



# People Services Quality Report

Quarter 3, 2023-24



## Executive Summary

We are delighted to share our quarter 3 Quality Report which demonstrates how our team of staff and volunteers work together with our patients, their families and our partners to deliver our ambitious strategic plan 'Adapting to a changing world'.

Some highlights from quarter 3:

- We received 285 new referrals for hospice care.
- We supported 356 individual people in our community palliative care team and 37 in virtual ward. Our care at home team cared for 59 people in Edinburgh and 30 people in East Lothian.
- Our inpatient team saw a reduction in occupancy despite little change in referrals and admission numbers. This was largely due to reduced length of stay.
- We addressed previous data quality issues affecting our KPI reporting and have shared updated data for previous quarters.
- Our family support teams continue to deliver and develop group support to maximise their capacity. Waiting lists have now reduced and there is clear evidence of the teams therapeutic impact evidenced through the use of validated outcome measures.
- We continue to share our learning and to develop and influence practice locally, nationally and internationally such as presentations / posters at the Association of Palliative Care Social Workers National Conference, Hospice UK national conference, Scottish partnership palliative care conference, and through activities such as participating in the review of the Scottish palliative care guidelines and working to seek a lothian wide solution to more timely access to medications for patients in their own homes.
- We facilitated a parallel session for NHS Education for Scotland's virtual Bereavement Education Annual Conference: 'The Grief We Carry' for 89 people.
- Our inpatient leads have been intently focussed on team engagement this quarter by encouraging feedback and participation in relation to our next hospice strategy, through patient safety workshops aiming to reducing prevalence of pressure ulcers and seeking their judgement in relation to staffing establishments.
- We successfully piloted a volunteer led staff wellbeing program.
- Our community consultant visited a school in South Queensferry, with our child and family team and hosted a Q and A session on hospice care and assisted dying with 4th Year students as part of their religious and philosophy modules.
- We hosted an 'Essence of memory' event as part of this years 'To absent Friends' week.
- We have continued to embed a culture of goal setting and palliative rehabilitation
- Our children's bereavement group had 24 children attending over six weekly sessions and our pilot "Supporting your child in grief" group had 9 parents attending.
- We held our annual Family Remembrance Day as part of Children's Grief Awareness Week in November with 6 Families participating.
- We have begun work on how best to articulate our 'value proposition' as an employer so that we can continue to attract and retain the best possible workforce.
- We have started work on developing our new 3 year 'People Strategy' and have completed our stakeholder engagement in preparation for our next Hospice strategy.
- There were no significant incidents in quarter 3 and no significant patient safety concerns to report. 2 complaints were received and responded to in appropriate timescales and learning action plans implemented.

# Our Community

## Our Quality Commitment

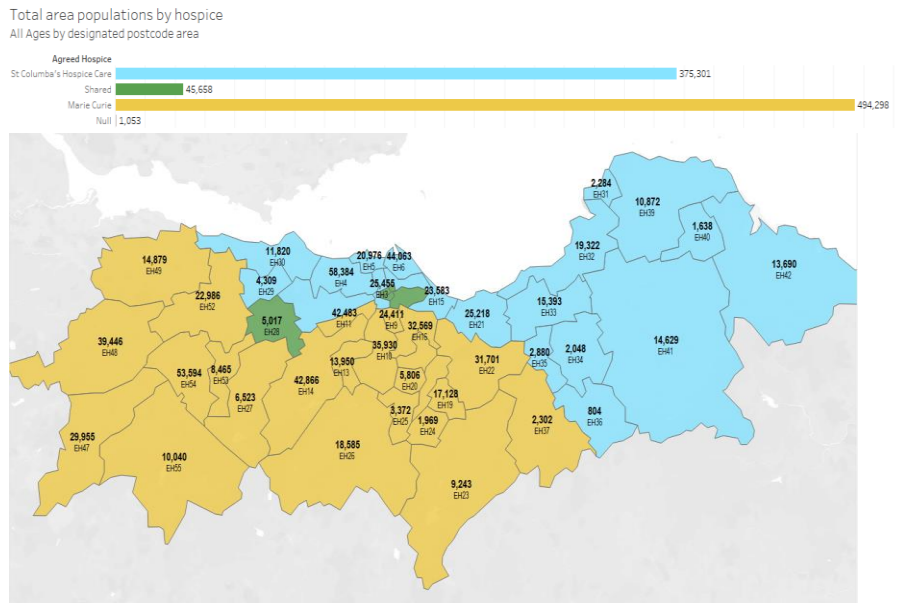
'We provide timely and **equitable** support to people in North Edinburgh and East Lothian who are living with palliative illness'.

## Our Performance Indicators

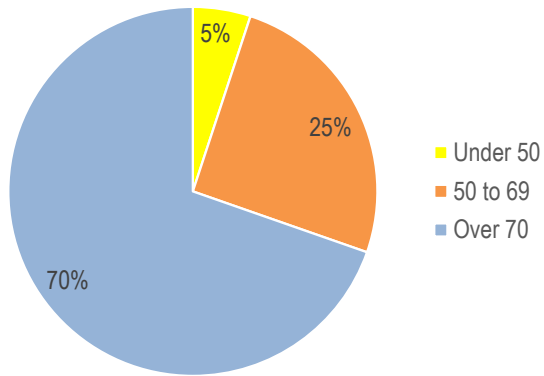
Our data will demonstrate that:

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

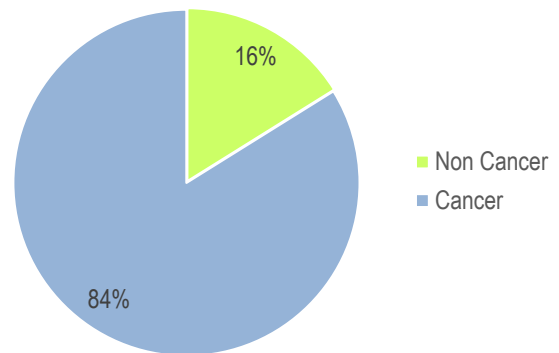
Hospice Care in Lothian is provided by both St Columba's Hospice Care and Marie Curie Hospice with an informal agreement in place regarding postcode split and a few areas of overlap. The charts below provide a summary of the available data for quarter 3 demonstrating our commitment to providing palliative care for all, regardless of age, ethnicity, diagnosis or background. At the end of quarter 4 we will analyse the full years data and compare with Edinburgh and East Lothian population level data to ensure those who are accessing our services are reflective of our local community.



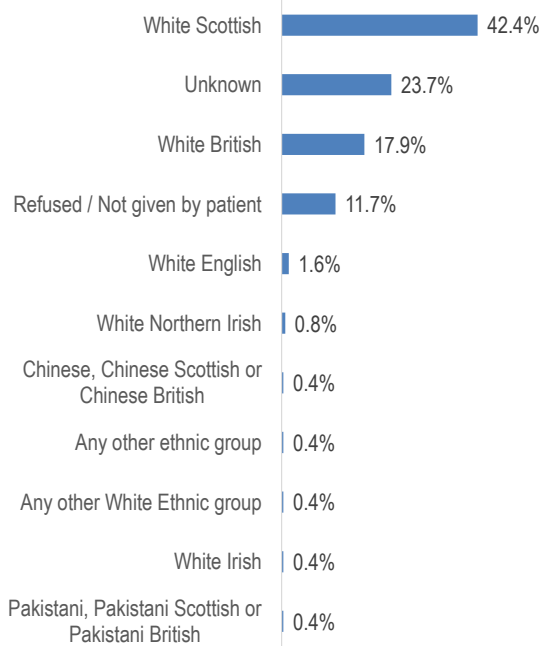
**People by Age Band**



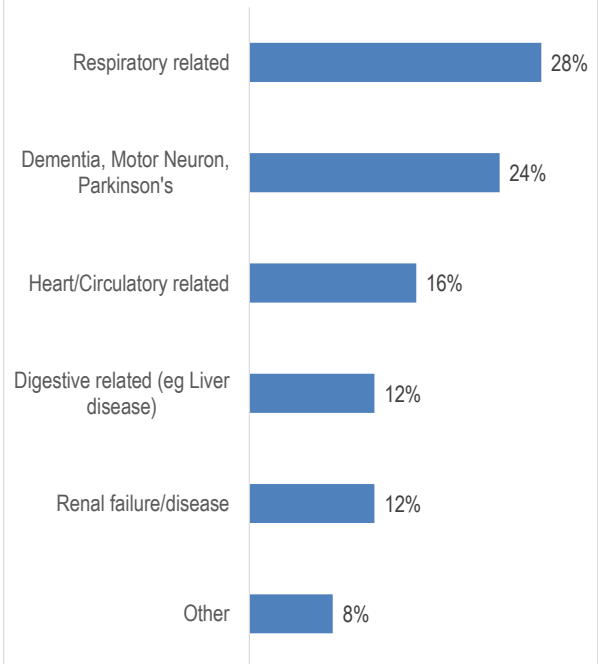
**Proportion of episodes recorded cancer to non cancer diagnosis**



**People accessing our services by ethnicity**



**Proportion of episodes recorded for non-cancer diagnosis**



## Patient Services

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

## The Access Team: Becky Chaddock, Team Lead

### Our Quality Commitment

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

### Our Performance Indicators

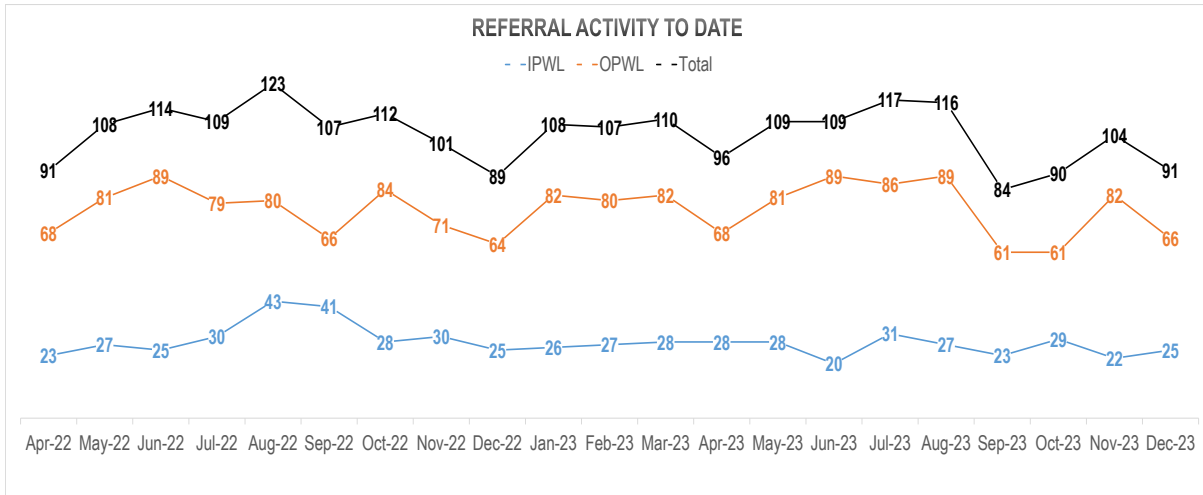
Our data will demonstrate that:

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

Data for the first 3 quarters has been revisited due to previous data quality issues. In Quarter 3, all the exceptions occurred in the second half of December when the team experienced significant staff absences. All urgent referrals were responded to and available staff worked to prioritise routine referrals. It is not anticipated that absences will continue into quarter 4.

KPI	Qtr1	Qtr2	Qtr3
All 'urgent' referrals are assessed and triaged by our Access team within 2 working days.	100%	100%	100%
All 'routine' referrals are assessed and triaged by our Access team within 7 (consecutive) days	99%	99%	92%
All referrals for inpatient care are offered an admission within 7 (consecutive) days of being triaged by our access team	89%	97%	94%

In quarter 3, the team triaged 285 referrals for new patients into hospice services.



### Our Impact

The Access team supported 282 telephone calls this quarter relating to 210 individual patients. This is down slightly from previous quarters however we noted that the average time spent on each call was up by 15 minutes. The calls were primarily from patients, their family or friends, with calls from the professional colleagues making up the second largest group. These are calls from people known to the hospice requiring urgent/unscheduled advice. During the period of staff absences in December, several days of advice calls were covered by the hospice at home team and are therefore not included in these numbers. The most common theme for the calls related to Medication/Symptom control advice.

### Our strategic developments

No strategic updates for quarter three.

### Participation and feedback

My experience so far has been entirely positive - thank you!	Thank you, you couldn't have done anything more.
I think the team do an excellent job	Could not have been better - 10/10, brilliant, very good ++, incredibly supported
Just keep doing what you do best – all of the above!	Thank you this conversation helped us immensely.

## Our volunteers

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

## Working with our external partners

In quarter 3 the team:

- attended the Association of Palliative Care Social Workers National Conference on the topic of 'Innovative practice in Palliative Care' and presented the work of the Access Team.
- met with the Edinburgh and Lothians Palliative Care Social Work group to share service updates and good practice.
- attended the Hospice UK Conference and presented a poster.
- attended the Scottish Partnership for Palliative Care annual conference and presented a poster.

## Quality Improvement

We strive to maximise use of our inpatient resource and can in general admit up to two people each day. We closely monitor the number of days where we had a waiting list but did not admit two people for any reason.

	Total number of potential admissions lost	Reason for admissions lost		
		Shared room limitations	Reduced medical staff resources	Reduced nursing staff resources
Quarter 3	23	6	3.5	13.5



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

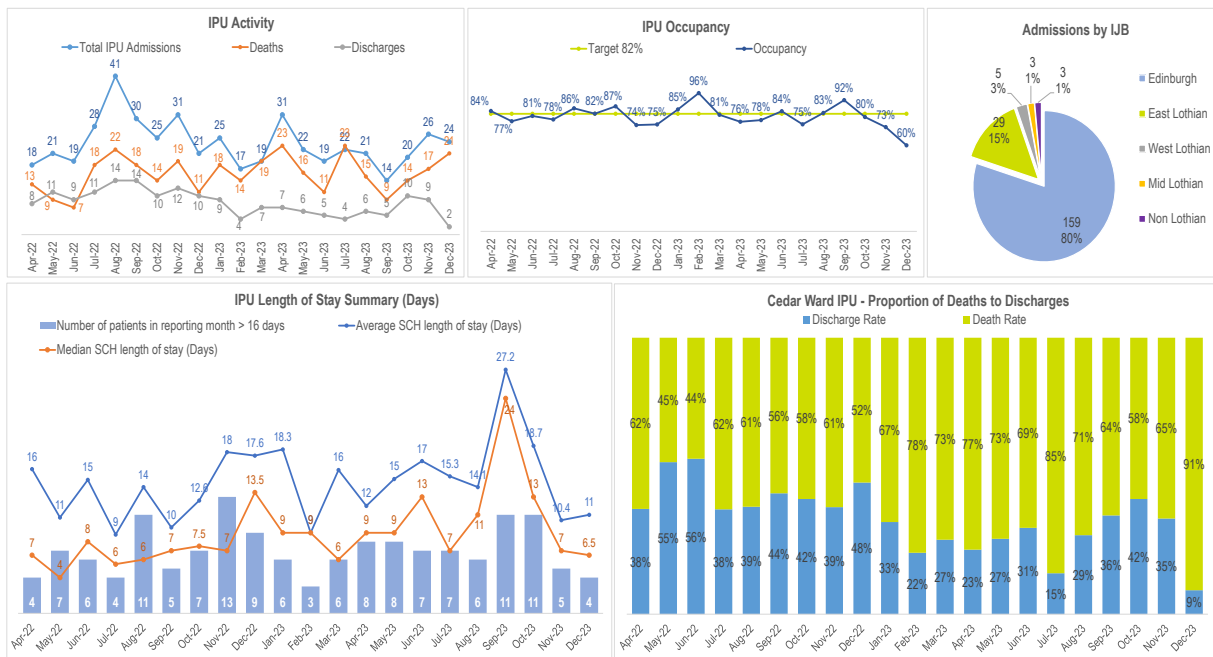
## Our Quality Commitment

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

## Our Performance Indicators

Our data will demonstrate that:

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



- There is little change in the overall number of inpatient admissions since quarter 2.
- Occupancy was below the 82% target for the quarter at 71% largely due to reduced length of stay (19 to 13 days) and increased turnover. Covid 19 led to us having our shared rooms closed for 14 days in December.
- Some planned short admissions this quarter included specific goals such as blood transfusion and ascites management.
- The proportion of deaths to discharges was also significantly higher in December.

- Our patient transport vehicle supported 6 discharges home, 1 transfer to hospital, 12 admissions from home and 5 people to attend appointments.

### Our Impact

Our inpatient team support patients and their families to live life as fully as possible using a goal setting approach to guide decision making in partnership with patients and their families. We support transition from acute hospital and from home and onward transition back home or to other care settings through timely discharge planning.

### Our strategic developments

- We have been intently focussed on team engagement this quarter by encouraging feedback and participation in relation to our next hospice strategy and seeking their judgement in relation to staffing establishments.
- There has also been a focus on staff development and retention with the inpatient leadership team working closely with the team to meet personal and professional objectives.
- We continue to work in partnership with St Christopher's Hospice, London and now plan to launch a program of registered nurse 1:1s from January 2024. These aim to aid to increase a sense of feeling valued, enhance productivity and to improve staff retention and job satisfaction.

### Participation and feedback

- "The care was perfect. You really all got it right. He was so well looked after, with obvious respect, humour, and gentle care shining through. We felt scooped up by you and this carried us through tough moments, even afterwards, and we are so grateful to all of you."
- "You all made a difficult time a treasured time".
- "Whilst Mum is a big loss to our family, having a dignified and peaceful end is helping us all and is such a comfort. You were all wonderful and enabled me to be a daughter again, instead of being *Nurse*".
- "A big thank you to all in the hospice for the loving expertise and care given during his stay".
- "Thank you for the loving care you provided, you are all mighty humans who make a difference."
- "I just want to say a huge thank you for all the help and support you gave my dad. You gave him his dignity back and companionship. He expressed to me that he was happy whilst he was with you and for me this is priceless".

## Our volunteers

Our volunteers did an outstanding job of getting the inpatient unit ready for Christmas! The trees and decorations looked fantastic and brought a touch of festive cheer to all those in our care.

## Working in partnership with our external partners

- We had a visit from Trinity Academy pupils in December, who brought shoe boxes with beautifully handmade gifts inside for those in our care. This is an extremely positive link with our local community and the patients and pupils love it and get so much joy from the visits. It allows for an avenue in which we can break down the barriers surrounding the taboos of about hospices and death and have open and honest discussions around these topics.
- The Chelsea II Trail has now launched with positive engagement from the team and 12 patients recruited to date.
- Our Team Lead participated in Insights training with leaders from across the hospice. leadership team over this quarter. Insights brings psychology to life in an accessible and practical way that shows people how understanding themselves better can make a positive difference in the workplace. Insights helps individuals learn more about their preferred behaviours and promotes awareness of the strengths they bring and how to build on them, and how to maximise their relationships with others.
- We have been working with the Nursing and Midwifery Council and Napier University in regard to a change in how we support nursing students on placement with us so that we can ensure we provide the best possible learning experience.

## Quality Improvement

We held a series of Patient Safety Workshops looking specifically at Prevention and Management of Pressure Ulcers. Our nurses worked with the Quality team to take an in depth look at our prevention of pressure ulcers practice and gained valuable insight into where this could be enhanced. We also marked national 'Stop the Pressure week' with 'Stop the pressure' day on 16<sup>th</sup> November. We shared quizzes and posters and links for online learning. We will explore how we can continually improve team engagement with stop the pressure day and other related activities going forward.

We also worked with the Quality team to explore potential solutions to some recurring incidents involving the completion of our desirable medicines logs, which were introduced in 2023 as a suggestion by the team. We are currently collating the results and will share our improvement plan in quarter 4.

## Care at Home Team: Craig Walby, Team Lead

Our care at home service works collaboratively with our community palliative care and virtual ward services under the overall heading of 'Hospice at Home'. Although as Team lead, Craig sits within the

patient services cluster, his report is included alongside Hospice at Home in the 'Community and Wellbeing' section to support an integrated approach to reporting.

## Pharmacy: Fiona Milne, Pharmacist

### Our Quality Commitment

The pharmacy team do not currently report against any specific quality commitments or performance indicators, but these will be developed and included in future reports.

### Our impact

The pharmacy team ensures that patients have access to the required medicines during their stay and facilitates timely discharge. The team provides clinical pharmacy services to patients and leadership in medicines governance, working closely with the rest of the multi-disciplinary team (MDT) to maintain and improve patient services. We ensure that patients have a good knowledge and understanding of their medicines during admission and at discharge. The Pharmacist has a key role in providing advice and education and training on medicines associated with palliative care to a range of health professionals within the hospice and across NHS Lothian.

### Our strategic developments

We are currently developing a non-medical prescribing policy to extend role of our Pharmacist and hope to implement in spring 2024.

We are currently exploring options to support timely access to medications for people in their own homes at times of urgent need, both locally and across NHS Lothian.

### Participation and feedback

The team were delighted to receive excellent feedback recently from patients regarding the timely supply of their medicines and support to take their medicines safely.

### Our volunteers

The pharmacy team regularly hosts volunteers to learn about our role within the hospice. The team also hosts several trainee pharmacists and qualified pharmacists with a special interest in palliative care throughout the year.

### Working in partnership with our external partners

The team is currently working with our recently appointed community pharmacy supplier to implement a full medicines supply service following their recent approval for a Wholesale Dealer's Licence. We are also working together to review the format of our discharge prescriptions.

The pharmacist is a member of the national expert group currently reviewing the Scottish Palliative Care Guidelines.

### Quality Improvement

A poster detailing the work we carried out in partnership with the inpatient team to minimise the risk of diversion of desirable medicine of the teams was presented at the Hospice UK conference.

The team supports a number of regular audits including; medicines reconciliation, antimicrobial stewardship, controlled drugs governance and missed doses.

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

### Our Quality Commitments

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

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

### Our Performance Indicators

Our data will demonstrate that:

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

Currently patients are waiting a mean of 9 days for their initial assessment (median 8 days, range from minimum 2 to maximum 15). Carers and bereaved relatives are waiting a mean of 21 days for assessment (median 20 days, range from minimum 6 to maximum 42 days). Longer waits are usually due to individual circumstances (e.g. being on holiday, not attending agreed appointments or being in hospital and unavailable for assessment).

The second performance indicator relates to potential risk of harm and we aim to offer an appointment within 3 weeks for time-limited counselling. No referrals were assessed as being at significant risk of harm this quarter. While 2% of those referred had abstract thoughts of suicide, they were at low risk with no plan, no intent to end life or no access to means which would require urgent intervention.

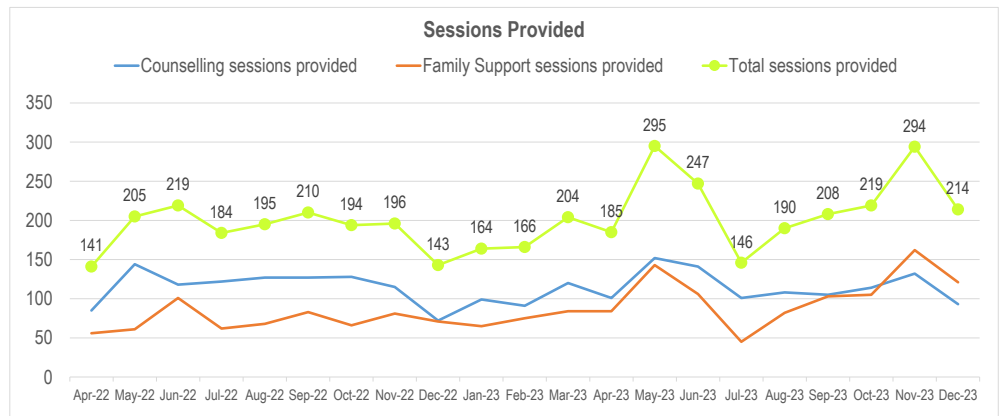
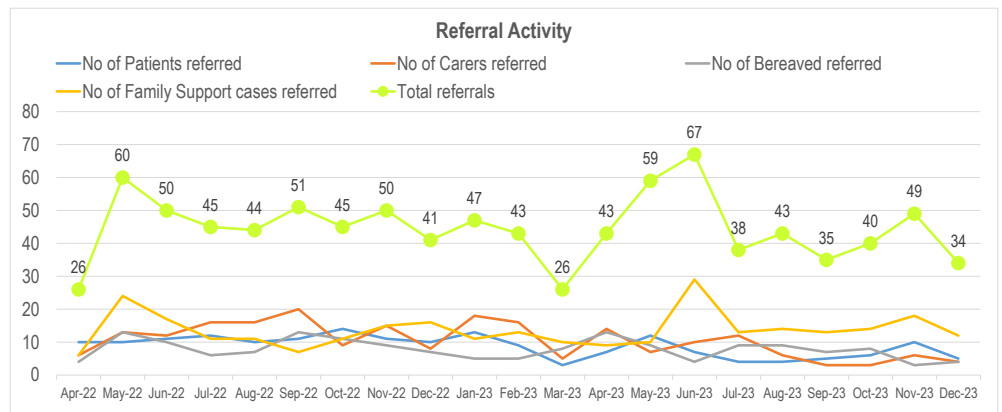
Where people have low risk, we ensure they have access to 24-hour telephone helplines and encourage them to let us know if they feel their risk has changed for any reason. This is a substantial drop in the numbers of people referred with thoughts of suicide compared to previous quarters.

Patients are waiting a mean of 15 days from assessment until their first counselling appointment (median 7, range from minimum 5 to maximum 57 days). Bereaved people with acute or normal grief reactions and no significant risk of harm are now directed to the next available bereavement group. Those who attended our Living with Loss group in November waited a mean 69 days from assessment to the first group session.

### Our Impact

We delivered 339 individual adult sessions in quarter 3, an 8% increase on activity compared to the same period last year (N=315). We are now investing greater time in providing group interventions and our *Next Steps* walking group had 25 attendances while our *Living with Loss* group had 52 attendances over the quarter. This activity is not included in the graph above.

There were 49 individual new adult referrals for adult counselling or bereavement support (21 patients, 13 carers, 15 bereaved relatives), a 52% decrease



compared to the same quarter last year (2022-23). We are unsure the exact reason for the reduction in referrals but wonder whether general support needs (such as normal distress) are perhaps being picked up earlier and more appropriately by other colleagues, and/or whether post-pandemic distress is beginning to diminish.

Of the adult referrals we assessed this quarter, 29% were patients, 30% carers (15% of whom were referred very shortly before the death of the patient) and 41% bereaved at time of assessment. 73% were female and 27% male, with an age range from 25 to 83 (average age 55, SD=25). The majority of our referrals come from our Community Team (54%), inpatient unit (15%) and self-referral (17%) but we also received referrals

from virtual ward (5%), Access Team (5%), East Lothian Community Palliative Care Team (2%) and from GPs (2%).

29% of adults assessed this quarter were taking prescribed medications for psychological distress (20% antidepressants only, 5% antidepressants + anxiolytics, 5% anxiolytics only). Of those who were bereaved at time of assessment, 74% demonstrated an acute grief reaction, 22% a normal grief, and 4% had symptoms of a complicated grief reaction (e.g. prolonged grief disorder, depression, PTSD).

We use standardised and validated outcome measures to evaluate the impact of our services. 73% of clients demonstrate improvement on CORE-OM scores post-intervention, with 64% of clients below clinical cut-off at end of therapy (i.e. no more distressed than the average person) and 0% showing clinical deterioration (i.e. moving from normal to clinical levels of distress). Bereaved clients show an average post-intervention improvement of 19 percentage points on their PG-13 scores.

The majority of group participants also show improvements in their CORE-OM and PG-13 scores. CBT patients demonstrate clinical improvement in relevant measures (e.g. Impact of Events Scale – Revised, for PTSD), and our CBT clinic continues to work well, seeing people with psychological disorders associated with their illness or bereavement (e.g. depression, PTSD and generalised anxiety disorder).

Our chaplaincy service had 35 referrals this quarter, and 113 interactions with patients, 125 with carers and 31 with staff or volunteers.

The Absent Friends event in Iona Cafe was attended by 10 people, an Act of Remembrance event was attended by 7 people, a Christmas Day event on Cedar ward was attended by 9 people, and we co-led the annual bereavement service at Seafield Crematorium, attended by 60 people. In addition we participated in the Wardie Church community Christmas tree event (around 200 people).

## Participation and feedback

While we continue to evaluate our impact using standardised and validated measures of psychological distress, we also receive verbal and written comments from people who have used our services.

Participants at our bereavement groups have made positive comments in their feedback, including:

*“Thank you for organising this valuable resource for those in the same circumstances. Nice group of people”* (Next Steps walking group participant)

*“I think I enjoy all the walks but mainly the banter. I know it’s helped me”* (Next Steps walking group participant)

*“Thank you for the sessions I believe they helped me a lot”* (Living with Loss group participant)

*“Highlight [was] having a safe space to be open and honest with people who understand”*

We also continue to receive positive comments about our chaplaincy service, including:

*“You’ve been exceptional towards us. Thank you so, so much”* (bereaved relative looking for funeral information)

*“I wasn’t sure about coming to this event because it’s only a few years since my partner died, but my friend encouraged me to come and I’m so glad I did.”* (participant at Absent Friends event)

*“It was hard to come now that [my relative] is gone, but it helped us too. It was lovely.”*

We recently shared information on how we assess adults and respond to suicide risk and mental health with colleagues at Shooting Stars children's hospices. Feedback following this meeting:

*"May I send you the hugest thank you via email (albeit an email doesn't quite capture it). The opportunity to meet with you and learn about your incredible work at St Columba's was truly invaluable. Your vision for ensuring the work we do is measured and proven in its value really is quite something. I have used much of your advice when introducing our protocol to our counsellors and therapists. Thank you for being both inspiring and generous in sharing your knowledge and these sources."*

### **Our strategic developments**

We have refined the new stepped care model we developed with the Wellbeing team to help staff distinguish normal distress from potential psychological disorders, and to better understand the appropriate level of service given problem severity.

We continue with the roll-out of depression training for clinical staff, to help colleagues recognise the difference between normal distress and depression, receiving positive feedback about colleagues improved knowledge and confidence.

We have looked at how our psychological therapists' qualifications and experience align to the new SCOPED framework which has been developed by several of the main professional bodies.

Our newest staff member has completed her qualification in online and remote counselling.

### **Our volunteers**

We interviewed and have recruited 4 new student counsellors who will be on placement with us, with induction starting in January. We hope this will help us reduce waiting times for 1:1 psychological therapy for family members.

### **Working in partnership with our external partners**

Our chaplain visited Blackhall Mosque to meet with one of the imams there, and a reciprocal visit to the hospice has been arranged for early 2024. The chaplain also attended the Interfaith Peace Service in St Mary's Cathedral, which led to several new contacts who have been added to our interfaith chaplaincy support list.

### **Quality Improvement**

No further updates to share.

## **Wellbeing and Community**



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

## **Wellbeing Service: Lisa Kerr, Team Lead**

### **Our Quality Commitment**

The Wellbeing team do not currently report against any specific quality commitments or performance indicators but these will be developed and included in future reports.

#### **Our impact**

Our Wellbeing Service is accessible to people with any life limiting condition, their family or friends. Some sessions are also suitable for those who are recently bereaved. People visit us from their home and from our inpatient unit. We also support people in the earlier stages of their illness who are not yet known to other St Columba's Hospice Care services.

Our program enables people to learn strategies and develop their skills and to gain emotional and social support from others living with similar experiences.

There were 40 new referrals/self-referrals with 319 interventions with 146 individual people (inc both patients and carers) attending the Wellbeing Programme in quarter 3.

Activity has decreased by 4% compared to previous year, with Facilitator absence during this period impacting on availability of some of the more specialist sessions. The top 2 most attended sessions made up 32% of the total activity for this quarter, indicating preferences to participate in groups that support socialisation and relaxation.

Our Complementary Therapy Service received 77 new referrals and delivered 220 sessions this quarter. People can choose from a range of therapies to support mental, emotional, physical and spiritual wellbeing.

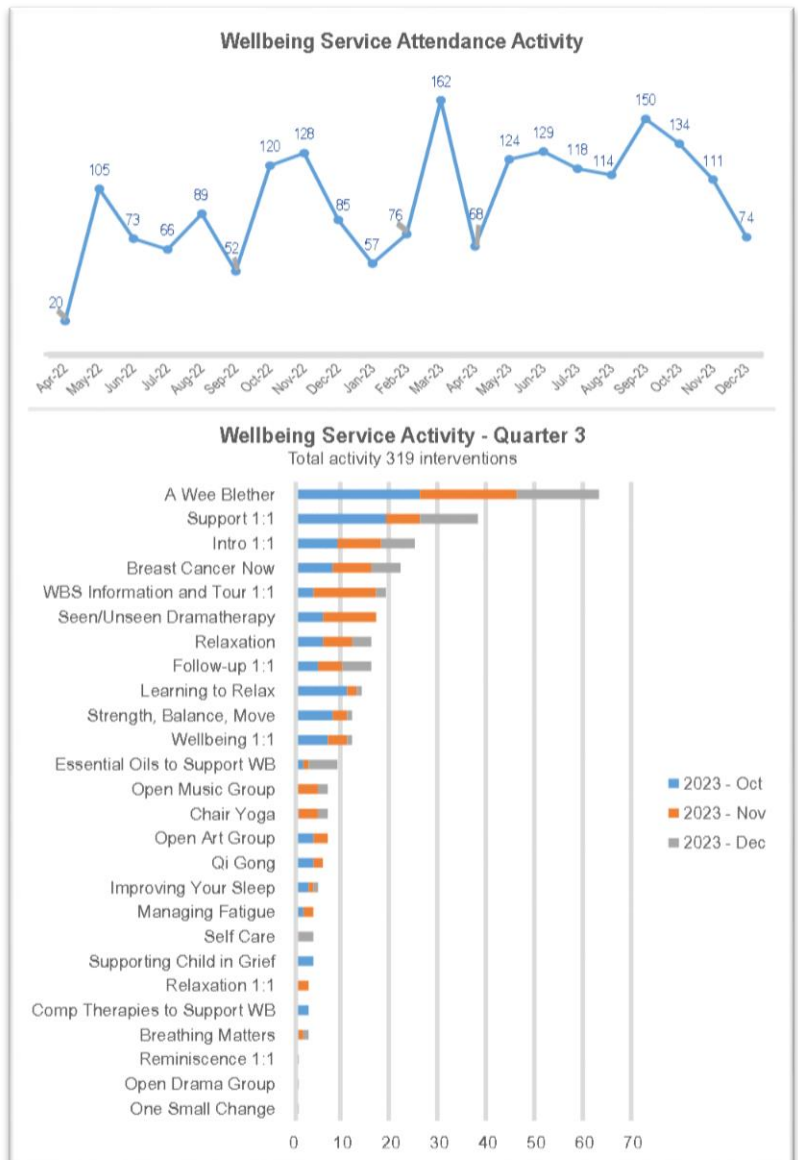
Our Compassionate Neighbours support people with loneliness and social isolation, bringing fun, joy and friendships, available to people in our communities with a life limiting condition. During quarter 3, there were 28 new nominations for support and there were 61 Neighbours (volunteers) available. The 48 who were matched with people in the community provided 735 interactions.

We also have 6 Compassionate Gardners (previously referred to as Green Fingred Volunteers), who now have 13 matches, and who carried out 30 interactions, providing support with garden maintenance alongside friendship and company.

### Our Strategic Developments

We continue to promote and deliver our Outreach 'Living Well' Programme and are currently supporting our East Lothian colleagues. A 9 week program will be available from March in South Queensferry with sessions including Learning to Relax, One Small Change, Managing Fatigue, Keeping Active, Essential oils for Wellbeing, Arts and Music.

We are currently developing a new active health volunteer role



We have created a tailored programme for our Compassionate Neighbours to attend, to embrace their own wellbeing and further share their learning and experiences with the people and families they are matched with and with their wider community.

## Participation and feedback

### Wellbeing Service

*"The Service you provide is amazing. So kind but so professional, knowledgeable and helpful. I cannot thank you enough"*

*"This place is where I find peace"*

*"You really do tailor things to cover everything, it is quite incredible what is available through the wellbeing service"*

*"I feel so much less tightness following the Yoga session I attended"*

### Complementary Therapy Service

*"Wow, I feel like I am on a cloud"*

*"I never realised how powerful Reiki could be"*

*"The wonderful feeling I have after being here, lasts long after I have left your treatment room"*

*"It feels like Christmas has come early"*

*"I enjoyed every minute of that, my mind completely switched off"*

*"I am so grateful, I never expected physical and mental support through complementary therapy"*

### Compassionate Neighbours and Compassionate Gardeners

*"I wouldn't be here without my Compassionate Neighbour. She doesn't baby me like some people do, she just nudges me on and encourages me to be the best I can be, she is strong when I am not"*

*"Dad's Compassionate Neighbour has lifted Dad's spirit no end"*

*"The darker winter days can feel long, apart from a Tuesday. Tuesdays fly by because I have my visit and we have such a good time. We talk about the good old days and last week we laughed ourselves sore talking about our hairstyles over the years."*

*"We planted 100 bulbs together. We started with a colour plan, but we were chatting so much we soon forgot it. It will be such a nice surprise when they all bloom! It will be a wild array of colour and shape"*

Wellbeing, Complementary Therapy and Compassionate Neighbours all participated in our "To absent Friends" event, where we invited members of our community to join us for an evening of comforting conversations, marking the start of To Absent Friends Week (1-7 November). This year's event theme was "The Essence of Memory", where we explored our five senses.

*"It was such a nice evening, the soup was lovely, the café was lovely and the company was...lovely!"*

## Our volunteers

Our 3 Wellbeing Volunteers continue to support those attending our Wellbeing Programme and our 6 complementary therapy volunteers enable us to significantly extend the reach of the service.

We recently piloted a volunteer led, Staff Wellbeing Programme. Staff can self-refer through an online booking system and can choose from a range of sessions included Relaxation, Harmonization, Chair Yoga or Tai Chi. 41 members of staff participated in the programme (52% from clinical roles and 48% from non-clinical roles). Feedback that we received included:

*"I couldn't believe how much energy I had after the Harmonization session; I was able to prepare dinners for the rest of the week that evening!"*

*"The Harmonization session helped release the emotions that I had absorbed earlier today, perfect timing and so beneficial"*

*"I haven't tried anything like this before, I couldn't believe that I actually switched off!"*

*"What a fabulous idea to promote health and wellbeing amongst the staff. I will be attending the next one and I hope there can be further sessions in the future"*

## Working with our external partners

We continue to work closely with Maggie's, Macmillan, Improving the cancer journey and the NHS Bereavement Group sharing best practice and jointly supporting their clients following diagnosis and bereavement.

Members of our team attended Hospice UK conference in November. Hospice UK team also visited our service and subsequently an article about our Compassionate Gardeners project is being added to Hospice UK Innovation Hub.

We were invited to the Granton Parish Church community lunch, with a positive collaboration evolving with Ama-zing Harmonies. Community members have since visited us at the Hospice to gain a greater understanding and awareness of the support available to their community. Members of our team attended their Christmas concert, building relations and connections within the community.

## Quality Improvement

Our Wellbeing volunteers continue to actively seek real time feedback from those using our services so that areas for improvement or celebration are identified. This is captured through in person feedback questionnaires and then passed to our Quality team.

We continue to aim to measure outcomes, with our focus being on identifying and measuring achievements towards individual goals. We are currently capturing this through follow up conversations, feedback, and goal setting models.

## To Absent Friends Week 2023: The Essence of Memory

Our cluster leads worked together to plan for, publicise and host an event to mark the start of 'To Absent Friends' week, an annual Scotland-wide festival of remembrance and storytelling created to give people a focal point in the year to gather together, tell stories, celebrate and reminisce about people they love who have died (1-7 November). Our Wellbeing, Complementary Therapy, Compassionate Neighbours, Arts, Family Support, Children and Young People and Chaplaincy teams invited guests to explore this year's event theme, "The Essence of Memory", through their five senses. Guests were treated to a warming bowl of soup and invited to discover the soothing properties of essential oils, share comforting conversations with one another and contribute to the creation of a 'virtual remembrance garden' on a canvas. All of this was set to a relaxing soundtrack of live music.

*"When laughter or tears flow easily, you know that people feel safe and at ease. Sharing yummy soup and bread together added to the homely atmosphere."* Erica, Chaplain

*"People were invited to draw a flower that they associate with their loved one and write things that remind them of that person on a leaf. The leaf was then stuck onto a canvas. The idea behind this activity was to create a visual remembrance garden."* Jade, Child & Families Practitioner

*"I think the event provided a lovely space for people to reflect, laugh and be in others company. People that were drawn to the essential oils table all spoke about their loss and reflected on how the oils invoked memories for them and then chose oils that supported them through their grief. They all found this comforting and uplifting."* Lisa, Wellbeing Lead

*"It was such a nice evening, the soup was lovely, the café was lovely and the company was...lovely!"* Maggie, Compassionate Neighbours Lead

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

### Our Quality Commitments

The Arts team do not currently report against any specific quality commitments or performance indicators but these will be developed and included in future reports.

## Our Impact

Between October and December 2023, the Arts team offered 31 individual sessions (all in-person, 81% patients) and 26 group sessions (all in-person, with 97 registrations). Alongside our regular individual work and live music on the ward, we continued our dramatherapy and art therapy group provisions. We also started a new cycle of the Open Music Space group, and our community artist delivered a community art group at Dunbar library. The group was established quickly, had regular attendance and positive feedback. A similar dramatherapy group initiative was initially planned to take place at Haddington library, but we didn't proceed due to lack of referrals. We utilised this opportunity to reflect collaboratively with the library staff about what could be done differently in the future to reach people within the local community.

Our team also organised and supported various cultural events, including a Christmas Carols performance by the Scottish Music Therapy Trust, two annual arts exhibitions (EAF2023; Art Friends exhibition), two events as part of the Absent Friends Week (at Dunbar library and within the Hospice). We also delivered an Arts-Led Staff Reflective Practice session as part of the Hospice's wider Practice and People Development framework for staff. Across all provisions, we recorded 162 attendances and registrations, and an estimate of 252 were reached by our live music and cultural events.

Our team together with the Children & Families team received the 2023 Building Better Healthcare award under the category 'Patient's Choice' for our songwriting project 'GRESKO Agape'. This intergenerational project was done in collaboration with partners from the UK and Greece.

Our scholarly work and impact during this quarter included co-chairing an online panel about Ethics in Music Therapy organised by the European Music Therapy Confederation and the World Federation of Music Therapy, and offering an invited presentation about music therapy at the end of life at Marie Curie. The team also presented posters at the Hospice UK conference about our study on music and movement for people with Parkinson's disease, and the Coorie In project, as well as at the SPPC conference about 'the Emotion Labyrinth'; our creative collaborative Bereavement Charter work with the Children & Families team and Victoria Primary School.

## Strategic Developments

Our newly-appointed music therapist, Dr Bruce Armstrong, joined the team in October. Bruce's background in varied healthcare settings, including public health, resonates with our strategic developments and priorities around community engagement and capacity building. In October we also welcomed two new music therapy trainees from QMU, bringing our total number of arts therapies students to four until spring 2024. This increased capacity within the team helps maximising our reach and the diversity of our provisions in terms of arts media, forms and locations.

Giorgos has become co-lead of the creative arts strand/them of QMU's Centre for Person-centred Practice Research (CPcPR). This leadership role builds on and strengthens our University Hospice partnership. Our team also continues to contribute to ongoing research studies in collaboration with various partners including QMU, Scottish Chamber Orchestra, University of Edinburgh, and Scottish Ballet.

## Participation and Feedback

In November, we organised the 4th International Annual Symposium for the Arts in Palliative Care [“The Colours of Dying”](#). The symposium was held as a hybrid and ticketed event for first time and we had a total of 98 registrations (60% online). Structured around five key themes (Stories, narratives & lenses; Knowledge & evidence; Leadership & service development; Equality, diversity & marginalisation; Spaces & community flourishing), the symposium programme was very rich with contributing presenters within and beyond the UK. The event resonated with the Hospice’s strategic directions around sustainability and accessibility and we received very positive feedback, such as:

*“Beautifully organised, convivial, stimulating and held in a lovely place. Also, the staff on duty were superb. thank you!”*

*“As a GP it was a lovely treat to spend a day reflecting on the role of the humanities in palliative care.”*

*“It was very interesting to watch all the trials of approach palliative or therapy through the art. I found it very helpful for my work with patients who are dying, and it gave me a lot of ideas in order to create some groups with some of them and use the art with another way.”*

*“I’m working in the area of cultures of death, dying and bereavement so this was very resonant. The theme of the conference was just perfect to capture the diverse qualities of end of life.”*

*“The sense of community and breadth of experience shared at the conference was so inclusive and permissive. This is the work and thoughtfulness of each presenter. Thank you. It’s given me lots to think about in terms of oncology clinical setting and also LD community.”*

## Our Volunteers

We successfully recruited 5 volunteers to support our team’s arts exhibitions and events related work. We also collaborated with external musicians who contributed to our live music programme voluntarily.

## Working with our External Partners

We held the first meeting for our new ECHO network for the Arts in Palliative Care in December 2023. This network brought together arts practitioners and students working in hospices across Scotland, and Giorgos co-presented with Rachel Drury (CHAS; Royal Conservatoire of Scotland) the findings of an initial mapping study for the arts in palliative care. These findings were also presented at an invited presentation as part of the RCS Exchange Talks programme.

We developed and submitted a Dying Matters Community Grants application for a collaborative project on “Reimagining death, loss and grief” involving a series of facilitated Arts Walks and Group Gatherings (including visual arts and music making activities). Collaborating with three other organisations (Milan, North Edinburgh Arts and Ama-zing Harmonies), this project is an initiative which would fundamentally put our communities at the centre of the care delivery. The project is addressed particularly to people from ethnic minorities as well as those from communities affected by poverty, deprivation and lower socioeconomic status in Edinburgh and the Lothians. The approach proposed engages our local community groups in partnership creating a sustainable and scalable model of support, harnessed and embraced by those who do not currently benefit from the Hospice services.

## Quality Improvement

We held our bi annual Arts Strategy meeting on 30<sup>th</sup> October, and revisited the arts team work and discussed future directions.

We are reviewing our systems for monitoring referrals and attendance information across our different formats and contexts of work. We are also improving our ways to document feedback (including the use of QR codes to increase accessibility), and we continue to use online evaluation forms for events.

Team members continued with continued professional development including diversity awareness training, the Facing Death Creatively conference, and a Singing for Lung Health seminar.

Ongoing external supervision processes are in place for our arts therapies work.

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

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



## Community palliative care team

### Our Quality Commitments

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

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

### Our Performance Indicators

Our data will demonstrate that:



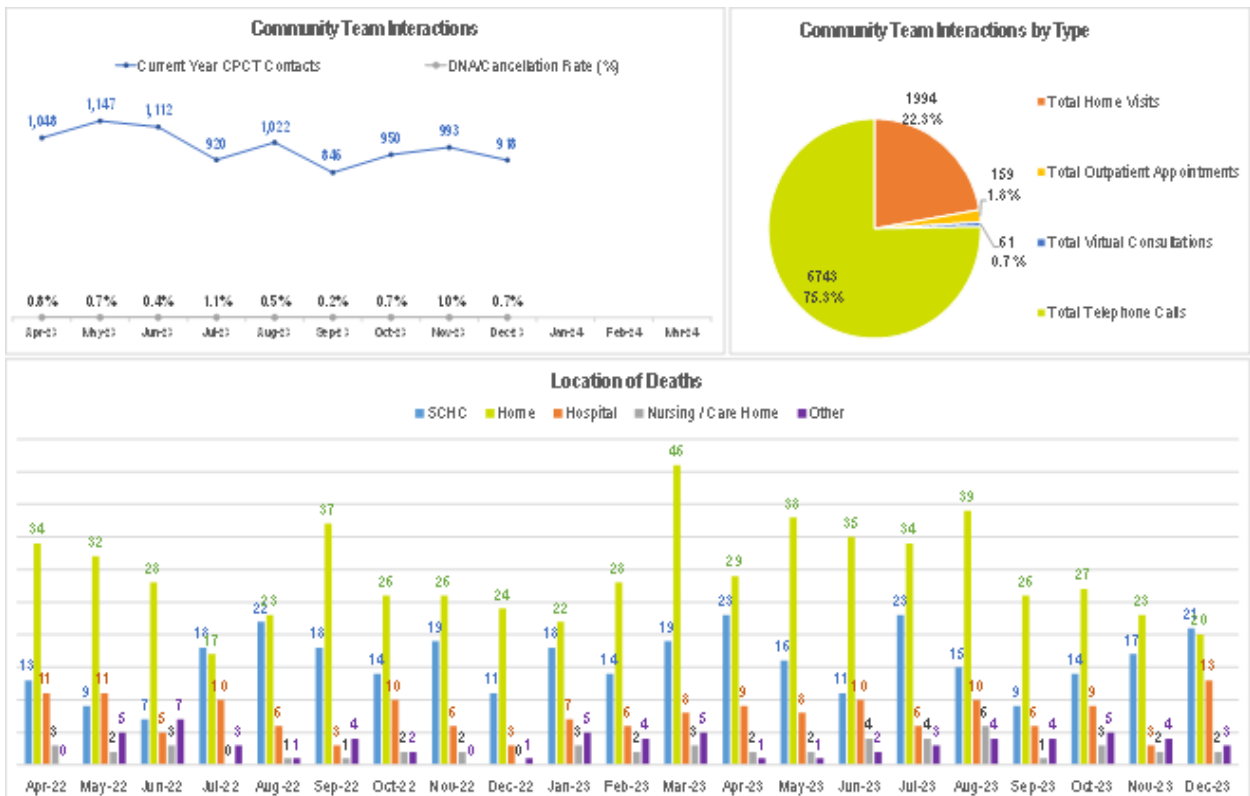
- All those triaged as requiring 'urgent' specialist support at home will be offered a specialist assessment within 2 working days of being triaged by the Access team.
- All those triaged as requiring 'routine' support at home will be offered a specialist assessment within 14 days of being triaged by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

### Community palliative care team

In quarter 3, our community palliative care team supported a total of 356 individual people.

80 % of those triaged as requiring 'urgent' specialist support at home were offered a specialist assessment within 2 working days of being triaged by the Access team. 78% of those triaged as requiring 'routine' support at home were offered a specialist assessment within 14 days of being triaged by the Access team.

Following review, we identified a number of reasons why we didn't meet our KPI timelines. 4 patients wished to be visited at a later date, 6 were admitted to hospital for acute management, 2 were admitted to St Columba's hospice inpatient ward, 1 patient was under the care of Lothian hospital at home service, 1 patient was located within the East Lothian catchment area and 3 patients were seen within the target time but this was not recorded accurately on the IT system. If these exceptions are not factored into the assessment of KPIs then the figures change to 99% for Routine referrals (1 patient not met) and 95% for Urgent referrals (1 patient not met).



## Our impact

Edinburgh home visits and care home visits are comparable with the previous year however East Lothian visits increased from 4 to 16. The number of patients that died in hospital increased by 32% (6 people).

We undertook 32 outpatient clinic appointments which is a 52% (11 appointments) increase on same period last year. Outpatient clinic offers flexibility for those able to travel to the hospice with the additional benefit of being able to introduce our inpatient and wellbeing services.

## Our Strategic Developments

We continue to work with the NHS Lothian palliative care network pharmacies and other palliative care colleagues to improve the logistics surrounding timely access to medications for patients in the community. This includes discussions with St Andrew's hospice, Lanarkshire, Marie Curie hospice Edinburgh, Primary Care and Lothians lead community pharmacist to explore the potential use of Patient Group Directives, potential to hold a emergency hospice supply of medicines for community use and the potential to develop the role of medical and non-medical prescribing in patients own homes.

We have been regularly engaging with colleagues from Lothian Unscheduled Care Service (LUCS), Scottish ambulance service, Lothian Hospital at Home, Regional GP and District Nursing leads to improve inter team working and patient experience, resulting in the establishment of regular education sessions for LUCS and the Lothian pharmacists. A new out of hours advice pathway has been established for paramedics and we now support Hospital at Home with domiciliary oxygen provision.

Our community team lead is being supported to participate in the Hospice UK strategic leadership program as part of her ongoing professional development.

## Working with others

One of our clinical nurse specialists met with primary school children to explore what losing a loved one may feel like and to provide a safe space for the children to ask questions.

Our consultant visited a school in South Queensferry, with our child and family team and hosted a Q and A session on hospice care and assisted dying with 4<sup>th</sup> Year students as part of their religious and philosophy modules. Feedback was very positive and further involvement in delivering the course is planned in future.

Our team lead was the lead presentation at our annual "Light up a Life" event to share the developments and impact of our Hospice at home services.

Our community consultant presented at the International Cancer Cachexia conference in October and has been invited to present at the Guildford advanced pain and symptom management courses in 2024.

## Participation and feedback

"What difference you have made, I wish I had met you earlier when I was struggling"

Feedback from a patient who was so impressed by the kindness and support received from one of our team. They wrote to the hospice in thanks and to make a donation.

To acknowledge his appreciation and thanks in response to community team support given to his wife. We received notification from her husband of a regular gift donation set up in his wife's memory.

Feedback from GP "I always find the community team at the hospice are so responsive, it makes such a difference to patients and our team at the practice"

Feedback from GP "Your team are amazing"

### **Our volunteers**

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

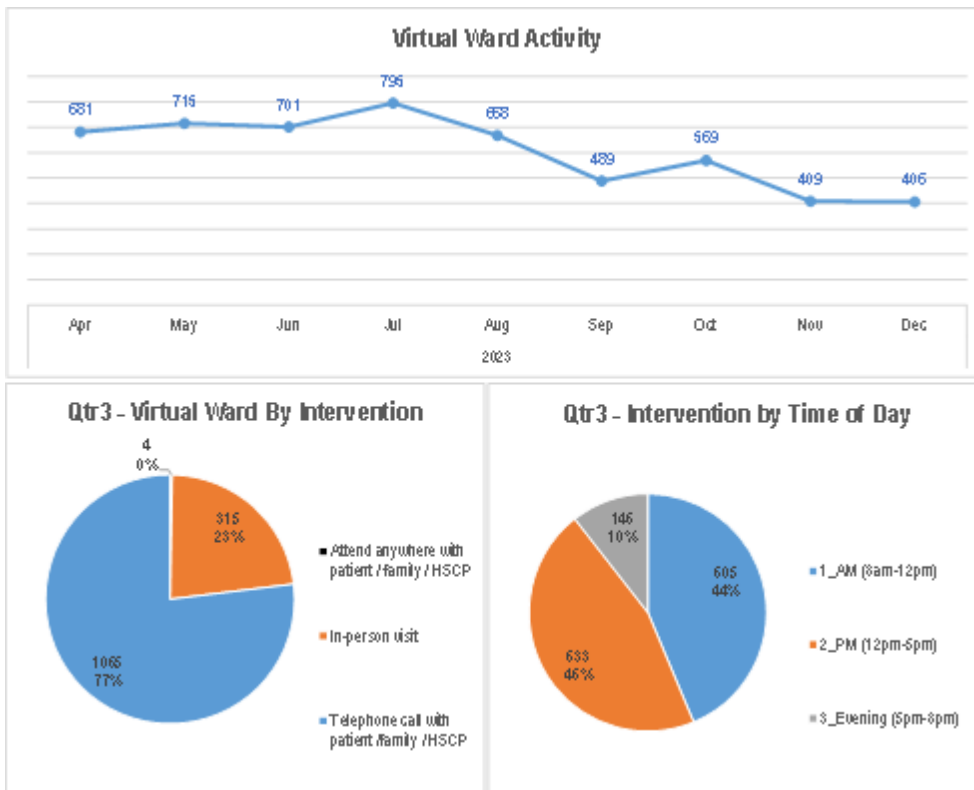
### **Quality Improvement**

Our specialty doctors and consultant take part in the delivery of fortnightly teaching sessions for trainee medical staff, clinical nurse specialists, hospice nurses and NHS Lothian colleagues in partnership with Marie Curie hospice, Edinburgh.

Our community is the Principal Investigator for CHELsea-II study exploring the use of fluids towards end of life. Despite being one of the last sites to commence the trial, St Columba's hospice has the highest recruitment levels in Scotland.

3 of our nursing staff have completed modules towards their MSc in palliative care. Our medical team are clinical supervisors supporting nurses through the Advancing Practice in Clinical Assessment module so we can enhance their assessment and clinical examination skills when assessing people in their own homes.

### **Virtual Ward**



Our Virtual Ward service was launched in March 2023 and provides an enhanced level of care for up to five patients and their families in their own home or care home. Our team work in close collaboration with community nursing teams and Marie Curie Rapid Response team, providing daily medical and nursing assessment as well as reactive support for symptom control and care needs.

### Impact

37 patients were referred to the service during quarter 3 and the team provided a total of 1384 interventions, including 315 in person visits. One patient was not admitted as they required emergency admission to hospital for treatment and one other was instead transferred to the care of our community palliative care team at initial review.

### Strategic developments

In keeping with our strategic aim to create and share new innovative knowledge and ways of working, we have continuously shared our learning and experiences of developing the virtual ward with colleagues across the UK. We are on schedule to publish our evaluation of the pilot early 2024.

To improve continuity in patient care and team satisfaction we have implemented changes to the medical staffing rota and will monitor its impact.

We have developed a policy to enable staff to safely transport medications in exceptional circumstances, to reduce delays in accessing medicines where families are unable to collect medications themselves and reduced delays in providing symptom control.

## Working with others

A wide range of health care professionals have visited/shadowed our Virtual Ward team including district nurses, medical staff, pharmacists, hospital based clinical nurse specialists and clinical administration staff. We have shared our learning with Marie Curie hospice, Edinburgh to support them with the development of their own community services in order to maximise consistency and seamless care across Lothian.

We have supported day to day rotation of staff between community and inpatient services to build each others skillsets and ensure resilience during times of staff shortages.

Trinity secondary school pupils provided lovely handmade Christmas gifts through their annual shoebox appeal which we were able to give to our patients over the festive period.

## Participation and Feedback

*"The way you looked after all of the family, learning their names, taking time to talk to us was appreciated beyond words."*

*"You are amazing and inspiring people and to have had your help continues to give me comfort during tough times."*

*"Without your teams input, care and compassion, it would have been a very different experience not only for my mother but also for my sisters. I cannot thank you enough as your added support enabled us to uphold my mother's wish of being able to spend her final days at home."*

*"If it wasn't for you all helping my mum manage her pain and come out to look after her every day, my mum wouldn't have got her wish to die at home."*

*"I can't thank you enough, we knew my dad wanted to pass at home as he did not wish to go to the hospice. It's hard to see someone you love die but your team made it a bit easier as you were there and supported along the way."*

*"I just want to thank you all for the amazing treatment and care my husband received through the virtual ward. Form the doctors, nurses, carers and people at the other end of the phone, we could not have received more kindness and support in his final days. I know he was grateful to them all."*

## Quality Improvement

We have adapted the inpatient medicine management workbook for the Virtual Ward team and we have strengthened our processes around documentation of Power of Attorney and consent to share information.

We presented posters showcasing our Virtual Ward service at the Scottish Partnership for Palliative Care and Hospice UK national conferences. An abstract has also been accepted for to the European Association of Palliative Care conference in 2024.

## Care at Home

### Our Quality Commitments

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

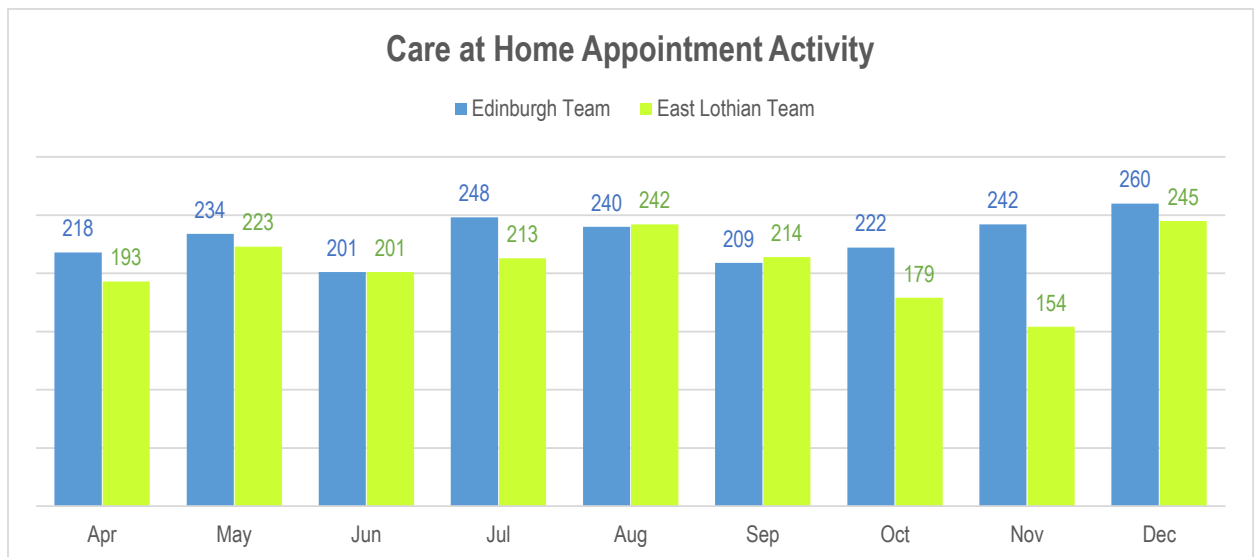
*'In line with what our community told us, we support people to remain at home or as close to their own homes wherever possible'*

### Our Performance Indicators

Our data will demonstrate that:

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

In quarter 3, all urgent referrals across both sites were assessed within 2 days and all routine referrals were assessed within 7 days. The team cared for 59 people in Edinburgh with 724 visits and 30 people in East Lothian with 578 visits.



### Our impact

No specific updates to share this quarter.

### Our strategic developments

We continue to develop our new policy and practices to support our team to incorporate medicine prompting as part of their care. The underpinning policy is almost completed and we are now working on developing training and competencies for the team.

We are working with Edinburgh College to support the remainder of our staff through their qualifications to meet the regulatory requirements of the Scottish Social Services Council.

We look forward to welcoming two new support workers into the team in early 2024.

### Participation feedback

- "You all became friends and we laughed - cried together. You will all be forever in my thoughts. Thank you from the bottom of my heart for everything you did. "
- "We wanted to say thank you so much for all your support, laughter, and banter throughout the weeks!
- 'Cared for with compassion, our family felt supported and respected by all staff.'
- 'Without St Columbas staff there is no doubt we would not have had the coping strategies to manage the stress and our own mental health. '
- "The compassion and skills of the staff very invaluable in helping us cope and face the future without them."

## Our Volunteers

There are currently no volunteers specifically supporting the care at home team.

## Working with our external partners

We continue to meet regularly with Marie Curie Fast Trak and North West Palliative Care Team to ensure integrated approach to care delivery.

We met with the National Association of Hospice at Home to discuss a new 'hospice at home toolkit' for professionals and families, which introduces some difficult conversations and 'what to expect' when caring for someone at home: <https://www.hospiceathometoolkit.co.uk/>.

Our team lead participated in stakeholder engagement in preparation for the next hospice strategy by meeting the team at a local Nursing Home and facilitating a discussion about the hospice and how we can best support their patient group.

## Quality Improvement

We continue to participate in patient safety groups and recently reviewed the pressure ulcer policy and risk assessment in relation to care at home. We have now incorporated a patient safety aspect to our morning team call, ensuring we highlight known risks with the team.

We continue to engage in hospice quality improvement audits. Unfortunately our recent 'Preliminary Pressure Ulcer Risk Assessment' audit results were less favourable than previous and so we have created an action plan to improve our recording and ultimately patient safety.

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

## Our Quality Commitments

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

## Our Impact

The team promote a palliative rehabilitation and goal setting approach across all hospice services and make contact with every patient or their family in the inpatient unit except for those who are at the very end of life. Despite many months of reduced staffing due to ongoing vacancies, we have also supported growing numbers of people in the community.



Some examples of impact:

- We supported a lady with dementia re-engage with hobbies that were meaningful to her including paper craft and floristry. As she engaged in the activities, she also became more engaged in her own personal care, experienced improved function and her overall requirements for pain medication were reduced.
- We supported a lady to go Christmas shopping for her loved ones by working with her on her fatigue levels, her mobility and transfers.
- We supported a family to achieve their goal of a birthday meal together in a restaurant by working on her back pain, walking and stamina to enable her to spend enough time out of bed to enjoy the meal.
- We supported a man to become more confident with preparing his own meals at home resulting in the reduction of his care needs.
- We supported a man to better manage his breathlessness enabling him to walk to the shop to get the paper independently every morning.
- We provided advice, guidance and equipment to enable a man with motor neurone disease to remain at home until the very end of his life. His family have since written to us to say how important remaining at home was to him and to them.

Our team lead participated in St Christopher's Hospice, London 'Community of Palliative Rehabilitation' course over 2023. A questionnaire, completed at the start and end of the course asking 'How Rehabilitative is Your Hospice' demonstrated a significant increase in the benchmarking scores by the end of the course. This is testament to the teams work to embed a culture of rehabilitation across clinical teams.

### Our strategic developments

Innovative, meaningful (and often fun!) rehabilitation is continuing across clinical teams, and the AHP team are resourceful and are great at finding ways to make the rehabilitation fit the person and not the other way around. The team published an article in Life Magazine emphasising the importance of Palliative Rehabilitation at all stages of peoples time in our care.

One of our Occupational Therapists is involved in delivering sessions as part of the staff wellbeing programme. Her yoga classes are well attended and feedback positive.

### Participation and feedback

"We were wishing for an angel to help us and we got one, you came"

"I can't believe I managed to do those stairs! Wait 'til my husband sees, he'll be delighted!"

### Our volunteers

Our 6 new Active Health Volunteers were recruited this quarter and will participate in training from February 2024 and matched with patients from March.

### Working with our external partners

Our Team Lead is participating in the working group to update the Scottish Intercollegiate Guidelines Network on Managing Breathlessness in Palliative Care.

### Quality Improvement

The team have had an increased presence at the weekly inpatient Multi Disciplinary Team and daily handover meetings bringing a goal setting and rehabilitative focus to discussions regardless of the level of individual function.

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

### Our Quality Commitments

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

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

### Our performance indicators

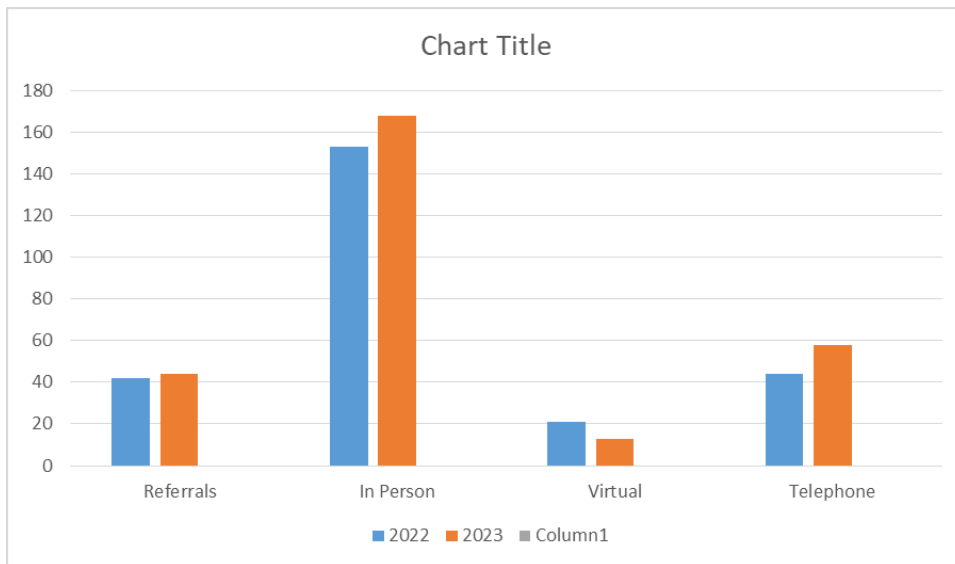
*Our data will demonstrate that:*

- *We will offer an initial assessment for all adult / Child and Young Person referrals to our counselling and bereavement services within two weeks.*
- *We provide timely support for carers and families through in person and virtual services*

In quarter three, all referrals were offered an initial assessment within two weeks. We continue to offer a range of in person and virtual support to maximise accessibility. Virtual support also enables us to offer support to families in Midlothian and West Lothian as travel into the hospice can be a barrier and too far for the team to routinely travel to schools.

### Our Impact

- We received 44 referrals for Family Support which is a 4.7% increase on the same quarter last year.
- We provided 239 sessions for child and family support, an increase of 10.1% (20 sessions).
- The chart below compares service delivery between the same quarter in 2022 and from 2023 and evidences a continued shift towards increasing requests for in-person sessions. The data also evidences that for 29.7% of those referred, the offer of both telephone and virtual support ensures our service remains accessible to them.

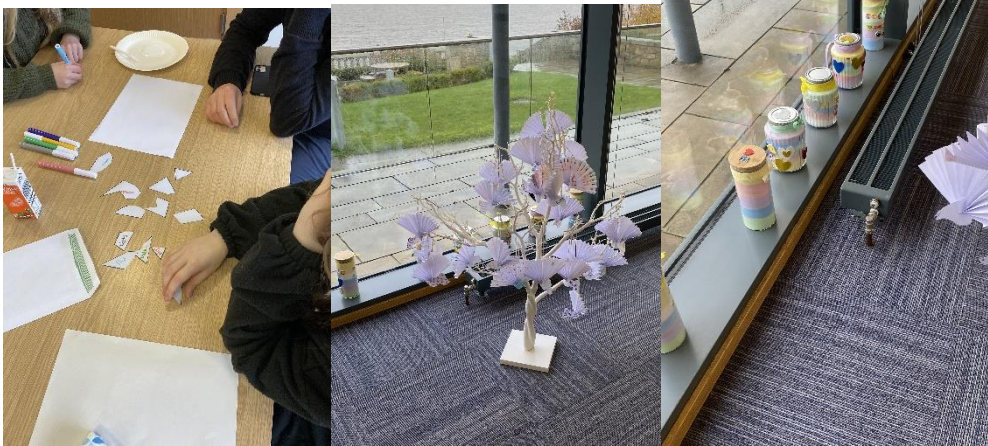


## Groups

Our children’s bereavement group had 24 children attending over six weekly sessions. Feedback from the previous group suggested a session with a doctor or nurse would be helpful and so this time we added in a medical session, where children could ask any questions regarding their loved one’s illness/death. We will continue to adapt our groups as we learn from feedback.

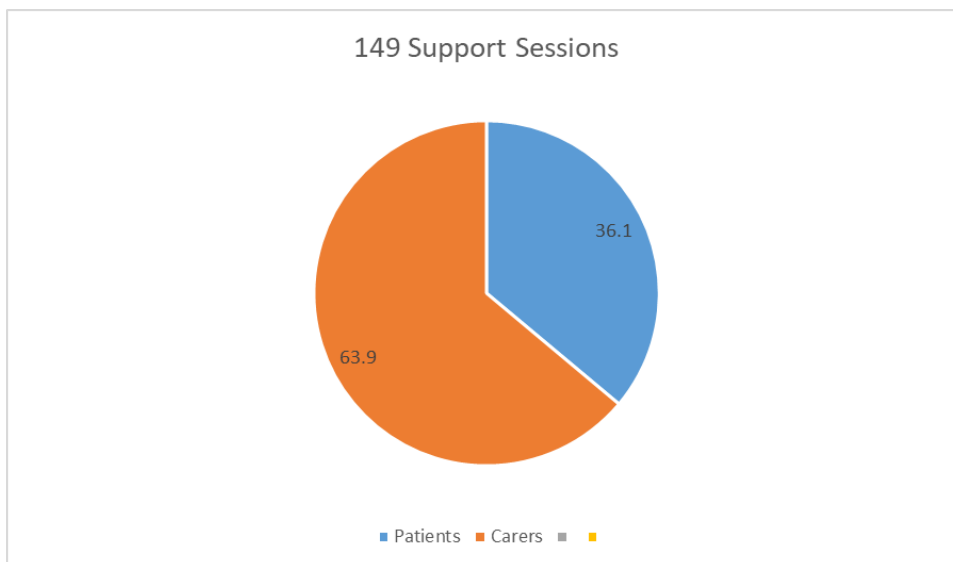
We also delivered our pilot “Supporting your child in grief” group. We had 9 parents attending this and we will continue to pilot this group and will evaluate in September.

We held our annual Family Remembrance Day as part of Children’s Grief Awareness Week in November and 6 Families attended (9 Children and 11 adults). This was a morning of remembering and an opportunity to share grief experiences, helping to lessen isolation and build communication within the family.



## Social Work

This quarter there were 30 referrals for social work support and 149 sessions provided.



Our Social worker now has completed their 'Carer support needs assessment tool' training, however identified that this was not a tool that can be used alone and would be an organisation wide tool to help identify carers support needs. This is currently under review as part of our mapping of carer and bereavement support needs for families and we will report on this in due course.

Our Social Worker and Chaplain are developing a pilot of a five week 'Capacity Building' group for carers which will launch in February 2024.

## Our strategic developments

Through our ongoing work we are empowering families by providing education and support to aid their resilience in the face of a loved one with a terminal illness Sessions with patients/parents and carers

support conversations with their children about diagnosis/prognosis and support them to create resources for keepsakes and legacy. Our 1:1 work offers parents/carers, children, and young people dedicated time and space to explore how the illness/bereavement is impacting their everyday lives and supports them to identify coping strategies to manage their anticipatory/grief.

This quarter we have delivered Childhood Grief Awareness sessions to 103 school staff across Edinburgh and the Lothians. This included our collaboration with Child Bereavement UK and our “Strategies for Supporting Bereaved Pupils” workshop.

We facilitated a workshop for Lothian CNS team to support families with anticipatory grief when there are children in a family and met with Macmillan Cancer Support Journey team.

We met with Edinburgh Young Carers to progress the hospice becoming a Young Carer Friendly organisation and to have a Young Carer Champion to support this work.

We facilitated a parallel session for NHS Education for Scotland’s virtual Bereavement Education Annual Conference: ‘The Grief We Carry’ with 89 people in our session about our schools’ projects and in particular the Walk a Mile in Mine initiative.

We facilitated a Community of Practice session for Family Support Practitioners from across Scotland to share best practice and knowledge/learning from each other.

We met with The Ruth Strauss Foundation who are a UK wide charity to share our service provision around family days/school support etc.

We have continued to be involved in the national bereavement networking groups and were part of the planning group for the Scotland wide National Networking Event that had 60 delegates attending.

We attended the SPPC (Scottish Partnership for Palliative Care) Covid-19 enquiry workshop and were able to share reflections and learning from our experience.

All of these continued collaborations and presence at events, means that we are promoting the hospice name and also raising awareness of our Child and Family Service.

## Participation and feedback

### Children and young people feedback

#### **Has anything else changed for you through working with us?**

*‘It’s gotten better’ ‘less sad’*

*‘I look at things better, feel happier, more at peace with myself and things that happened when my grandad died.’*

*‘Going to school is better’ ‘going places is better’*

### **What did you like about working with us?**

*'The activities were a good way to express feelings. Talk to someone who is neutral and has no connection to what is going on.'*

Parent: *'Tough times here, but we are hugely grateful for your support.'* *'Thanks again for everything you do for them.'*

### **Grief Awareness/School Training Feedback**

*Great to have dived deeper into models of grief/case studies. Also, workshop on creating a school action plan in creating grief aware school (with case studies).*

*Very much need to consider loss/grief with children in our care.*

*Our school needs to 'lift the veil' - create a school improvement group next session - Grief Aware School, get a library set up on grief and loss, make sure we are sharing bereavement info.*

*Time to act - proactive not reactive, embed bereavement policy toolkit in school (change is coming), lots of fabulous ideas*

*So helpful. The environment of care was palpable in the room. Lots of relevant information. So much to take away, think about and action. Thank you! ☺*

*Excellent and informative!*

### **Our volunteers**

Our volunteer group facilitator supported both our young person's group and our family Remembrance Day. They are delighted to be able to support us and have signed up for another year of volunteering to co-facilitate with our groups and family days.

One of our advisory groups young person volunteers asked for information about the school grief awareness sessions and took this to her school. Here is a quote from her about why she did this and why it was so important for her.

*"After losing my mum to cancer, at the age of 13, I have noticed a lack of grief training in schools and a hesitancy to discuss the topic of grief; I have always assumed this was in fear of upsetting me. Through participating in St Columba's Hospice advisory group, I have gained an insight into the wonderful work St Columba's do in schools and workplaces. I was inspired to initiate grief training in my school, after hearing how impactful a teacher has found it in theirs. I'm really excited at the prospect of young people going through grief, receiving more support, as I know what a difference this could have made for me. "*

### **Working with our external partners**

We continue to work with Victoria Primary School on our pilot “Bereavement Aware” Schools Project. We have just set up a working group to support the school to apply for the Bereavement Charter Mark.

We have begun working with Ross High School on our “Bereavement Aware Schools Project. Our Walk a Mile in Mine group begins in January 2024 and they have had their Grief Awareness Session.

We have been invited to talk about our Grief Awareness Schools project with East Renfrewshire Council in February. The authority has a Bereavement, Loss and Change group with representations across the sectors and are keen to pilot this across the area.

We continue to work alongside the Childhood Bereavement Network, ABSCO (Association of Bereavement Service Coordinators), Lothian Bereavement Network, and The Bereavement Charter for Children and Adults in Scotland, Good Life Good Death Good Grief, Chas, Child Bereavement UK, Cruse Scotland, NES (NHS Education for Scotland) Education for Scotland, Highland Hospice, East Lothian Central Point of Access, and Edinburgh Young Carers.

We have continued our wonderful link with ‘Fighting Against Cancer Edinburgh’ who generously offered spaces on their annual Lapland trip enabling 5 families to join this magical visit in December. Whilst this in no way takes away anyone’s pain, it gives hope, something to look forward to and provides the opportunity to make new family memories. We are incredibly grateful that F.A.C.E have very generously provided us with a further 20 spaces for December 2024.

Here are a couple of photos from one of the families who made the trip this year. MarieAnne, Ruby and Aida.



## Quality Improvement

The CBSQ (Child Bereavement Service Questionnaire) seeks to evidence the benefits to children and young people of being supported by a bereavement service. Each individual child, and their parent give us useful clinical information about their family, including whether their scores improve while working with our service.

There are scores for each sentence, of which there are 15 on a young person's form and 20 on an adult form. These statements look at grief related experiences of things such as sleep, school attainment, ability to talk about the person who died, behavioral changes etc. An increase between the initial and review score shows a positive change for the young person. You can also calculate a mean score for this section if they have answered at least 13 questions. This is found by adding the scores for each statement and then we divide by the number of answers. This gives us a mean score of between 0.0 and 3.0. Again, an increase in this mean score between the initial and review form shows a positive change. The nearer to 3.0 indicates that a child/young person is managing their grief as ok as they can be at the moment in time.

We have found on average:

CBSQ Child form (up to 8 years old) Initial = 2.1 Review = 2.7  
CBSQ Young Person form (8 + years) Initial = 2.1 Review = 2.6  
CBSQ Parent or Significant Adult form Initial 2.3 Review = 2.6

## People, Knowledge and Culture Development

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

## Education and Research: Dr Giorgos Tsiris, Director of Education and the Creative Arts

### Our Quality Commitments

The Education and Research team do not currently report against any specific quality commitments or performance indicators but these will be developed and included in future reports.

### Our Impact

Between October and December 2023, the team completed writing up an in-depth report outlining the service evaluation findings for our innovative Virtual Ward service. Publication of the report is scheduled for early 2024.

The team published several new papers:

Young, J., Lloyd, A., & Haraldsdottir, E. (2023). **A qualitative meta-synthesis of studies of patients' experience of exercise interventions in advanced cancer.** *Frontiers in Rehabilitation Sciences*, 4. <https://www.frontiersin.org/articles/10.3389/fresc.2023.1298553/full>



Spiro, N., Sanfilippo, K. R. M., McConnell, B. B., Pike-Rowney, G., Bonini Baraldi, F., Brabec, B., Van Buren, K., Camlin, D., Cardoso, T. M., Çifdalöz, B. U., Cross, I., Dumbauld, B., Ettenberger, M., Falkenberg, K., Fouché, S., Frid, E., Gosine, J., graham-jackson, april I., Grahn, J. A., ... de Wit, K. (2023). **Perspectives on musical care throughout the life course: Introducing the Musical Care International Network.** *Music & Science*, 6.

<https://journals.sagepub.com/doi/full/10.1177/20592043231200553>

Tsirir, G., & Lloyd, A. (2023). P-184 **Music and movement for people with Parkinson's disease and their carers: a Dalcroze Eurhythmics pilot study within a hospice environment.** *BMJ Supportive & Palliative Care*, 13(Suppl 5). [https://spcare.bmj.com/content/13/Suppl\\_5/A78.3.abstract](https://spcare.bmj.com/content/13/Suppl_5/A78.3.abstract)

Brown, L. R., Sayers, J., Yule, M. S., Drake, T. M., Dolan, R. D., McMillan, D. C., ... & Skipworth, R. J. (2023). **The prognostic impact of pre-treatment cachexia in resectional surgery for oesophagogastric cancer: a meta-analysis and meta-regression.** *British Journal of Surgery*, 110(12), 1703-1711. <https://academic.oup.com/bjs/article/110/12/1703/7234732>

Raynes, G., Stares, M., Low, S., Haron, D., Sarwar, H., Abhi, D., ... & MacKean, M. (2023). **Immune-related adverse events, biomarkers of systemic inflammation, and survival outcomes in patients receiving pembrolizumab for non-small-cell lung cancer.** *Cancers*, 15(23), 5502. <https://www.mdpi.com/2072-6694/15/23/5502>

McDonald, J., Sayers, J., Anker, S. D., Arends, J., Balstad, T. R., Baracos, V., ... & Cancer Cachexia Endpoints Working Group. (2023). **Physical function endpoints in cancer cachexia clinical trials: Systematic Review 1 of the cachexia endpoints series.** *Journal of cachexia, sarcopenia and muscle*, 14(5), 1932-1948. <https://onlinelibrary.wiley.com/doi/full/10.1002/jcsm.13321>

Murray, M., Bijak, M., & Lloyd, A. (2023). P-90 **Experiences of a palliative care virtual ward—A viable, safe, supportive alternative to dying in a hospice.** *BMJ Supportive & Palliative Care*, 13(Suppl 5). [https://spcare.bmj.com/content/13/Suppl\\_5/A43.2.abstract](https://spcare.bmj.com/content/13/Suppl_5/A43.2.abstract)

The team contributed with presentations to several national conferences, including the annual conferences of Hospice UK and SPPC. Our presentation proposal for the Virtual Ward service evaluation was accepted for presentation at the 13th World Research Congress of the EAPC (May 2024, Spain).

## Strategic Developments

Dr Giorgos Tsiris was appointed as Director of Education, Research & Creative Arts. His post is a joint appointment in collaboration with Queen Margaret University (QMU), building on our University Hospice partnership and our shared strategic objectives regarding person-centred care, education and research. Giorgos also became co-lead of the creative arts strand/theme within QMU's Centre for Person-centred Practice Research (CPcPR), and is currently co-leading a three-year research consultancy project with the Scottish Chamber Orchestra exploring evaluation practices for music and health work.

Julie Young commenced her doctoral studies at QMU under the supervision of Giorgos and Prof Erna Haraldsdottir (QMU).

The team has been working on disseminating our research and education work through academic and other forums. Our recent publications and presentations outline different aspects of services and innovation within the hospice.

The Hospice is launching a series of Palliative Arts No17 Talks. The inaugural talk is on 19th January. These talks are an initial step towards considering opportunities for commercialisation of research and education, and becoming a hub of excellence for education and research in palliative care.

## Participation and Feedback

Details about participation and feedback are detailed in the published studies (follow links above).

## Our Volunteers

Volunteers from our Patient & Public Involvement (PPI) group have continued their regular contribution to the Research Steering group. The role and scope of the PPI group was revisited in December and there was consensus to increase awareness across hospice teams about the PPI group and how they can support their activities beyond research and education.

## Working with our external partners

Our partnership with Queen Margaret University (QMU) continues to feed into palliative care education delivery. There are currently 29 students on the MSc Person-centred practice (Palliative Care) programme; and 19 students on The Graduate Certificate in Palliative Care programme. The majority are nurses (adult and paediatric) working in Band 5, 6, 7 and 8 roles in a range of areas and specialties (including primary care; care home; acute hospital; and hospice). Most of our students reside in Scotland; with some in England and 1 in Australia. A total of 11 St Columba's Hospice Care staff (all nurses) are currently enrolled on one of our programmes.

Our Semester 1 2023/24 partnership modules include:

**N4339/N3681: Anticipating & Responding to Pain & Symptoms in Palliative & End of Life Care.** 31 students completed the module (10 of these were NHS Lothian Funded community nurses; 9 are on other programmes within the Nursing & Paramedic Science Division)

**NM387: A person-centred approach to complex pain and symptom management in palliative and end of life care.** 20 students completed the module (9 of these were NHS Lothian Funded community nurses; 2 are on other programmes within the Nursing & Paramedic Science Division)

**N4342/N3678: Into practice.** 6 students (4 of these are on other programmes within the Nursing & Paramedic Science Division)

Increasingly, our modules are accessed by students on other programmes within the Nursing and Paramedic Science Divisions (Community Nurses; care Home Nurses; Learning Disability Nurses); and NHS Lothian funded community nurses. We also contribute to palliative care curriculum on other programmes within the QMU School of Health Sciences. In semester 1, we delivered Palliative Care curriculum on the BSc Paramedic Science and the MSc Advancing Care Home Practice programmes respectively.

In terms of research partnerships: We continue recruiting people for the NIHR funded national study Chelsea II 'A cluster randomised trial of clinically assisted hydration in patients in the last days of life'. So far our research nurse and the IPU team have recruited 12 patients and our goal is to reach 20 patients in total. We also supported an external study on architecture and hospice care.

Giorgos represented the Hospice at the Managed Clinical Network meeting and is working towards re-establishing the research network.

Prof Barry Laird gave the annual medical student award in December as part of our partnership with University of Edinburgh. The essay

## Practice Development: Fiona Cruickshank, Team Lead

### Our Quality Commitments

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

### Our performance indicators

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

In quarter 3 we are supporting all staff to fully complete their requirements for 2023 on Learnpro whilst preparing the organisation for a move to our bespoke, inhouse modules alongside TURAS learning zone modules from January 2024.

### Our impact

We delivered TRAK champion training to 10 staff who will support teams across the organisation with maintaining best practice when using TRAK (electronic patient records system). Associated guidance was cocreated with cluster teams.

Hospice Connection sessions focussed on our OK+ staff wellbeing app and then saw Women's Aid discussing domestic abuse and how we can better recognise and support arising concerns.

35 staff participated in symptom control workshops and a plan for our clinical skills suite has now been finalised and the simulation model ordered.

The Staff Voices group which is a collective group of staff across the organisation meeting quarterly to collaborate, promote and create wellbeing opportunities and growth. As the year ended, the group met to reflect on their achievements over the year including the development of a draft Menopause policy and a draft Domestic Violence policy, the creation of staff information areas throughout the building and the development of a new staff wellbeing hub on our website. The group continually reach out to teams to maximise participation so that everyone's voice is heard.

We are participating in a 6 month collaboration between Queen Margaret University, Edinburgh and St Christophers Hospice, London exploring person centred nursing practice in hospice care. The Lantern project has involved examining culture and looking inwards through discussions with staff about how we can work together to embed a healthy and inspiring culture.

We are currently supporting 6 RBCS (Resilience Based Clinical Supervision) groups. To date there have been 172 attendances over 60 sessions.

We welcomed 12 new staff into the hospice over the last quarter. Each staff member was given a bespoke induction, including a values-based session on Working in Palliative Care and wellbeing.

## Our strategic developments

The Developing People and Practice group have confirmed their strategic objectives 2023-2024 which are aligned with our strategic commitments in 'Adapting to a changing world'. We are progressing with these and are on track to complete before the start of the new strategy later this year.

## Participation and feedback

An evaluation of our Caring Culture workshop which took place over 6 months with selected team leads and has led to further collaboration was well received. Some of the key feedback is below.

*'We are communicating better because of these sessions.'*

*'I wanted to be part of a team and now feel that I am,*

*"It's good to have open and honest conversations.'*

*'I might not be communicating the way I am today if I hadn't done this work.'*

Below is some feedback from the recent clinical skills update day which is running from July 2023 to April 2024. At present 56 staff have completed this update which includes moving and handling refresher, Postural awareness, Assessment of depression and symptom management.

*'This is something I would have done subconsciously before whereas now I will make a point of noticing this'.*

*'The information in managing Terminal Agitation was particularly helpful. I will be changing my practice'.*

*'I really enjoyed the role play aspect of today's session. It was useful getting the hands on experience as well as watching how others work'*

## Participant feedback from symptom management workshops:

*"The group work highlighted the way each symptom overlapped with other symptoms and made me realise how important it is to take a holistic approach when looking at patients' symptoms".*

*“The way that xxxx described hypercalcaemia and the difference between spinal cord compression and cauda equina syndrome were very easy to understand and informative”*

*“The workshop made me realise that I do know more than I give myself credit for”*

## **Our volunteers**

Volunteers continue to support various projects within the practice development team.

## **Working with our external partners**

We have collaborated with Queen Margaret University and Napier University to develop our clinical skills suite.

We have been working closely with NHS Lothian, OSKA and CONVATEC to receive up to date ‘train the trainer’ training to further develop pressure care related skills across the team.

We continue to collaborate with Hospice UK on the roll out of Resilience Based Clinical Supervision across UK hospices. We have agreed to support further sessions and collaborate on future work. Below is some feedback from a member of the group;

*“ It was great being able to be part of the group and feel the support from the other attendees. It felt a safe space where I could speak honestly and openly without judgement or fear of how others might view me.”*

*“ It was great being able to be part of the group and feel the support from the other attendees. It felt a safe space where I could speak honestly and openly without judgement or fear of how others might view me.”*

The Practice Development team have been invited to deliver a session at the Hospice UK HR / ECLIHP conference in spring 2024.

## **Our Team: Nick Dey, HR Lead**

### **Our Quality Statement**

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

## Our performance Indicators

Our data will demonstrate that:

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

*'We carry out an annual workforce survey aiming for at least a 60% response rate and a minimum of 75% satisfaction rate' and we benchmark outcomes with similar organisations.*

*'We ensure that every member of staff receives a performance & development review every 12 months'.*

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

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

We have worked with our cluster leads to create an easy to use 360 feedback tool which will enhance our teams self awareness and leadership potential and have now begun to pilot its use as part of some upcoming performance review meetings.

Following a comprehensive assessment by Investors in People in March 2023 which involved interviews with over 30 staff members from across the organisation, we were delighted to be awarded the 'Gold' level Investors in people accreditation, reflecting our approach to leading, supporting and improving our people, leadership, and organisation. The next organisation wide survey will take place in Autumn 2024 and will focus on the 9 dimensions of investors in people framework and our teams responses will be benchmarked against similar organisations. The results of the staff survey will help us prioritise future activity relating to people, leadership, and organisation development.

According to our records, as of 31<sup>st</sup> December 172 of our 235 staff (73%, up from 71% in Q2) have received an appraisal within the last 12 months. This is likely to still be impacted by administration issues however this is well below what we would expect and we will strive to improve this figure over the rest of this year.

Our annual turnover to end December 2023 was 16% (Q1 was 12%). The industry benchmark across all sectors is typically between 15% and 20% and so there are no concerns to report.

The total hours lost to sickness absence in the 12 months to the end of December 2023 was 5.81% (12 months to September was 6.23%). Our sickness absence rate is slightly lower than NHS Scotland who reported a 6.2% rate in the year to end March 2023 (NHS Lothian slightly lower at 5.8%).

We are currently proactively supporting several employees who have challenging long term or frequent short term sickness absence, with a view to reducing the absence rate as best we can. We are also planning HR led training sessions for our team leads on managing sickness absence which will be rolled out in Q3 & Q4.

The 8 most common reasons for absence and their respective number of hours lost is detailed below:

Reason for absence	Hours lost
	21643.6

S12- OtherMusculoskeletalProbs	4093.95
S10- Anxiety/stress/depression	3811.67
S25- Gastrointestinal Problems	3541.59
S13- Cold Cough Flu-Influenza	3261.28
S9 - Coronavirus (Covid-19)	1638.36
S21- Ear Nose Throat (ENT)	939
S11- Back Problems	922.76
S28- Injury Fracture	709
S17-Benign&MaligTumour Cancers	547.5
S32- Substance Abuse	528
S26- Genitourinary & Gyny	475.94
S15- Chest & Respiratory Probs	455.44
S16- Headache/Migraine	237.5
S31- Skin Disorders	179
S23- Eye Problems	90.1
S22- Dental and Oral Problems	75.51

### Our strategic developments

We are currently working in partnership with colleagues across the hospice to implement our new HR, Rota & Payroll systems called Cascade and Rotageek. As leads for the project, we have a key role in designing and testing workflows, considering user experience, designing and delivering staff training and considering all aspects of how the systems will integrate for a seamless and efficient HR, payroll and rota management experience for all involved. It is anticipated that once fully operational, there will be significant reduction in HR teams administrative burden which will enable resources to be diverted instead to organisational development activities.

We have also begun work on how best to articulate our 'value proposition' as an employer so that we can continue to attract and retain the best possible workforce.

We have started work on developing our new 3 year 'People Strategy'. Broadly we seek to further develop our organisational culture that is both dynamic and agile, to maximise leadership capability in a world where talent is scarce (particularly so in healthcare), and to harness technology to build and enhance efficiencies and effectiveness.

Considering the '4-Rs' model of HR - Recruit, Retain, Reskill and Redesign, our new people strategy will review and redefine everything that is 'talent' related including jobs/roles, skill development, team-centricity (e.g. clusters), recruitment, and leadership, while also considering the possibilities and challenges of technology advances. From talent acquisition to learning and development, from employee experience to pay and rewards, and from diversity, equity, and inclusion to organisation design, we will review what practices and strategies will have the biggest impact and include this in our new strategy.

## Quality Improvement Support Team: Vicky Hill, Team Lead, Orlagh Shiels, Dave Manion

### Our Quality Commitments

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

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

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

### Our Performance Indicators

Our data will demonstrate that:

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

The annual telephone survey was carried out over August and September 2023 and the findings were shared in quarter 2.

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

Feedback and comments from patients, families and staff can be found throughout this report, demonstrating the impact of our services. Feedback via the QR code remains low and the team will continue to monitor and develop feedback and participation approaches to ensure patients, families, volunteers and staff have a variety of ways in which to feedback regarding their experiences and thoughts regarding hospice services. 100% of comments/suggestions were responded to within 5 working days and are detailed later in this section.

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

There were two complaints received both of which were responded to within 20 working days.

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

Registered nurses in the inpatient unit participated in interactive workshops following an increase in the number of people in our care with pressure area damage. These workshops created opportunities for staff to identify ways to improve our current practice. One suggestion from staff which has already been taken forward was the recording of risk of pressure area problems visually at the daily handovers to increase awareness and support care planning.



The Quality team are working with the Practice Development Team to design our Infection Prevention and Control education plan for delivery in summer 2024 which will include learning from the Covid 19 outbreak in December 2023.

*'We use a suite of outcome measures to support evaluation of the impact of the care we provide'*

We have now implemented and are supporting the embedding of outcome measures across inpatient and hospice at home teams. Education sessions continue for new staff and for staff who wish a refresher.

We have identified that the most experienced symptoms are pain, weakness, poor appetite, and poor mobility. We found that people using our Care at Home service had prominent levels of poor appetite and therefore the recently implemented meal preparation support is a positive improvement for this service. Our information analyst is currently reviewing the impact of the services using outcome measures and we will report on this in the Quarter 4 quality report.

*'We publish an annual duty of candour report detailing any incidents resulting in severe harm or death'*

The Duty of Candour report 2022-2023 is available on our website. To date, the hospice has had no duty of candour incidents in any annual report.

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

Our patient safety data and examples from our annual Quality Improvement plan are included later in the report. In quarter 3, we refreshed our Patient Safety Structure and will continually develop it in line with the development of a systems based restorative culture. The focus of the Falls, Pressure Care and Medicines meetings is on learning from incidents, trends and improvements

## Our impact

From quarter 4 Patient Safety Meeting for Falls will be led by our AHP lead, the Pressure Care meeting will be led by our Inpatient Lead and the medicines meeting will continue to be led by our Quality Lead who is also our Accountable Officer. This will enable the quality team capacity to focus on further supporting developments rather than leading the meetings.

The team continue to have representation across many of the Hospice Groups and work with a range of teams on associated projects providing quality improvement guidance, data provision and supporting improvements, service developments and embedding change in practice.

Together with our senior leadership, inpatient, senior leadership and pharmacy teams, we presented a poster outlining the work undertaken in medicines safety at the Hospice UK conference in November.

Four staff from our Inpatient, Hospice at Home and Quality teams have successfully completed a 'Inspiring Leadership' course and will be presenting their quality improvement projects at future Clinical Governance meetings. The projects included 'improving communication within the virtual ward,' 'introducing a tool to help communication about falls management,' 'increasing feedback from patients that use our care at home service' and 'Introducing a flow chart to help embed resolve measures in the community palliative care service.'

One member of the Hospice team has successfully completed the Scottish Improvement Foundation Skills Programme and their project “Impact on knowledge and confidence of staff using Resolve outcome measures” has been presented at a recent Board of Governors meeting.

### **Our strategic developments**

The new Hospice Website launched in Quarter 2 with a bespoke quality assurance area and the team look forward in further developing this working alongside our PR and Communications team.

We continue to support the evaluation of new services through data provision and analysis.

Daily Champion roles for Infection Prevention and Control, Falls, Pressure Area Care and Medicines continue in the Inpatient Unit. At recent workshops, staff reviewed the role of pressure care champion and further developed the team lead resource folder to support its continued embedding.

The Infection Prevention and Control champion continues to participate in weekly walk rounds led by the Quality Facilitator bringing opportunities for “real time” learning and action ensuring we have a clean and safe environment for all as well as supporting joint working between the clinical and quality improvement teams.

### **Our volunteers**

We are currently creating roles to support the increasing participation activity across all hospice services which we hope will be in place next year.

### **Working with our external partners**

We continue to participate in regular meetings with colleagues across Scottish hospices in relation to Sentinel Development, Resolve Outcome Measures and Quality Improvement.

We continue our involvement within a research study with Queen Margaret University, St Christopher’s Hospice, and several UK wide hospices in looking at person centred care and introducing the Lantern Model of Nursing for people at the end of life.

### **Quality Improvement**

Our monthly Health Protection Scotland infection control audit is carried out by our inpatient team and assesses our compliance against best practice across a range of standard infection control precautions (SICPs), results for quarter 3 are shown below.

The daily champions carry out the audits and weekly walk rounds with the Quality Facilitator as part of their role ensuring that excellent infection prevention and control is part of day-to-day practice and there are opportunities to identify and resolve any concerns quickly.

We continue to apply a RED/AMBER/GREEN rating system whereby the audit percentages, correlating to RAG rating are used to decide the timescale for the re-auditing of each of the audit topics.

RED, AMBER, GREEN (RAG) RATING	
0 - 64%	repeat within 1 month
65 - 89%	repeat within 3 months
90 - 100%	repeat in 6 months
90 - 100% on two consecutive audits	repeat in 1 year
Not applicable	

HPS Compliance Tool: Standard Infection Control Precaution (SICPs)		2023 results		
		Dec	Nov	Oct
1	Patient placement/Assessment for infection risk	100%	100%	100%
2	Hand hygiene	100%	100%	95%
3	Respiratory and cough hygiene	90%	95%	100%
4	Personal protective equipment	100%	100%	90%
5	Safe management of care equipment	100%	100%	100%
6	Safe Management of care environment	100%	70%	80%
7	Safe management of linen	95%	95%	90%
8	Safe management of blood/body fluid spillages	100%	100%	100%
9	Safe disposal of waste	100%	100%	100%
10	Occupational safety: prevention and exposure management	100%	100%	100%

CLEAN & SAFE AUDIT	APRIL 2023	JULY 2023	OCT 2023
	General Environment	93%	
Ward/Department Kitchen	95%		100%
Clinical Preparation and Treatment Room	78%	94%	January
Safe Handling and Disposal of Sharps	67%	78%	78%
Handling and Disposal of Linen	100%		100%
Patient Equipment and Bedspace	79%	92%	January
Waste Handling and disposal	100%		100%
Domestic Services	100%		100%
Hand Hygiene and Dress code	100%		100%
Clinical Practice	100%		100%
Display Information	100%		100%

The Preliminary Pressure Ulcer Risk Assessment is used by our clinical teams daily to identify any changes that may increase a person’s risk to their skin. This is used as a preventative approach so that supportive equipment or changes to care delivery can be made to support healthy skin and to prevent the development of pressure ulcers.

Preliminary Pressure Ulcer Risk Assessment (PPURA) audit	Compliance		
	2023 results (RAG rated)		
	April	July	Latest audit
Inpatient Unit	77%*	86%	Nov 86%
Care at Home service	91%	Not required	Oct 76%
Virtual ward service	14%	72%	Nov 100%

\* March audit result: 94%

Various medicines audits (including prescribing, ordering, and storing) have been carried out with no changes in our practices and policies required relating to this area of work.

We regularly review our clinical records and feedback to the team. In quarter 3, revised guidelines to support a consistent approach across all clinical services were launched and we are supporting our teams to adopt this in practice using the Person-Centred Care Plan. We continue to support other Scottish Hospices who wish to follow our practice by using patient records jointly with their NHS partners.

## Our Patient Safety and Risk Report

**There were 2 accidents reported in quarter 3, both involving volunteers.**

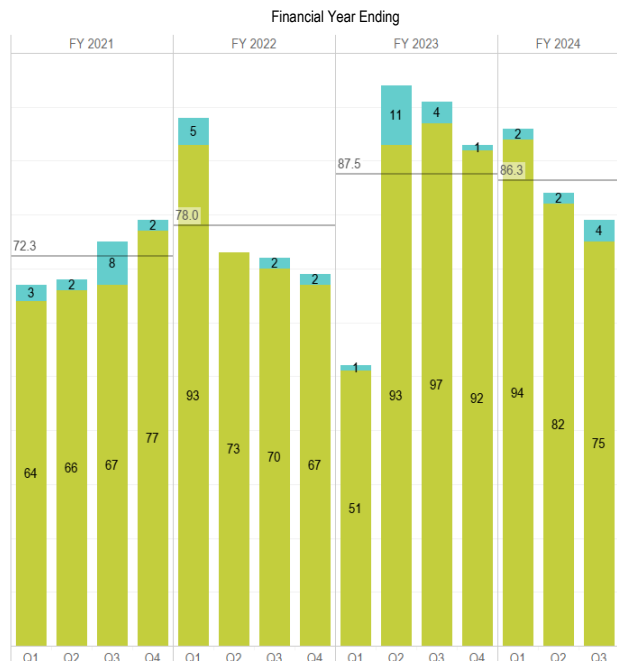
- Nov-23 - involved a shop volunteer having a mishap with a new clothes steamer which resulted in a minor scald.
- Dec-23 – involved a volunteer but did not happen in the shop, the SCHC volunteer was a runner and happened to trip and fall nearby and was given first aid by the shop staff.

### Incident Reporting

For the current quarter: -

- 75 incidents reported from across hospice services.
- 66 actual incidents were closed following investigation.
- 11 (9 incidents and 2 Near Misses) are active investigations at end of quarter 3
- 4 Near Misses
- 22 further submissions were closed following investigation and categorised as ‘Not an Incident.’ (these include incidents identified by us but were external to hospice)

**Actual Incidents and Near Misses Quarterly Activity**  
Excludes - Closed (Classified as 'Not an Incident' following investigation)



### HIS Reportable

Fifteen notifications under the following categories met the criteria to be reported to Health Improvement Scotland. It should be noted that we are required to report all incidents involving controlled drugs

regardless of severity / outcome. Incidents identified by the hospice but not related (e.g. pharmacy supply issues) also require to be notified.

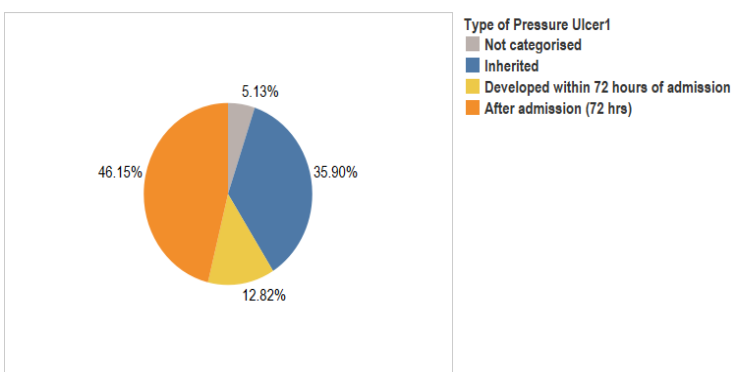
Category	Notifications
Controlled Drug Incident	13
Change of Relevant Individual	3
Outbreak of infectious/communicable disease involving 2 persons or more	1
Member of staff reported to their respective professional body under fitness to practice rules	1
<b>Grand Total</b>	<b>18</b>

### Pressure Ulcers (PU)

39 pressure ulcers were reported in quarter 3. 36% (14) of inpatient pressure ulcers were 'Inherited' and the remaining 59% (23) pressure ulcers developed in our care with 5% (2) still under investigation.

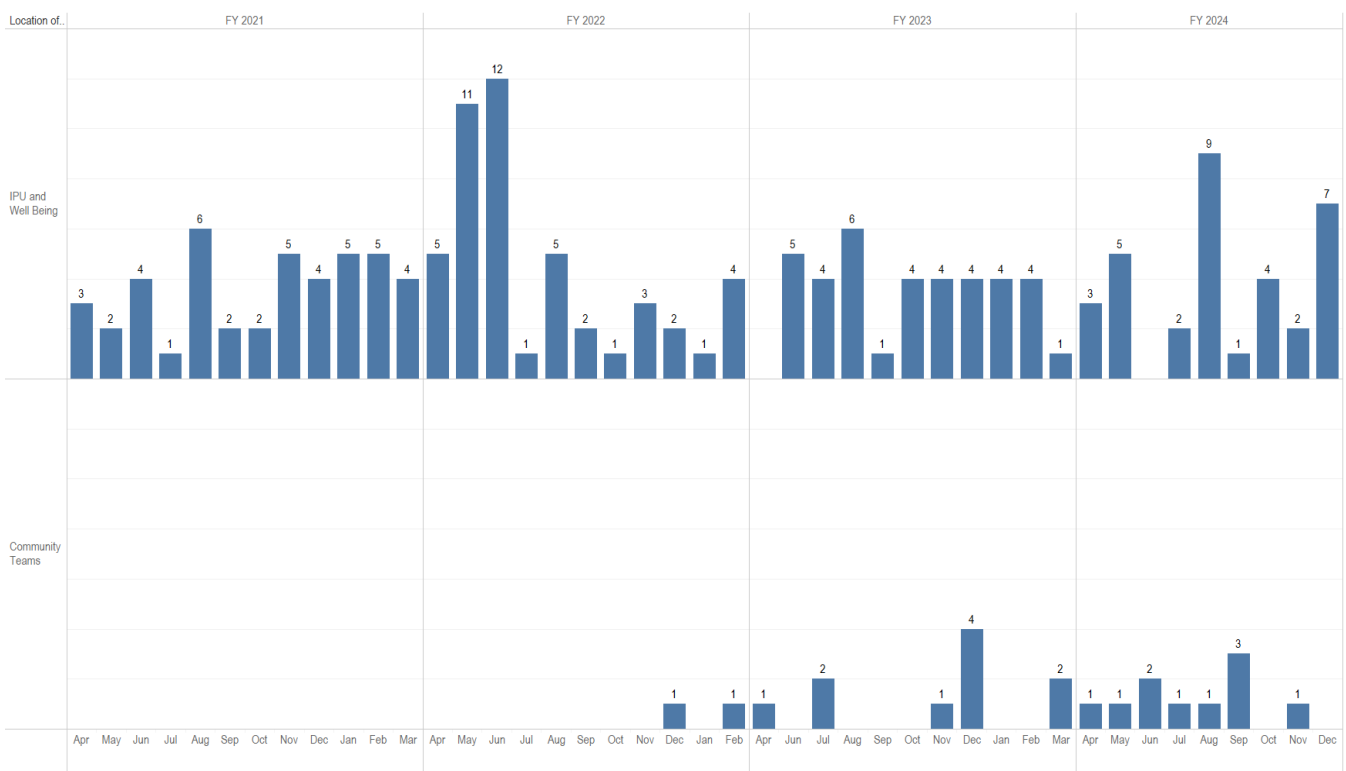
Approximately 20% (12) of all the recorded pressure ulcers were reported by Hospice at Home

The monthly year to date (YTD) median for Pressure Ulcer recorded under our care is 5 for Inpatient unit and 3 for Hospice at Home services and of the 72% (18) that had grades recorded, all were categorised as Grade 1 or 2.



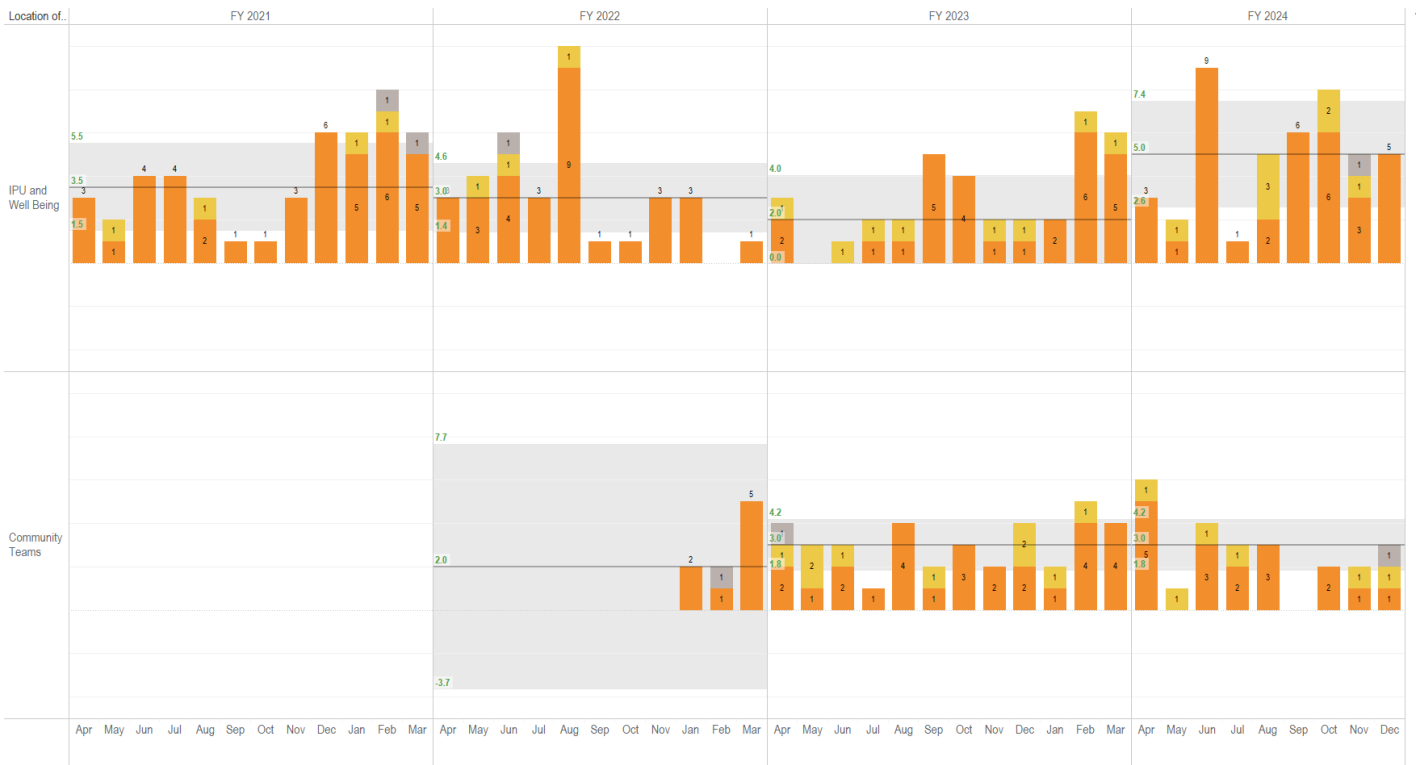
### Inherited Pressure Injury Incidents

Financial Year Ending



**Pressure Ulcer Incidents by Type (Excludes Inherited)**

After Admission (72 hrs), Developed within 72 hours of admission, Not Categorised  
Includes median with 95% CI

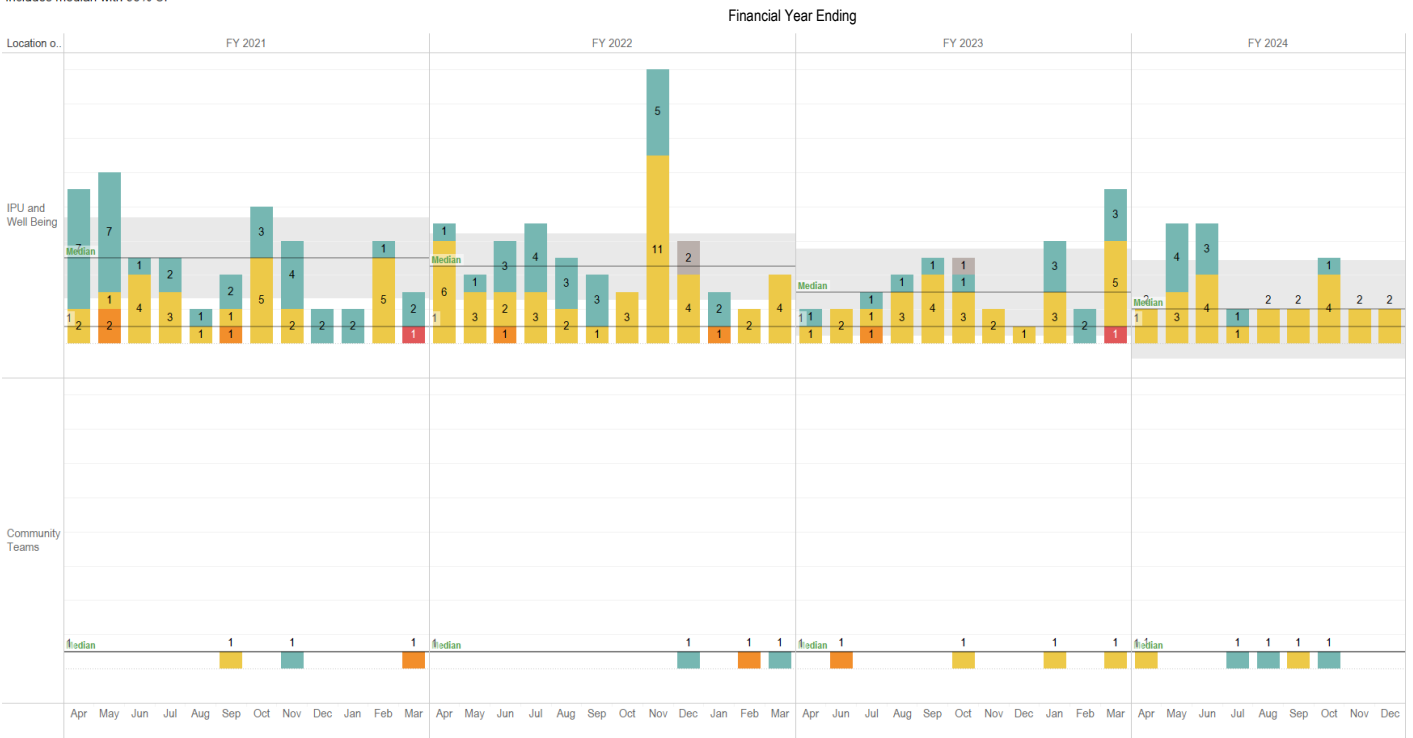


The current Pressure Care Action Plan is mapped against the best practice statements by Healthcare Improvement Scotland and is monitored by the multidisciplinary Patient Safety Group. The Inpatient, Practice Development, Care at Home and Quality Teams are currently working in partnership to create teaching resources for 2024 mandatory education.

### Patient Falls

Quarter 3 shows no concerning trend in the number of falls on the Inpatient Unit, all were categorised as either being of low or no harm following investigation and the YTD monthly median is low (2) when compared to previous years.

**Actual Patient Fall Incidents by Location and Falls Harm Level Grade**  
 No Harm, Low Harm, Moderate Harm, Severe Harm, Not Graded  
 Includes median with 95% CI



The Patient Safety Group for Falls continues to meet every second month with allocated protected time to take forward developments within the Falls Action plan. The group will move to its new format in January 2024.

### Medicines Incidents

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

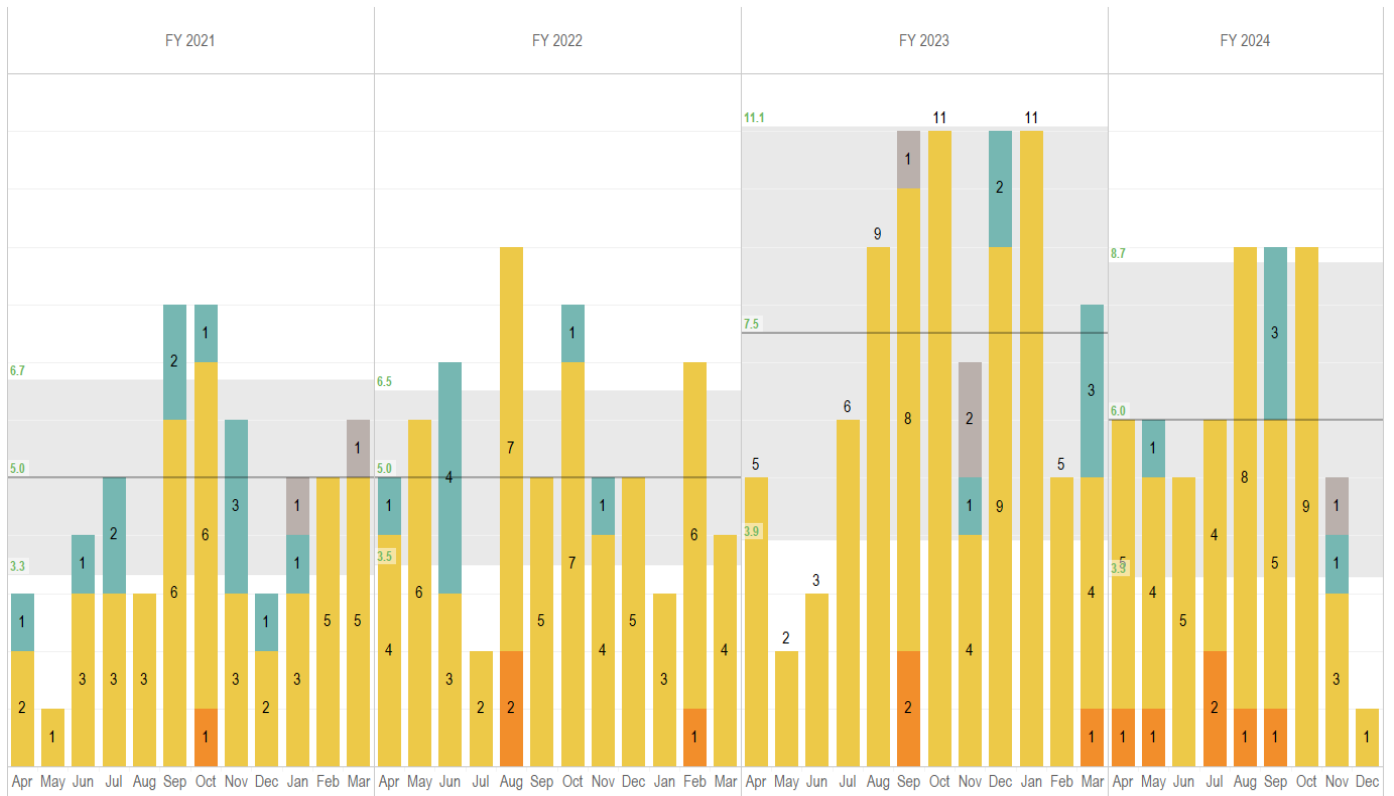
Of the 15 incidents that occurred in Quarter 3 (1 active not yet categorised), 14 were deemed to be of Low or No harm and occurred within the hospice and not community. The most reported incident categories were Administration (13%) and Documentation Error (40%).



**Actual Medication Incident Trend by Medicines Harm Level Grade**

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

Includes Median with 95% CI



**Fire Safety**

Quarter 3 activity recorded is as follows:

- In October we ran fire drills for the day and night staff.
- A fire alarm activation overnight on 24th December, due to the sprinkler system pressure switch activating.

**RIDDOR Reportable**

No incidents.

**Duty of Candour Reportable**

No incidents.

**Information Commissioner's Office Reportable**

No incidents.

## Complaints

There were two complaints in quarter 3.

- The first related to concerns about conversations being recorded and associated consent which proved to be the result of a misunderstanding between a member of our team and a client.
- The second was an anonymous call relating to alleged inappropriate behaviour by a staff member driving one of our pool cars. As the complaint was anonymous we were unable to respond but the nature of the complaint will be discussed at a staff meeting as well as the introduction of dash cams in our pool cars.

## Participation and Feedback

Our Participation Strategy- Side by Side- promotes a culture where engagement with patients, those who care for them, staff/volunteers and members of the public forms part of the day-to-day planning and delivery of person-centred services.

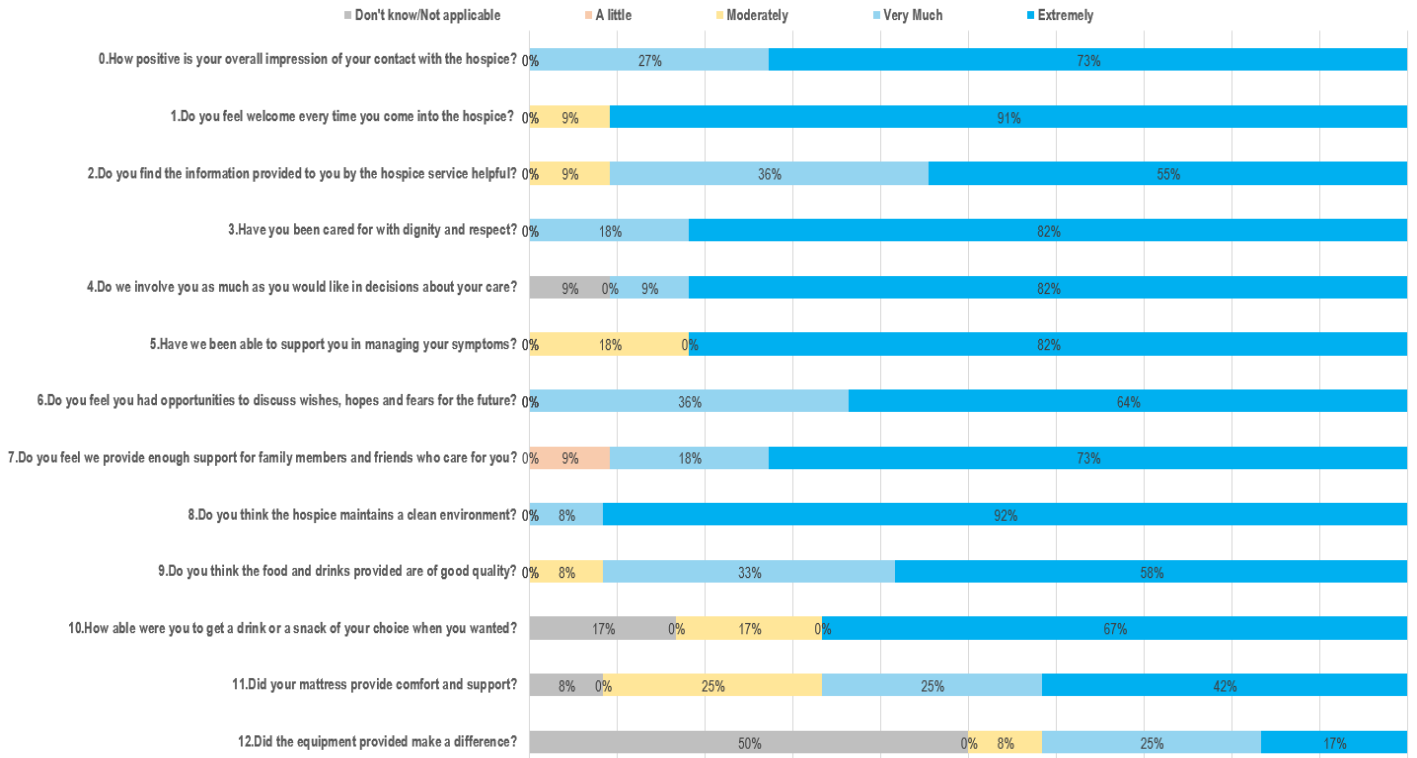
Our wellbeing volunteer team contact inpatients and ask if they would like to complete a questionnaire about their experience. Where learning or areas of improvement are identified, these are addressed immediately by the inpatient team. Twelve questionnaires were submitted this quarter, the following was the only one that required follow-up.

*When asked "Is there anything else you would like to share with us?" a person in IPU submitted the following "Big TV taking up less room, the current one is in an awkward position. No shaving mirror in the bathroom."*

A temporary television was set up in this room to support the patient to watch TV from their armchair and a plan made to purchase two mobile shaving mirrors for use in the unit.

### IPU Questionnaire Responses for the Quarter

No submissions this quarter contained a response ■ Not at All



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

How positive is your overall impression of your contact with the hospice?	<i>"Had been in another hospice and was not sure if I wanted to go in. Darius and Lisa showed me around and I realised it was so different from the other place." "Person feels very well looked after" "Such kindness and care, it does not stop" "Place is incredible" "Felt disorientated until medication reduced"</i>
Do you feel welcome every time you come into the hospice?	<i>"Welcomed when I looked around prior to me coming." "Definitely" "Unbelievable" "Such kindness" "Remember leaving WGH and quite a blur for a few days. Remember being welcome."</i>
Do you find the information provided to you by the hospice service helpful?	<i>"Yes on the whole although at times overwhelming especially at the beginning" "Everything perfect" "Has received both verbal and written info"</i>
Have you been cared for with dignity and respect?	<i>"All the staff understand my needs and discuss it" "Staff very kind" "Everything from the word go. Staff so respectful" "Yes definitely but struggle to quantify"</i>
Do we involve you as much as you would like in decisions about your care?	<i>"Dr Jack has been great at sorting my syringe driver" "I think so"</i>

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

*“Already talked to Erica who is very understanding”*  
*“Sometimes”*  
*“Yes but the nature of the illness makes it difficult”*  
*“Only need to ring the bell and 2 seconds later they are here to help”*  
*“A work in progress. It is the nature of the condition and staff are doing everything they can.”*  
*“Difficult to gauge”*

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

*“No Fear, priest wonderful when he came”*  
*“No” (This was followed up by the nursing and chaplaincy teams and the patient declined offers of support).*

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

*“Easier to talk to people here rather than family who get stuck in past troubles”*  
*“Could make more effort from hospice - e.g. a call from a son who lives far away.”*  
*“Provided a lot of support to my partner”*  
*“Grateful to have a large loving family. They know about my condition and what to do.”*  
*“Really friends and neighbours”*  
*“Family in West of Scotland”*

Do you think the hospice maintains a clean environment?

*“The place is immaculate”*  
*“Absolutely” (x2)*

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

*“Given choice but struggling to keep food down. Dietician is due to see me on Friday.”*  
*“I came in and had never eaten for 3 weeks. Tommy comes in every morning to check what I want”*  
*“Today on returning from a home visit, I felt hungry. Staff arranged a late lunch which was lovely.”*

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

*“Restricted to what I can eat meantime.”*  
*“Probably”*  
*“Hospitality is never ending”*

*“Easy as pie”*

Did your mattress provide comfort and support?

*“Not aware could tell staff if mattress was not comfortable”- Advised to discuss with staff*

Did the equipment provided make a difference?

*“Although I have received equipment, I am not sure who gave me it but I have not used it since being here.”*

*“Got equipment at home”*

*“Staff go out of their way to help”*

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

*“It is impossible to be negative about the hospice”*

*“Many, many thanks to all and everyone concerned. I now know the joy in the hospice that’s shared around. Before I thought it was just a place to die in. Now its a place to be positive and honest in”*

*“The people here are very cheerful and helpful”*

*“Everyone is really friendly. Quick response to buzzer, Usually within a minute”*

*“If the staff were at the Olympics they would all get a medal”*

*“Quite overwhelmed and privileged”*

*“All staff are fantastic and can’t accommodate one enough”*

*“Best experience I have ever had. 5 star. Staff got my symptoms controlled so I feel so much better.”*

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

*“Very helpful. Good for clarifying thoughts”*

*“Some questions difficult because I couldn’t always remember the question”*

*“Very Easy”*

*“Simple as hospice is so good”*

*“Very easy”*

*“Although the patient could respond to the questions struggled to quantify responses”*

*“Easy to complete” (x2)*

How Did We Do? Online Questionnaire Feedback (via QR code)

Tell us what was good about our service?	Tell us what we could do better?	Comments from	Which service do your comments apply to?	Can you sum up in one word how you feel about our services? (New data field introduced Jun-23)
Good.		Family/Carer/Friend	Family Support & Counselling; Facilities & Hospitality Services;	Uplifting
Good. They introduced themselves so prior to entering our home They were friendly but professional They gave my husband dignity and kindness	It was our first visit today so there was nothing they could do to improve their visit, it was excellent.	Family/Carer/Friend	Care at Home Team	Caring

**Additional feedback received in the quarter:**

**Card to the Care at Home Team**

*“Thank you all so much for all the support you gave to our Dad/Grandad!  
We couldn’t have got through the past couple of weeks without you all and your reassurance!  
Thank you, Love \*\*\*\*\*”*

**Card to the Care at Home Team (East Lothian)**

*“We wanted to say thank you so much for all your support, laughter and banter throughout the weeks!  
\*\*\*\* always had a great laugh when you were all here and it helped us all so much. We really can’t thank you enough for all your care.”*

**Card to the Care at Home Team (East Lothian)**

*“I just wanted to extend a big thank you on mine and \*\*\*\*\*’s behalf to all of the care staff involved with supporting \*\*\*\*\* at home during such a difficult time. Although she wasn’t always feeling up to the visits, I know \*\*\*\*\* was happy when she was as her chats with you guys really lifted her spirits, particularly when talking about cats! The support and guidance you gave me was also much appreciated and an extra bit of help that I really needed.  
Thank you again and all the best.”*

**Comments to Care at Home Team via our Virtual Ward Charge Nurse**

*"I went to see \*\*\*\* yesterday and \*\*\*\* spoke very highly of your team. \*\*\*\* said \*\*\*\* looks forward to the carers coming and has banter with them and enjoys their company. They said the carers "make it so natural".*

*I wanted to share this with you as it's a lovely example of the impact of the person-centred care your team deliver."*

### **Text to our Deputy CEO**

*"Hi Dot, my brother-in-law received an outstanding service from the hospice. Also a friend of a friend was in recently and the feedback was similar. I was proud to say I am a volunteer of such an amazing place"*

### **Letter from a bereaved family to the CPCT Team Lead**

*"Our family would sincerely like to thank everyone who supported us during \*\*\*\*\*'s illness up until they passed.*

*From Wilma (who always welcomed us at reception) to Lyndsey, Jana, Roz, Toni, Karen, Amy, Craig, truly wonderful carers and his Virtual Ward nurses & doctors, we thank you all.*

*Not only was \*\*\*\*\* cared for with compassion & sometimes humour, our family felt supported & respected by all the staff.*

*We were taken on a journey of understanding & of coming to terms with \*\*\*\*\*'s condition which helped us cope with the many difficulties that faced us.*

*Without St Columba's staff there is no doubt we would not have had the coping strategies to manage the stress & our own mental health.*

*For the grandchildren, the input from the Family Support Worker has been invaluable. They have been given the necessary tools to help them have open conversations about losing their Papi.*

*Watching \*\*\*\*\* suffer throughout their illness was extremely painful and overwhelming. The compassion and skills of the staff were invaluable in helping us cope and to face the future without \*\*\*\*\*.*

*We thank you all."*

### **E-mail to Iona Café Manager**

*"I visit the café at St. Columba's most weeks as it is the perfect place to bring my mum who has Alzheimer's and lives nearby. She enjoys her coffee and scone looking out at the garden, browsing the gift shop, and when it's warm, she enjoys sitting outside on the decking in the sunshine or in the very peaceful, beautiful courtyard. It makes such a difference to her being able to go here where the volunteers in the café are lovely and it feels much calmer than other coffee shops! I think it is such a special place and we are very lucky to have this facility open to the local community. I am so glad we discovered it.*

*I also bring my two year old grandson frequently. It is quite a "find" for him. He loves the toy corner, playpark and only recently we discovered the sand pit! Thank you to all the staff and volunteers who make this such a special place."*