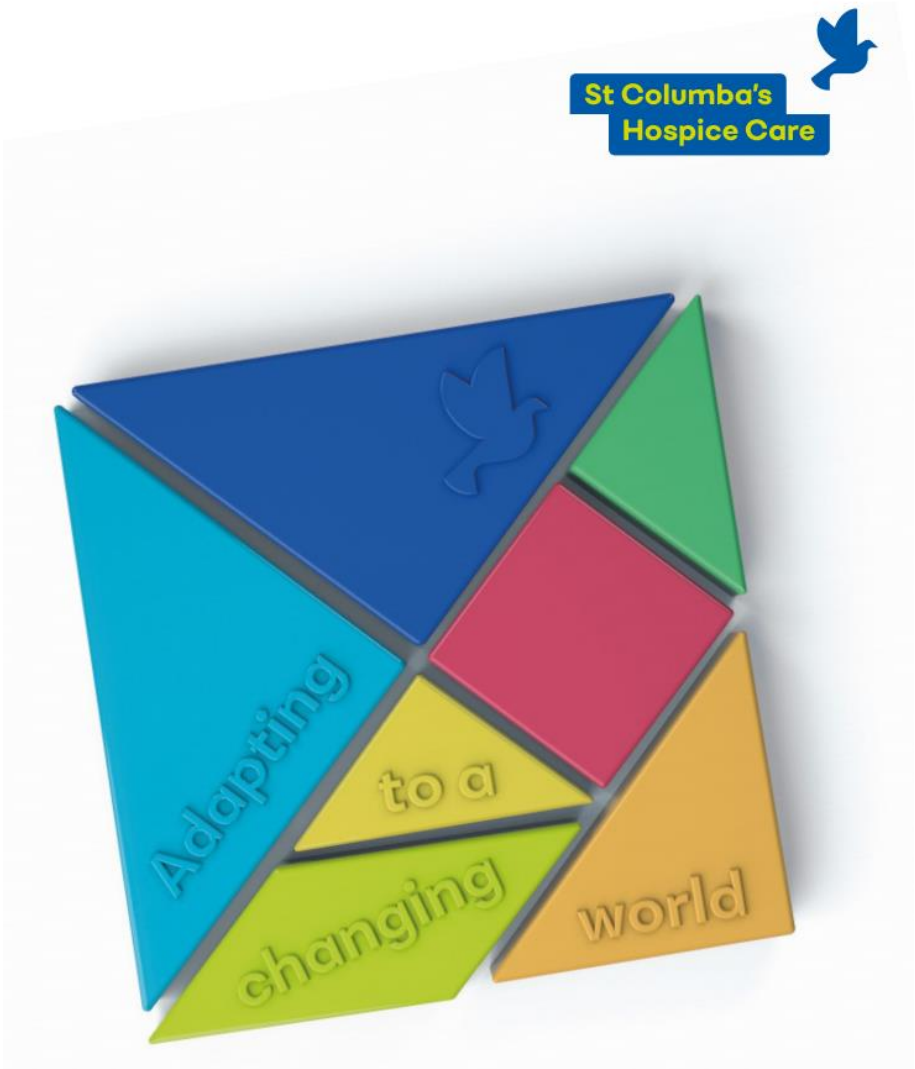
St Columba's Hospice Care



Clinical Services

Quality Report

2021/22 Quarter 1

Table of Contents

Introduction

Welcome to our Quarter 1 report.

Providing safe and person centred care has remained the priority for all our clinical teams in Quarter 1. We have begun to slowly relax some of our pandemic related restrictions whilst ensuring essential attention to detail to our infection control and patient safety practices are maintained. The small steps back towards 'normal' are hugely valued by patients and their families who have very much missed our face to face community services and our exceptional inpatient family facilities which were all unavailable during lockdowns.

We have continued to regularly review resources across our services ensuring that staff are placed where there is greatest need and that staff wellbeing and support is in place through this continued challenging time. We are hugely grateful for the flexibility and responsiveness of our teams during this time. Everyone has gone above and beyond to ensure patient experience is as unaffected as possible by restrictions.

We are excited to now be thinking ahead to further expansion of our community services and exploring options for extending our positively evaluated Hospice at Home service to people in East Lothian from spring next year. We are also planning to pilot our new models of inpatient care this autumn including some nursing led beds and a new short stay unit. We are seeking additional resources for our family support team in anticipation of continued increasing demand for their services following the impact of the pandemic.

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

Thank you for taking the time to learn more about how are teams are performing and for allowing us to share the impact of our services.

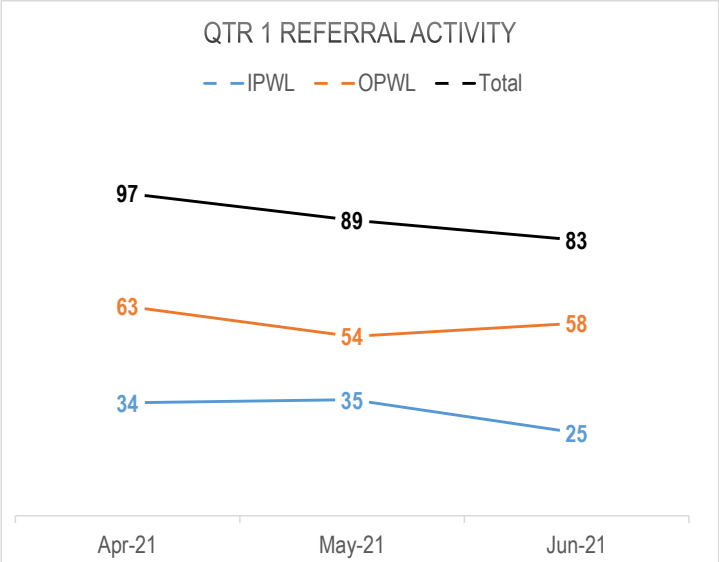
Best wishes, Dot.

Dot Partington Deputy CEO

The Access Team

Commentary by Becky Chaddock Access Team Manager

Activity Summary



The chart shows the number of individual patients referred into hospice services. Referrals are then triaged into Community and Inpatient waiting lists.

Access Team answers advice calls requiring a same day response from people already known to the community hospice team, who need to speak to someone urgently and cannot wait until the following day for a scheduled call. In the 1st quarter, the team responded to 119 urgent calls. 37% were from patients/family/friends, 59% were from community professionals, and 4% were from the acute sector. The majority of these calls related to pain and symptom control. The Team are able to respond to immediate need. Examples from this quarter include: arranging for an emergency prescription; changing syringe driver doses in response to changing needs; supporting District Nurses and other community colleagues; and talking patients through their existing medication/ provide reassurance to take their prescribed medicines.

Impact

A member of the Access Team reflects on the service:-

"One of the calls was from the daughter of a gentleman diagnosed with a chronic lung condition, now palliative. She was at the end of her tether – Dad calling their GP daily, repeated 999 hospital admissions over the last month and very fearful for the future. On initial assessment, he was extremely distressed and in a cycle of panic and breathlessness. Through this initial contact with the team, he was accepted into the service, received medical review to address pain and anxiety, had AHP assessment to address breathlessness management; he also had a point of contact to ring if he was beginning to panic – which his daughter thought probably helped more than anything. He was also connected with a compassionate neighbour. The community team became involved and his daughter reports feeling 'really supported and able to carry on now'. It is believed that the input the family received enabled this gentleman to be appropriately managed at home without resorting to hospital admission."

The following comments are from people who have contacted the Team and were asked **"*What difference did the Access Team make to you?"***

"So far my only contact has been a long and interesting phone talk with Mrs Crichton. Felt more supported. It has reassured me a lot."

"Peace of mind, support. Absolute excellence, professionalism, yet very caring without pity. Absolute support for me and my wife."

"Pain management changed to suit me and give me more mobility/confidence."

"Very reassured for the future."

"Just to know there is someone there to help."

"Put in place some changes which I am very pleased about."

"Knowing there was someone to talk to was important especially when medication issues were discussed."

"Felt more supported I know they are there if I need them."

"The team were able to source medication at short notice that my own pharmacy couldn't."

"Improved pain management. "

"Much better understanding on managing my pain."

"Felt more supported I know they are there if I need them."

"They provided me with up to date advice on medicines, re assured me that they were here to help."

We routinely ask people for feedback via written communication, there were 15 responses in this quarter and these were just some of the comments.

- 100% said that they had a point of contact for the hospice and would be happy to call.
- 93% said that they had more information as a result of contact with the team.

Adapting to a Changing World

CREATE: Working towards creating a record system for carers support in line with Hospice UK recommendations and formalising a process and tool for assessment and triage of carers to appropriate interventions for their needs.

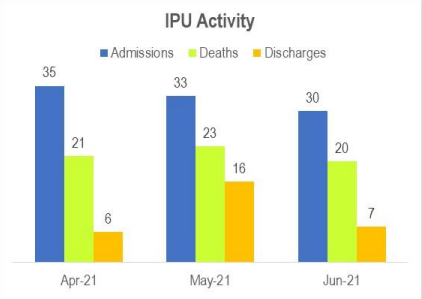
EMPOWER: Review of patient flow through services to ensure access to the right service at the right time: Program of process mapping has begun to identify areas of duplication, inefficiencies and gaps to be identified and addressed.

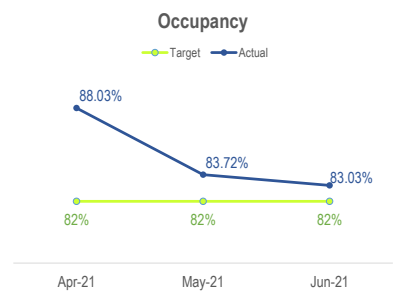
PARTNERSHIP
In this quarter, the team have:

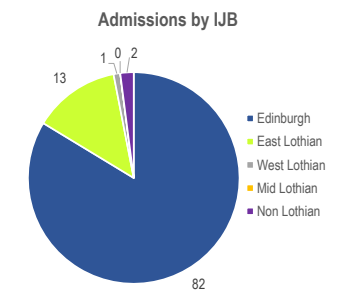
- continued to attend Gold Standards/ Palliative Care GP team meetings to facilitate closer working relationships with community partners; feedback so far has been positive
- supported quality assurance with clinical risk management and TRAK Care development, and continuing to develop strong working relationships across the hospice
- Provided a session for the Oncology Haematology CNS Lothian forum on the work of access to provide information, update on services and identify new ways of working in partnership – the group fed back that they found it very helpful and particularly seeing Access entries on TRAK had helped to improve communication.
- embedded daily communication practice with Marie Curie Hospice

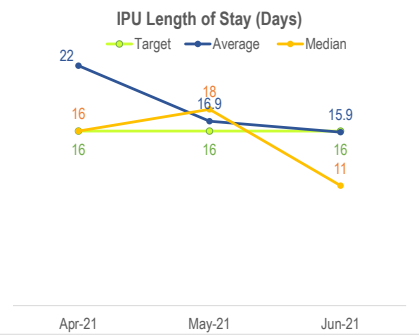
Inpatient Services

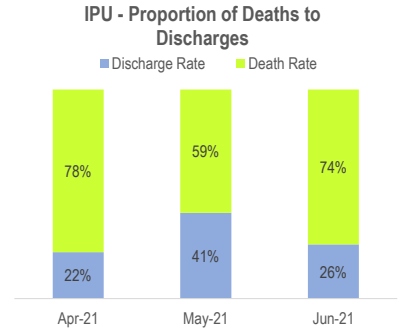
Activity Summary











For Quarter 1, occupancy levels have decreased from April from 88% to 83% but still remains above the SLA target of 82%. Average Length of Stay on the wards has decreased from 22 to 16 days (below the target is preferable for this measure) and the median has fallen from 16 to 11 days over the current quarter.
Admissions to inpatient unit (IPU) have increased by 32% (98 against 74 last year) and although the number of deaths in IPU is comparable to last year (64 against 62 last year), discharges have increased by 81% (29 against 16 last year).

Cedar Short Stay Unit

Commentary by Alison Chalmers Unit Clinical Lead & Advanced Occupational Therapist

Impact

Allied Health Professionals (AHP) are now screening all new admissions to both wards rather than waiting on a colleague to refer, reducing the time from admission to first AHP contact. Those not requiring assessment at this stage, can be referred at a later date if circumstances / condition changes either via the referral telephone number, at daily handover meeting or multidisciplinary team meeting.

Complementary Therapist, Podiatrist and Hairdresser returned from furlough in April. Complementary Therapy outpatient clinics for patients in the community and families resumed in June, with a reduced number of face to face sessions scheduled on a Tuesday and Thursday. The majority of outpatient sessions continuing to be delivered remotely.

The IPU continues to receive a wide range of feedback, the majority of this is extremely complimentary and demonstrates our commitment to the Hospice values. We continue to reflect and learn from all feedback regardless of the level of positivity; with specific and/or generic learning identified. An example of the feedback received is shown below:

"To show such love, compassion, kindness and absolute professionalism to people who are in the very worst of circumstances, afraid, in pain and in desperate need of comfort – and to do this every day, whatever one's own personal circumstances may be, is a rare and remarkable gift, I am in awe of you all".

Adapting to a Changing World

We are continuing to progress the operational policy for short-stay unit, specialist programmes and virtual hospice. From September 2021 we aim to admit 3 of "our people" per week to our new unit for rehabilitation as part of a pilot study. Key nursing staff have attended training on Alaris pumps and gastrostomy care , with the view to rolling out the training to our wider in-patient team. A new Specialist OT is now in post and we have recuited 1.5 staff nurses to IPU.

Partnership

Complementary Therapy Service are having ongoing discussions with Edinburgh College regarding available sessions for staff and student placements within the Hospice.

Pentland Unit

Commentary by Roni Turnbull Unit Clinical Lead & Advanced Nurse Practitioner

Adapting to a Changing World

The Nursing Led Care Steering Group meet every two months to oversee the progress of the project, and provide guidance and support. The Working Group meet every two weeks to monitor achievements from the action plan, to keep the project on track and to update the project risk register. The action plan framework was a dual-purpose document to guide the working group and to provide a robust record of project related meetings.

The steering and working groups have achieved the short-term goals set out in the action plan. A Nursing Led Care draft operational policy, patient and family information leaflet and registered nurse link role descriptor, are ready for wider consultation with the whole IPU nursing team. This work is supported by a governance framework.

Members of the steering and working groups have taken part in the first focus groups, facilitated by researchers from our education team, to explore the vision of nursing led hospice care. Additionally, there have been focus group meetings with the four registered nurse link nurses, who will participate in the learning and development program facilitated by the education team and nursing led care clinical lead. A group of four nursing assistants have volunteered to form a focus group which will be key to capturing the views of the whole nursing team. It has been approved for the nursing assistants to receive the HEART (Hands-on, Empathy, Aromas/Aromatherapy, Relaxation, Textures, Sound) process training from our Complementary Therapy Team lead.

Partnership

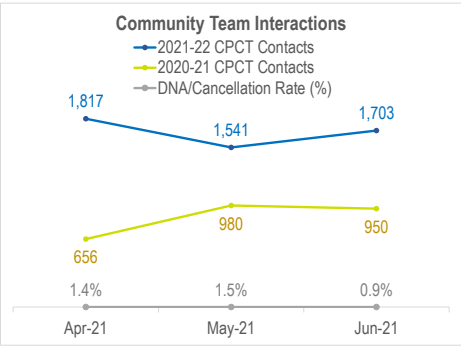
Internal clinical services and education leads worked in partnership with frontline staff and a family representative to develop service documents that achieved the action plan goals in preparation for a three-month pilot project. Multisource feedback from directors, senior managers, clinical service leads and the registered nurse focus group members has been vital to the development of the nursing led care draft service documents during the first quarter. We were also privileged to have feedback from a family representative which provided valuable insights to inform information resources for patients and families.

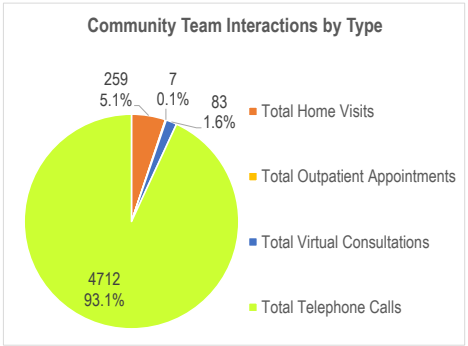
Community Services

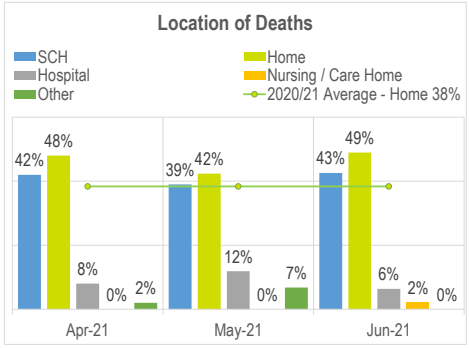
Community Hospice

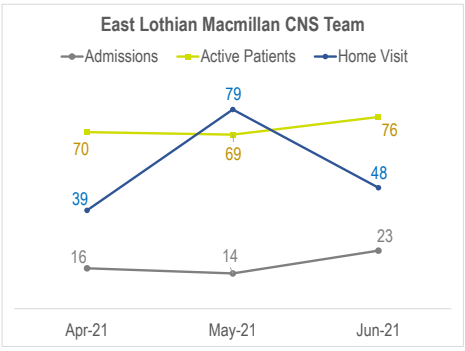
Commentary by Eimear Hallissey Lead Nurse Community and IPU Services **& Mandy Murray** Lead CNS

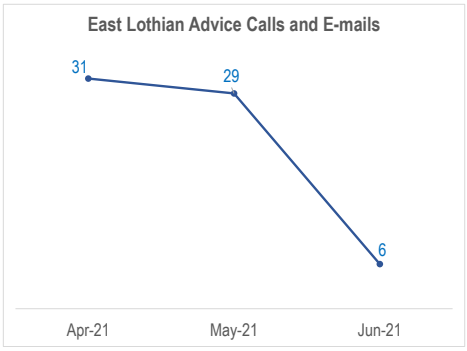
Activity Summary











Quarter 1 has generated just over 5000 interventions/contacts for 342 individual patients. The number of people who were supported to die in their own home is higher in quarter 1 than both last year's quarter 1 and the overall 2020/21 average.

Activity levels are considerably higher than the same period last year, this can be attributed to a number of factors that include an increase in referrals to the service this year and some possible under reporting last year.

Due to the pandemic, all our outpatient services were sadly halted last year except for urgent assessments. We are now beginning to offer routine outpatient assessments more often and have completed 6 in Quarter 1.

Impact

The creation of a Hospice at Home service for north Edinburgh along with an increase in the Community Hospice team resources is facilitating us to support more peoples preferred place of care and death at home. Caring for a patient and their family in the community involves working in conjunction with primary care team and other external agencies ensuring that the support given is bespoke to the patient's/family's needs. As our activity continues to increase, we are constantly reviewing our service needs and requirements to ensure best practice and patient centred care.

Our team were delighted to be asked to feature in St Columba's Hospice Care Summer Appeal video. They were represented by many disciplines and one scene shows one of the Clinical Nurse Specialists visiting a patient at home.

During the video, the patient is very complimentary about the team and finishes with ***"if they say they'll do something they mean it."*** **Website link** **https://stcolumbashospice.org.uk/summer-appeal-2021**

We regularly receive thank you cards and letters from families expressing their gratitude;

"You were such a support to him and he appreciated your care and understanding so much, as did I. You really made a difference in the last few months. Please pass on my thanks to the team there. Thank you all so much."

Adapting to a Changing World

Whilst the pandemic required us to work differently for safety reasons, some of the adaptations which we were forced to make have proven to be positive and will remain. Our blended model of care using face to face, virtual and telephone consultations plus the addition of new members of our team, has enabled us to meet the needs of significantly more people. Patients are encouraged to try virtual consultation as a quicker, more accessible way of receiving support. This method of patient contact is increasing in popularity across healthcare in general as the best practice alternative to face to face appointments.

Our new skill mix of staff members are making great progress in their professional development and learning the 'art of community working' to ensure they are providing the very best care and support clinically and professionally.

Partnership

We continue to work closely with Children's Hospices Across Scotland (CHAS) to facilitate a smooth transition for young adults from children's to adult services. In this quarter we have had two young adults referred, we met both with their families and carers. Both organisations joint aim is to ensure the families and patients feel there is good communication and that the families/patients felt safe and supported appropriately during the transition. We plan to review this experience with CHAS to learn, offer and accept feedback and continue to develop and improve our service.

Gold Standards Framework (GSF) meetings were cancelled during the pandemic in this quarter we have reengaged with all the pre-existing GP surgeries who hosted this meeting and have attend 13 meetings. The meetings enable the Primary Care Team and our Community Team to discuss all patients on the GP surgery's Palliative Care register so that care plans, escalation and support are created together.

We provide protected time for our GP trainee colleagues to spend time with the team, after they have worked on our inpatient service. This ensures they get an overview of all our services and to learn how we can work together in the future to best support patients and families.

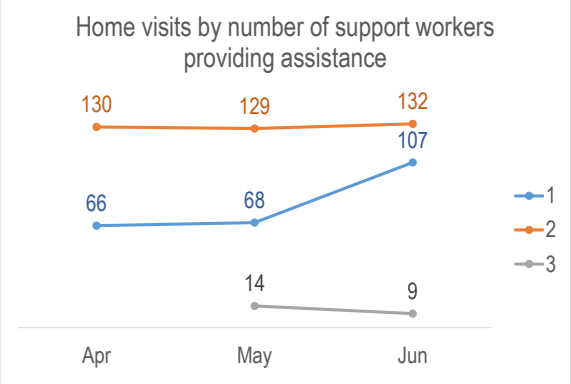
During this quarter there has been a change in the leadership structure of the team. This includes a Lead Nurse Role for Community and Inpatient services and a new post of Lead Clinical Nurse specialist (CNS). The Lead CNS role is both operational and clinical to ensure the smooth daily operation of the service, providing a high level of expertise and support for the team and excellent role modelling.

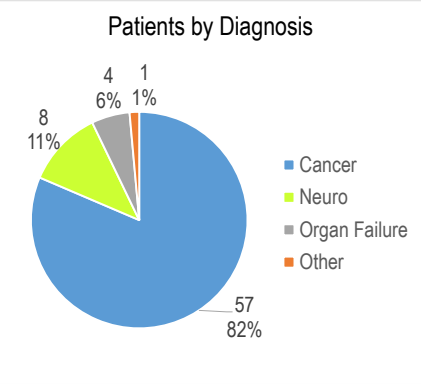
We have made connections with the new Mesothelioma Clinical Nurse Specialist for Lothian – all newly diagnosed patients will have access to her support and we have agreed to work closely together to ensure good communication. Both teams agreed that accessing our respective services will enhance the patient's access and experience of specialist care and support. We have also made contact with the Motor Neurone Disease CNS Team in Lothian and have arranged to meet to begin to work on closer partnerships going forward to jointly support MND patients in the Community.

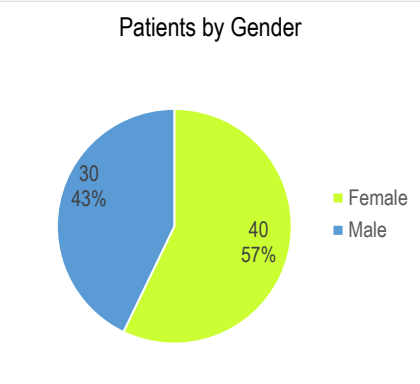
Hospice at Home (H@H)

Activity Summary

In Quarter 1, H@H provided 660 home visits for 71 individuals. People are referred due to a number of life limiting conditions with over 80% recorded as having a cancer diagnosis. Most visits are to support either psychological anxiety or where a patient is awaiting other services to start. The majority of visits are carried out by two support workers.







Impact

A recent example of the holistic care provided by the team was when a patient had expressed her desire to go to the beach in Cramond and collect some seashells before she was too unwell to do so. Our Hospice at Home team together with our Occupational Therapist supported this important trip. The lady expressed such delight throughout the visits and reported feeling very valued by our service. The team continued to care for her and she died 2 weeks later. The ability to support goals like this are clear evidence of the value and impact of this service. The team felt they had provided this lady's last wish in a true ''palliative care way ''.

Adapting to a Changing World

Following successful evaluation of this service, we are now exploring funding to be able to extend the service to East Lothian from Spring 2022.

Partnership

Working closely with our Education and research department colleagues, we recently carried out a formal Evaluation of Hospice at Home. The evaluation found that H@H was meeting an existing gap in service in the community. The Person Centred Care approach enabling the team to meet the patient's and family's specific needs and that his makes the H@H stand out in comparison with the more traditional services.

Compassionate Communities

Commentary by Lynn Darke Service Lead

Activity Summary

Leading on the Compassionate Neighbours project, Maggie has continued to shape and support a growing network of community-based Compassionate Neighbours. Informal and mutually beneficial relationships have begun to flourish with a number of matched pairs meeting each other face to face for the first time as pandemic restrictions ease. Building relationships takes time and doesn't lend itself easily to objective measures. Our figures give some visibility to the work, but more so do the pictures that paint a 1,000 words.

April 2021 - June 2021

CN training hours delivered	0
CN informal support & 'supervision'	199
CN community hours offered	128
Number of CNs (Edinburgh)	22
Number of CNs (East Lothian)	6
Number of active relationships	20
Number of nominations	9

Conversations have been taking place with interested local folk, and seven more will join our community of Compassionate Neighbours once they've complete their training in August. In September we'll recruit for the last time this year, and aim to widen our reach through our connections with the Edinburgh and East Lothian Volunteer Centres.

The possibilities for engaging with local communities has opened up with the easing of pandemic restrictions, allowing Lynn to meet for conversations in parks, coffee shops and churchyards, in addition to local meetings hosted over Zoom by community members in North Berwick and Portobello.

Impact

We're working to support individuals and local communities to engage with death and dying as a social process, and build community-owned capacity for dying, death, grief and loss. Developing a network of Compassionate Neighbours has been the first step towards creating meaningful connections between people at the neighbourhood level. The project is a sustainable expression of what it means to be part of a compassionate community, and over the summer months we will be working to extend our reach through two community-based projects: **The Labyrinth Project** and **Summer Conversations; Stories for Aging and Dying Well**.

Adapting to a Changing World

The work of the Compassionate Communities team aligns squarely with the Strategy commitment to shifting the balance of care beyond the walls of the building into the communities we serve. Despite the limitations imposed on us all by the pandemic, we've been able to extend our influence and reach through close working partnerships, including community members and our colleagues within the hospice. Since our last report, and with the generous help and support of Claire and Cameron in PR and Communications, the Compassionate Communities page is now live on our website. Alongside regular blogs and Facebook posts this allows us to showcase the work being done at the neighbourhood level, and engage interactively with our local communities.

COMPASSIONATE COMMUNITIES

Partnership

We were delighted to contribute a narrated PowerPoint presentation of our work to the MSc: Shadows and Horizons module in March this year and, recently received confirmation that it will be built into Edinburgh

University Medical School's GP trainee programme. The current Year 6 module which takes a broad approach to palliative care currently covers topics such as values-based medicine, advanced care planning and end of life decisions. The module organiser is keen to build in more holistic end of life care material and will incorporate our work into the programme for the 2022-2023 academic year.

In July we heard that our funding application to the Edinburgh Health and Social Care Partnership had been successful and the funding will enable us to host our 'Summer Conversations: Stories for Aging and Dying Well' project in three local communities. We will be amongst 18 organisations who have committed to delivering a wide range of activities over the summer and into early autumn, addressing the questions, what does wellbeing means to people / how are they connected (or not) in their community / what kind of things are important in communities?

Impact

As pandemic restrictions have eased, socially distanced meet ups between *Compassionate Neighbours* and those they have been matched with have been possible, and a cause for mutual celebration and shared passions.

Participant Comments

"I adore receiving her letters, it's like receiving a chapter of a great book a week at a time and I wait intently for the post. And it's so much better than a beastly Zoom or telephone call. You can't reread a phone call."

"I couldn't have got anyone better and she seems very happy too. She's going to teach me crochet and also some Arabic which is exciting and I'm bringing some recipes for us to try together."

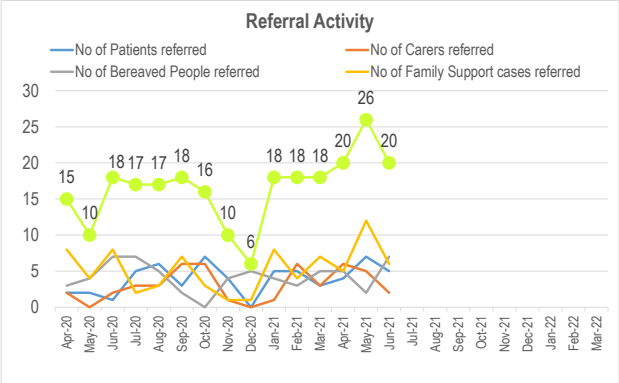
"Within 10 minutes of meeting he was humming two different bugle calls – isn't that marvellous? I didn't know there was more than one. Apparently one is for sun up and one for sun down. We laughed and laughed, it was so wonderfully unexpected – sometimes the best moments."

Wellbeing, Family Support & Bereavement Services

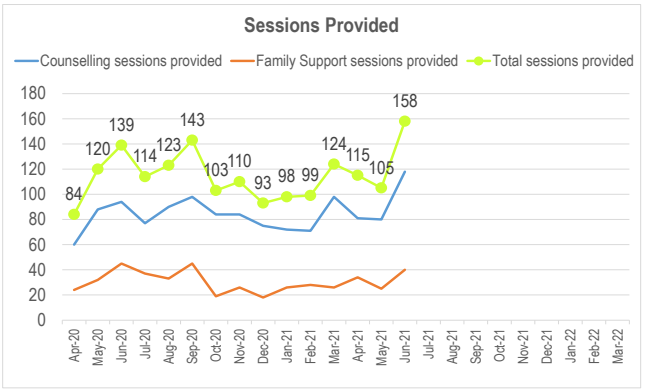
Family Support Service

Commentary by Craig Hutchison Counselling & Bereavement Service Manager

Activity Summary



Referral Activity for Qtr1 is ↑ 53% on last year.



Sessions Provided for Qtr1 are ↑ 10% on last year.

We delivered 378 sessions this quarter (279 adult, 99 child/young person), excluding missed or cancelled sessions. Of our adult referrals, 79% have been female and 18% male, with an age range from 18 to 88 (average age 55, SD=15.69). 27% are taking prescribed medications for their psychological problems (94% antidepressants, 6% anxiolytics). 84% have no suicide risk at assessment but 16% are at mild risk with some thoughts of suicide. Where this is the case people are signposted to relevant resources and prioritised for counselling. 42% of new adult referrals have come from our Community Hospice team, 14% from chaplaincy, 13% from the Inpatient Unit, 7% from East Lothian Community Palliative Care team, 2% from Hospice at Home, 2% from the Access team, 2% from GPs and 18% are self-referred.

Impact

Our most significant impact is at the individual level, supporting people as they come to terms with incurable illness and learn to cope with bereavement. We help people with a wide variety of presenting problems, including: depression; anxiety; panic attacks; grief; stress; relationship problems and adjustment difficulties (e.g. coming to terms with the impact of illness). Of the adult bereaved clients assessed this quarter, 43% are experiencing an acute grief reaction following a recent death and 37% a relatively normal grief reaction requiring some formal bereavement support, while 20% experience complicated grief requiring counselling. Clients report reductions in their depression, anxiety and worry, and improvements in their ability to cope, as well as reductions in suicide risk.

We also work to improve wider community responses to loss, death and bereavement through delivery of training to external audiences and organisations (see below for details).

We continue to receive very positive verbal feedback from clients using the service, commenting on how helpful they have found it and how it has helped them to cope at what is often the most difficult time of their lives. We now review our work with people on a regular basis and are asking people to complete outcome measures to give us a better sense of the difference we are making in people's symptoms and coping.

Adapting to a Changing World

Rates of depression have doubled in the general population over the past year in response to the pandemic (Office for National Statistics Opinions and Lifestyles Survey, 2021). We have developed training sessions for hospice clinical staff on the identification and management of depression and suicide risk, scheduled for early next year, and have delivered training on suicide risk for our Community Hospice Team.

We expanded the remit of our Children and Family Service this quarter – we now accept referrals for any child across the whole of Edinburgh and the Lothians affected by the incurable illness of a relative or loved one. We have made an application to the Community Lottery Fund to pay for an additional worker to help support this new development. In addition we received funding from the Arnold Clark Community Fund to provide new pre-bereavement packs for children.

We continue to provide sessions virtually and by telephone. All members of core staff have now completed a qualification in delivering online and remote services and our volunteers have been given training and resources to enable them to provide effective virtual and telephone support. We believe the future will require a blended model of service provision so procedures for safe delivery of in-person sessions have been drafted to enable us to provide this. We plan to recruit additional volunteers in the coming year and provide them with training to support carers as well as bereaved people.

Partnership

We continue to work with a wide variety of external partners and have delivered training workshops on loss and bereavement to a range of audiences, including: the City of Edinburgh Educational Psychology team; Richmond's Fellowship; Care 4 Carers; 75 staff at primary and high schools in Edinburgh, and the Association of Bereavement Services Coordinators. We are involved an ECHO project on improving transitions for young people moving from children's to adult's hospice services, we are working with the Scottish Bereavement Network on planning for a national event in September, and have initiated a new East Lothian networking group for practitioners working with children. We have collaborated with colleagues in NHS Education for Scotland on bereavement training and have continued to work on the development and rollout of the Bereavement Standards Charter for Scotland.

Chaplaincy & Spiritual Care

Commentary by Suzie Stark Chaplain

Activity Summary

During April, May and June the chaplaincy team recorded a total of 212 face to face interventions with patients and families in the inpatient unit. Of these 27 were specifically around religious needs with the chaplain celebrating Holy Communion with patients or offering prayers. A total of 75 telephone calls were made by chaplaincy volunteers during the same period, 18 of these calls being with patients, the remainder with bereaved family members. The chaplain also offered 61 telephone support sessions with bereaved family members. During this three month period the chaplain conducted five funerals and made one home visit. Support for staff and volunteers continues quietly behind the scenes as needed with a total of 20 sessions taking place.

The chaplain announced her decision to retire later this year and due notice was given in June. Recruitment commenced immediately to minimise any impact on service provision.

Impact

The impact of the team is generally commented on by clinical colleagues who regularly express appreciation for support given to them, their patients and family members. The chaplaincy volunteers were much missed when they were not coming into the inpatient unit during lockdowns.

Feedback both verbal and written remains positive, it is encouraging how many family members feel able to record their thanks face to face while their loved ones are in the IPU and a number of cards and emails have been received during this period expressing gratitude for the input of the team, for the care and attention offered to patients and families alike.

Adapting to a Changing World

The team continues to offer telephone support to patients in the community and to families, both pre and post-bereavement. This method of offering support is not new for us but the chaplain would normally also have regularly offered bereavement support sessions on a face to face basis. We look forward to this resuming in time as restrictions relax but acknowledge that we will continue to offer a blended service on an ongoing basis.

Partnership

Through this period restrictions have meant that some areas of regular partnership working (eg June Time of Remembrance at Wardie Church) have had to be put on hold. We have started looking at a learning opportunity with colleagues in the Education Department and colleagues from NHS in England (Birmingham) that will allow us to broaden our knowledge around caring for patients and families from different cultures, we look forward to taking this work forward in the next quarter.

Arts Service

Commentary by Dr Giorgos Tsiris Arts Lead

Activity

Between April and June 2021, we offered 37 individual sessions (51% face-to-face in the IPU, 46% online, 3% via phone) and 34 online group sessions including our community choir, music listening group 'Tunes with Tea', and the Hospice On-Line Art (HOLA) group.

A steady attendance number and a small increase in referral numbers were observed. Nine individual sessions were cancelled or patients did not attend. Overall, we recorded 37 patient and 6 family/carer attendances in individual sessions, and a total of 166 attendances (27% patient attendances) in the group sessions.

We offered only 5 live music sessions in the IPU due to Covid restrictions, and we organised 2 online music events. The live sessions reached approximately 76 people (including patients in their rooms, visitors, and staff members), while we had 39 registrations for the music events. Taken all together, our arts sessions, concerts and events recorded a total of 361 attendances and registrations.

The live music events featured recording artists Harley Loudon and Karine Polwart respectively. Evaluation data show the positive impact of these live music events. Participants highlighted the importance of live music for patients, families, staff and the hospice's connection with the wider community.

During this quarter we recruited a new choir volunteer and we continued to offer placement to two arts therapies students from Queen Margaret University (QMU).

Feedback

"that was wonderful – what a lovely session. […] Thanks so much to you all for pulling this together - it was a great treat on a weary Friday."

-- Staff member

"We absolutely loved Karine's music and storytelling, such an enjoyable time for my husband with all his disabilities."

-- Family member

Impact

Our team engaged in various impact-related activities:

- Presented a spoken paper and two poster presentations at the British Association for Music Therapy (BAMT) web conference together with colleagues from New Zealand, USA and the UK. The spoken paper focused on "End-of-life care perspectives on musical care" and was based on a forthcoming chapter that Giorgos has co-authored with Tamsin Dives and Jo Hockley.
- Presented a spoken paper on "Spirituality as a boundary object? Ethnographic perspectives from music therapy" at the International Symposium on Music, Dance, Healing and Emotion organised by NOVA University of Lisbon, Portugal.

Adapting to a Changing World

We continued facilitating a series of arts-led workshops as part of the hospice's reflective practice sessions for clinical staff inviting participants. Through creative exercises these workshops facilitate opportunities for self-insight, confidence building, learning, and practice development.

We also held our inaugural Arts in Palliative Care ECHO network meeting on 18th May 2021. This meeting attracted professionals from different parts of the UK. Focusing on "Re-inventing arts practices in palliative care: Learning from working (or not) with Covid", our Arts Team led this meeting by sharing our experiences of service development and innovation in the midst of uncertainty. Overall, we will hold 5 ECHO network meetings over a period of a year leading to the European Music Therapy Conference which will be hosted by QMU in June 2022.

Partnership

Through his joint appointment with QMU, Giorgos continued his work as co-chair of the 12th European Music Therapy Conference. Over 400 abstract proposals were received in total and the review process has been completed.

We have continued our work with the Community of Practice for arts therapists and community artists working in hospices across Scotland. We have also continued planning with the Family Support team and Fischy Music a new international song writing project in collaboration with a Greek-based palliative care unit. The project will start in September 2021.

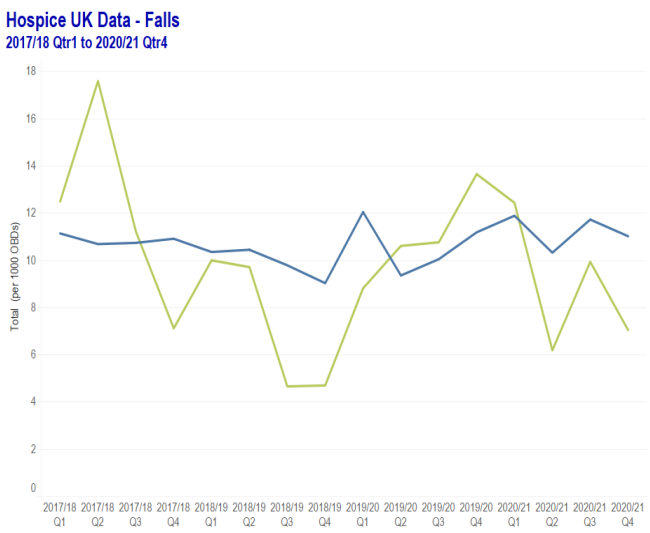
Quality Assurance

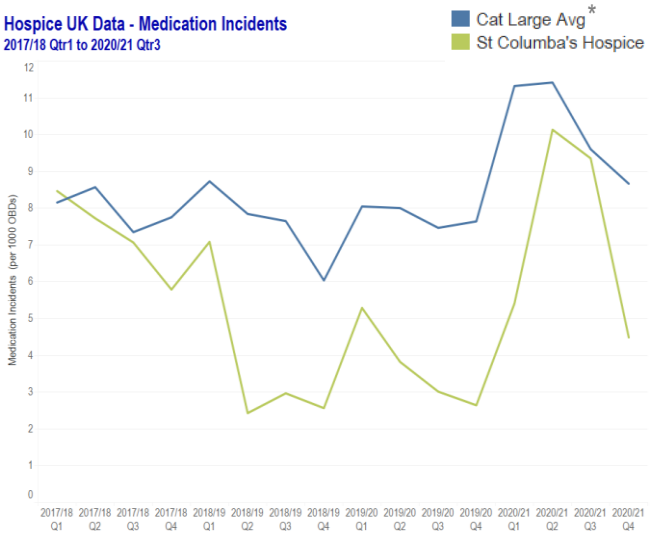
Commentary by Vicky Hill Quality Assurance Manager **& Dave Manion** Information Analyst

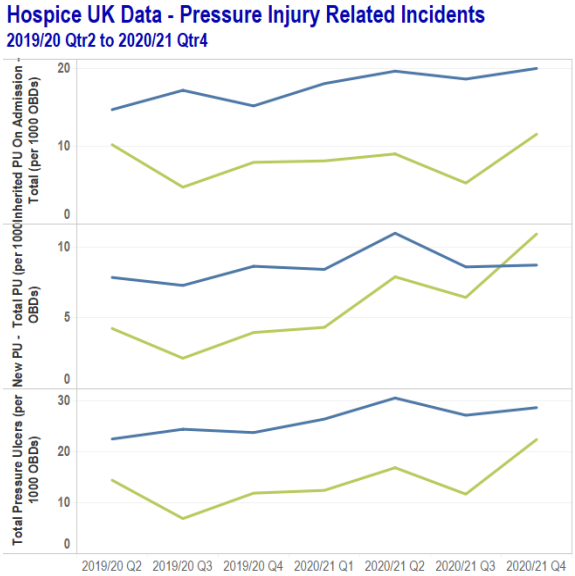
Hospice UK Clinical Safety Benchmarking

St Columba's is consistently below the national benchmarking levels for both Medication and Pressure Injury incidents. However, there has been a small increase in recorded Pressure Injury related incidents. Further investigation is taking place to clarify whether this is the result of a change in recording practice last year or more actual pressure injury incidents. Our Pressure Ulcer Group have commenced Best Practice Audit and this year's mandatory training will include a session on Pressure Ulcer Prevention and Management. We are also carrying out a review of all our beds, mattresses and pressure relieving equipment to identify any areas for development.

*- Cat Large Avg is the Hospice UK national benchmarking average for a large category hospice (21 beds and over).



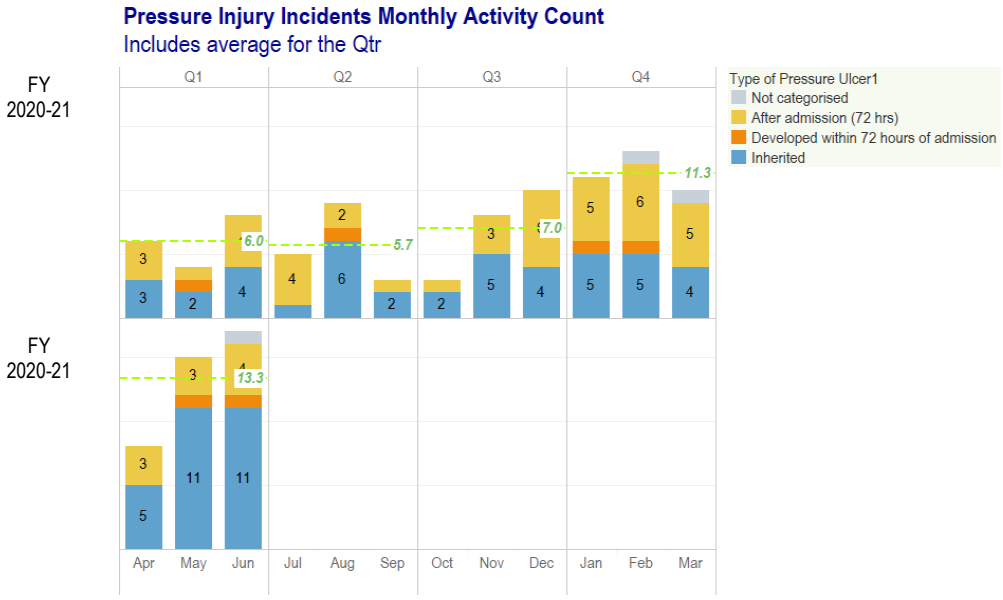




Sentinel Reported Incidents

Pressure Ulcers

Pressure Ulcer prevention is led by a charge nurse supported by members of the clinical and quality assurance teams. The Prevention and Management of Pressure Ulcers Standards launched by Healthcare Improvement Scotland in October 2020 have been reviewed and an action plan created to ensure the hospice continues to deliver care outlined as best practice.

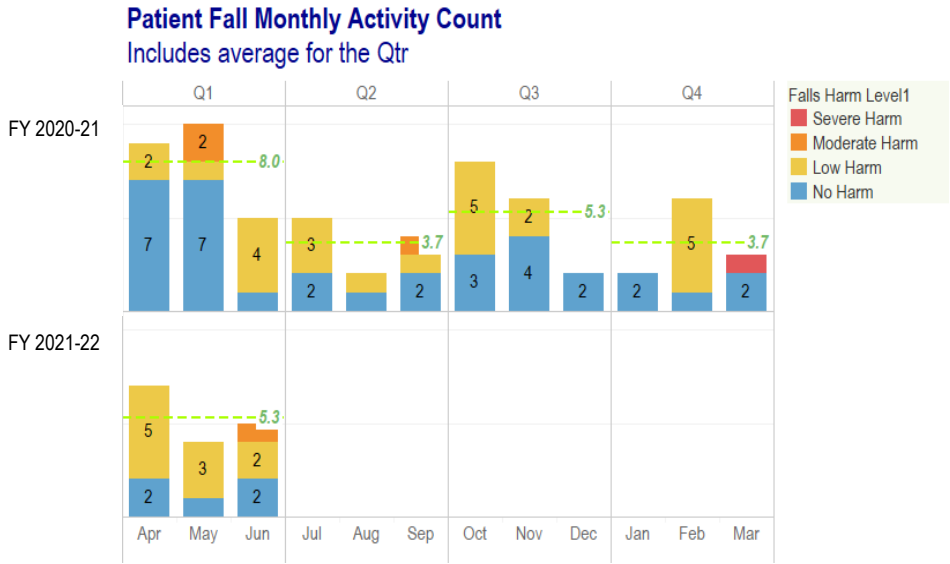


Despite the change in recording practice mentioned in previous reports there does seem to be a marked increase in pressure ulcers categorised as Inherited (Inherited categorisation means patients already have the pressure injury when admitted to the hospice from elsewhere) and this will be investigated by the Quality Assurance Team as part of the good practice audits.

Patient Falls

Falls for Qtr1 have decreased from last year (24 to 16). This represents a 33% reduction. Last year's Qtr1 was the end of a run of particularly high levels of falls activity at the hospice that resulted in a falls quality improvement project in Jun-20.

The current Qtr1 reduction has been most noticeable in the number of Un-witnessed falls that resulted in No Harm (12 falls down to 3).

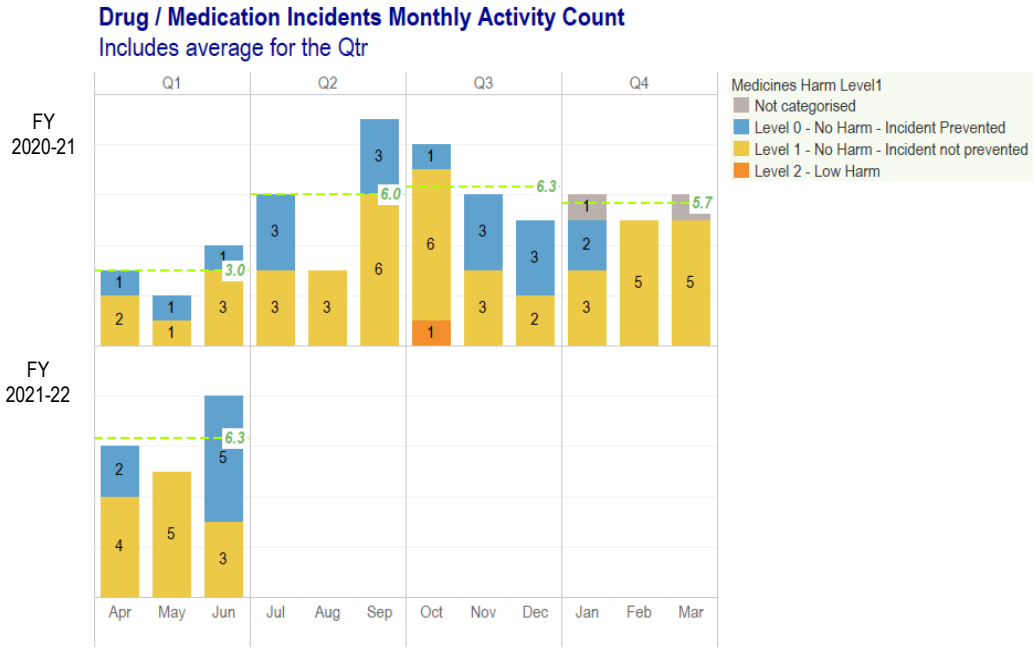


All falls are reviewed at the weekly patient safety meeting.

Medicines Incidents

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

Active incidents have been included for this Qtr as there are still 5 currently under investigation. These numbers are subject to change.



Looking at the incidents by level of harm we can see the majority of incidents to date resulted in 'No Harm'. The reporting of 'No Harm' incidents shows a good reporting culture where all incidents regardless of harm levels are reported, investigated and reviewed for learning opportunities to prevent future errors. The current Qtr has seen an increase in incidents categorised as relating to Storage and Supply issues and Drug Omitted (WRS).

Accidents

3 accidents were recorded none of which involved patients (2 were graded at Medium Risk and 1 Low Risk).

Incident Reporting

At the time of compiling this report Quarter 1 saw **104 submissions** from across hospice services reported via Sentinel. The incidents are comprised of:-

- **96 Actual incidents. 84** were closed following investigation with the remaining **12** still active.
- **4** Near Misses. **1** of which remains active.
- **4** submissions were closed following investigation and categorised as 'Not an Incident'.

An additional two clinical incidents remain open from the previous quarter due to their complexity and ongoing action plans. One incident was the result of a training issue with specialised medical equipment that has since been categorised as Medium Risk but assessed as 'Unlikely to reoccur'. The second incident resulted in Severe Harm after a patient fell in their room. The incident was reported to Healthcare Improvement Scotland and following the investigation has concluded that the fall could not have been prevented.

Notifiable Incidents

The National Health Services (Scotland) Act 1978 and the Healthcare Improvement Scotland (Applications and Registrations) Regulations 2011 require independent healthcare providers to notify Healthcare Improvement Scotland (HIS) of specific events that occur. In Quarter 1, the following incidents reported on the HIS portal by the hospice.

Status	Description	Qtr 1
Approved	Controlled Drug Incident	8
	Outbreak of infectious/communicable disease involving 2 persons or more	1
	Incidents reported to or investigated by the Police	1
	Serious injury or serious complication to service user (Incident involved a Patient Fall and is described in the previous **Incident Reporting** section)	1
Awaiting Further Information	Controlled Drug Incident	1
	Concerns regarding public protection, incl adult support	1

- Please note that any patient who is confirmed as Covid 19 positive requires to be reported under the 'outbreak' notification, even if admitted with Covid 19 or identified as community transmission. There have been no outbreaks of Covid 19 in the hospice during the pandemic.

The other notifiable incidents are as follows.

Reportable to the Information Commissioner's Office	**0**
Incidents recorded on Sentinel as requiring Duty of Candour procedures	**0**
Incidents recorded on Sentinel as RIDDOR reportable (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) to the Health and Safety Executive (HSE) 1. A member of staff tripped and fell at work leading to a reportable injury. RIDDOR requires that certain injuries specified in the guidance, in this case a fracture, are reported to HSE. The incident has been investigated by the Estates and Facilities Manager and categorised as having a Low Risk of reoccurrence. 2. A hospice staff member was diagnosed as having Covid-19 with the potential for it to have been attributed to an occupational exposure. There was no evidence however of an outbreak in the hospice and this may well have been community transmission. This also was reported as RIDDOR as required by HSE.	**2**

Non Clinical Incidents

Covid19 safety measures are still in effect and this continues to dramatically reduce the number of non-clinical incidents due to fewer people in the building. The average number per month of non-clinical incidents is 2 compared to 21 pre-pandemic.

For the current quarter the more commonly repeated incident categories are Data Protection (6 of the total 7). Only one of the Data Protection incidents involved Clinical Data and this was confined to a hospice staff e-mail, the rest involve non- confidential internal staff e-mails. All incidents were categorised following investigation as Low Risk.

Fire Safety

There have been no fire safety related incidents recorded since August 2019.

Complaints

Five complaints were submitted to the hospice during the quarter. Two remain under investigation and three have been resolved with dedicated action plans produced where necessary.

Appendix – Harm Level Definitions

FALLS INCIDENTS HARM LEVEL DEFINITIONS

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

MEDICINES HARM LEVELS DEFINITIONS

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