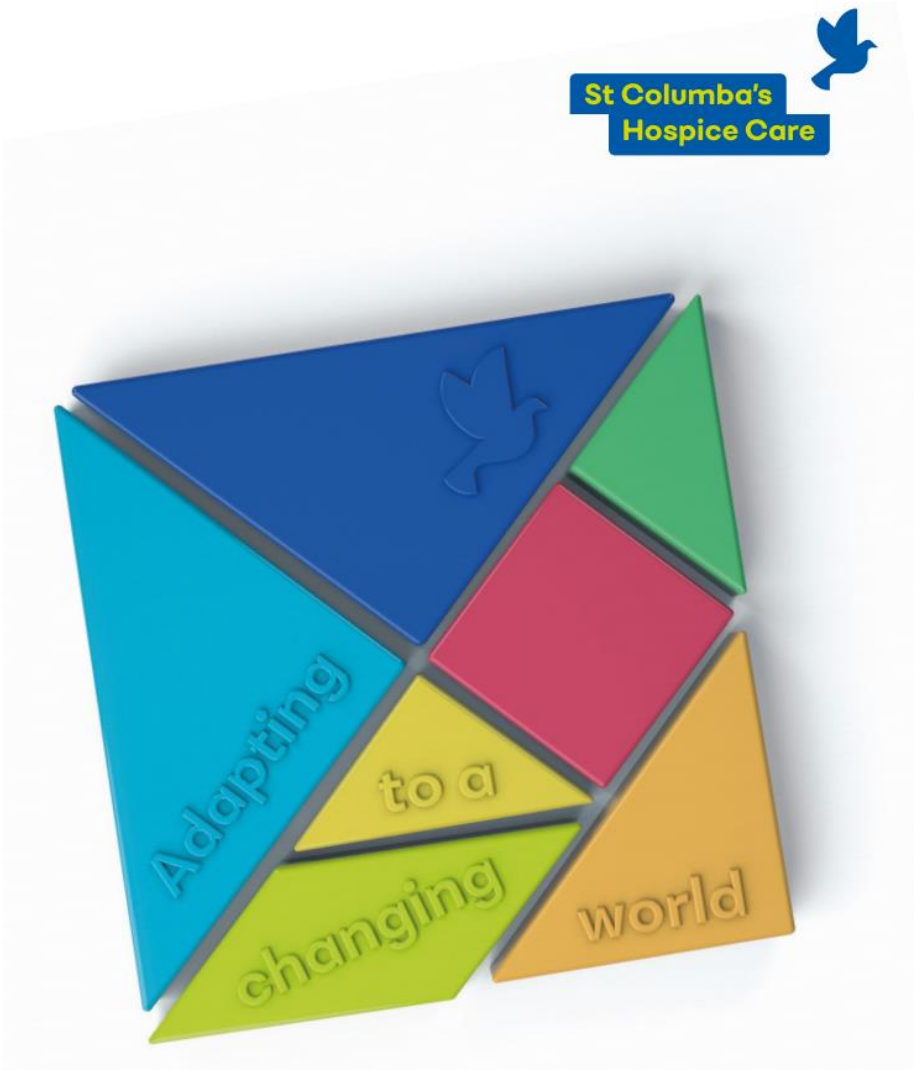
St Columba's Hospice Care



Clinical Services

Quality Report

2022/23 Quarter 1

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Introduction

Welcome everyone to our Quarter 1 quality report which showcases the impact of our clinical services. We hope you continue to find this report helpful.

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

We are delighted to have now launched our new Wellbeing service as well as having increased support available in people's homes through the extension of our hospice at home service into East Lothian. We are entering quarter 2 with an improving picture in terms of staff recruitment and aim by quarter 3 to have returned to a sustained level of 20 beds.

You will see that there continues to be significant pressure on teams with increasing referrals and complexity of needs. We continue to adapt as best we can to ensure safe and effective care is provided whilst also supporting and caring for the wellbeing of our teams.

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

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

Best wishes,

Dot

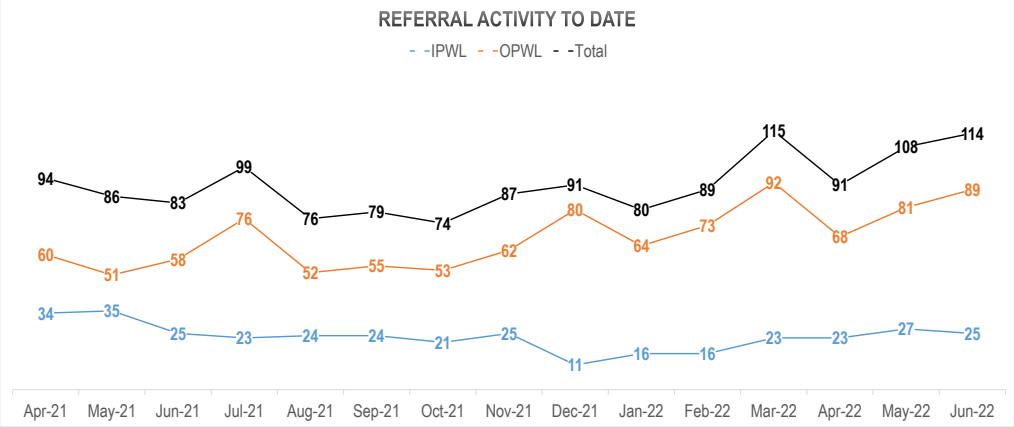
Dot Partington Deputy CEO

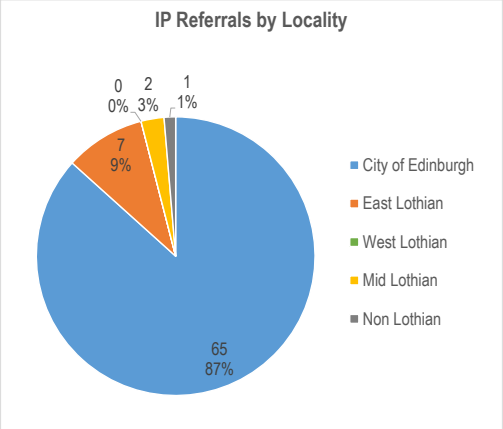
The Access Team

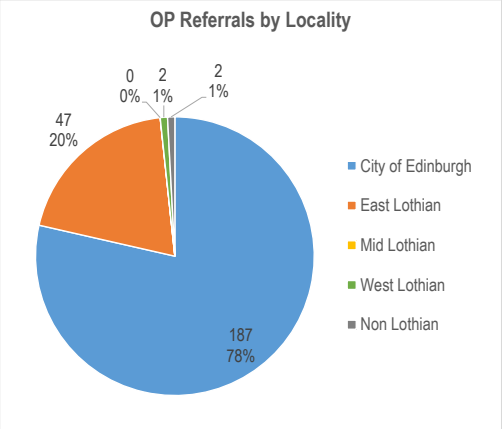
Commentary by Becky Chaddock Access Team Manager

Activity Summary

The chart on the right presents the number of individual people referred for hospice care. For Qtr1, new referral activity is 19% higher this year (increase of 50 referrals). Around a third of this increase can be attributed to the Wellbeing Service and the rest to the increased need for community support.







Access Team interventions recorded on TRAK have increased by 55% (101 more than last year).

In addition to referral activity, the Access Team receive advice calls that fall into two categories: those that are routine, and those requiring an urgent same day response from people already known to the Community Hospice Team. In the last 3 months, the team responded to 294 advice calls, the vast majority of which were same day advice community calls already known to the Community Hospice Team. The category breakdown for these calls is as follows:-

- 43% were from people/family/friends
- 40% were from primary care colleagues
- 13% were from the acute sector colleagues
- 4% were from St Columba's Hospice Care, Community Hospice Team

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

'We had a call from a wife whose husband was sleepier than usual, with an increase in back pain. He'd had his opioid medication increased the day before, was having chemo, but also had known bone metastases. We requested a neurological examination from his GP; he had a very high temperature from likely acute infection. The GP was able to get the Hospital at Home Team to provide IV antibiotics to him at home. Access escalated this gentleman's priority to Community team and he was seen the following morning by one of the doctors. The gentleman's wife was very grateful to have someone to call when she didn't know what to do, and that the whole team had been able to work together to keep him at home.'

Impact

As a single point of contact, the team respond to individuals, their families and to their wider communities. We help them to positively impact their quality of life and we provide symptom control for people living at home. Through working in partnership with the person we support, their personal support network and the health and social care team, we ensure that they are able to live well with their illness, be where they want to be and remain as comfortable and independent for as long possible.

We routinely ask people for feedback about the Access service via written communication, there were 36 responses in this quarter and these were just some of the comments. 100% of respondents said that they would recommend the Access Service to others in similar situations. Some of the comments from this quarter have been included below.

"Access team member listened, understood my problem and gave good advice and liaison with my GP."

"Felt I was getting true support and advice, felt so much better and able to deal with my situation

"It is very reassuring to know that I have another channel of communication open to me, I appreciate this very much."

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

"I felt [Access Team Member] took the time to speak to me in depth which mattered a lot as I felt very distressed A very kind and expert service. Thanks you"

"It helped me access appropriate pain relief and opened up other sources of support"

"The initial contact gave us lots of reassurance that nothing was too much trouble. Just keeping doing this. That first contact by telephone meant so much to us both."

"It was really helpful to have 1 point of contact with who told us about the services the hospice provides and helped us to access the right support."

"Peace of mind. Now if I'm not sure who to get in touch with about anything if they don't know they will try their best to find out."

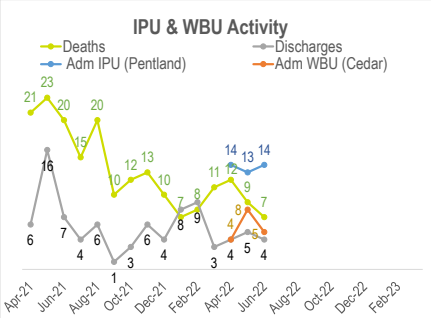
My wife has always struggled to speak since radiotherapy but found it quite easy with your call. Thank you. "

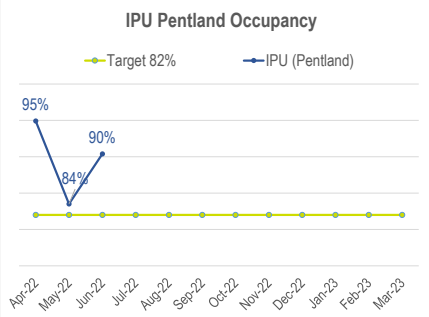
A carer offered this comment on our service:-

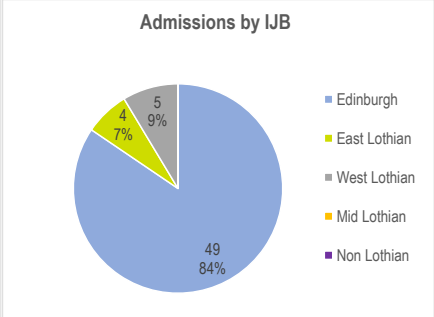
"Caring for someone with a terminal illness brings a lot of professionals into your life, which whilst supportive can feel overwhelming when you're trying to struggle with working full time. It was really helpful to just have the one person from the hospice who assessed the support we needed and helped us to access it. I also feel they were able to accurately assess that [my wife] was near to the end of her life and quickly get a bed for her. We are so grateful she was able to spend the last week of her life in the hospice and receive kind and compassionate care."

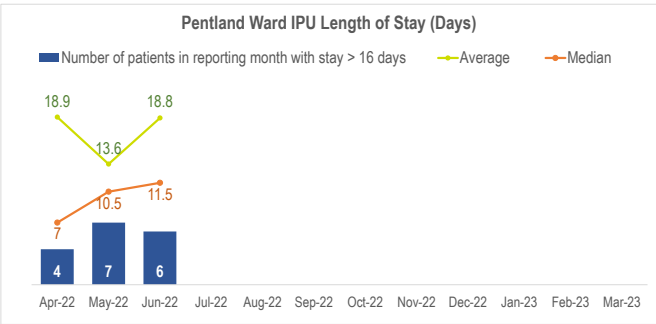
In-patient Services

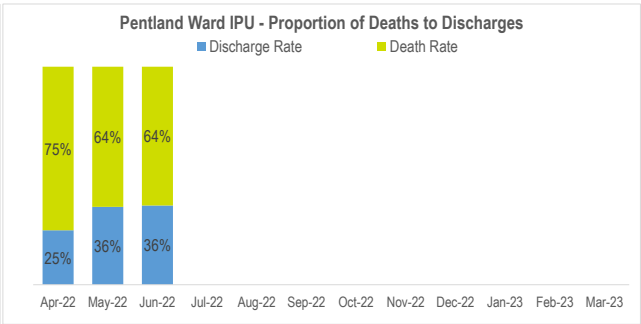
Activity Summary











Bed numbers have continued to fluctuate according to available staff numbers, heavily influenced by recruitment challenges and staff absences. Occupancy and LoS data for Wellbeing/Cedar has not been reported as consistent tracking is made difficult by the, almost daily change, in bed numbers and this also makes year on year occupancy comparison less useful.

Average length of stay in Pentland (18.8 days) for the period has been influenced by a limited number of patients with stays over 40 days. Median length of stay is not influenced by these long stays and has been less than 12 days for the entire quarter. Average admissions to IPU Pentland have been 14 per month with the majority of patients coming from the Edinburgh area.

Pentland Ward

Commentary by Sally Ramage Inpatient Unit Manager

Adapting to a Changing World

Quarter 1 has been a particularly challenging time as we, like most hospices / healthcare settings nationally, continue to experience difficulties with staff recruitment, sickness absence and Covid related absences. Recruitment and retention of staff remains a priority for the clinical teams and we have developed a number of initiatives to support staff wellbeing and the experience of new staff joining the team. We have now successfully recruited both auxiliary's and staff nurses and head into quarter 2 with more resilient resources.

Two of our bedrooms have now been redesigned into family suites. The single bedrooms have en-suite facilities and an adjoining family studio so that people staying in them can have loved ones staying round the clock, by their side in comfortable home-like surroundings.

Some recent feedback from a patient on her experience in the inpatient unit and the positive impact her stay had on her:-

"I am writing to express my sincere thanks to everyone at St Columba's Hospice for their excellent care and support. I am an inpatient on Pentland Ward at present, having been here since May, with plans in progress to be discharged back to my flat. St Columba's is the most amazing place. As soon as I arrived here, I felt the calm and compassion. The high quality decor and furnishings enhances this.

The standard of care is excellent, provided with such dignity and compassion. The food is marvellous, thanks to the chefs and all those working in the kitchens. The hospitality team and domestic team are always cheerful and helpful. The nursing and therapy team are amazing. All the staff show the same common thread of the Hospice: high standards of care delivered with dignity, care and compassion. The additional services which I have experienced include the Counselling Service, Family Support Services, and the Wellbeing Service. These have all been incredibly helpful, and available when I have needed them, and again delivered with dignity, care and compassion. Marvellous.

Thank you. Please extend my thanks to everyone"

'One team, one dream' as we head into quarter 2 with more resilient staffing levels, we have begun to plan for an increase in the number of people we can care for in the inpatient unit. We have taken the opportunity to review our leadership structure and how we work together as a team to maximise patient experience and staff support. During July / August, we will form one large nursing team instead of two distinct teams, and there will be one manger overall supported by two charge nurses.

Staff development opportunities. We continue to prioritise staff development and learning with some individuals studying towards post graduate qualifications, SVQ qualifications and leadership certificates. Opportunities have continued for staff to shadow and experience secondments to other departments which all provide opportunity for learning as well as enhancing teamwork. We also continue to roll out training for our registered nursing team, to enable them to administer controlled medications without having a second nurse checker. This is of huge benefit to the patients as it means that their wait time for vital medications is reduced. We have put through 5 nurses in the first quarter and another training day is planned for later in the year.

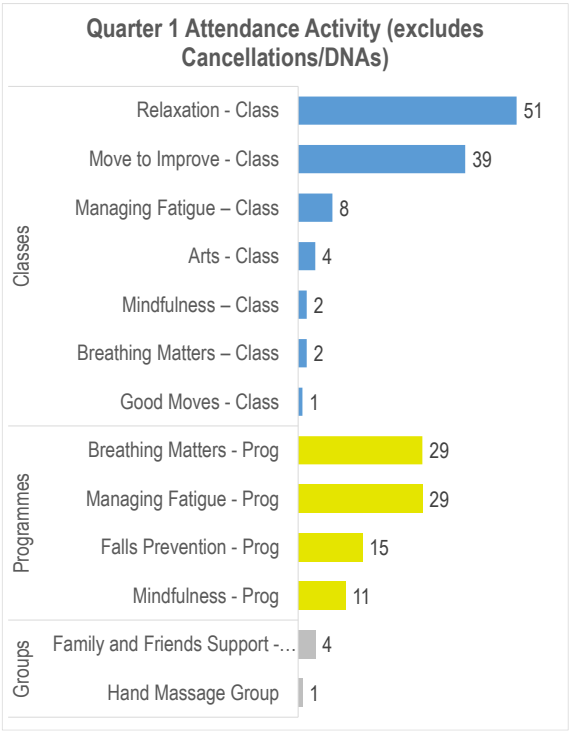
Wellbeing Service

Commentary by Lisa Kerr Unit Manager

Activity Summary

We are delighted to share that our Wellbeing classes and programmes were launched April 25th with steady interest and attendance throughout Quarter 1. There were 196 booked places on our 13 classes/programmes. These can be accessed via the website for those in the community as a self-referral, or as part of a short stay within the Wellbeing Unit or by people in Pentland ward. Allied Health Professionals facilitated the majority of the Wellbeing programme with Social work and Complementary Therapy and Band 3 Auxiliary nurses also facilitating some of the classes.

The most attended class during this period was Relaxation with 51 attendances.

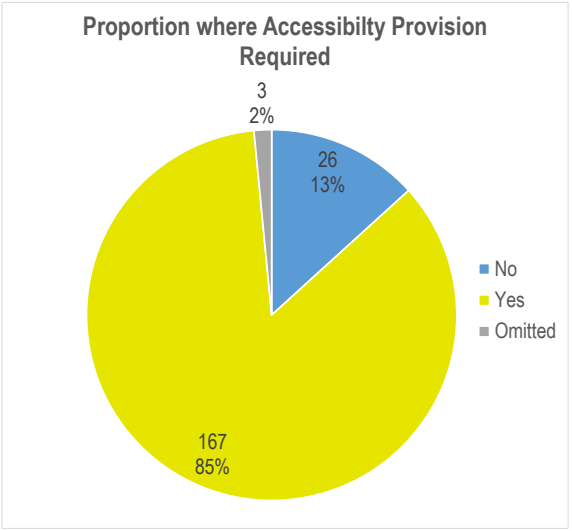


Impact

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

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

The chart featured right highlights the number of people requiring assistance with mobility and accessibility is an important consideration when creating a new programme.



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

"I am leaving here feeling like a new woman"

"I am so glad I came in. The classes are brilliant, I feel wonderful"

"It's so good to learn new things that I can take home with me"

"It is like a holiday, away from all the pain and everything"

"I haven't had a full night's sleep like that in over 2 years"

"I was able to stop thinking about my skin and didn't itch it once during the relaxation session"

"That relaxation session was like a massage for my mind"

"We brought Mum along and all we were so focussed on her illness, now we are leaving here focusing on her Wellbeing"

Adapting to a Changing World

We made the decision to go ahead with the of launch the Wellbeing service despite the resource challenges within the nursing team and responded by being agile, flexing the number of beds available each week depending on resources available.

The total number of short stay admissions in Qtr1 was 17 patients. Individuals eligible for a short stay admission will be people living at home with a life limiting illness who would benefit from a short stay assessment and support. They may be referred for one or more of the following reasons with their pre-assessment, confirming that their needs cannot be met through an entirely community based programme.

- Specialist MDT assessment
- Palliative rehabilitation
- Enabling or self-management programme
- Symptom management
- Psychological / spiritual support

By starting slowly, the team had the opportunity for trial and learning of new approaches and ideas as well as supporting each other with the changed approach to care. It also provided us with capacity to assess the number of beds needed for the evolving service going forward. We have concluded that the optimum number of short stay admissions at any one time is 2 and we head into quarter 2 with this defined service model in place.

Partnership

Now that we have clarified the service model and initiated our systems and processes, we will widen our scope in quarter 2 by reaching out to our stakeholders across health and social care to seek collaborations and to market our newly formed service.

Some of the projects we are currently working with are:-

- Dalcroze
- A bespoke service for people with Duchenne's

- Dementia group
- HEARTS

We also have collaborations evolving through our Arts Service with Queen Margaret University, our Complementary Therapy Service with Edinburgh College and Macmillan Cancer Support.

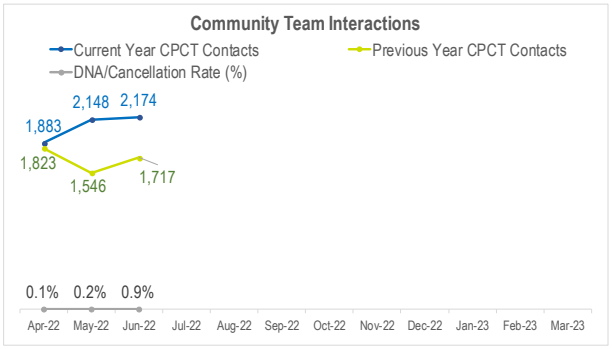
Community Services

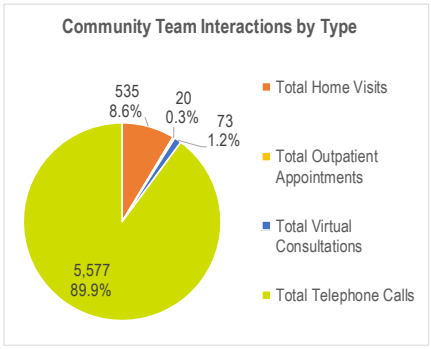
Community Hospice

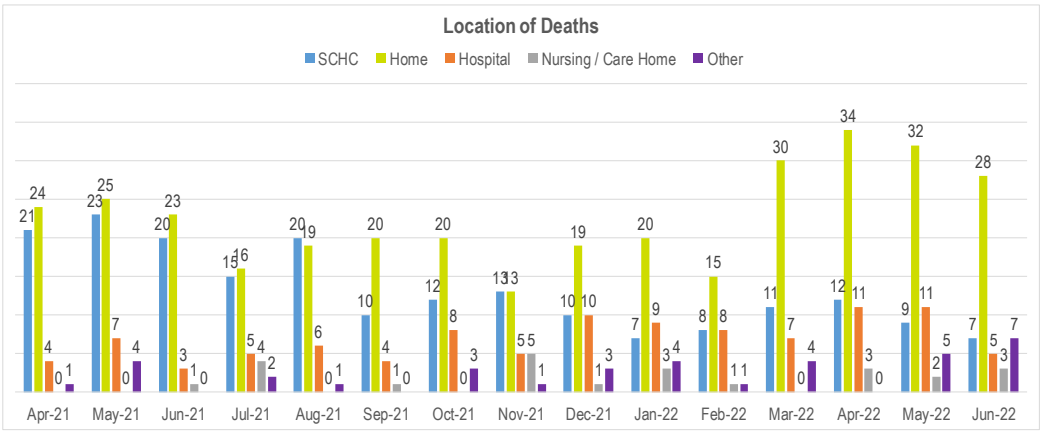
Commentary by Eimear Hallissey Community Hospice Manager

Activity Summary

During Qtr 1 our community hospice team provided 6,205 interactions for 395 people, an increase of 23% (1,159) on the previous year. There has also been an increase in the number of people who have died in their own home whilst being supported by our team.







Impact

Supporting this increased number of people to die in their own home has involved close working relationships with our Access team, Hospice at Home team, primary care and wider system colleagues. The team provide support, education and information as well as expert symptom control assessments and advice.

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

The team are now participating in resilience based clinical supervision and we also have weekly meetings led by our Medical Director which provide a forum of learning from each other and also debriefing on particularly difficult cases.

Partnership

Our team are delivering education and support for local district nurses in partnership with our education team through an interactive program of virtual support. This aims to impact directly on patient experience as well as building working relationships to support our crucial team approach and partnership working.

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

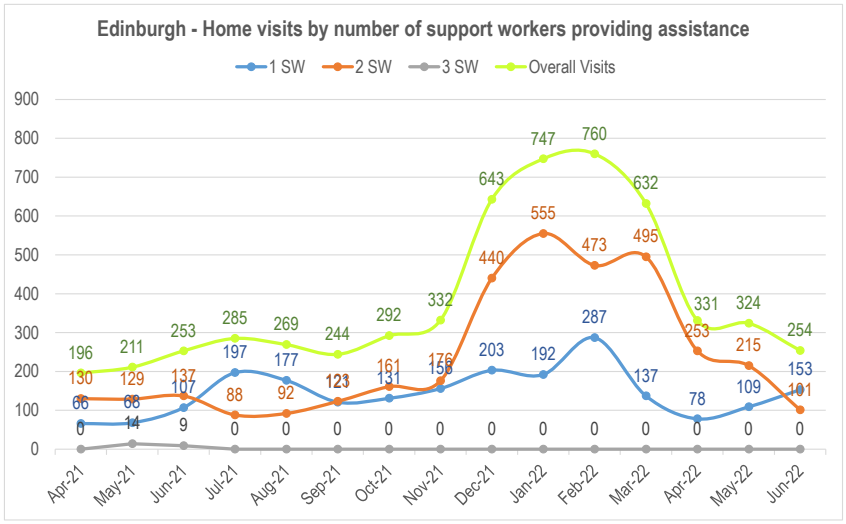
Hospice at Home

Activity Summary

During Qtr 1, Hospice at Home provided the following assistance by area team activity.

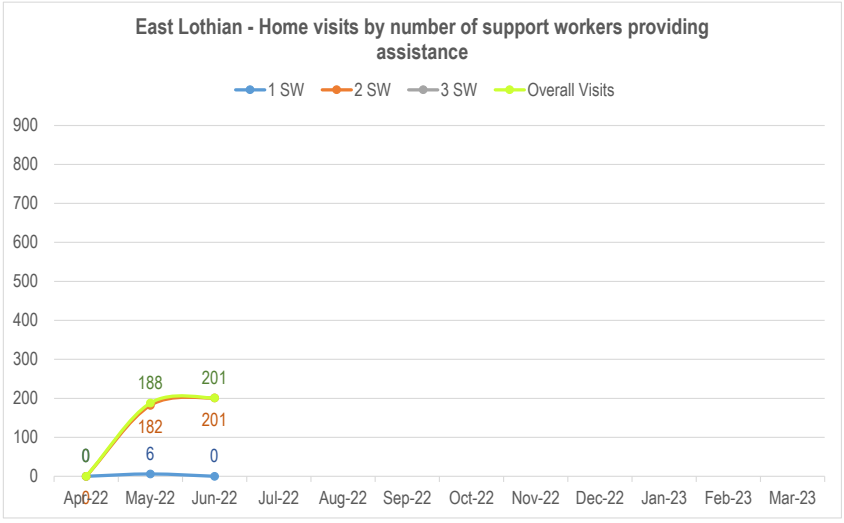
North Edinburgh

909 home visits for 72 individuals a 38% (249) increase in visit activity on the previous year. Activity in Edinburgh has returned to the level it was pre-enhanced staffing. During the period November to March, we supported the NHS winter pressures by increasing our hospice at home resources.



East Lothian

The new team has provided 389 home visits to 20 individuals in the first two months of its initiation.



Impact

We extended the service into East Lothian in May '22, working in partnership with the Lead Nurses, Palliative Care team and the local Social care Teams to ensure the service we are providing is meeting the needs of this locality. Geographically the areas involves more travelling time for the team and we are adjusting our allocation of visits to support this.

Partnership

Hospice at Home is now regulated by the Care Inspectorate and our Quality Assurance team at the Hospice carried out a mock inspection in June which was a positive learning experience for our team and helped identify areas of good practice as well as areas we can further develop as we move forward.

The Compassionate Communities Team

Commentary by Roddy Ferguson Team Lead

Activity Summary

In order to expand the Compassionate Neighbours (CN) work we have focused on recruiting and training 10 new volunteers. It is great to see the enthusiasm, skills, commitment and compassion that each new volunteer contributes to the team. The CN coordinators continue to support our volunteers and community members by zoom calls, face-to face meetings, home visits and drop-ins. In turn, the CN volunteers have been very creative and flexible in supporting community members via home visits, community outings, phone and online calls, as well as letter correspondence.

January 2022 - March 2022

CN community contacts	*CN's attending informal support & supervision sessions*	*Number of CN 1:1 review sessions*	*New CNs trained*	*Number of home visits*	*Number of matches*	*Number of deaths*	*CNs attending additional training / external training*
334	**50**	**31**	**10**	**25**	**14**	**11**	**7**

Compassionate Neighbours are also involved in a range of other activities such as:

- We are currently working with a small group to develop meditation and mindfulness programmes to support CNs.
- Dariusz ran a programme of 'our voices' interviews with compassionate neighbours and community members. This work used a range of media including film, audio and photographs. Once edited, these voices will raise awareness and share stories through our website, training, and community groups.
- As reported last quarter, four Compassionate Neighbours filmed short videos talking about their own journey through personal grief and what coping mechanisms helped. These went live on the NHS Inform website in May and they can be found here Moving through grief | NHS inform

Impact

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

'The unexpected spin-off from meeting (CM) every fortnight is astonishing. We always share news of other groups and meetings we go to and we now pass on news and information from them… Doors have opened for not only us but for others so close in distance but who had never known of each other before.'

'…the best medicine isn't always medicine. We laugh, we talk, we reminisce and then we laugh again. I love our Tuesdays'

Adapting to a changing world

Compassionate Communities is about recognising the skills and assets that local communities have and finding ways to match these with local needs and opportunities. The team have been putting this into action by listening to the concerns from community members no longer able to look after their gardens, and then connecting this with local volunteers who enjoy gardening. Working closely with Volunteer Services and the Gardening Team

within the hospice, a new Compassionate Neighbour Gardener role has been developed and will be piloted over the summer.

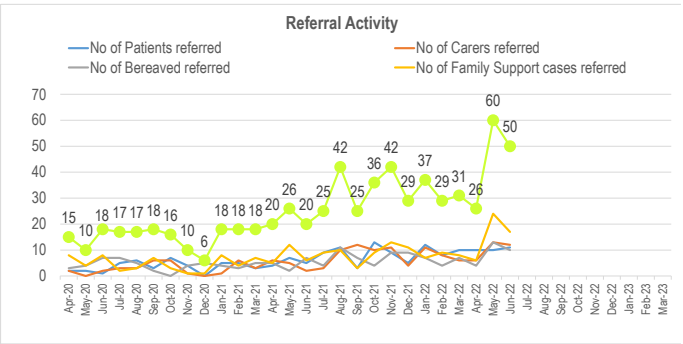
Partnership

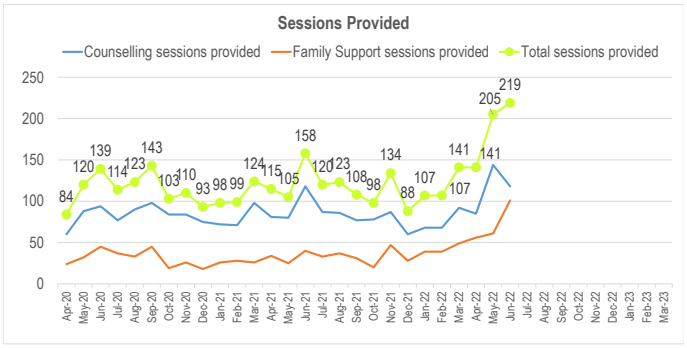
- Jacqui continues to build partnership connections across East Lothian. Regular meetings with ELCPCT are producing a steady stream of nominations to CNs. Collaboration with the hospice shop in East Lothian has helped to recruit new CN volunteers. And, a new collaboration with East Coast FM offers fresh ways to engage with local communities on issues of care, isolation, death and bereavement.
- We continue to explore the idea of working with communities to develop local CC hubs. Existing community groups in North Berwick, Portobello, and Granton are working with the CC team to develop local opportunities.
- The team worked in partnership with Edinburgh Interfaith Association to run an online workshop during demystifying death week. We are now building on this to develop closer connections with local faith communities across Edinburgh.

Family Support, Bereavement and Arts Services

Family Support Service

Commentary by Craig Hutchison Family Support Team Manager





Referral activity for Qtr1 is ↑106% on last year

Sessions Provided for Qtr1 are ↑ 49% on last year

We delivered 565 sessions this quarter (347 adult, 218 child/young person), excluding missed or cancelled sessions, an increase of 49% on last year's quarter. We also saw a 106% increase in the number of referrals compared to the same quarter last year (a difference of 70). Of the 136 new referrals, 23% were patients, 23% carers, 20% bereaved adults and 34% were for the children/young people's service. 63% of the adult referrals were female and 37% male, with an age range from 28 to 89 (average age 56, SD=14.16). 48% of adult referrals came from our Community Hospice team, 20% from the Inpatient Unit, 7% from the Access Team, 3% from Chaplaincy, 2% from the Child and Families Worker, 2% from Hospice at Home, 2% from the new Wellbeing Unit, 2% from East Lothian Palliative Care Team, and 14% were self-referred. Referrals for the Children and Families service came from a variety of sources, including the Inpatient Unit and Community Teams, East Lothian Mental Health Wellbeing Team, Education and Marie Curie.

46% of adults referred were taking prescribed medications (46% of whom were on antidepressants only, 38% anxiolytics only, 8% on a combination of both antidepressants and anxiolytics, and 8% of a combination of antidepressants and antipsychotics). 80% of referred adults had no suicide risk at assessment but 13% were at mild risk with some thoughts of suicide, 5% at medium risk with some specific thoughts about how they might end their life, and 2% at high risk with a clear plan and access to means. When risk of harm was identified, people were signposted to relevant resources (e.g. GP, telephone crisis helplines, and statutory mental health services) and/or were prioritised for time-limited counselling focused on risk management. Compared to previous quarters there was a significant increase in referrals of people taking prescribed psychiatric medications and those at risk of harm.

Of the 29 children and young people seen this quarter, 38% were boys and 62% girls, with an age range from 4 to 15 (average age 9.8, SD=3.6). The remaining 24 people seen by the Child and Families service this quarter were adult family members wanting some help to explain illness, death and dying to children or young people, and assistance to think about preparing for their children's future (e.g. memory boxes, guardianship).

Impact

Our most significant impact is at the individual level, helping people as they come to terms with incurable illness and as they learn to cope with bereavement. We continue to work with a wide range of presenting problems, including: depression, anxiety, panic attacks, grief, stress, worry, assertiveness, relationship problems and adjustment difficulties (e.g. coming to terms with the impact of illness), as well as concentration and attendance at school, sleep problems and anger difficulties in children/young people.

We gather routine outcome data using standardised and validated measures of psychological distress (i.e. the CORE-OM and PG-13 questionnaires), which adult clients are asked to complete at initial assessment and then again at every subsequent review session until ending. Clients show improvements across all the four domains measured in the CORE-OM (Subjective Wellbeing, Problems, Functioning and Risk), with an average 17 percentage point improvement in adult counselling clients' subjective wellbeing (feeling OK about themselves and feeling able to cope without feeling overwhelmed) as well as an average 14 percentage point reduction in their symptoms of depression, anxiety, insomnia and/or trauma and a 7 percentage point improvement in functioning.

Of the adult bereaved clients assessed this quarter, 45% were experiencing an acute grief reaction following a recent death and 28% a relatively normal grief reaction requiring some general bereavement support, while 28% experienced a complicated or prolonged grief requiring formal counselling intervention.

Adapting to a Changing World

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

We delivered training sessions to staff across the hospice on recognising and responding to risk of suicide, to help increase knowledge of how to assess and reduce risk. In addition to our existing counselling services, we continue to offer a limited number of spaces for cognitive-behavioural therapy focused on mild to moderate depression and anxiety (including generalised anxiety disorder, panic disorder and phobias).

Partnership

We continue to work with a wide variety of external partners. We continue to be involved in the National Bereavement Charter and working on projects to help raise public knowledge of grief and bereavement. We participated in ECHO sessions on bereavement (for the UK Bereavement ECHO) and transitions from paediatric to adult hospice services (with colleagues from other hospices across the UK). Planning began for a potential new schools project, alongside our Arts Team and Fischy Music. Our success in moving our work with children

and young people online during the pandemic was showcased as part of a Children in Scotland event and in their published report. We met with the Improving the Cancer Journey team from Macmillan Cancer Support to let them know what our services could offer and how they could refer.

Feedback

We continue to receive very positive verbal feedback from clients using the service, commenting on how helpful they have found it and how it has helped them to cope at what is often the most difficult time of their lives.

Chaplaincy & Spiritual Care

Activity Summary

We have introduced a new system for recording chaplaincy activity this year: this quarter we conducted 122 one-to-one interactions with patients, 118 interactions with carers and 40 individual sessions with hospice staff and volunteers.

Impact

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

- Holy Week service on 10 April (6 people in attendance, 531 online views)
- Good Friday service on 15 April (3 people in attendance, 346 online views)
- Easter Day service on 17 April (446 online views)
- Time to Remember event (18 people in attendance)

We also facilitated a number of ceremonies and gatherings for individual patients and their family members, including a baby-naming ceremony and a memorial gathering.
A display was created for Pentland ward for Demystifying Death week (2nd to 6th May), inviting both staff and patients to write their answer to the question: *"Grief and loss – what helps you?"* on a paper leaf which could then be attached to a white display tree, and encouraging people to speak to each other about this topic. More than 17 people wrote answers, including:-

"It's difficult when a patient dies when you've got to know them especially. It reminds me of my own grief. Walking / movement helps."

"I find comfort in spending time with my daughter but there are days when it's hard to switch off. Feels as though you are also grieving with families."

"I find it hard to 'let go' after a patient dies. I find it helpful to write about how I feel to understand it better. Going for long walks helps me switch off."

"Take one day at a time."

"Compassion is needed."

"It's OK to feel angry."

"Looking at nature helps."

"Take your time!"

Four 1-hour sessions were held with student nurses, doctors and registrar regarding spiritual care and the role of the hospice chaplain.

Feedback

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

"Thank you so much. You scooped up my mum and looked after her." (Family member)

"You've been marvellous. Thank you for everything." (Family member)

"A most sincere thank you for broadcasting this [Holy Week] service from the Columba Room. I miss so much being able to visit this truly beautiful sea haven, of peace, tranquility, and what I describe as 'therapy' ever since I lost my beloved husband." (Family member)

"Thank you so much. That was a lovely service. I liked the idea of laying a stone for someone who has died." (Family member)

"You're a nice chaplain – you're not pushy!" (Patient)

"Thank you for everything you did for us all as a family during [patient's] last week. Many, many sincere thanks. We will never forget your little service on Good Friday!" (Family member)

"I just wanted to say that you are doing some amazing work here. I've heard you speak about the difficult conversations you've had with patients and families and have … seen how you support staff … Well done!" (Staff member)

"Thank you for organising this beautiful time of reflection. Everyone said how much they loved it. Well done … We all need to stop and reflect and this is what we did today. Thank you for allowing me to be part of this. St. Columba's Hospice is blessed to have you as the chaplain." (Staff member following Time to Remember)

Arts Service

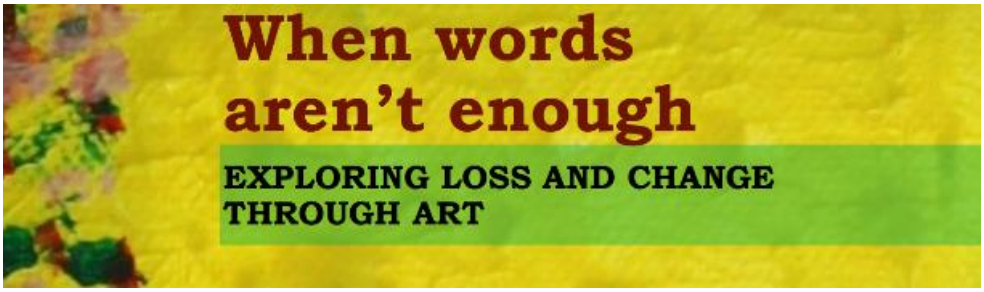
Commentary by Dr Giorgos Tsiris Arts Lead

Activity

Between April and June 2022, various changes took place within the arts team. Our Arts Lead continued as Acting Director of Education and Research. In June, our community artist resigned and our community life story volunteer started maternity leave. Our art psychotherapy student from Queen Margaret University completed the first part of her practice placement and we also recruited a new community life story volunteer and created a new short-term post for a musician in residence. These reduced resources are reflected in the reduced number of arts-related sessions and events offered since April.

We offered 4 individual sessions and 8 group sessions (including the closing session for the music listening group 'Tunes with Tea', 4 Hospice On-Line Art (HOLA) group sessions, and 3 Art for All sessions. We also offered an Arts-Led Staff Reflective Practice session as part of the Hospice's wider Practice and People Development framework.

Overall, we recorded 4 patient attendances in individual sessions, and a total of 21attendances in the group sessions (67% patient attendances). All sessions took place online.



We were unable to offer live music sessions in the IPU and no cultural events took place. The art exhibition drawing on Anne Brodie's pivotal arts residency in Antarctica received very positive comments and has remained outside Iona Café. Together with our family support team, we also curated an exhibition as part of the Demystifying Death Week. This exhibition draws on examples from our work with high schools in East Lothian as well as from the recent intergenerational songwriting project with Greece https://vimeo.com/657354776

Impact

In this quarter, Giorgos engaged in numerous activities:

- Co-presented four sessions at the 12th European Music Therapy Conference (8-12 June) together with numerous colleagues within and beyond the UK:
    - Caring for Music? Gently disturbing music therapy practice, theory, research method and policy in later life and end of life settings. (Roundtable presentation)
    - The identity and role of music therapy in the UK: History, practices, theories, values, diversity and organizations. (Roundtable presentation)
    - What can we learn from dialogues between South Africa and Scotland to unsettle music therapy education? (Poster presentation)
    - Decolonising music therapy: What's the role of open access journals? (Roundtable presentation)
- Co-presented at the web-conference of the Greek Society for Music Education (16th April) on "Towards an open dialogue: Contemporary developments in the music therapy field in Greece".

- Delivered an invited seminar on “Evaluation in the arts, health and wellbeing: Critical considerations and perspectives” (5th May) at Metropolia University of Applied Sciences, Helsinki, Finland..
- Contributed as a scientific committee member for the 17th World Congress of Music Therapy “Music Therapists: Reflecting, Connecting and Innovating in the Global Community”, 24-29 July 2023, Vancouver, Canada.

Adapting to a Changing World

In May 2022, we held our fifth Arts in Palliative Care ECHO Network meeting. This session was led by Dr Lisa Graham-Wisener, Dr Tracey McConnell and Dr Katie Gillespie from Queen’s University Belfast, and focused on developing the evidence base for music therapy to support carers pre- and post-bereavement. The presenters gave an overview of the ‘MusiCARER’ research project, which aims to build capacity for high-quality research on the role of music therapy in supporting informal carers of people at end of life. They focused on sharing what research evidence exists for the benefits of music therapy as a pre- or post-bereavement intervention, and what the gaps are in the current evidence base.

This was our last ECHO network session. Feedback has been very positive and network members supported the idea of instigating a new cycle of Arts-related ECHO network sessions in the near future. Such potential development is currently considered alongside our other professional network and engagement work, including our Community of Practice for arts therapists and community artists working in hospices across Scotland that met in June.

As part of the MusiCARER project, the project team organised World Café Event (25th May) and Giorgos contributed as an invited participant together with various other experts and stakeholders internationally to explore how music therapy is currently being used to support carers at end of life, and what is needed to further support this work.

Partnership

Through his joint appointment with QMU, Giorgos serves as Collaborative Academic Lead for the new MSc Music Therapy programme at Metropolitan College in Athens, Greece. Launched in April 2022, this is a transnational collaborative programme between QMU and Metropolitan College opening up possibilities for international exchange and learning.

Giorgos also co-chaired the 12th European Music Therapy Conference which took place between 8th and 12th June. This was the first hybrid conference of its kind and the largest to date, attracting approximately 550 in-person and 300 online delegates from across the world. The Conference was organised by the British Association for Music Therapy and hosted at our partner QMU.

Our arts team (right) held an international pre-conference seminar at the Hospice dedicated to “Music therapy in end-of-life care: Relational and community perspectives” (7th June).
This was a hybrid event featuring Dr Amy Clements-Cortes (University of Toronto, Canada), Dr John Mondanaro (The Louis Armstrong Department of Music Therapy, Mount Sinai Beth Israel, USA), and Prof Wolfgang Schmid (University of Bergen, Norway).

Quality Assurance

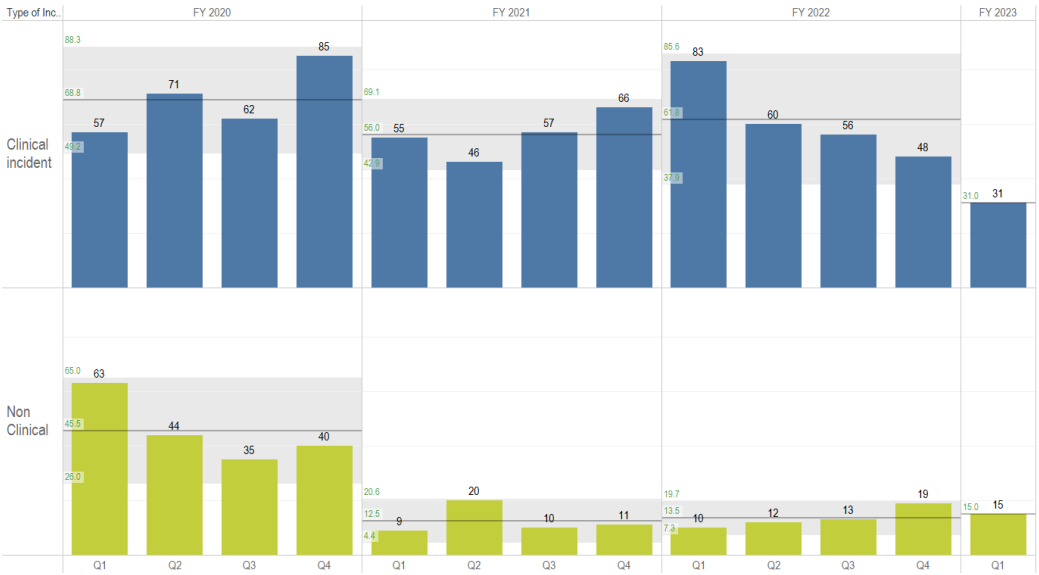
Commentary by Vicky Hill QA Manager, **Orlagh Sheils** QA & Patient Safety Facilitator **& Dave Manion** Information Analyst

Reported Incidents

From the quarterly comparison (right) we can see that reported clinical incidents have dropped significantly. A major contributing factor is the reduction in bed numbers.

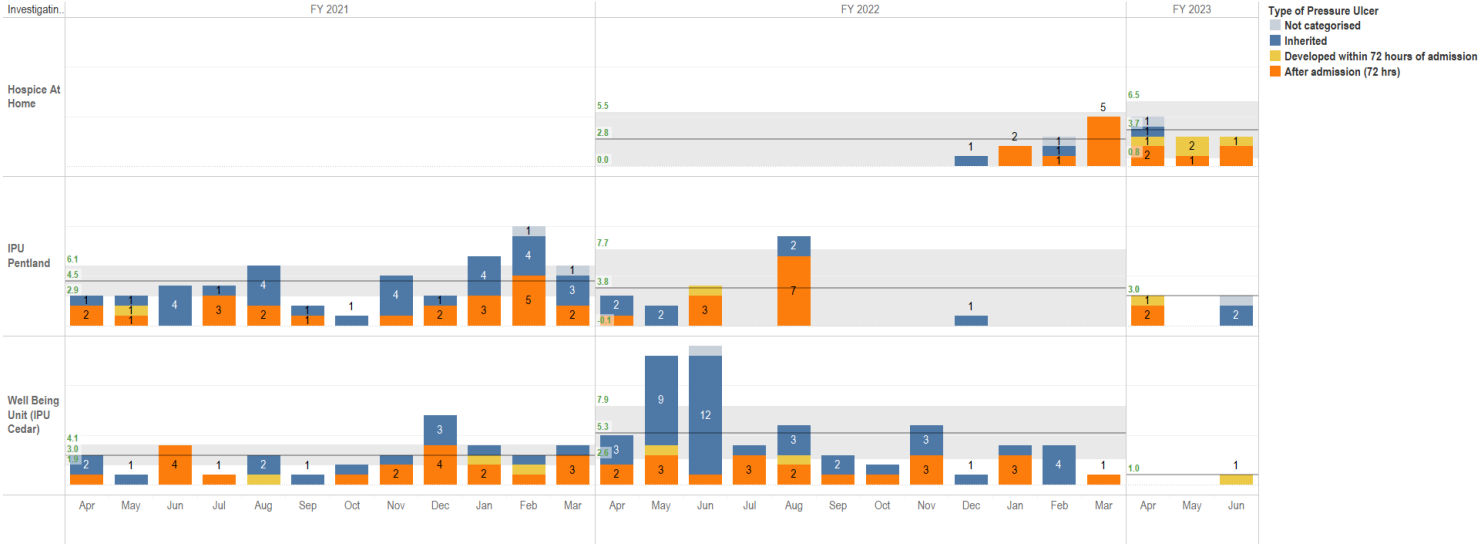
Non Clinical incidents remain at expected levels.

Actual Clinical and Non Clinical Incidents



Pressure Ulcers

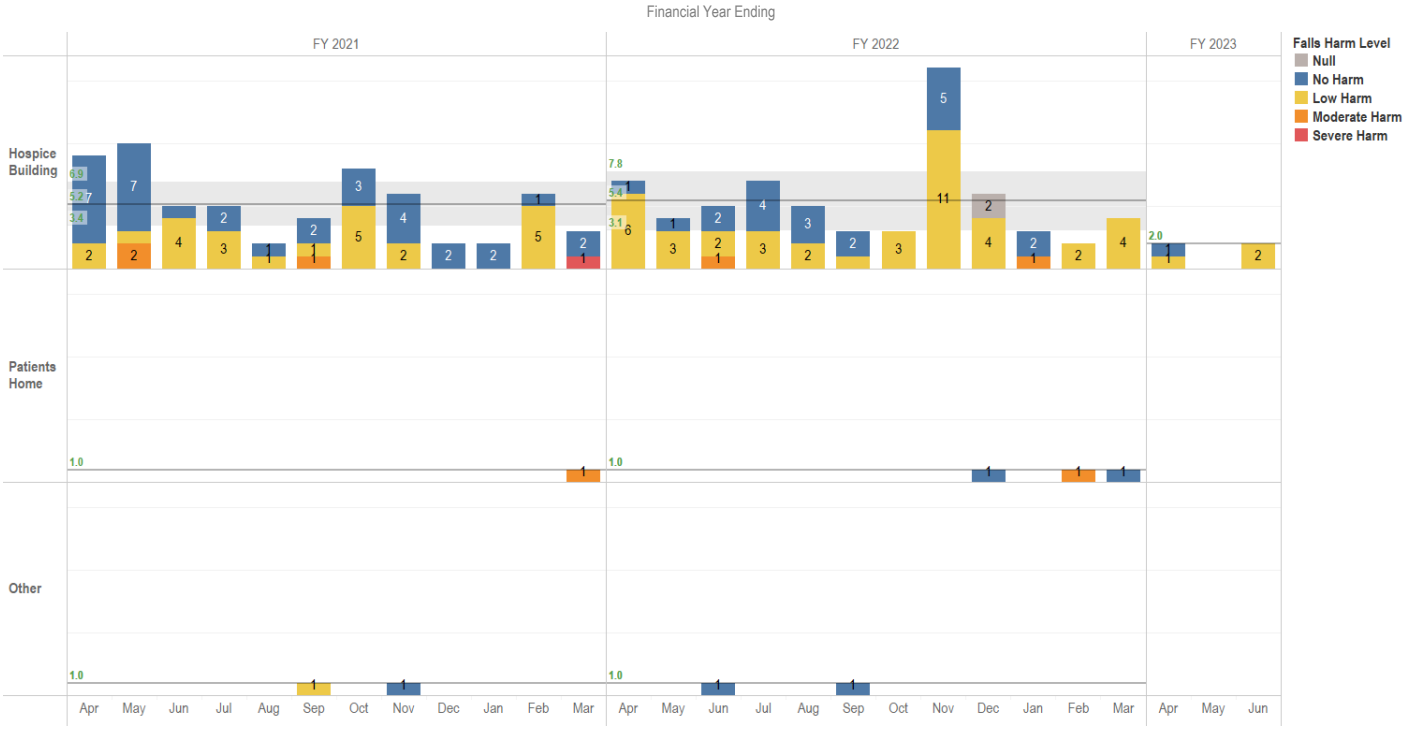
Actual Pressure Injury Incidents by Category
Includes month average with 95% CI



Pressure Ulcer prevention is led by our IPU manager and supported by members of the clinical and quality assurance teams. The Hospice's action plan is aligned with Healthcare Improvement Scotland's Prevention and Management of Pressure Ulcers standards (October 2020) to ensure care continues to be delivered in line with best practice.. This action plan is delivered and monitored through the monthly Patient Safety Meeting for Pressure Ulcer Prevention and Management.

Patient Falls

Actual Patient Fall Incidents by Harm
Includes month average with 95% CI

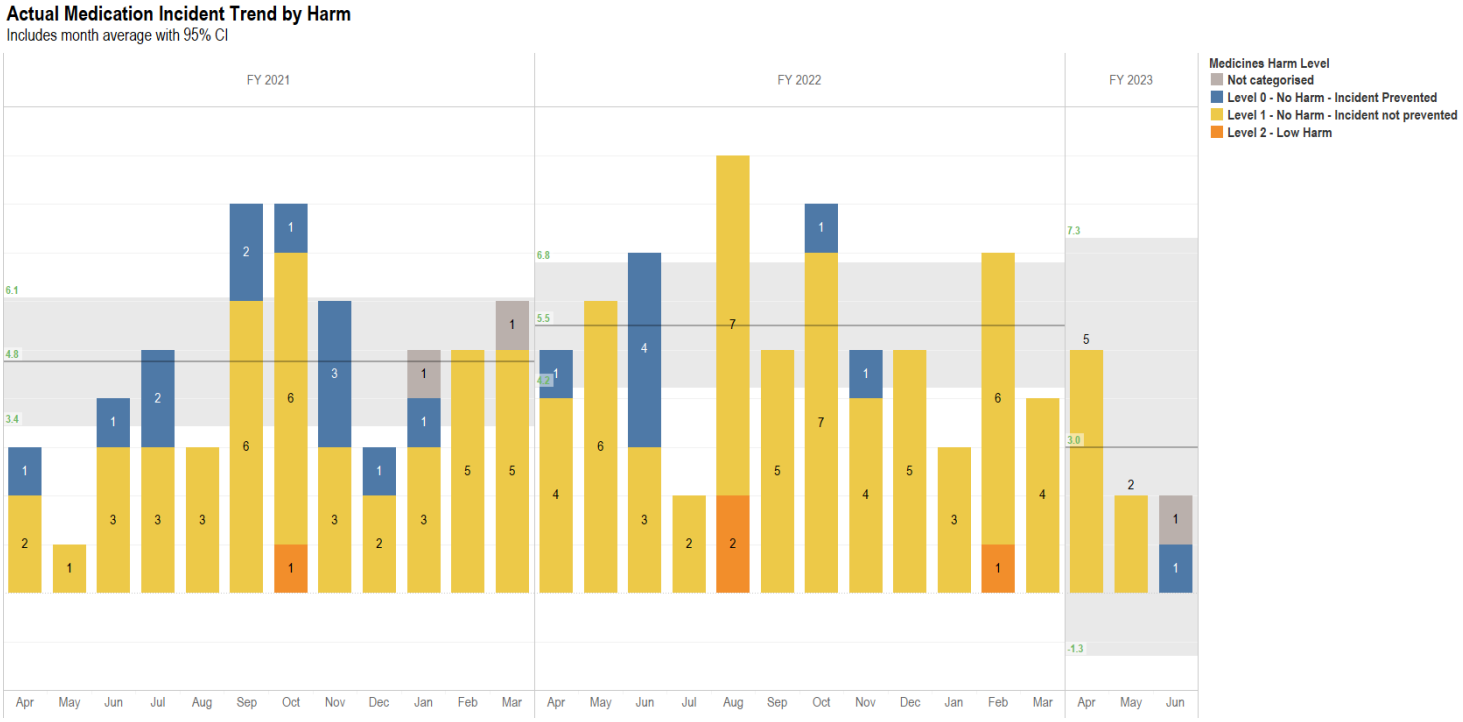


Quarter 1 has seen relatively few falls particularly during May when there were none.

All falls are reviewed at the time of the incident and at the monthly multi-disciplinary Patient Safety Meeting which focuses on falls prevention, management, learning and development. The Falls Leadership Group now attend this meeting and as such have increased attendance from quarterly to monthly.

Medicines Incidents

Please note - Four incidents are still active and subject to change.



Medication incidents are monitored closely and subject to a full review process by the monthly Patient Safety Meeting and the quarterly Medicines Management Group meeting. Quarter 1 saw 9 medication incidents with 6 occurring in Pentland and 3 on Wellbeing Unit. Looking at the overall period the most reported categories are related to 'Administration' and 'Documentation'. This quarter has seen a reduction in incidents relating to medicines.

Looking at the 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. Quarter 1 also saw the launch of the Clinical Bulletin –a publication for our clinical teams providing information about medicines.

Accidents

For Quarter 1, **6 accidents** were reported and were categorised as follows:-

- One involved a patient but the accident occurred just prior to a Hospice @ Home visit where our team assisted.
- Three involved staff members experiencing minor injury during work.
- Two involved members of the public having a trip or fall.

Incident Reporting

Excluding accidents, at the time of compiling this report Quarter 1 saw **50 submissions** from across hospice services reported via Sentinel. The incidents are comprised of:-

- **46 Actual incidents.** **33** were closed following investigation with the remaining **13** still active. 2 incidents were related to equipment and these have been raised with the manufactures for investigation.
- **1** Near Miss
- **3** further submissions, not counted in the figure above, were closed following investigation and categorised as 'Not an Incident'

All incidents from the previous quarter have been investigated and closed.

All Notifiable Incidents to Date

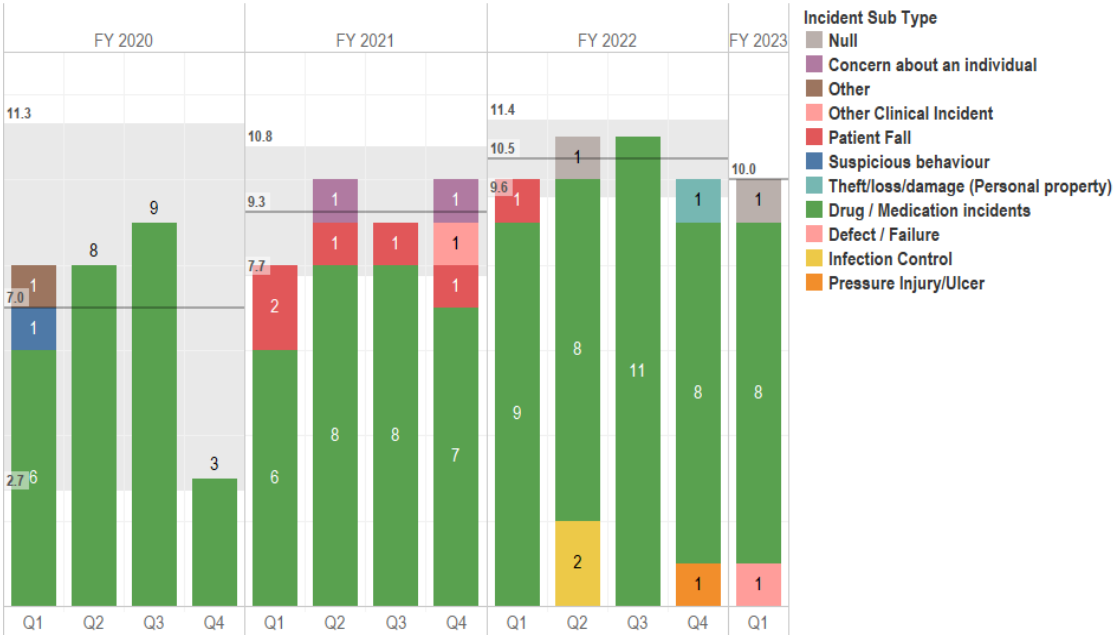
Health Improvement Scotland Portal Notifications

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.

The following numbers are indicative of the incidents reported to HIS. The following represents the number of incidents recorded on Sentinel as requiring HIS notification but this can change following the investigation process. HIS have specific guidance as to when they are notified (e.g. where a controlled drug is involved) regardless of the level harm level identified. All of the drug medication notifications below are categorised as No or Low Harm.

Incidents Recorded YTD (includes Active and Closed) on Sentinel as HIS Reportable

Includes average line and 95% CI



Care Inspectorate Portal Notifications

During Quarter 1, the Hospice @ Home team registered with the Care Inspectorate (previous registration had been held with Healthcare Improvement Scotland). Care Inspectorate also have specific guidance for notifications to be followed for incidents within the Hospice @ Home service. These will be reported within future quality reports.

Reportable to the Information Commissioner's Office **0**

Incidents recorded on Sentinel as requiring Duty of Candour procedures **0**

Quality Improvement

The Quality Improvement Plan outlines the hospice's commitment to reviewing a wide range of areas for compliance and potential improvement. Quarter 1 involved the following projects carried out by members of our nursing, medical, pharmacy, domestic and quality assurance teams:-

- **Health Protection Scotland Compliance tool**: this is a monthly audit carried out by our Infection Control link nurses as part of daily practice. Compliance with best practice remains high with opportunities for the team to discuss any improvements on an ongoing basis.
- **Healthcare Environmental Inspection Audit**: this audit has been integrated within the weekly walk rounds carried out by the ward manager, domestic services supervisor and the quality assurance and patient safety facilitator. This approach supports regular review and opportunities to feedback and make improvements in real time. This also gives staff opportunities to raise questions, suggestions and concerns.
- **Antibiotic Prescribing**: this annual audit, carried out by the Hospice's medical team, showed good practice. The team are currently reviewing this audit in relation to the best practice outlined in the newly launched Healthcare Improvement Scotland Infection Prevention and Control Standards (May 2022).
- **Controlled Drug Audit**: this audit is carried out 3 times per year and involves the pharmacist, charge nurse and Accountable Officer for Controlled Drugs. The latest audit identified some improvements in the stock check process could be implemented. This has been discussed with nursing staff and will be monitored by the pharmacy team to ensure improvement and support for staff.

Non Clinical Incidents

Quarter 1 activity is similar to levels seen in the previous 2 years.

The most frequently reported Non-Clinical incidents include IT and Data Protection such as e-mails being sent to the wrong recipient or information written in error in electronic care records. The majority of these incidents are internal and reported to the Caldicott Guardian for investigation, therefore low risk and require no notification to outside agencies.

Fire Safety

No fire related incidents or inspections have occurred this quarter.

Complaints

No complaints were recorded in Quarter 1.

Appendix 1 – Harm Level Definitions

FALLS INCIDENTS HARM LEVEL DEFINITIONS

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

MEDICINES HARM LEVELS DEFINITIONS

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