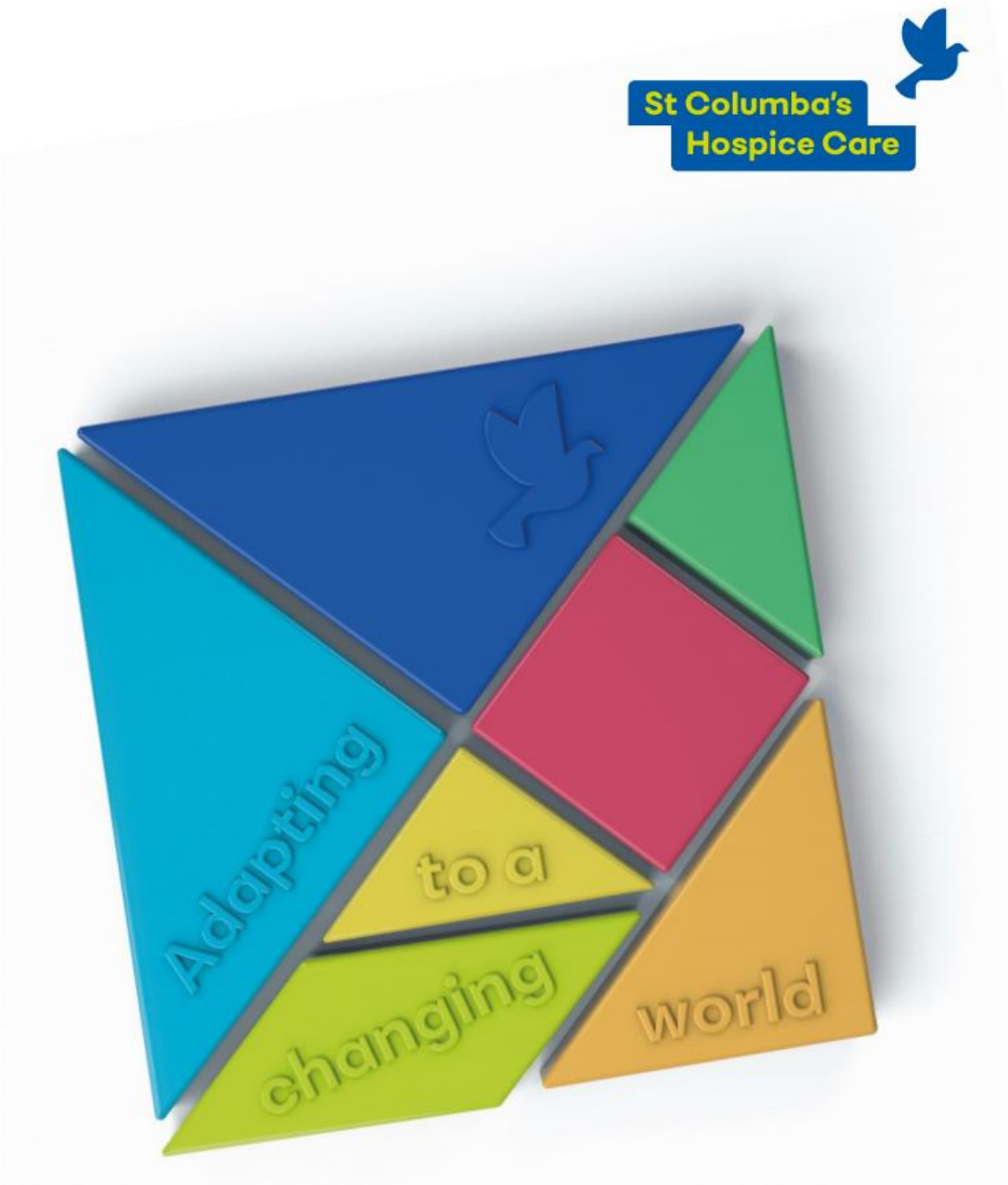
St Columba's Hospice Care

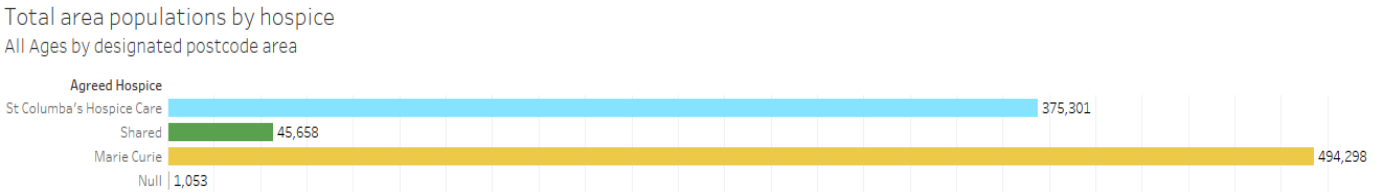


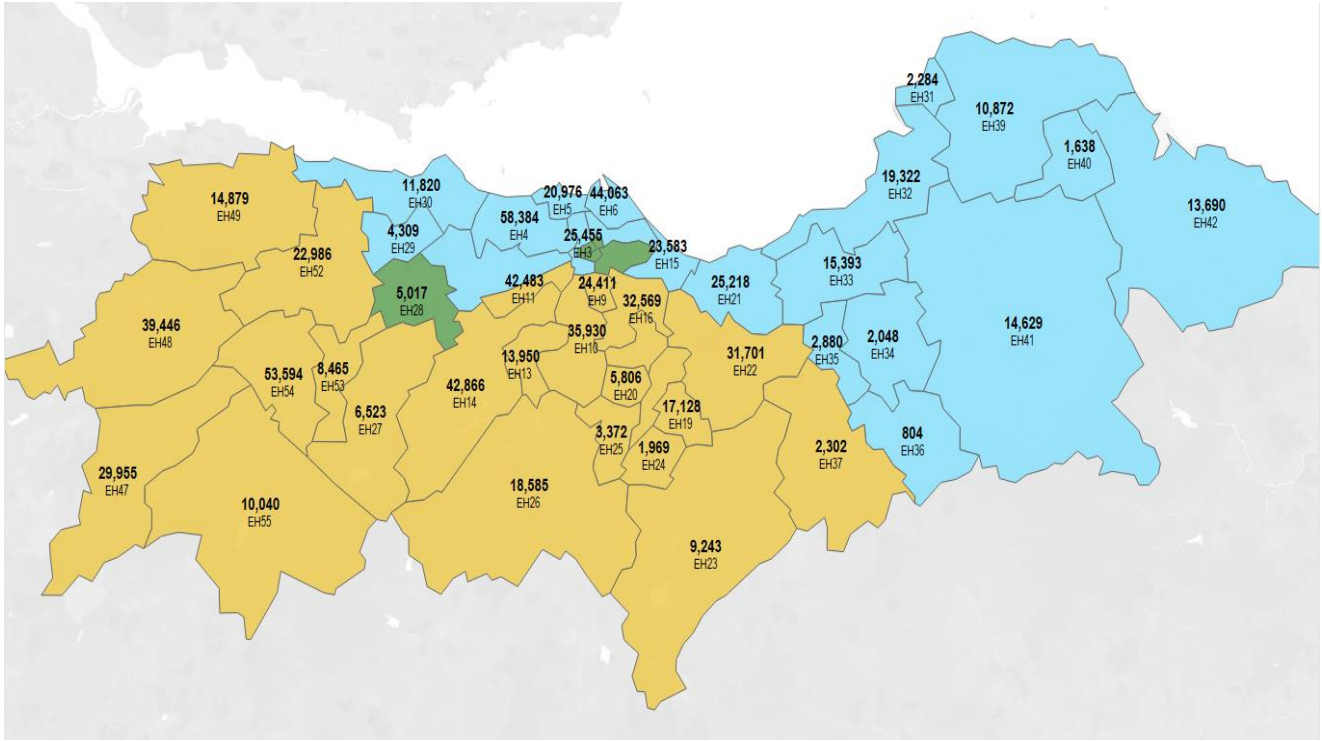
People Services Quality Report

Quarter 3 2022-23

Contents

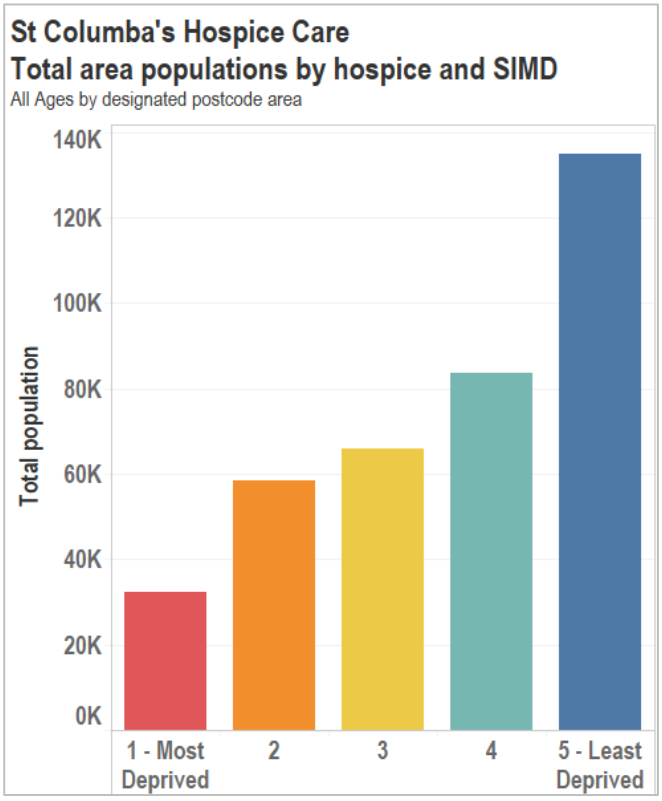
Our people





Hospice Care in Lothian is provided by ourselves and Marie Curie with an informal agreement on postcode split, with a few areas of overlap.

Throughout our Quality reports, population health data will be applied where helpful in order to compare with our own data to identify any positive or negative impacts on referral or service activity relating to issues such as ethnicity, age and areas of deprivation.



Key Performance Indicators

During 2022, we identified the following suite of KPI's and will be reporting on each of them every quarter starting from April 2023. We are currently working on our data collection tools to ensure data quality and look forward to reporting on our progress throughout 2023.

We provide timely and equitable support to people in North Edinburgh and East Lothian who are living with palliative illness

All urgent referrals received will be assessed and triaged by our Access team within 2 working days
All routine referrals will be assessed and triaged by our Access team within 7 days
All referrals for inpatient care are offered an admission within 7 days of being triaged by access team
All referrals continue to be supported by our Access team until they are admitted to the inpatient unit or assessed in the community.
All those triaged as requiring urgent specialist support at home will be offered a specialist assessment within 2 working days of being triaged by the Access team.
All those triaged as requiring routine support at home will be offered a specialist assessment within 14 days of being triaged by the Access team.
All those triaged as requiring support at home from our hospice at home team will be offered an assessment within 2 working days of being triaged by the Access team.
We will offer an initial assessment for all adult referrals to our counselling and bereavement services within two weeks.
Patients and those assessed by our family support team as being at risk of harm will be offered appointments within three weeks (or referred on to GP/psychiatry/Social Work if not appropriate)
Bereaved relatives and carers assessed as not being at risk of harm will be offered appropriate level of service (group and/or 1:1) within eight weeks
All our services are accessible to people with any life limiting condition.
We will strive to ensure all our services are accessible, and are accessed by people from any ethnic background, with numbers reflective of our local community.
All our services are accessible to people from all ages over 16 years old

In line with what our community told us, we are transitioning towards a community focussed model of support, providing all our services within, or as close to people's homes as possible.

The total number of people we support will be maintained at 2022/23 levels unless additional funding is provided.
We use our beds efficiently, maintaining occupancy above 80% and length of stay as short as possible.

We extend our care and support to include carers and families of people living with palliative illness, enabling them to feel involved, informed and supported.

We provide timely support for carers and families through in person and virtual services

We ensure that those who receive our care and support have a high quality experience and feel that they were treated with, care, compassion, dignity, respect and inclusion.

We will carry out patient surveys annually in both our inpatient and community services
We will respond to all comments and suggestions received via our QR code system or comments cards within 5 working days and we will publish responses in our quarterly quality report.
We investigate all complaints ensuring a full response is provided within 20 working days.

We understand the direct link between workforce experience and quality of care and continually strive to ensure our workforce are well supported, engaged and well trained.

Our leaders participate in a 360 feedback process annually to support their leadership impact
We carry out an annual staff survey aiming for 60% response rate and a minimum of 75% satisfaction rate
We ensure that our workforce complete all legally required mandatory training
We ensure that every member of staff received a performance review at least once in every 12 months
Retaining good people is very important to us so we monitor for trends in turnover aim to keep turnover below benchmarked industry average.
We monitor data and trends in staff absences and aim to keep absence rate below benchmarked industry average

We continually seek assurances that our care is safe and effective

We will implement a suite of outcome measures to support evaluation of the impact of the care we provide by 2023.
We publish an annual duty of candour report detailing any incidents resulting in severe harm or death.
We continually monitor for patient safety concerns including any healthcare acquired infection, acquired pressure ulcers, medication related incidents and patient falls.

Patient Services Cluster

Our Patient Services cluster consists of our Access Team, Inpatient Care and Pharmacy as well as the Counselling, Bereavement and Chaplaincy arm of our Family Support team.

The Access Team

Commentary by Becky Chaddock Access Team Lead

Our strategic developments

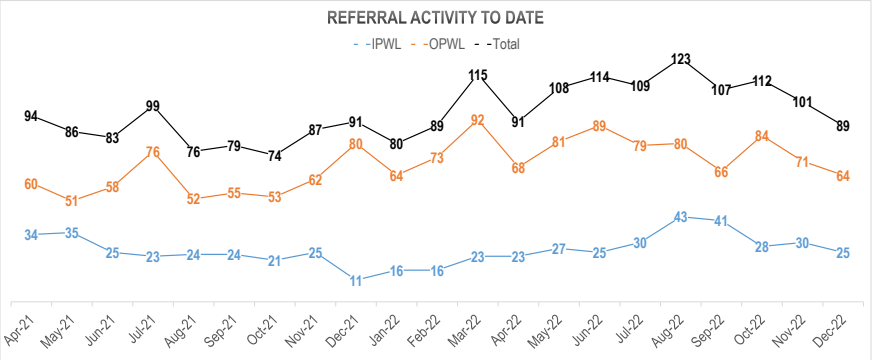
As the single point of contact for all hospice services, the Access Team have a key role in ensuring that smooth pathways into each service continues after any service redesign that takes place.

Our impact

The role of the access team is to triage and respond to all referrals received and to proactively support people and their care providers during their transition into hospice care by ensuring they have access to specialist symptom management advice and support with their wellbeing needs. They also provide a telephone advice service for patients, their families and our colleagues across health and social care.

Year to date, the number of unique patient referrals processed has seen an increase of 24% (769 to 954) on the previous year.

In the last 3 months, the team responded to 296 advice calls, the majority of which related to pain and symptom control, with the next largest category being Social, Spiritual and Psychological concerns.



Participation and feedback

"Gave us more confidence in ability to cope"

"Initial inductions info provided, felt valued and reassured I was not alone and would be cared for."

"Our Mum is receiving excellent care from your team which is greatly appreciated as it helps take care of some of the worry and pressure for our family. Your team are so kind and friendly."

"[You arranged for the community] team come out promptly and we feel reassured and much less anxious about the difficulties ahead of us. Thank you to you all!"

"More aware of support/facilities available"

"We are really happy with the support of the Access Team. It has made a difference in managing our situation and are comforted by their support and sound advice. The Access Team staff nurse initially phoned us to talk about the services on offer. Her call was handled with sensitivity and understanding of our situation. Up until then, we had been feeling pretty isolated with limitation of professional available to support and guide us. We would have found it useful to have a booklet from the Access Team explaining the services on offer."

We are delighted that 14 of the 15 responses this quarter said that they would recommend the Access Service to others in similar situations.

Working in partnership with our external partners

We work with colleagues in acute and primary care every day to provide high quality and response support to all those we have contact with

Working in partnership with our volunteers

No update to provide this quarter

Quality Improvement

This quarter, our team lead has delivered mandatory training sessions and welfare benefits updates to our clinical teams.

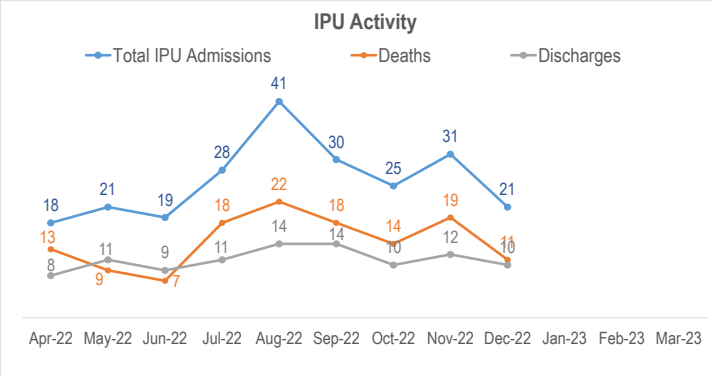
The Inpatient Team

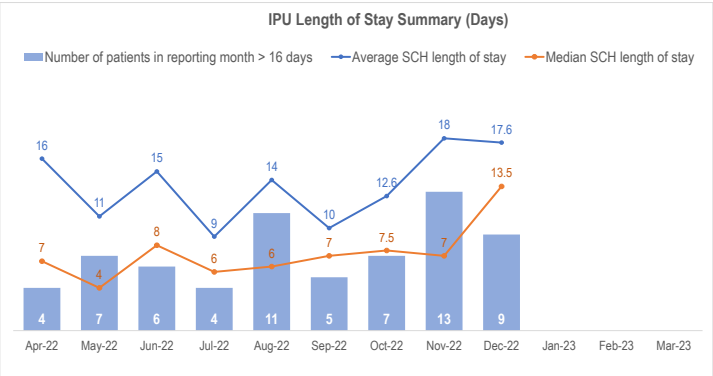
Commentary by Sally Ramage Inpatient Lead and Dr Barry Laird Palliative Care Consultant

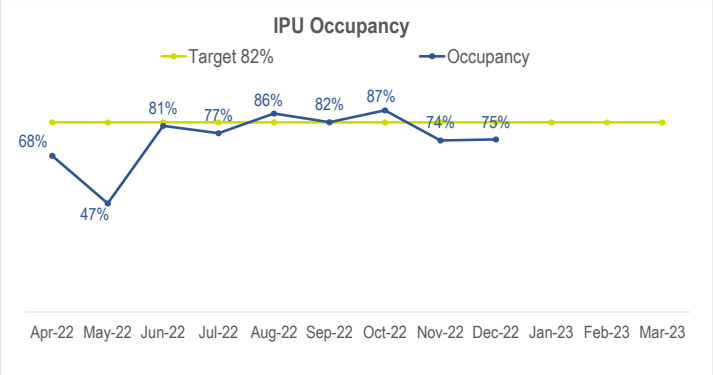
Our strategic developments

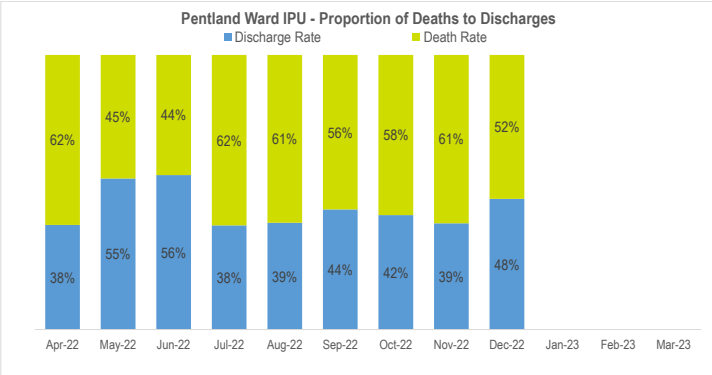
- We have continued to review our bed capacity daily in response to available people resources.
- We have trialled two short stay inpatient beds as a potential alternative model of care. Although the feedback from those who used the service was extremely positive, bed occupancy was unfortunately low and the team resources significant so we have now paused the project over the winter months.
- We have reviewed the distribution of our medical team resources in line with the transitioning balance of care between inpatient and community services.
- We have revised our processes around out of hours admissions to ensure equity of access.

Our impact









- Year to date, admissions to the inpatient unit are up 47% (159 to 234) This will have been heavily influenced by the variation in available bed numbers over this time.
- Occupancy dropped below 82% and length of stay increased due to a higher number of patients with extended stays (>16 days)

Participation and feedback

"There really are no words to express our gratitude for the care you provided for (Person's name) over the last three months of life.

We will never forget."

*"On behalf of (Person's name) family, we would like to thank you all for the outstanding care, empathy and banter you gave ***.*
Words cannot express the amazing job every single person in St Columba's does.

We are so pleased to get (Person's name) home (but I'm not sure I can keep to the same standards as you guys! ☺)"

"I can't possibly thank you enough for all the care and kindness you gave me during my stay but I appreciate it more than you can possibly imagine."

Working in partnership with volunteers

Our therapy pet volunteers continue to provide comfort and wellbeing support through their visits and our flower volunteers create a welcoming and homely environment through their lovely displays.

We are currently working with our colleagues in the Wellbeing service to refreshing and extend the role of clinical volunteers across the hospice.

Working in partnership with our external partners

We work hard to maintain and develop close working relationships with our partners across Lothian, enabling us to efficiently plan admissions and discharges so that we can support as many people as possible.
In recent years, we developed an inhouse training program to support single nurse administration of medications. We have since shared our processes and learning with multiple other hospices and now run our course in partnership with Marie Curie, Edinburgh.

Quality Improvement

We seek real time feedback from people in the unit through a QR code system as well as in person questionnaires. This enables us to be responsive to issues as they arise as well as identifying any themes, areas to celebrate or concerns.

We are making plans to open the CHELSEA 2 trial which is a large NIHR funded RCT looking at assisted hydration at the end of life. We also plan to open INSPIRE which is an EU funded international rehabilitation trial.

Pharmacy

Commentary by Fiona Milne Pharmacist

Our strategic developments

- Designing new and responsive processes to support timely access to medications during the pilot of the short stay beds model. In quarter 1, we monitored the impact on ordering and found that 20% of medicines required to be ordered for discharge and that 60% of these medicines were already prescribed pre-admission. This indicated that the patient had not brought all their medicines into the hospice for use

while an inpatient. By quarter 2, this had reduced to 10% with 40% of these medicine newly prescribed by the hospice.

- We are developing the role of the pharmacy technician to include a pre admission call to remind of the importance of bringing in 14 days supplies as well as to discuss any medication issues during their stay.
- The patient bedside folder which has an overview of management of medicines while patients are in the hospice was updated and re-issued for the first time since the COVID-19 pandemic.
- We are exploring the potential benefits of and processes required to support the extension of the role of our pharmacist to include non-medical prescribing.

Our impact

The pharmacy team ensure that patients have access to the medications they need during their admission and to support timely discharge. This includes both regular and anticipatory medicines.

Quality Improvement (QI)

We are exploring the option of creating discharge prescriptions within our electronic record system as an alternative to hand writing them. This project aims to increase accuracy of prescribing and therefore the safety of our patients, to reduce the risk of errors, to free up medical and pharmacy team time to care for patients and to support the medicines reconciliation process on future admissions here or in acute services,

We have delivered mandatory training sessions to all clinical staff relating to safe use of medications. Topics covered included learning from recent medicine incidents, an overview of enquiries faced by the pharmacist and steroid induced diabetes.

Counselling, Bereavement and Chaplaincy

Commentary by Craig Hutchison Counselling and Bereavement Support Lead

Our strategic developments

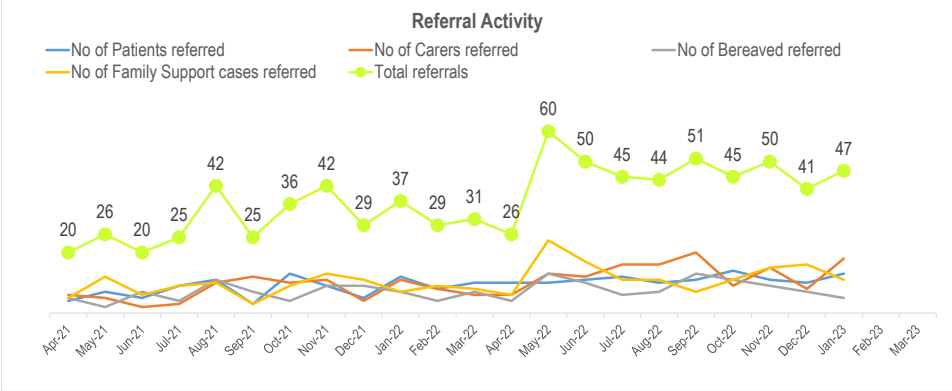
There have been significant increases in the prevalence of anxiety and depression as a consequence of the COVID pandemic (WHO, ONS). Our team lead has completed the first year of Diploma in Cognitive Behaviour Therapy and is developing a training programme for staff focussing on improved identification and treatment of depression in palliative care. We have also delivered training for all staff on identifying and assessing risk of suicide.

We are currently reviewing our service model to take account of substantial increases in referral numbers and in levels of psychological distress over recent years.

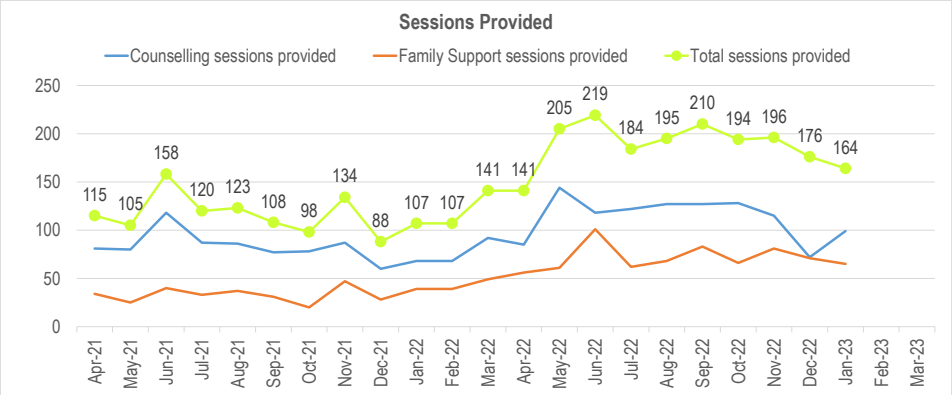
Our impact

We were delighted to be awarded “Team of the Year” at this year’s Hospice UK national conference in Glasgow, in recognition of the breadth of work we have undertaken and our success developing virtual and evidence-based services.

We have delivered 1038 adult sessions this year to date, a 38% increase in activity compared to the same period last year. In fact, we have already delivered 6% more sessions in the first three quarters of this year than were delivered over the whole of last year.



At the same time we have also seen a 57% increase in adult referrals this year to date (N=294), which represents 13% more referrals received in the first three quarters of this year so far than were received in total last year. These figures, which exclude missed and cancelled sessions, demonstrate a significant and sustained increase in demand and activity, leading to delays and unfortunately waiting lists.



Of the adult referrals assessed this quarter, 29% were patients, 42% carers (14% of whom referred very shortly before the death of the patient) and 29% bereaved at time of referral. 67% were female and 33% male, with an age range from 21 to 78 (average age 54, SD=15.5). The majority of referrals continue to come from our Community Team (45%) and Inpatient Unit (19%) but we also received referrals from Access Team (12%), Self-Referral (10%) and East Lothian (7%).

33% of adults assessed this quarter were taking prescribed medications for psychological distress (22% antidepressants only, 7% antidepressants + anxiolytics, 4% anxiolytics only), and 7% demonstrated some risk of suicide at initial assessment (3% low risk with abstract thoughts but no active suicide plan or intent to end life, 4% at medium risk with specific thoughts about ending life and access to means). Where suicide risk is identified we provide time-limited counselling focused on safety planning and harm reduction, and/or refer on to GP or other services, as appropriate.

We use standardised and validated outcome measures to evaluate the impact of our services. 73% of clients demonstrate improvement on CORE-OM scores post-intervention, with 60% of clients below clinical cut-off at end of therapy (i.e. no more distressed than the average person in the general pre-COVID population) and 0% showing clinical deterioration (i.e. moving from normal to clinical levels of distress).

Chaplaincy has provided 151 interactions over this quarter (74 with patients, 46 carers and 31 with staff or volunteers). In addition, the chaplain led a tree planting ceremony to mark Absent Friends week (attended by 9 people) and a Christmas tree lighting ceremony (30+ attendees) as well as providing a supportive presence for bereaved relatives at the annual Light Up a Life event in Charlotte Square. The quarterly 'Question of the Season' activity, for which there were 14 responses, took place on the ward and encouraged people to consider what helped them through change.

Feedback: "You're a star and so are all the staff here, thank you for looking after me so well" *(comment made to the chaplain from a patient)*

Working in partnership with volunteers

We continue to work with volunteers to deliver individual bereavement support for family members and chaplaincy visits on the ward.

Working in partnership with our external partners

We have provided information sessions for colleagues at Cornhill and Highland Hospice on how we assess and triage, and what we are planning to do to address the increase in referral numbers and severity or complexity of presentations.

Quality Improvement

We continue to review our service delivery model in light of increased need and limited resources. Given that there is heightened demand for psychological services, we continue to prioritise patients and those who demonstrate risk of harm for more immediate one-to-one intervention.

We are also developing new training for Family Support Team staff on identifying clearer and more appropriate goals for 1:1 counselling, and are refining our assessment systems to ensure that those with more chronic and/or severe pre-existing mental health problems can be identified and, where appropriate, referred elsewhere for appropriate treatment. We are also in the process of developing two new bereavement support groups, to increase capacity and reduce waiting times.

We have introduced a new referral form across all hospice departments, which asks for more information on the reason for the referral and whether there is any known risk of harm.

Wellbeing and Community Cluster

Our Wellbeing and Community cluster consists of our Wellbeing, Hospice Neighbours, Community Development, Arts, Hospice at Home, Allied Health Professionals and Children, Families and Social Work arm of our Family Support Teams.

Wellbeing Service

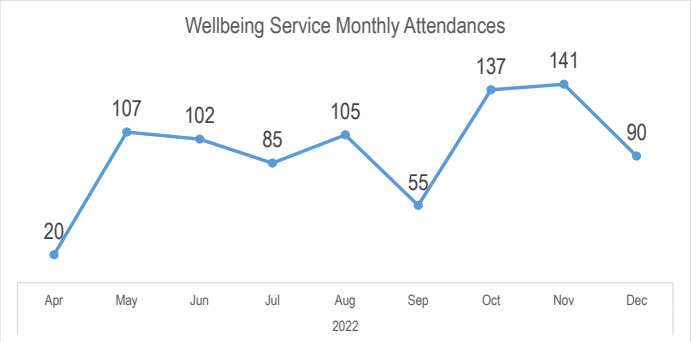
Commentary by Lisa Kerr Wellbeing Service Lead

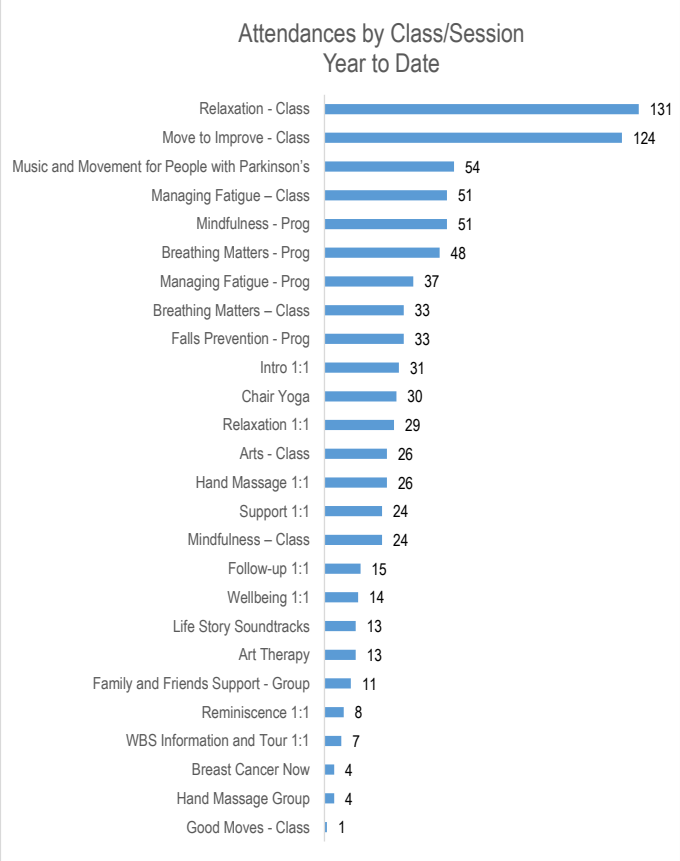
Our strategic developments

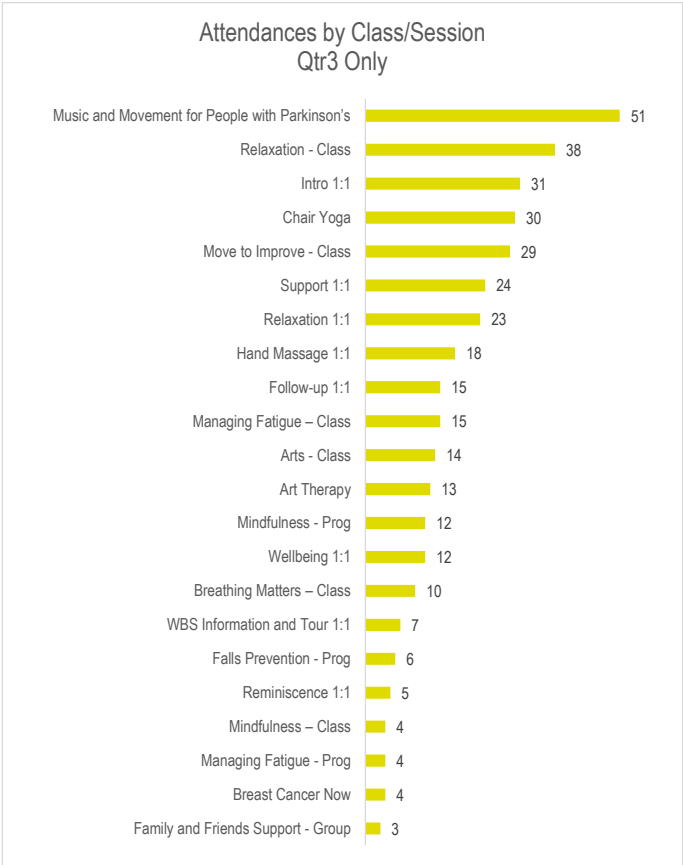
The Wellbeing Service has embedded its approach and timetable and there has been a general increase in awareness of the purpose and scope of the service. We are still experiencing relatively low numbers, however feedback to date has been very positive and we are planning to carry out marketing on our website as well as to our health and social care colleagues. We are using electronic fliers and posters, in line with our environmental strategy and anticipate a significant increase in numbers in the coming months.

Our impact

Year to date there have 217 people have benefited through 842 attendances with the highest level of activity in Qtr3. Overall most popular class to date is Relaxation but for Qtr3 it was Music and Movement for People with Parkinson's.







Working in partnership with volunteers

Our volunteers provide support for the wellbeing support team, facilitators and participants as required. We recently met with them all to reflect on ideas and learning from our experiences to date and we have created an action plan of developments which include an enhanced training program for volunteers.

Working in partnership with our external partners

Our Wellbeing Service has been building relations across Lothian with various professionals, clinics and other support services. We recently hosted the Breast Cancer Now group, providing a safe space and support for those experiencing secondary breast cancer, with further groups scheduled until July 2023.

We are also working collaboratively with 'Action Porty', through the 'Coorie In' community project. 'Living well' sessions for people with life limiting illness and their families will be delivered locally in Portobello throughout Q4.

Quality Improvement

Our volunteers actively seek real time feedback from those using our services so that areas for improvement or celebration can be identified.

We are actively participating in a group exploring the use of outcome measures, our focus being on identifying and measuring achievements towards individual goals.

Children, Families and Social Work

Commentary by Donna Hastings Child & Families Lead

Our strategic developments

Empowering families by providing education and support to aid their resilience in the face of a loved one with a terminal illness.	Through the individual support we provide psychoeducation and therapeutic activities around grief, loss and bereavement for both adults and children and young people. Helping to aid their understanding about how grief can impact children and young people and to help them implement strategies to support them as their loved one's illness changes. This can help aid resilience and help children and young people to feel included and prepared and equips and increases confidence in the adults supporting their children and young people.
Creating a tiered and flexible model of care which shifts the balance from hospice building based to community focused care.	We continue to provide a blended service which ensures that families are able to receive support in an environment that supports their needs. This might be in person sessions in the hospice or community (usually a school setting), virtual and telephone. This helps us to break down barriers ensuring the support is accessible particularly as our reach extends to Edinburgh and the Lothians for pre and post bereavement support for child and family referrals.

Creating new knowledge and innovative ways of working to influence the wider provision of palliative and hospice care. Creating an environment of community engagement, support and partnership building on the established reputation of the Hospice and brand.

In this last quarter we have continued to be part of local, regional and national initiatives helping to raise the profile of the hospice and through the delivery of workshops/training have been focusing on community engagement and making people aware of the service provision available. Working together with colleagues in collaboration for events such as "To Absent Friends" where we had a number of events during this week for patients, family and members from the community.

Our impact

During this quarter we received 42 referrals for child and family support. Every referral had an initial appointment within a week of receipt.

In this last quarter we provided 220 individual sessions.

- 153 of these were face to face, 46 were conducted on the telephone and 21 of these were virtual. From the 42 individual referrals, 17 were carers, 19 children and young people aged 4-16 and 6 patients.
- End of year numbers show an increase of 51.5% on individual referrals for child and family support between 2021 and year end of 2022.
- Based on session numbers from the same quarter from 2021, sessions have seen an increase of 137%.
- During this quarter we also piloted a bereaved parent and children's group. There were 5 parents and 7 children. The group ran over 5 weeks and was well received. From feedback and evaluation of this group, we will implement any suggestions and add the group opportunity to the service provision we offer as a continuous part of our delivery.
- We have welcomed our social worker into the team and look forward to working together to extend and increase our support for Carers.
- We have seen an increase in referrals and want to focus on early support for pre-bereavement.
- We continue to collaborate with colleagues from the bereavement sector on policy and strategy implementation both locally and nationally for bereaved children and young people
- We continue to collaborate with colleagues from our Arts Team and from other Support organisations to provide specific schools project using creative ways of exploring grief loss and change and including training for the schools on childhood loss and grief.
- We continue to work with colleagues on a Bereavement Friendly Schools Toolkit /charter mark for schools with the aim of sharing this across the country, including the Children's Commissioner and the UNCRC rights of the child into this project.

Working in partnership with volunteers

We have welcomed two new volunteers into the team who will help to co-facilitate our group work and Family Remembrance Events. Training has been provided for one of the volunteers on Childhood Loss and Grief and the other will undertake this training in the next quarter.

We also have new representation on the Child and Family Advisory Group. The group is formed of service users and staff from Education. The initial group had committed to 2 years and extended this due to the pandemic. Two volunteers chose to step down after honouring this commitment and we were thankful for their participation. We have now been joined by three more volunteers who also service users ensuring we are hearing the voices of family members to have input into the service vision and development.

Working in partnership with our external partners

We are involved in a number of initiatives across Scotland. We were part of the National Network Event Planning group for the Scottish Bereavement Network bringing together 70 colleagues all with an interest in bereavement. We attended and facilitated at a National Bereavement Summit gathering the views and exploring ways forward for best bereavement support for Scotland and were part of the Marie Curie Round Table Discussion on Bereavement Support in Scotland as well as ongoing work with the writing group for the Bereavement Charter for Scotland for Children, Young People and Adults. We collaborated with colleagues from CBUK (child bereavement UK) to deliver a workshop at the Children in Scotland Conference exploring how the UNCRC (United Nations Conventions on the Rights of a Child) impacts bereavement as well as having a presence at National Conferences like NES. All of these are raising our profile across the country and ensuring we are involved in strategy plans and delivery of bereavement support both locally, regional and national.

Quality Improvement

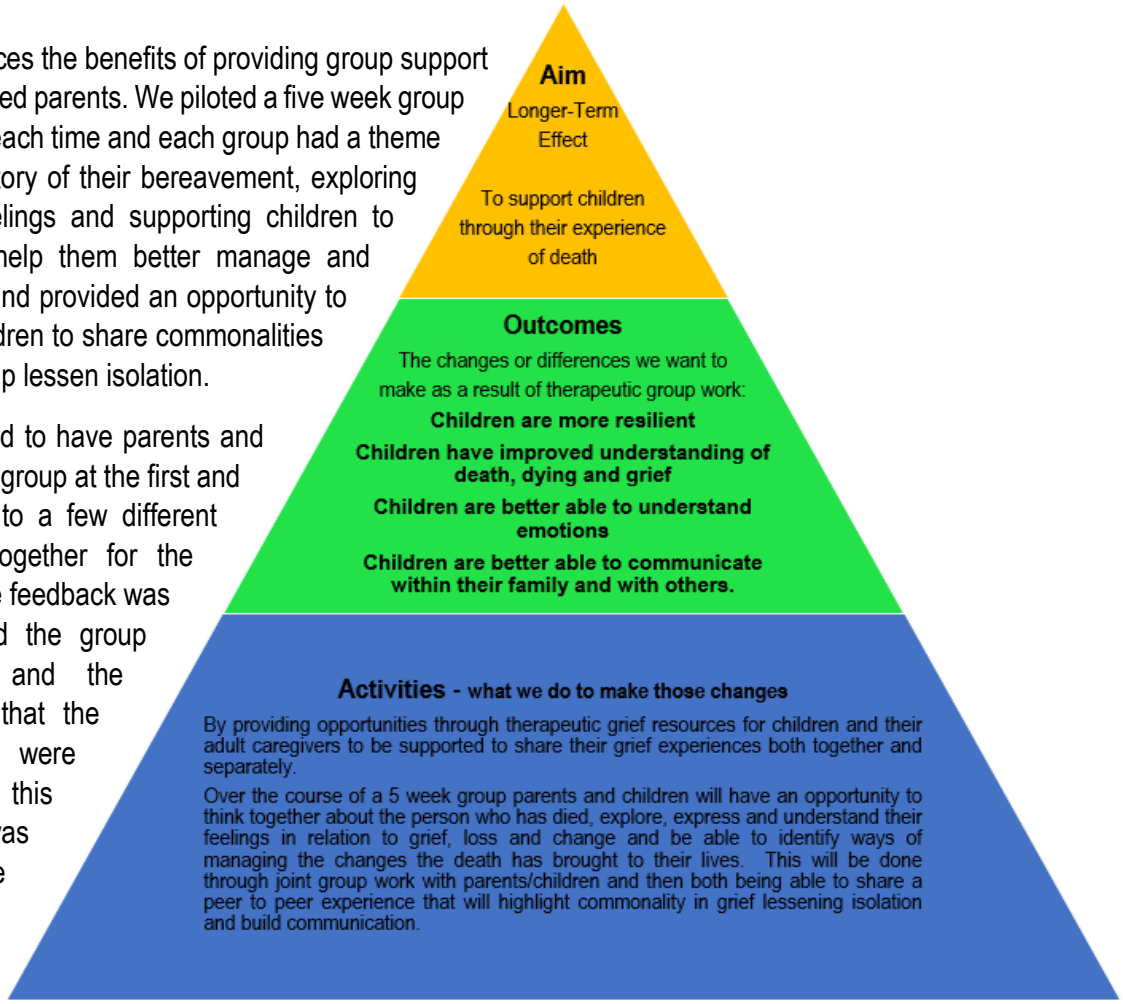
We are using a suite of outcome measures to support our evaluation of the impact of the individual bereavement support we are providing for children and young people using a standardised tool called CBSQ –child bereavement service questionnaires. These will help us ensure the service provision is meeting the standards of the Bereavement Service Outcomes Framework we work towards. These help us to identify difficulties in school attainment, physical grief reactions, ability to talk about the person who has died, communication in the family and coping strategies. All children and young people who completed individual support this quarter showed a marked improvement in coping better with their grief.

The tool for pre-bereavement support is still being piloted and we will implement this as soon as it is available for use to measure the impact of any pre-bereavement provision we provide.

Case Study

This case study evidences the benefits of providing group support for children, and bereaved parents. We piloted a five week group that lasted for an hour each time and each group had a theme relating to telling the story of their bereavement, exploring and understanding feelings and supporting children to identify strategies to help them better manage and understand their grief and provided an opportunity to be alongside other children to share commonalities found in grief and to help lessen isolation.

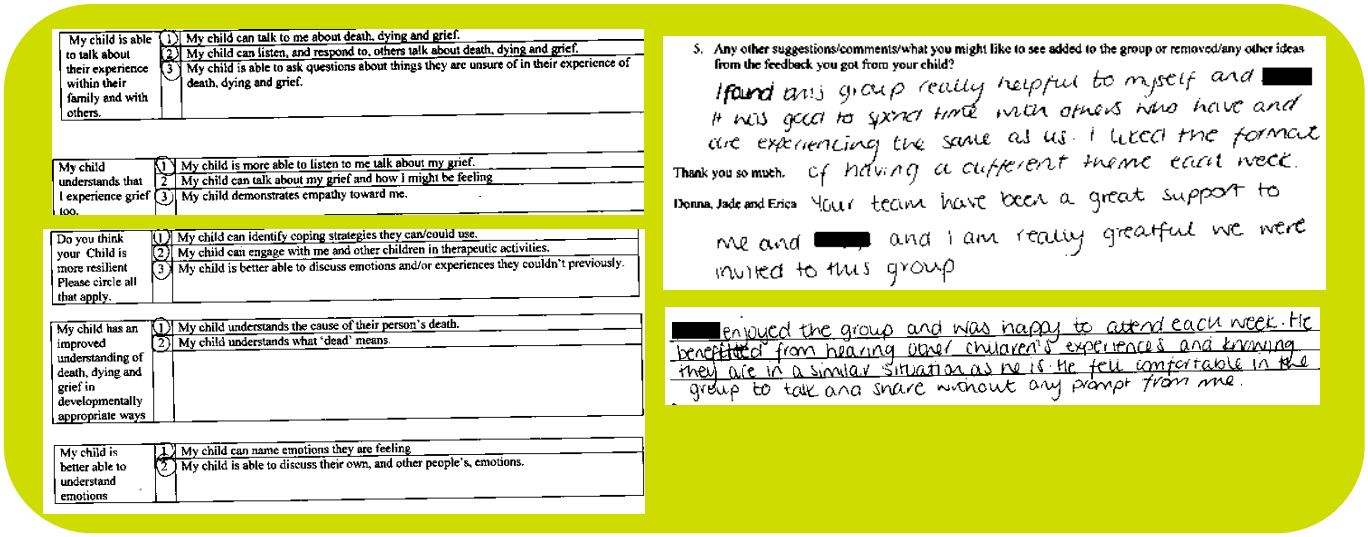
Initially, we had planned to have parents and children together in the group at the first and last session, but due to a few different factors they stayed together for the entirety of the time. The feedback was extremely positive and the group was well received and the evaluations evidence that the majority of outcomes were met. The learning from this pilot is that five weeks was too short and this will be extended going forward to a six week group and



the length of time of each session extended to one and a half hours per week. We plan to offer this group twice or three times throughout the year if numbers permit.

OUTCOME	OUTCOME INDICATOR	
1. Children are more resilient	1	Children can identify coping strategies they can/could use.
	2	Children engage with their parent/carer/other children in therapeutic activities.
	3	Children are able to discuss emotions and/or experiences they couldn't previously.
2. Children have improved understanding of death, dying and grief in developmentally appropriate ways	1	Children understand the cause of their person's death.
	2	Children understand what 'dead' means.
	3	Children show understanding that they are not responsible for the death of the person who died
3 Children are better able to understand emotions	1	Children can name emotions they are feeling
	2	Children are able to discuss their own, and other people's, emotions.
4. Children are better able to communicate about their experience within their family and with others.	1	Children talk to their parent/carer about death, dying and grief.
	2	Children listen, and respond to, others talk about death, dying and grief.
	3	Children are able to ask questions about things they are unsure of in their experience of death, dying and grief.
5. Children better understand that their parent/carer experiences grief too.	1	Children are able to listen to their parent/carer talk about grief.
	2	Children talk about their parent/carer's grief.
	3	Children demonstrate empathy toward their parent/carer.

Example – Response 1



My child is able to talk about their experience within their family and with others.	1	My child can talk to me about death, dying and grief.
	2	My child can listen, and respond to, others talk about death, dying and grief.
	3	My child is able to ask questions about things they are unsure of in their experience of death, dying and grief.
My child understands that I experience grief too.	1	My child is more able to listen to me talk about my grief.
	2	My child can talk about my grief and how I might be feeling
	3	My child demonstrates empathy toward me.
Do you think your Child is more resilient Please circle all that apply.	1	My child can identify coping strategies they can/could use.
	2	My child can engage with me and other children in therapeutic activities.
	3	My child is better able to discuss emotions and/or experiences they couldn't previously.
My child has an improved understanding of death, dying and grief in developmentally appropriate ways	1	My child understands the cause of their person's death.
	2	My child understands what 'dead' means.
My child is better able to understand emotions	1	My child can name emotions they are feeling
	2	My child is able to discuss their own, and other people's, emotions.

5. Any other suggestions/comments/what you might like to see added to the group or removed/any other ideas from the feedback you got from your child?

I found this group really helpful to myself and [redacted] it was good to spend time with others who have and are experiencing the same as us. I liked the format of having a different theme each week.

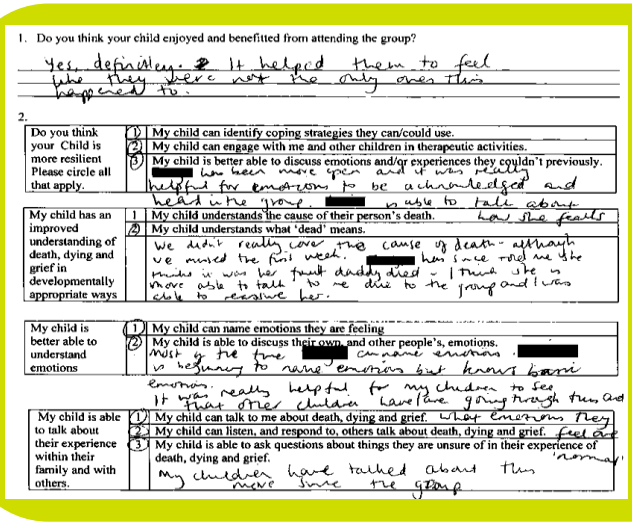
Thank you so much.

Donna, Jade and Erica

Your team have been a great support to me and [redacted] and I am really greatful we were invited to this group

[redacted] enjoyed the group and was happy to attend each week. He benefitted from hearing other children's experiences and knowing they are in a similar situation as he is. He felt comfortable in the group to talk and share without any prompt from me.

Example – Response 2

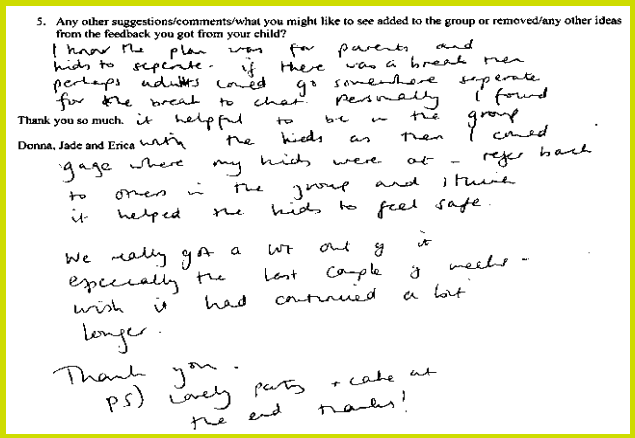


1. Do you think your child enjoyed and benefitted from attending the group?

Yes, definitely. It helped them to feel like they were not the only ones this happened to.

2.

Do you think your Child is more resilient Please circle all that apply.	1	My child can identify coping strategies they can/could use.
	2	My child can engage with me and other children in therapeutic activities.
	3	My child is better able to discuss emotions and/or experiences they couldn't previously. [redacted] has been more open and it was really helpful for emotions to be acknowledged and heard in the group. [redacted] is able to talk about how she feels
My child has an improved understanding of death, dying and grief in developmentally appropriate ways	1	My child understands the cause of their person's death.
	2	My child understands what 'dead' means.
		We didn't really cover the cause of death - although we missed the first week. [redacted] has since told me the reason it was her friend daddy died - I think she is more able to talk to me due to the group and I was able to reassure her.
My child is better able to understand emotions	1	My child can name emotions they are feeling
	2	My child is able to discuss their own, and other people's, emotions. Most of the time [redacted] can name emotions. [redacted] is beginning to name emotions but knows basic emotions. It was really helpful for my children to see that other children have/are going through this and
My child is able to talk about their experience within their family and with others.	1	My child can talk to me about death, dying and grief. What emotions they
	2	My child can listen, and respond to, others talk about death, dying and grief. feel are
	3	My child is able to ask questions about things they are unsure of in their experience of death, dying and grief. 'normal' My children have talked about this more since the group



5. Any other suggestions/comments/what you might like to see added to the group or removed/any other ideas from the feedback you got from your child?

I know the plan was for parents and kids to seperate. if there was a break then perhaps adults could go somewhere seperate for the break to chat. personally I found

Thank you so much. it helpful to be in the group

Donna, Jade and Erica

having the kids as then I could gage where my kids were at - refer back to others in the group and I think it helped the kids to feel safe.

We really got a lot out of it especially the last couple of weeks - wish it had continued a bit longer.

Thank you.

PS) Lovely parts + cake at the end thanks!

Compassionate Communities

Commentary by Roddy Ferguson Community Development Lead

Our strategic developments

Our team continue to create an environment of community engagement, support and partnership by building relationships with established community groups such as sports clubs, arts groups, and homeless charities. We also worked with staff across the hospice to celebrate events such as Absent Friends week.

The team remain active in creating new knowledge and innovative ways of working to influence the wider provision of palliative and hospice care. We presented a poster at the Hospice UK conference sharing new knowledge by detailing the results of research into an interest-based approach to mapping value in partnership working between charities, businesses, and public sector organisations. We continue to share ideas and learn from good practice elsewhere as we try to increase the capacity within local populations and support a shift towards community focused care. For example, we started a dialogue with St Luke's hospice and joined a virtual learning from a network of other Compassionate Communities which will allow us to compare and learn from the different approaches to public health palliative care. The Compassionate Neighbours team also attended Supporting Death & Dying in the Community Conference in Glasgow, and the East Lothian Third Sector Annual Conference in Musselburgh.

Our impact

During the period October – December 2022, our volunteers were involved in an average of 35 active matches. Compassionate Neighbours supported 496 one-to-one interactions with community members. This is a significant increase on the previous quarter. However, as the following quote from a community member illustrates, it is not just the number of interactions which is important but the profound difference that this one-to-one support can make.

'I forget the pain when you're here. You're the best medicine for me.'

Working in partnership with volunteers

The Compassionate Neighbours team continue to support our volunteers with monthly drop in at the hospice gatehouse and also in East Lothian. We have also continued monthly online sessions at different times of the day

to make it easier for volunteers to be involved. In the period October to December 2022, the following volunteer support was provided:

- CN volunteers attending informal supervision & support sessions 48
- CN volunteers supported via one-to-one sessions 35
- New CN volunteers 8
- New CN volunteers trained 5

Working in partnership with our external partners

- Our Community and Wellbeing cluster joined an Edinburgh-wide programme called "Coorie In for Winter" to provide warm and welcoming wellbeing spaces across the city during the winter months. Working with a local community partner in Portobello called "Action Porty" we developed a series of wellbeing and arts programmes which will be run by the run by the hospice Wellbeing and Community Arts teams. A successful application for funding will provide free transport and a hot meal for local people attending the sessions. Planning took place in December 2022 for a programme to run from Jan-March 2023.
- We worked in partnership with Edinburgh Interfaith Association to run a workshop for local faith community leaders. We hosted this in the hospice in partnership with the hospice chaplain and the Compassionate Neighbours team. The workshop explored innovative ways to engage different faith communities to help shape our approach to equality and diversity within the hospice. We also discussed piloting some community capacity building work to develop culturally-appropriate care in communities.
- We have joined a multiagency group to develop support for young men with Duchenne's. The group are keen to use a co-production approach to ensure that the young men with Duchenne's are central in shaping developments.
- Over the past couple of years we have supported North Berwick Coastal Community Connections (NBCCC) to establish a local hub for Compassionate Neighbours. This support included providing training for volunteers and carrying out PVG checks. NBCCC are now more established and we are pleased to have started a process to support them as they transition to becoming an autonomous hub which takes local responsibility for training and matching compassionate neighbours.

Quality Improvement

Evaluation of Compassionate Neighbours consulted with a wide range of stakeholders to assess the progress that has been made so far. A key finding was that the compassionate neighbours bring "passion" and "joy" to socially isolated individuals as they near the end of life. The findings also showed a notable success in recruiting and training 60 volunteers in the first two years. Results of the evaluation were used to benchmark the scale and focus of compassionate neighbours and we have re-organised the staffing balance to align with this (changed from two part-time CN coordinators at band 4, to one fulltime CN coordinator at band 5). The evaluation also identified capacity-building in existing community hubs as the key area for service development over the next two years.

Arts Service

Commentary by Dr Giorgos Tsiris Arts Lead

Our strategic developments

Giorgos has now completed his secondment as Acting Director of Education and Research and has welcomed two community artists into the team. This significantly increased capacity will enable us to respond to referrals in a timely manner and to meet our strategic objectives for arts provisions. This includes the establishment of new art groups as well as the development of community outreach projects to increase accessibility of services.

Our impact

We provided 30 individual sessions and had 11 cancellations this quarter. We also offered 12 group sessions, and delivered an Arts-Led Staff Reflective Practice session as part of the Hospice's wider Practice and People Development framework. Overall, we recorded 28 patient attendances in individual sessions while the majority (80%) of group attendances was people with Parkinson's disease and their carers due to the pilot music and movement group for people with Parkinson's disease that we implemented (see Case Study for further details). All group sessions and 80% of individual sessions took place in person. We offered a total of 9 live music sessions, including live music in the IPU and in Iona Café, reaching approximately 90 people.

During Christmas, our team also offered live music for festive gatherings at the hospice and we organised a Jazz Christmas concert. As an open public event, the concert attracted approximately 30 people, including patients, families, staff and members of the local community. In November, we co-organised an evening of music, conversation and story-telling as part of the Absent Friends week. Families, patients and local community members came together, shared memories, and remembered loved ones. There was also an opportunity to place a Ribbon of Remembrance on our beautiful tree outside Iona Café.

In addition to our practice-related impact, we continued our scholarly work building on the research and education strategy of the arts service. More specifically, Giorgos contributed as a keynote and invited speaker at the following events:

- The International Symposium on Research and Good Practice in Music Therapy (8-9 September, Spain)
- ErasmusPlus event on "Death education in practice and research: Benefits, challenges, perspectives" (24 October, Poland/online)
- Community Music and Music Therapy event organised by the Ionian University (13 November, Greece/online)

Giorgos also led a music therapy research seminar at Nordoff Robbins Italia (12 November) and contributed with spoken and poster presentations at the following conferences:

- the Music Therapy Charity Conference "Music Therapy in the UK Today" (29 October, London)
- the 2nd International Rehabilitation Conference "From Disability to Person and Quality of life" (5 November, Greece/online)
- the annual Hospice UK conference "Finding a Way Forward" (24 November, Glasgow)
- the Scottish Partnership for Palliative Care (SPPC) Autumn Season event (October, online)
- the NES Bereavement Education Annual Conference 2022 "Exploring Bereavement from a New Perspective" (24 November, online)

Giorgos also authored together with Dr Erna Haraldsdottir (Queen Margaret University) two papers about the University Hospice partnership between the Hospice and QMU. These papers were published in the Hospice UK Innovation HUB and the Hospice UK Research and Evidence in Practice bulletin respectively. He also co-edited and published an open access Music Therapy Dictionary and a special edition of the British Journal of Music Therapy with the abstracts of the 12th European Music Therapy Conference.

Working in partnership with volunteers

In October, we completed a pilot 'Arts for All' group as part of the Wellbeing programme. Facilitated by volunteer Gwen Rayner, this group received very positive feedback and its report observations has informed the use of the Arts Studio and planning of new groups. Our two community life story volunteers are currently on maternity leave.

Working in partnership with our external partners

We continue our collaboration with the QMU Arts Therapies programmes and offer regular student placements. In October, we welcomed two new music therapy students, and our art psychotherapy student completed her placement successfully in December.

Our 3rd annual symposium for the Arts in Palliative Care took place in November. Focusing on "Reimagining creativity and care", this year's symposium attracted arts therapists, community and performing artists as well as other professionals and scholars within and beyond palliative care internationally. Co-organised with QMU, the event was kindly supported by Edinburgh Art Fair and Music Care International.

Feedback from some of our attendees

"I will take ideas from the symposium to reimagine music therapy in hospice and increase possible more creative actions"

"So important that the 'cared for' and caregivers are an active part of the re-imagining - a collaborative creative process. An inspiring day!"

"I took something away from each presentation. The speakers had a wealth of knowledge between them and some have planted seeds for me to develop my own learning in this area."

"A wonderful day. I'm looking forward to next year's symposium already! Thank you all"

In this quarter we also hosted at the Hospice a music workshop in collaboration with the Scottish Music Therapy Trust (SMTT) and held a meeting of the Community of Practice for arts therapists and community artists working in hospices across Scotland. Our team contributed to the Hospice's annual Art Friends Exhibition (October 2022) and the Edinburgh Art Fair (November 2022) by displaying patients and families artwork. Attracting artists internationally.


Participatory arts and live music at EAF2022


Patient and families artwork at the Art Friends Exhibition

The EAF2022 took place at the O2 Academy, Edinburgh where we also offered a live music performance featuring songs written by patients as part of our recent Musician in Residence project.

Case Study

Music and Movement for People with Parkinson's Disease

Music has been shown to be beneficial across physical and non-physical domains for people living with neurological disorders including those with Parkinson's disease. Building on existing practices and evidence in the field, our Arts, Wellbeing and Research teams worked together on a small practice-led research study to explore the impact and scope of a music and movement program for people with Parkinson's disease. This program followed the Dalcroze Eurhythmics approach; a unique form of music and movement that aims to integrate the sensory and motor aspects of bodily function through musical experience.

Following two taster sessions at the Edinburgh Parkinson's Group and at the Hospice respectively, we offered a total of six weekly sessions between October and November 2022. We recruited a total of 13 participants (8 people living with Parkinson's disease and 5 partners/carers) and the sessions took place at the Wellbeing Studio. The project was hosted within our expanding Wellbeing programme that is underpinned by a public health and health promotion approach to palliative care aiming to promote wellbeing, autonomy and independence for people with diverse conditions beyond those traditionally referred for specialist palliative care. The project sessions were led by a trained Dalcroze practitioner, **Monica Wilkinson (pictured)**, and involved a range of music and movement based activities. These activities focused on people's physical functions (balance, gait, agility and postural stability), as well as social interaction, confidence and alertness.

For the research purposes, we implemented participant observations and closing interviews to understand people's experiences and the project's impact on people's sense of wellbeing, including physical and psychosocial aspects (e.g. social interaction, movement coordination, confidence and prevention of falls). To our knowledge, this is the first study of its kind within a hospice environment. We anticipate its findings will inform service development in palliative care and other healthcare environments for people with Parkinson's disease. The findings will also support the identification of key areas for future research and knowledge development in the field. The project took place in partnership with the QMU Centre for Person-centred Practice Research Centre, and was funded by the NRS Ageing Specialty Group.

"The first time Stuart came and we were dancing to Michael Bublé at the end, and … he was so full of excitement with it, and he said, "Wait till I tell my children I've been dancing to Michael Bublé." I think he had done a lot of dancing in the past, and … he was filled with enthusiasm". ***Music facilitator***

"…having fun and enjoying themselves moving, the attention was taken away from movement as a problematic or something very functional, but it became something that was playful and as part of who you were" ***Music facilitator***

"Music made movement flow better. With Parkinson's your feet tend to get stuck on the floor a bit they are frozen." ***Participant with Parkinson's disease***

"it's probably a release for me to be able to be free as it were, but still in a safe environment and be around people and I was able to let off steam a little bit." ***Participant with Parkinson's disease***

"Some people might find the hospice context quite difficult depending on their own experiences of palliative care. Seeing the hospice diversifying and just moving away from that one label is really good". ***Carer***

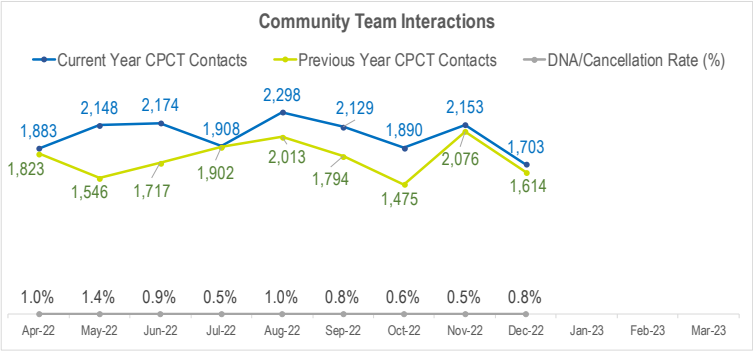
Community Hospice

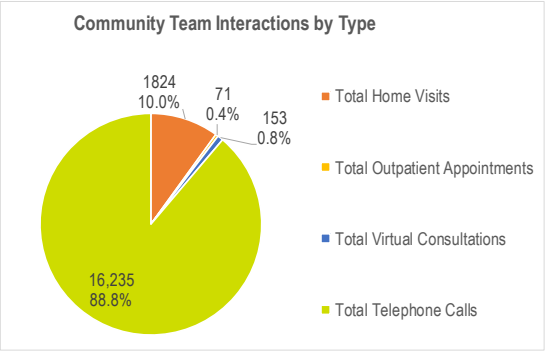
Commentary by Dr Tony Duffy Consultant Palliative Medicine / Mandy Murray Community Hospice Lead

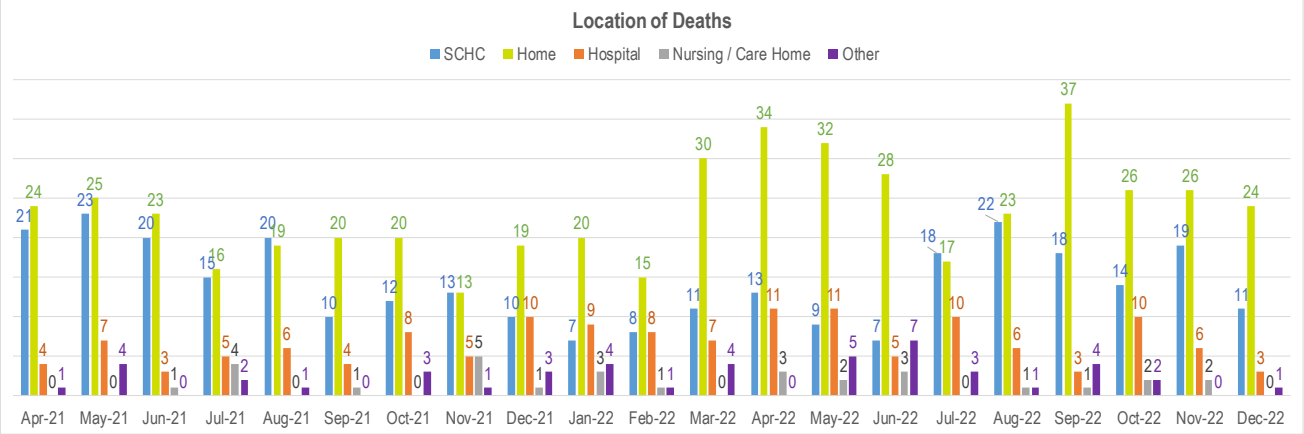
Our strategic developments

We have reviewed our establishment and have been able to increase our capacity through the appointment of a consultant specifically for our community services as well as successfully recruiting to vacant posts. This means we have been able to respond to urgent situations and strive to do so within two working days

Our impact







- There has been a 17% reduction in patients known to Community Hospice who died in hospital when compared to same quarter last year
- There has been a 46% increase in the number of people that have been supported to die at home compared to same quarter last year

Working in partnerships with our external partners

- We continue to have work in partnership with Motor Neurone Disease colleagues by joining each other's multiprofessional meetings on a quarterly basis.
- We routinely offer joint visits with other health care professionals to optimise patient and family support. Including neurological, paediatric, oncology and primary care colleagues.
- Through an ongoing medical secondment with Edinburgh Royal Infirmary Palliative Care Team we have increased our cross site collaboration with our hospital palliative care team colleagues.

Quality Improvement

We continue to audit our compliance with seeking consent to share information and are starting to see improvements in practice.

Case Study

A patient with advanced lung cancer, in the last weeks of life expressed an enduring wish to travel abroad with family for one last family holiday. Even though this presented several time-limited challenges, our community team helped them achieve this through close collaboration with primary care.

Clearance of controlled medications through UK customs and preparation with the airline was arranged and while abroad, we provided telephone advice and support for the patient their family as well as acting as a resource for local health care professionals.

In preparation for returning home, we arranged Hospice at Home support and a District Nurse visit which occurred within hours of the patient returning to their own house. In the following days the patient was supported to remain at home in keeping with their wishes. Compassionate hands-on care was delivered by Hospice at Home, symptom changes were quickly addressed by Community Hospice Team through face to face visits and the patient died peacefully with their family. This seemingly impossible achievement has provided a degree of comfort and pride for the family in their time of grief.

Hospice at Home

Commentary by Craig Walby Team Lead

Our strategic developments

We are planning to extend the scope of our service to include provision of meals and medication prompting which will enable us to be more responsive to peoples holistic care needs.

Our team Lead has recently completed a MSc module in 'Shadows on the Horizon' focussing on leadership in the Hospice at Home team.

We are now routinely carrying out Observations in Practice to support our team and to ensure we align with the care inspectorate quality framework and the SSSC codes of conduct. We have 4 staff currently working towards their SVQ awards.

Our impact

Direct comparison with the same quarter last year isn't helpful, because we had significantly more staff at that time due to diverted resources to support winter pressures.

We have recently worked in partnership with our colleagues in East Lothian to create a single point of access. Our activity reduced temporarily after this switch but has increased again over recent weeks.

Participation and Feedback

We worked closely with our inpatient colleagues to facilitate a discharge over the Christmas period to enable the patient to spend some time at home over Christmas. Collaborative working made this a success the patient and their young family spent a lovely Christmas together at home.

'Thank you for the wonderful care and support'

…'this enabled her to stay at home as she had wished. We want to thank you particularly for your exemplary combination of compassion and professionalism…'

Working in partnerships with our external partners

We continue to work in partnership with similar services in the North Edinburgh and East Lothian regions. We have found it to be of benefit to patients to be cared for by multiple care teams, to ensure they have the fullest package of care to ensure they can be cared for at home if this is their wish or to prevent an unnecessary admission to hospital.

In East Lothian our referral process is now integrated into the east Lothian hub. The hub manages all social care referrals in the region, and we meet with the hub virtually twice a week to discuss capacity and referrals.

People, Knowledge and Culture Development

Our People, knowledge and culture development cluster consists of our Education and Research, Practice Development, Human Resources and Quality Assurance teams. Some data from our Volunteer services department is also included.

Education and Research

Commentary by Dr Anna Lloyd Research Fellow

Our strategic developments

- We have moved to delivering our education through our Queen Margaret University (QMU) accredited MSc and Grad Certificate modules in a hybrid structure allowing students the flexibility to attend in person or online.
- We have contributed palliative care education beyond the traditional boundaries to those undertaking the QMU MSc in Advancing Care Home Practice as well as to District Nurse trainees and undergraduate radiographers.
- We have begun planning our new research strategy to reflect person centred research and practice outcomes and the strategic goals of the hospice and QMU. We are encouraging research interested and motivated staff and volunteers to take part in research activity with a health care assistant and research volunteer having received training from the team to collect on site data for the EAPC pain study.

Our impact

- We have completed the pilot study of Dalcroze music and movement therapy sessions for a group of people with Parkinsons' Disease and their carers and completed post intervention interviews. We received unsolicited feedback from a participant as follows:

'when the trial ends, we will miss it. Being with others with similar symptoms has had a good effect on morale and discovering you can do something you never thought you could do, is a pleasant surprise! Participating in the memory games is certainly challenging and rewarding – when achieved (even for those without Parkinson's!) and of course, Monica's enthusiasm just sweeps one along. The staff at St. Columba's have all been so pleasant and attentive, it has been a joy to be in their company. But we would also like to thank you for your encouraging attentiveness towards [name] - he has greatly appreciated your concern for his wellbeing at various moments of 'wobbliness' at the class. The café is delightful and has a great atmosphere about it. In fact, the whole place is a very pleasant place to be.'

- We have been preparing for participation in externally run partnership national and international large scale clinical research studies detailed below.
- We have presented posters at an international research seminar and at a national conference.
- We delivered Education programmes and various levels.
  - At level 11:
    - Shadows & Horizons: Advancing Palliative Care Practice - 16 students participated.
    - A person-centred approach to working with people with complex pain & symptoms - 10 students participated.
  - At levels 9 and 10,
    - Anticipating & Responding to pain and symptoms in palliative care - 24 students participated

    - Using person-centred communication skills towards the end of life – 13 students participated
- Supervised MSc students – 3 students are currently being supported to write dissertations.

Working in partnership with volunteers

Our Patient and Public Involvement (PPI) group has attended and contributed to the research steering group meeting and also met with the research lead independently. One of our volunteer members on the PPI group is taking part in gathering data for a clinical trial alongside one of our clinical team as well as continuing to support the Revolution study.

Working in partnership with our external partners

Our research team have facilitated the involvement of out practice development team and AHP team to jointly participate in the Talking mats project with Strathcarron Hospice. This is funded from the Scottish Government to study the use of Talking Mats with patient diagnosed with neurological disorders and with communication difficulties. In November staff received training and will commence completing up to 6 talking mats and submitting reflection sheets on these for the project (project finishes in March 2023).

- Our research lead gave a presentation titled 'Writing for publication' at their research ECHO programme.
- We are working with a research group at Edinburgh University to find ways to contribute to the Health Foundation Study that aims to add palliative referral data to describe the pathways and outcomes for patients with poor prognosis cancers, and highlight any differences between practice and patient experience.
- We are involved in the European Association for Palliative Care (EAPC) Pain assessment study run through Leeds and Milan Universities looking at improving the bedside assessment of neuropathic pain in cancer patients.
- We are linking with the NIHR and University of Surrey to include St Columba's Hospice Care as a clinical site for the cross national CHELsea II Trial, evaluating clinically assisted hydration in the last days of life.

Practice Development

Commentary by Fiona Cruickshank Practice Development Lead

Our strategic developments

We are in process of finalising our 'Developing People and Practice Strategic plan' to complement the main hospice strategy. The areas which will be focused on are:

1. Empowering our dynamic and diverse workforce of staff and volunteers with the knowledge and skills to undertake their roles flexibly.
2. Empowering leaders across the Hospice to develop more person-centred care approaches and opportunities closer to, or at, the homes of those we support.
3. Embedding organisational resilience into strategic changes in order to ensure long term sustainability.
4. Creating research evidence and integrating into educational and clinical services.
5. Creating new virtual support and engagement opportunities for individuals, families, supporters, volunteers and staff.
6. Creating new knowledge and innovative ways of working to influence the wider provision of palliative and hospice care.

Our impact

- New team leader/line managers training session's pilot completed and evaluated. This consisted of 3 separate sessions
  1. Managing People – A focus on the role of HR and the practicalities of managing a team in relation to responsibilities of employers and employees, absence management, performance management
  2. Leading People – A Focus on exploring values, beliefs, leadership and teams
  3. Keeping people safe – A focus on people in the organisation, roles and responsibilities, incidents, sentinel, policies and procedures) Facilitated by HR, QA, Deputy CEO and Practice development. The evaluation results were positive and a second session will be arranged for other staff in February/March.
- Mandatory training 2022 was successfully rolled out for all staff in November 2022. This is a block of different topics and session are completed dependent on staff roles. This year's topics included Health and safety, fire safety general and clinical setting, Infection control general and clinical setting, risk assessment, risk enablement, Information governance, Adult protection, child protection, public protection, pressure are, falls prevention, drug accountability and Swallow and mouth care. We worked with a web designer on these who works with various other hospices. This enabled us to ensure all modules had aims, objectives, quizzes, feedback for evaluation and certificates available for staff. The evaluation results will be included in the next quarterly report.
- All clinical staff (except those on LTS/Maternity leave) have completed their yearly mandatory moving and handling refresher (face to face)
- All clinical staff (RNs, medical, Auxiliaries, CCSWs) have completed training in Basic Life Support – CPR, AED, choking and epilepsy. This is a certificated course for 3 years.

Working in partnership with volunteers

The PD team work with 2 regular volunteers. One assisted with updating staff care with face to face education completions. The other volunteer is involved in the development of our own learning hub and the transfer away from learn pro. We also created a volunteer induction on the learning hub which will be evaluated by volunteer services.

Working in partnership with our external partners

The practice development run ECHO sessions for the previous quarter covered the following subjects and attendance numbers. Recordings of each session are available for staff registered for the networks but unable to attend.

- ECHO District Nurse & Community Nursing
  Oct 22 – ACP ion palliative care - 22 attended
  Nov 22– Palliative Care Emergencies - 23 attended
  Dec 22 – Assessment and Management of Total Pain – 22 attended
- ECHO - Astana Hospice in Kazakhstan
  Oct 22 – Total Pain in Palliative Care – 19 attended
  Nov 22 – Delirium in PC – 18 attended
  Dec 22 – Respiratory disease at end of life – 15 attended

- Teaching session QMU November 2023
  Goal Setting in Palliative Care teaching session for Occupational therapy students at QMU
- MCN Educators meeting attendance

Quality Improvement

New staff Inductions

The PD team supported 16 new staff starting work at the Hospice October-December. This involved organising their first day of induction and supporting line managers with specific elements of induction into the role. An ongoing evaluation process is in place for new staff regarding induction.

Hospice Connection sessions

The following Hospice connection sessions last quarter Managed Cancer /network (8 attendees), Energy Crisis (7 attendees), Acupuncture in pain management (17 attendees).

Resilience based clinical supervision – train the trainer

Further 5 staff attended train the trainer sessions and will use these skills to embed the ethos into teams and practice. Ongoing support with RBCS offered through Practice Development team.

Human Resources

Our team:

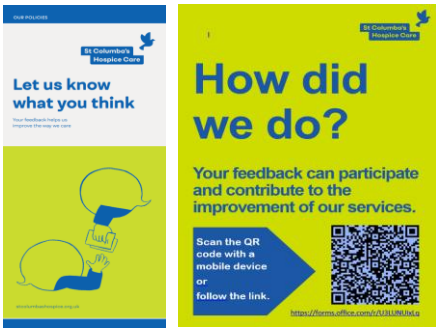
- 228 members of staff (186.5 WTE)
- 115 WTE staff are directly involved in delivering care
- 20% of the total number of staff left the service during the last calendar year
- Hospice awarded Silver Level Investor in People at last accreditation (Mar-22)
- No staff had disciplinary action taken against them during the last calendar year for issues directly relating to patient care.

Quality Assurance

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

Our strategic developments

- The team has contributed to the development of our new website (under construction) to ensure it includes more opportunities for feedback.
- We have started 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. An iPad is now available on reception and a paper version is also available on request.
- We have reissued our leaflet detailing the best way to contact the hospice to register any feedback whether it is compliment, concern or formal complaint.



We have supported the implementation of OACC outcome measures (now RESOLVE) across clinical services by:

- Attending ECHO sessions.

- Undertaking a full review of processes within the Inpatient Unit and community services and creating a proposal for the teams to consider to support implementation.
- Developing teaching resources to support implementation
- Preparation now in place for representatives from all People's Services cluster to meet to discuss short and longer term goals.
- Short Life Working Group has been created.

We are developing 'specialist roles' for every member of staff in IPU. The medicine Link role is being reviewed by our nursing, medical and pharmacy teams. This will bring this area of patient safety in line with Falls, Pressure Ulcers and Infection Prevention and Control Link staff whose role descriptors have been reviewed earlier in 2022.

A Short Life Working Group was opened up to all nursing and pharmacy staff to review medicines processes. Currently the group are focussed on improvements within the use of own supply medicines, governance processes and induction provision for new staff.

Currently Pressure Ulcer link staff have been involved with the implementation of a safety cross (daily visual review tool) and the progress is monitored by the Patient Safety Meeting for Pressure Area Care.

The link staff for Infection Prevention and Control and/or the daily identified Infection Control Champion have been attending the weekly walk rounds with the clinical leads, domestic team and the quality assurance team. This gives opportunities for discussion, problem solving and actions in 'real time' ensuring that we have a safe and clean environment for all.

Our impact

We continually seek assurances that our care is safe and effective. We will implement a suite of outcome measures to support evaluation of the impact of the care we provide by 2023 (KPI 27). This is highlighted under "our strategic actions".

We publish an annual duty of candour report detailing any incidents resulting in severe harm or death (KPI 28). Quarter 3 continues with our established Patient Safety Meeting Structure ensuring that all areas of patient safety are discussed, managed, and developed. We have no duty of candour incidents reported and our current duty of candour report is displayed on the hospice's website.

We continually monitor patient safety concerns including any healthcare acquired infection, acquired pressure ulcers, medication related incidents and patient falls (KPI 29). A detailed breakdown of the Quarter 3 incident activity can be found later in this report. The electronic risk system supports the timely reporting and investigation of all patient safety incidents. The Patient Safety Meeting structure provides a forum for incident discussion and learning, trend analysis, action planning and developments. These groups are currently piloting a new format (introduced in July 2023) supporting the release of time to take forward actions. We are currently seeking feedback as part of the evaluation of these changes. The QA Team support this process by providing weekly reports on risk assessment completion and monthly reports on consent to share information and open incident checks. The Clinical Risk Group has met this quarter to review patient safety related risk assessments.

Participation and Feedback

A patient's wife submitted the following by our "How did we do?" questionnaire.

This is second time my other half has been a patient here. His medical care on both stays had been superb and couldn't be faulted. Incredible staff. However on his second stay I can't help notice how it appears there are less staff on duty at any one time. There also appear to be less auxiliary staff in general. In fact one day when there appeared there were definitely less auxiliary staff on duty, two of them looked as though they were so stressed they appeared to be on the verge of tears. They all work so very, very hard and it's awful to see. Also in my husband's previous stay, on occasions, staff had time to sit by his bedside when he was at his lowest and talk to him. Now when he's aware of staff being really stretched he just won't ask …..Admittedly this is his choice but he feels it's unfair to ask when staff are so busy. This to me is an integral part of palliative nursing.

What we did in response >

The concern was initially discussed with the IPU Nurse Manager and Participation Lead then apologies and reassurances were followed by the Deputy CEO for the poor experience that weekend and an explanation about the staffing issues we were facing and importantly what we learned and would do differently next time.
This concluded with the patient's wife sending a fundraising donation and letter of gratitude and thanks praising "the wonderful staff" and "their compassion, allied to complete professionalism".

Working in partnership with volunteers

We have worked with the Wellbeing volunteers in increasing feedback opportunities for people who are currently using our Inpatient services. Quality Assurance Team are currently creating roles to support Outcome Measures data management and roles to support the increasing participation and feedback activity across all hospice services.

Working in partnership with our external partners

Following on from attendance at the Scottish Hospices Sentinel User Group the QA team have reviewed and improved the systems for updating, reviewing and ratifying policies. The streamlining of the processes has resulted in increased time resource for authors that can be used for patient focused activities.

NHS Lothian and St Columba's Hospice Care continue to develop the use of the Trak Care System for use within the hospice and for our reporting requirements. We continue to be the only hospice in Scotland who have integrated patient care records with their NHS Partners. In Quarter 3, we have had regular enquires from three Scottish Hospices who are considering a similar approach within their NHS areas and who are keen to hear about our experiences and learning from this project.

The team have attended a wide range of Hospice UK ECHO hub sessions and we presented at their conference in November 2022 outlining our developments in relation to our patient safety data and new approaches.

Quality Improvement

The quality assurance team has supported the inpatient and community services in the following projects (results and impact will be reported within their sections where applicable).

TRAK Care (Patient Electronic notes system): the QA team are involved with the TRAK development group and attended full day event in October 2022. The guidelines are being revised to reflect these changes, and education sessions for Community and Inpatient services are planned for March 2023.

Non-clinical audits: the hospice's main kitchen was audited over October and November 2002. It will continue to have four audits per year, in line with clinical area audit frequency.

Medicines audit: guided by the findings from our routine November 2022 audit, we adapted and increased the frequency. The audit has also led to the QA team meeting regularly with our registered nurses and pharmacy team to review and improve our medicines processes.

Health Protection Scotland Compliance tool: this monthly audit, carried out by our infection control link nurses or infection control champion, shows 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. The team are working to further engage staff to consistently complete the tool.

Healthcare Environmental Inspection audit: this audit is part of the weekly walk round by the ward manager, domestic services supervisor and the quality assurance and patient safety facilitator. Currently all actions sent to team leads and improvements take place in real-time. The QA team continue to work to ensure feedback gets to staff to help any longer-term improvements.

Medicines Omissions: This was an independent study carried out by a member of our medical team. The preliminary findings were that on the review of the medicine kardex 8.75% of medicines had been omitted (63/720). Reasons reported were drug unavailable (39%), declined (31%), vomiting (8%), sleep (4.7%) and no reason recorded (4.7%). Discussions underway with Pharmacy Team if a "deep dive" into the reasons of the unavailable medicines would be valuable to explore.

Consent to share information: This audit is completed every month across IPU, Community and Hospice at Home to ensure staff are checking with patient's who they consent to share their information with. A sample of 30 patients are taken from the patient administration system and checked for details. Results for the quarter are shown in the table (right).

Summary	Dec-22	Nov-22	Oct-22
IPU	80%	80%	90%
Community	70%	80%	50%
Hospice at Home	100%	100%	90%

Leadership Quality Improvement Projects: We are currently supporting four staff members across Inpatient, Community and Quality Assurance teams in identifying their quality assurance projects as part of their Inspiring Leadership courses.

Our Patient Safety and Risk Report

Accidents

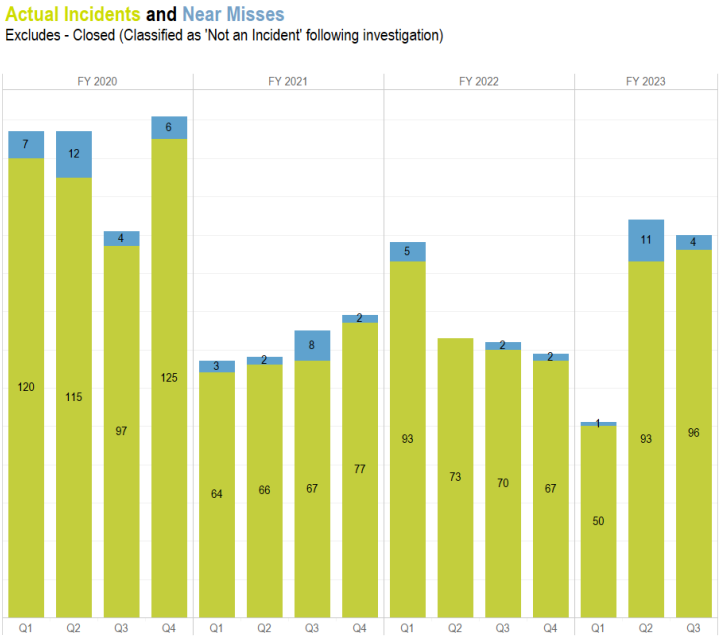
For Quarter 3, **2 accidents** were reported (15 this Year to Date) and were categorised as follows: -

- One involved a staff member – Minor injury sustained (needle stick). Scored as **Low Risk** following investigation.
- One involved a volunteer – Hot water splash while serving in Iona Café. Scored as **Medium Risk** following investigation.

Incident reporting

Excluding accidents, at the time of compiling this report Quarter 3 saw 102 incidents reported (255 Year to Date) from across hospice services reported. The incidents are comprised of:-

- 74 were closed following investigation with the remaining 22 still active (96 Actual incidents)
- 2 further submissions, not counted in the figure above, were closed following investigation and categorised as 'Not an Incident'
- 4 Near Misses

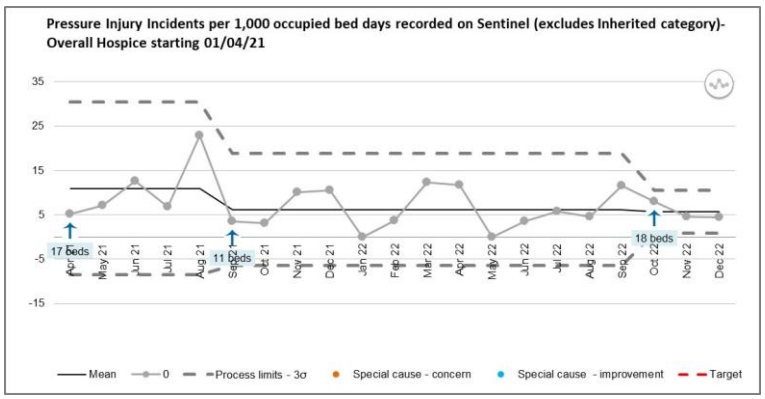


Pressure injuries

Pressure Ulcer prevention continues to be led by our Inpatient team lead 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 and this is monitored through the work of the Patient Safety Meetings for Pressure Ulcer Prevention and Management. The group are currently trialling two-monthly meetings, 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. The impact of this will be reviewed in the Quarter 4 report. The group has been engaging with pressure ulcer link staff in implementing and embedding a safety cross (daily visual tool) and reviewing current mattress check processes. The Patient Safety Meeting group is responsible for monitoring the progress of such work and providing link staff with relevant support on an ongoing basis.

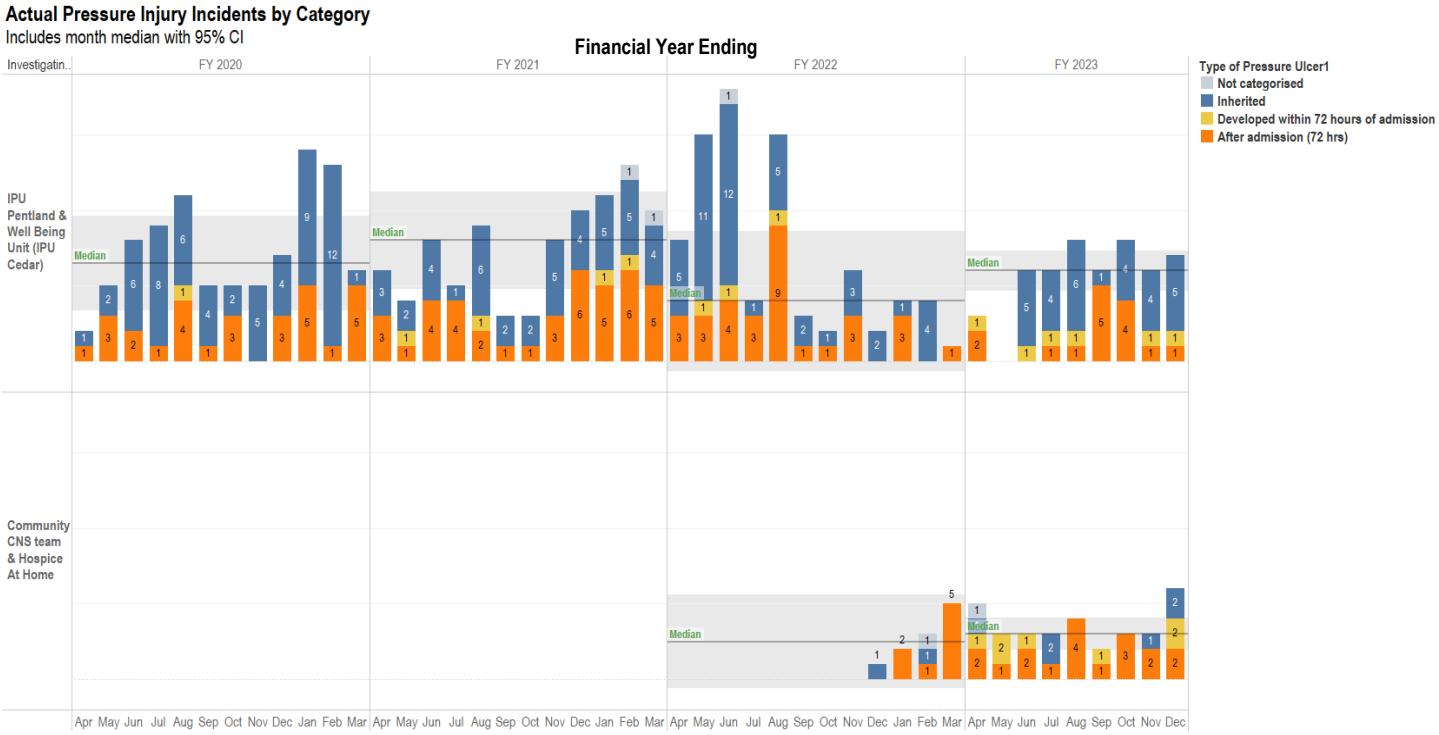
Points to note regarding pressure injuries recorded during Quarter 3. A third of the recorded pressure injuries were reported in the community.

- Of the 2/3 recorded in the wards (see chart right), if inherited pressure injuries are excluded and plot the rate per 1,000 occupied bed days, the trend in injuries shows no evidence of special cause variation.
- The Patient Safety Meeting group continue to use the meetings to review all pressure ulcer incidents for themes as well as any staff learning opportunities.



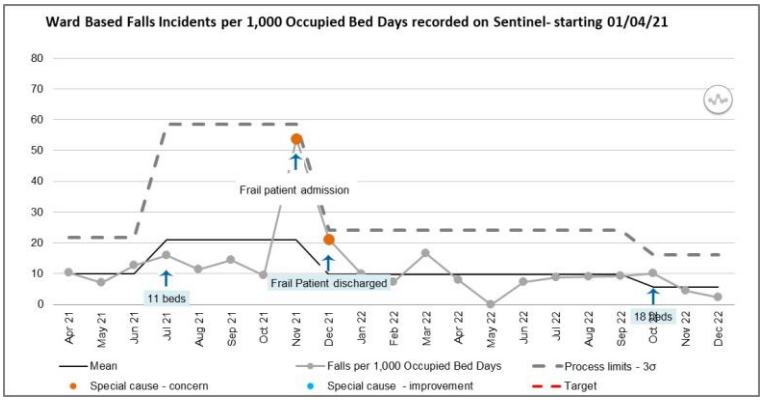
- Over half 59% (13) of the pressure injuries on the wards were categorised as 'Inherited' blue bars. (Injuries graded as follows 6 – Grade 1 & 2, 6 – Grade 3 & 4, 1 – Not categorised). The uncategorised pressure ulcer was further reviewed by the quality assurance team and no concerns were identified.

- The remaining 41% (8) pressure injuries categorised as New - developed on a ward within or after 72 hours following admission.(Injuries graded as follows 1 graded as a 4, 7 were graded as EPUAP 1 or 2).



Patient falls

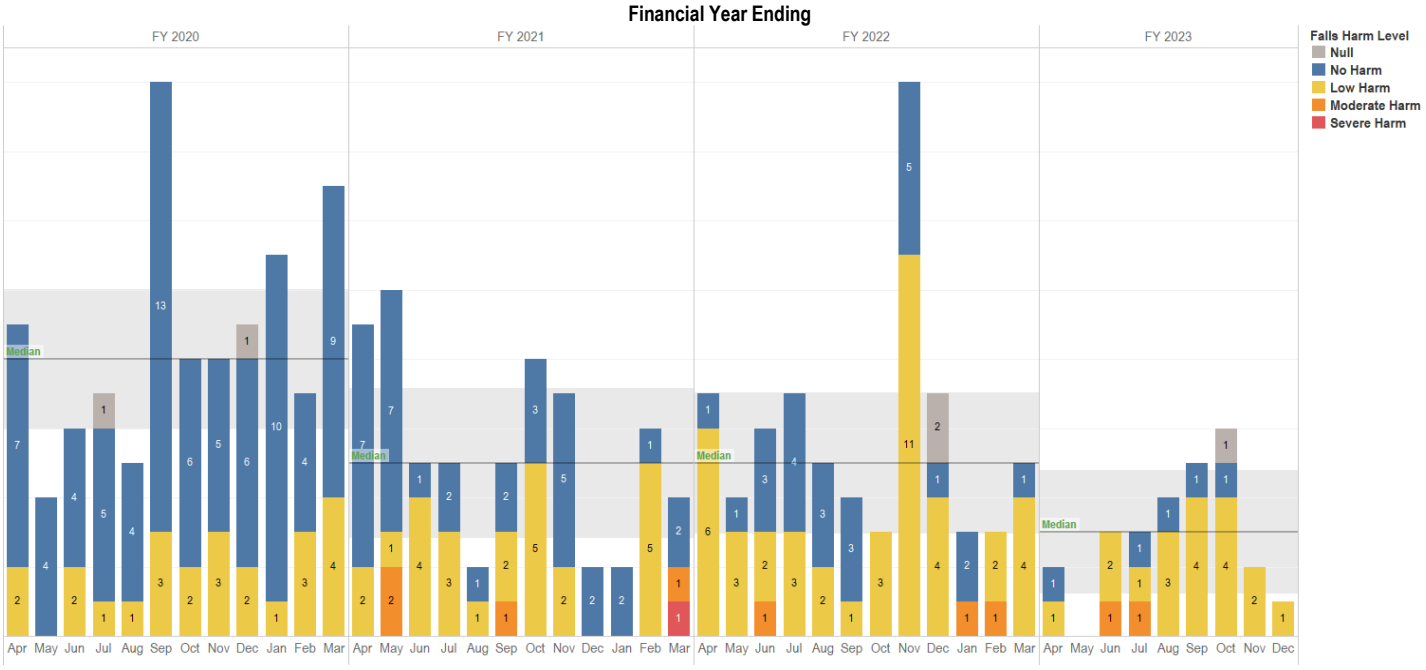
Quarter 3 shows no signs of special cause variation in the wards despite changes in bed numbers over the last 5 months. The falls were categorised as either being of Low or No Harm.



The Patient Safety Meetings for Falls Prevention and Management are also trialling two-monthly meetings and an update will be in the Quarter 4 report. The group continue to review all falls incidents and are aware staff based in the Hospice have been reporting falls incidents for a longer time. The group is discussing if community-based staff would benefit from further support on reporting falls.

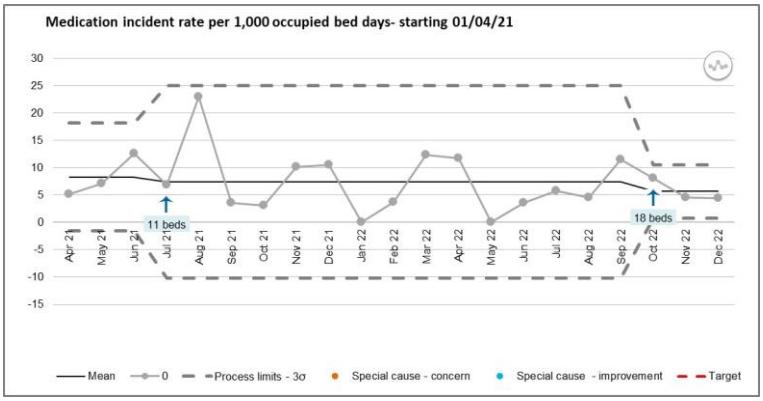
All falls are reviewed at the time of the incident and at the two-monthly multi-disciplinary Patient Safety Meeting which focuses on falls prevention, management, learning and development. The chart below shows all recorded falls.

Actual Patient Fall Incidents by Harm
Includes Median with 95% CI for the year



Medicines incidents

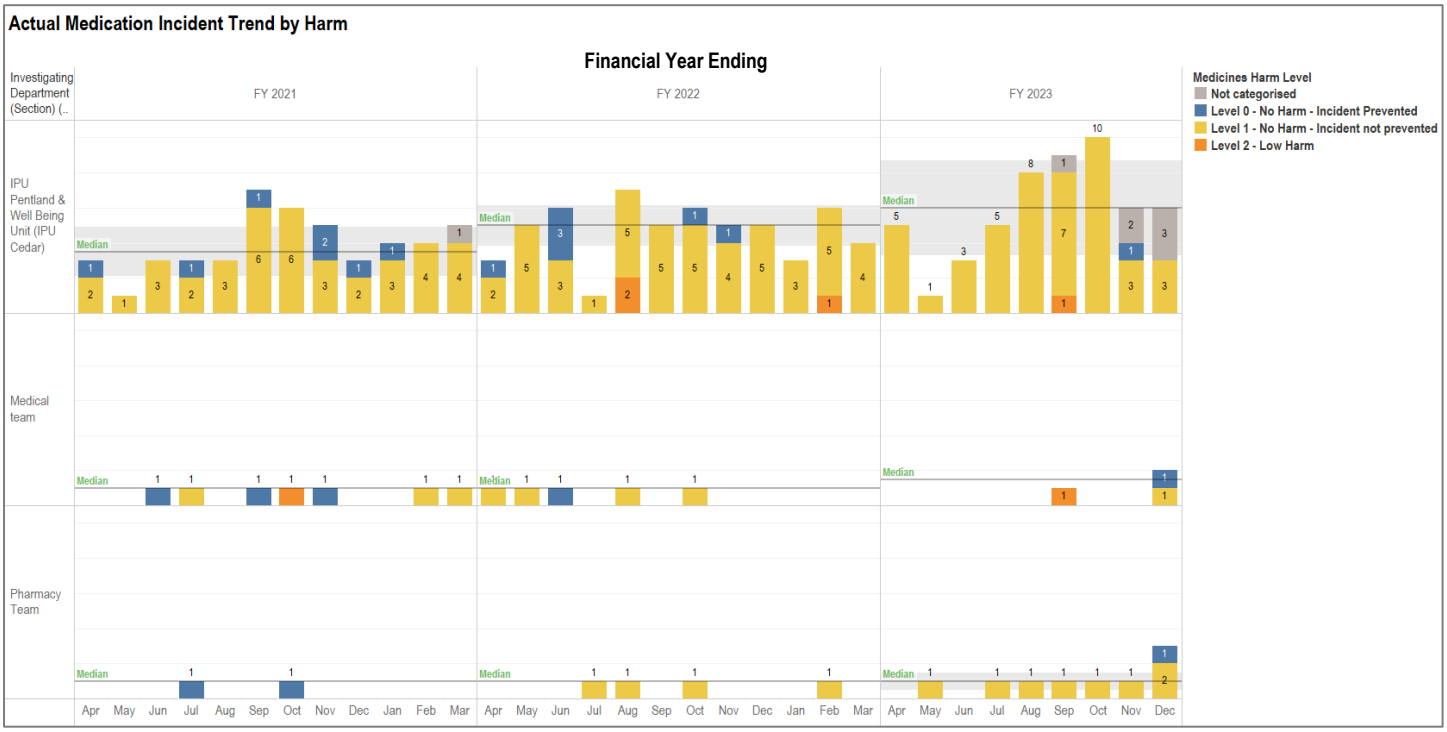
Medication incidents are monitored closely and subject to a full review process by the monthly Patient Safety Meeting and the quarterly Medicines Management Group meeting.



Quarter 3 shows an increase in medication incidents that suggests there could be a special cause and coinciding with the change in bed numbers.

Of the 29 incidents that occurred in Quarter 3, all were deemed to be of Low or No Harm with the remaining 5 due to be categorised following review.

The Patient Safety Meeting for Medicines continues to meet on a monthly basis to review medicines related incident investigation, identification of individual and organisational learning and provide assurance that all actions have been met prior to closure. The following report outlines these findings. Several actions related to improvement in the management of medicines systems are being taken forward by either the Patient Safety Group, Medicines Management Group, or the Medicines Systems Groups. Work under development includes a review of patient's own supply medicines, review of Induction provision for new staff and review of register and medicine log systems.



Fire Safety

Two false alarms took place in November.

1) 7/11/2023 – Bread roll over cooked in microwave in main kitchen
2) 21/11/2023 – Burnt butter in the main kitchen

Both of the above could have been avoided as on each occasion the items were taken over to the sink instead of leaving under the extractor hood. Steps have been taken to avoid any reoccurrence.

Complaints

Three written complaints have been logged this year to date are all now closed following investigation.

1) Jun-22 Concern about HR/Staff administration process – Upheld and system processes review to prevent recurrence.
2) Sep-22 Shop payment handling concerns - Not upheld.
3) Dec-22 Allegations of breaches of personal information – Not upheld

Medicine Incident Summary

Summary: A total of 31 medicine related incidents were reported via Sentinel during Q3. One further incident was reported as an equipment malfunction. Following feedback from Medical Physics department- no fault was found and the issue related to user error. These should be considered in the context of the many thousands of medication processes that have been carried out in this time period.

Key themes summary:

- Overall there were 7 Administration errors- the most common was omission of a medicine (6 incidents). There was 1 incident involving a medicine given earlier than prescribed.
- Five incidents related to remote prescribing practice and policy- this is currently being reviewed by the Patient Safety Meeting for medicines.
- Documentation incidents accounted for 4 reported incidents this quarter (3 balance errors) and 1 (signature omission)
- Six prescribing errors
- Of the remaining incidents 2 Incidents relating to discharge medicines, 2 relating to patches, 1 relating to destruction, 1 relating to the results of audit.
- One incident was external involving our external pharmacy supplier.

Harm Levels:

- All incidents except one were reported as *"Level 1- no harm- Incident not prevented".*
- A *"Level 2 incident (low harm") resulted when a prescribing error resulted in a patient receiving a repeat dose of* aripiprazole resulting in the need for increased monitoring of blood pressure and medicine administration re-evaluated. The patient did not experience any harm and the staff apologised, explained what had happened to the patient and family. The contributing factors were identified as multiple drug charts as well as individual misreading of the drugs not given codes and internal distraction.

Contributing factors and learning identified from incidents this quarter :

- Busy shift and high work load contributed
- important to ask for help and support
- Personal issues effected concentration so need to look at ways to avoid distraction
- 12 hour shifts
- Knowledge of policies (e.g. Remote prescribing, fentanyl patches)
- Interruptions and how to manage these (from patients, visitors or staff)
- Important to identify self-help strategies to help me focus when things are busy
- Staff feel empowered to self request support via the "*Support Plan*" structure

Organisational Learning and actions identified through the Patient Safety Meeting for Medicines and Medicines Systems Group

- Ensuring if policies sit out with sentinel that they remain up to date (centre cover folder)
- Remote Prescribing Policy review underway
- Supporting medical and nursing team regarding the culture of reporting to assure safety, learning and development
- Multi-professional nature of the group membership has identified ways forward to improve communication between medical and nursing teams
- Review of medicines systems to improve safety and efficiency. Nursing, Pharmacy and Quality Assurance Teams formed a short life working group to review systems related to:
  - Enhanced governance for desirable medicines
  - Review of the use of own supply medicines
- Induction provision for new staff

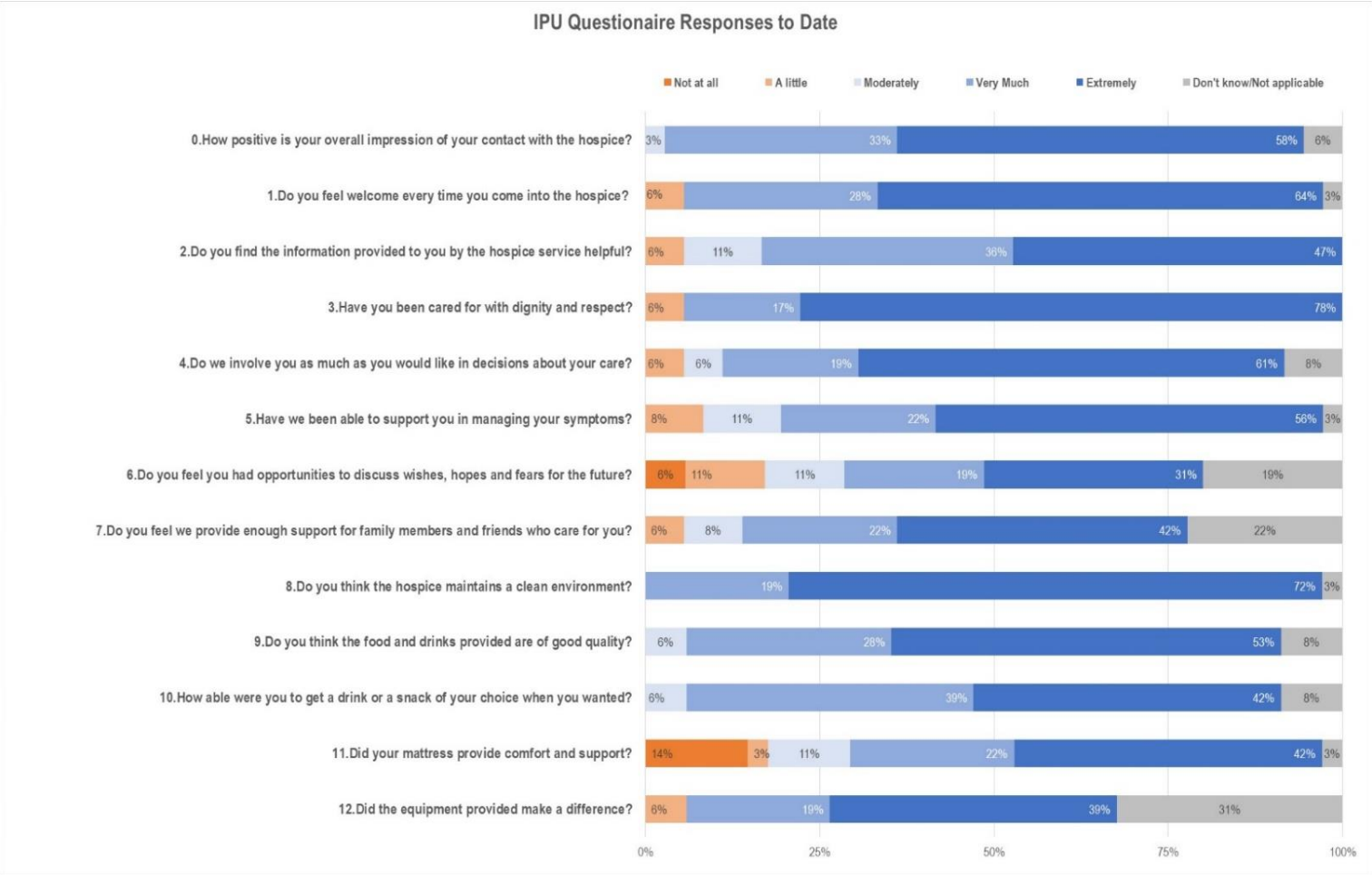
Participation

Our Participation Strategy promotes a culture where engagement with patients, 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 can feel so grateful for the care we provide that they might be reluctant to give constructive feedback for improvements.

You Said, We did

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. 34 responses have been received to date.



How did we do? Online Questionnaire

Tell us what was good about our service?	Tell us what we could do better?	Comments from
Friendly staff, good food and activities.	More visible people to ask for help.	Family/Carer/Friend
Everyone is always so friendly, open to chat and always have a smile on their face, couldn't feel more welcome	I don't think there is anything I would improve	Family/Carer/Friend
We love cafe scones and atmosphere	Everything is perfect	Café Visitor
Having someone on the end of a phone at anytime is invaluable	Completely satisfied with this service	Family/Carer/Friend
Excellent!	Nothing!	Family/Carer/Friend
Accessibility for family - so amazing that we can visit 24-7 and bring the dog it makes everything so much easier to balance work, family and visits. Facilities are amazing for patients and family, much needed space to get a breath and perspective. The staff!! Volunteers, nurses, Dr's, aux staff, cleaners. Everyone loves what they do and most importantly cares (you can tell).		Family/Carer/Friend
All staff just great.	Nothing as far as we think.	Family/Carer/Friend
Everything	All is excellent	Family/Carer/Friend
Friendly staff from the moment you walk in. Attentive staff. Good communication.	N/A	Family/Carer/Friend
The kindness shown to me, my wife and family when this awful thing happened. Professional support from everyone was exceptional. The care provided is second to none. My wife and I think you must go to a special place to find your staff.		Family/Carer/Friend
My husband has MND. Of all the services that are on offer, Lynsey, Jana and Martin are so tuned in to my husband (and my) needs. We always feel better having spent time with them.	I would be happy to state if there was anything to suggest that would improve the service. In all honesty, I have no suggestions to give! They are a lifeline to us.	Family/Carer/Friend