



People Services Quality Report

Quarter 1 2023-24

Executive Summary

In quarter 1, we launched our seven new 'Quality Commitments'. Throughout the main report, our teams will provide evidence of our performance against each of these commitments through a series of agreed 'performance indicators' which are also summarized in appendix 1.

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

In line with what our community told us, we support people to remain at home or as close to their own homes wherever possible.

We ensure that our inpatient beds are used effectively to enable those who require specialist inpatient support to have timely access to a bed.

We extend our care and support to include carers and families of people living with palliative illness ensuring they are involved, informed and supported.

We proactively seek assurance that those in our care have a high quality experience, have trust in the team and feel that they are 'partners' in their care who are treated with care, compassion, dignity, respect and inclusion.

We ensure our staff and volunteers are well supported and well trained because we understand the direct link between a well supported, trained and committed workforce and the quality of care that we provide.

We continually seek assurances that our care is both safe and effective.

Quarter 1 proved to be another busy time for the team with further evidence of increasing need for hospice care across our community. Our teams have continued to adapt and respond to meet the needs of as many people as we can.

- Our care at home service had its first unannounced inspection from the Care Inspectorate and received fabulous feedback and were graded 'very good' across of dimensions in the inspection. We are incredibly proud of their achievements.
- We completed a pilot of a new 'virtual ward' model of care aiming to keep people with more complex care needs at home for longer if that is their wish. Initial data showed significant impact and although we are yet to publish the formal report we have taken the decision to continue as part of our core service provision.
- Our family support team are exploring options as to how to best to adapt to the continually increasing need for counselling and bereavement related support including the launch of new groups and time limited sessions to maximise capacity.
- Our inpatient and wellbeing teams have now settled in their respective wards and continually seek to develop their models of care with a focus on goal setting and palliative rehabilitation.

We anticipate now that the models of care have now been finalised and we look forward to now focussing on our workforce, their training, wellbeing, support and engagement as we begin to consider our next strategic plan.

There were no significant incidents or accidents in quarter 1 and no patient safety issues of concern. 2 complaints were received and responded to in appropriate timescales and learning action plans implemented

Our Community

Our Quality Commitment

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

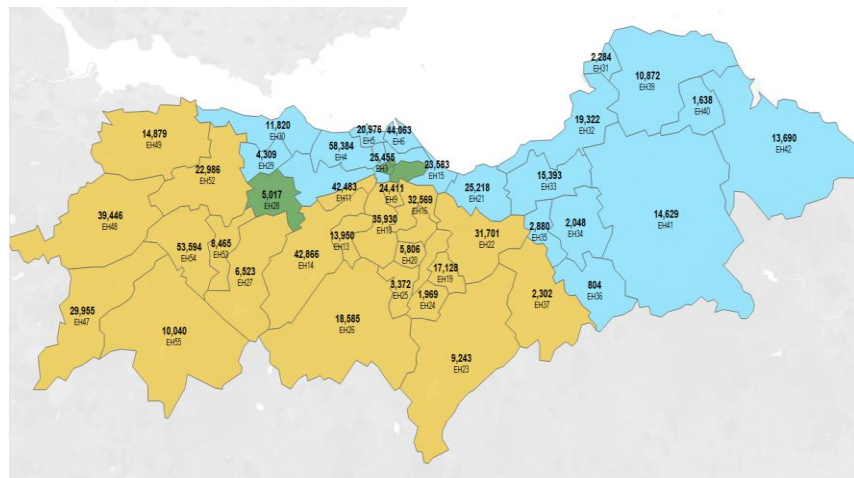
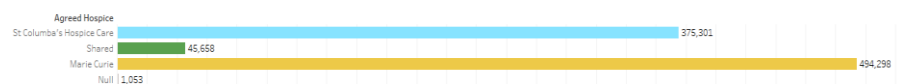
Our Performance Indicators

Our data will demonstrate that:

- Our services are accessible to people aged over 16 years old.
- Our services are accessible to people with any life limiting condition.
- Our services are accessible by people from any ethnic background,
- The demographics of those who access our services are reflective of the population of Edinburgh and East Lothian.

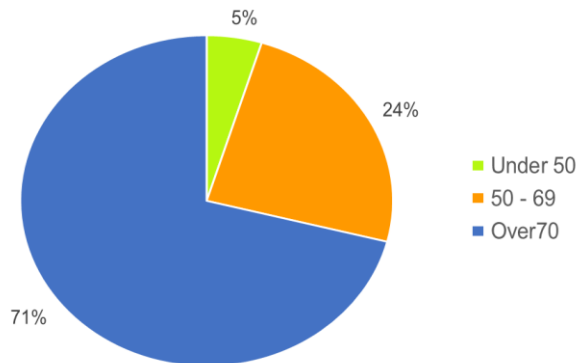
Hospice Care in Lothian is provided by both St Columba's Hospice Care and Marie Curie Hospice with an informal agreement in place regarding postcode split and a few areas of overlap.

Total area populations by hospice
All Ages by designated postcode area

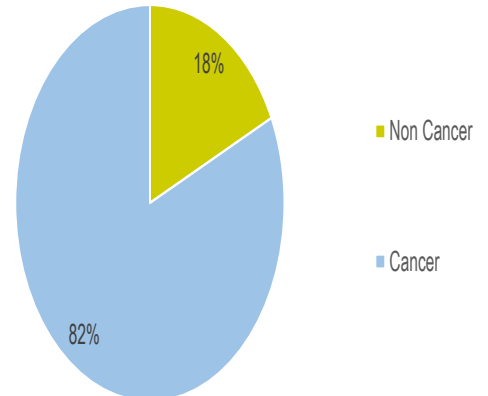


The charts below provide a summary of the available data for quarter 1 demonstrating our commitment to providing palliative care for all, regardless of age, ethnicity, diagnosis or background. At the end of quarter 4 we will analyse the full years data and compare with Edinburgh and East Lothian population level data to ensure those who are accessing our services are reflective of our local community.

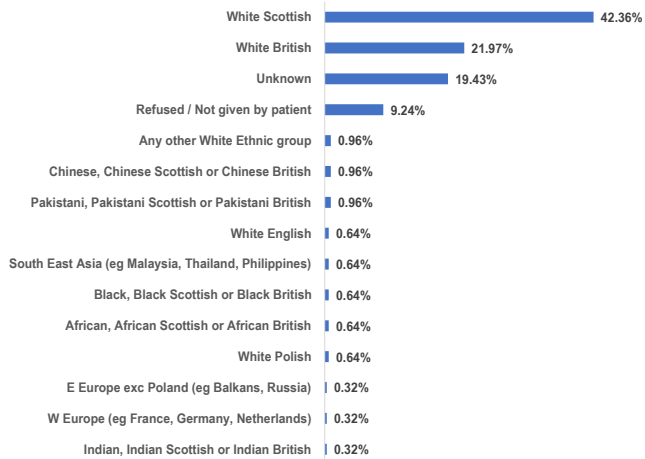
People by Age Band



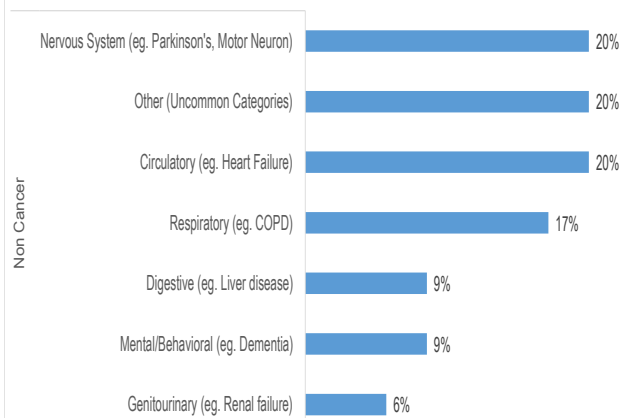
Proportion of episodes recorded cancer to non-cancer diagnosis



People accessing our services by ethnicity

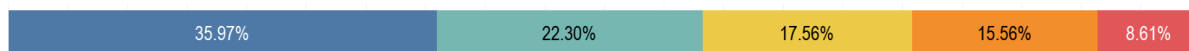


Proportion of episodes recorded for non-cancer diagnosis

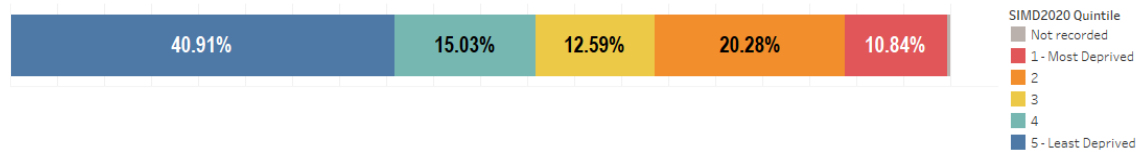


The data below compares SIMD 'deprivation' data of our quarter 1 referrals with the available data for our potential population.

St Columba's Hospice Care
Mapped area above (Blue only) by Scottish Index of Multiple Deprivation



Quarter 1 Referrals by Scottish Index of Multiple Deprivation (SIMD 2020)



Patient Services

Our 'Patient Services' include our Access, Inpatient, Care at Home and Pharmacy teams as well as the Counselling, Bereavement and Chaplaincy arm of our Family Support team.

The Access Team: Becky Chaddock, Team Lead.

Our Quality Commitment

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

Our Performance Indicators

Our data will demonstrate that:

- *All 'urgent' referrals are assessed and triaged by our Access team within 2 working days.*
- *All 'routine' referrals are assessed and triaged by our Access team within 7 (consecutive) days.*
- *All referrals for inpatient care are offered an admission within 7 (consecutive) days of being triaged by our access team.*
- *All referrals are supported by our Access team until they are admitted to the inpatient unit or assessed by the appropriate team.*

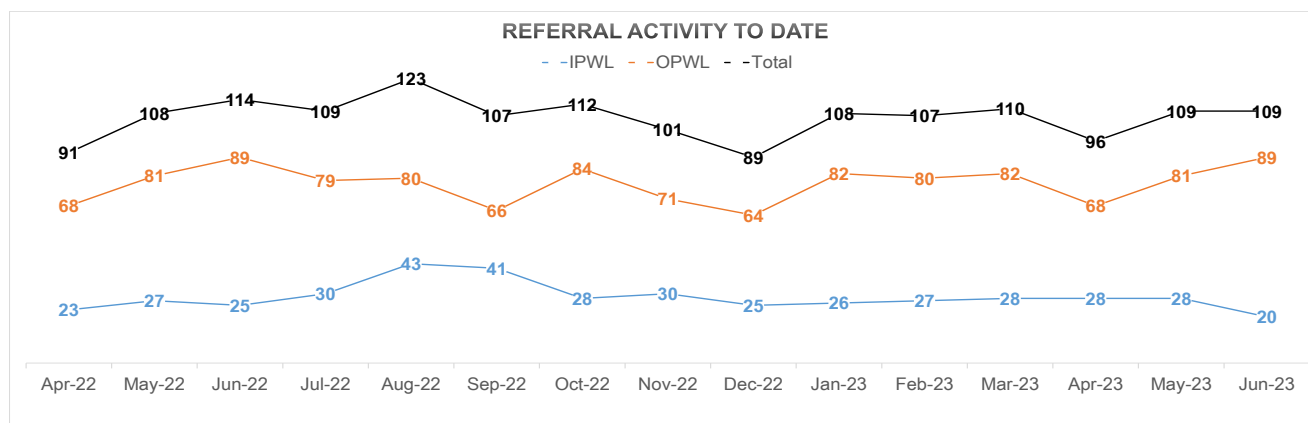
In quarter 1, 100% of all urgent and routine referrals were assessed and triaged within the required timescales and 93% of inpatient referrals were offered an admission within 7 consecutive days of being triaged. From quarter 2 we will provide a summary of reasons where we haven't met our performance indicators.

In the last 3 months, the team responded to 313 advice calls and 168 individual patients and their families were supported with urgent concerns. The advice calls include people on access caseload whilst waiting for their service to start, people known to hospice at home and members of the public / colleagues across health and social care. Further detailed data breakdown will be provided from quarter 2.

We are currently exploring how best to accurately capture more detailed 'caseload' data for the access team due to complexities with our electronic patient record system.

Our impact

The access team have supported 314 people this quarter from time of referral till they reached their required service (2022/23 = 313).



Our strategic developments

No specific update to share for quarter 1.

Participation and feedback

We are delighted that 100% of the 30 responses received in quarter 1 said that they would recommend the Access Service to others in similar situations and that were fully aware of next steps.

A selection of comments received from patients and families at the end of their initial contact with Access is shared below:.

"Service excellent, people are lovely".

"This is all new to us. It's good for [my brother] to be able to talk to your team."

"From point of contact, information has been clear and concise. From initially being told there was a waiting list for community support, we had a home visit arrived within 2 days! Thank you".

"Very impressed all aspects so far – early days but you seem to have most things covered".

"I was very impressed with the initial phone call from [the team] who spoke to the carer and about the future. [She] was exemplary!"

"Great service. Call backs made sure I know what's happening".

Our volunteers

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

Working with our external partners

The team work daily with health and social care partners to achieve the best outcome and most appropriate service provision for the people we 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.

Quality Improvement

Throughout quarter 1, the Access team have been assessing if there is any impact on inpatient admissions following the reintroduction of triple bedrooms (because the rooms are gender specific this can lead to inability to admit even when a bed may be available).

	Total number of bed days lost	Reason for lost bed days		
		Shared room limitations	Reduced medical staff resources	Reduced nursing staff resources
April 2023	12	6	4	2
May 2023	11	10	1	0
June 2023	21	19	1	1
Totals	44	35	6	3

We will always strive to minimise the number of bed days lost and we continue to monitor things closely. A move away from triple rooms would be an overall reduction in total bed capacity and therefore would have significantly higher impact on available bed days than the numbers above.

The Inpatient Team: Sally Ramage, Team Lead and Professor Barry Laird, Consultant.

Our Quality Commitment

'We ensure that our inpatient beds are used effectively to enable those who require specialist inpatient support to have timely access to a bed'.

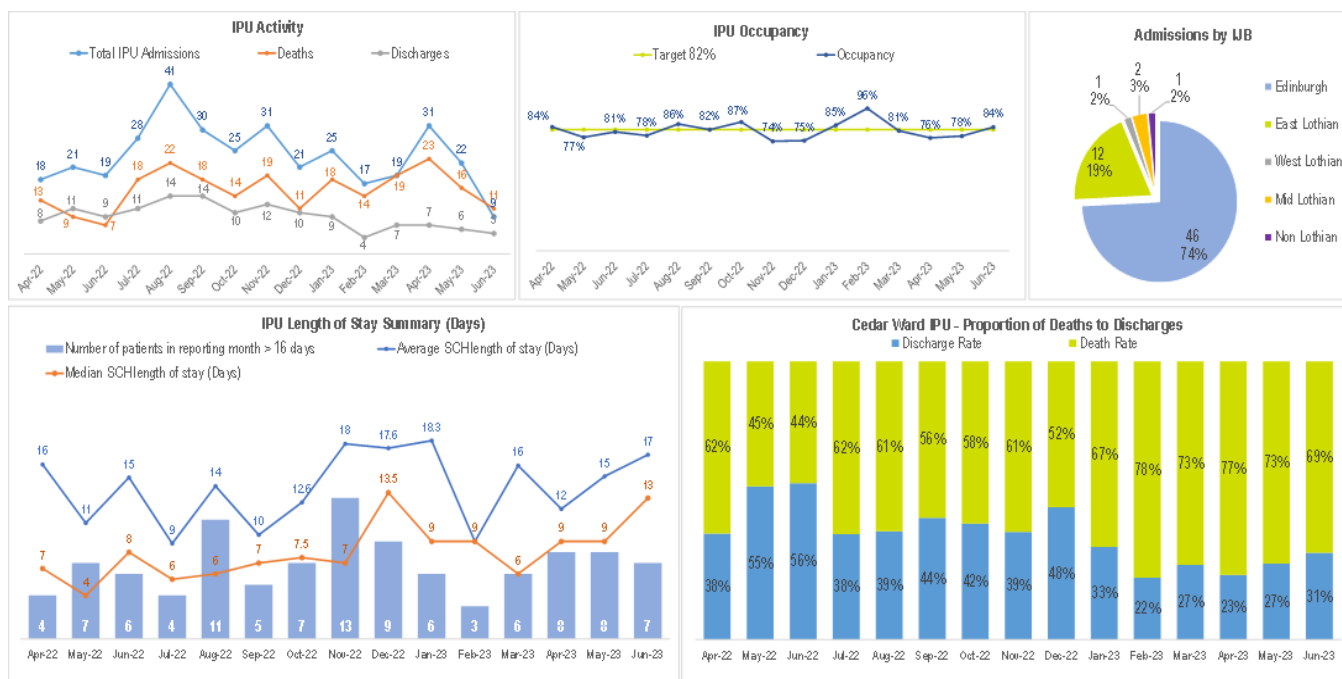
Our Performance Indicators

Our data will demonstrate that:

- *We maintain our inpatient occupancy level above 82%*
- *We monitor length of stay in our inpatient beds, and in particular stay beyond 16 days.*
- *We utilise our own patient transport vehicle to support timely admissions and discharges*

Quarter 1 data demonstrates that:

- The number of admissions to the inpatient unit have increased by 7% on last year (58 to 62)
- Occupancy was just below the 82% target for the quarter at 79%
- Average length of stay was 15 days
- The proportion of discharges to deaths has fallen this quarter compared to the rest of the year
- Our patient transport vehicle supported 6 discharges home, 12 transfers from acute hospital and 13 admissions from patients homes. Each of these journeys enabled timely and comfortable transport as well as reducing pressure on our Scottish ambulance service colleagues. 4 people were also supported to attend external appointments.



Our Impact

We use a goal setting approach to enable those in our care to live life as independently and fully as possible within the limitations of their advancing illness and to provide a support system that helps people anticipate, adapt and cope with losses associated with deteriorating health.

Our strategic developments

We have reviewed our core nursing establishment following feedback from our team and now have additional registered nurses on duty every weekend.

Our inpatient lead and charge nurse now take it in turns to work clinically throughout the week providing continuity of leadership, support for the team and practice-based skills development for the nursing team.

Several more of our registered nurses completed their SNA assessments (single nurse administration of controlled drugs). This empowers our nurses to be able to respond more timely to patients medication requirements, avoiding the delay for a second check of the process.

We have been working closely with RNS publications to produce new bedside folders which will contain essential information about the hospice and the services available for people who are staying in our inpatient unit.

Participation and feedback

Every member of staff, without exception, was professional, attentive, responsive, friendly and KIND.

I work in the NHS and am aware of the challenges and complexities of providing palliative and end of life care.

The volunteers were so cheery on arrival and so empathic when I was emotional on departure.

The building, location, gardens, cafe and general ambience are light, airy and relaxing.

There should be a St Columba's in every city in Scotland! Please convey my appreciation and respect to your wonderful staff.

My experience, the services are really good, very important and helpful for me including the information and advice given by the staff to help with my personal and mental health needs.

The care you showed me by giving me your time, showing your support means more to me than you can all imagine. You saw me as an actual human being and not just a hospital number.

You are all so special and amazing at your jobs and I now have a new positive attitude because of you all, I could not have done this without everyone's help and encouragement".

Pleasant staff, friendliness and happy surroundings.

Can't think of anything you could do better)

I will never know how you do your job, but we are so grateful that you do.

Thank you for making our family member feel safe. We will be forever grateful.

We cannot fault you at all, everyone has been fantastic and lovely.

Our 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 continue to meet four times each year with our colleagues from Ellens Glen and Ferryfield to ensure seamless pathways for those transitioning between our care.

Quality Improvement

In quarter 1 we have been working with our quality assurance colleagues and have begun to implement a suite of outcome measures which will help our clinical decision making and enable us to measure the impact of aspects of the care we provide. We are supporting the nursing team with implementing this change in practice, with training and feedback to celebrate successes. We look forward to sharing our learning from the project in future reports.

We have launched some new 'daily champion' roles for falls, pressure ulcer care and medicines, building on the success of our infection control champion role throughout the Covid 19 pandemic. Each day the team lead nominates the daily champion for each of these areas. These new roles provide leadership opportunities for all team members as well as shared accountability for the key patient safety roles in a model that is more sustainable than having just a few nominated link roles across the team.

We have been trialling the use of the pressure ulcer safety cross, a tool that enables quick identification of how long a ward has gone without inherited or developed pressure ulcers.

We continue to work closely with our Quality Assurance colleagues reviewing the impact of recent improvements to medicines processes including, staff induction, use and logging of patients own medication and the introduction of medicine registers for desirable medications.

Care at Home Team: Craig Walby, Team Lead.

Our care at home service works collaboratively with our community palliative care and virtual ward services under the overall heading of 'Hospice at Home'. Although as Team lead, Craig sits within the patient services cluster, his report is included alongside Hospice at Home in the 'Community and Wellbeing' section to support an integrated approach to reporting.

Pharmacy: Fiona Milne, Pharmacist.

Our Quality Commitment

The pharmacy team do not currently report against any specific quality commitments or performance indicators.

Our impact

The pharmacy team ensures that patients have access to the required medicines during their stay and supports timely discharge. The team ensures patients have a good knowledge and understanding of their medicines during admission and at discharge. The pharmacist has a key role in providing education and support for new members of staff in relation to all aspects of their role that involve medicines.

Our strategic developments

We have implemented a new process for producing discharge prescriptions in quarter 1 and we are now able to create discharge prescriptions via our electronic records system. The move away from handwritten prescriptions aims to reduce the risk of related errors.

We are currently developing a non-medical prescribing policy to extend role of our pharmacist and aim to implement this by the end of 2023.

Participation and feedback

No specific data to share for quarter 1.

Our volunteers

Our team recently supported two work experience volunteers enabling us to provide them with insight into the role of a pharmacy team within a hospice.

Working in partnership with our external partners

We have recently switched our community pharmacy supplier and have been developing our relationship and processes to ensure a robust and timely service is provided.

Our pharmacist is involved in providing regular educational sessions to members of the Lothian Community Pharmacy Palliative Network, ensuring that the pharmacies who take part in the network maintain and develop their knowledge around palliative care medicines and are regularly updated regarding any changes to our services.

Our pharmacist provided educational sessions to trainee pharmacy technicians across Lothian and as a team, we regularly host trainee pharmacists from Western General Hospital, providing them with palliative care learning opportunities.

Quality Improvement

We have designed and implemented some revised medication processes in quarter 1 in partnership with the nursing team.

We are planning to deliver a further 'Single Nurse Administration of controlled drugs' training day in October 2023. This supports our nursing staff to confidently and competently administer controlled drugs as a single nurse without the requirement for a second check. This not only reduces workload for the nursing team, it empowers them as nurses in the administration of medicines, and ensures more timely administration of medicines to patients.

We have developed the role of our pharmacy technician to include processing of patient's own medicines on admission to relieve pressure from nursing team. Initial feedback shows that there has been more accurate documentation and assessment of patients own medicines and reduced pressure on the nursing staff. There are plans in place to audit whether there has been an improvement in ensuring timely access to medicines for patients.

Counselling, Bereavement and Chaplaincy: Craig Hutchison, Team Lead.

Our Quality Commitments

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

'We extend our care and support to include carers and families of people living with palliative illness, ensuring they are involved, informed and supported'.

Our Performance Indicators

Our data will demonstrate that:

- *All adults who are referred to our counselling and bereavement services will be offered an initial assessment within two weeks*
- *Patients and anyone assessed by our family support team at their initial assessment as being at risk of harm will be offered appointments within three weeks (or referred on for urgent GP/psychiatry/Social Work if the identified risk of harm is not related to their bereavement)*
- *Bereaved relatives and carers assessed as not being at risk of harm will be offered appropriate level of service (which may be group and / or 1:1) within eight weeks of their initial assessment.*
- *We provide a tiered system of support for carers and families through a range of in person and virtual services.*

Our adult services have continued to face unprecedented demand over the past year leading to significant increases in our waiting times. This may be linked to wider trends in community mental health which disproportionately impact people we work with.

Our performance indicator is to provide initial assessment within two weeks of referral. Currently patients are waiting a mean of 17 days for assessment (median 14 days, range from minimum 7 to maximum 36). Carers and bereaved relatives are waiting a mean of 23 days for assessment (median 20 days, range from minimum 6 to maximum 54 days). Longer waits are usually due to individual patient circumstances (e.g. being on holiday or in hospital and unavailable for assessment).

The second performance indicator relates to where there is potential risk of harm and we aim to offer an appointment within 3 weeks for time-limited counselling. In quarter 1, those identified as being at significant risk waited a mean 6 days from assessment until their first session.

Patients are waiting a mean of 14 days from assessment until their first counselling appointment (median 10.5, range from minimum 6 to maximum 34 days). Bereaved people with acute or normal grief reactions and no risk of harm are now directed to the next available bereavement group. Those who attended our Living with Loss group in May waited a mean 23 days from assessment to the first group session.

We aim to see carers and bereaved relatives within 56 days (8 weeks) of assessment. Carers and bereaved relatives are currently waiting a mean of 70 days following assessment (median = 66 days, range 5-122 days).

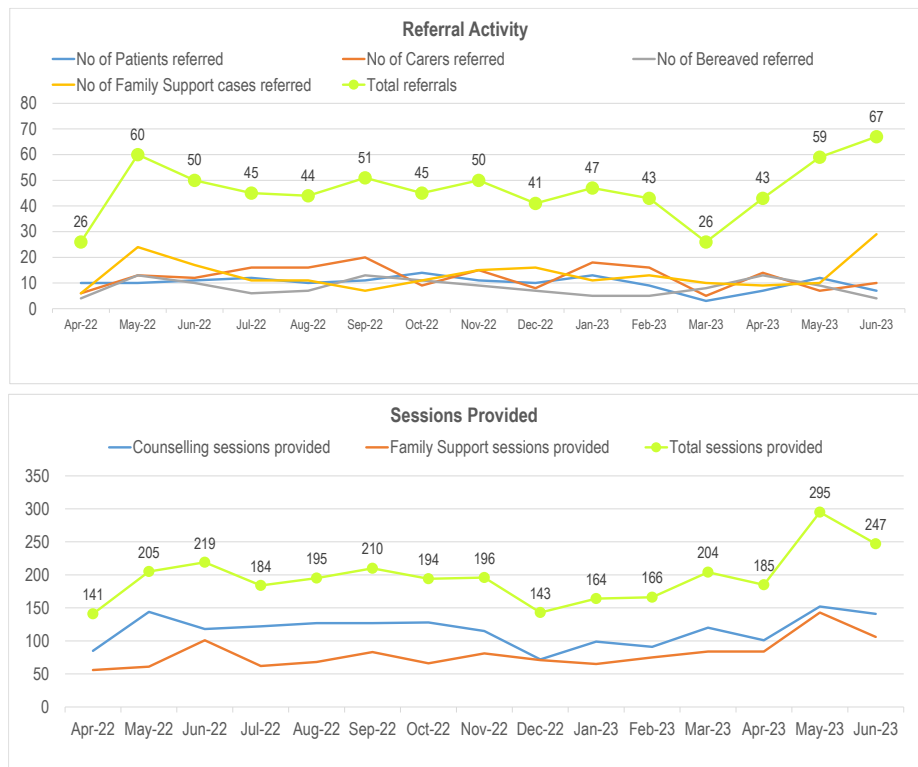
Our Impact

We delivered 394 sessions quarter 1, a 13% increase on activity compared to the same period last year (N=347). Over the same period there were 83 new adult referrals (26 patients, 31 carers, 26 bereaved relatives), which is a 7% decrease compared to the same quarter last year (2022-23) but 26% higher than the preceding year (2021-2022).

Of the adult referrals we assessed this quarter, 19% were patients, 48% carers (24% of whom referred very shortly before the death of the patient) and 32% bereaved at time of referral.

61% were female and 39% male, with an age range from 23 to 87 (average age 57, SD=16.7).

The majority of referrals continue to come from our Community Team (58%) and from self-referral (16%) but we also received referrals from our Inpatient Unit (11%), Access Team (2%) and from East Lothian (8%).



23% of adults assessed this quarter were taking prescribed medications for psychological distress (13% antidepressants only, 6% antidepressants + anxiolytics, 3% anxiolytics only), and 21% demonstrated some risk of suicide at initial assessment (18% 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, 2% at high risk with access to means and likely intent).

We use standardised and validated outcome measures to evaluate the impact of our services. 69% 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 15 percentage point improvement on PG-13 scores.

Participation and feedback

Chaplaincy provided 325 interactions this quarter (126 with patients, 153 carers and 46 with staff or volunteers), a 43% increase on last quarter. Feedback received included:

"I just needed someone to talk to about this, thank you" (from a carer on the ward),

"What you said to me really helped. It was exactly what I needed to hear" (feedback from a volunteer),

"I want to say thank you. After I cried for a long time with you the other day I realised it's true that tears are healing – I feel that's because of you. You 'get' me." (comment from a patient)

"Thank you so much. I'll never forget the first time I met you and sat with you in the Columba Room breaking my heart. You made me feel much better. You're so kind, such a lovely person. You're amazing at your job." (comment from a carer).

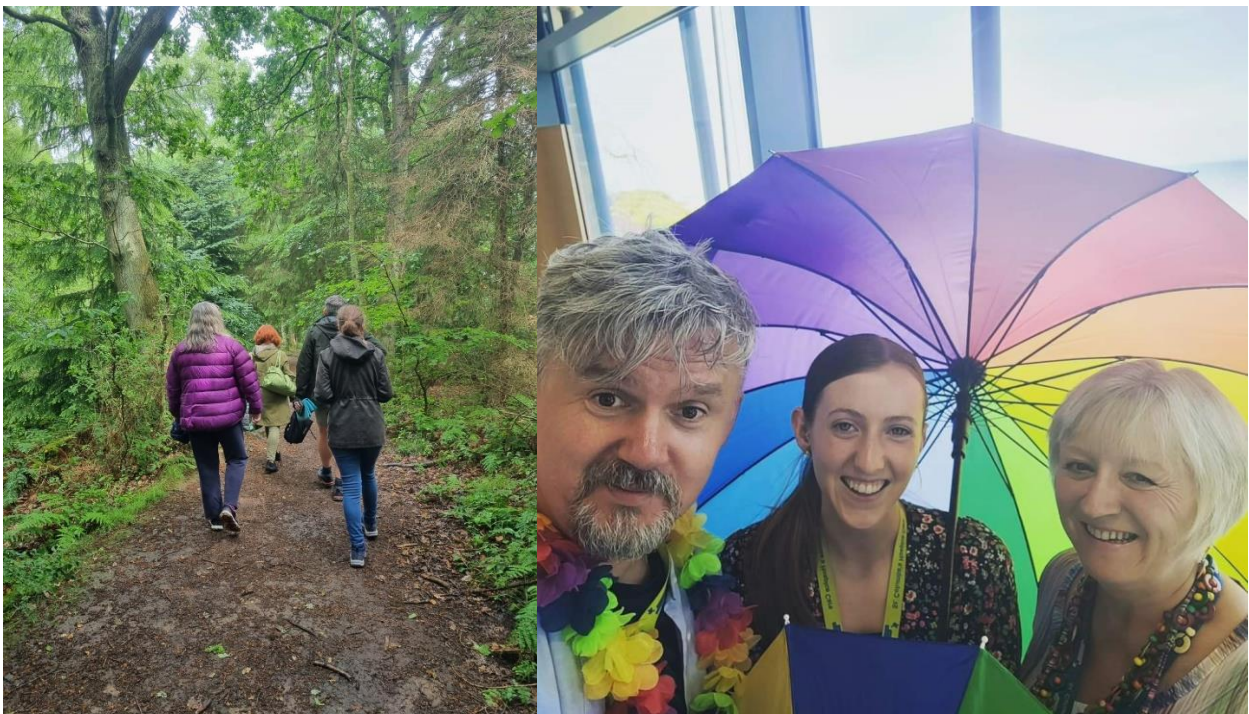
Our *Time to Remember* (Summer) event was attended by 20 people. The chaplain also piloted 'mindful nature' walks in May and June intended to support volunteer selfcare, which were attended by 13 volunteers and were positively evaluated. Feedback on the groups included:

"Amazing experience, thank you. Felt that the size of group was just right. Very much needed, feel restored and peaceful."

"Wonderfully restorative and so worthwhile. Loved the group size. Would highly recommend and encourage others."

"It was very much needed to slow down and I will try and do it again."

"I have learned something I can use again for self-care". We intend to continue providing regular walks on a quarterly basis"



Our strategic developments

We know that community counselling services across the sector are also facing high demand, with some having closed their waiting lists. Colleagues in other Scottish hospices report similar increased demand and higher complexity of presenting problems.

To maximise our capacity to respond to this increased need for bereavement support, we have implemented two new bereavement groups in quarter 1. Our pilot **Living with Loss** bereavement group ran from 24 May to 28 June and was attended by eight people. The evaluation was very positive, with participants demonstrating improvement on outcome measures and offering positive feedback on their experience:

"I would recommend anyone joining the group please do",

"I believe the sessions were pitched at the correct level",

"Both group leaders were excellent".

Further groups have already been planned and potential participants contacted. In addition, our new **Next Steps** walking group is now running on the 1st and 3rd Monday of each month and is currently attended by six people. In future all bereaved people who demonstrate acute or normal grief reactions and no risk will be directed to our bereavement groups, with one-to-one bereavement support limited to those who are unsuitable or unable to attend groups. People currently assessed and waiting for bereavement support have all been offered places on an upcoming bereavement support group (next group in August), if suitable.

Our 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.

Three new volunteers were inducted and provided with initial training on bereavement, grief and risk management procedures for our Next Steps walking group.

We have interviewed a new chaplaincy volunteer and will look forward to her starting her induction in quarter 2.

Working in partnership with our external partners

In quarter 1 we have focused primarily on developments to our own services in order to better manage waiting times but we have shared knowledge and research about the mental health impact of bereavement with colleagues in NHS clinical psychology and with community psychiatric nurses.

Quality Improvement

We have engaged in a wide variety of quality improvement activities, including matching our counselling offer against the Scottish Psychological Therapies Matrix and revisiting how our service remit is defined and described.

We are exploring a new structure for our services which includes a maximum time limit on one-to-one counselling recruitment of additional volunteer counsellors, in order to better manage waiting lists and demand with our available resources.

We also have a series of workshops planned for clinical staff on identification and management of depression in palliative care, as part of a wider mental health project which we hope will support appropriate referrals and help people distinguish normal distress from more prolonged and problematic reactions.

Erica Wishart has now completed her healthcare chaplaincy qualification, with merit.

Wellbeing and Community

'Wellbeing and Community' includes our Wellbeing, Arts, Hospice at Home, Allied Health Professional teams and the Child, Families and Social Work arm of our Family Support Team.

Wellbeing Service: Lisa Kerr, Team Lead

Our Quality Commitment

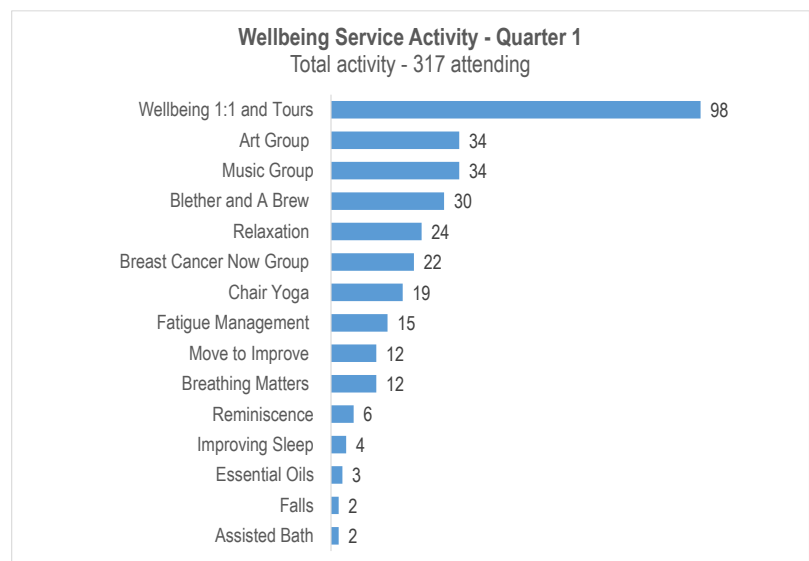
The Wellbeing team do not currently report against any specific quality commitments or performance indicators.

Our impact

There were 317 interventions during Q1, with 185 individual people attending the Wellbeing Programme

Session activity has increased by 60% for this quarter on the previous year

The top 7 most attended classes made up 82% of the total activity for this quarter.



Our Complementary Therapy Service continues to receive a steady flow of referrals with 67 new referrals in quarter 1 and 206 sessions delivered during this period. At the end of June, the Complementary Therapy Service had 85 open referrals.

"I feel like I am floating, I can't believe how different I feel"

"Not only do I feel emotionally and mentally supported, I feel physically held"

Our 42 Compassionate Neighbours provided 451 interactions with our community members in quarter 1, and our 6 'Green Fingert' Volunteers providing 39 interactions.

"We had such a lovely walk around the town, it's good to be out and about again, I wouldn't do this alone"

"Life is much nicer when you have this support".

Our Strategic Developments

In quarter 1, we reviewed and redesigned our self-referral programme in response to the needs of those participating. The new programme launched on 24th of June and includes sessions that have been popular since the initial launch of the Wellbeing Service, with an introduction to some new sessions including, 'Essential Oils to support wellbeing', 'Self-Care', 'Learning to Relax', 'One Small Change', 'Qi Gong' and 'Improving Sleep'.

Our Compassionate Neighbours and our Complementary Therapy Services are now part of the Wellbeing Service which has proven to be a positive collaboration, enabling an integrated approach to how we support people socially, holistically and to live well.

Participation and feedback

"Thank you for making these last months a little brighter with our visits here. The Wellbeing space is such a lovely space to come to"

"A safe welcoming space with a place for listening and speaking and being encouraged to express our feelings. So friendly and organised"

My experience, the services are really good, very important and helpful for me including the information and advice given by the staff to help with my personal and mental health needs. The staff are very appreciated for being so kind, helpful, caring, friendly, understandable and supportive. They are always there when needed. The Wellbeing Services like Relaxation and Chair Yoga classes are really good and beneficial for my health physically and mentally.

'In my opinion your services are very good and the staff are excellent. They are working very hard to satisfy all patients and their families. Thanks a lot for everything. I really appreciate it'.

Our volunteers

Our team of 4 Wellbeing Volunteers continue to support those attending our Wellbeing Programmes and now also provide support with assisting people to and from the Wellbeing unit when using our Volunteer Driver Service. Our bi-monthly meetings provide the opportunity to share what is going well and review the ever-changing role.

6 Complementary Therapy Volunteers continue to support the Service by providing session time on the wards and as outpatients. We are currently developing a new staff Wellbeing programme with our Complementary Therapy volunteers.

Our Compassionate Neighbours team continue to facilitate hospice and peer support to our Compassionate Neighbours and our Green Fingert Volunteers through in person and online drop in sessions.

Working with our external partners

Relationships continue to develop across East Lothian, where we are delivering our tailored Outreach Living Well program and supporting our East Lothian community nursing colleagues and their community allied healthcare professional team.

We also continue to partner with Maggie's, Macmillan, Prince and Princess of Wales Hospice and NHS Bereavement Group, sharing best practice and jointly supporting some of their clients following a palliative diagnosis.

A Collaboration with OK+ has seen the launch of a wellbeing app at the Hospice, available for all staff to download at no cost to them. This platform is to help support and manage wellbeing and also the opportunity to provide the hospice with work related wellbeing feedback.

As part of demystifying death week, Compassionate Neighbours were involved in Binning Memorial Wood, which provided awareness and team building. A visit to P4 at Ferryhill Primary School, provided opportunity to talk about compassion with the class sharing stories and talking about loss.

All 3 of our services participated in the North Edinburgh Fair, an annual community event held in West Pilton Park. attending

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.

We continue to measure outcomes, with our focus being on identifying and measuring achievements towards individual goals. A summary of data will be shared from quarter 2.

Compassionate Neighbours have revised and updated their team Handbook and have created a new online feedback form.

Arts Service: Dr Giorgos Tsiris, Director of Education, Research and Creative Arts.

Our Quality Commitment

The Arts team do not currently report against any specific quality commitments or performance indicators.

Our Impact

In quarter 1 we focused on the provision of groups and community outreach work, offering 20 group Sessions, 6 individual sessions at the Hospice and 5 groups as part of our schools project work. Across all individual and group sessions, we recorded 142 attendances.

Our live music sessions on the ward reached approximately 20 people.

We held an informal launch of a photography exhibition outside Iona Café and contributed to the North Edinburgh Festival. Both events reached approximately 50 people.

We delivered an Arts-Led Staff Reflective Practice session as part of the Hospice's wider Practice and People Development framework for staff.

Our scholarly impact this quarter included:

- Published version 1.1 of the open access resource 'Music therapy dictionary: A place of interdisciplinary encounters' (June 2023)
- Presented a poster at the 18th World Palliative Care Congress of the EAPC in Rotterdam, Amsterdam focusing on "Singing through grief: An international online songwriting project". We also participated in a poster outlining an international study led by Queen's University Belfast exploring research priorities in music therapy for informal carers in palliative care.
- Submitted in collaboration with an international team of scholars an article on musical care for publication in a peer-reviewed journal.
- Published a podcast focusing on Giorgos's work on music therapy and spirituality. This podcast is part of the Music Therapy Conversations published by the British Association for Music Therapy and is available online.

Our Strategic Developments

In quarter 1 we established a 'Creative Space' group to enhance further our regular arts group provision within the weekly wellbeing programme. Taking place every Monday morning, the Creative Space hosts different group cycles lasting from 6 to 8 weeks providing patients, families and carers with opportunities for creative expression, socialisation and emotional support through engagement with different arts media.

Over recent months, the arts team has had an increased number of group registrations and referrals. We are anticipating our team capacity increasing in quarter 2 as in July, we will advertise a new music therapy post and we expect four arts therapies students from Queen Margaret University to join us offering art psychotherapy, music therapy and dramatherapy. As capacity increases, additional group, individual and community outreach work will expand accordingly.

We have developed a 16-month workplan to ensure that team capacity and opportunities for innovation are capitalised and we meet our strategic objectives.

Participation and Feedback

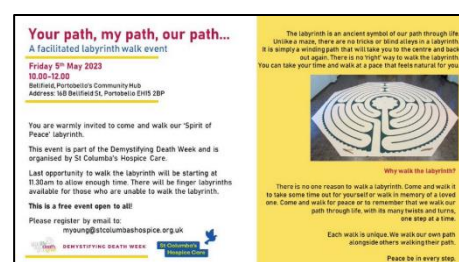
No specific updates to share this quarter.

Our volunteers

No specific update available for quarter 1.

Working with our external partners

Our Photography Calendar Competition successfully attracted a range of photographs representing the diversity of the community we serve and their experiences of 'belonging'. A panel of judges involving community and family members, staff and external collaborators chose 12 winning photographs which will feature in the Hospice's 2024 Calendar.



As part of the Demystifying Death week, we co-organised a cultural event at Bellfield, Portobello's Community Hub. Titled "Your path, my path, our path...", this was a facilitated labyrinth walk event co-led in partnership with the Compassionate Neighbours team of the Hospice and brought together different members of the community. Additionally, our community artist Isla together with the Compassionate Neighbours and Chaplain Erica organised an event at Binning Memorial Wood in East Lothian offering to members of the compassionate neighbours opportunities for mindful walking and art.



In collaboration with the Family Support team, our community artist worked with a local primary school to promote the Bereavement Charter. The creative work with the children was completed leading to the co-creation of a board game promoting awareness, playfulness and openness around loss and change in life.



Quality Improvement

On 20th June we held a meeting of the Community of Practice (CoP) for arts therapists and community artists working in hospices across Scotland. This was the last meeting for the CoP in its current format and from September we will continue our work in line with the ECHO model to support and strengthen further the community's scope and its impact.

Our scholarly partnerships involved our contribution to two research grant applications involving a number of external stakeholders pertaining to the wider field of arts and health. As part of our University Hospice partnership with Queen Margaret University, we also designed an evaluation consultation project for music and health practices in collaboration with external stakeholders.

Hospice at Home: Mandy Murray, Team Lead, Dr Tony Duffy, Consultant, Craig Walby, Care at Home Team Lead.

Our community palliative care team, care at home and virtual ward teams work collaboratively under the overall umbrella of "Hospice at Home".



Community palliative care team and Virtual Beds

Our Quality Commitments

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

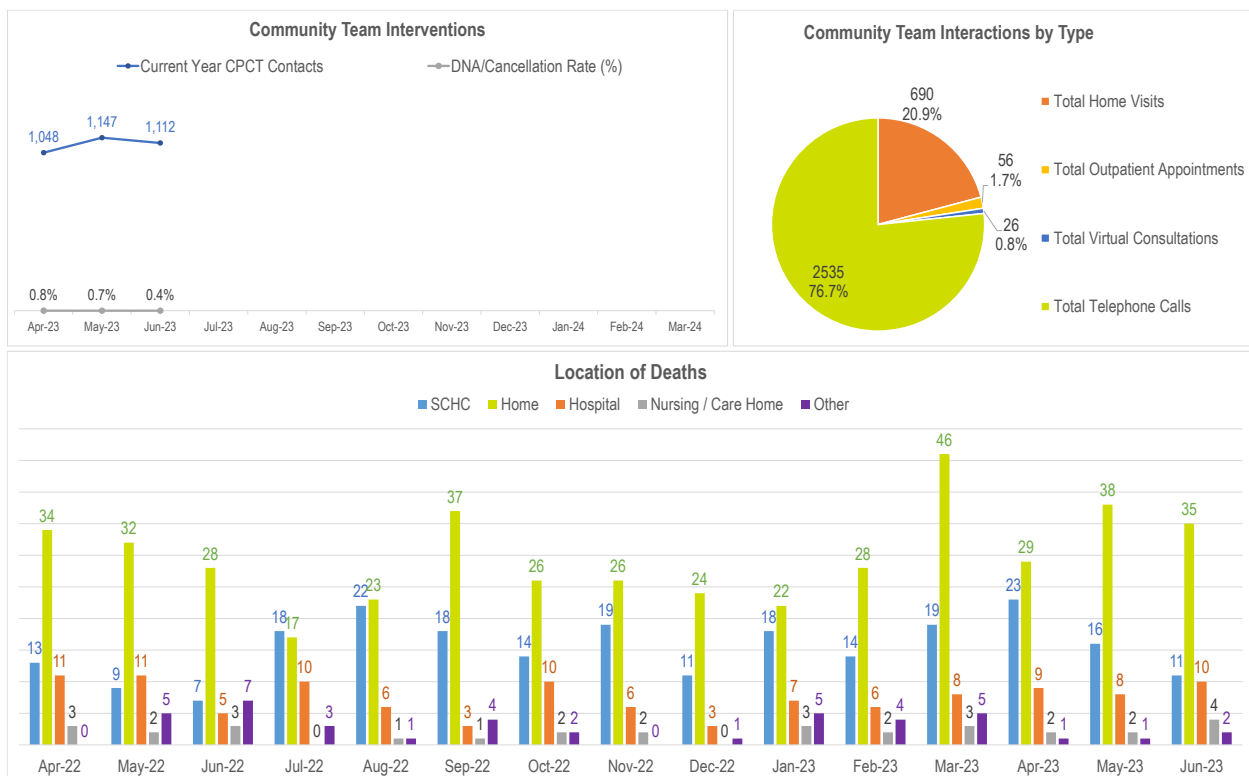
'In line with what our community told us, we support people to remain at home or as close to their own homes wherever possible'.

Our Performance Indicators

Our data will demonstrate that:

- All those triaged as requiring 'urgent' specialist support at home will be offered a specialist assessment within 2 working days of being triaged by the Access team.
- All those triaged as requiring 'routine' support at home will be offered a specialist assessment within 14 days of being triaged by the Access team.
- We continue to support approximately 680 people each year across hospice at home.
- We monitor length of stay across all three parts of the hospice at home service.

In quarter 1, 80% (12 people) who were identified as requiring 'urgent' support at home were offered a specialist assessment within two working days and 92% (71 people) of 'routine' referrals were assessed within 14 days.



Our impact

Our care is accessible to all. In quarter 1 we cared for people with a wide range of cancer diagnosis as well as non-malignant conditions including Motor Neurone Disease, Pulmonary fibrosis, Dementia, Neurodegenerative conditions, heart failure, renal failure and liver failure. We provided care for people originating from Ukraine, Romania, Ecuador, Malawi, Pakistan, and China.

We undertook 20 outpatient clinic appointments during quarter 1 which is a 64% increase on same period last year. Outpatient clinic offers flexibility for those able to travel to the hospice with the additional benefit of being able to introduce our inpatient and wellbeing services.

The number of home visits has increased this quarter by 22.5% compared with Q1 2022. Care home visits have also increased by 82%.

Our Strategic Developments

Our 3 month Virtual Ward pilot has now concluded and formal evaluation is nearing completion. Whilst the findings from this evaluation will help shape the future of the service, we have already formally integrated this service permanently as part of Hospice at Home due to the initial success and feedback from patients and families. We have appointed a temporary Charge Nurse to support the leadership and development of the Virtual Ward service and aim to recruit to this as a substantive post in quarter 2.

Participation and feedback

No specific update to share this quarter.

Working with our external partners

Our Virtual Ward service relies heavily on integrated working with our District Nursing colleagues and local hospital palliative care teams.

In quarter 1, we have collaborated with Speech and language Therapists, Allied Health Professionals, Motor Neurone Disease Clinical Nurse Specialist, Social Worker, Ventilation team lead, Psychiatry, Neurology and primary care to run Multidisciplinary Team meetings for two people living at home with MND.

We have continued to regularly contribute to Gold Standards meetings across primary care

We held a joint meeting with Team Leads from Prince and Princes of Wales Hospice in Glasgow regarding supporting transition of young adults to adult palliative care services. In addition two of our team participate in the Scottish children and young adults ECHO discussions.

A nurse specialist colleague from local acute hospital palliative care team shadowed our virtual ward team and then we were able to reciprocate the experience for our virtual ward team.

Our volunteers

There are currently no volunteers specifically supporting the hospice at home teams.

Quality Improvement

We are progressing well with implementing and embedding the Resolve Outcome measures as part of our daily practice.

We have developed new documentation to support effective and safe sharing of information across and beyond our hospice services.

We have introduced a pain evaluation tool called 'SOCRATES' to support and standardise our assessment of pain.

Our Consultant is a member in a short term working group, looking at alternatives to injectable medications for symptom control.

Care at Home

Our Quality Commitments

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

'In line with what our community told us, we support people to remain at home or as close to their own homes wherever possible'

Our Performance Indicators

Our data will demonstrate that:

- *All those triaged as requiring 'urgent' support from our care at home team will be offered an assessment within two working days.*
- *All those triaged as requiring 'routine' support from our care at home team will be offered an assessment within 7 consecutive days.*

In quarter 1, the data was not easily separated into 'urgent' and 'routine' referrals and so the metric of 'referrals who were offered an assessment within 2 working days' was applied to all referrals. Under this metric we met 46% of Edinburgh referrals and 70% of East Lothian within 2 working days.

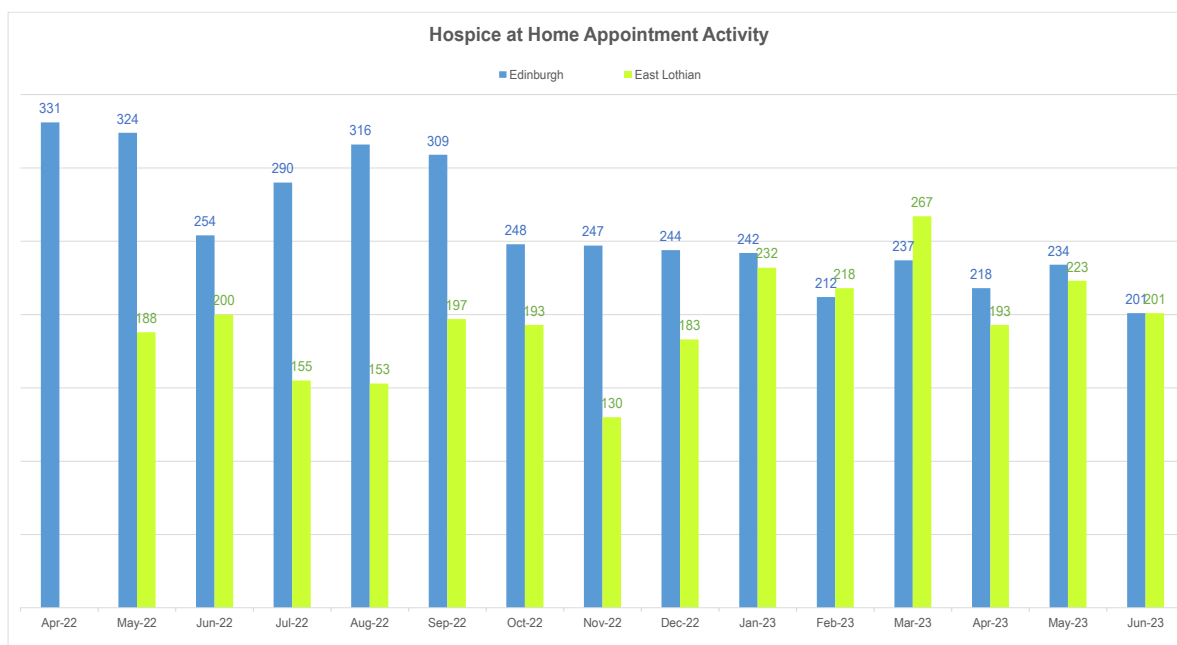
In quarter 2 report we will repost Q1 and Q2 data to give a more accurate reflection of performance against this indicator by splitting up urgent / routine referrals.

In quarter 1 we cared for 65 people in Edinburgh with 653 visits and 23 people in East Lothian with 617 visits.

Our impact

In quarter 1 the team worked with our colleagues in the wellbeing service to enable a patient who lives alone to visit the hospice for a complementary therapy session using the patient transport vehicle. This had a hugely

positive impact on the patient and was driven by the care staff taking an active lead and proactive approach to accessing the wider services available from the hospice.



Our strategic developments

In quarter 1 the team have attended initial training in medication prompting so that we can extend their role to include this over quarter 2 once we have implemented the necessary governance arrangements.

We are proud to share that another two of our team have completed their SVQ level 3. We are aiming for the whole team to have completed their qualification within the next 3 years.

Participation and feedback

No examples were provided this quarter.

Our Volunteers

There are currently no volunteers specifically within the care at home service.

Working with our external partners

The team lead and coordinator are becoming more confident in proactively contacting primary care colleagues with advice rather than doing this via their nurse specialist colleagues. This demonstrates progression in their specialist knowledge and skills.

Quality Improvement

We are currently reviewing how we use our care plans following helpful feedback from our colleagues at the Care Inspectorate during their recent inspection. We will work with our quality assurance team colleagues to embed our learning in the new Trak guidelines to support staff training.

We have ensured that the whole team have been booked to attend communication workshops to help develop their skills and confidence when holding potentially difficult conversations in peoples homes.

We continue to actively participate in several governance groups ensuring that the unique needs of our team are represented and we share the learning / feedback from these meetings regularly in our team meetings.

Allied Health Professional (AHP) team: Lindsay Harrison, Team Lead.

Our Quality Commitments

The AHP team do not currently report against any specific quality commitments or performance indicators.

Our Impact

In quarter 1 our community AHP team received and assessed 141 referrals despite significant vacant hours across the team.

Our strategic developments

Effective goal setting is central to optimising everyone's experience of care so the team have a key role in embedding a culture of goal setting into every day practice, ensuring our focus is on what really matters to the people we support and that we are better to support them to "live well until they die". Daily, the team support people to engage and participate in their personal care, transfers and mobility but also look beyond those things with a 'What Matters to You' approach.

Improved focus on goal setting has empowered the team to facilitate rehabilitation beyond what is thought of as 'traditional' AHP roles (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.

An example is provided below:

A person was referred to our team for mobility assessment. Whilst we did assess their mobility, through skilled, open and sensitive discussions we also learned that something the person really wanted to do was to have a keyboard lesson before she died. We facilitated her wish by working with our Arts team and by making sure she was able to manage her fatigue and tolerance for sitting out of bed in a position to allow her to play keyboard.

We are currently recruiting to vacancies within the team and are pleased to now appointed a new physiotherapist, an occupational therapist and a therapy assistant who will join us in quarter 2.

Participation and feedback

"We were really lucky to have you – you really did an outstanding job. X and I both thought you were a total legend!"

"It means so much to me to be able to keep moving and get out of bed. Thank you!"

Our volunteers

We are currently exploring the potential to recruit a team of rehab focussed volunteers to maximise our impact and patient experience.

Working 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 had several of our NHS and Health & Social Care colleagues shadow us at the hospice which has been positive in terms of raising awareness of the work we do and nurturing working relationships.

Quality Improvement

We recently shared a short series of social media posts highlighting the importance and benefit of palliative rehabilitation.

Child and Families Service and Social Work: Donna Hastings, Team Lead.

Our Quality Commitments

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

'We extend our care and support to include carers and families of people living with palliative illness ensuring they are involved, informed and supported'.

Our performance indicators

Our data will demonstrate that:

- We offer an initial assessment for all child and families referrals within 14 consecutive days.
- We provide timely support for carers and families through in person and virtual services.

In quarter 1 we received 47 referrals for child and family support and 100% had an initial assessment within a week of receipt. We provided 246 sessions for child and family support this quarter.

We recently began to record data for our social workers activity. Over May and June there were 38 referrals and 87 social work sessions for patients and their families.

Our Impact

We use a suite of outcome measures to measure the impact of the individual bereavement support we provide for children and young people using a standardised tool called CBSQ (child bereavement service questionnaires). 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 are in the process of collating these to measure the impact of using the service.

Our strategic developments

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. One of our schools projects "Walk a mile in mine" was recently completed and will be delivered in another East Lothian High School after summer. Our other schools project "Bereavement Friendly Schools" continues with Victoria Primary and is sharing grief conversations and raising awareness of the impact of grief across the entirety of the school community.

The offer of sessions in person either in the hospice, school setting or a community setting continues to ensure 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 helps families with travel and time to and from sessions and helps to break down any barriers that families might encounter if the support was only being offered within the hospice setting, as we recognise that for some families coming into the hospice can be a comfort, however for many it can cause more distress.

By continuing to offer a blended hybrid model of support we are able to reach and provide support for families. This last quarter has also included support being offered in the Western General to support a family with a loved one at end of life.

Our continued involvement in local/regional and national events raise awareness of the hospice and uphold its reputation and brand. This quarter we have worked with the Bereavement Charter writing group both for new sections of the charter on Anticipatory Grief and for the planning of the next webinar. We delivered a grief awareness session to CNS/ANP from Lothian at the Village Hotel in Edinburgh for around 60 people and delivered a workshop for the International Play Association World Conference in Glasgow about Resilience, Play and Grief in Childhood.

Jade and Donna delivered an education session on childhood grief to staff from Letham Mains Primary School in Haddington. Further training is planned for July for a nursery and a primary school. We submitted an abstract to NES for their Bereavement Conference in November about our Walk a mile in mine workshop and this has been accepted and this conference is really well attended so will help to promote the hospice. We were also lucky to have been the recipients of The Demystifying Death Award from Good Life good Death Good Grief for our Schools work in the category of Creative Innovation, which we were delighted to receive.

Participation and feedback

No specific feedback to share this quarter.

Our volunteers

Our two volunteers supported our child and families facilitator to deliver our bereaved parent and children's group. The group was really well received and a further group will be delivered after summer with children from 8-12 years.

Our advisory group of volunteers consist of two bereaved parents, three young bereaved people, a primary school head teacher and a family support worker from a local primary school who all volunteer their time to discuss the current/ongoing delivery of the service and to explore new opportunities for the future.

Working with our external partners

This quarter we delivered a workshop at the International Play Conference on Resilience, Play and Grief in Childhood. We also met with colleagues from Child Bereavement UK to plan a training event in November for 50 staff from education across Edinburgh and the Lothians. This will be delivered at the hospice and we will co-facilitate this training.

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 met with colleagues from across Scotland to plan a National Networking event which will take place on 5th December as part of National Grief Awareness Week.

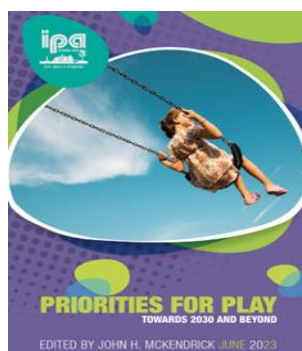
We attended the launch of the Bereavement Summit Report at Scottish Parliament with recommendations for best bereavement support across Scotland. We are working with SPPC – Good Life Good Death Good Grief and colleagues to run workshops about this in the autumn and planning is underway for this.

Quality Improvement

Our Social Worker is currently undertaking training to use CSNAT – a carer's assessment tool which helps our team to identify and support more carer's needs. We hope to roll this out as a pilot in the inpatient unit in the first instance before the wider hospice.

We continue to collaborate with colleagues from across the bereavement sector on policy and strategy implementation both locally and nationally for bereaved children and young people

We continue to collaborate with colleagues from the Arts Team and other organisations to provide a specific schools project using creative ways of exploring grief loss and change and including training for the schools on childhood loss and grief and 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.



Blog on Resilience, Play and Grief in Childhood

According to [Masten and Obradovic \(2006\)](#), children's play "provides a primary behaviour for developing resilience, thereby making a significant contribution to children's wellbeing", while [Cattanach \(2003\)](#) asserts that "play and imaginative play, is the place where children can express their defiance, confusion, sadness, and try to make sense of their own particular world, and what it feels like to live there". Providing time for children/young people to explore grief and bereavement in their own way can help a child in their grieving process. Cattanach also suggests that for the child, to play in the presence of someone who listens and can share their story, can be healing.

Through play children can develop social and cognitive skills, mature emotionally, and gain the self-confidence required to manage new experiences and environments. In Scotland there are around 26,000 children bereaved each year. Four children are bereaved of a parent daily and by age 10 over 62% of children will have experienced a bereavement with the most common being the death of a grandparent.

Providing children with an opportunity to explore how a death is impacting their everyday lives can help them manage their grief better. This can be achieved through play. For example, we can make a volcano using Papier-mâché to explore how we feel when we keep all our emotions inside (scrunching up paper with the feelings drawn or written on them and placing them inside the volcano and then engineering an eruption using paint/glitter/creative resources). This can help children to think through the consequences of keeping their feelings to themselves and the destruction that can result if the built up of emotion results in an "explosion". Thinking about the link between their thoughts, feelings and reactions can help them to consider alternative strategies for expressing and communicating their feelings in a way that can be more supportive for them.

There are many playful approaches to address therapeutic grief that support conversation and enhance understanding for children and young people. Children's lives can be turned upside down and negatively impacted when they are bereaved, and opportunities to play and understand grief in an age-appropriate and timely way, can enable them to manage this life-changing event.

People, Knowledge and Culture Development

Our people, knowledge and culture development cluster consists of our Education and Research, Practice Development, Human Resources (Our Team) and Quality Assurance teams.

Education and Research: Dr Anna Lloyd, Research Fellow.

Our Quality Commitments

We do not currently report against any specific quality statements or performance indicators.

Our impact

In quarter 1 research activity includes:

Completing the evaluation of the Virtual Ward pilot. Data has been gathered from the team, those in leadership roles and from patients and families as well as from those services that virtual ward will impact in primary and secondary care. Data has been analysed and brought together with quantitative service use data from the trial period and a full report on the findings has been written. Initial analysis suggests that the trial has been successful in delivering person centred care to support people to be cared for in their own homes if that is their wish. A full summary will be provided in quarter 2 following publication of the report.

Submitting a grant application for the ENeRgise trial to the NIHR. The application has been made jointly with colleagues from Edinburgh University and Napier University. This is a multi-centre international trial across 5 sites in the UK, Ireland and Norway, of exercise and nutritional rehabilitation intervention to address cachexia and improve physical function and quality of life for people with incurable cancers.

Publishing a journal article, from the prospective study of inpatient admissions to hospices in Edinburgh, carried out with Marie Curie. This is now available online. Haraldsdottir, E., Lloyd, A., Bijak, M., Milton, L. and Finucane, A.M., 2023. Inpatient hospice admissions. Who is admitted and why: a mixed-method prospective study. *Palliative Care and Social Practice*, 17, p.26323524231182724.

Having had a manuscript 'A Qualitative Meta-synthesis of studies of Patients' Experience of Exercise in Advanced Cancer' accepted for publication in *Frontiers in Rehabilitation Sciences* pending amendments.

Submitting the academic paper on our Stories of Covid study to *Nursing Inquiry*.

Have the manuscript from the original Hospice at Home study ready for submission pending the return of colleague from a period of extended leave.

Having had the abstract for the Virtual Ward trial service evaluation, accepted for poster presentation at the Hospice UK conference 2023.

Having had the abstract for the music and movement for people with Parkinson's Disease pilot study accepted for poster presentation at the Hospice UK conference 2023.

Preparation of the manuscript for the pilot study of Dalcroze Music and movement for people with Parkinson's disease following completion of the study and analysis of the data. We aim to the article to an arts therapy based journal in late Autumn 2023.

During Quarter 1, the education team have led and delivered the following programmes:

- MSc Person-centred Practice (Palliative Care). There are two modules with 16 and 10 attendees.
- Graduate Certificate in Palliative Care. This programme has undergone a successful 5-year review. There are two modules with 24 and 13 attendees. This programme has now been successfully handed over to a newly appointed QMU lecturer.

Strategic developments

No specific update to share

Participation and feedback

No participation data to share.

Our volunteers

We have established and managed an NIHR experienced PPI group to assist in the recent grant application.

We have agreed with Trinity College Dublin that one of our experienced volunteers who has worked on research with us previously will work on the POST study, outlined below, to gather the required data. We have considered his support needs in this role and are preparing for him to join the Resilience Based Clinical Supervision sessions beginning in October.

We continued to work with PPI research group through quarterly meetings.

Working with our external partners

During quarter 1 we have:

- Collaborated with colleagues at Edinburgh University and Napier University to submit a grant application to the NIHR.
- Agreed to participate in a study with a research team from Trinity College Dublin investigating views of those with cancer around cancer terminology, the POST study. This should begin once fully ethical clearance has been gained. It is anticipated that this will be in early autumn.
- Recruited a local link research nurse to participate in national and international, funded research studies In conjunction with Marie Curie Edinburgh and the local NHS R&D team.
- Following a successful site initiation visit, Dr Tony Duffy is leading the hospice participation as a 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 the University of Surrey, 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.
- Continued to work in partnership with QMU/ Centre for Person-centred Practice Research Centre through joint projects co-led by Dr Giorgos Tsisir and Dr Anna Lloyd. The PhD application has been submitted for Julie Young to QMU. This aims to understand how the changing landscape of palliative

care has influenced the role of health professionals within a hospice and the influence this has had on their approach to person-centred care.

Practice Development: Fiona Cruickshank, Team Lead.

Our quality commitments

'We ensure our staff and volunteers are well supported and well trained because we understand the direct link between a well supported, trained and engaged workforce and workforce retention, absence levels and the quality of care that we provide'.

Our performance indicators

Our data will demonstrate that:

'We ensure that our workforce complete all legally required mandatory training'.

At the time of reporting, compliance with mandatory training for 2022 is 93% with a number of issues influencing the remaining 7% including administration system issues / human error reporting, staff struggling with IT skills and requiring additional support to aid completion and non-compliance by a very small number of staff which is now being actively managed.

See impact section below for information regarding staff wellbeing and engagement activities.

Our impact

Quarter 1 activities have included:

- Co-ordination of a gender diversity group, supporting our commitment to ensuring inclusivity and informed choices for patients, community and staff.
- We facilitated monthly debrief sessions held for our inpatient team
- The staff voices group re-launched. We have successfully increased engagement with the group, and we have created information areas around the hospice.
- We launched staff wellbeing resources ensuring that information is available in a variety of formats.
- We launched the OK+ app which is a wellbeing app for staff to use which provides resources and a communication channel between staff and the organisation. Feedback and learning will be analysed at the staff voices group.
- Raising awareness of domestic violence was highlighted at the staff voices group and has prompted collaborative work with HR to review current policies and provide further support to staff and line managers
- We have created a competency checklist for moving and handling to ensure staff whether in IPU or community are getting a relevant and comprehensive induction
- We continue to work on our Learning and development policy which is now its first draft review.
- Clinical update day started in July. This monthly session is for all clinical staff and covers moving and handling, postural awareness in PC, Awareness and assessment of depression in Palliative care, Understanding symptoms (terminal agitation, opioid toxicity, delirium). Evaluation results will be presented in next report following 5 sessions being run.
- We have been working with the IPU and community teams to embed use of the PCCP (care plan) within our clinical notes, the aim to increase efficiency and the patient's experience. We have adapted

as we go to ensure we are listening to the team's experiences, adapting critical issues but supporting them to adopt and try new ways of working. This will be reviewed in September and reported on in the next report.

- 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:-
 - ➔ Menopause in the workplace
 - ➔ Mental health first aid 2 day course for line managers
 - ➔ Influencing skills
 - ➔ Diversity awareness
 - ➔ Race and discrimination in workplace
 - ➔ Customer service excellency
- We now have 4 regular resilience based clinical supervision groups, 4 new facilitators (total now 14) and we have a new cohort commencing September in partnership with Hospice UK and a further cohort in November.
- We have added the theory that underpins RBCS to our refreshed communication workshops.
- We launched a new Community of Practice in June to support all facilitators trained at St Columba's Hospice Care.

Some quotes from staff who have attended course or engaging with RBCS group;

"I am so grateful to my colleague for suggesting this course, it is exactly what I need right now."

"This is really making me think about how I work and what I can do to look after myself"

"Attending the group really works for me and I appreciate the support I receive from my peers"

"This really helps me work with patient's families in a different way - I don't take their distress as personally anymore and am able to look at things from a different perspective"

Our strategic developments

With our cluster colleagues, we are currently finalising our 'Developing People and Practice Strategic plan' which complements the hospice wide strategic plan.

From January 2024 we will be implementing a revised model of mandatory training across the organisation with four new overarching themes designed which will be implemented on a quarterly basis. Hospice wide education activities and communications will link to these themes each quarter and will include statutory modules and additional in person, virtual and online resources. A new monitoring system will be launched at the same time and will incorporate the learning from this year's gaps in compliance.

Participation and feedback

As part of our staff training program we delivered 2 communication skills workshops using a different approach based on 'civility' and 'holding tender conversations' and how we 'use the emotional regulatory system' with 15 staff attending. Some initial feedback included that those who participated valued the mix of disciplines from different teams attending the workshop, were grateful for the opportunity to share communication experiences and skills and learning from each other and that they embraced meeting new colleagues from other teams and connecting with those they may not have connected with for some time. They reported an increase in

confidence in engaging in conversations they had perceived as challenging and attributed this to feeling reassured and encouraged by the new learning and the opportunity to practice.

Our volunteers

We continue to have 2 volunteers within the team who assist with data inputting and more recently with developing our learning and development policy.

Working with our external partners

We presented 2 sessions for 1st year student nurses at Napier University on the role of the Palliative Care nurse.

We are in discussions to start a new ECHO with our colleagues in Hospital based complex clinical care.

We are collaborating with Queen Margaret university Allied health professional (AHP) lecturers and our AHP team lead to create a join education session for occupational therapy and physiotherapy students on Palliative Rehabilitation.

Quality Improvement

The team supported 9 new staff including their first day of induction and supporting their line managers with local induction requirements. An ongoing evaluation process is in place.

We delivered two 'Hospice connection' sessions: Kathryn Mannix Tender Conversations (47 attendees) and Caledonian Funeral care (21 attendees).

Our 6 month program Caring Cultures program continues with our facilities teams and has proven to be insightful and supportive for the team. We are now supporting the department managers with embedding the learning.

Our Team: Nick Dey, HR Lead

Our Quality Statement

'We ensure our staff and volunteers are well supported and well trained because we understand the direct link between a well supported, trained and engaged workforce and workforce retention, absence levels and the quality of care that we provide'.

Our performance Indicators

'Our leaders participate in a 360 feedback process annually to support insight and measurement of their leadership impact'

'We carry out an annual workforce survey aiming for at least a 60% response rate and a minimum of 75% satisfaction rate'

'We ensure that every member of staff receives a performance review every 12 months'

'We monitor trends in staff turnover and aim to keep below benchmarked industry average'.

'We monitor data and trends in staff absences and aim to keep absence rate below benchmarked industry average'

360 feedback gathers insights from the individual, their line manager, colleagues, direct reports and others who interact with them, assisting the individual in informing, reflecting, and focussing their future efforts. 30 of our leaders completed a 360 feedback review process in 2022. We plan to introduce a tailored 360 section to our annual performance review process in quarter 3.

Following a comprehensive assessment by Investors in People (IiP) which involved interviews with over 30 staff members from across the organisation, we were delighted to be recently awarded the 'Gold' level IiP Accreditation – reflecting our organisations approach to leading, supporting and improving our people, leadership, and organisation.

We look forward to our forthcoming annual organisation wide employee opinion survey will take place in September/October 2023. The survey focusses on the 9 dimensions of investors in people framework and our staff responses will be benchmarked against similar organisations. The results of the survey will help us prioritise future activity relating to people, leadership, and organisation development.

A review of compliance with performance reviews found that 64% of our staff had a formal performance review in their record in the last 12 months. This is clearly below the standard we would expect. It is likely that some of the 36% gap can be explained by administration system issues which we are aware of and should be resolved with the launch of our new HR and payroll system in quarter 4. In meantime we will work with executive team leads to address the gap in compliance.

Our turnover for January to June 2023 was 15.5%. Industry benchmark as at March 2023 across all sectors is typically between 15% and 20 %.

The total % of all paid hours that were lost to sick leave across the hospice in the 12 months to end June 2023 was 6.19%. The two departments of particular concern were the inpatient unit at 22% and domestic team at over 9%. Further analysis of the figures will be undertaken and reported in quarter 2.

Our overall sickness absence rate is running very similar to NHS Scotland who report 6.2% rate in the year to end March 2023 (their highest rate in ten years) and to NHS Lothian who report only slightly lower at 5.8%.

We are currently proactively supporting several employees who have challenging long term or frequent short term sickness absence. In quarter 3 and 4 the HR team will be delivering refresher training sessions for our team leads in effectively supporting and managing sickness absences.

The top 7 health issues and their respective number of hours lost is summarised below:

Anxiety/stress/depression	5442hrs
Covid-19 Isolation	3154hrs
Cold Cough Flu-Influenza	2682hrs
Other Musculoskeletal	2558hrs
Gastrointestinal Problems	2311hrs
Back Problems	1864hrs

Injury Fracture

1320hrs

We are currently launching a staff wellbeing program with the aim of reducing as far as possible the anxiety / stress / depression hours lost through supporting lifestyle management and stress reduction tools. We provide access to staff counselling and staff physiotherapy sessions to support timely return to work where possible. The impact of Covid 19 / respiratory illness continues and is likely to escalate over the winter months.

Our strategic developments

We have begun the process of transitioning to our new HR and Payroll system with roll out due to be completed by end of quarter 4.

We are working with our cluster colleagues to create a bespoke package of support in relation to menopause awareness including a new HR policy, staff training and books and resources in staff rest areas.

Quality Assurance: Vicky Hill, Team Lead, Orlagh Shiels, Dave Manion.

Our Quality Commitments

'We proactively seek assurance that those in our care have a high quality experience, have trust in the team and feel that they are 'partners' in their care who are treated with care, compassion, dignity, respect and inclusion'.

'We ensure our staff and volunteers are well supported and well trained because we understand the direct link between a well supported, trained and engaged workforce and workforce retention, absence levels and the quality of care that we provide'.

'We continually seek assurances that our care is both safe and effective'.

Our Performance Indicators

Our data will demonstrate that:

'We carry out patient surveys annually in both inpatient and Hospice at Home'

'We respond to all comments and suggestions received via our QR code system or comments cards within 5 working days and we publish all responses in our quarterly quality report'

'We investigate all complaints ensuring a full response is provided within 20 working days'

'We use the learning from incidents and complaints to improve our practice and inform our annual training plan'.

'We use a suite of outcome measures to support 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'

'We continually monitor all patient safety concerns including any healthcare acquired infection, acquired pressure ulcers, medication related incidents and patient falls and look for trends / early indications of arising concerns'.

Our patient telephone survey for 2023 will take place in September and we will include results in quarter 2 report.

100% of comments/suggestions were responded to within 5 working days and are detailed later in this section.

All complaints were fully responded to within 20 working days.

We have now implemented and are supporting the embedding of outcome measures across inpatient and hospice at home teams. Reporting will commence from quarter 2.

We published our most recent duty of candour report in April and recorded no incidents resulting in severe harm or death. It is available on our website for public viewing.

Our patient safety data is included later in the report.

Our impact

Our 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. Feedback from the teams as part of the evaluation of these changes is currently being considered.

The Clinical Risk Group has met this quarter to review patient safety related risk assessments. The Quality Assurance Team continue to support by providing weekly reports on risk assessment completion.

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, created associated reporting systems and commenced analysis of the initial data. We will commence reporting on our learning from the data in quarter 2.

We continue to look at ways to develop 'specialist roles' for every member of staff in the inpatient unit. Following the success of the Infection Prevention and Control Champion we are replicating this approach and plan to implement an identified Falls, Pressure Care and Medicines Champion allocated on every shift over summer 2023.

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.

We held 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. The Quality Assurance Team Lead is nearing completion of both the Intermediate and Improver levels with recommendations for wider completion throughout the teams.

Our volunteers

We continue to work with our Wellbeing volunteers to actively seek feedback from people who are currently using our inpatient services.

We are developing new roles to support Outcome Measures data management and to support increased participation and feedback activity across all hospice services.

Working with our external partners

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

We continue to work closely with NHS Lothian to develop our use of the Trak Care System for both patients records and our reporting requirements. We remain the only hospice in Scotland who have integrated patient care records with their NHS Partners. We regularly liaise with other 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.

We continue to meet on a monthly basis with other Scottish Hospices to discuss developments and learning within our risk management system (Sentinel). Following on from the success of this approach we have also created a shared forum to share experiences relating to our outcome measures (Resolve) with the first meeting planned in summer 2023.

Quality Improvement

The quality assurance team has supported the inpatient and hospice at home teams with the following audits. More detailed information about the learning and actions following on from audit activity will be included from quarter 2.

Following the launch of the revised TRAK guidelines in March 2023, the Quality Assurance team audit performance against the guidelines. The most recent documentation of 'consent to share healthcare information' results are shared below:

TRAK: consent to share healthcare information audit	Compliance	
	2023 results (RAG rated)	
	April	Next audit due
Inpatient Unit	80%	July
Care at Home service	100%	October
Virtual beds service	70%	July
Community Palliative Care service	80%	July

Towards the end of quarter 1 we began to audit staff completion of the person-centered care plan in Trak. Audits for the Care at Home service and inpatient unit have been completed and following recommendations the team plan to revisit in 3 months.

Non-clinical audits: the hospice's main kitchen, Iona Café, staff dining areas and education centre were audited in May. These areas will continue to have four audits per year, in line with clinical area audit frequency. Quarter 1 focus was on the forthcoming changes to the education centre kitchen and the impact of external equipment maintenance. Findings and the resulting action plan are currently jointly maintained by the Catering and Hospitality Manager and the Quality Assurance team.

Guided by the findings from our routine medicines audit in November 2022 audit, we adapted the tool and increased the frequency. We also forms a working group with our registered nurses and pharmacy team to review our medicines processes. The group concluded in April 2023 and a series of renewed processes and learning was implemented.

Our monthly Health Protection Scotland infection control audit is carried out by our inpatient team and assesses our compliance against best practice across a range of standard infection control precautions (SICPs), results for quarter 1 are shown below. Infection control champions continue to support the necessary improvements around with the safe management of the care environment. We provide real time feedback during the actual walk round and in the weekly inpatient update.

Quarter 1 saw the launch of a RED/AMBER/GREEN rating system whereby the audit percentages, correlating to RAG rating, were used to decide the timescale for the re-auditing of each of the audit topics.

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

HPS Compliance Tool: Standard Infection Control Precaution (SICPs)		IPU compliance with SICPs		
		2023 results (RAG rated)		
		June	May	April
1	Patient placement/Assessment for infection risk	80%	100%	100%
2	Hand hygiene	95%	95%	100%
3	Respiratory and cough hygiene	100%	95%	100%
4	Personal protective equipment	100%	95%	100%
5	Safe management of care equipment	100%	100%	100%
6	Safe Management of care environment	80%	75%	80%
7	Safe management of linen	90%	85%	95%
8	Safe management of blood/body fluid spillages	90%	95%	95%
9	Safe disposal of waste	100%	95%	100%
10	Occupational safety: prevention and exposure management	100%	90%	100%

We carry out a weekly 'Clean and Safe' audit by the inpatient charge nurse, domestic services supervisor and the patient safety and quality assurance facilitator. All audit actions are sent to team leads and improvements take place in real-time.

The table below shows continued compliance and improvements.

Clean and Safe audit		IPU compliance		
		2023 results (RAG rated)		
		April	July	Next audit due
1	General Environment	93%		October
2	Ward/Department Kitchen	95%		October
3	Clinical Preparation and Treatment Room	78%	94%	January
4	Safe Handling and Disposal of Sharps	67%	78%	October
5	Handling and Disposal of Linen	100%		October
6	Patient Equipment and Bedspace	79%	92%	January
7	Waste Handling and disposal	100%		October
8	Domestic Services	100%		October
9	Hand Hygiene and Dress code	100%		October
10	Clinical Practice	100%		October
11	Display Information	100%		October

We are currently supporting four staff members across Inpatient, Hospice at Home and Quality Assurance teams with identifying quality assurance projects as part of their 'Inspiring Leadership' course. The projects being undertaken are 'improving communication within the virtual ward', 'introducing a tool to help communication about falls management', 'increasing feedback from patients that use our care at home service' and 'Introducing a flow chart to help embed resolve measures in the community palliative care service'.

Two members of the Hospice team are currently participating in the Scottish Improvement Foundation Skills Programme and their projects aim to "Increase levels of participation from service users" and "Impact on knowledge and confidence of staff using Resolve outcome measures".

We use PPURA (Preliminary Pressure Ulcer Risk Assessment), a clinical assessment with 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. This audit is also RAG rated. The Quality Assurance team commenced inpatient audits in January 2023 and more recently, have included care at home and virtual beds. The low compliance in virtual beds is being addressed.

Preliminary Pressure Ulcer Risk Assessment (PPURA) audit	Compliance	
	2023 results (RAG rated)	
	April	Next audit due
Inpatient Unit	77%*	July
Care at Home service	91%	October
Virtual beds service	14%	July

* March audit result: 94%

Our Patient Safety and Risk Report

There were 9 accidents reported in quarter 1:

- One involved a patient: a food spillage resulting in minor injury. Investigation concluded that all appropriate actions had been taken by staff. Scored as low risk following investigation.
- Three involved patient visitors: 1 caught foot on step entering a taxi and fell forward onto her knee, 1 tripped as didn't see the step as was using mobile phone and 1 visitor to the wellbeing unit fell due to standing up suddenly and losing balance. All three were scored as low risk and there was no learning or actions required by the hospice other than immediate first aid and support.
- Four involved staff members: 1 involved in road traffic accident, other driver admitted fault and no injuries for either party. 1 staff member sustained minor bump to head on a cupboard when cleaning patient bedroom **and a fall???? Scald removed as not actually a scald occurred** All were scored as low risk following investigation.
- One involved a volunteer who got some alcohol gel in her eye. Dispenser was checked and was clean / unblocked but bottle replaced with smaller size to minimise risk of recurrence. Scored as Low Risk following investigation.

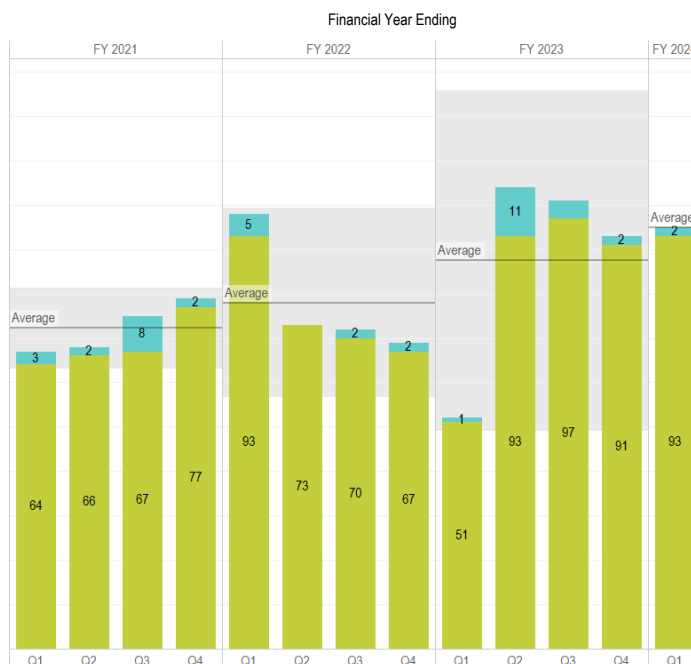
Actual Incidents and Near Misses Quarterly Activity

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

Incident Reporting

There were 95 incidents reported from across hospice services in quarter 1.

- 78 actual incidents were closed following investigation
- 15 still active at end on quarter 1
- 2 incidents remain active from previous quarters
- 2 Near Misses
- 6 further submissions were closed following investigation and categorised as 'Not an Incident'



HIS Reportable

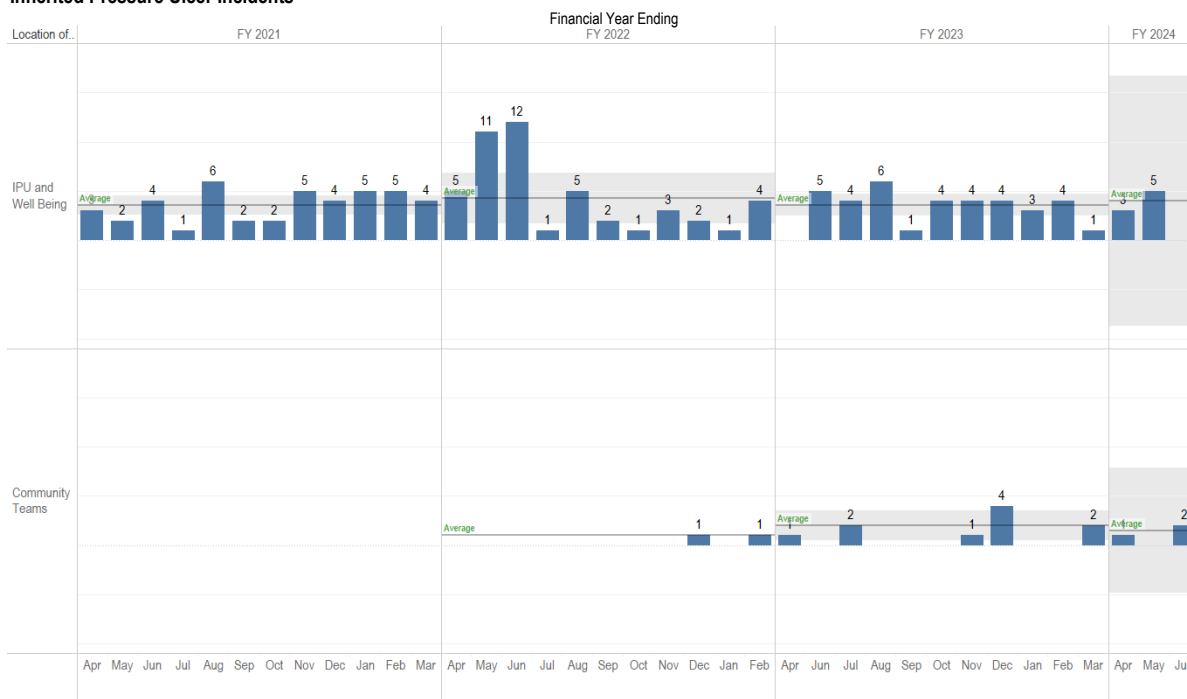
The following 10 incidents met the criteria to be reported on Health Improvement Scotland's notifiable incident portal. It should be noted that we are required to report all incidents involving controlled drugs.

Title	Created	Status
Member of staff dismissed for reasons of gross misconduct	Jun 27, 2023	Approved
Controlled Drug Incident - Thu, 15 Jun 2023 10:07:01 GMT	Jun 15, 2023	Approved
Controlled Drug Incident - Thu, 15 Jun 2023 09:06:54 GMT	Jun 15, 2023	Approved
Controlled Drug Incident - Fri, 09 Jun 2023 09:10:23 GMT	Jun 9, 2023	Approved
Controlled Drug Incident - Fri, 12 May 2023 16:10:28 GMT	May 12, 2023	Approved
Concerns regarding public protection, incl. adult support & protection between service users and visitors	Apr 28, 2023	Approved
Controlled Drug Incident - Fri, 21 Apr 2023 14:30:15 GMT	Apr 21, 2023	Approved
Controlled Drug Incident - Fri, 21 Apr 2023 07:40:47 GMT	Apr 21, 2023	Approved
Controlled Drug Incident - Tue, 18 Apr 2023 14:57:08 GMT	Apr 18, 2023	Approved
Controlled Drug Incident - Tue, 18 Apr 2023 10:04:11 GMT	Apr 18, 2023	Approved

Pressure Ulcers

Our inpatient team lead is responsible for pressure ulcer prevention and care, supported by the quality assurance team. Our practice is by our multi-disciplinary Pressure Area Care Patient Safety group and monitoring is aligned with Healthcare Improvement Scotland's Prevention and Management of Pressure Ulcers standards (October 2020) to ensure best practice. The group have bimonthly meetings and dedicated time between each meeting is protected to action initiatives and engage with the team.

Inherited Pressure Ulcer Incidents



In May, the inpatient unit implemented the use of the pressure ulcer safety cross and we have started to provide related feedback to the team.

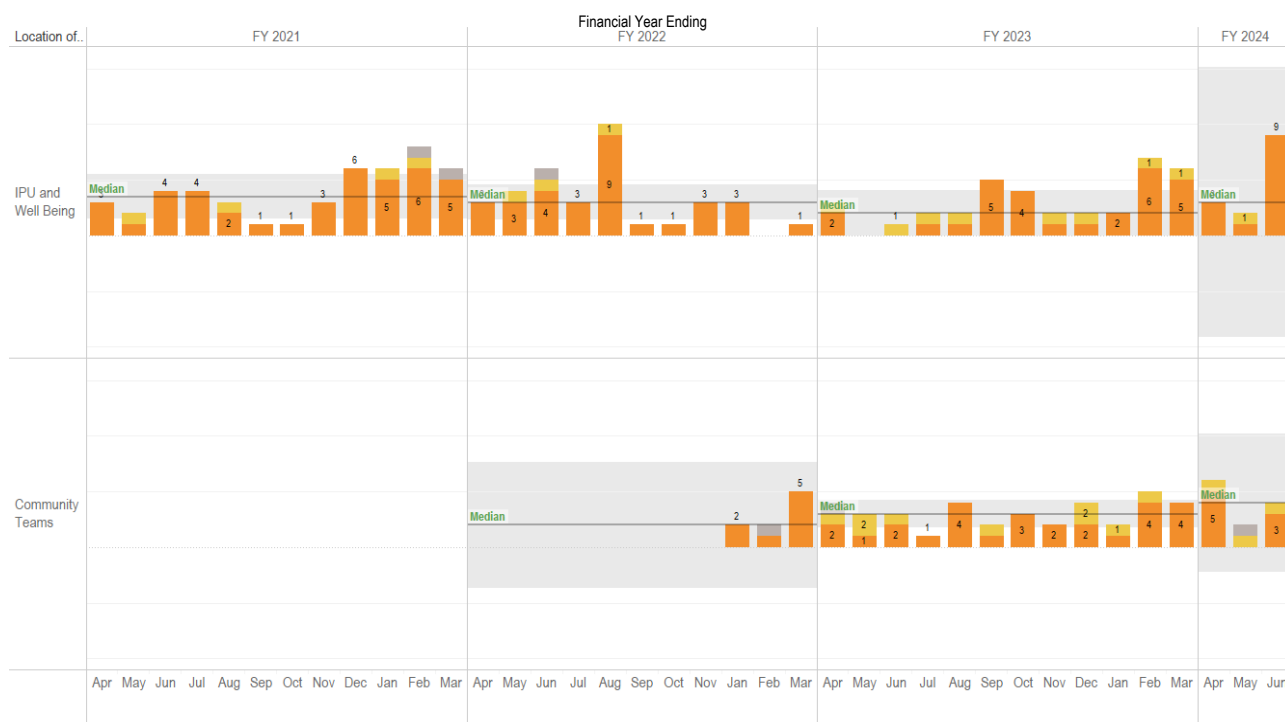
Approximately 40% of the recorded pressure injuries in quarter 1 were reported in Hospice at home. There is no evidence of special cause variation in the inpatient unit in quarter 1.

36% (8) of inpatient pressure ulcers were 'Inherited'. The remaining 64% (14) pressure injuries developed in our care.

Five of the pressure ulcers in June can be attributed to a single patient.

SCHC Pressure Ulcer Incidents by Type

After Admission (72 hrs), Developed within 72 hours of admission, Not Categorised



Patient Falls

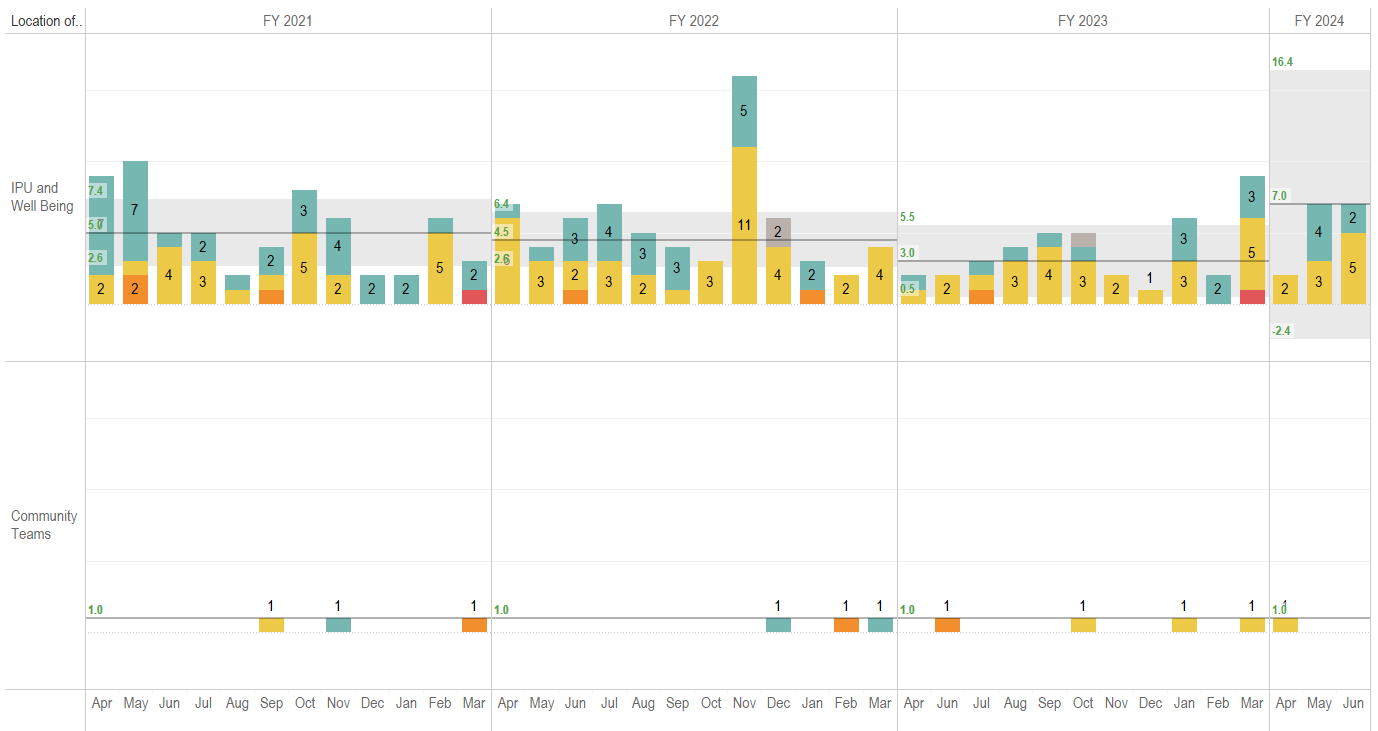
Quarter 1 shows no concerning trend in the number of falls on the wards, all were categorised as either being of low or no harm following investigation and several individuals were identified as having had multiple falls.

Physiotherapy led investigations are carried out after every fall to identify further control measures and any learning from these incidents and all are discussed at the regular Falls Patient Safety group. The group continues to have two-monthly meetings and dedicated time is protected between each meeting to action initiatives and progress engagement with the team.

Actual Patient Fall Incidents by Falls Harm Level Grade

No Harm, Low Harm, Moderate Harm, Severe Harm, Not Graded

Comparison including median with 95% CI



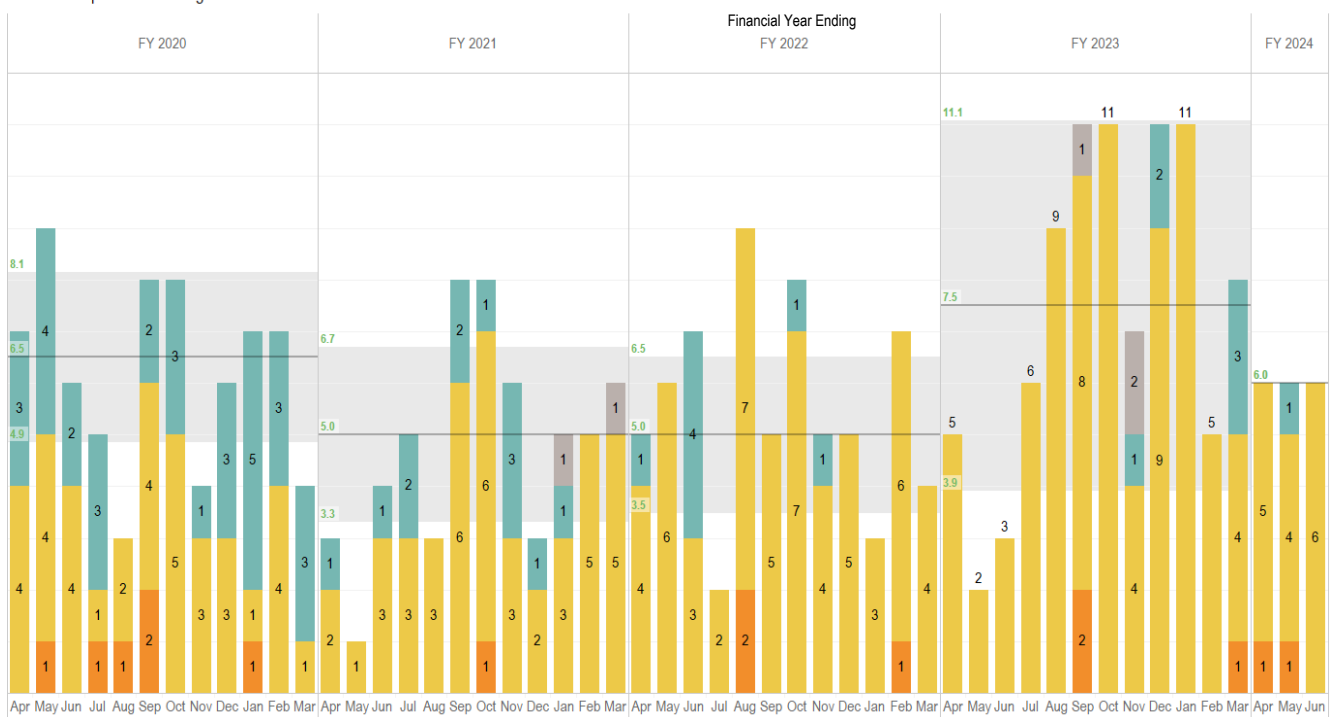
Medicines Incidents

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.

Actual Medication Incident Trend by Medicines Harm Level Grade

Level 0 - No Harm, Incident Prevented, Level 1 - No Harm, Incident not prevented, Level 2 - Low Harm, Not Graded

3 Year Comparison including YTD median with 95% CI



Of the 18 incidents that occurred in Quarter 1, all were deemed to be of low or no harm. The activity trend shows no evidence of special cause variation.

The Patient Safety Meeting for Medicines continues to meet on a monthly basis to review all medicines related incidents and to identify individual and organisational learning. Actions currently in development includes a review of processes for managing patient's own supplies of medicines, a review of medication related induction for new staff and a review of medicine logging systems.

Fire Safety

There was one fire alarm activation on 25/04/2023 due to bread burning in café toaster.

RIDDOR Reportable

No incidents.

Duty of Candour Reportable

No incidents.

ICO Reportable

No incidents.

Complaints

There were two complaints in Quarter 1.

The first was a verbal complaint submitted in April which included 8 specific allegations. 3 were upheld and 2 were partially upheld. The final 3 were not upheld. The areas identified for improvement focussed on the information we provide in relation to community palliative care service support, and in particular clarity over the level of support that should be expected. Website updates and written information is now under review as a result of this learning. One allegation related to staff failing to provide appropriate continence care and this was upheld due to lack of documentation to support that care was appropriately provided.

The second related to an individual staff members communication that caused distress to a family member. This was upheld and an individual training plan was actioned following the complaint.

Both were fully completed and letter of responses provided within 20 working days.

Participation and Feedback

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.

Our wellbeing volunteer team contact inpatients and ask if they would be willing to provide feedback on their experience. Where learning or areas of improvement are identified, these are addressed immediately by the inpatient team.

Fourteen in person inpatient questionnaires were submitted this quarter. Two required specific follow up by the team.

A patient submitted the following feedback questionnaire:

When asked if they were involved as much as they would like in decisions about their care the patient mentioned that "With the best intentions- too many conversations begin with 'we thought' rather than 'I wish'"

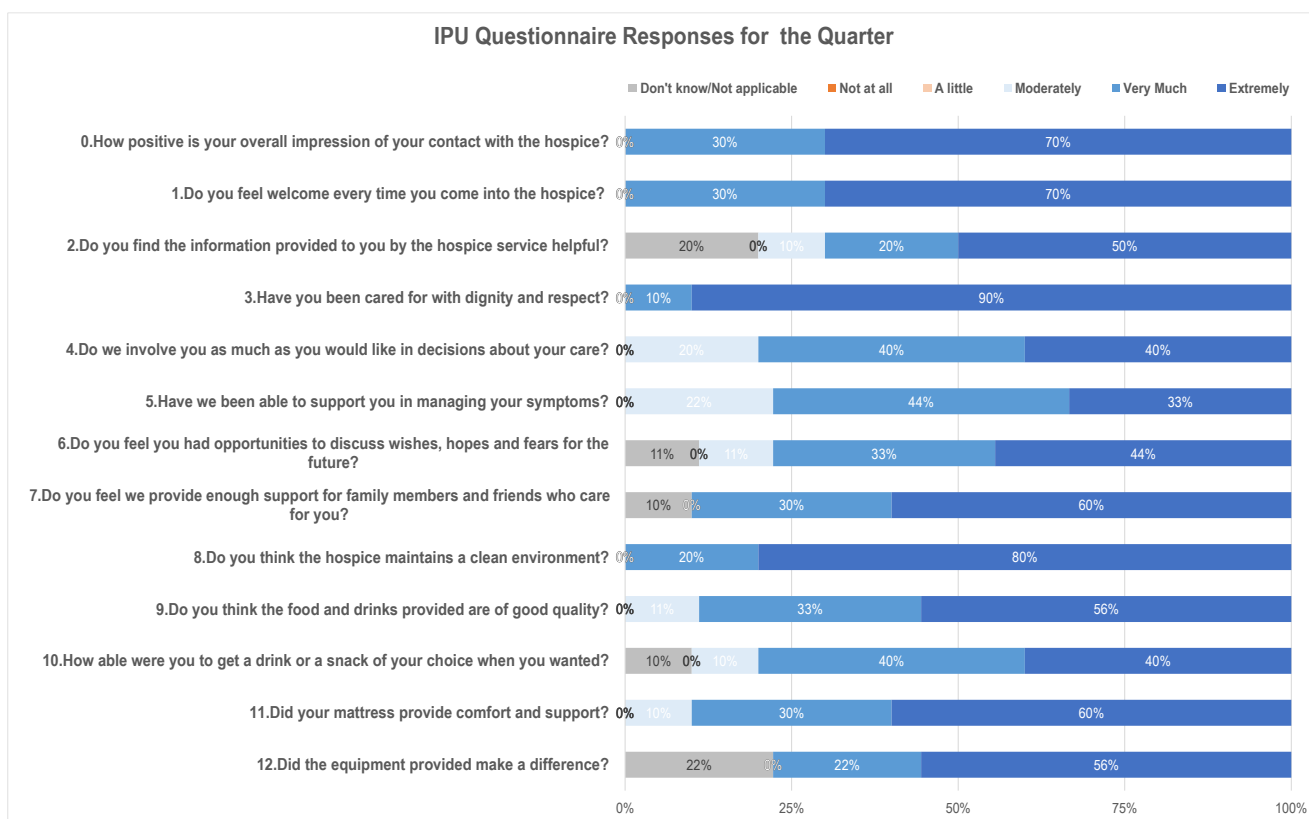
What we did in response >

The Inpatient Team Lead discussed this with the patient at the time and the person was delighted when asked on the ward round what she wanted to do and she said home so we discharged her successfully.

When asked if they thought the food and drinks provided were of good quality the patient said that "Quality is good, apart from temperature".

What we did in response >

A member of hospitality team visited and the lady explained that when she first came in to the Hospice she had fish and it could have been hotter. The team apologised that this had been the case and ensured they visited again the following day to check for any further issues or concerns.



All free text comments included in the questionnaires are provided below:

How positive is your overall impression of your contact with the hospice?

“Eating better, feeling better”

“Over and above”

Do you feel welcome every time you come into the hospice?

“First Time”

How able were you to get a drink or a snack of your choice when you wanted?

“Never had to ask for one”

Did your mattress provide comfort and support?

“Changed and now is good”

“Takes a while to figure out”

“Mixed feelings. Always had a bigger bed but makes it easy to get out of.”

Please comment on how easy to understand and helpful our questionnaire is.

“Very easy” “Easy to complete” “No details” “Easy enough” “Yes” “Easy”

“Easy” “Easyish. Some bits not applicable so difficult to answer.”

“Yes follows in the path like many before” “Yes, very easy”

Do you find the information provided to you by the hospice service helpful?

“Not needed to ask”

“Had no information”

“Could be worked on better. Pre-admission information.”

Have you been cared for with dignity and respect?

“First Class”

Do we involve you as much as you would like in decisions about your care?

“With the best intentions- too many conversations begin with 'we thought' rather than 'I wish'”

Have we been able to support you in managing your symptoms?

“Because of condition not the care or treatment”

Do you feel you had opportunities to discuss wishes, hopes and fears for the future?

“Work in progress”

“Would like to see more of the doctors. “

Do you feel we provide enough support for family members and friends who care for you?

“Kept very well informed”

“Feels it is too early to know”

Do you think the food and drinks provided are of good quality?

“Good food”

“Excellent variety, more than adequate”

“Menus are wonderful”

Is there anything else you would like to share with us?

“No all is in the questions”

“Five star hotel service”

“Great experience”

“Good to have a booklet about service available. Who you contact to get what you need generally about the hospice in general.”

“This has been an enjoyable holiday with help as a bonus.”

“Biggest thank you in the world. It is important that a patient can choose the hospice to die if possible as it gives reassurance.”

“Feel that staff have been amazing, very kind and understanding.”

“Wants to express his gratitude and thanks. Wants staff to know that he is very thankful and feels all staff are committed. People pick up on his name quickly.”

Online Questionnaire Feedback (via QR code)

<i>Tell us what was good about our service?</i>	<i>Tell us what we could do better?</i>	<i>Comments from</i>	<i>Which service do your comments apply to?</i>	<i>Can you sum up in one word how you feel about our services?</i> (New data field introduced Jun-23)
Supportive staff and very good at keeping family involved and up to date Everyone is so welcoming and makes a difficult time so much more bearable.	None	Family/Carer/Friend	All services	
Brilliant team of carers, we found them all to be lovely to my family as well as really gentle, kind and so caring with my mum.	We have nothing to put here other than we were sad when their time was up and do wish we could have had them for longer.	Family/Carer/Friend	Care at Home Team	
The session on relaxing was really beneficial. I especially found the breathing techniques helped me. Also the thought of using smell as a way to relax which is something never tried before. Also relax and soothing voice during the session.	I felt session covered different techniques so no need to change. However, I found the session long in that I panicked having to be quiet and still for a long period.	Prefer not to say	Wellbeing Service	
I enjoyed the exploration as why it is so difficult to relax. Interested in the power of smell. Really enjoyed the relaxation session, so much that I fell asleep!	Nothing, really enjoyed it, very informative.	Prefer not to say	Well-being Service	
Lavender smell Breathing relaxation	Thought this session was very good and now have a few things to try and relax.	Prefer not to say	Well-being Service	
Great advice friendliness carrying	Nothing at hand	Family/Carer/Friend	Community Hospice Team	Very friendly
Everything	Nothing	Family/Carer/Friend	Hospice Management All services	Amazing
Staff and facilities	Nothing	Family/Carer/Friend	All services	Awesome
Pleasant staff, friendliness and happy surroundings.	Can't think of anything	Family/Carer/Friend	In-Patient Unit	Fantastic

Selected comments from all cards and e-mails submitted in the Quarter.

A card to our Hospice at Home Team

*"Their daily visits became a highlight in our home for almost 6 months. They became our "Hospice Angels" and with their own personal attributes and unfailing care allowed **** to remain at home as was his wish! ****'s journey and mine was all the result of their expertise! I wish you all great success to continue to provide such excellent care in the community."*

E-mail to our inpatient unit

*"I hope you and the team are well. I'm writing to firstly thank you for the incredible care you gave to my mother ***** in her final days. The nurses who attended to her were outstanding and I can't thank you enough*

E-mail to our inpatient unit

"I wish to convey my appreciation to the staff and volunteers on duty this weekend. My dear friend is currently in Room 3, I travelled to spend time with her. Every member of staff, without exception, was professional, attentive, responsive, friendly and KIND. I work in the NHS and am aware of the challenges and complexities of providing palliative and end of life care. The volunteers were so cheery on arrival and so empathic when I was emotional on departure. The building, location, gardens, cafe and general ambience are light, airy and relaxing. There should be a St Columba's in every city in Scotland! Please convey my appreciation and respect to your wonderful staff."

Feedback from a patient

*"***** spoke for nearly 10 minutes about her recent experiences in Wellbeing and it was so heartwarming to hear, she has had such a wonderful experience to date and she really was our finest advocate this afternoon.*

Plaudits as follows:

Selina - such a warm welcome. xxx spoke of being very emotional when she first arrived and Selina was so gentle and kind and within a short time all her worries were calmed and she began to look forward to all that was to come. She called Selina a very special person.

Louise (CT) - xxx spoke of having had massages etc many times before but the reflexology sessions with Louise were the best she had ever had and she leaves on cloud nine every time. She spoke of being able to choose her own music and really shaping the session to her wishes and how that made her feel listened to.

Wellbeing - she was so impressed with the organisation of her coming into Wellbeing especially keeping in touch with her and just 'checking in' - she said it makes her feel like she still matters.

Iona Café - lovely!"

Feedback from a patient

"With my experience, the services are really good, very important and helpful for me including the information and advice given by the staff to help with my personal and mental health needs.

The staff are very appreciated for being so kind, helpful caring, friendly, understandable and supportive and they always there when needed.

The Wellbeing Services like relaxation and chair yoga classes are really good and beneficial for my health physically and mentally.

In my opinion your services are very good and the staff are excellent, they are working very hard to satisfy all patients and their families.

Thanks a lot for everything. I really appreciate it."

Card from a patient's daughter

"To Kate and her team, thank you so very much for taking care of my mum. Mum's clearest wish was to stay at home with me until the end. This was only made possible by everything just 'falling into place'. From carers, doctors and nurses to equipment and medication. Mum was so grateful and appreciated everything people were doing for her. I know

this couldn't have happened without you. We kind of went with the 'pineapple' thing. Mum was tough on the outside and sweet in the middle. She had so much thrown at her and she bounced back because she loved us so much, she fought to the end.

On behalf of my mum and myself. I would like to thank each and every one of the St Columba's Hospice Team for their support through this sometimes difficult time."

Card from family member

*"Dear Helen, The Palliative Care Department at RIE told me St Columba's carers would be coming in twice a day. I had no idea why and what they would do. I very foolishly thought I could look after ***** myself!*

*How wrong I was! They made ***** last days at home so comfortable. Knowing ***** was in their caring and professional hands, was something I can never say thank you enough for. Not only for their help but also for all their smiles and reassurance to me during their visits.*

My final thanks must go to all the members of the team who phoned regularly to ask after me!

Appendix 1 – Summary of Quality statements and associated performance indicators

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

- *Our services are accessible to people aged over 16 years old.*
- *Our services are accessible to people with any life limiting condition.*
- *Our services are accessible by people from any ethnic background,*
- *The demographics of those who access our services are reflective of the population of Edinburgh and East Lothian.*
- *All 'urgent' referrals are assessed and triaged by our Access team within 2 working days.*
- *All 'routine' referrals are assessed and triaged by our Access team within 7 (consecutive) days.*
- *All referrals for inpatient care are offered an admission within 7 (consecutive) days of being triaged by our access team.*
- *All referrals are supported by our Access team until they are admitted to the inpatient unit or assessed by the appropriate team.*

In line with what our community told us, we support people to remain at home or as close to their own homes wherever possible.

- *All those triaged as requiring 'urgent' specialist support at home will be offered a specialist assessment within 2 working days of being triaged by the Access team.*
- *All those triaged as requiring 'routine' support at home will be offered a specialist assessment within 14 days of being triaged by the Access team.*
- *We continue to support approximately 680 people each year across hospice at home.*
- *We monitor length of stay across all three parts of the hospice at home service.*
- *All those triaged as requiring 'urgent' support from our care at home team will be offered an assessment within two working days.*
- *All those triaged as requiring 'routine' support from our care at home team will be offered an assessment within 7 consecutive days.*

We ensure that our inpatient beds are used effectively to enable those who require specialist inpatient support to have timely access to a bed.

- *We maintain our inpatient occupancy level above 82%*
- *We monitor length of stay in our inpatient beds, and in particular stay beyond 16 days.*
- *We utilise our own patient transport vehicle to support timely admissions and discharges*

We extend our care and support to include carers and families of people living with palliative illness ensuring they are involved, informed and supported.

- *We provide a tiered system of support for carers and families through a range of in person and virtual services.*
- *We offer an initial assessment for all child and families referrals within 14 consecutive days.*
- *We provide timely support for carers and families through in person and virtual services.*

- All adults who are referred to our counselling and bereavement services will be offered an initial assessment within two weeks
- Patients and anyone assessed by our family support team at their initial assessment as being at risk of harm will be offered appointments within three weeks (or referred on for urgent GP/psychiatry/Social Work if the identified risk of harm is not related to their bereavement)
- Bereaved relatives and carers assessed as not being at risk of harm will be offered appropriate level of service (which may be group and / or 1:1) within eight weeks of their initial assessment.

We proactively seek assurance that those in our care have a high quality experience, have trust in the team and feel that they are 'partners' in their care who are treated with care, compassion, dignity, respect and inclusion.

'We carry out patient surveys annually in both inpatient and Hospice at Home'

'We respond to all comments and suggestions received via our QR code system or comments cards within 5 working days and we publish all responses in our quarterly quality report'

'We investigate all complaints ensuring a full response is provided within 20 working days'

We continually seek assurances that our care is both safe and effective.

'We use a suite of outcome measures to support 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'

'We continually monitor all patient safety concerns including any healthcare acquired infection, acquired pressure ulcers, medication related incidents and patient falls and look for trends / early indications of arising concerns'.

'We use the learning from incidents and complaints to improve our practice and inform our annual training plan'.

'We ensure our staff and volunteers are well supported and well trained because we understand the direct link between a well supported, trained and engaged workforce and workforce retention, absence levels and the quality of care that we provide'.

'We ensure that our workforce complete all legally required mandatory training'.

'Our leaders participate in a 360 feedback process annually to support insight and measurement of their leadership impact'

'We carry out an annual workforce survey aiming for at least a 60% response rate and a minimum of 75% satisfaction rate'

'We ensure that every member of staff receives a performance review every 12 months'

'We monitor trends in staff turnover and aim to keep below benchmarked industry average'.

'We monitor data and trends in staff absences and aim to keep absence rate below benchmarked industry average'

