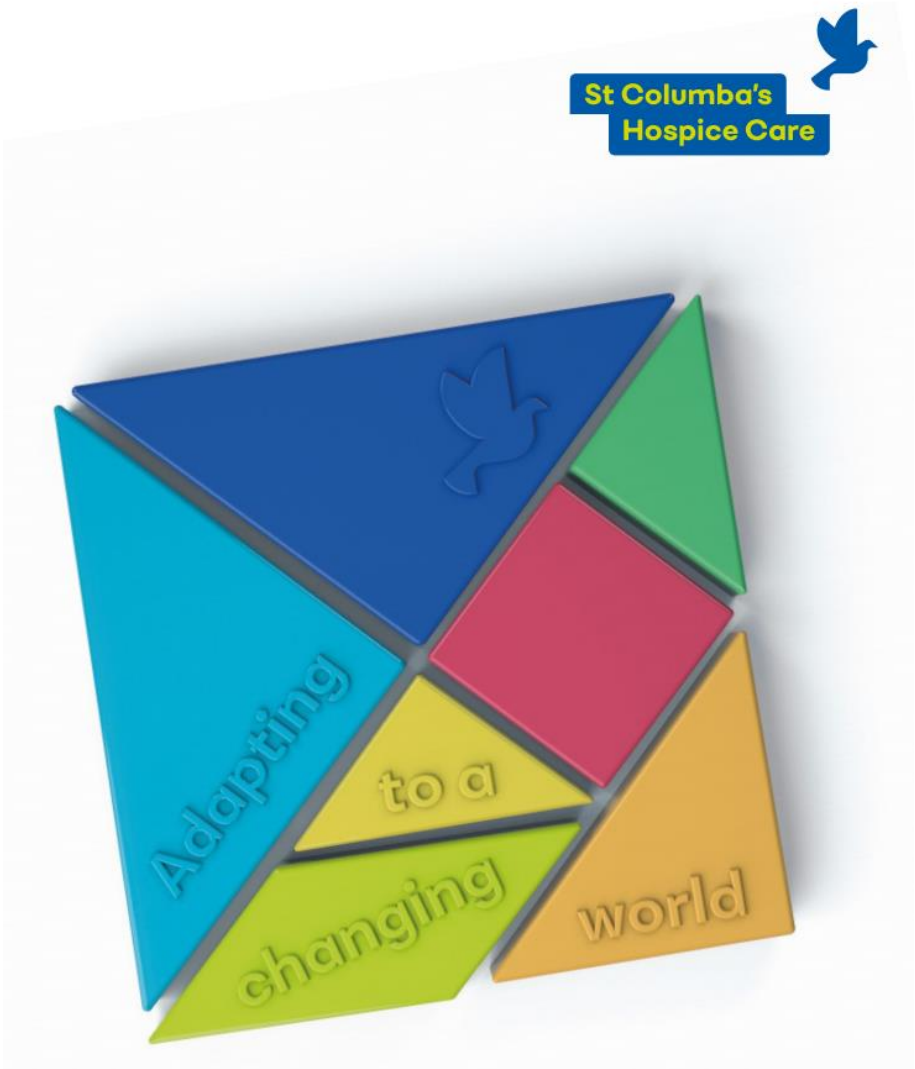
St Columba's Hospice Care



Clinical Services

Quality Report

2021/22 Quarter 2

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Introduction

Welcome everyone to our Quarter 2 quality report which showcases the amazing impact of our clinical teams. Despite the relentless impact of the COVID 19 restrictions and some significant challenges with available workforce resources, teams across the hospice continue to provide the best possible care for the people who need our support through increasingly innovative and flexible approaches.

We are enjoying the return of many of our fabulous volunteers whilst clinical teams are increasingly engaged in implementing our exciting and much needed strategic developments. This quarter has seen progress in our redesign of inpatient services as well as further enhancements in our community and family support service provision. Staffing resources have been a huge challenge and in order to look after our remaining workforce and still provide excellent care to those who need us we took the very difficult decision to reduce our beds in September and October. During this time we diverted resources to community however to ensure that we could provide additional care for people in their own homes.

We are delighted that the Board of Governors have approved additional funding for the next three years to further enhance our community and family support services where the need continues to increase. We are currently recruiting to the new posts and hope to have the new team members in place for the winter months ahead.

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 how are teams are performing and for allowing us to share the impact of our services.

Best wishes,

Dot

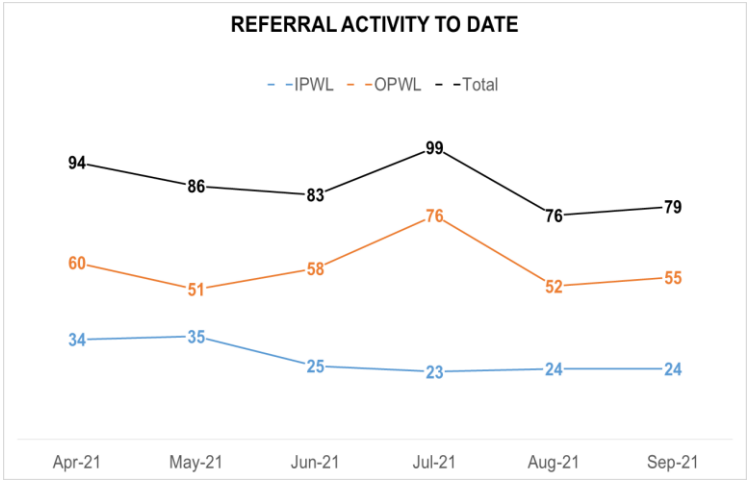
Dot Partington Deputy CEO

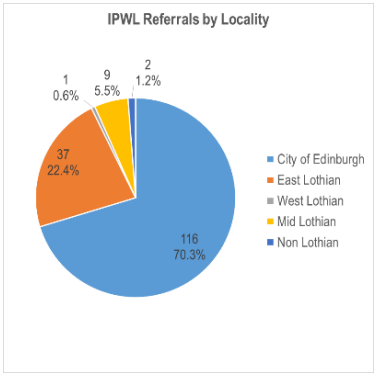
The Access Team

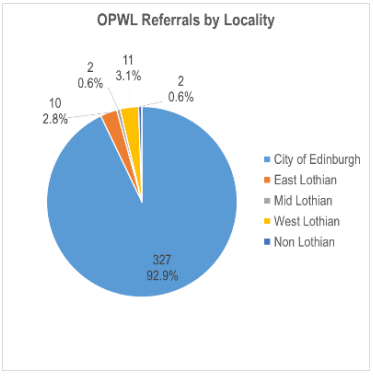
Commentary by Becky Chaddock Access Team Manager

Activity Summary

The chart on the right presents the number of individual people who were referred into hospice services for the first time. They are then triaged to our Community, Family Support or Inpatient waiting lists. Year to date referral activity to SCHC is 6% higher than that of the previous year and Access have seen a 31% increase in their recorded appointment activity from quarter 1 to 2 this year. This indicates that while we're seeing a slight increase in new referrals, we're providing more appointments to the people already known to us.







In addition to managing referrals, the Access Team receive advice calls that fall into two categories:
Those that are routine and those requiring a same day response from people already known to the Community Hospice Team. The urgent calls are from people who are not scheduled for a community call, need to speak to someone the same day, and cannot wait for a call to be scheduled for the following day.

In the last 3 months, the team responded to 177 routine advice calls and 102 urgent/same day advice community calls.

- 38% were from our people/family/friends,
- 51% were from primary care colleagues,
- 11% were from the acute sector colleagues.

The majority of these calls related to pain and symptom control. Examples of the issues responded to are:-

- arranging for emergency prescriptions
- altering syringe driver doses in response to changing needs
- supporting District Nurses and other primary care colleagues
- talking people through their existing medications and providing reassurance to take their prescribed medicines

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 carer network and the health and social care team, we ensure that people 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 23 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.

"We are aware of how good the communication is between the Access Team and District Nurses - you worked together seamlessly which is really re assuring things just seem to happen"

"Cannot thank you enough for your effort on our behalf"

"Following [the] phone call I felt less anxious and more reassured about a situation that can't be changed but can certainly be made less frightening. Thank you!"

" It reassured me that help and treatment would be available when I needed it, it encouraged me to think about how I might wish my future support to be handled"

"Invaluable service. It is a huge relief knowing that we have a very professional and caring support that is there for us when we need it. Everything covered. All positive, very professional, caring, friendly, empathetic. Invaluable service."

"Invaluable service. It is a huge relief knowing that we have a very professional and caring support that is there for us when we need it"

"In the short time I've been in contact with your services it has made a big difference to my physical and mental health"

One of the letters we received in addition to the evaluations stated:

Dear [Access Team], A rather belated but heartfelt thank you for the help you gave us while my Husband was ill. The arrival of the carers eased our struggle and gave him the care and comfort he needed. It is good to know that the Access Team are there for families after the funeral too, best wishes to the team, [signed from family]

Adapting to a Changing World

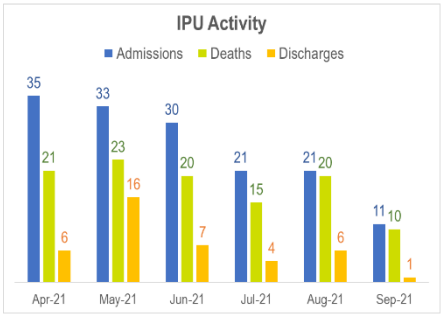
Over this quarter, in response to resource issues, 11 in-patient beds were temporarily closed. This reflects the ongoing impact of COVID 19 on the health and social care workforce, and particularly the national shortage of registered nurses. Marie Curie Hospice, Edinburgh has also recently reduced their number of beds, and together this has had an effect on the availability of specialist palliative inpatient provision across Lothian. Consequently, the waiting list for In-patient beds at St Columba's has been longer than usual with our Access and community teams managing more complex cases in the community.

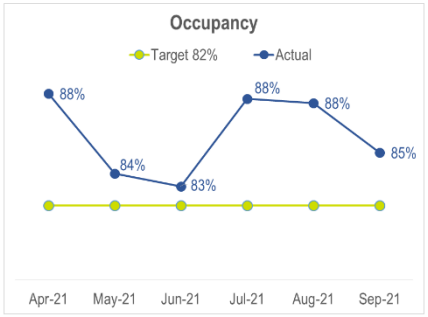
Partnership

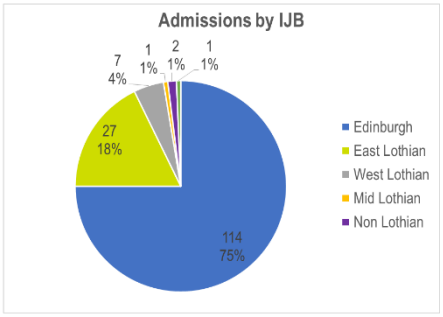
Access Team continue to work in partnership with health and social care colleagues. We have provided educational sessions to the National Conference for Bereavement Care, Barratt's Homes in Scotland and the Lothian specialist nurses. We have also contributed to the Scottish Partnership for Palliative Care response for the Assisted Dying Consultation by the Scottish Government and the consultation about the new National Care Service via the Association of Palliative Care Social Workers.

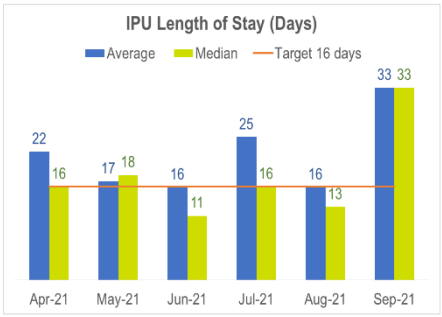
In-patient Services

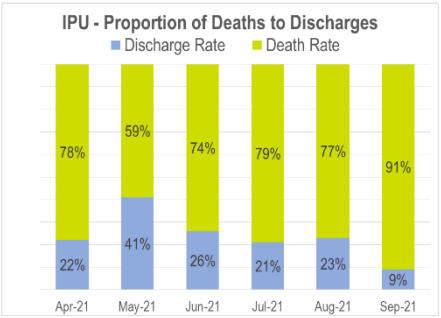
Activity Summary











During quarter 2, bed numbers have gradually reduced (22 to 11 beds, Pentland Ward was closed temporarily from the end of August as a result of COVID measures). This corresponds with the average occupancy level for the period increasing from 85% to 87%, the average Length of Stay increasing from Qtr1 - **22 days** to Qtr2 - **24 days** and the median from Qtr1 - **15 days** to Qtr2 - **21 days**. This is the result of a higher proportion of people in the reduced number of beds this Qtr having protracted Lengths of Stay ranging from 26 to 66 days. As expected, the recent measures have also reduced the following IPU activity measures.

Admissions	🡻	-9% (151 against 166 last year)
Deaths	🡻	-15% (109 against 128 last year)
Discharges	🡻	-18% (40 against 49 last year).

Cedar Short Stay and Wellbeing Unit

Commentary by Alison Chalmers Unit Clinical Lead & Advanced Occupational Therapist

Impact

We continue to plan for the formal launch of our new short-stay and wellbeing unit and are aiming for launch in November 2021. We have formed an operational group which has been well attended by a range of staff from hospitality to medical. A presentation was delivered looking at a person's journey through the unit from referral, to admission and then discharge. The inpatient team also received the same presentation; generating lots of questions, positivity and staff became increasingly eager to be involved.

We have started to identify people who may benefit from a short intensive stay in the new unit, focussing on either rehabilitation or symptom management goals. Our plan is for this initial cohort to enable us to 'prototype' our new service, test out our ideas and most importantly, to learn as we go from those who we provide care for.

Over the last quarter IPU has received some lovely feedback, including the following:

"We wanted to write to you as soon as we were able to express our deep and eternal gratitude for the extraordinary care my Mum received over the past few years at St Columba's. 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 so everyday whatever one's own personal circumstances might be, is a rare and remarkable gift, I am in awe of you all. I always thought you saw my Mum for the exceptional person she was, saw her beauty and her humour and her towering courage and mischievous spirit – and not the illness that took so very much from her – and that is something you can't buy or fake, it comes from deep humanity – you all possess that and it has made an immeasurable difference to us and most importantly to Mum. Thank you for your friendship and care. We won't ever forget it."

"Thank you so much for your kindness and attention in her final days. We are very grateful for all you did"

"To everyone in Cedar Ward who helped my husband with such care and kindness through his last days of his life. My daughters and I will never be able to thank you enough"

"The care and devotion you showed enabled him to pass away in a gentle manner"

Adapting to a Changing World

The temporary closure of Pentland Ward has provided the opportunity for inpatient nursing and Allied Health Professional (AHP) staff to 'shadow' their community colleagues either in the Community Hospice team, Hospice at Home or both. This has allowed the teams to become more fluid in terms of staff being able to transition from one area to the other and improve service continuity. Complementary Therapies have delivered virtual training on hand massage to some of our community colleagues and this will be rolled out across our inpatient nursing staff on completion of the trainer's course.

A successful application was made for grant funding via Hospice UK to "Re-imagine Day Hospice Services". Our exciting plan includes a hybrid model of virtual and in-person classes or programmes, empowering people to identify their own support needs by facilitating self-referrals, and our hospice website will also be further developed to enable people to book their own class, register interest in a programme and access self-managment / well-being information online. The funding will also be used to update our technology for use within virtual hospice and the provision of smart watches as a method of evaluating the impact of some of our programmes.

Partnership

We continue to work in partnership with our health colleagues, Marie Curie and Children's Hospices Across Scotland (CHAS) developing a transition clinic for young adults living with Duchenne Muscular Dystrophy (DMD), a rare condition that causes the muscles in the body to become weak and damaged over time. The focus will be on living and thriving well rather than medical management. We recognise the need to include young adults with Duchenne's at an early stage in the development of this service and are in the process of making contact with young adults through CHAS.

Pentland Unit

Commentary by Dot Partington Deputy CEO

Adapting to a Changing World

This quarter saw increasing challenges for our inpatient team, with the ongoing impact of ongoing COVID 19 pandemic, rising vacancies in registered nurse workforce and nursing team absences leading to our remaining nursing team becoming exhausted and feeling unable to provide the high standards of care that we all strive to

provide. This led to the difficult decision to halt the progress of our planned nursing led beds and to the temporary closure of Pentland ward at the end of August. Whilst we recognise the significant impact this would have on patient flow, it was vitally important that we cared for our remaining staff and ensured we were still able to provide safe and high quality care from those who were admitted to the remaining beds. We are committed to the bed closures being for the shortest possible time and are aiming to reopen Pentland ward during November 2021.

Partnership

During the time of the temporary bed closures, we took the opportunity to spend time together as an inpatient nursing team and held workshops focussed on our hospice values and developing the ideal culture for excellent patient care. The workshops have been a great opportunity for team building and staff engagement and will be rolled out across the wider clinical team over the next quarter.

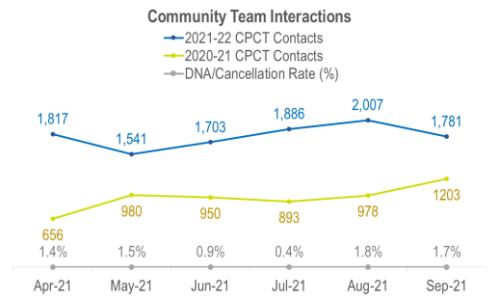
Community Services

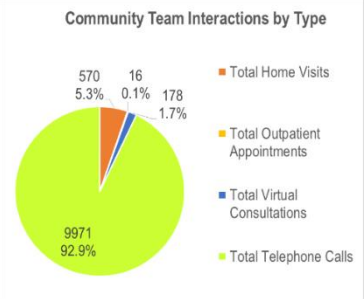
Community Hospice

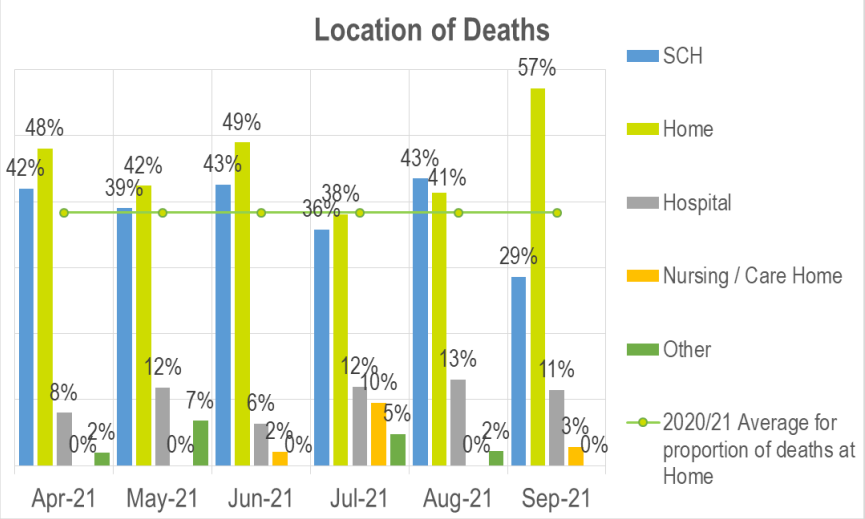
Commentary by Eimear Hallissey Lead Nurse Community and IPU Services **& Mandy Murray** Lead CNS Community Hospice Manager

Activity Summary

Quarter 2 has generated almost 6,000 interventions and contacts for 372 people recorded on our patient records system TRAK. There was a 12% increase in activity from quarter 1, generated primarily from telephone appointments during August (highest level of monthly activity YTD). The inpatient unit had reduced capacity so people that would normally have been in the hospice were being cared for in their homes. The Community Team have also provided 56 bereavement calls YTD to carers which are not recorded on Trak.







The September increase in the proportion of people dying at home is the result of the previously mentioned bed reduction and therefore hospice deaths have been halved in the overall number. This causes variation in the proportions. The number of people recorded as 'dying in their own home' is consistently around 20 per month.

Due to the pandemic, all our out-patient services were sadly halted last year except for urgent assessments. We are now able to offer routine out-patient assessments and have provided 16 in the last 6 months.

Impact

Caring for a person and their family in their own home involves working in closely with primary care colleagues and external agencies to ensure that the support given is bespoke to our people and their family and friend's needs. This quarter has seen further increase in activity so we are continually reviewing our methods of service provision to ensure best possible person centered care using our available resources. We continue to provide predominantly telephone based assessments and support but we have recently sourced additional funding to be bale to extend our nurse specialist and staff nurse resource in the next quarter to enable a return to increasing numbers of face to face activities.

With the recent temporary closure beds – we the community hospice team have supported multiple inpatient staff members to gain experience and new transferrable skills by shadowing our team.

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

"Thanks to you and your wonderful team – you all just made it so personal for us as a family – we will never forget your support and your team"

"The care and compassion you and your team have shown to our Mum we will never forget – always at the end of the phone and to visit also was a huge support when we needed it most."

Adapting to a Changing World

The recent temporary reduction in our inpatient beds combined with the impact of Marie Curie reducing their beds has put greater pressure on our community hospice team. Our blended model of care using face to face, virtual and telephone consultations enables us to meet the needs of significantly more people, however we are striving to return to increasing face to face activities.

More people are being encouraged to try virtual consultation as a quicker, more accessible way of receiving support. This method of interaction is increasing in popularity across healthcare in general as the best practice alternative to face to face appointments.

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 continued to support two young adults along with their families and carers. Both organisations aim to ensure these people feel there is good communication as well as feeling safe and appropriately supported during the transition. We plan to review this experience with CHAS to learn, offer/accept feedback and continue to develop our service. It's working well to date, with our team working in partnership with our Arts team to provide support for both these young adults.

Gold Standards Framework (GSF) meetings were cancelled during the pandemic so our recent objectives included re-establishing this connection. This is now working well and we are developing strong links with our primary care colleagues.

Another resource lost during the pandemic, was protected time for our GP trainee colleagues to work with the team, we now ensure this happens on a two month turnover basis.

The new Lead CNS role continues to work in both an operational and clinical setting providing a high level of expertise and support for the team as well as excellent role modelling – operating under the support and

guidance leadership of Lead Nurse for Community and Inpatient Services. The Lead Nurse has been integral in forging strong links between inpatient and Community services, leading to better communication with the wider Multi-Disciplinary Team (MDT).

We continue to engage with our Motor Neurone Disease (MND) colleagues and are taking steps to ensure reciprocal attendance/representation at our respective three monthly MDT meetings.

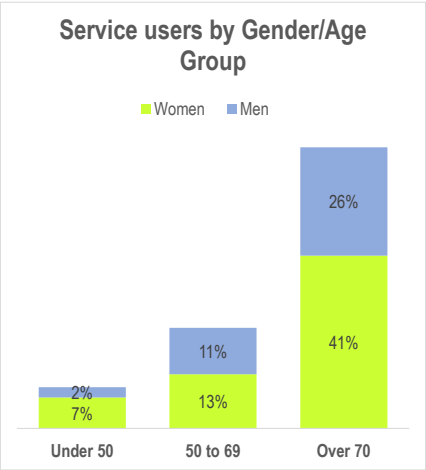
Arrangements are currently progressing for two members of the team to be trained as TRAK Superusers, this expertise will create a very useful in-house resource.

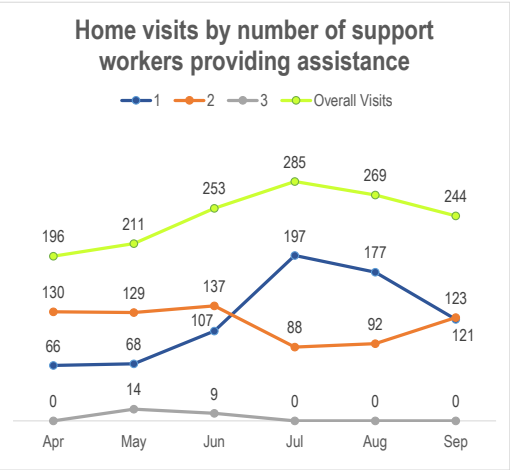
This quarter we have continued to support our recently appointed staff to settle into their roles and learn new skills.

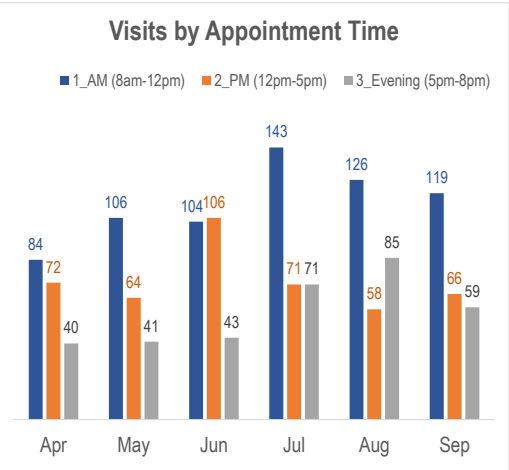
Hospice at Home (H@H)

Activity Summary

In Qtr 2, H@H provided 798 home visits for 72 individuals (21% increase in visit activity on Qtr 1). Appointments are evenly split as to whether 1 or 2 support workers are required and more frequently occur in the morning. The highest contribution to the Qtr2 increase in activity has been most evident in both the morning (32%) and evening (73%) appointments while afternoon appointments have reduced (-19%).







Impact

With the reduction of beds in hospice IPU's, this has shown an even greater need for this resource to support people to be cared for at home. A recent example of the holistic care provided by the team was when the wife of a person we support, had requested respite assistance to visit her hairdresser. This resulted in a visit from our Clinical Care Support Workers (CCSW) which was not only good company for the person but they also provided hand massage and relaxation techniques. Our CCSW's work closely with our physio and OT who provide education in relation to breathlessness management and simple techniques in relation to positioning of limbs and exercise. Our Complementary Therapist has also worked in support with our CCSW's to provide education around gentle hand massage with chosen essential oils. The ability to support goals like this are clear evidence of the value and impact of this service. The team feel they are making a difference in not just provision of personal care but person centred holistic support.

Adapting to a Changing World

Following successful evaluation of this service, we have now secured funding to be able to extend the service into East Lothian from spring 2022 for a period of three years. This expansion requires additional leadership and so a Band 6 Coordinator has recently been recruited and they will also be support by a full time administrator.

Partnership

We continue to work closely with our District Nurse colleagues in the provision of excellent handover of care to the Care Agency Teams from our Hospice @ Home Service. Our objectives for the coming quarter are to forge strong relationships with our East Lothian DN/GP and Care Agencies to improve communication and build on existing work already progressing from our strategy objectives.

Compassionate Communities

Commentary by Lynn Darke Service Lead

Activity Summary

Relationships between *compassionate neighbours* and nominated *community members* have gone from strength to strength, and with continued easing of Covid-19 restrictions a number - forged initially by telephone - are now happening in person across a variety of social settings. For many, these have brought a renewed enthusiasm for life.

"My [compassionate neighbour] has given me the confidence to do things I'd given up on. I've gone back to art and writing, I'm involved in social groups and I feel much more energetic." *Local participant*

During this quarter we also saw the health of four *community members* deteriorate; their *compassionate neighbours* journeying with them in very individual and life-affirming ways until they died.

Compassionate neighbours meet regularly for 1:1 reviews with Maggie and together on a monthly basis over Zoom for ongoing peer-support and discussion, with shared learning across a variety of topics facilitated by colleagues from our own clinical teams. The importance of communities working alongside formal services in this way is central to our public health approach to palliative care. It develops trust, supports increased social capacity within our communities, and demonstrate our commitment as a hospice to ensuring that people know how to help and support each other during times of increased health need, loss and bereavement.

Input from clinical colleagues is helping us refine our nomination process and, with a locally-based *Compassionate Neighbours* hub recently established in North Berwick, we are now able to accept nominations from the Community Palliative Care Team in East Lothian.

Training with 19 new *compassionate neighbours* begins in October and for the first time, a number will be coming to this work with no prior experience as a hospice volunteer. Over the course of the project *compassionate neighbours* have become a compassionate community in their own right - an outcome that underpins the subject of our poster presentation at this year's Hospice UK conference in November.

July 2021 - September 2021

CN community hours offered	CN informal support & supervision	Number of CN contacts	Number of CN 1:1 review sessions	Number of new matches	Number of deaths
128	44	156	8	7	4

During September we worked with Edinburgh Health and Social Care Partnership and our compassionate neighbours to host conversations about aging and dying well, reading from Lucy Aykroyd's book, *Leaves of Love: Stories for Ageing and Dying Well.* Local people gathered to talk over coffee and cake, their feedback highlighting the value of being able to speak about death openly in society, and of listening to others and having their own stories of death, grief and loss heard.

"The opportunity to meet Lucy and others to discuss, share thoughts, ideas, stories was truly wonderful." *Local participant*

Our learning from involvement with *Village in the City*'s online community is being used to develop a growing presence within Portobello, and connections made during Lynn's attendance on the EASE training in End of Life Skills (delivered by *Good Life, Good Death, Good Grief*) led to opportunities for presenting our work to the Level 3 BSc Occupational Therapy students at QMU. This has been our busiest quarter since beginning in June 2020, with recruitment currently underway to shape and grow a team with the diverse skill-mix and increased capacity needed for establishing this work. In September we presented to the Board of Governors and are grateful for their continued support and interest.

Impact

Public health approaches recognise that most care and help - with problems such as social isolation, carer fatigue, stigma and fear - comes informally from family and other community members. We work to support this by nurturing community-led action and building in everyday knowledge and skills relating to death, dying, loss and care. Rather than view 'death literacy' as the responsibility of professionals and clinicians, we can empower people to work together and act in ways that bring care of the dying and bereaved back into the communities they are a part of. In this co-creating of community-based and community-led projects, the hospice is supporting individuals and local communities to engage with death and dying as a social process.

"It's helped me gain the confidence, knowledge and skills needed to be with death and dying." *Compassionate neighbour*

"In something like this you become connected to your neighbour and for all of you [...] is a very strong sign of community investment." *Community member*

Drawn from a variety of sources including the *Compassionate Neighbours* project and community partners; much of it informal but some taken from the 3-point questionnaires and thematic analysis of focus group and interview material, used to create our Hospice UK poster.

"It was a pleasure to help with this project." *Manager, The Portobello Bookshop*

"We were happy to be a small part of it!" *Manager, Miro's Pantry*

"I think it's really brave of them [the hospice] to take this step and let us just trust ourselves and be trusted." *Compassionate Neighbour*

"In the hospice when I was volunteering I was doing water jug rounds, which is very different to being a Compassionate Neighbour." *Compassionate Neighbour*

Adapting to a changing world

We remained light-footed in our response to the fluctuating restrictions imposed by local lockdowns within the hospice. Our community-facing commitments were largely unaffected, though adherence to twice weekly LFTs by our *compassionate neighbours* and 'test and trace' record keeping at organised events has remained a priority. Ongoing conversations and inspired ideas from our *compassionate neighbours* ensures the material used for training remains interesting and relevant; together we are creating a library of resources that can be adapted to suit both in-person and online training going forward.

We work closely with our PR and Communications team, using the hospice website and Facebook page to invite interest and promote the work happening in our communities. The autumn edition of Life magazine features an interview with members of our *Compassionate Neighbours* project and this quarter saw us extending our reach by recruiting through the Edinburgh and East Lothian volunteer centres.

Partnership

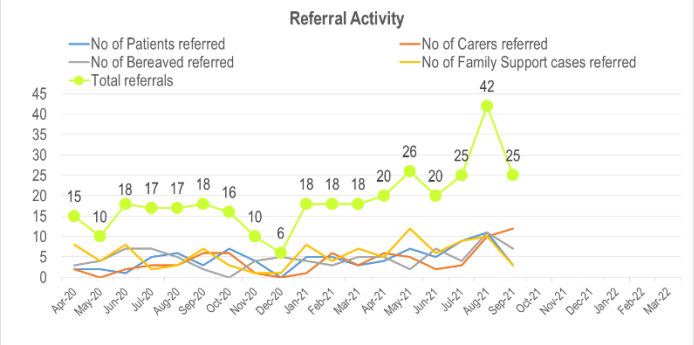
Heart Talk Porty is a local initiative designed to give residents in Portobello space to hold the conversations they want to hold on the future of their local area and community. These conversations are intended as a platform for discussion and action, and we hope that our involvement will present opportunities for citizen-led action on end of life issues.

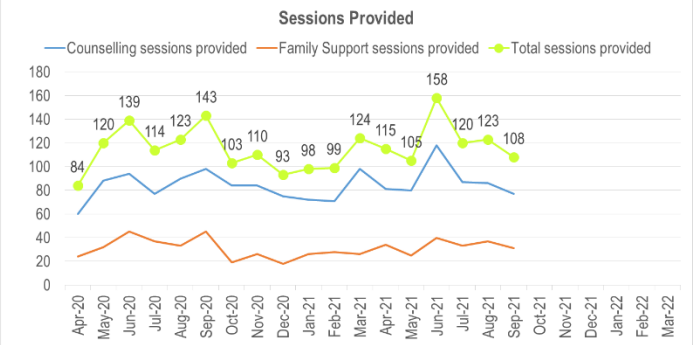
Funding from the Edinburgh Health and Social Care Partnership allowed us to host 'Summer Conversations: Stories for Aging and Dying Well' in two communities (Cramond and Portobello) during September. Participants valued the opportunity to speak about death openly and found Lucy Aykroyd's book an inspirational and thought-provoking read, and one they could return to frequently for advice and reassurance.

Wellbeing, Family Support & Bereavement Services

Family Support Service

Commentary by Craig Hutchison Family Support Team Manager





Activity Summary

We delivered 351 sessions this quarter (250 adult, 101 children/young person), excluding missed or cancelled sessions. Of our 92 new referrals, 25% were people experiencing illness, 27% carers, 22% bereaved adults and 24% were for children/young people. Of the adult referrals, 73% were female and 27% male, with an age range from 20 to 88 (average age 61, SD=15.34). 65% of new adult referrals came from our Community Hospice team, 12% from the in-patient Unit, 6% from GPs, 4% from the Access Team, 2% from Chaplaincy, 2% from the Child and Families Worker and 8% were self-referred. 33% of those referred were taking prescribed medications for their psychological problems (40% of whom were on antidepressants only, 33% anxiolytics only, 27% on a combination of both antidepressants and anxiolytics). 84% of those referred had no suicide risk at assessment but 8% were at mild risk with some thoughts of suicide and 8% at moderate risk with a potential suicide plan. Where there was risk of harm people were signposted to relevant resources (e.g. GP, telephone crisis helplines) and were prioritised for counselling.

Impact

Our most significant impact is at the individual level, helping people as they come to terms with incurable illness and learn to cope with bereavement. We continue to receive referrals for 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). Clients verbally report reductions in their depression, anxiety and worry, improvements in their ability to cope, and reductions in suicide risk. We have also begun gathering routine outcome data using the CORE-OM and PG-13 questionnaires, which clients are asked to complete at initial assessment and then again at each subsequent review. The CORE-OM outcome measure is a standardised, validated 34-item self-report questionnaire which compares well with other measures of psychological distress such as the Beck Depression Inventory, General Health Questionnaire, and the Brief Symptom Inventory. Early indications show average 20 percentage point improvement in adult counselling clients' wellbeing (feeling OK about themselves and feeling able to cope without feeling overwhelmed) as well as average 16 percentage point reduction in their symptoms of depression, anxiety, insomnia and/or trauma.

Of adult bereaved clients assessed this quarter, 33% were experiencing an acute grief reaction following a recent death and 40% a relatively normal grief reaction requiring some general bereavement support, while 27% experienced a complicated or prolonged grief requiring formal counselling intervention. The PG-13 is a 13-

item self-report questionnaire measuring common symptoms of grief (e.g. yearning, avoidance, acceptance of loss, confusion over role, bitterness, numbness). Clients referred for bereavement support typically have lower initial baseline scores on the PG-13 (as they are experiencing an acute or normal grief reaction) but still demonstrate an average 16 percentage point improvement in their symptoms of grief, while those referred for counselling have higher initial scores and demonstrate an average 26 percentage point improvement.

Adapting to a Changing World

We will be recruiting to some new posts to help us adapt our services to meet significantly increasing need. This quarter our new Chaplain joined the team and will be working with us on the closer integration of bereavement support provision across the hospice's services. We were also successful in our funding application to the National Lottery Community Fund and will be advertising for a new part-time Child and Families Practitioner to help us further develop our services across Edinburgh and the Lothians. In addition, we are grateful to have received further Board investment to employ an additional full-time counsellor, which will help us meet the growing demand for our services.

Partnership

We continue to work with a wide variety of external partners and have delivered training workshops on loss and bereavement to staff at primary and high schools based in both Edinburgh and Greece. We facilitated a national Scottish Bereavement Network networking event and a new networking group for practitioners working with children in East Lothian. We have worked with colleagues at Prince and Princess of Wales Hospice and Psychological Services in Glasgow to evaluate the education sessions which have been provided to schools, and are preparing a poster for the Scottish Partnership for Palliative Care Conference. We continue to participate in the development and rollout of the Bereavement Standards Charter for Scotland, including meeting with MSPs about this piece of work. This quarter we have also influenced the Scottish Palliative Care Guidelines on the management of depression by presenting research evidence on the suitability of the Hospital Anxiety and Depression Scale (HADS) as a screening tool for patients in palliative care.

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. One client, for example, recently gave a donation to the hospice, commenting positively on the support they received from their volunteer and saying that they found the sessions they had received *"very helpful and comforting"*.

Arts Service

Commentary by Dr Giorgos Tsiris Arts Lead

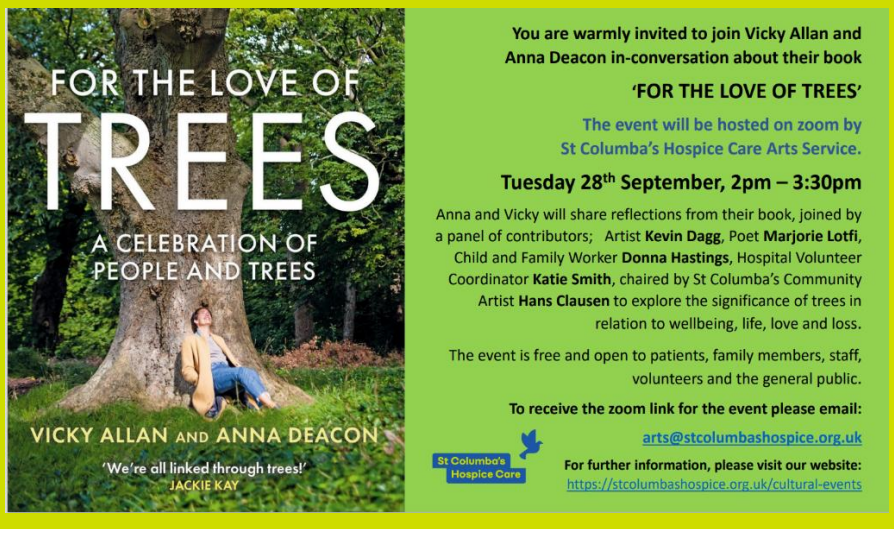
Activity

The arts team worked almost entirely online between July and September 2021 due to COVID restrictions. We offered 34 individual sessions and the majority of these sessions were offered virtually (68%) or via the phone (35%). We also offered 22 online group sessions including our community choir, the music listening group 'Tunes with Tea', the Hospice On-Line Art (HOLA) group, as well as the Staff Reflective Practice group. Overall, we recorded 25 of the people we support and 15 family/carer attendances in individual sessions, and a total of 146 attendances (25% patient attendances) in the group sessions.

We offered 2 live music sessions in the IPU and we organised 2 online live events. The live session reached approximately 40 people (including people in their rooms, visitors, and staff members), while we had 24 registrations for the online events. Taken all together, our arts sessions and events recorded a total of 301 attendances and registrations.

Organised in partnership with the Edinburgh International Festival, the first online event featured storyteller Wana Udobang and took the form of a creative writing workshop. Drawing on the book 'For the Love of Trees', the second event was a discussion panel bringing people together to discuss about the significance of trees in relation to wellbeing, life, love and loss. Both events were open to our people, families, staff, volunteers and the wider community, and feedback was overwhelmingly positive.

"THANK YOU so much to all of you for this wonderful short event. […] It was a great workshop. So well planned and led. Great timing and topics…. Brilliant." – *Workshop participant*



"Just wanted to say huge thanks to you all for your contributions, you each left me with so much to think about." – *Discussion panel participant*

"A fabulous session. Thank you so much. I feel so privileged to have been part of it" – *Discussion panel participant*

Impact

Our team engaged in various impact-related activities:

- Presented a roundtable discussion at the web conference "Music, spirituality and wellbeing conference: Fostering well-being in times of global crisis", Boston, USA, together with colleagues from South Africa, Ireland and USA. The presentation focused on the role of spirituality in music therapy practice and research.
- Published one journal editorial and four chapters. The chapters appeared in two books: "Relationship completion in palliative care music therapy" (3 chapters) and "Authentic connection: Music, spirituality and wellbeing" (1 chapter) respectively. (References listed at the end of this section)
- Our 'Tunes with Tea' music listening group initiative was nominated for a 'Building Better Healthcare' award under the category 'Best Collaborative Arts Project'.

Adapting to a Changing World

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

development through creative exercises, these workshops have received very positive feedback to date (e.g. “Thanks so much for another enjoyable and inspiring workshop” and “Thanks for another lively and life-enhancing session”).

We also held our second Arts in Palliative Care ECHO network meeting on 24th August 2021. This meeting was led by Community Artists Marion Tasker and Stephanie Brittain from Mountbatten Hospice, Isle of White, and attracted professionals from different parts of the UK. The meeting focused on the use the arts as a way of keeping connected and supporting hospice staff during the first lockdown.

Partnership

Through his joint appointment with Queen Margaret University (QMU), Giorgos continued his work as co-chair of the 12th European Music Therapy Conference, and we submitted a full proposal for a pre-conference event at the Hospice with specific focus on music therapy in palliative care.
Also our collaborative songwriting project with Fischy Music began in September. This is a new international songwriting project involving four external partners: an Edinburgh-based pair of Hospice patients and school children from George Heriot’s, and a Greek-based pair of patients from the Galilee palliative care unit and school children from Ekpaideytiria Elliniki Paideia. During September we delivered together with the Family Support Team two training sessions about childhood grief and the role of the arts; one session for the staff at George Heriot’s School and one session for the staff of the Greek school.

During this quarter, Anna Bradley-Scott, our music therapy student from QMU, completed her practice placement successfully.

Publication References

Tsiris, G. (2021). Tracing spirituality in everyday music therapy contexts: Methodological reflections. In K. Hendricks & J. Boyce-Tillman & (Eds.), Authentic connection: Music, spirituality and wellbeing (Chapter 10). Peter Lang. https://doi.org/10.3726/b17925

Klinck, S., Forrest, L., & Tsiris, G. (2021). Locations of care, community engagement, and music therapy in community palliative care. In A. Clements-Cortés & J. Yip (Eds.), Relationship completion in palliative care music therapy (Chapter 2). Barcelona Publishers. ISBN: 9781945411656

Yip, J., Clements-Cortés, A., Pranjić, M., & Tsiris, G. (2021). Recreational music, entertainment, and music and medicine experiences: Evidence and potential for relationship completion. In A. Clements-Cortés & J. Yip (Eds.), Relationship completion in palliative care music therapy (Chapter 3). Barcelona Publishers.

Mondanaro, J., & Tsiris, G. (2021). Music therapy and relationship completion in palliative care: Themes and orientations for contemporary education. In A. Clements-Cortés & J. Yip (Eds.), Relationship completion in palliative care music therapy (Chapter 8). Barcelona Publishers.

Dos Santos, A., & Tsiris, G. (2021). Playing marbles, playing music. *Approaches: An Interdisciplinary Journal of Music Therapy, 13*(1), 3-5. https://approaches.gr/dos-santos-e20210824/

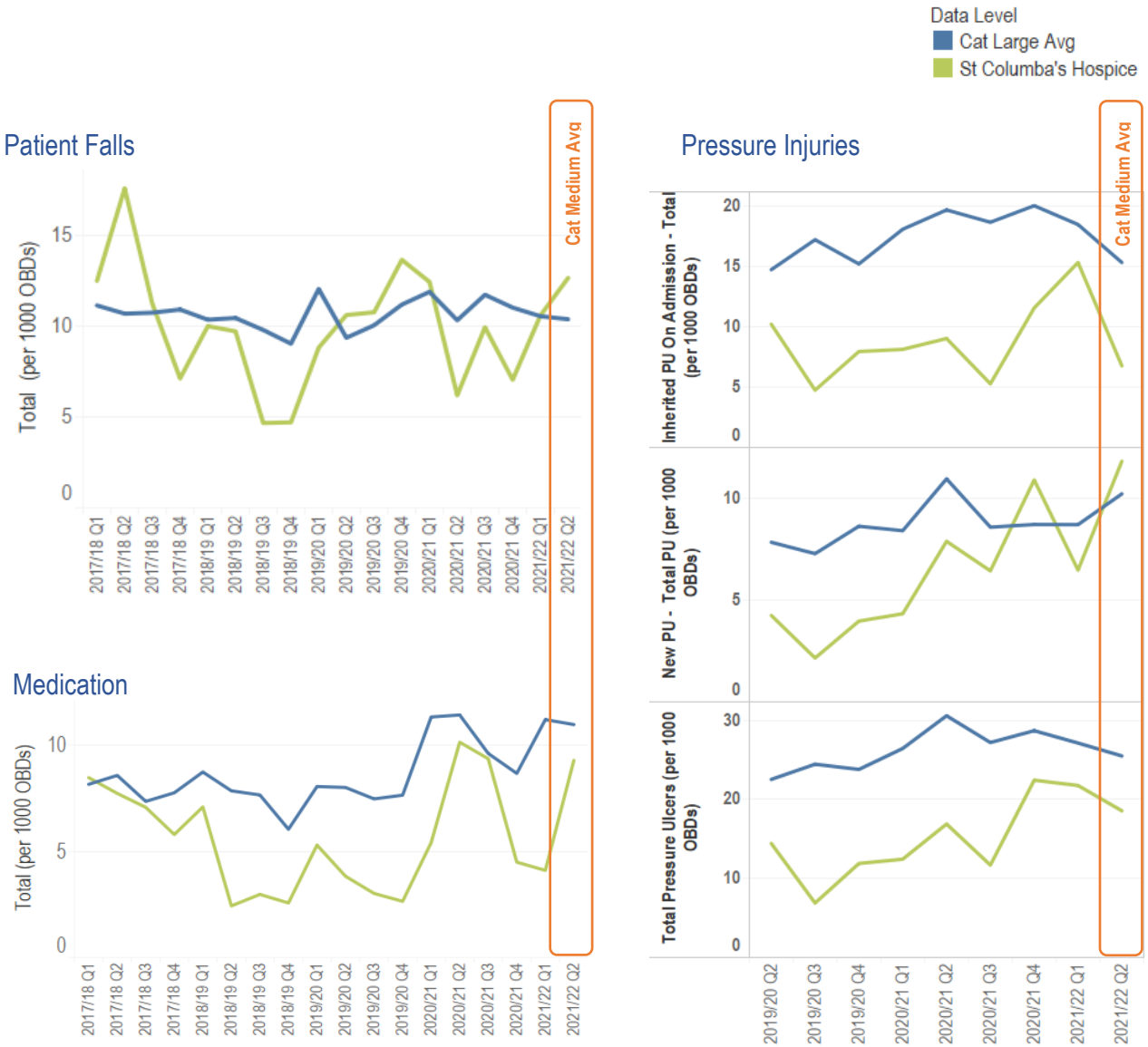
Quality Assurance

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

Hospice UK Clinical Safety Benchmarking

Please note that from Quarter 2 this year, as a result of changes in bed numbers, the hospice has moved from Hospice UK (HUK) category definition as a large hospice (21 or more beds) to a Medium Hospice (11 to 20 beds). HUK has been notified and the benchmarking has been reallocated accordingly.
St Columba's Hospice Care is consistently below the national benchmarking levels for both Medication and Pressure Injury incidents and where activity has increased previously, as in the case of falls, this has resulted in quality improvement work.

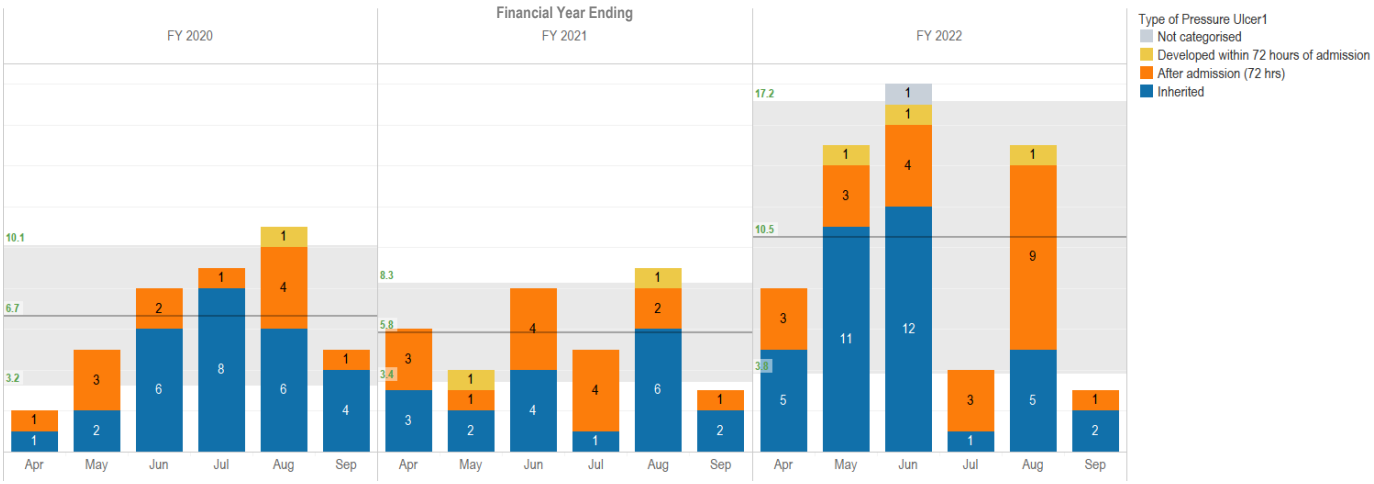
These categories are covered in further detail in the Sentinel Reported Incidents section of this report.



Sentinel Reported Incidents

Pressure Ulcers

Actual Pressure Injury Incidents by Category
3 Year Comparison including month average with 95% CI
3 active incidents have been included for Sep and subject to change

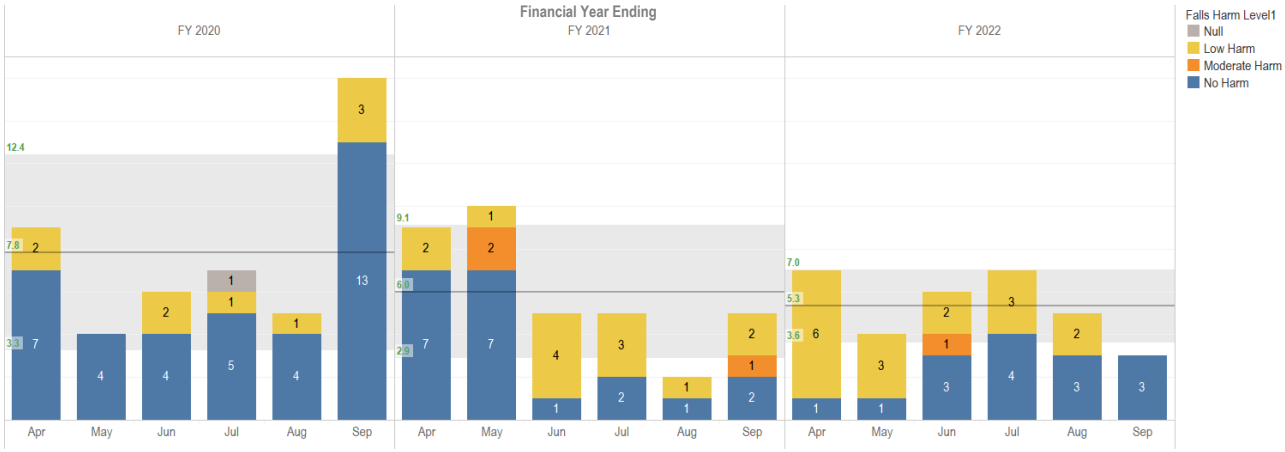


Pressure Ulcer prevention is led by a charge nurse supported by members of the clinical and quality assurance teams. The Prevention and Management of Pressure Ulcers Standards launched by Healthcare Improvement Scotland in October 2020 have been reviewed and an action plan created to ensure the hospice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

Pressure injury is now counted by number of injuries rather than number of people. This reflects a change from previous recording making year on year comparisons less meaningful. The increase in Qtr2 during August is due to the influence of more than half of the pressure injuries being attributed to a single person who was in the dying stage of their condition. The injuries were reviewed as part of the investigation process and were categorised as 'Unavoidable' by a senior member of staff.

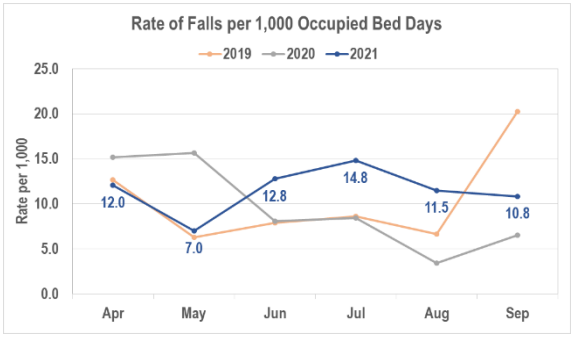
Patient Falls

Actual Patient Fall Incidents by Harm
3 Year Comparison including month average with 95% CI
1 active incident has been included for Sep and subject to change



For the six month period the average number of falls recorded YTD have decreased year on year but it should be noted this is against a reduction IPU admissions. Calculated as a rate per 1,000 occupied bed days we can

see the rate of falls is higher this year but with less variation possibly the result of increasing activity on the ward and the lifting of restrictions.

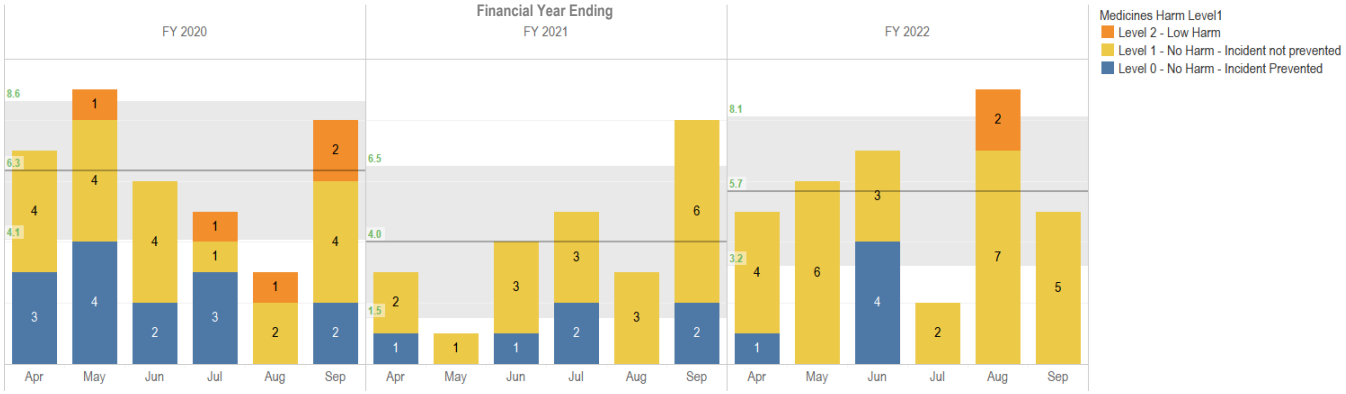


Last year's Qtr1 was the end of a run of particularly high levels of falls activity at the hospice that resulted in a falls quality improvement project in Jun-20.

All falls are reviewed at the time of the incident and at a monthly multi-disciplinary patient safety meeting which focuses on falls prevention, management, learning and development. Members of the Falls Leadership Group also attend the monthly meetings.

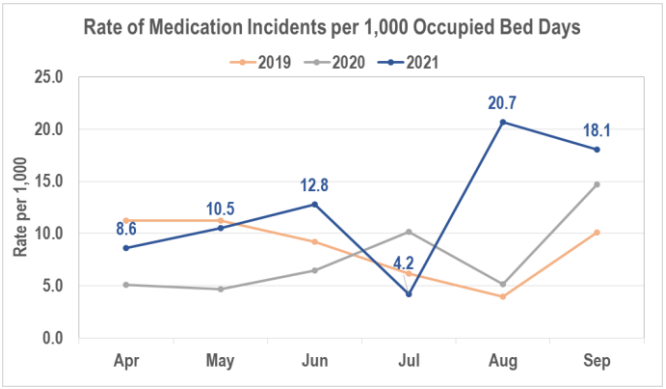
Medicines Incidents

Actual Medication Incidents by Harm
3 Year Comparison including month average with 95% CI
6 active incidents have been included for Aug/Sep and subject to change



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.

The number of incidents in the last six months has increased on the same period last year by 10 incidents. There have been no significant increases in any particular subcategory although there were several uncommon incidents involving storage and supply recorded during the first quarter. As in the case of falls, the reduction in occupied bed days has elevated the benchmarking rate per 1,000 particularly over the last two months.



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.

Accidents

For Qtr2 **5 accidents (8 to date)** were recorded only one of which involved a person we support. (Harm Categories - 1 High Risk which is still actively under review however is likely to have been wrongly assessed and is therefore subject to change, 2 were graded at Medium Risk and 1 Low Risk of reoccurrence).

Incident Reporting

Excluding accidents, at the time of compiling this report Quarter 2 saw **75 submissions (168 Year to Date)** from across hospice services reported via Sentinel. The incidents are comprised of:-

- **71 Actual incidents. 58** were closed following investigation with the remaining **13** still active.
- **0** Near Misses.
- **4** submissions were closed following investigation and categorised as 'Not an Incident'.

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

Notifiable Incidents

Health Improvement Scotland Portal Notifications **35**

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.
There were **15** submitted in Qtr1 and **20** in Qtr2. The most reported category is for incidents involving Controlled Drugs.

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) **4**

April

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.

July

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.

August

3. 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.

4. Member of staff reported hurting her back while on duty. Investigation into the circumstances underway at present.

Non Clinical Incidents

Covid19 safety measures are still in effect and this is likely to be impacting on the number of non-clinical incidents due to fewer people in the building. The average number per month of non-clinical incidents is 4 compared to 17 pre-pandemic.

Year to date the more frequently reported Non-Clinical incidents tend to be IT and Data Protection (58%) related usually involving e-mails sent to the wrong recipient or TRAK details Written in Error. The majority of these incidents are internal, therefore low risk and require no notification to outside agencies.

Fire Safety

A fire related incident occurred on the 2nd September where a smoke detector was activated by too much steam. An inspection by the fire service will take place at the hospice on 20th October (last inspection was June 2019).

Complaints

No complaints were submitted to the hospice during the quarter. All previously reported complaints are closed following investigation and 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