



Clinical Services

Quality Report

2021/22 Quarter 3

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Introduction

Welcome everyone to our Quarter 3 quality report which showcases the impact of our clinical services. It has been another challenging quarter for everyone who works in health and social care but through teamwork and flexibility our clinical teams continue to provide excellent and responsive care to those who need it, wherever they need it.

This quarter we were asked to step up the support we provide in the community as services across Lothian wrestled with the impact of the Omicron variant. We temporarily delayed the opening of our wellbeing unit and instead diverted our team to triple the resources in our Hospice at Home service. This was a much needed increase in support to patients and their families through the difficult winter months.

Our robust infection control measures have continued and we have remained 'outbreak free' across our clinical services. Our team should be incredibly proud of this achievement.

As we now enter quarter 4 we look forward to refocussing our energies on our strategic plan, 'Adapting to a Changing World'. We will be preparing for the launch of our wellbeing unit and our nursing led care beds in spring time as well as seeing the completion of our new 'Home at the Hospice' rooms in Pentland Ward. These rooms are inpatient rooms with en-suite facilities for patients but with the wonderful addition of adjoining family suites containing living and sleeping areas so that family or friends can stay round the clock if they wish and actively participate in their loved ones care. We are hugely excited to be able to offer this new facility.

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@stcolumbushospice.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 who were referred for hospice care this year.

Year to date referral activity is 11% higher than that of the previous year and the team's overall interventions have almost doubled when compared to 2 years ago. This indicates that as well as an increase in new referrals, we are providing more interventions to those referred.

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. In the last 3 months, the team responded to 82 routine advice calls and 75 same day advice community calls.

- 37% were from our people/family/friends,
- 55% were from primary care colleagues,
- 7% were from the acute sector colleagues.
- 1% were from St Columba's Hospice Care colleagues in the community.

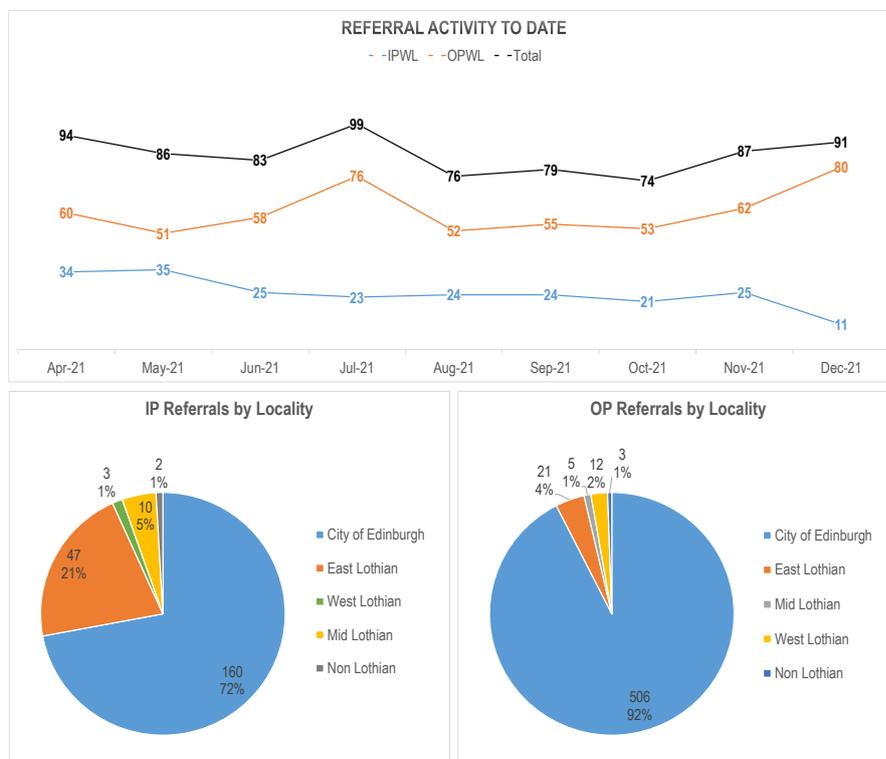
The majority of these calls related to pain and symptom control, with the next largest category being Social, Spiritual and Psychological concerns. Examples of the issues responded to are:-

- altering syringe driver doses in response to changing needs
- supporting District Nurses and other primary care colleagues
- helping people regain control of their situations via reassurance, practical support and encouragement

In one instance, the team supported a District Nurse who had concerns that a family were giving the patient too much medication, making them very sleepy. The team were able to assess that the patient was in the process of dying and the sleepiness was part of this natural process rather than a medication issue. Through supporting the nurse, providing practical advice and reassurance, and feeding back after the person's death, the team were able to increase knowledge, learning and skills of end of life care in the community.

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 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 16 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.

"The team have started helping my wife manage her symptoms and have given me lots of support and advice"

"Clarified and reassured me and my family about future care, Your call brought help and reassurance"

"Your calls made a vast difference to us. It was really good to get the support you gave us"

"Gave clarity and assurance about navigating the various community and medical services. Have been a moral boost to me and the family as [team member] so helpful, positive and prompt"

"Have helped us get much needed support"

"Very happy with the service and it being so quick to start working with my wife"

"I have more confidence, less trepidation"

"Dear [individual team member], I am writing to thank you so much for all your help during such a painful and difficult few days whilst my dad died. You phoned me to check in and helped me with sorting [practicalities] – you made me feel supported and not alone. You maybe don't think you did a lot, but honestly, your gentle, kind, caring voice – who listened to me, really kept me going. I knew to call you if I needed to and for that I am truly grateful. You are all wonderful and offer such an immense service – thank you."

Adapting to a Changing World

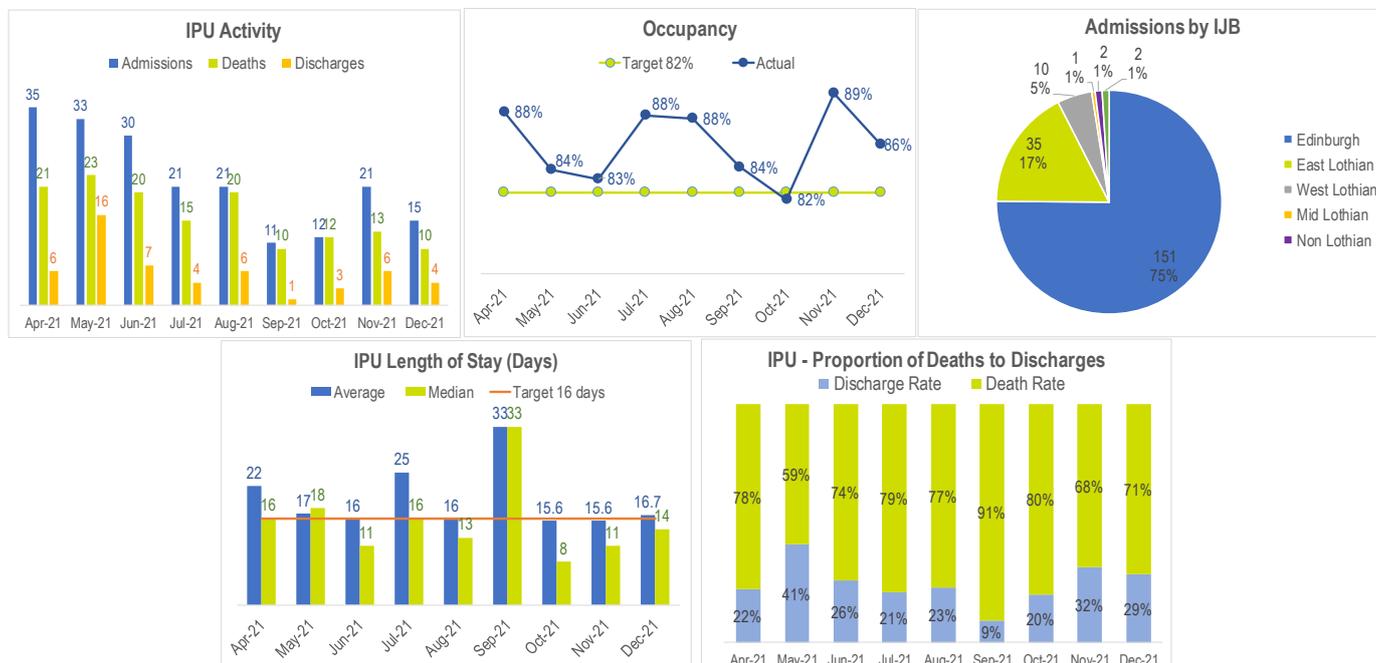
The ongoing impact of COVID 19 pandemic on the health and social care workforce has led to a reduction in the number of inpatient hospice beds across Lothian. Despite this, our waiting list times have remained well managed and we have instead seen a significant shift towards referrals instead for community support.

Partnership

Access Team continue to work in partnership with health and social care colleagues. We have been working with the main local hospitals to help get people home more quickly, meeting twice weekly with the discharge liaison teams and Hospice at Home.

In-patient Services

Activity Summary



During quarter 3, bed numbers remain at 11. Occupancy levels for the period remain above target (85% for the quarter), the average Length of Stay for the Quarter has fallen from 24 (Qtr2) to 16 days with the median even lower at 11 days. As would be expected, the reduced number of beds have also impacted the following year to date (9 months) IPU activity measures.

- Admissions ↓ -13% (199 against 228 last year)
- Deaths ↓ -23% (144 against 188 last year)
- Discharges ↓ -26% (53 against 72 last year).

Wellbeing Unit

Commentary by Alison Chalmers Unit Clinical Lead & Advanced Occupational Therapist

Impact

In November, due to impact of the new Omicron variant of COVID-19 on patient flow through NHS services; we temporarily paused our plans to launch the wellbeing unit until springtime to allow nursing resources to be diverted towards our hospice at home service. We are now planning a launch date in April 2022 and look forward to finally being able to implement this exciting new initiative which will be a combination of short stay inpatient care with outpatient and virtual wellbeing services.

Adapting to a Changing World

The Allied Health Professionals (AHP's) from our In-patient and Community teams have amalgamated to form one larger and more responsive team. In addition to assisting with the staffing pressures caused by the pandemic and vacancies, this has enabled us to respond to the needs of the increased numbers of people in their own homes. Our strategic vision is for all our AHP staff to have a hybrid case load of inpatient and

community patients, with a therapist following each person, either home from hospice or from home to the hospice with the aim of reducing duplication of effort and improving person centred care.

Partnership

We are currently working in partnership with the Hospice Digital Communication Team and an external web designer to expand our website pages for our Wellbeing Unit launch. The new web pages will include information on self-management, hyperlinks to useful services and the ability to book a class or register interest in a self-management programme. The aim is to launch the new update in April 2022 to coincide with the unit opening.

Pentland Unit

Commentary by Eimear Hallissey Lead Nurse Community and IPU Services **and Sally Ramage** IPU Manager

Impact

Due to our ongoing reduced bed capacity, the Access Team play a key role in identifying the people who would most benefit from a hospice inpatient admission. Occupancy levels for this period remain above target and length of stay has reduced.

Adapting to a Changing World

The inpatient unit has experienced significant, challenges with staff absences due to COVID-19 as well as general sickness absences and staff vacancies. The impact of this has been, like all teams across health and social care, staff are tired and their wellbeing needs to be a priority. As we enter quarter 4 the staffing picture is improving and we are launching a project with our staff to create a refreshed program of wellbeing activities to help their resilience and to help them recover from a difficult winter. We are also delighted about the upcoming installation of a wellbeing summerhouse in the gardens to give teams a quiet place for reflection and rest whenever needed.

Sally Ramage has been promoted temporarily to the role of Inpatient Unit Manager and commenced this role in November 2021.

Partnership

As part of Sally's induction, she visited Strathcarron Hospice and observed how their Ward Manager works. This provided an opportunity for both to share and gain knowledge on service delivery.

Regular meetings with the Management Team have supported team wellbeing during this challenging time and the hospice continues to promote and facilitate the opportunity for clinical supervision and reflective practice.

Community Services

Community Hospice

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

Activity Summary

During quarter 3 our community hospice team provided over 5,000 support interactions to 317 people, an increase of 64% on the previous year's interactions.

Impact

Providing care for patients in the community involves collaboration with internal and external colleagues. Our Hospice at Home team have played a key role this quarter, to prevent admission and provide assistance for people who require End of Life care at home. Our skilled Community Hospice Team have to plan and anticipate all aspects of a person's care from symptom control to the practicalities of arranging a hospital bed is in place for when their condition declines.

With the temporary reduction in In-patient beds, the additional AHP resources diverted from the inpatient unit have been providing invaluable additional support enabling more patients with rehabilitation provision, equipment assessments, plus breathing and relaxation techniques.

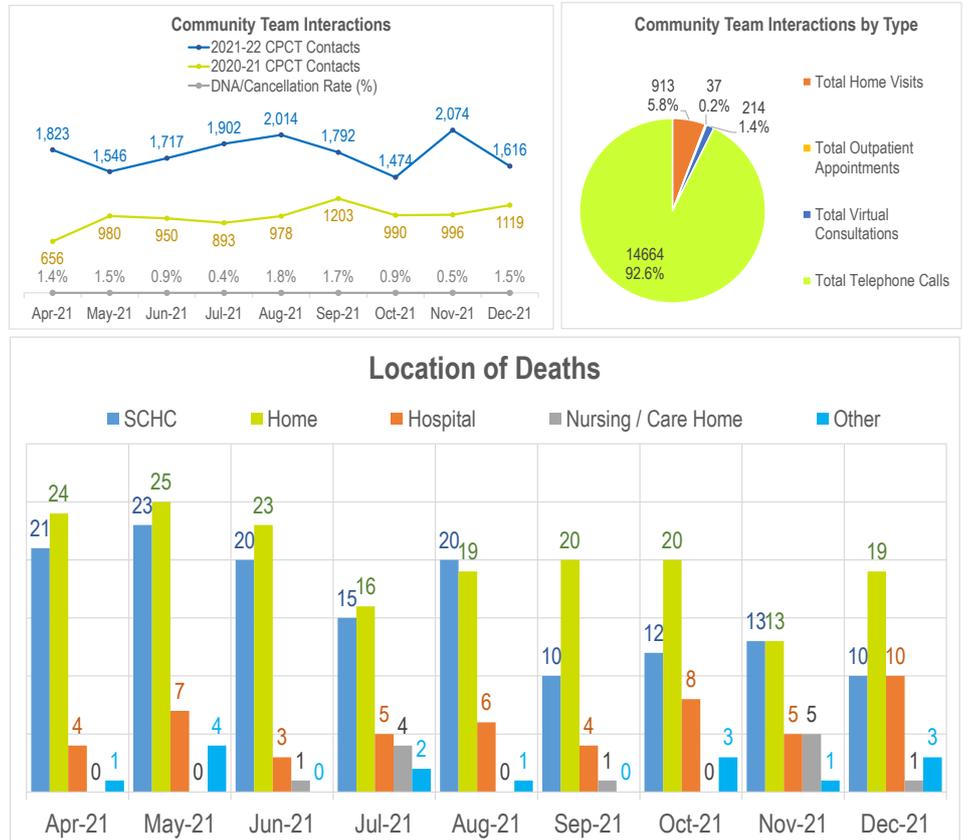
Adapting to a Changing World

The Community Hospice Team have been trained to carry out an environmental risk assessment on a first visit, which will now enable us to respond to the need for Hospice at Home referrals in a timely manner.

Partnership

We value regular educational support for our community hospice team to ensure they have the specialist knowledge and skills to carry out their roles proficiently. This quarter, some sessions were led by Dr Barry Laird (Palliative Care Consultant) and learning has already been evident with staff challenging and adapting their practice.

Eimear Hallissey (Lead Nurse for Community and In-patient services) and other colleagues were given the chance to attend this year's Hospice UK Conference in Liverpool. This provided a fantastic opportunity for the sharing of knowledge and good practice across different sites in the UK. The biggest take home point from the conference was all hospices have had to continually and radically adapt, partly due to the pandemic but also due to the growing need for palliative care services.



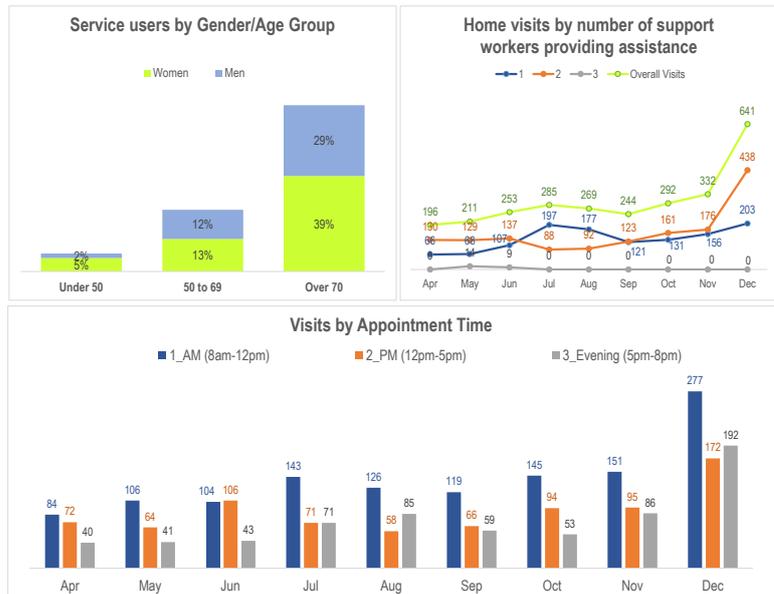
Hospice at Home (H@H)

Activity Summary

In Qtr 3, Hospice at Home provided 1,265 home visits for 92 individuals (59% increase in visit activity on Qtr 2). Appointments in December were more likely to require 2 support workers as were booked more frequently for morning visits.

Impact

The hospice was approached in November by NHS Lothian to ask if we could increase our community capacity help release pressure on the wider healthcare system by improving patient flow. We therefore agreed to temporarily increase our hospice at home resources as that would have the biggest impact due to the widespread challenges across social care.



Community Hospice Managers with the assistance of Fiona Cruikshank (Practice Development) delivered a week's training programme for the new team during the week of the 22 November. From the 29 November, fourteen staff members were inducted to working safely in the community setting, as this was an entirely new experience for the majority of the team. The rapid implementation of this enhanced service required the support of many departments across the organisation from HR, IT, Admin, Practice Development, AHP team, quality assurance and the Stewards and we were incredibly grateful for their support in making this vital change happen quickly..

Since then, we have doubled the number of visits provided from 332 visits in November to 641 visits in December. This is despite the team experiencing significant staff absences due to COVID and isolation. The majority of these visits were because the person was awaiting a care package from another service and by providing our service, we may have prevented a hospital admission. We facilitated 4 discharges from the acute setting and continue to provide respite to patients, which is an invaluable service, to allow their carers protected time to leave the house knowing their loved one is being looked after.

Adapting to a Changing World

To manage this transition to a larger service, the new Charge Nurse (Craig Walby) start date was brought forward and the Lead Nurse (Eimear Hallissey) role was changed to 95% Community Hospice, based on the growing service demand.

The 14 new team members adapted quickly and delivered 100% in order to execute this increase in service delivery and provided a true example of prototyping 'bringing ideas to life very quickly to learn faster and in a safe way' (Garber 2019).

Partnership

A twice weekly virtual meeting was set up in December to encourage open discussions with teams across NHS Lothian to improve patient flow, prevent admission and facilitate discharges. Representatives from the Access Team, Community Hospice Team, Social Work, Primary Care, Hospital Based Complex Care and the Acute

Hospital attend these meetings. This forum has allowed for better communication and understanding of the hospice services that are available.

The Compassionate Communities Team

Commentary by Lynn Darke Team Lead

Activity Summary

The Compassionate Neighbours project continues to expand and flourish despite the many uncertainties and restrictions that go hand-in-hand with this pandemic. The number of community contacts this quarter has been twice that of the previous one - testimony to the commitment and generosity of *compassionate neighbours* over the Christmas and New Year period which, for many *community members* can be a difficult and lonely time.

For the first time since the project began we were able to offer face-to-face training for new *compassionate neighbours*, a number of whom travelled in from East Lothian. With a local CN hub now established in North Berwick we have begun taking nominations from the East Lothian Community Palliative Care Team and have four already matched and ready to go.

October 2021 - December 2021

CN community contacts	CN's attending informal support & supervision sessions	Number of CN 1:1 review sessions	New CNs trained	Number of new matches	Number of deaths	CNs attending online Xmas social
204	60	19	18	9	6	14

During 'To Absent Friends' week in early November, we invited staff and volunteers, patients, family members and visitors to the hospice to tie a ribbon to the tree outside the Iona Café, in memory of someone they had loved and lost. Their responses exceeded our expectations with many adding names and personal messages to their ribbons. We're now working with the Arts Team to create a temporary installation commemorating this event.



Since our first 'To Absent Friends' event in 2020 which was co-created with local residents in Portobello, we have continued to maintain an active presence in the community and over the summer have been working alongside Action Party - a group of local residents committed to seeing Portobello organise itself in ways that can better meet the needs and challenges faced by its citizens. The outcome of many hours given over to discussion, planning, leafleting and networking was *Heart Talk Party* - a weekend in late November inviting community-led conversations about what matters most to the people of Portobello. This grassroots event generated a number and variety of facilitated conversations including our own, ***"Building Resilience: how do we take care of ourselves and each other during times of transition, loss and grief?"***

A priority this quarter has been to expand and resource our team with the diversity, skill-mix and capacity needed to extend our reach. So we're delighted that in February we'll be joined by Roddy Ferguson our new

Compassionate Communities Lead, and our two newly-appointed Compassionate Neighbours Coordinators - Jacqui Marwick and Dariusz Wedge - who'll work with Maggie on the Compassionate Neighbours project.

Adapting to a changing world

The Scottish Government's Strategic Framework for Action on Palliative & End of Life Care calls for a greater openness about death, dying, bereavement and loss in Scotland, along with a public health approach that recognises the wider sources of support within communities that enable people to live and die well. Guided by this and using an assets-based community development approach, we prioritise working *with* rather than *for* our volunteers and local communities and in doing so have begun to see the impact this can have.

Impact

Our first poster, **From Hospice Volunteer to Compassionate Citizen: Shifting the Balance of Care and Power** was presented at the Hospice UK 2021 conference

and our second, **Summer Conversations: Stories for Ageing and Dying Well** formed the basis of a report to Edinburgh Health & Social Care Partnership who funded the project. Feedback from local participants attending the book-reading events highlighted the importance of being able to speak about death openly in society, listening to others, and having their own stories of death, grief and loss heard. The posters have been included in the [appendices](#) of this report.



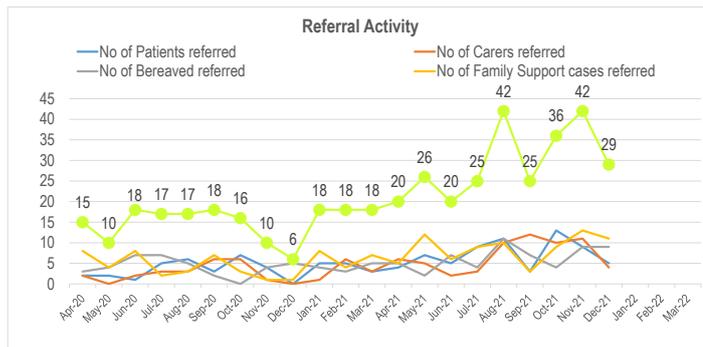
Partnership

The input from clinical colleagues to our monthly supervision and shared-learning sessions with *compassionate neighbours* has been invaluable. Creating opportunities like this for two-way dialogue between local people and formal services not only develops trust, it also demonstrates our commitment as a hospice to the work being done in our communities. After an informative session on dementia awareness led by Jen McLean OT, twenty *compassionate neighbours* signed up through the Alzheimer's Society to become 'Dementia Friends'.

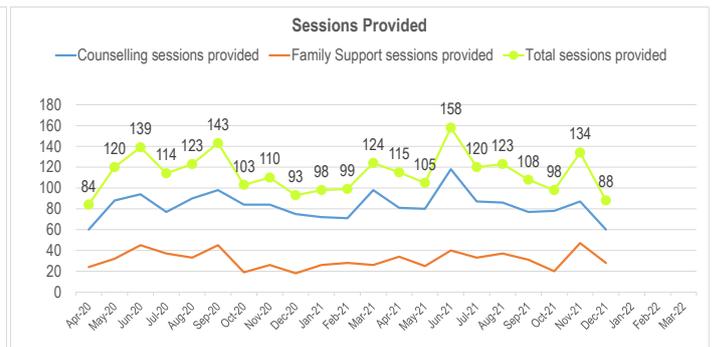
Wellbeing, Family Support & Bereavement Services

Family Support Service

Commentary by Craig Hutchison Family Support Team Manager



Referral Activity for Qtr3 is **↑ 234%** on last year.



Sessions Provided for Qtr3 are **↑ 5%** on last year.

We delivered 320 sessions this quarter (225 adult, 95 child/young person), excluding missed or cancelled sessions, an increase of 5% on last year's activity. There was a 234% increase in the number of referrals this quarter (a difference of 75) compared to last year. Of our 107 new referrals this quarter, 25% were patients, 23% carers, 21% bereaved adults and 31% were for children/young people. Of the adult referrals, 76% were female and 24% male, with an age range from 22 to 88 (average age 60, SD=16.65). 40% of new adult referrals came from our Community Hospice team, 19% from the Access Team, 17% from the Inpatient Unit, 6% from Chaplaincy, 2% from the Child and Families Worker, 2% from the Complementary Therapy Team, 2% from GPs, 2% from the East Lothian Palliative Care Team and 10% were self-referred. 31% of those referred were taking prescribed medications for their psychological problems (54% of whom were on antidepressants only, 15% anxiolytics only, 31% on a combination of both antidepressants and anxiolytics). 95% of referred adults had no suicide risk at assessment but 2.5% were at mild risk with some thoughts of suicide and 2.5% at moderate risk with a potential suicide plan. When risk of harm was identified, people were signposted to relevant resources (e.g. GP, telephone crisis helplines) and were prioritised for counselling. There was a reduction in the prevalence and severity of reported suicide risk at assessment this quarter compared to last.

Impact

Our biggest impact is at the individual level, helping people as they come to terms with incurable illness and learn to cope with bereavement, and we continue to work with a wide range 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). 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 14 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 17 percentage point reduction in their symptoms of depression, anxiety, insomnia and/or trauma.

Of the adult bereaved clients assessed this quarter, 69% were experiencing an acute grief reaction following a recent death and 25% a relatively normal grief reaction requiring some general bereavement support, while 6% experienced a complicated or prolonged grief requiring formal counselling intervention. 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 and no risk of harm) but still demonstrate an average 6 percentage point improvement in their symptoms of grief, while those referred for counselling have higher initial scores and demonstrate an average 12 percentage point improvement. As we gather more routine outcome data we will begin to develop a clearer picture of our impact on client's psychological distress, symptoms, risk and functioning.

Adapting to a Changing World

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 have also resumed a small number of in-person sessions where these have been necessary because of client need (e.g. hearing or communication impairment which makes the use of technology difficult, play sessions for younger children). We have recruited a new counsellor who will join the team in early 2022, which will help us manage the increase in referrals and activity, and we will be concluding our interviews for a new Child and Families Practitioner working with children and young people in the New Year.

We continue to work on new systems to ensure family members are routinely given information on how to access carer and bereavement support, and to ensure greater consistency of bereavement support activity and monitoring across our teams.

Partnership

We continue to work with a wide variety of external partners. This quarter we provided evidence to the UK Commission on Bereavement, who will report their recommendations for improving bereavement outcomes to the UK Government. We also met with the Clinical Educator in Palliative Care for NHS Lothian to provide background information on the bereavement process model we use in our assessment and triage systems and to give permission for this to be used in their education programme for NHS Lothian staff. We facilitated a workshop at the NHS Education for Scotland bereavement conference as well as two webinars for the Bereavement Standards Charter for Scotland. We met with colleagues from Marie Curie hospice in Edinburgh to provide information on our triage and assessment process, and shared information with colleagues from the Association of Bereavement Support Coordinators on the use of bereavement support volunteers in our service. We delivered two training inputs - on child and adult bereavement - to students on the MSc nursing programme. We have continued our schools work, delivering sessions for nursery staff supporting bereaved children and for two primary schools as part of Children's Grief Awareness Week, and facilitating sessions for George Heriot's in Edinburgh and Galilee hospice in Greece as part of the Songwriting for Change, Loss and Grief project in collaboration with the Arts team.

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, commented in written feedback:-

"I have recently had very helpful sessions with one of your counsellors. Thank you for this valuable service."

Chaplaincy & Spiritual Care

Activity Summary

Our new Chaplain joined the team this quarter and has been working through the induction process. We have continued to provide chaplaincy on the ward and have offered informal support for staff as well as some regular telephone support for bereaved relatives. We are considering how best to adapt the service, including greater integration within the wider Family Support Team and continue to work on monitoring and reporting processes for chaplaincy activity. We held two online remembrance events this quarter: Time to Remember and an event for Armistice Day, both of which were recorded and posted online through social media. Feedback on these events was very positive. We also held a small outdoor reflection to accompany the lighting of the hospice's Christmas tree.

Arts Service

Commentary by Dr Giorgos Tsiris Arts Lead

Activity Summary

Between October and December 2021, the arts team offered 39 individual sessions with almost half of these sessions being offered virtually (54%) and half of them face-to-face (44%). We also offered 29 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 34 patient and 12 family/carer attendances in individual sessions, and a total of 120 attendances (26% patient attendances) in the group sessions. We also offered 7 live music sessions in the IPU and we organised 1 online live music event with jazz pianist Richard Michael. Participants' feedback was very positive and suggestions for future development were offered.

"Today was so inspiring and entertaining, I am sure it would have been so uplifting for people at the hospice."

"Make session slightly longer to allow for more people to ask for requests and even ask for requests in advance maybe... In these isolating times, it can be a good chance for people to chat [and] potentially allowing some optional small rooms where folk could chat online with a mug of tea, the way you would after a gig"

"Continue the organization of these events, they are great"



Online music event
Friday 17th December 2021, 1.30 - 2.30pm
Richard Michael
St Columba's Hospice Care

This online music event is part of our award-winning *Tunes with Tea* Live! event series and will take place via Zoom. Hospice patients, families and friends, as well as volunteers, staff and anyone in the community are welcome!

Richard Michael BEM occupies a unique place in the musical life of his native Scotland, as he has the versatility to improvise on any theme, in any key and in any given style. He has a virtuosic piano technique enabling him to give recitals on "The History of Jazz Piano", encompassing every major jazz pianist from Fats Waller to Keith Jarrett, and is a master of stride piano playing.

Years spent as Head of Music in Beath High School have led to an easy rapport with audiences explaining how music works. He is a tutor on The Benedetti Foundation opening up the skill of improvisation to thousands of players around the world on the internet. He is Honorary Professor of Jazz Piano at the University of St Andrews, and during lockdown, has broadcast weekly on Radio Scotland's "Jazz Nights" from his home in Kirkcaldy.

He is a prolific composer and arranger having written many works for chamber, symphony and jazz groups, and has released 6 CDs, the most recent of which is "Contemplation". His most recent book is "Jazz Piano for Kids" published this year by Hal Leonard (and according to Richard, the book won't go wrong for adults!).

In his performance for St Columba's Hospice Care, Richard will give a demonstration of different styles of jazz piano and improvise on any carols, or tunes suggested by members of the audience.

To join this free event, please register online:
<https://stcolumbahospice.org.uk/cultural-events>

For enquiries and further information, please email us at: arts@stcolumbahospice.org.uk

Impact

Our team presented a paper on "Practice and service development in the midst of uncertainty: Reflections from the arts team at St Columba's Hospice Care" at the conference "Facing Death Creatively" organised by St Christopher's Hospice in London.

Giorgos delivered a seminar on “Publishing research in music therapy: Steps and considerations for authors” as an invited speaker at the Italian Association of Professional Music Therapists (AIM). He also offered a seminar on “A critical introduction to music therapy” at the Psychology Society of Deree: The American College of Greece.

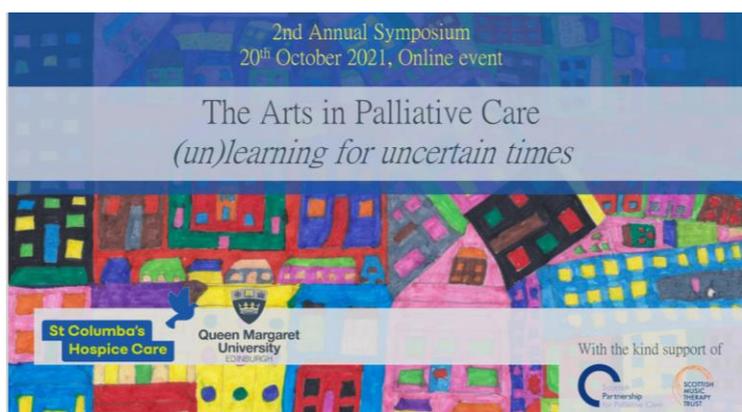


Our music listening group 'Tunes with Tea' received the Building Better Healthcare 2021 Award for Best Collaborative Arts Project (Performance). This UK-wide award is a recognition and testimony of all the collaborative work that has gone into the development of this group, starting initially as a practice innovation project with a past QMU music therapy student.

Adapting to a Changing World

In October we organised, in collaboration with QMU, our second annual arts symposium which was fully booked with 100 international registrations. This event brought together arts therapists, community artists and other arts practitioners and scholars to reflect on their learning and their unlearning as they navigate through the ongoing uncertainties of the Covid-19 pandemic. This included a critical consideration of the impact of uncertainty on creative work with individuals and communities in relation to death, dying and loss:

<https://stcolumbashospice.org.uk/arts-symposium-2021>



“Thank you so much for the invitation and opportunity to join the symposium yesterday. I found it incredibly enriching and thought-provoking. Thank you also for your sensitive facilitating and all the organisation that I am sure went on in the building up process.”

“It was a great day – very thought provoking and interesting dialogues and so lovely to be involved in all the arts including the dance which I loved! [...] looking forward to further collaborations and dialogues”

In November, we held our third Arts in Palliative Care ECHO network meeting. This meeting was led by artists Kirsty Stansfield and Jeni Pearson from The Prince & Princess of Wales Hospice, Glasgow and focused on their work around autonomy, creativity and end of life care.

In December, we completed this year’s last arts-led workshop as part of the hospice’s reflective practice sessions for clinical staff. This was a year-long pilot consisting of four workshops. These workshops have received positive feedback to date and the findings of an ongoing evaluation will inform future growth of this initiative as part of the hospice wider practice development and support.

Partnership

The arts team in collaboration with the family support team run an international songwriting project for hospice patients and school children in Scotland and Greece promoting death and dying awareness. Following our 2019 award-winning work with Fischy Music, the project brought together hospice patients from St Columba’s Hospice Care and from the Galilee palliative care unit in Greece as well as children from George Heriot’s School and from the Greek school Elliniki Paideia. Recording a total of 171 attendances of patients, children as well as school and hospice staff, the group met over a number of weeks and wrote songs exploring, expressing and sharing experiences of change, loss and grief in life. On 9th December we held an online closing event to

mark the completion of this exciting collaborative project and a video about the project has been published <https://vimeo.com/657354776>. The event attracted 100 attendees primarily from the UK and Greece and feedback was overwhelmingly positive.

Thursday 9th December 2021
10.45am via ZOOM

Songwriting for change, loss and grief



An international project for hospice patients and school children in Scotland and Greece

This event marks the completion of an exciting international songwriting project promoting death and dying awareness.

Following the award-winning work of St Columba's Hospice Care and Fischy Music, the project brings school communities together with hospice patients to explore change, loss, and grief.

Hospice patients from St Columba's Hospice Care in Edinburgh and from the Galilee palliative care unit in Greece came together with children from George Heriot's School and from Elliniki Paideia respectively. The group named themselves **GRESKO Agape**. They met over a number of weeks and wrote songs exploring, expressing and sharing experiences of change, loss and grief in life.

In this event, you will get the opportunity to hear more about the project and people's experiences of it. We will perform the songs written and share audio-visual examples from the process of the project.

Everyone is welcome, Please join us!

This is a free event.

To book your place, please register online:
<https://stcolumbahospice.org.uk/cultural-events>



"It was a wonderful experience. I was very touched. It was amazing how I felt connected with strange people! The two musicians created a real feast!! Thank you for letting me be part of it."

"Wonderful concept. It has great potential for development. [...] You may consider to broaden the art forms to include more arts like short films, short theatrical scenes, short pieces of literature or poetry etc."

"It felt like a true celebration of all the hard work that had gone into writing the songs. It was moving to see children and older folks working together and learning from each other. A huge congratulations and well done to everyone involved."

"Well done! What a fabulous project and amazing achievement particularly in the current situation"

"I've found the loss song writing project so rewarding, thought provoking and cathartic. Indeed it's been a true privilege to listen to the young people and other Hospice patients as we shared our personal experiences of heartfelt loss."

Through his joint appointment with QMU, Giorgos continued his work as co-chair of the 12th European Music Therapy Conference. Our arts team proposal for organising a pre-conference event on "Music therapy in end-of-life care: Relational and community perspectives" has been accepted and we look forward to welcoming 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) in June 2022.

During this quarter, Amy Donegani, our art psychotherapy student completed her practice placement successfully and we welcomed three new QMU arts therapies students on placement.

Quality Assurance

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

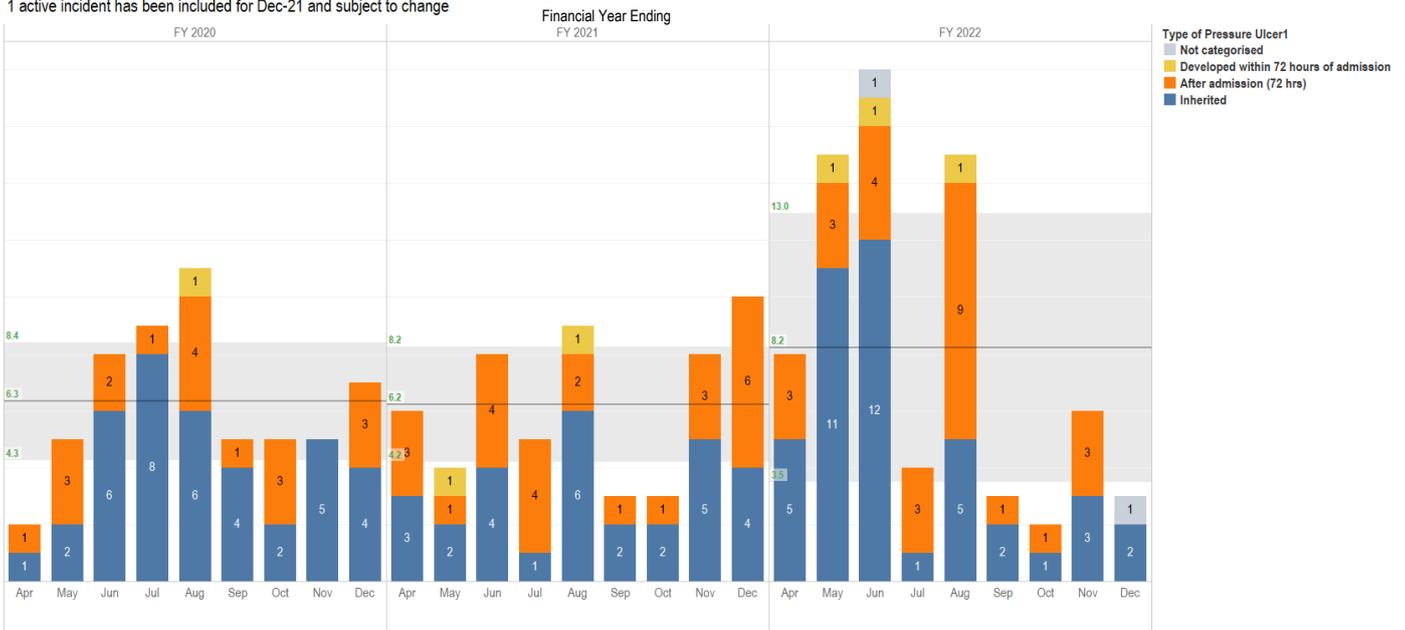
Reported Incidents

Pressure Ulcers

Actual Pressure Injury Incidents by Category

3 Year Comparison including month average with 95% CI

1 active incident has been included for Dec-21 and subject to change

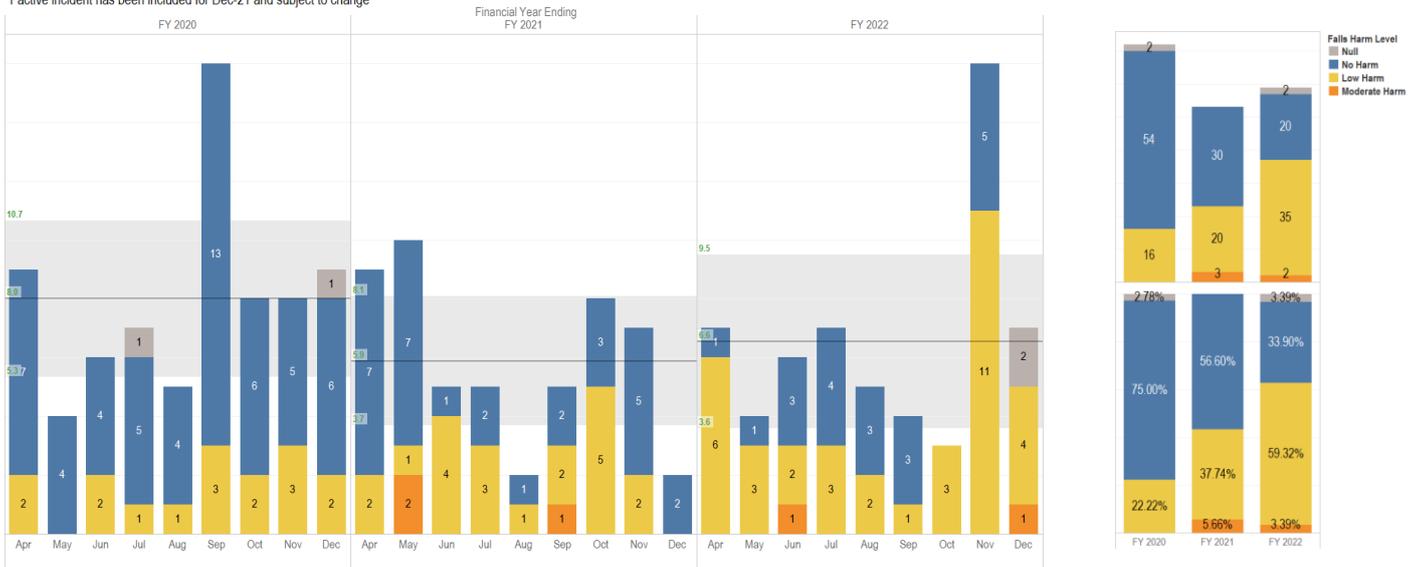


Pressure Ulcer prevention is led by a charge nurse supported by members of the clinical and quality assurance teams. The Prevention and Management of Pressure Ulcers Standards launched by Healthcare Improvement Scotland in October 2020 have been reviewed and an action plan created to ensure the hospice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

There has been a reduction in the number of pressure injuries recorded from August as the hospice reduced its inpatient beds from 17 to 11. As mentioned in the Qtr2 report, the increase during August was due to the influence of more than half of the pressure injuries being attributed to a single person. 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 Dec-21 and subject to change

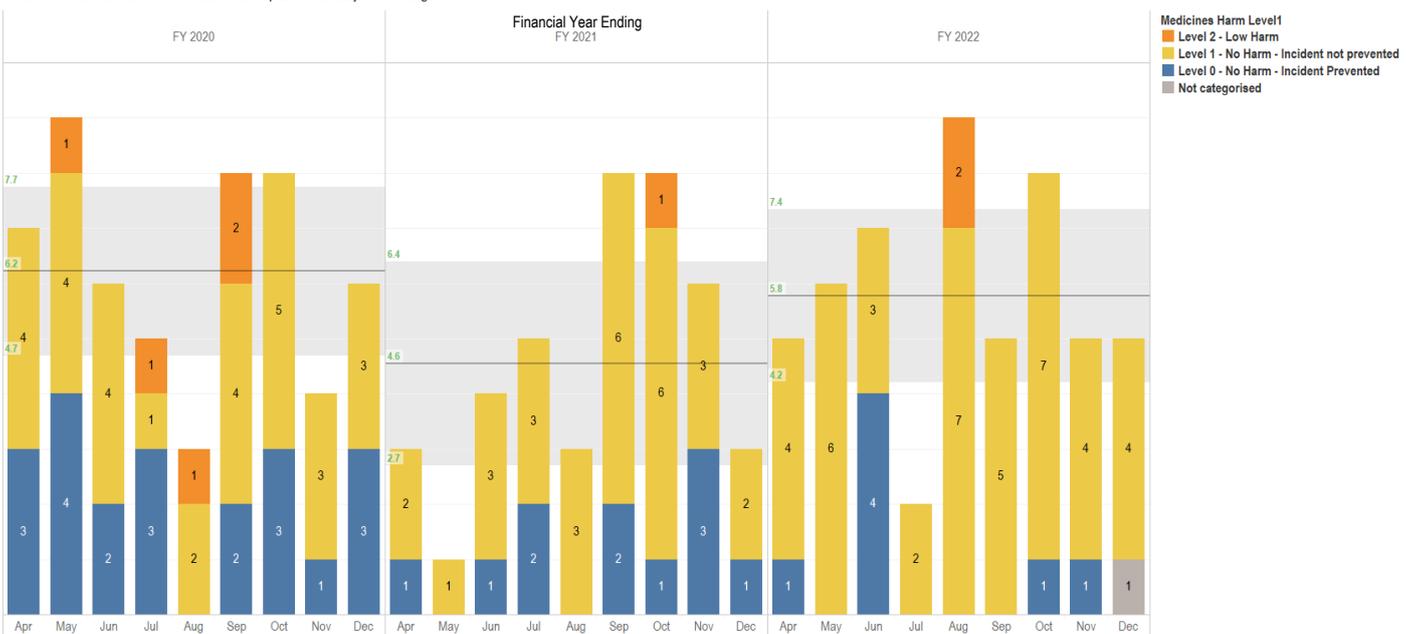


Comparing Qtr 1 to 3 for the last three years we can see the monthly average for this year is slightly higher than last. This has been the result of a spike in activity during November due to a single patient's complex care needs and deteriorating condition.

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. The Falls Leadership Group now attend this meeting and as such have increased attendance from quarterly to monthly.

Medicines Incidents

Actual Medication Incident Trend by Harm
 3 Year Comparison including month average with 95% CI
 11 active incidents have been included for Sep-Dec and subject to change



Medication incidents are monitored closely and subject to a full review process by the Patient Safety Group, monthly 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 11 incidents. This has increased the monthly average from 2020-21 from 4.6 to 5.8 and will be investigated as part of the QAT monitoring process which can identify in which particular medication incident sub-category is the most common and whether the increase is the result of random variation in the small numbers or a repeated practice that can be addressed.

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 Qtr3 **1 accident** was reported. **7 accidents (year to date)** were recorded only one of which involved a patient. (Harm Categories - 1 High Risk, 3 were graded at Medium Risk and 3 Low Risk of reoccurrence). 2 further reported accidents were closed as not incidents following investigation.

Incident Reporting

Excluding accidents, at the time of compiling this report Quarter 3 saw **75 total 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** further submissions, not counted in the figure above, were closed following investigation and categorised as 'Not an Incident'.

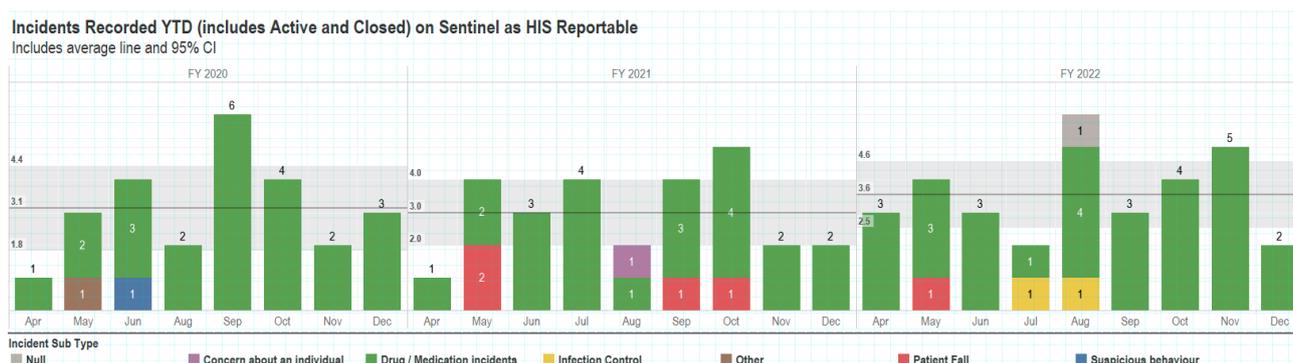
All incidents from the previous quarter have been investigated and closed.

Notifiable Incidents

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 rules 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.



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 was most likely 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 was most likely community transmission. This also was reported as RIDDOR as required by HSE.

4. Member of staff reported hurting her back during a moving and handling manoeuvre. A full investigation into the circumstances has now been completed and individual and organisational learning has been identified

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 (includes Near Misses) is 4 compared to 17 pre-pandemic.

Year to date the more frequently reported Non-Clinical incidents include IT and Data Protection (43%) 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

The last fire related incident occurred on the 2nd September where a smoke detector was activated by steam in the kitchen area.

Complaints

There was a single clinical complaint submitted in November relating to the quality of financial benefits advice provided by the Community Hospice Team. The complaint was upheld and a learning action plan is in place.

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 <i>et al</i> (1998) in Naylor R, Medication Errors, Radcliffe Medical Press, Oxford, 2002

Appendix 2 – Compassionate Community Posters



**St Columba's
Hospice Care**



**COMPASSIONATE
NEIGHBOURS**

From Hospice Volunteer to Compassionate Citizen: Shifting the Balance of Care and Power

Darke L, Haraldsdottir E, Lloyd A, Young M, - St Columba's Hospice Care

Background

Deriving from the Public Health Palliative Care model, Compassionate Neighbours is a community development project aimed at cultivating mutually beneficial relationships, and using these to build community capacity that can equip communities to help one another during times of increased health need, loss and grief. This co-creation of collective social capital – participatory, self-reflective and informed by shared learning – is a hallmark of effective community development.

In 2020, St Columba's Hospice Care adopted the approach to expand the role of its volunteers. Initiated and sustained during the COVID-19 pandemic, the project used an online blend of discussion, reflection and learning before matching compassionate neighbours with local people (community members) known to the hospice.

Aim

To capture volunteers' experiences of being a compassionate neighbour and the impact of transition from 'traditional volunteer' to 'compassionate citizen'.

Method

Thematic analysis of:

- Focus group inclusive of 10 compassionate neighbours
- Interviews with 6 matched-with community members

Additional data was gathered using:

- Feedback narrative from monthly peer support sessions and 1:1 reviews with the project lead
- A brief 3-point questionnaire completed by 5 compassionate neighbours

Results

Key themes that emerged:

Processes

- Training was seen as a co-creative process
- Robust and comprehensive matching was vital
- Devolving care and power from hospice to volunteers legitimised informal community caring

Relationships between Compassionate Neighbours, with Community Members and with the hospice

- Compassionate neighbours were a Compassionate Community in their own right
- Reciprocity was a defining feature of the relationship between compassionate neighbours and community members
- Compassionate neighbours acted autonomously: negotiating and developing their roles within the project and sustaining their relationships with community members
- Compassionate neighbours with other hospice-facing volunteer roles saw themselves differently in this project

"The biggest healer in the world is friendship."
COMMUNITY MEMBER

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

"I think it's really brave of the (the hospice) to take this step and let us just trust ourselves and be trusted." - COMPASSIONATE NEIGHBOUR

Conclusion

Central to the project's early success and future growth has been the emergence of a different kind of volunteer; one who sees him or herself as part of a community-led social movement, involving ordinary people capable of responding in practical and compassionate ways to shared problems and needs within their own communities.

It seems that together, we have begun "to create a new space within the hospice – a space in which Compassionate Neighbours [...] exist as both members of the public and members of the hospice, drawing on support from each other but transcending both worlds." [1]



Reference: Sallnow, L. 2018. Collective social capital: a study of new public health and end-of-life care (<https://hdl.handle.net/10178/33307>)



Summer Conversations: Stories for Ageing and Dying Well

Lynn Darke and Maggie Young - St Columba's Hospice Care

Background

The importance of families and communities working alongside formal services is central to any public health approach to palliative care. The challenge for professional organisations is to find new ways of developing community-led action; building in the everyday knowledge and skills relating to death and dying that help people stay connected to their families, friends and communities during times of isolation, grief and loss. [1]

Community Development

Reading from Lucy Aykroyd's book, **Leaves of Love: Stories for Ageing and Dying Well**, fourteen local people gathered to talk over coffee and cake. Their feedback highlighted the importance of being able to speak about death openly in society, listening to others, and having their own stories of death, grief and loss heard.

Within a public health framework, individuals and communities with high levels of death literacy:

- benefit personally from their knowledge and experience
- are able to translate this into action
- have capacity to act and care for the dying and bereaved [2]

Summer Conversations



IT'S GOOD TO TALK

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

"Great chat and everybody contributed. Let's do this again - and soon."

"An inspirational, thought-provoking book which I will return to frequently for advice and reassurance."

"I left feeling alive and energised - a real honesty and sharing of stories."

"Amazing session that has left me feeling I want to make a difference to the wider community."

"Thank you for your support in providing funding for a beautiful book."



References

- [1] Abel, J, Kalliaheal, A, and Kanioglou, A. 2018. Palliative Care: The New Essentials. In, *Annals of Palliative Medicine*.
- [2] Noonan, K, Horsfall, D, Leonard, B, and Rosenberg, JP. 2016. Developing death literacy. In, *Progress in Palliative Care*, 24(1), 31-35.