



People Services Quality Report

Quarter 4 2022-23

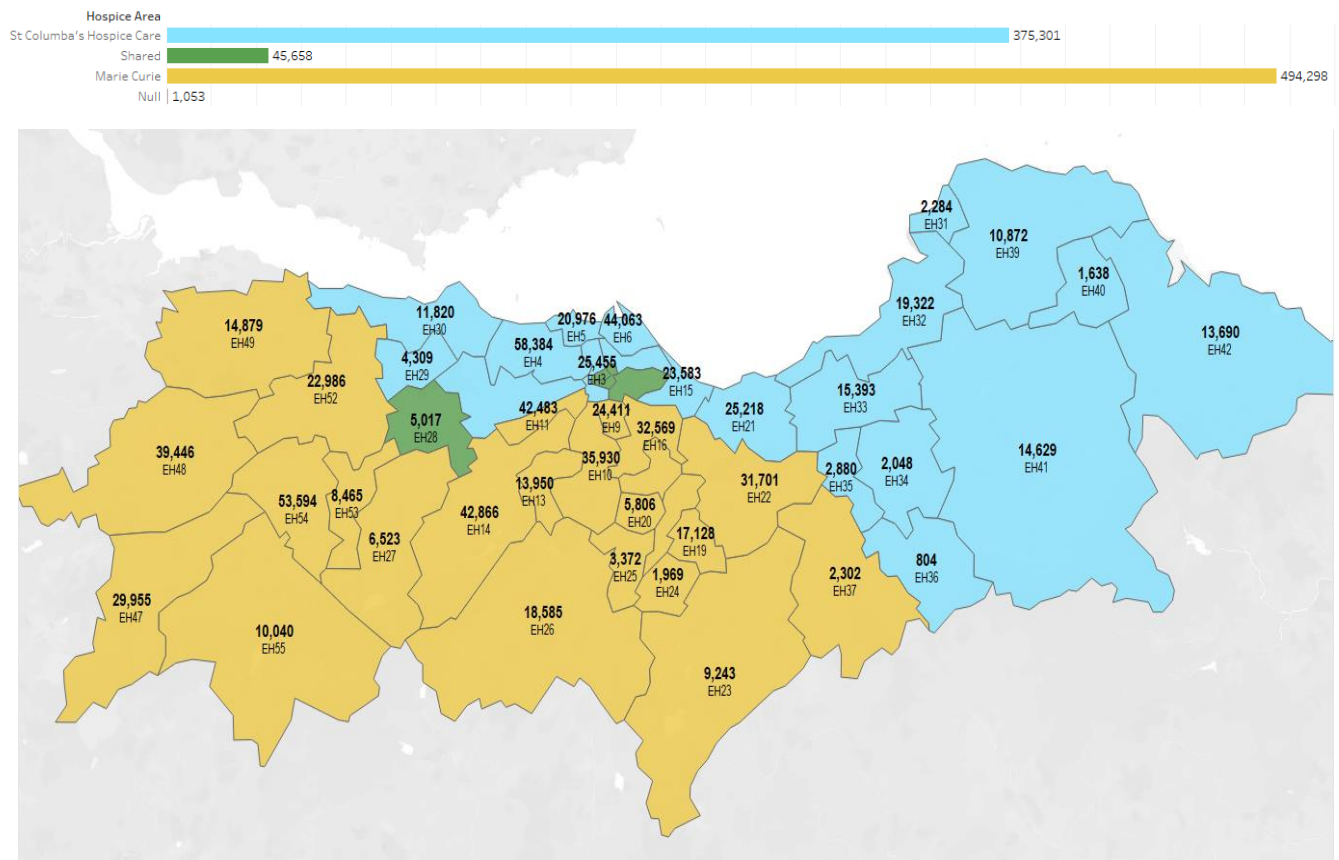
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Our people

Area population estimate by hospice

All Ages by postcode area (Source: NHS Lothian using 2021 NRS SAPE Data)

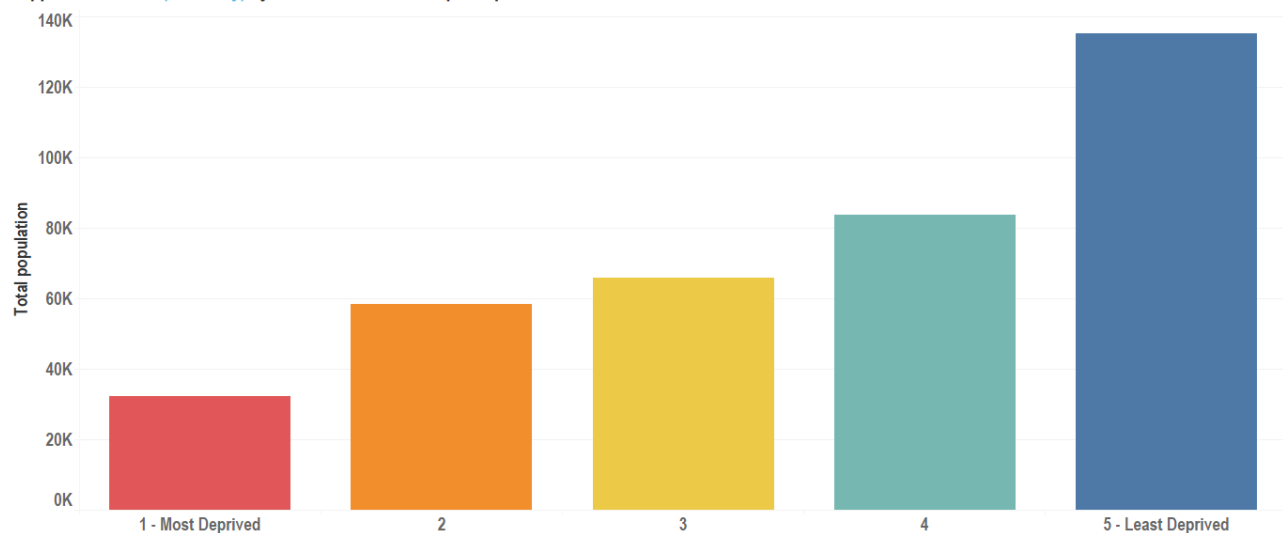


Hospice Care in Lothian is provided by ourselves and Marie Curie with an informal agreement on postcode split and a few areas of overlap.

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.

St Columba's Hospice Care

Mapped area above (Blue only) by Scottish Index of Multiple 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 specialist 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 care 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 where 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
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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 and aim to keep turnover below benchmarked industry average. We offer exit interviews to all those who leave our workforce.
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 smooth pathways into each service.

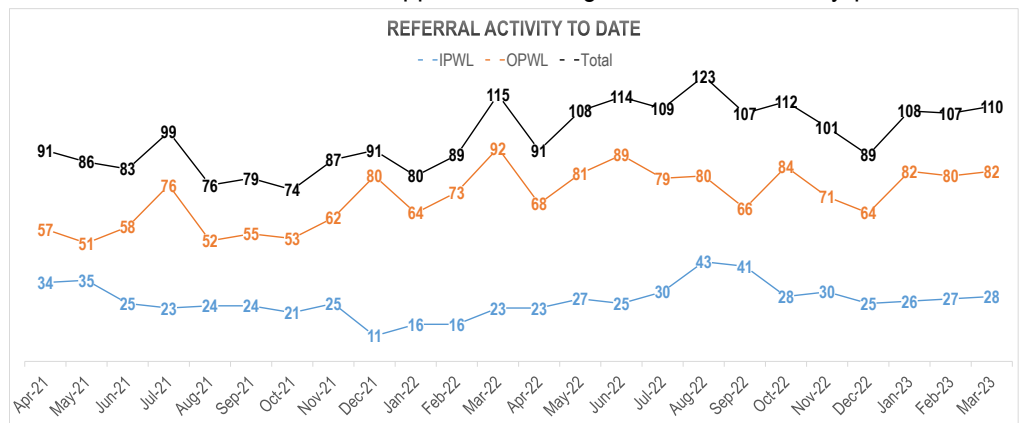
Our impact

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. We also provide a telephone advice service for patients, their families and our colleagues across health and social care.

The number of individual people referred has increased by a further 22% (1050 to 1279) on last year.

In the last 3 months, the team responded to 315 advice calls and year to date activity has risen by 45% (853 to 1239 calls). 168 individual patients and their families were supported with urgent concerns, mostly pain and symptom control issues.

In addition, we supported 18 carers and provided support/advice to colleagues and the public. On average, advice calls lasted for 40 minutes, and most calls related to pain and symptom control, closely followed by Social, Spiritual and Psychological concerns.



Participation and feedback

We are delighted that 100% of the 24 responses this quarter said that they would recommend the Access Service to others in similar situations. Below are a selection from the comments that we received on the returned questionnaires from patients and families at the end of their initial contact with Access.

"Knowing [he] was in caring professional hands was something I can never say thank you enough for. My final thanks must go to all the other members of your team who phoned regularly to ask after me!"

"Thank you so much for everything throughout this challenging year. I am so very grateful to you. Thank you for being there to listen and support in so many ways even when you are all so busy."

"All of your staff we were in contact with were amazing, thank you so much". "Everything was covered very comprehensively and supportive, Thank you. We are so grateful and appreciate your wonderful service".

"Sadly, [my husband] died at the weekend and I wanted to pass on my sincere thanks to access -so extremely helpful and just lovely. I am so very grateful for all you did for them both and my thanks specifically for all her help and assistance."

"Just continue doing the wonderful work you and your lovely team are doing for the community."

"We can't thank you enough for your help and kindness during this hard time. Every single member of your team have been amazing. Thank you"

"This is an amazing service for which I am exceedingly grateful".

Working in partnership with our external partners

The team continue to work daily with external health and social care partners to achieve the best outcome and most appropriate service provision for the people we jointly support. Every referral affords the opportunity to better foster working relationships, share specialist palliative care knowledge and improve the experience of people living with life limiting illness across Edinburgh.

The team hosted a visit from a hospital palliative care clinical nurse specialist colleague. This gave us all a much better understanding of our respective roles.

Working in partnership with our volunteers

The Access Team are not currently hosting volunteers in the team.

Quality Improvement

The team recently carried out an audit to find out how many bed days were lost on our inpatient unit due to reduced staffing resources or the reinstatement of shared patient rooms. It's a difficult balance as we need to ensure a high standard of patient safety and patient experience while also maximising the number of beds we have available in the inpatient unit. This piece of work will enable us to make informed decisions about future planning and we are aiming to have enough data to report to senior leadership team next month.

An additional 15 hours of Clinical Administration time has been secured to add to the existing establishment. This was granted in recognition of the increased volume of referrals being processed by the team. This will improve the overall experience for people accessing our services.

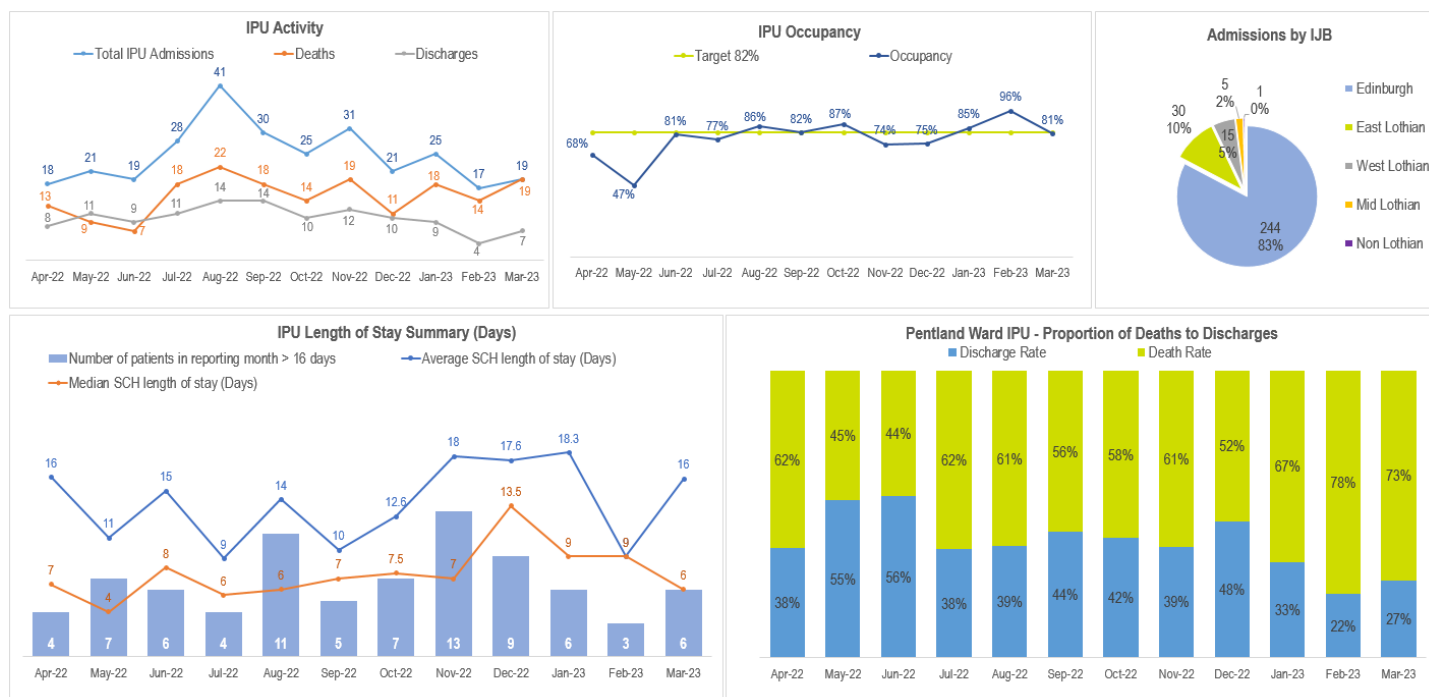
The Inpatient Team

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

Our strategic developments

- We have further reviewed our bed capacity and have reopened two 3 bedded bays to enable us to have 15 inpatient beds on one floor in Cedar ward. By being based downstairs, our patients and their families also have easy access to garden spaces.
- We continue to review our core nursing staffing levels following feedback from our team and through reviewing patient experience.
- We have released a group of our inpatient nursing team to support the pilot of our exciting new Virtual Ward as part of Hospice at Home.
- We have been reviewing our admission and discharge processes to ensure an increased focus on goal setting. We have also refreshed our processes for ensuring a seamless pathway between ourselves and colleagues in Hospital Based Complex Clinical Care (HBCCC).
- We have launched our patient transport vehicle and this is providing a fantastic service, enabling swift and comfortable transfer of patients to and from the hospice. We are hugely grateful to the generous donors who enabled this to happen.

Our impact



- Admissions to the inpatient unit are up by 20% on last year (246 to 295).
- Average occupancy remained over 82% for the quarter and for the overall year.
- The proportion of discharges to deaths has fallen this quarter compared to the rest of the year.

Participation and feedback

*"To all the staff,
Thank you so much for being
there for my sister ***** in the last
weeks of her life.*

*She felt so supported and cared
for and so happy that she could
see my children and
grandchildren again and that she
had her birthday party with them.
Thank you for all the support and
kindness that you gave to me and
my family during this sad time.*

*It gave me peace of mind that I
knew she was cared for so well."*

*"To all Staff and Volunteers,
Thank you so much for all the
kindness shown to ***** and
myself.
We couldn't have had better care.
xx"*

*"To everyone at St Columba's,
I just wanted to bring in something
to show my gratitude for the way
you looked after my husband and
our whole family. I will never forget
the care and empathy you showed
us.*

*The way you were able to balance
medications so we could have
those last days with him means so
much to both me and *****. That we
have such positive memories when
it could have been so different.
I don't know how you do the job you
do but I'm so glad you do! You
made the worst week of my life
much easier that it might have
been.*

*I put together a little package of
things I thought might make your
days a bit brighter.
I honestly don't think words can
describe how grateful I am. Xxx"*

*To you all,
I cannot thank you enough for all
you did to support ***** in his final
weeks.*

*The whole atmosphere of St
Columba's was calm and yet
welcoming, whatever job you did,
towards the care and comfort of
the patients. I also liked the
humour too.*

****** chose to come to St
Columba's because of his hero Sir
John Murray and his research on
the oceans and sea lochs of
Scotland, which was ***** study
too.*

*He couldn't have chosen a more
wonderful place.*

*Thank you all, you gave of
yourself to look after everyone. I
benefited too from the care and
support.*

With love and so much gratitude.

Working in partnership with volunteers

Our volunteers provide a huge support for the inpatient team, ensuring that we are able to provide the best possible care.

Working in partnership with our external partners

We work closely with Napier and Queen Margaret Universities, providing placements to students, ensuring they experience unique palliative care learning opportunities.

Quality Improvement

- We have launched RESOLVE in Quarter 4. RESOLVE looks at outcome measures, a way of being able to demonstrate whether the care and support we provide has improved a person's wellbeing and quality of life.
- We have launched new guidelines to support staff in using the person-centred care plan on our electronic patient records system.
- We are continuing to develop our plans for the CHELSEA 2 research trial which is a large NIHR funded randomised controlled trial 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

- Our plans to launch self-administration of medicines for inpatients have now been archived.
- We have further developed the role of our Pharmacy Technician in processing of patient's own medicines on admission in order to reduce pressure on our nursing team during the admission process. This will improve timely access to medications and minimise risk of transcription errors with a designated member of staff taking more control over the entire process.
- We have supported the development of a new procedure to support safe and effective administration of medicines in our hospice at home team.
- We are currently developing a non-medical prescribing policy so that we can extend the role of our Pharmacist.

Our impact

The pharmacy team ensures that patients have access to the required medicines during their stay and supports timely discharge. The team also has a role in ensuring patients have a good knowledge and understanding of their medicines and provides support to patients who may require additional assistance with their medicines.

Working in partnership with our external partners

We are currently working with our community pharmacy supplier to advance the progress in producing our discharge prescriptions via our electronic prescribing system as an improved alternative to our current method of handwriting prescriptions which has increased risk of error.

Quality Improvement (QI)

We are moving forward with our plans to create our discharge prescriptions via our electronic patient records system. Our next steps are to work with our community pharmacy supplier and our medical team to ensure continuity with the layout of the prescriptions and familiarise everyone with the new processes.

We have delivered Single Nurse Administration of Controlled Drugs training days which support our nursing staff to confidently and competently administer controlled drugs without the requirement for a second nurse check. This primarily ensures more timely administration of medicines to patients whilst also empowering and reducing workload for the nursing team.

Counselling, Bereavement and Chaplaincy

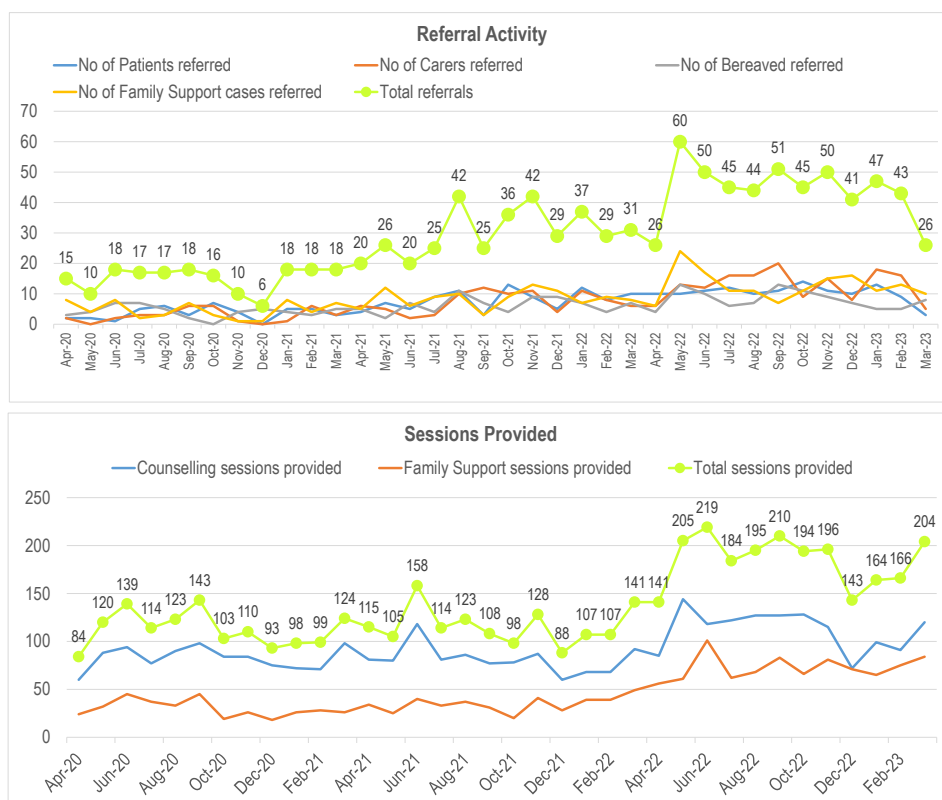
Commentary by Craig Hutchison Counselling and Bereavement Support Lead

Our strategic developments

There is significant and ongoing demand for our services and we are extremely conscious of the need to develop and adapt our models of delivery to maximise impact. This quarter we completed the planning for our new 'Living with Loss' bereavement support group, which will launch in May 2023, and we also successfully recruited volunteers for our planned 'Next Steps' bereavement walking group. These groups will be targeted at those with acute or normal grief reactions who are at no significant risk of harm, and are intended to reduce pressure on 'one-to-one session' capacity. We are also aware that the increase in mental health problems in the general population leads to greater need for specialised psychological services, resulting in increased pressure on our waiting lists.

Our impact

We delivered 1346 adult sessions this year, a 38% increase in activity compared to last year (N=976 sessions), despite being one member of staff down for several months due to planned retirement and recruitment. Over the same period there was a 45% increase in adult referrals (N=376, 124 patients, 154 carers and 98 bereaved relatives). These figures, which exclude missed and cancelled sessions, demonstrate a significant and sustained increase in demand and activity, bringing additional pressure to our waiting lists. Referrals to Family Support Team overall have almost tripled since 2019 (59 to 152).



Of the adult referrals we assessed this quarter, 19% were patients, 64% carers (12% of whom referred very shortly before the death of the patient) and 17% bereaved at time of referral. 72% were female and 28% male, with an age range from 19 to 85 (average age 53, SD=16.6). The majority of referrals continue to come from our Community Team (45%) and Inpatient Unit (24%), but we also received referrals from Access Team (3%), Self-Referral (12%) and GP (3%).

Among assessed clients were people who met diagnostic criteria for: prolonged grief disorder, depression (including prolonged / recurrent depression), generalised anxiety disorder, panic disorder, PTSD, OCD, and borderline personality disorder. 29% of adults assessed this quarter were taking prescribed medications for psychological distress (21% antidepressants only, 2% antidepressants + anxiolytics, 3% anxiolytics only, 3% anxiolytic + antipsychotic), and 16% demonstrated some risk of suicide at initial assessment (14% low risk with abstract thoughts but no active suicide plan or intent to end life, 2% 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. 71% of clients demonstrate improvement on CORE-OM scores post-intervention, with 65% of clients below clinical cut-off at end of therapy (i.e. no more distressed than the average person) and 0% showing clinical deterioration (i.e. moving from normal to clinical levels of distress). Bereaved clients show an average 14% improvement on PG-13 scores.

Family Support Team have now completed training in Resilience Based Clinical Supervision and will be facilitating sessions for other hospice staff.

Chaplaincy has provided 227 interactions over this quarter (77 with patients, 120 carers and 30 with staff or volunteers). Events organised this quarter include: Time to Remember (Spring) which was attended by 35 people, a National Day of Reflection for COVID event attended by 4 participants, and a 'Creation in all its Glory' arts event. The chaplain also conducted a marriage ceremony for a patient in the Columba Room, and a funeral for a patient attended by more than 200 people. Feedback received included:-



"The location was fantastic, just right – those views!"

"What a beautiful event. Thank you for all the hard work which obviously went into making it so special."

"The bit about your life growing around grief and the plant pot you gave me with the seed was really meaningful. It has helped me to think about living my life a year on."

"The rainbow was really special."

"Thank you so much. I can't tell you how much it has helped to talk all this funeral stuff through with you, it's cleared my head."

"That was amazing. Very moving ... so lovely that we all felt safe to share very honestly and openly. You created a beautiful and safe space."

"Dear Erica, thank you so much for making this day possible and doing all you could to make it special and personal for us. You've been a joy!" (from couple who were married)

Working in partnership with volunteers

Our bereavement support volunteers continue to provide 1:1 support to people with acute and normal grief reactions, with demonstrable positive impact on CORE-OM and PG-13 scores. Our new volunteer counsellor has settled in well and has been working with a range of clients. We have recruited new volunteers for the planned Next Steps bereavement walking group and look forward to providing training for them.

Working in partnership with our external partners

We continue to work with relevant partners. This quarter we delivered an ECHO session on self-care while working with bereaved family members to district nurses, and met with Ben Sealy from Harrington Hospice to discuss our model of assessment and delivery. In addition we met with Anne Finucane from Marie Curie / University of Edinburgh and agreed to participate in a working group looking at mental health in palliative care.

Quality Improvement

- We are pleased to have our new counsellor Ali West join the team following the retirement of a colleague.
- Craig Hutchison has started the second year of his Diploma in Cognitive Behavioural Therapy.
- Duncan MacLaren continues his supervision qualification.
- Erica Wishart is completing her Healthcare Chaplaincy qualification.
- We continue to use routine outcome monitoring using standardised and validated tools to assess our impact and consider quality improvements.

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

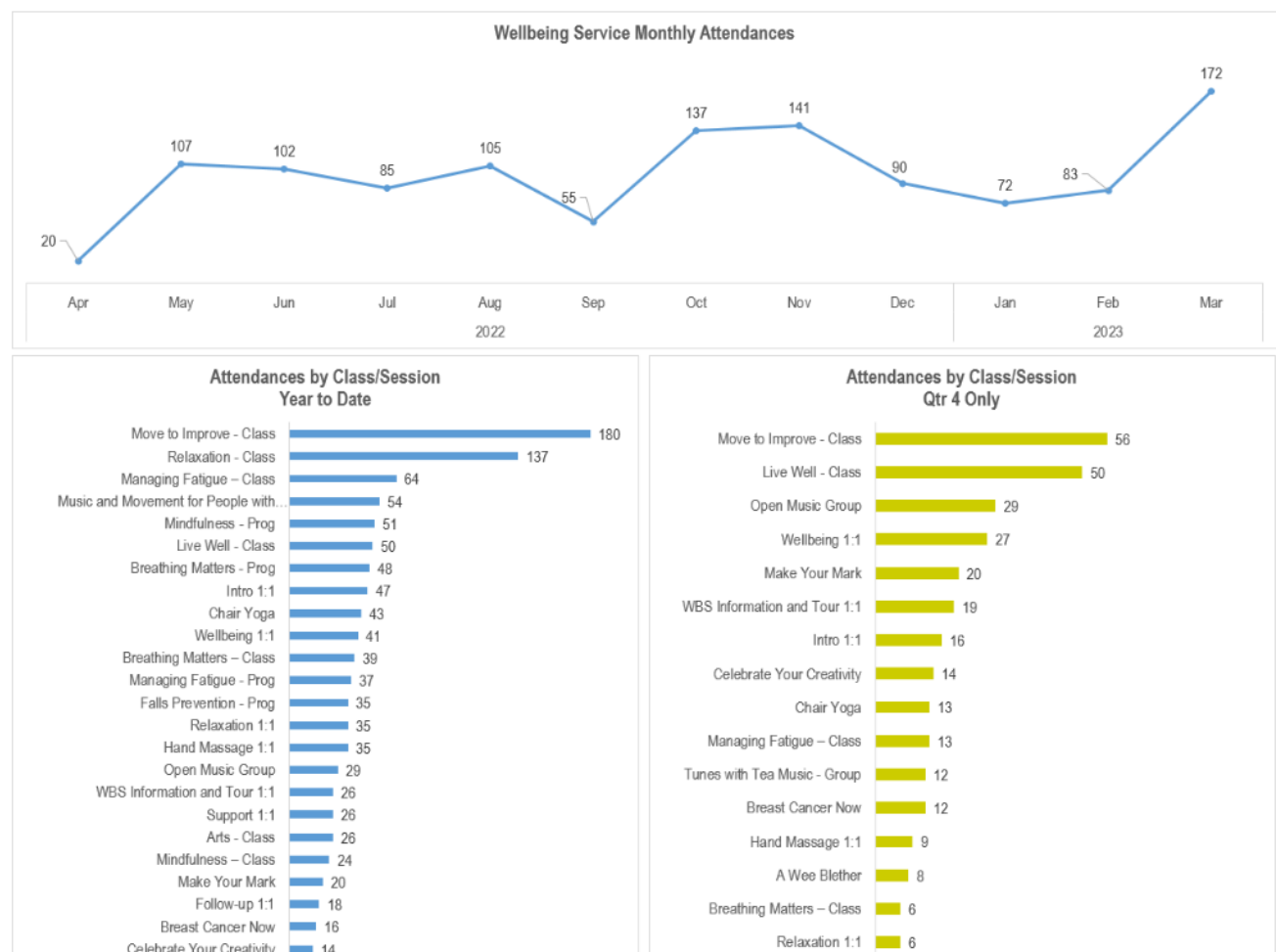
Our strategic developments

The Wellbeing Service has had a gradual increase in participant engagement and we continue to receive positive feedback from those using the service.

The hospice based model has been adapted so that we can reach out to people in our community through a community collaboration project, enabling those who would otherwise be unable to access the service due to geography or other limitations.

Our impact

- Year to date, there have 262 people have benefited through 1169 attendances.
- Overall most popular session for the year to date and for Qtr4 is one of our exercise sessions 'Move to Improve'.
- The introduction of a session to support social interaction has been positively received.



Impact

"I never thought I would enjoy the experience of visiting the Hospice as much as this, I am so glad I have found this service"

I am so grateful for this service, I never take any of it for granted, it makes such a difference to me"

"I have enjoyed the last few weeks and the lovely way the sessions were presented, making such a difference to my awareness".

Working in partnership with volunteers

A training programme has been developed for our Wellbeing volunteers starting this April, allowing them to provide further support for those engaging with the service and to support people attending sessions through our relaunch of the Volunteer Driver Service. We continue to engage with volunteers at our meetings where all ideas are shared. This has provided opportunities to develop and tailor the role to maximise their skills and time.

Working in partnership with our external partners

We have seen more interaction recently due to the relationships developed across Edinburgh and the Lothians with various professionals, clinics and other support services. External partners have engaged well with our service, referring those they support.

The 'Coorie In' community project, where we worked closely with 'Action Party' providing locally delivered 'Living well' sessions for people with life limiting illness and their families. This programme was well received with 50 participants engaging with sessions facilitated by our Wellbeing team. The success of this has initiated other outreach support projects planned for next quarter.

Quality Improvement

Our Wellbeing volunteers continue to actively seek real time feedback from those using our services so that areas for improvement or celebration are identified. Our Wellbeing facilitators collate evaluation forms, which provides opportunities to capture participation experience and feedback.

We continue to measure outcomes, with 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.

We continue to do this through the individual and group support we provide. Sharing grief awareness in families empowers parents and carers to have open timely age appropriate conversations with their children ensuring they are included and keeping communication in the family open.

During this quarter we also began two schools projects. These projects offered a grief education session for staff. This means that not only young people are supported who are attending the group, but the increased knowledge of childhood grief helping schools staff to feel more confident in having conversations around grief and bereavement can cascade throughout the school community.

Creating a tiered and flexible model of care which shifts the balance from hospice building based to community focused care.

The offer of sessions being able to be held in person either in the hospice, school setting or a community setting ensures flexibility and accessibility for families. We also offer virtual support and telephone and can send resources out to children and families ensuring they are receiving the same opportunities as they would receive if they were face to face. This also helps families with travel and time to and from sessions.

By continuing to offer a blended hybrid model of support we are able to reach and provide support for families who might not be able to access support if only available in the hospice.

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.

We continue to work with colleagues and partners across Edinburgh and the Lothians and Scotland and the UK with bereavement initiatives. We hosted a meeting for the Bereavement Charter writing Group and have attended the Lothian Networking Meetings. We are working with colleagues from the writing group for the charter and Good Life Good Death Good Grief on a Draft Bereavement Friendly Schools Project and collaborating with Victoria Primary School for this pilot. Our schools project in Musselburgh Grammar was successful and this will be displayed in the hospice for Demystifying Death Week and we are talking to another East Lothian High School about delivering the same project there that will also include a whole school staff grief education session.

Our impact

We will offer an initial assessment for all referrals to our counselling and bereavement services within two weeks.

During this quarter we received 34 referrals for child and family support. Every referral had an initial appointment within a week of receipt.

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

In this last quarter we provided 224 individual sessions. 163 of these were face to face, 40 were conducted on the telephone and 21 of these were virtual. From the 34 individual referrals, 10 were carers, 17 children and young people aged 4-16 and 7 patients.

Based on numbers from the same quarter from 2022 referrals increased by 42%

Based on session numbers from the same quarter from 2022, sessions increased by 76%

We will implement a suite of outcome measures to support evaluation of the impact of the care we provide by 2023

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 just beginning to be used to measure the impact of any pre-bereavement provision we provide.

We will report on these as children end their support and they will be included in the next quarterly report.

Working in partnership with volunteers

Our two new volunteers have completed their induction. Both have now received training on childhood grief and joined Jade and I for a planning meeting for the planned bereaved parent and children's group.

Working in partnership with our external partners

This quarter we have been accepted to be part of the upcoming International Play Conference taking place in Glasgow in June. We will provide a workshop for delegates from around the world with an interest in the benefits of children's play and our focus /workshop is based around the benefits of outdoor and therapeutic play for children facing bereavement or when they are bereaved.

As mentioned above we are collaborating with colleagues from the Bereavement Charter writing group, Good Life, Good Death and Good Grief, SPPC and Victoria Primary to work on a pilot project around "Bereavement Friendly Schools". We delivered a grief awareness session to 80 school staff as part of our "Walk A Mile in Mine.... Schools project.

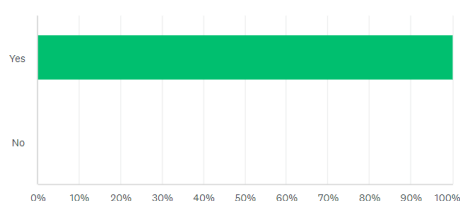
"my shoes are quite chaotic- they resemble my grief, not a straight road and it swerves, it's different for each person. It's like you feel things get too much and overwhelming and it can feel like it's flooding your soul. It keeps building until it overflows. Thunder and lightning is the grief I feel that's always there – the colours are light where I try not to only be in my grief and provides distraction. The shoe on top show life tinged with some splodges before my mum died and the bottom shoe is my everyday life now". Erin (aged 17)



We have just sent out a survey for the grief awareness training and have had a few responses so far. Here are a couple of the results:

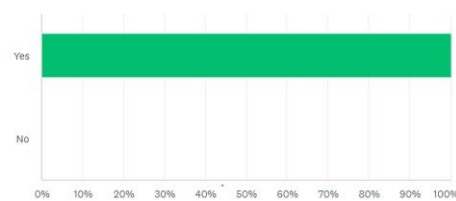
Has your knowledge on childhood grief increased as a result of attending the session?

Answered: 10 Skipped: 0



Do you feel more confident to have conversations with young people following the training?

Answered: 10 Skipped: 0



Quality Improvement

- Juliet O'Donnell (Social Worker) is currently undertaking training to use CSNAT – a carer's assessment tool to be able to identify and support more carer's needs.
- Continued support for parents/carers, children and young people when someone has an incurable illness or when someone has died.
- To provide a group for children and bereaved parents to share their grief experiences.
- To raise the profile and awareness of the child and family service to extend the reach to more families. We have seen an increase in referrals and want to focus on early support for pre-bereavement.

- Continue to collaborate with colleagues from the bereavement sector on policy and strategy implementation both locally and nationally for bereaved children and young people
- To collaborate with colleagues from the 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.
- 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.

Compassionate Communities

Commentary by Roddy Ferguson Community Development Lead

Our strategic developments

Our team continued to create an environment of community engagement, support and partnership by building relationships with community organisations and partnership groupings across North Edinburgh and East Lothian. We moved to the new Wellbeing and Community Space in the main hospice building and are already finding it beneficial for connecting up work with other hospice teams.

Development of roles and services that are relevant to our communities remains a key focus as seen in the roll out of our Green Fingered Volunteer Service.

Our impact

Working in partnership with Action Party at the Bellfield Centre, the Wellbeing team and the Community Arts team delivered a series of wellbeing and art therapy sessions to local residents with life-limiting conditions. This work was supported by Coorie In for Winter funding which we used to make our wellbeing services more accessible by providing these in a local setting and covering the costs of transport and catering for participants. A significant proportion of the participants lived on their own and reported that this was the only time they had in the week where they had a meal prepared for them and a chance to share a mealtime with others.

At the end of March 2023 the Compassionate Neighbours team were supporting 40 active matches. Compassionate Neighbours supported 502 one-to-one interactions with community members. In addition our new Green Finger Volunteers were supporting a further 2 active matches. 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.

"... just a quick text to say how much my Dad enjoys having (CN) here. He is not one for showing much appreciation, but he said to me how much he enjoys her coming. Thank you all for your time and patience"

"Tuesday is my favourite day of the week because (CN) visits. We walk to the bakers and giggle all the way there and all the way back - we have a lot of fun. I couldn't go without (CN), just having her with me gives me the confidence I need to go out again."

"(CN) has never missed a day, she has been my rock..."

Working in partnership with volunteers

The Compassionate Neighbours team (CNs) 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 January to March 2023, the following volunteer support was provided:

- CN volunteers attending informal supervision & support sessions 50
- CN volunteers supported via one-to-one sessions 23
- New CN volunteers 11
- New CN volunteers trained 11
- 4 new green fingered volunteers were recruited
- 17 CN volunteers attended Manual Handling training.
- 3 CN awareness talks delivered to local community groups.

Activity has remained high throughout the quarter but there has been a noticeable drop in nominations to Compassionate Neighbours from within the hospice and from the East Lothian Palliative Care Team. This is likely to be due to changes in patient mix and a reported sense that “patients are sicker and are dying sooner” with less time to arrange for the social and emotional support that CNs can offer.

Working in partnership with our external partners

- We created a Dementia awareness training video with the help of an Occupational Therapist and a “lived experience” carer. We also worked with staff from across the hospice to create a Self-Care awareness video for CNs.
- Developing partnerships with a range of external stakeholders has been a key priority during the fourth quarter. For example:
 - ➔ Working with Ageing Well East Lothian to map wellbeing services and increase public awareness
 - ➔ Working with East Lothian Libraries wellbeing coordinator to identify opportunities to promote books on illness, ageing, dying, death and grief in local libraries across the area.
 - ➔ Working with Volunteer Centre East Lothian to identify funding to deliver wellbeing service sessions with local groups supporting residents with life limiting conditions.
 - ➔ Working with Caledonia Funeral Aid to explore how to raise awareness amongst staff, volunteers, patients and families about the potential difficulties associated with funeral costs and the support available to address this.
 - ➔ Working with North Edinburgh Support Services human learning partnership to learn about the personal and systemic issues which local people struggle with when living with a life-limiting condition.
 - ➔ Engaging with strategic and operational networks such as Edinburgh Health and Social Care Partnership, Edinburgh Wellbeing Pact, and R2 network of community organisations in North Edinburgh.
 - ➔ Exploring opportunities to work with 40 walking groups across Edinburgh and East Lothian to support members to feel more confident to talk about illness, dying, caring and grief.

Quality Improvement

The lessons from the evaluation of Compassionate Neighbours were applied to develop and expand the service. Dariusz Wedge, Compassionate Neighbours Coordinator, moved to a full-time substantive contract in February and this has already made a significant difference to the capacity to deliver training and develop new areas of work. In the new financial year, the Compassionate Neighbours team move to become part of the Wellbeing Service. This will support integration between the teams.

The Coorie In for Winter programme recorded relevant information throughout February and March. This will form the focus of an evaluation of the programme in the first quarter of 2023/24.

Arts Service

Commentary by Dr Giorgos Tsiris Arts Lead

Our strategic developments

Following the appointment of two community artists, our capacity to respond to referrals in a timelier manner increased and we developed two new Art groups as part of the wider Wellbeing programme: the 'Make Your Mark' and the 'Celebrate Your Creativity' group. Sadly the latter group hasn't been able to continue due to the resignation of one of the community artists in February, however we will be advertising a new post within the team to maintain our capacity for arts provisions and meet our strategic objectives.

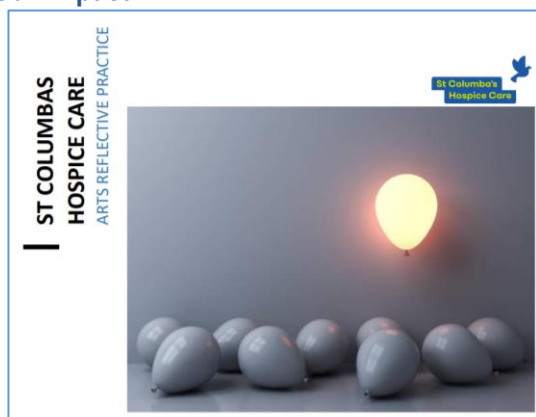
During this quarter we run a new cycle of the music listening group 'Tunes with Tea' and started a new weekly music therapy group, 'Open Music Space', which is open to patients, families and carers.

We also increased our community outreach: i) we run a pilot art therapy group as part of our 'Coorie In' community project in collaboration with Action Party at Bellfield, Portobello's Community Hub, and ii) we collaborate with the Family Support team and a local primary school to promote the Bereavement Charter.

Our team's office moved to the new Wellbeing and community space in Pentland Ward where we have established our Art Studio and a new dedicated Music Studio. This change has had a positive impact on the delivery of groups, and has enhanced further the integration with the wider Wellbeing and Family Support teams.

Our team has been involved actively in a working group considering how best the Hospice can support young adults' transition from children to adult palliative care in collaboration with CHAS. We have also instigated a discussion group to consider gender diversity within the Hospice.

Our impact

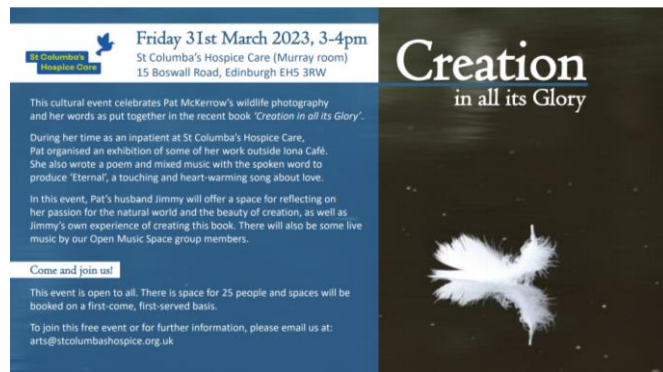


Between January and March 2023, we provided 13 individual sessions and had 4 cancellations. Our focus was on the development of new group activities and we offered 32 group sessions at the Hospice and 5 groups as part of our community outreach work.

We also delivered an Arts-Led Staff Reflective Practice session as part of the Hospice's wider Practice and People Development framework for staff. Across all individual group sessions, we recorded 127 attendances.

We offered a total of 24 live music sessions, including live music in the IPU and in Iona Café.

In March 2023, we organised 'Creation in all its Glory' – a cultural event celebrating Pat McKerrow's wildlife photography and the publication of a recent book featuring her work. This event, which included live music by our Open Music Space group members, attracted 30 people, including patients, families, staff and members of the local community.



In addition to our practice-related impact, we continued developing our scholarly work building on the research and education strategy of the arts service:

- "Reflexivity in research: Does it matter and for whom?". Spoken presentation at the QMU Doctoral Study Festival (23 January).
- "Music therapy and spirituality". Guest interview for the Music Therapy Programme at the University of Melbourne, Australia (25 January).
- "The arts therapies in palliative care: Music therapy perspectives". Invited lecture for the Foundation in Music Therapy Course, University of Roehampton, UK (15 February).
- "Evaluation in the arts, health and wellbeing: Critical considerations and perspectives". Invited lecture for the "Creativity and Arts Activities in the Structures and Processes of Social and Health Fields" course, Metropolia University of Applied Sciences, Helsinki, Finland (16 March).
- "Publications in Music Therapy". Panel discussion for the World Federation of Music Therapy (4 February).
- Launch event for the 'Music therapy dictionary: A place of interdisciplinary encounters' (11 March)

Working in partnership with our external partners

On 13th March, we held a meeting of the Community of Practice (CoP) for arts therapists and community artists working in hospices across Scotland. Our CoP is currently moving towards an ECHO model to support and strengthen further its scope and reach.

Building on our University Hospice partnership, we continued working closely with Queen Margaret University for the provision of arts therapies student placements. Our two music therapy students completed their placements successfully in March 2023 and a new art psychotherapy student joined our team and they will work with us until May 2024.

Hospice at Home

Our community palliative care, care at home and virtual ward services work collaboratively under the new overall heading of “Hospice at Home”.



Community Palliative Care Team and Virtual Ward

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

Our strategic developments

Creating a tiered and flexible model of care which shifts the balance from hospice building to community focused care.

National data continues to demonstrate a rise in the number of people requiring end of life care in the community. This is in part due to increasing pressure on acute care settings and our ageing population. Our team continue to provide an increasing level of support and advice to patients, families, primary care and care homes across our catchment area.

As a team we recognised an emerging need to offer enhanced community palliative care for people with more complex needs. Many people who wish to remain at home have sadly required admission the hospice or hospital in the past due to the level of care and support they require. To offer an alternative to inpatient admission, we have designed and implemented a Virtual Ward model supporting up to 5 beds for a three-month pilot period. This model draws on the existing hospice expertise of our registered nurses, care staff and medical staff. It is based on feedback from those we have cared for and builds on proven frameworks already in place across NHS England. Each day Monday to Sunday our nurses and doctor provide a daily clinical review alongside practical, emotional and nursing care to support people to remain in their own home or care home.

Creating new knowledge and innovative ways of working to influence the wider provision of palliative and hospice care.

As part of the virtual ward pilot our hospice research team supported by a clinical nurse specialist are gathering qualitative research data in the form of structured interviews. This feedback from patients, families, hospice staff and our other community colleagues will help inform and shape the future provision of St Columba's community care. As virtual palliative care beds are a new and innovative approach for Lothian, we hope that our trial will influence how the care is provided in the future both locally and across Scotland.

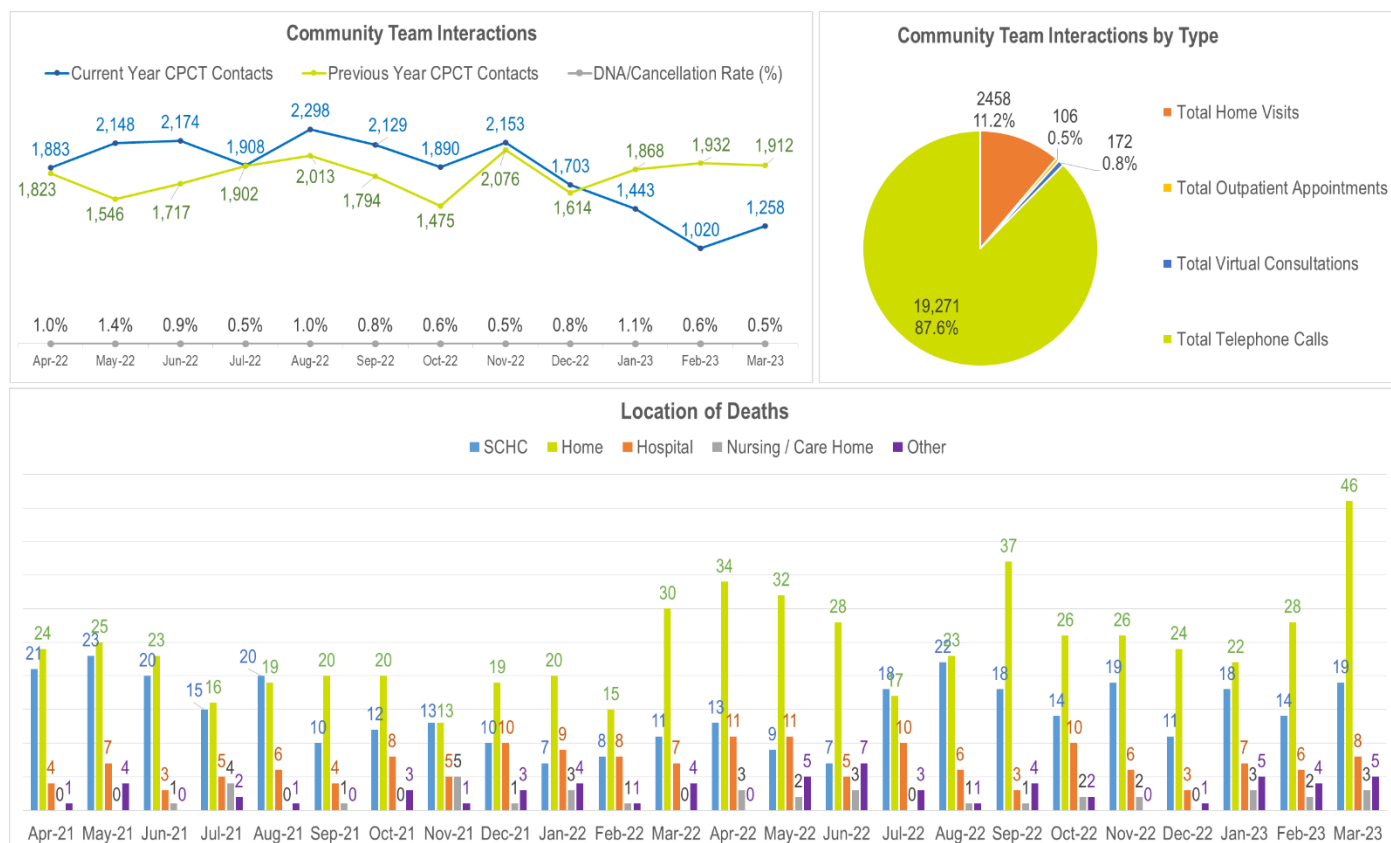
Our impact

Community Hospice has recently been rebranded and is now referred to as the Community Palliative Care Team.

We have recently agreed new Key Performance Indicators in order to capture quantitative activity data. From Q1, we will be focussed on visits, outpatients and telephone consultations and will stop reporting the number of other telephone / interprofessional activity we carry out as it is well recognised that this is a core and significant

part of our roles. This therefore appears this quarter as if our activity has reduced but is purely due to a change in data collection brought about to release time to care.

- The number of individual people our CPCT helped has increased by 15% (117 patients) when compared to last year.
- There has been a 13% (10 patients) increase in patients known to the team who died in hospital when compared to last year.
- There has been a 40% (105 patients) increase in the overall number of people that have been supported to die at home this year compared to last year.



Working in partnerships with our external partners

- Virtual bed handovers and policy development with primary care especially District Nurses and Marie Curie Rapid Response Service
- CJD, MND and oncology teams
- GSF attendance
- CHAS representative CNS
- Homelessness CNS
- Hospital CNS cross site experience
- GP and hospital doctors shadowing consultant

Quality Improvement

We are participating in the implementation of recording patient Resolve outcomes measures across hospice teams. Assessments of performance status, phase of illness and palliative outcome scores will be gathered to help guide patient care and gain insight into the impact of community services.

The aim of these measures is to capture objective data, aid decision making and evaluation of plans of care and to understand the complexity of our patient / family group, helping us develop our service to meet local needs.

Case Study

A 77 year old gentleman was referred to our community hospice team after being diagnosed with sporadic CJD.

This is a very rare form of dementia and patients can develop symptoms that can be quite distressing for them and their loved ones. Most patients will survive for less than 6 months from diagnosis but sadly many will only live for a few weeks. Care in the last weeks of life can be complex and patients will usually die in hospital or a hospice in patient unit.

This gentleman was being cared for in a local care home with support from the national CJD team and local GP practice. The care home and CJD teams were facing significant challenges in meeting his care needs and both expressed the opinion that he would be best cared for in the hospice inpatient unit. Our team met with both teams and the patient's family to explore this option further. We identified that his family in fact really wanted him to continue to be cared for in the local care home and were keen to know if we could support this in some way.

The gentleman was therefore admitted as the very first patient into our new virtual ward service. A combination of nursing, hand on care and medical support from hospice at home was put in place. Care home staff were supported with the safe use of symptom control medications and practical end of life care. This intensive hands on care and family support enabled this gentleman to receive excellent end of life care and to die with dignity in the place that his family felt had become home.

The feedback from this gentleman's family during follow up after his death has been incredibly moving and testimony to the difference our team make on a daily basis.

Care at Home

Commentary by Craig Walby Team Lead

Our strategic developments

We are now able to prepare and provide simple meals in people's homes, enabling us to provide a more holistic care package and make us a more viable option for people waiting to be discharged from hospital or waiting for a longer-term package of care who require assistance with meals.

We have also introduced a new 'personal plan' document that will be kept in each patient's home, detailing their goals, wishes and specifically what is important to them. The plan includes a welcome letter and a staff photo board so that they can easily identify the team members who are visiting them.

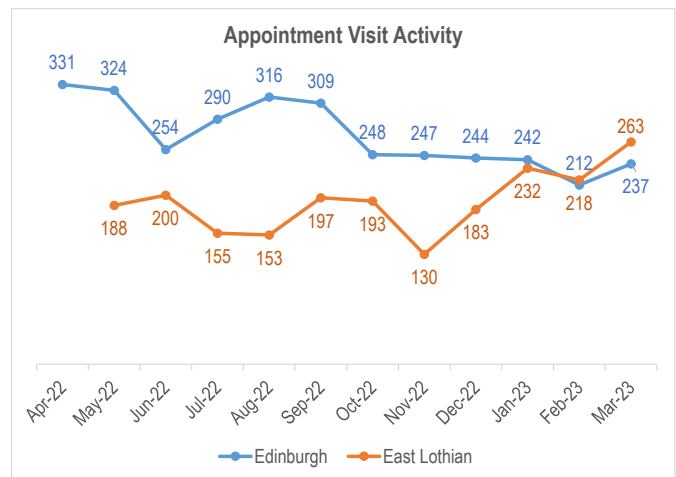
To support the changes we have undertaken an almost complete re-write of our operational policy and the development and publication of a hospice wide nutritional policy, as well as training and support for our team ensuring they have the skills and confidence for the extension of their roles.

Our impact

This year to date we have helped 231 people in Edinburgh with 3254 visits and 90 people in East Lothian with 2113 visits.

We continue to work in close collaboration with the East Lothian hub to ensure we can provide timely and seamless care for those who live locally. East Lothian can be a remote area and some towns and villages do not have any provision for social care. With our now enhanced service we envisage that we will be able to provide care for people in East Lothian that would otherwise have gone without care resulting in the avoidance of hospital admissions.

In north Edinburgh, the referrals have been a little slower this quarter. This may be due to increasing availability of similar services in the area but could also be a sign of recovery in the social care sector again.



We have been working extremely closely with the virtual ward team, supplementing their nursing care so that we can meet the higher level of care needs of those in the virtual beds so that we can support them to remain at home.

Working in partnerships with our external partners

We continue to work closely with the North West Palliative Care team. We have good examples whereby we both may care for a patient in the North West Area, one of us may provide a morning visit and the other an evening visit, we keep the communication open to ensure the needs of the patients are met as best as able. We also have a similar close working relationship with the Marie Curie fast track service.

We have a good example of a recent joint visit with a community OT who supported us to provide care for a patient using some equipment that we were unfamiliar with, the OT worked alongside our team and developed a safe plan for their moving and handling.

Quality Improvement

We continue to carry out observations in practice with our team, to ensure they feel supported and well led, as well as assuring the quality of care being delivered.

We had a lovely session with the complementary therapy team to train our team so that they can now provide simple hand massages during their visits.

Allied Health Professional team

Commentary by Lindsay Harrison Team Lead

Our strategic developments

Good goal setting is a core part of optimising everyone's experience of care at St Columba's. The team has been key in starting to create and embed a goal setting culture into every day practice across clinical teams, meaning we can focus on exactly what matters to the people we support (and their loved ones) and are better able to help them "live until they die".

The team now all share one office space again after covid restrictions saw us separated into opposite ends of the building, although this seems like a small change, it has helped us recreate a cohesive, integrated and supportive team.

Empower:

The team have been empowering colleagues across the hospice to understand the importance of clear goals and the significant impact they can have. The approach also empowers the team themselves to better facilitate

rehabilitation beyond what is thought of as 'traditional' therapist input (e.g. mobility, transfers and getting dressed), meaning we have been able to engage the people who use our services more in activities that matter the most to them.

Case study

A person was referred to the team for mobility assessment. In addition to support with their mobility, through skilled, open and sensitive discussions they learned that the person really wanted to get a keyboard lesson before she died. We were able to empower the person to achieve this goal by making sure she was able to manage her fatigue and tolerance for sitting out of bed and by working in partnership with our Arts Team.

The team continue to role model empowering the people we support to live as fully and independently as possible. Daily, we are helping people with ways they can engage in their own personal care, transfers and mobility but we are also looking beyond those things with a What Matters to You approach.

Sustain:

Since January, we have had significant vacancies of qualified and assistant hours, however, as a small team we have managed to sustain our service across community and in patient settings by careful triage, prioritisation and by using more outpatient sessions. We have also been utilising our therapy assistant resource in a different way to allow registered staff to focus on more complex care.

Our Impact

The community team started collecting some data regarding how many referrals were received in March. We received 48 new referrals and assessed 44 of those (the remaining 4 were seen in early April) as well as continuing to visit and support people we had assessed prior to March. We are proud to have managed to maintain this impact despite recruitment challenges.

A selection of feedback we received this quarter:

"XXXX enjoyed your visits and found your approach practical and direct. Your support throughout her years of illness was valuable both from the physical help you gave her but also psychologically as you recognised her desire to stay active and were positive and encouraging which helped XXXX take a positive outlook and work to maintain her strength and mobility for such a long time."

"Thank you for your advice on the things I need to do to make it a bit easier for me at home. It gave me a lift to be able to talk about these issues"

"Thank you so much for arranging this equipment, it really helps. And thank you for sorting out the problem when the driver said he couldn't deliver it."

"Hospice services and treatment are top notch!"

Working in partnership with our external partners

The team regularly work with other agencies in the community, most often with our Health and Social Care colleagues in the Council/NHS Hubs & Clusters and care agencies providing packages of care to the people we support. This quarter, we have delivered several presentations on palliative rehabilitation with the aim of not only improving the awareness of the services offered by the hospice but also to improve partnership working with these services by gaining a better understanding of how our services work together to optimise outcomes for the people we support.

Quality Improvement

We continue to offer our new outpatient acupuncture clinic and will be extending to the inpatient unit with the aim of offering this non-pharmacological intervention for inpatients experiencing pain, nausea, and breathlessness.

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 prepared our refreshed research strategy to reflect person centred research and practice outcomes and the strategic goals of the hospice alongside those of our partners at Queen Margaret University.

Our impact

During Quarter 4, the Research team have:

- planned and began gathering data to evaluate the impact of the Virtual Ward trial. Data has been gathered from staff, those in related leadership roles and most importantly, from patients and families. We have also planned gathering data from those services that virtual ward will impact in primary and secondary care.
- continued to work on the Dalcroze Music and movement study for people with Parkinson's disease. This pilot study is co-led by Dr Giorgos Tsiris and Dr Anna Lloyd, in partnership with QMU/ Centre for Person-centred Practice Research Centre. Sessions have been completed and interview data collected, transcribed and analysed. An academic paper is being concurrently written and we aim to submit to a journal by July 2023.
- been preparing a NIHR EME grant application for ENeRgise – Following on from ENeRgy trial this is a larger trial of exercise and rehabilitation to address cachexia and improve physical function and quality of life for people with incurable cancers. The aim would be to recruit 120 participants, 60 intervention: 60 wait list control group, across 5 sites in the UK, Ireland and Norway. The grant application is being drafted with the input from NIHR experienced PPI to submit for the deadline in September 2023.
- We have resubmitted a revised academic paper, from our Prospective Hospice Admission study. The manuscript had been accepted, subject to revision, for publication by Palliative Care and Social Practice.
- We have prepared an academic paper on our Stories of Covid study which is in the process of submission to the Journal of Advanced Nursing.

During Quarter 4, the education team have been leading and delivering the following programmes:

- MSc Person-centred Practice (Palliative Care)
 - ➔ Shadows & Horizons: Advancing Palliative Care Practice - 16 students participated.
 - ➔ A person-centred approach to working with people with complex pain & symptoms - 10 students participated.
- Graduate Certificate in Palliative Care
 - ➔ 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

This programme is undergoing 5-year review, so all preparations have been made for the evaluation which is planned for 03 May 23.

- Supervised MSc students – 3 students are currently being supported to write dissertations.

Working in partnership with volunteers

During Q4, the education and research team have:

- continued to work with PPI research group through quarterly meetings.
- benefited from support of a volunteer during the running of the sessions for the Dalcroze study.

Working in partnership with our external partners

During Q4, the education and research team have:

- We have worked jointly with the Head of Research and Innovation, Scotland for Marie Curie UK and NHS R&D team to establish and recruit a local link research nurse for our hospices to participate in national and international, funded research studies.
- Following a successful site initiation visit took place on 30th March 2023 the hospice will now be a participation site for Chelsea ii 'a cluster randomised trial of clinically assisted hydration in patients in the last days of life'. This NIHR funded study, led by University of Surrey, is evaluating the administration of artificial fluids for terminally ill people is being carried out across 30 sites across the UK. End points are evaluations of delirium, agitation, and pulmonary symptoms.
- We continue to prepare to for autumn participation in INSPIRE - Goal Orientated Rehabilitation – a study that aims to test whether rehabilitation as part of usual care is clinically effective and cost-effective.
- Established a pattern of three-monthly meetings with QMU to plan future research activity.

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. This is alongside HR, Quality Assurance and Education and Research. 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

- Monthly debrief sessions held for staff in our inpatient unit
- We are preparing a learning and developing policy for the hospice to help provide a framework for what we offer and what is available to staff. This will be ready for ratification in May.
- We are continuing to complete statutory training on Learn pro whilst we develop our own online training.
- Mandatory training which was due for completion in December 2022 is still ongoing for some staff who are new or returning to work. From the evaluation so far there was a clear preference for the more relevant to hospice policy and procedure content this year. Staff did comment on feeling some modules were still too long and the time given not always realistic. There were also a number of learning issues raised with staff asking for audio and transcriptions of modules to enable better learning. This feedback is being evaluated and responded to with the development of the statutory modules going forward.
- Guidance for staff on the PCCP care planning section on TRAK is now available and staff are trialling this for 3 months. This will ensure continuity and across team working in recording assessments and notes on patients.
- All clinical staff (band 6 and above) are booked on Adult support and protection training level 2, taking place over the coming year.
- We were successful in our Flexible funding application 2023 and have availability for 12 staff to attend the following courses:-
 - ➔ Handling Aggression and Violence
 - ➔ Communication Skills
 - ➔ Conflict Resolution
 - ➔ Bullying and Harassment
 - ➔ Digital wellbeing
 - ➔ Menopause in the workplace
 - ➔ Mental health first aid
 - ➔ Influencing skills
 - ➔ Diversity awareness
 - ➔ Race and discrimination in workplace
 - ➔ Customer service excellency

Resilience Based Clinical Supervision (RBCS)

- In the past 12 months we have had 8 groups commence and there are 6 groups continuing
- Virtual inpatient group was discontinued due to poor attendance
- Our monthly face to face inpatient sessions have also had low attendance. We do however recognise how difficult it is for staff to attend from a 24/7 service.
- Five inpatient debrief/reflective groups held monthly with an average of 8 attendees per sessions – commenced Nov 2022.
- Our RBCS Facilitators group has met four times since completing training in August.
- Our Hospice at home sessions have had 2- 4 attendees
- We have commenced new sessions for service leads and band 6 team leads too.

Working in partnership with volunteers

The practice development team have jointly ran three training sessions in partnership with volunteer services to support our wellbeing volunteers and driver volunteer's. These sessions consisted of moving and handling, communication, boundaries and working with Palliative care. In total this will be delivered to 35 volunteer's.

Working in partnership with our external partners

The practice development team facilitated ECHO sessions including the following subjects and attendance numbers. Recordings of each session are made available for staff registered for the networks but unable to attend.

Our district nursing ECHO ended in the first week of February 2023:

- 8 Monthly sessions starting in July 2022
- Feedback was positive for all sessions
- We had 130 healthcare workers register
- In total 196 attendances throughout the programme which worked out at an average of 24 attendees per session.
- 10 educators took part over the 8 presentations which was a mix of St Columba's and Marie Curie medical, nursing and allied health professional staff.

Our Amara ECHO commenced in October 2022

- 6 sessions over 8 months (January and February were postponed due to presenter sickness & unavailability)
- Last session will be on May 16th
- In total so far we have had 68 attendees over 5 sessions averaging 13 attendees per session.
- There will have been 7 educators by the end of the ECHO from St Columba's and Queen Margaret University teams.

We are now in discussions to start a new ECHO with our colleagues in Hospital based complex clinical care as they have requested additional training and support for their palliative care patient group.

We delivered a teaching session at Queen Margaret University on 'Developing, delivering and Evaluating Occupation focused interventions' to Occupational therapy students with 35 attendees.

Quality Improvement

The PD team supported 13 new staff starting work at the Hospice January to April. This involved organising their first day of induction and supporting line managers with specific additional elements. An ongoing evaluation process is in place for new staff regarding induction.

The following Hospice connection sessions were delivered last quarter and attendee numbers were: Resilience Based Clinical Supervision (7), Nursing Role in admission (7) and Assisted Dying Bill Q and A (25)

Our RBCS facilitators training is now in the middle of the 3rd cohort. There will have been 16 attendees over the past 12 months. A Community of Practice which is linked with Hospice UK will commence in June.

Our 6 month program Caring Cultures program begins in March and includes facilitated team sessions on values, leadership, team building, the gap between what we say and what we do and celebrating success.

Human Resources

- 229 members of staff (187 WTE)
- 115 WTE staff are directly involved in delivering care
- 17.5% of the total number of staff left the service during the last calendar year
- We were awarded **Gold Level Investor in People** at last accreditation (Mar-23)
- No staff had disciplinary action taken against them for issues directly relating to patient care during the 12 months ending 31 March 2023

Quality Assurance

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

Our strategic developments

- The development of a bespoke quality assurance area on our website has been delayed for a short period due to a change in maintenance arrangements.
- We have supported the implementation of Resolve outcome measures across clinical services.
- We have created RESOLVE reporting systems and team support resources.
- We have reviewed the first weeks of data recording by the Virtual Ward team and shared the findings.

We continue to look at ways to develop 'specialist roles' for every member of staff in the inpatient unit. The Medications link role description is currently 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 were reviewed in 2022.

The link staff for Infection Prevention and Control and/or the daily identified Infection Control Champion continue to attend 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 clean and safe environment for all.

Quarter 4 also saw initial discussions around new ways of engaging staff and review of the intermediate layer as part of the Scottish Infection Prevention and Control Education Pathway.

Our impact

We continually seek assurances that our care is safe and effective and our new RESOLVE outcome measures will support the evaluation of the impact of the care we provide.

We publish an annual duty of candour report detailing any incidents resulting in severe harm or death (KPI 28).

Quarter 4 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 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 4 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 2022) supporting the release of time to take forward actions. We are currently seeking feedback as part of the evaluation of these changes. The Quality Assurance Team support this process by providing weekly reports on risk assessment completion.

The Clinical Risk Group has met this quarter to review patient safety related risk assessments.

Participation and Feedback

A patient submitted the following feedback by questionnaire:

When asked if they thought the food and drinks provided were of good quality the patient mentioned that they felt they were repetitive and needed more variety.

What we did in response >

The Well Being Service Manager discussed this with the patient at the time and the comments were feedback to our Director of Operations for comment which has been included below.

“Our present menu is varied with many snacks, starters, main meals and desserts and these are reviewed regularly to include more choices. Patients are always asked what they would like to eat or drink as part of our Hospitality service and we are open for any new suggestions. We are looking at increasing our menu with more ‘Chef Specials’ and themed days”

Working in partnership with volunteers

We continue to work with the Wellbeing volunteers in increasing feedback opportunities for people who are currently using our inpatient services.

We 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

We continue to attend the Scottish Hospices Sentinel User Group to share information and ideas for development.

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. Currently we are the only hospice in Scotland who have integrated patient care records with their NHS Partners. In Quarter 4, we continue to liaise with 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.

Quality Improvement

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

TRAK Care (Patient Electronic notes system): the Quality Assurance team are involved with the TRAK development group and have supported the revision of the guidelines which were launched in March 2023.

Non-clinical audits: the hospice's main kitchen, Iona Café, staff dining areas and education centre were audited in February 2023 and the next audit scheduled for May 2023. These areas 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 Quality Assurance team meeting regularly with our registered nurses and pharmacy team to review and improve our medicines processes. The short life working group for the review of medicines processes is due to conclude in April 2023 and a report of its impact will be available for the next Quality Report.

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 (SICPs) – results for the quarter are shown in the table below, showing overall improvement between February and March 2023. IPU staff receive audit feedback during the actual walk round or from the weekly IPU email update. Compliance with best practice remains high but the current focus is supporting staff further to ensure the monthly audit is completed consistently. The Charge Nurse for Quality and Patient Safety continues to provide staff support with consistent audit completion and is reported via the weekly update.

Following the February 2023 Infection Prevention and Control group meeting, the IPU team developed an action plan specifically to address infection control safe management of care environment. The action plan covers systems for ensuring tasks have been completed; increasing accountability and awareness of infection prevention and control in everyone's role; and improving team working,

HPS Compliance Tool: Standard Infection Control Precaution (SICPs)		IPU compliance with SICPs		
		Current	Previous	
		March 2023	February 2023	January 2023
1	Patient placement/Assessment for infection risk	100%	100%	Not completed
2	Hand hygiene	100%	95%	
3	Respiratory and cough hygiene	94%	100%	
4	Personal protective equipment	94%	100%	
5	Safe management of care equipment	100%	100%	
6	Safe Management of care environment	90%	85%	
7	Safe management of linen	85%	85%	
8	Safe management of blood/body fluid spillages	100%	45% *	
9	Safe disposal of waste	100%	100%	
10	Occupational safety: prevention and exposure management	100%	40% *	

* low scores due to inconsistent completion of audit tool

RED AMBER GREEN (RAG) rating	
0 - 64%	repeat within 1 month
65 - 89%	repeat within 3 months
90 - 100%	repeat in 6 months
90 - 100% on two consecutive audits	repeat in 1 year

Healthcare Environmental Inspection audit: this audit is currently part of the weekly walk round by the inpatient charge nurse, domestic services supervisor and the patient safety and quality assurance facilitator. Currently, the walk round team review one audit topic each week and complete the whole audit over an 11-week period. All actions are then sent to team leads and improvements take place in real-time.

The Quality Assurance Team will trial in a **RED/AMBER/GREEN** rating system whereby the audit will be completed in one day. Calculated percentages will show the level of compliance against each of the audit topics and the RAG rating will then be used to decide the timescale for re-auditing of each of the topics (see below table). This is shown above.

Consent to share information with others: This audit is completed every month across IPU, Community, Virtual Ward and Hospice at Home to ensure staff are checking with patient's who they consent to share their information with. A sample of 40 patients are taken from the patient administration system and checked for details. Results for the quarter are shown in the table (right) with all services showing improvement between February and March 2023.

	Current	Previous		
Summary	Mar-23	Feb-23	Jan-23	Dec-22
IPU	80%	70%	90%	80%
Community	80%	50%	100%	70%
Virtual Ward (New)	70%			
Hospice at Home	100%	50%	90%	100%

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

Preliminary Pressure Ulcer Risk Assessment (PPURA): This assessment is three short questions to identify any changes in a person's condition that would increase the chance of potential problems to skin health and the increased risk of skin damage occurring. This assessment is carried out daily and recorded as part of the patient's care record. In quarter 4 the IPU achieved 94% completion in the fifth audit (an improvement from 55% from the first audit). Care at Home have introduced a daily completion of this assessment and we will report their audit findings in the next report.

Our Patient Safety and Risk Report

Accidents

For Quarter 4, **7 accidents** were reported (22 this Year to Date) and were categorised as follows: -

- One involved a patient – Small skin tear to back of hand. Patient unable to remember how it occurred. Scored as Low Risk following investigation.
- One involved a patient visitor – Relative fell from a bed during an overnight stay. Scored as Low Risk following investigation.
- Four involved staff members
One stumble on stairs and one scald. Scored as Medium Risk following investigation.
One fall and one minor burn. Scored as Low Risk following investigation.
- One involved a volunteer – Trip on a ward. Scored as Low Risk following investigation.

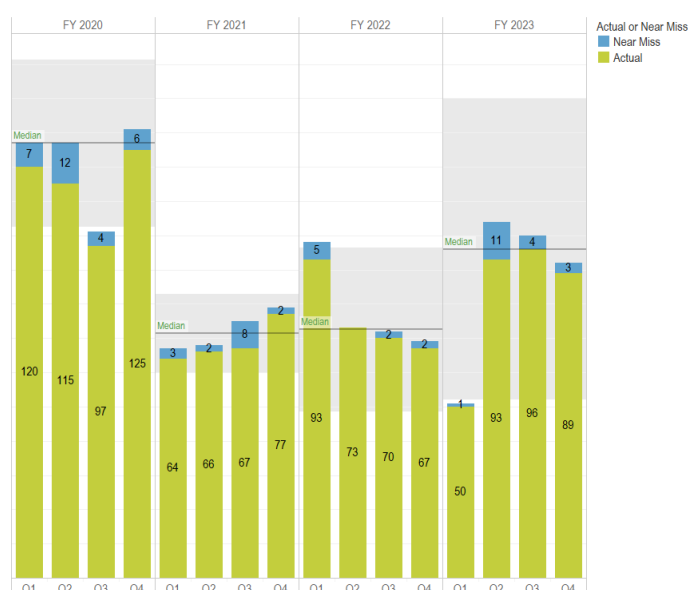
Incident Reporting

Excluding accidents, at the time of compiling this report Quarter 4 saw **92 incidents reported (347 Year to Date)** from across hospice services reported. The incidents are comprised of:-

- **74 actual incidents** were closed following investigation with **15** still active (an additional **3** incidents are active from Quarter 3)
- **3 Near Misses**
- **9** further submissions, not counted in the figure above, were closed following investigation and categorised as 'Not an Incident'

Actual Incidents and Near Misses

Excludes - Closed (Classified as 'Not an Incident' following investigation)



Pressure Injuries

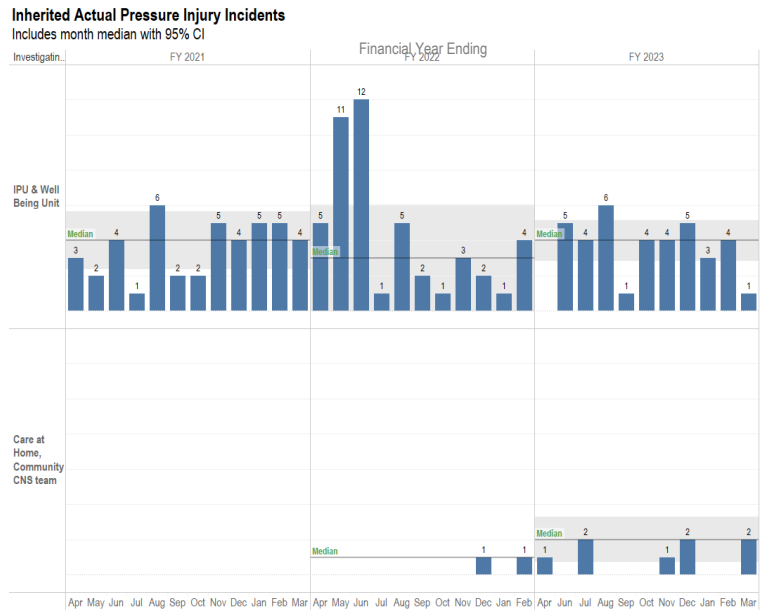
Pressure Ulcer prevention continues to be led by our Inpatient team lead with support from members of both the clinical and quality assurance teams. As previously reported, the Hospice's action plan is aligned with Healthcare Improvement Scotland's Prevention and Management of Pressure Ulcers standards (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 trialled two-monthly meetings whereby dedicated time between each meeting was used to discuss and action initiatives and progress best ways of engaging with the pressure ulcer prevention and management link staff. The group agreed to continue with this dedicated style of working. 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.

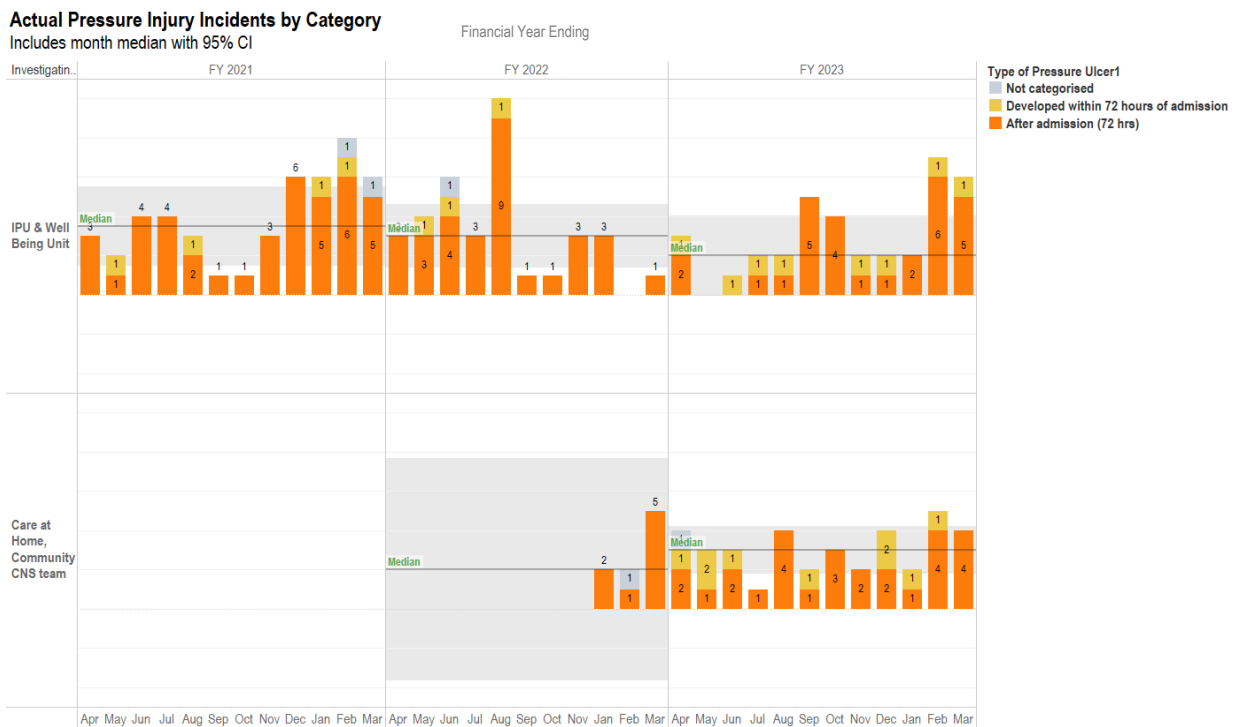
Points to note regarding pressure injuries recorded during Quarter 4. Almost half of the recorded pressure injuries were reported in the community.

- The team monitor monthly pressure ulcer trends (excluding inherited injuries) at a rate per 1,000 occupied bed days and the trend in injuries shows evidence of significant variation for March against the last six month trend. Following investigation there were several patients that appear in both the pressure injury and falls activity sometimes, in the case of falls, on multiple occasions. This suggests that perhaps these patients had advanced conditions with possible extensive length of stay.

- 35% (11) of the pressure injuries reported on the wards were categorised as 'Inherited' blue bars. (Injuries graded as follows 7 – Grade 1 & 2, 1 – Grade 4).



- The remaining 65% (15) pressure injuries categorised as New - developed on a ward within or after 72 hours following admission. (Injuries graded as follows 4 - Grade 1, 9 - Grade 2, 2 – Unclassified at time of reporting).



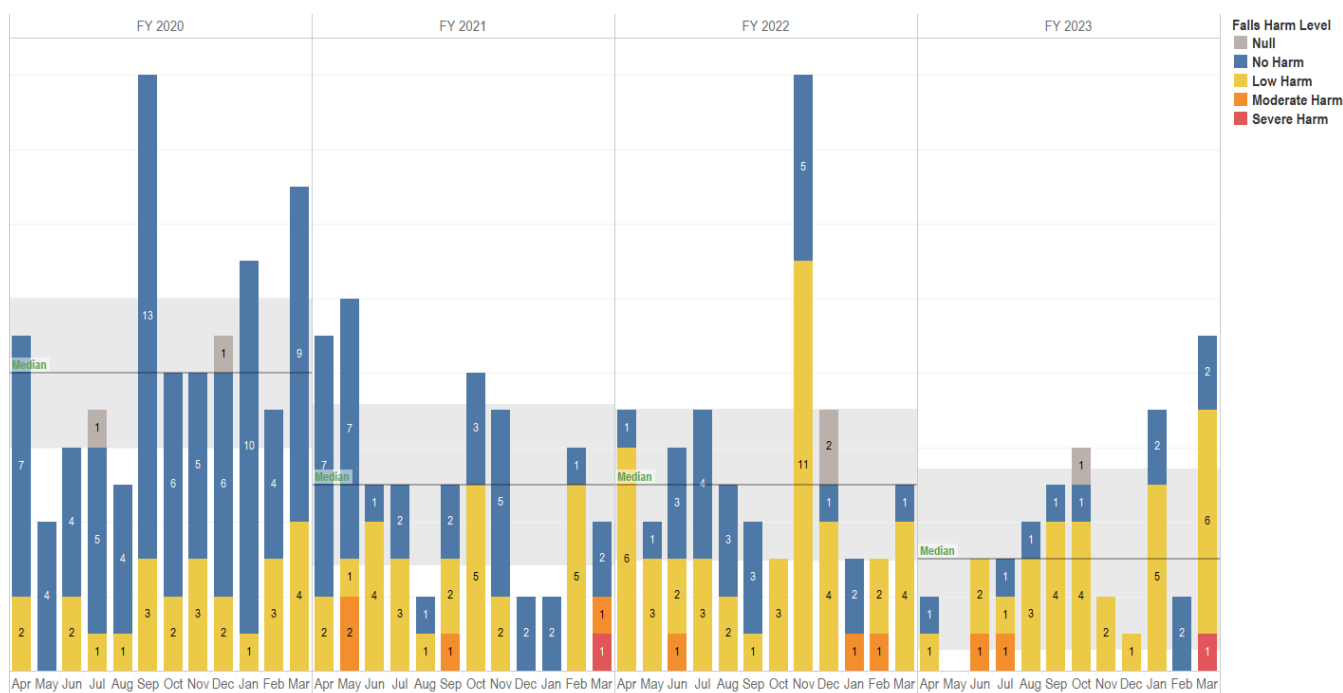
Patient Falls

Despite a previous increase, Quarter 4 shows no signs of any worrying continuous increasing trend in the number of falls on the wards. One fall resulting in Severe Harm (possible fracture) did occur and is still under investigation, however the majority of falls were categorised as either being of Low or No Harm. All falls are investigated. A number of patients had multiple falls and full investigations are carried out to identify any learning from these incidents and are discussed at the regular Patient Safety Meeting.

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



The Patient Safety Meetings also trialled two-monthly meetings and agreed to continue with this dedicated style of working. The group is aware that Hospice-based staff are more familiar with reporting falls incidents than their community colleagues. Discussions are ongoing as to whether community-based staff would benefit from further support on reporting falls.

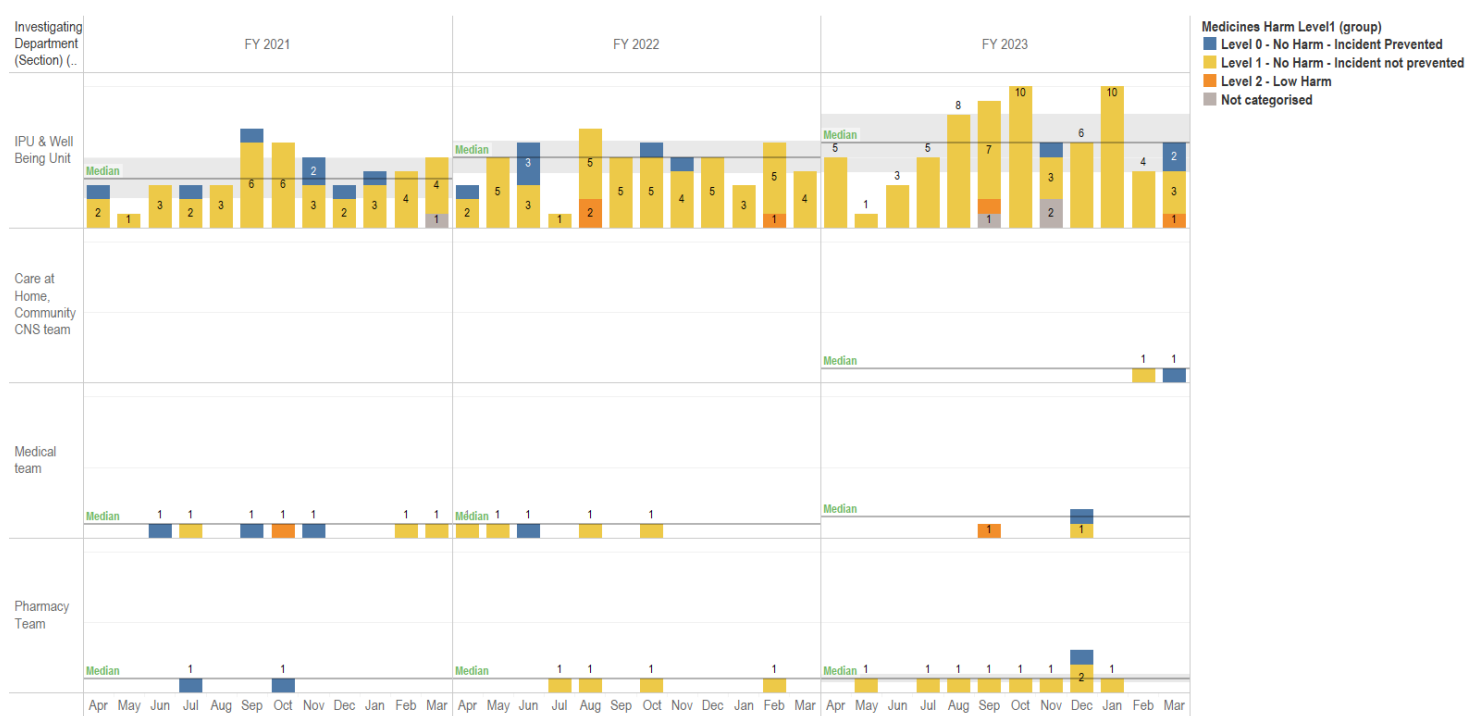
Medicines Incidents

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.

Of the 23 incidents that occurred in Quarter 4, all were deemed to be of Low or No Harm. The activity trend shows no evidence of special cause variation (e.g. a continuous rise) over the last 20 months.

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.

Actual Medication Incident Trend by Harm



Fire Safety

This quarter there was one fire alarm actioned on the 13/03/2023 and the hospice had its regular fire service inspection in March with no issues raised.

Complaints

Three written complaints have been logged this year to date are all now closed following investigation. This is down 50% from the six complaints received last year (five of which occurred in Qtr1, followed by 1 in Qtr3).

- 1) Jan-23 Concerns raised by family member of feeling abandoned by the hospice - Not upheld, Care at Home withdrawn without notice - Partly upheld and that pain management wasn't addressed - Not upheld, Inappropriate staff comments - Unable to fully investigate due to limited detail provided.
- 2) Feb-23 Anonymous letter received suggesting staff misconduct - Unable to fully investigate due to lack of detail
- 3) Mar-23 Allegations of poor/insensitive communication in relation to equipment following the death of a patient – Upheld

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.

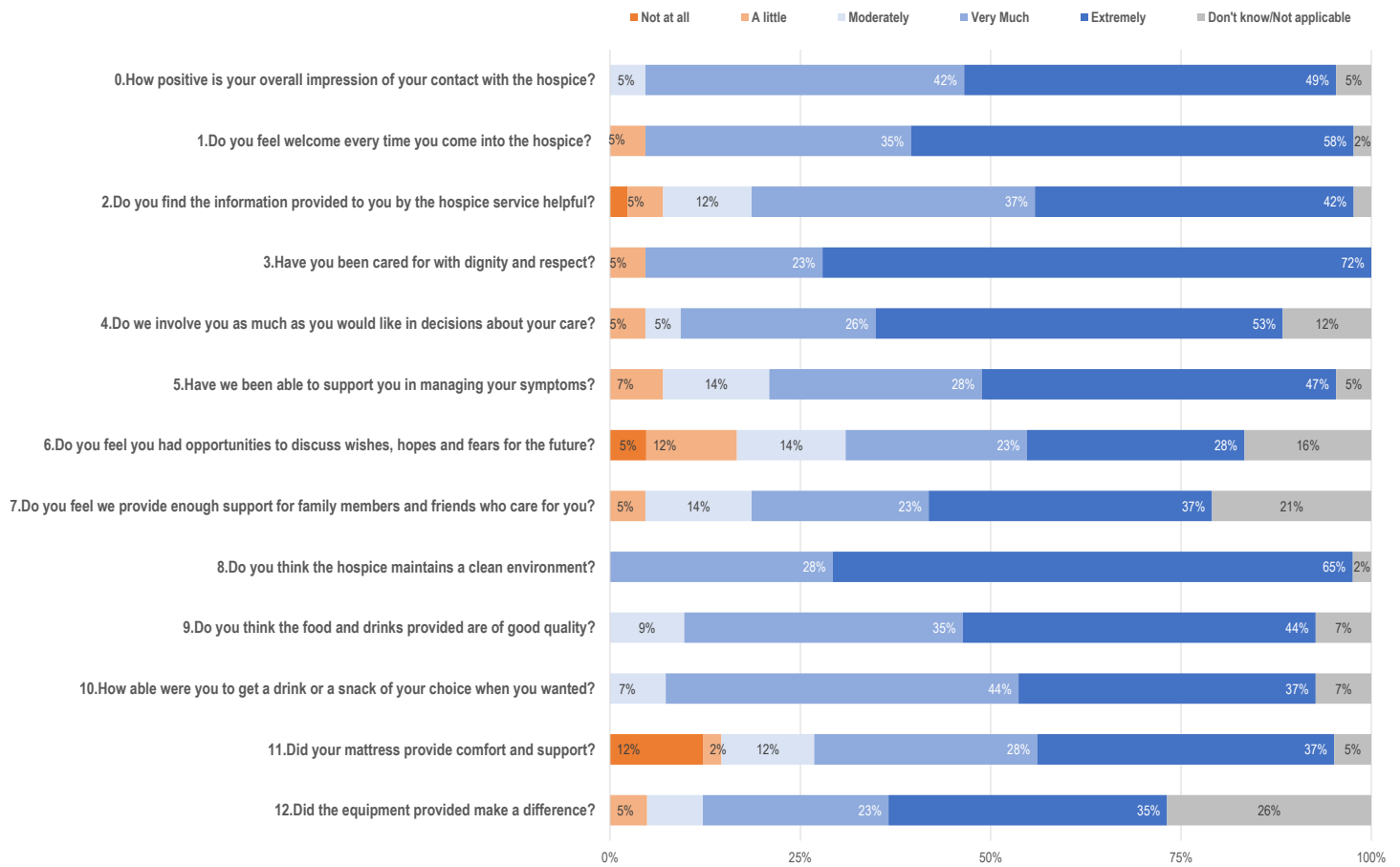
You Said, We did

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 by the inpatient leadership team. There have been fewer responses recently due to limited volunteer availability.

43 responses have been received to date.

IPU Questionnaire Responses to Date



How did we do? Online Questionnaire

All Quarter 4 responses have been included below.

Tell us what was good about our service?	Tell us what we could do better?	Comments from	
"Lovely staff, free coffee, warm and cosy environment (so is perfect for me, as I come after I've been swimming in Wardie Bay!). :)"	"Can't think of anything."	Member of the public attending the cafe.	Facilities & Hospitality Services
"Lovely lady who had a caring nature and was full of compassion and empathy"	"Nothing comes to mind"	Family/Carer/Friend	Hospice at Home Team
"Kindness, caring and compassion could not be bettered"		Family/Carer/Friend	In-Patient Unit (Pentland Ward); Well-being Service (Cedar Ward)
"Very welcoming inclusive to everyone. Great café"	"In my experience there is nothing can be done better."	Patient	Well-being Service (Cedar Ward)
"Knowledgeable, responsive, reassuring, comprehensive"	"Nothing"	Family/Carer/Friend	Access Team (Telephone booking & Advice)
"Good to have face to face chat. Good to bounce off our concerns Nice to have other advice with help on pain relief."	No response	Family/Carer/Friend	Access Team (Telephone booking & Advice); Community Hospice Team
"Plenty of information given and advice"	No response	Family/Carer/Friend	Access Team (Telephone booking & Advice); Community Hospice Team
"Responsive and friendly nurses and carers Welcoming staff on front desk"	"Open up more beds"	Family/Carer/Friend	Well-being Service (Cedar Ward); Facilities & Hospitality Services
"Relaxation Class - I couldn't believe how much I had in my head and was able to slow everything down."	No response	Coorie-in Attendee	Well-being Service (Cedar Ward)
"Relaxation Class - Friendly, relaxing, helpful."	No response	Coorie-in Attendee	Well-being Service (Cedar Ward)
"Relaxation class - So relaxing I almost fell asleep. Thank you xxx"	No response	Coorie-in Attendee	Well-being Service (Cedar Ward)
"Relaxation Class - I loved that my shoulders feel so much looser and calmer."	No response	Coorie-in Attendee	Well-being Service (Cedar Ward)
"The girls were friendly and put everyone at their ease. It was very well presented and could hear very well. Have had other times of relaxation, it reinforced these occasions. Was very impressed with the lavender stick."	"Nothing"	Coorie-in Attendee	Well-being Service
"Portabello sessions (paper response) - Well spoken throughout and very relaxing."	No response	Coorie-in Attendee	Well-being Service
"Very, friendly caring girls who present everything so well."	"Nothing"	Coorie-in Attendee	Well-being Service
"Well-being. Session very good, very helpful."		One Small Change Attendee	Well-being Service
"The lovely way it is presented. Have enjoyed the last few weeks. Feel it has made a difference to my awareness."	"There is nothing."	Coorie-in Attendee	Well-being Service
"Being talked through relaxing. Other people asking about future classes."	No response	Coorie-in Attendee	Well-being Service
"Thank you for sharing thoughts. Learning again about how the feeling for living well."	No response	One Small Change Attendee	Well-being Service
"Pleasant girls and others were so helpful in the group. Made you think about change."	Nothing.	One Small Change Attendee	Well-being Service
"A safe welcoming space. A place for listening and speaking. Being encouraged to express our feelings. Our host's have been friendly, organised and making clear their teaching. Bellfield Community Café is doing a great job serving us tea, coffee and cake and lunches as well. Altogether a welcoming place."	"I will miss all the classes so I would like to have more please."	Coorie-in Attendee	Well-being Service

