of staff absence. We are now however preparing for the inevitable further challenges that will be brought by the winter months ahead.

We have continued to flex the number of available beds in response to available resources. This has influenced the activity data above. We are now trialling two short stay beds alongside our 24/7 care and will evaluate their impact during quarter 4. Short stay admissions will be offered for any aspects of care and goals focussed support than can be initiated or completed within an admission of five days or less. Examples include coming in for a blood transfusion, learning techniques on how to manage breathlessness or anxiety at home or trialling pieces of equipment.

Our goal is to implement a culture and ethos of wellbeing through person centred care, goal focused activities, self-management techniques and holistic support for patients and their loved ones.

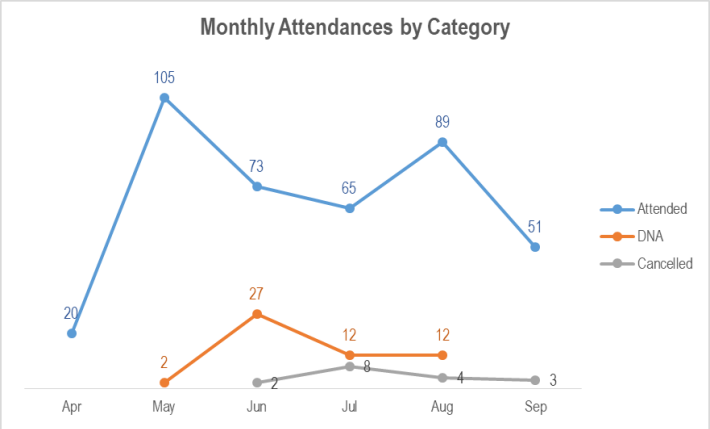
We have successfully completed a project integrating our two ward teams into one unified nursing team. We are grateful to the team for their support during the transition which aims to improve patient experience as well as more efficient and effective working.

Wellbeing Service

Commentary by Lisa Kerr Wellbeing Lead

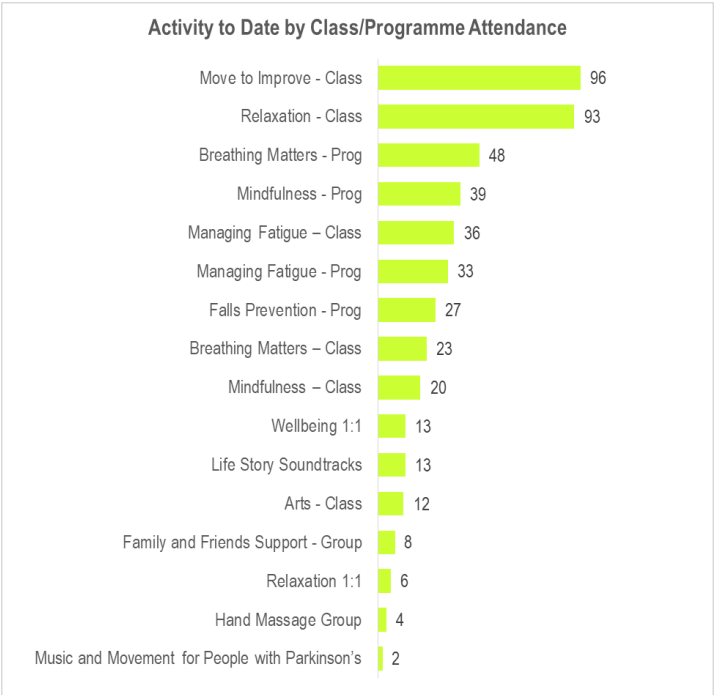
Activity Summary

The Wellbeing Service focusses on goal setting and on empowering people with the skills and tools to improve their quality of life and to manage their symptoms and the impact of the illness. Through our outpatient programme and where necessary, short stay admissions, we provide goal focused rehabilitation, self-management support and symptom assessment.



Our Wellbeing classes and programmes can be accessed as self-referral via our website or via referral from a member of our multi-disciplinary team. We launched in quarter 1 and have seen steady interest and participation. In the first 6 months there were 473 booked places on our 16 classes/programmes.

The programmes are mainly facilitated by our occupational therapy and physiotherapy teams,
And they are supported by our social work and complementary therapy teams and our new wellbeing support workers to deliver the expanding programme.



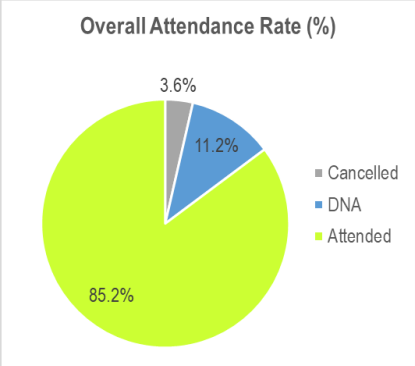
The most popular class during quarter 2 was 'Move to Improve' (96). Chair Yoga and Music and Movement are recent additions to the programme.

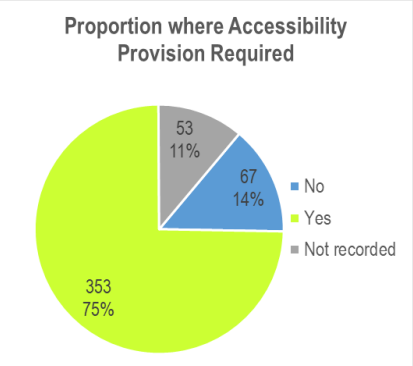
We are now able to provide one to one sessions within inpatient rooms which means we can be responsive to individual care needs or any restrictions of group activities in event of Covid outbreaks or similar challenges..

Impact

Our courses and classes are offered both in person and virtually to ensure they are accessible to as many people as possible. Those attending in person have also benefited greatly from peer support, with friendships being formed organically.

Some of the feedback captured from those experiencing a rehabilitative short stay and also from attending a Wellbeing Service class or programme:-





"This boosts my morale"
Participation in relaxation sessions

"It has helped me realise what I can do, even with fatigue"
Participation in a fatigue programme

"That was wonderful. I feel healthily tired"
Participation in Move to Improve session

"This has been the first thing I have looked forward to in ages and I feel excited about going"

Adapting to a Changing World

We learned very quickly after we launched our service that we could foresee the benefits of adopting the approach beyond the designated beds and outpatient activity. We therefore took the decision to create a smaller dedicated Wellbeing team who are responsible for creating and supporting a wellbeing ethos and culture across all clinical services, rather than a few specific beds.. We now also have a team of seven fabulous Wellbeing volunteers who work alongside our wellbeing support workers and group facilitators to ensure that people attending have a great experience.

Partnership

During quarter 2 we began reaching out to our stakeholders across health and social care to seek collaborations and to promote our new service.

Our Wellbeing Studio hosted the first session of the Music and Movement - Dalcroze project for people with Parkinsons, which will run throughout quarter 3. The initial feedback and engagement has been positive with outcomes measured through our Education and Research department.

The HEARTS train the trainer program was completed with us now having a competency based training program available to plan/deliver in 2023. Collaborations that exist currently or are being planned, are as follows:

A bespoke service for people with Duchenne's, a Dementia group, Hosting Breast Cancer Now support groups, Macmillan Cancer Support, Edinburgh Cancer Centre, Queen Margaret University, Edinburgh college and Marie Curie Hospice Edinburgh.

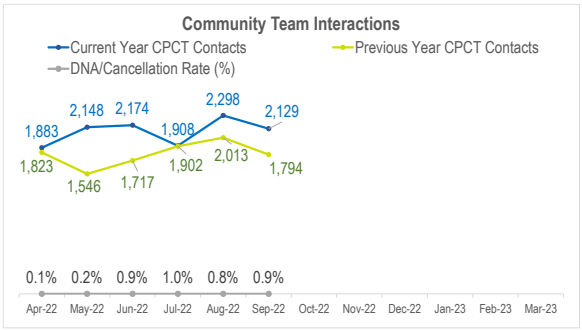
Community Services

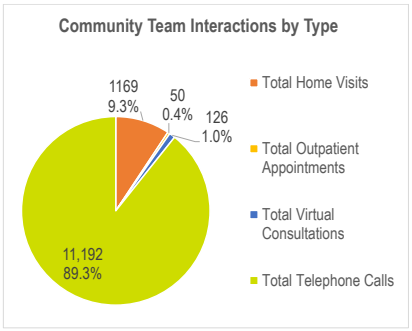
Community Hospice

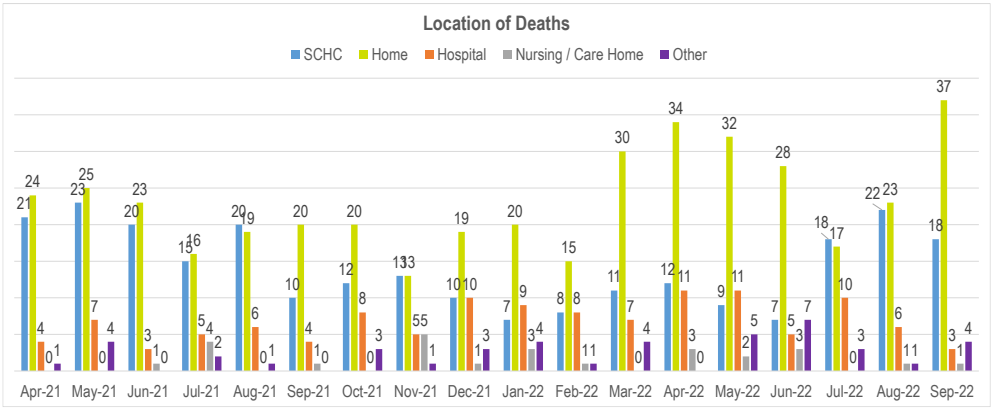
Commentary by Mandy Murray Community Hospice Lead

Activity Summary

For the first 6 months of this year, our community hospice team provided 12,540 interactions for 579 people (392 people for Qtr2 alone), an increase of 17% (1,822) on the previous year.







There has also been an increase in the number of people who have died in their own home whilst being supported by our team.

This increased activity in part is at least in part due to our successful recruitment campaign in June/July when we successfully recruted a 30hr week staff nurse and full time nurse specialist to join our team, increasing our overall capacity.

Depsite sickness absemce and covid isolation pressures, our face to face activity has seen further increase this quarter. We continue to aim for further increase month on month. It is helpful to note that during isolation our team are often working from home and therefore there may in fact be more interventions during this time overall as they revert to virtual and telephone conatcts instead of face to face visits.

Impact

Supporting this increased number of people to die in their own home has involved close working relationships. The team provide support, education and information as well as expert symptom control assessments and advice.

The increasing need for palliative care support at home requires us to continuously review how we are working and how we can respond to the patient need. We continue to actively recruit to vacant posts and explore ways of responding to both reactive and proactive care needs.

Due to concerns about ongoing impact of Covid or other winter illness, we have proactively been encouraging our team to have their vaccinations this quarter

Partnership

Two of the CNS for the team have delivered an excellent ECHO session to DN Community regarding the management of Complex Symptoms experienced in Palliative care

We continue to support GP trainees who join the team for 6 week blocks throughout the year, this is invaluable in investing in our future GP's and enhancing their understanding of palliative care in the community.

We continue to engage with our colleagues in CHAS – and have supported 2 patients and families to transition to our services. Good learning from this and the aim is to develop this relationship further to improve young adults and their family's experiences of this transition to adult services

Adapting to a Changing World

Create – aim to provide a tiered model of Community Support to our patient / family group. Our patients receive a bespoke model of care due to the skilled specialist nursing/ medical and AHP support available in our CPCT

Empower – We are actively referring to the Well Being Service and Short Stay beds – encouraging and enabling to live well and as independently as possible.

We have introduced a Business card for our team to give to patients and families with our contact details. Included in this is a QR Code inviting patients and families to provide feedback about the service and support they are receiving. This is in its infancy and will need to be more imbedded in our practice going forward to collate feedback.

Sustain – To contribute to climate sustainability we now have access to electric bicycles available for our team to use if a visit is nearby. we are also exploring options for electric vehicles.

Hospice at Home Activity Summary

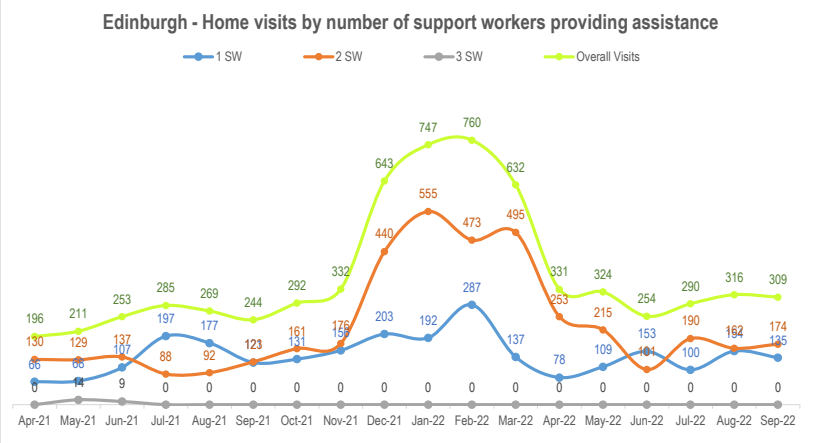
Year to date, Hospice at Home provided the following assistance by area team activity.

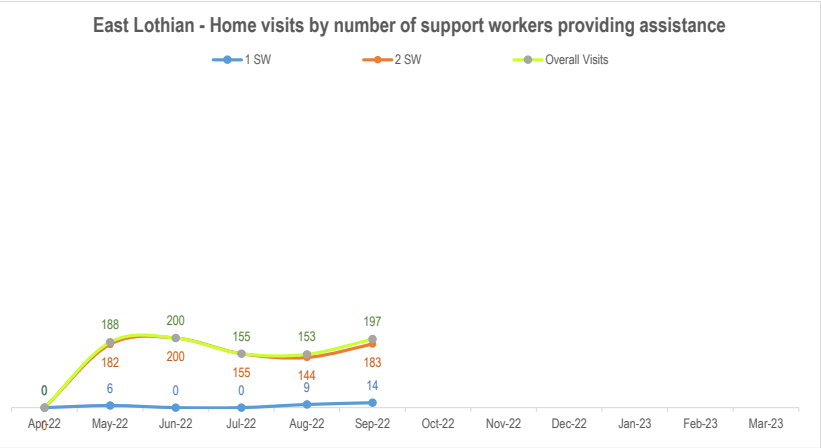
North Edinburgh

1,824 home visits for 126 individuals: a 25% (366) increase in activity on the previous year. Activity this year to date is stable with little variation.

East Lothian

The new team has provided 893 home visits to 41 individuals this year to date. Activity in East Lothian also remains at a stable rate.





The Compassionate Communities Team

Commentary by Roddy Ferguson Team Lead

Activity Summary

Compassionate Neighbours has continued to deliver much-needed social support and friendship to community members across Edinburgh and East Lothian. Activity levels have remained constant despite the fact that during this quarter the team was operating at 1.6 FTE staff instead of 2.2 FTE. We have continued to recruit and train new CN volunteers and are delighted with the 17 new neighbours who have joined already this year.

July to August 2022

CN community contacts	*CN's attending informal support & supervision sessions*	*Number of CN 1:1 review sessions*	*New CNs trained*	*Number of home visits*	*Number of matches*	*Number of deaths*	*CNs attending additional training / external training*	*CNs assisting with Patient Feedback project*
341	42	37	7	36	17	11	6	6

Impact

The friendships formed between Compassionate Neighbour volunteers and community members continue to be are valued by both. The following feedback from the compassionate neighbours and community members gives a sense of the social and emotional support which is shared.

'(CN) visits make such a difference to mum but also my sister and me. She loves to tell us what they've talked about, what they've laughed about, and what they ate… and for the rest of the day she doesn't just talk about the cancer or dad.'

'I thought the idea was that I would visit and offer some good cheer and good conversation each week… but it's me who leaves on a high every week. We have such a good time, it's is a tonic for both of us.'

'Dad laughed, winked and said 'what a difference a date makes' about his weekly visit. It's great to see him so upbeat, he's found his sparkle again.'

'I have my garden back! It hasn't looked like this for such a long time. Thank you. I don't look out and despair anymore, I look out and go out.'

Adapting to a changing world

We appreciate the depth of experience that our more experienced volunteers now have, and also value the lived experiences and ideas of our community members. We use their feedback through our Role Development Group to shape the support that we offer. For example, our Green Fingered Volunteer trial went live with 'light' gardening offered to community member in their home. The trial was a success and will gradually be expanded to enable access across communities.

Partnership

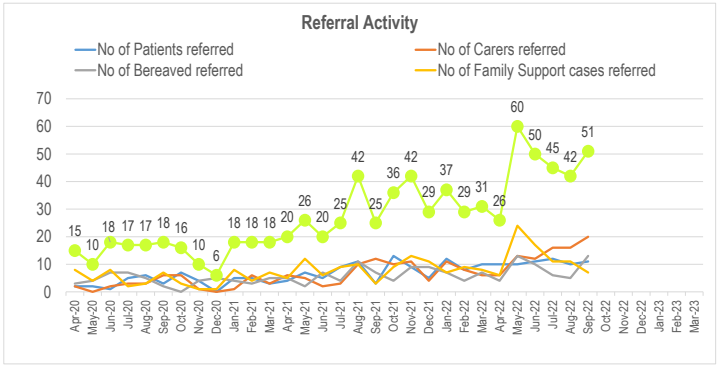
Building stronger communities is a core tenet of the Compassionate Communities approach. Examples of the collaborations we have been developing this quarter include:

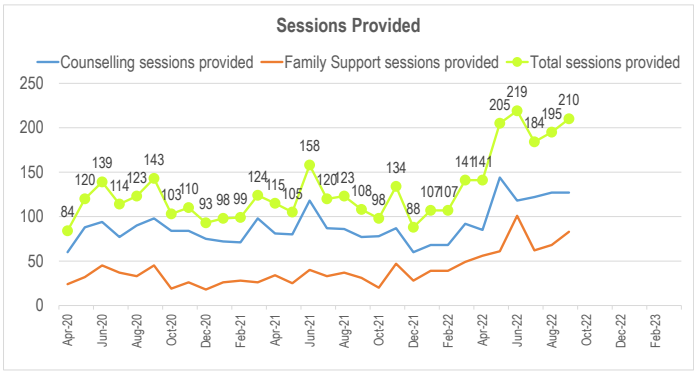
- Continued work with North Berwick Compassionate Neighbours to support the development of their locally-coordinated CN project.
- New work with Edinburgh Interfaith Council to explore how the hospice can partner with local faith communities to support individuals and families through illness, dying, and bereavement.
- Joining in with the existing partnership between Fresh Start, North Edinburgh Arts, Move On, and Spartans Community Football Academy to support development of a new North Edinburgh Support Service (NESSie). This targets those most at risk of the long-term negative outcomes of poverty and disadvantage. It aims to create a "no wrong door" approach to people seeking support, advice, and access to services.

Family Support, Bereavement and Arts Services

Family Support Service

Commentary by Craig Hutchison Family Support Team Lead





Referral activity for the 6 months YTD is ↑64% on last year

Sessions provided for the 6 months YTD is ↑60% on last year

We delivered 1154 sessions this year to date (723 adult, 431 child/young person), an increase of 60% in activity compared to previous year to date. Additional staffing has contributed to our increased capacity, but at the same time we have also seen a substantial 64% increase in new referrals.

Of the 138 new referrals, 23% were patients, 37% carers (an increase on previous quarters), 19% bereaved adults and 21% were for the children/young people's service. 65% of the adult referrals were female and 35% male, with an age range from 17 to 89 (average age 58, SD=17). 40% of adult referrals came from our Community Hospice team, 23% from the Inpatient Unit, 7% from the Access Team, 2% from Chaplaincy, 1% from the Child and Families Worker, 2% from Hospice at Home, 1% from the Wellbeing Services, 2% from external healthcare professionals, and 20% were self-referred.

36% of adults referred were taking prescribed medications (17% on antidepressants only, 11% anxiolytics only, 6% on a combination of both antidepressants and anxiolytics, and 1% of a combination of antidepressants and antipsychotics). 83% of referred adults had no suicide risk at assessment but 11% were at mild risk with some thoughts of suicide, 5% at medium risk with some specific thoughts about how they might end their life, and 1%

at high risk with a clear plan and access to means. When risk of harm was identified, people were signposted to relevant resources (e.g. GP, telephone crisis helplines, and statutory mental health services) and/or were prioritised for time-limited counselling focused on risk management.

Impact

Our most significant impact is at the individual level, helping people as they come to terms with incurable illness and as they learn to cope with bereavement. We continue to work with a wide range of presenting problems, including: depression, anxiety, panic attacks, grief, stress, worry, assertiveness, relationship problems and adjustment difficulties (e.g. coming to terms with the impact of illness), as well as concentration and attendance at school, sleep problems, physical responses to grief and anger difficulties in children/young people. Over the last two quarters we have seen an increase in referrals of adults with longstanding mental health problems, and have put together a training plan to better support the team when working with more complex presentations.
We gather routine outcome data using standardised and validated measures of psychological distress (i.e. the CORE-OM and PG-13 questionnaires), which adult clients are asked to complete at initial assessment and then again at every subsequent review session until ending. Clients show improvements across all the four domains measured in the CORE-OM (Subjective Wellbeing, Problems, Functioning and Risk), with an average 16 percentage point improvement in adult counselling clients' subjective wellbeing (feeling OK about themselves and feeling able to cope without feeling overwhelmed) as well as an average 12 percentage point reduction in their symptoms of depression, anxiety, insomnia and/or trauma and a 7 percentage point improvement in functioning.

Of the adult bereaved clients assessed this quarter, 31% were experiencing an acute grief reaction following a recent death and 31% a relatively normal grief reaction requiring some general bereavement support, while 38% experienced a complicated or prolonged grief requiring formal counselling intervention. We continue to review the reasons for the increase in complicated grief presentations to understand why this might be. Adults receiving support from our services demonstrate an average 14% improvement in their PG-13 scores (a validated measure for grief). Children demonstrate improvements on the CBSQ (Child Bereavement Service Questionnaire), being more able to talk about the person who died and about their feelings, and showing improvement in attainment, sleep, concentration and anger.

Several team members completed a course on Resilience Based Clinical Supervision, and are planning to offer supervision groups for other members of hospice staff to support them in the challenging work they all do. We delivered the last of our sessions to hospice staff on identifying and responding to suicide risk this quarter, as part of our wider plan to improve mental health awareness across the hospice.

Adapting to a Changing World

We continue to offer a blended model of provision. The majority of our adult work continues to be delivered by telephone or virtual consultation, which continues to work well for almost all clients, but we are offering an increased number of in-person sessions, according to client need.

Children and young people may need to be seen in person, depending on age and preference, and face-to-face sessions with children and young people in East Lothian were held in East Lothian Community Hospital over the Summer holidays when schools were closed.

Partnership

This quarter we met with representatives of a new company to offer feedback on the development of an app for young people's mental health. We shared information on our bereavement procedures and measures with colleagues in Ardgowan Hospice, who were reviewing their processes.

We continued to hold Community of Practice meetings with colleagues working in child and families support across Scotland, and provided feedback on the final report for the National Childhood Bereavement Coordinator

Project, which featured St Columba's Hospice Care as a service and a recommended provider of education. This report will provide recommendations to the Scottish Government.

Training sessions were provided for a nursery and delivered a workshop at the West Lothian Health and Wellbeing conference to help staff in education better understand childhood loss and grief. We facilitated an ECHO session for district nurses on having difficult conversations with families.

Feedback

We continue to receive very positive verbal feedback from clients using the service, commenting on how helpful they have found it and how it has helped them to cope at what is often the most difficult time of their lives. One adult client, for example, recently commented that they wouldn't still be alive without the counselling they had received, while several others commented on how grateful they were for the support received.

Chaplaincy & Spiritual Care

Activity Summary

We have introduced a new system for recording chaplaincy activity this year: this quarter we conducted 127 one-to-one interactions with patients, 167 interactions with carers and 40 individual sessions with hospice staff and volunteers. We were delighted to welcome two new chaplaincy volunteers to the team, who have so far contributed 43 hours of visiting on the ward.

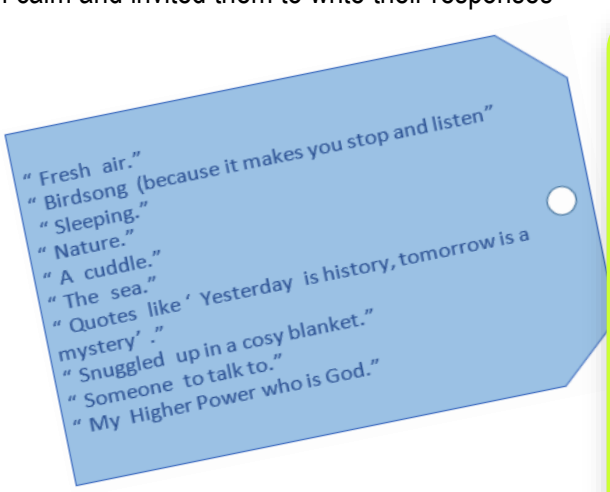
Impact

In addition to our one-to-one work with patients, family members and hospice staff and volunteers, we organized and participated in a wide variety of events, including:-

- "Time to Remember" event on 23 September (9 people in attendance)
- Giving a talk to Inveresk Brownies about chaplaincy in palliative care on 12 September
- We met with representatives of CrossReach to advise them how they might be able to use chaplains support for their own staff group.

We completed training in Resilience Based Clinical Supervision and are looking at ways of offering groups for staff. In addition, we recorded a video on self-care for our colleagues in Compassionate Neighbours. We have developed a "Question of the Season", inviting people to leave their comments. For example, we asked people how they found a sense of calm and invited them to write their responses on luggage tags and attach these to a case.

Responses included:

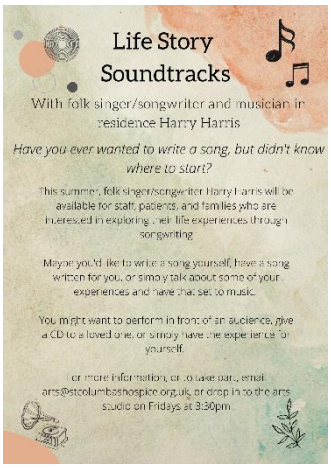


Feedback

Chaplaincy has received many positive comments from colleagues, patients and family members. A small selection of feedback from the last quarter is recorded below:-

"Thank you for the liaison you've been doing for me" (patient)
"Erica is the lynchpin holding us together" (IPU colleague to external visiting chaplain)
"Just wanted to say thank you for meeting with [ministry student] yesterday. She was very positive about her visit and appreciative of the time spent with you"

Arts Service **Commentary by Dr Giorgos Tsiris** Arts Lead



Activity

Throughout quarter 2, our Arts Lead continued serving as Acting Director of Education and Research. We interviewed for a new Community Artist post (0.8) and we had two successful candidates. Funding for this post is shared between the arts team and the compassionate communities team reflecting our integrated work and the shared scope of the community artist work.

We hosted a two-month Musician in Residence project with folk singer/songwriter Harry Harris. Spending a day per week at the hospice, Harry met patients, families, staff and volunteers and listened to their life stories. These stories turned into lyrics and songs portraying powerfully people's own soundtracks. Examples of the recorded songs are currently featuring on our website: https://stcolumbashospice.org.uk/life-story-soundtracks-project

At the end of August, we held a live event where Harry performed the songs from the project together with a patient. This innovate residency was highly praised by patients, families and staff:

"During my recent stay in the Well-Being hub at the Hospice, there were a number of amazing timetabled things I could take part in…Reiki (beyond amazing)….relaxation (also incredible)….fatigue management….all of which I absolutely loved. There was also a guy called Harry Harris whom Lisa, head of the well being hub, had got in to do a couple of spots for some weeks, called "Life Story Soundtracks"….where you could go along and chat to him, tell him a bit about your life and he would turn it into a song. I was far too shy to go to either of them…so didn't. On my last day in the hospice for that period, he was in, and Lisa asked again if I would go and see him. I remembered that I had lyrics to a song I had written at the end of 2020, when things were going rough with a chemo I was on at the time. The song was called 'Funeral Song'. Harry came to meet me and asked me to email him the lyrics. This morning, I received an email with a link to the song he had written the music for and sung himself, using the lyrics I sent him. It has really hit my heart. Popping it on for you to listen to. His voice is incredible. What an amazingly kind guy. I wrote the song about me, and me trying to get someone to write it for me…..maybe someone that loved me enough to want to write it too. Who knows. I've written lots of songs in the past, and then just left them for no one to see. Thanks Harry, Lisa and everyone at the hospice who looks after me. You guys are simply….the best."

We also started a one-month pilot Arts for All group in late August, led by an art group volunteer. Several sessions were cancelled due to a COVID outbreak at the hospice, and therefore the pilot has been extended beyond September.

Our art psychotherapy student from Queen Margaret University started the second part of her practice placement. Also a new community life story volunteer started with the possibility of offering a weekly group as part of the Wellbeing programme but only individual sessions have taken place to date.

Overall, we provided 29 individual sessions and had 5 cancellations. We also offered 5 group sessions and these included a taster session for a new music and movement group for people with Parkinson's disease. We also offered an Arts-Led Staff Reflective Practice session as part of the Hospice's wider Practice and People Development framework. Overall, we recorded 27 patient attendances in individual sessions, and a total of 11 attendances in the group sessions (44% patient attendances). All group sessions and 62% of individual sessions took place in person. Furthermore we offered a total of 16 live music sessions, including live music in the IPU and in Iona Café, reaching 151 people.

Impact

Giorgos was a keynote presenter at the 3rd Mediterranean Music Therapy Meeting (24th September 2022, Italy). His presentation focused on "Connection, meaning and aesthetics in music therapy: Learnings from the pandemic and new emerging directions". He also delivered an invited PhD music therapy research seminar (7th September) in University of Pretoria, South Africa, and published an interview in Spanish media regarding the international symposium on research and good practice in music therapy organised by Sociedad Científica Española de Musicoterapia SOCIEMT in Plasencia, Spain.

Adapting to a Changing World

Giorgos, Dr Erna Haraldsdottir (QMU) and Fiona Cruickshank offered an invited presentation about our University Hospice partnership with QMU at the Hospice UK Trustees Conference (14 Sept). This work was very positively received and fed into a follow up presentation at the Erasmus+ conference "Person-centredness in Healthcare Curricula: Innovation and implementation" (20 Sept).

In September 2022, we held a meeting of the Community of Practice for arts therapists and community artists working in hospices across Scotland. Our Arts Strategy Group also met in September and discussed current projects and future directions for the service. This included new potential ways of engaging with arts volunteers.

Partnership

We currently run a music and movement study for people with Parkinson's disease. This pilot study is co-led by Dr Giorgos Tsiris and Dr Anna Lloyd, in partnership with QMU/Centre for Person-centred Practice Research Centre. It is a small practice-led study funded by the NRS Ageing Specialty Group and research ethics approval was granted by QMU. The study focuses on Dalcroze eurhythmics for people with Parkinson's disease and their carers. Following an initial pilot session in September, a total of six sessions will be offered at the Wellbeing Studio between October –November, followed by a closing focus group.

Our team has also been busy planning the 2022 Arts in Palliative Care Symposium. This year's event will take place on 18th November: https://stcolumbashospice.org.uk/arts-symposium-2022. It is co-organised with Queen Margaret University and kindly supported by Edinburgh Art Fair and Music Care International.

Quality Assurance

Commentary by Vicky Hill QA Lead, **Orlagh Sheils** QA & Patient Safety Facilitator **& Dave Manion** Information Analyst

Reported Incidents

For this quarter, the activity levels have had Statistical Process Control (SPC) rules applied (NHS Improvement guidance) to identify any unusual patterns in a trend that may be the result of special cause variation. Patterns that are unlikely to have arisen by chance. These can indicate where a system may have changed, has less stability and may require investigation but also this tool can be used to evidence improvement following a specific intervention (training, staffing review, etc.).

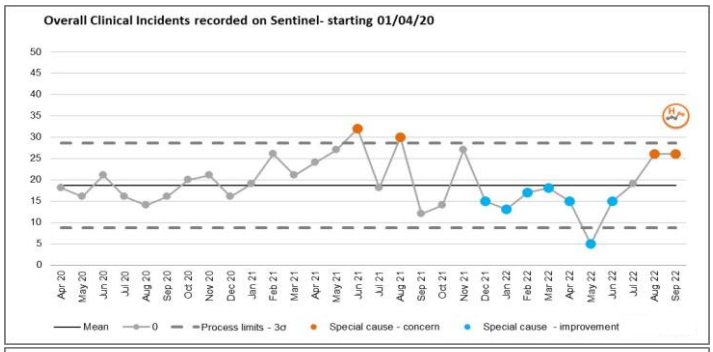
To make the nature of the special cause variation explicit without someone needing to check against all the SPC rules and count the dots to confirm whether a rule has been triggered, we have used an NHS charting tool using Apr-20 to Mar-21 as a baseline 12 month period for comparison.

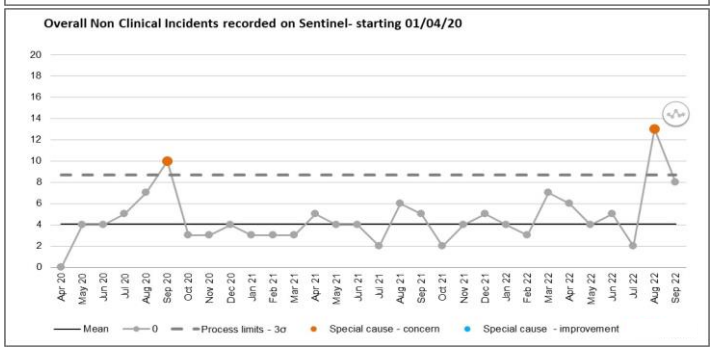
The colour code indications are as follows:

Orange - indicates special cause variation of concern and may require further investigation

Blue - where improvement/system change appears to lie

Grey - data indicates no significant change (common cause variation).



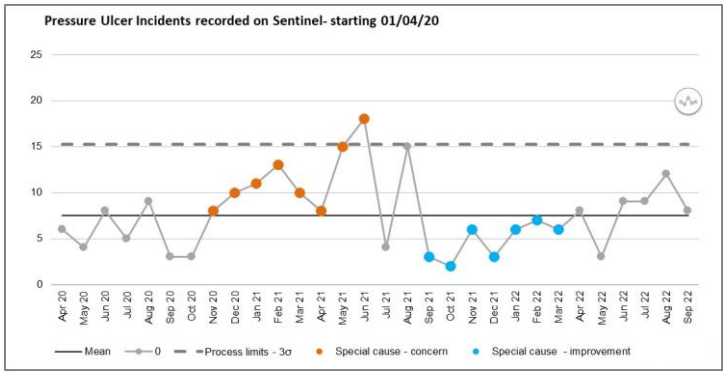


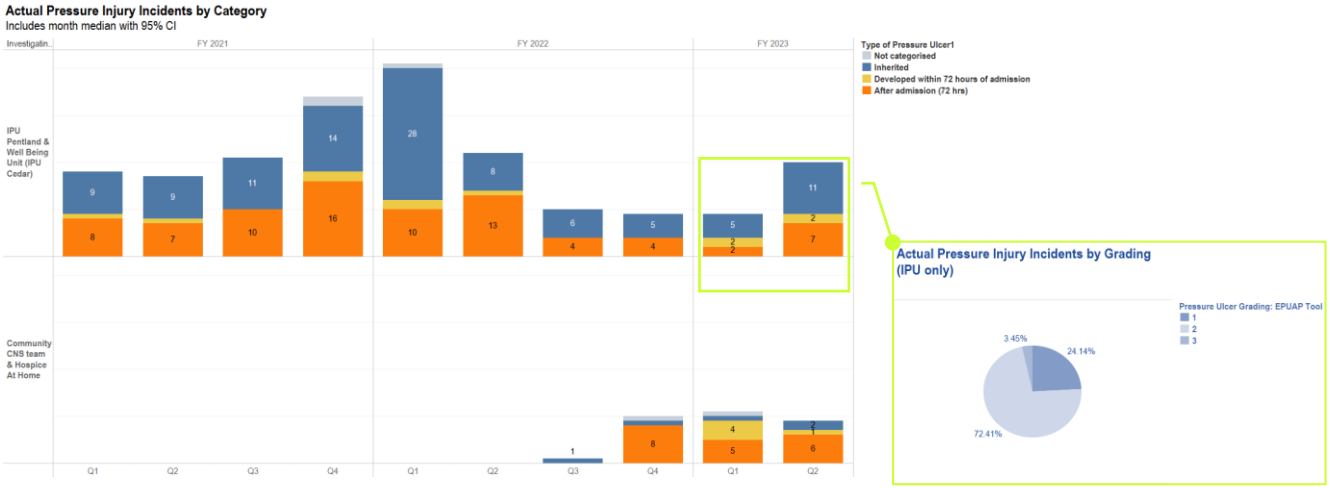
From the Clinical Incident SPC chart (right) we can see that reported clinical incidents have dropped significantly, against a period of reduced bed numbers and subsequently increased again in the last two months as the bed numbers increased.

Non Clinical incidents remain at expected levels despite a spike in August due to an increased number of incidents categorised as “Concern about an Individual”.

Pressure Ulcers

Pressure ulcer activity this year to date is stable with no significant changes. The run of special cause points (blue) coincides with the reduction in hospice beds so some reduction was expected but this may not explain it all. Year to date, over half of the pressure injuries on the wards were categorised as ‘Inherited’ and 97% were graded as EPUAP 1 or 2.





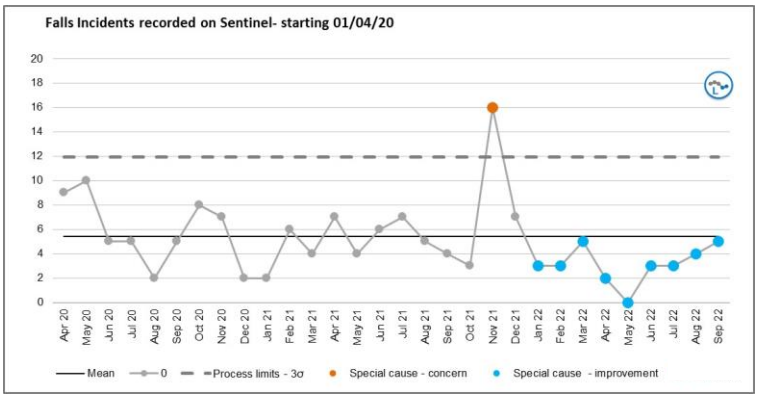
Pressure Ulcer prevention continues to be led by our IPU manager with support from members of both the clinical and quality assurance teams. As previously reported, the Hospice's action plan is aligned with Healthcare Improvement Scotland's Prevention and Management of Pressure Ulcers standards (October 2020) to ensure care continues to be delivered in line with best practice.

The role of the Patient Safety meetings for Pressure Ulcer Prevention and Management is to ensure safety and provide the group with an opportunity to monitor the pressure ulcer action plan and review associated risk assessments and policies. The group are currently trialling two-monthly meetings. This is to help provide dedicated time, between each meeting, to discuss and action initiatives and progress best ways of engaging with the pressure ulcer prevention and management link staff.

Patient Falls

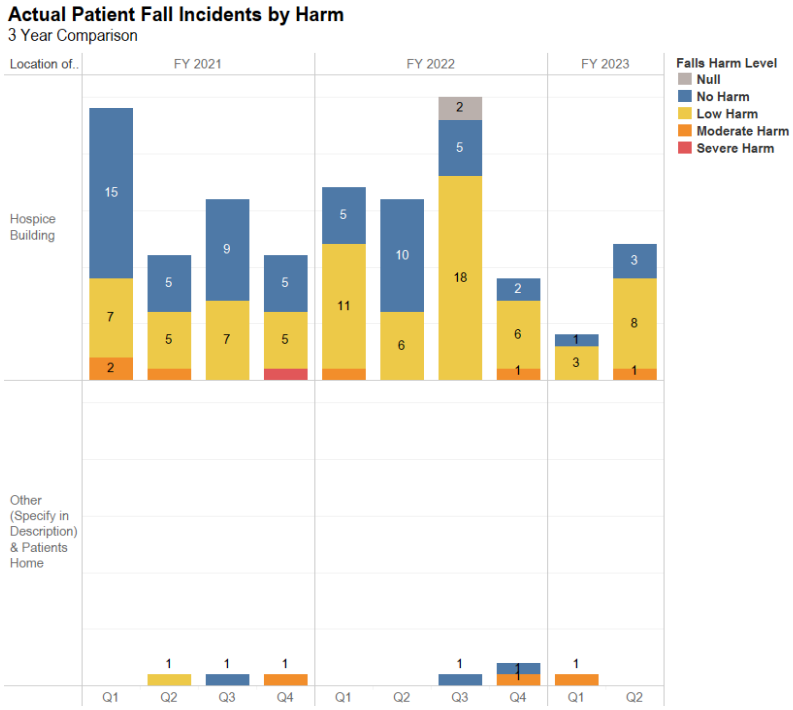
Quarter 2 has seen stable activity when taking into account available bed numbers.

This year to date, the majority of falls at the hospice were categorised as having a level of No or Low Harm with only one Moderate. The moderate fall relates to someone who required an x-ray at hospital to exclude a fracture. No bony injury was in fact found.



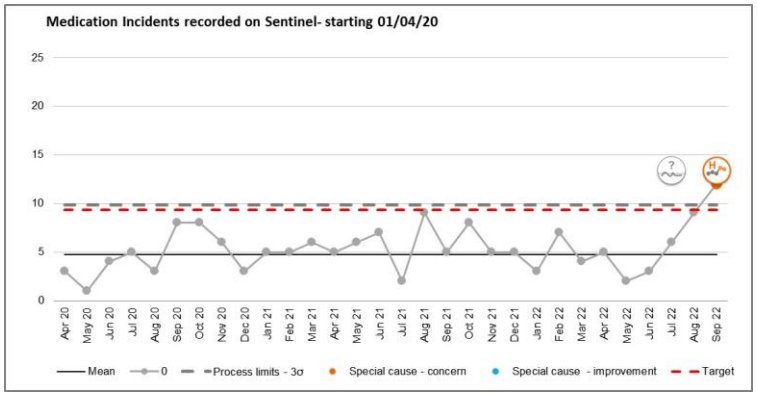
Falls recorded in the community are where the hospice teams are made aware of a fall that has taken place and the team will still investigate and grade the outcome as good practice.

All falls are reviewed at the time of the incident and at the two-monthly multi-disciplinary Patient Safety Meeting which focuses on falls prevention, management, learning and development.

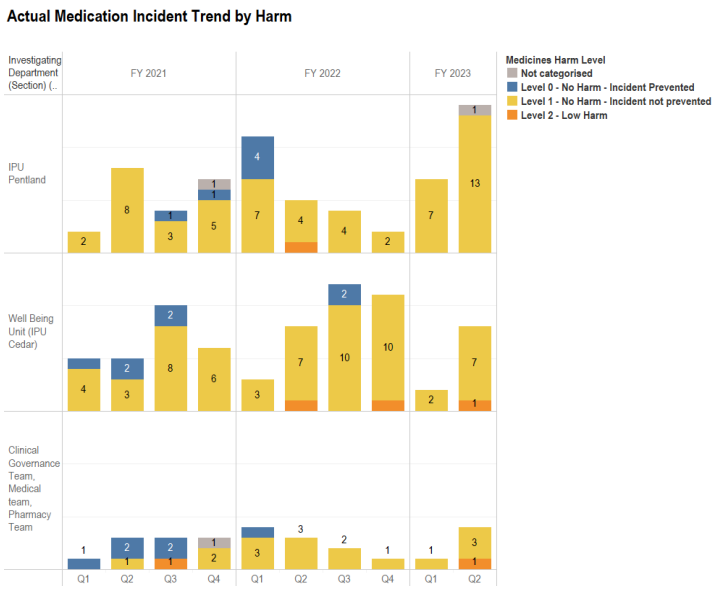


Medicines Incidents

Medication incidents are monitored closely and subject to a full review process by the monthly Patient Safety Meeting and the quarterly Medicines Management Group meeting. The end of Quarter 2 shows an increase in incidents outside the process limits and following investigation it is the result of a slight increase in variation (2 incidents) in the number of incidents on Pentland categorised as Administration errors.



92% (33) of all the medication incidents categorised this year were categorised as No Harm with the remaining 3 categorised as 2 Low Harm and 1 remained uncategorised as still under investigation.



Accidents

For Quarter 2, **6 accidents** were reported (12 this Year to Date) and were categorized as follows:-

- Two involved patients – both with Medium risk scores. One related to a hot drink being spilled and the other to an accident in a patients home prior to our team visiting.
- Two involved staff members experiencing minor injury during work – both Medium risk scores. One was during moving and handling training session and the other was a minor car accident involving one of our hospice at home team.
- One involved a member of the public (child) slipping – Low risk score and minor injury only sustained.
- One involved a volunteer who tripped in one of our shops whilst carrying boxes upstairs. Did not require medical attention - Medium risk score.

Incident Reporting

Excluding accidents, at the time of compiling this report Quarter 2 saw **105 incidents reported** from across hospice services reported. The incidents are comprised of:-

- **94 Actual incidents.**
- **72** were closed following investigation with the remaining **22** still active.
- **12** Near Misses
- **9** further submissions, not counted in the figure above, were closed following investigation and categorised as 'Not an Incident'

Quality Improvement

The hospice's Quality Improvement Plan outlines its commitment to a wide range of areas for compliance, patient safety and quality improvement. Quarter 2 involved the following projects that are carried out by members of our nursing, medical, pharmacy, domestic and quality assurance teams:

- **Health Protection Scotland Compliance tool**: this monthly audit is carried out by our Infection Control link nurses to show compliance with best practice across a range of standard infection control precautions. Compliance with best practice remains high but the current focus is supporting staff further to ensure the monthly audit are completed consistently.

- **Healthcare Environmental Inspection Audit**: this audit is now embedded within the weekly walk round and continues to be carried out by the ward manager, domestic services supervisor and the quality assurance and patient safety facilitator. Improvements take place in real time but the ongoing challenge is how team's feedback completion of longer-term improvements.
- **Antibiotic Prescribing**: this annual audit, carried out by the Hospice's medical team, showed good practice. The team are currently reviewing this audit in relation to the best practice outlined in the newly launched Healthcare Improvement Scotland Infection Prevention and Control Standards (May 2022).
- **Controlled Drug Audit**: this audit is carried out 3 times per year and involves the pharmacist, charge nurse and Accountable Officer for Controlled Drugs. The next audit is scheduled for December 2022.

Fire Safety

On the 19th August, a fire alarm went off unexpectedly. The fault was found to be within our sprinkler system which covers some of the basement areas. As the Facilities Team knew early on that it was not a fire it was decided to continue with a complete fire drill as a system test. The event went very well with everyone out of the building to their designated areas as required.

Complaints

One complaint was logged at the end of Quarter 2 and this has now had its final response completed within the specified timeline.

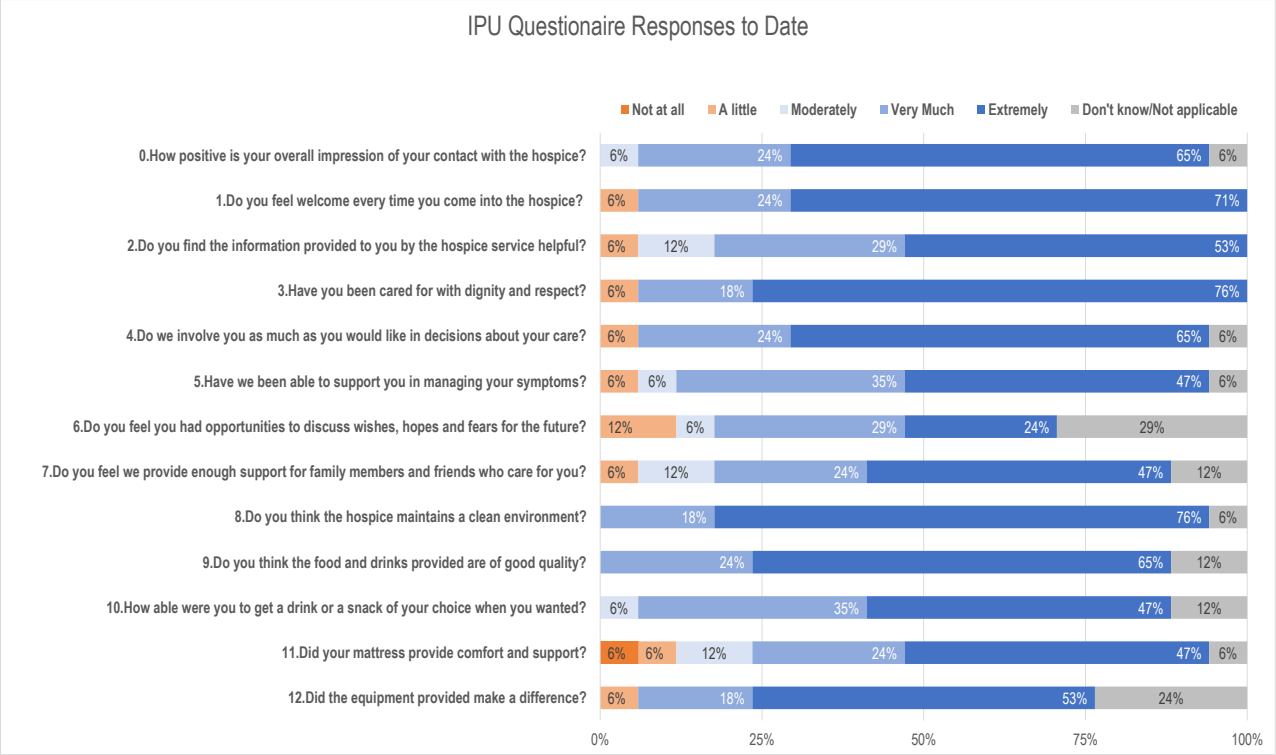
Participation

The hospice as part of its Participation Strategy tries to promote a culture where patient engagement and those who care for them, staff/volunteers, and members of the public forms part of the day-to-day planning and delivery of person-centred services. A barrier to this work is that patients, families and carers are grateful for the care we provide and may be reluctant to give constructive feedback for improvements.

As mentioned previously in this report, the following are the two new feedback methods in operation from this August which will hopefully increase the level of participation at the hospice.

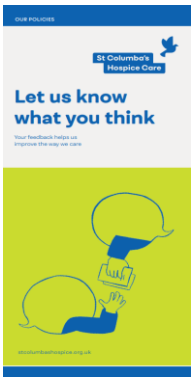
Inpatient feedback questionnaire

Our volunteer team contacted inpatients and asked if they would be willing to provide feedback on their experience. Initial responses are summarised, with the vast majority of feedback evidencing a positive experience. Where there was learning or areas of improvement identified, these were addressed immediately.



How did we do?

We have started a project using QR codes to invite feedback. They are now displayed at all reception areas, plasma screens and in quiet rooms and are linked to a simple online questionnaire asking for comments on how we are doing and invites contributors to suggest any improvements. A paper version is also available on request. We have also reissued our leaflet detailing the best way to contact the hospice to register any feedback whether it is compliment, concern or formal complaint.



A snapshot below of the responses received so far that resulted in an action by our teams. Examples of where 'You said and We did'.

As much as we like the sandwiches it would be nice to have more of them on brown bread.

There are a variety of sandwiches prepared for the café from brown baguettes and rolls to white bread and rolls and depending on popularity some are eaten earlier. We are always listening to feedback about our café and have been discussing this with the kitchen and hope to review the balance of white to brown bread. **(Stuart – Director of Operations)**

WiFi doesn't reach room 5.

We have carried out many wifi surveys over the years to make sure that the wifi network reaches all patient areas and most of the staff areas. Due to the present age and technology improvements with wifi access points, we are planning on upgrading over the next few months the necessary ones to improve the reception further. **(Stuart – Director of Operations)**

The issue was with the login details and has been resolved. **(David – IT Steward)**

Appendix 1 – Harm Level Definitions

FALLS INCIDENTS HARM LEVEL DEFINITIONS

No harm	Impact prevented – any patient safety incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving care. Impact not prevented – any patient safety incident that ran to completion but no harm occurred.
Low harm	Harm requiring first-aid level treatment or extra observation only (e.g. bruises, grazes). Any patient safety incident that required extra observation or minor treatment and caused minimal harm to one or more persons receiving care.
Moderate harm	Harm requiring hospital treatment or prolonged length of stay but from which a full recovery is expected (e.g. fractured clavicle, laceration requiring suturing). Any patient safety incident that resulted in moderate increase in treatment and which caused significant but not permanent harm to one or more persons receiving care.
Severe harm	Harm causing permanent disability (e.g. brain injury, hip fractures where the patient is unlikely to regain their former level of independence). Any patient safety incident that appears to have resulted in permanent harm to one or more persons receiving care.
Death	Where death is directly attributable to the fall. Any patient safety incident that directly resulted in the death of one or more persons receiving care.
References	National Patient Safety Agency 2010 Slips trips and falls data update NPSA: 23 June 2010 NPSA Seven Steps to Patient Safety

MEDICINES HARM LEVELS DEFINITIONS

Level 0	Error prevented by staff or patient surveillance.
Level 1	Error occurred with no adverse effect to patient.
Level 2	Error occurred: increased monitoring of patient required, but no change in clinical status noted.
Level 3	Error occurred: some change in clinical status noted and/or investigations required: no ultimate harm to patient.
Level 4	Error occurred: additional treatment required or increased length of patient stay overdose.
Level 5	Error resulted in permanent harm to patient.
Level 6	Error resulted in patient death.
Reference	Wilson DG *et al* (1998) in Naylor R, Medication Errors, Radcliffe Medical Press, Oxford, 2002