



LINDSEY LODGE HOSPICE & HEALTHCARE

QUALITY ACCOUNT 2022/2023

‘always there to care’



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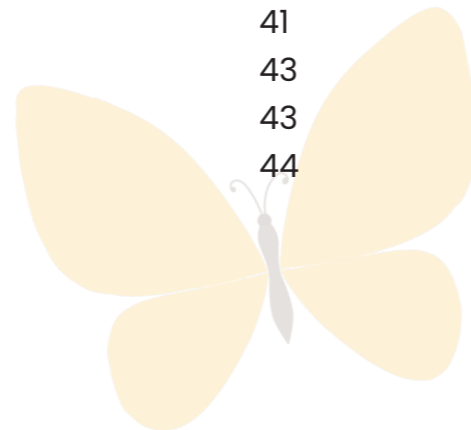
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QUALITY ACCOUNT 2022/23

Welcome to Lindsey Lodge Hospice's Quality Account 2022/2023, in which we outline and evidence how we deliver high quality specialist palliative care to patients with life-limiting conditions and support their family and carers during illness and into the bereavement period.

Quality Accounts are an important way for organisations that provide healthcare commissioned by NHS England or Integrated care Systems (ICSs), to report on quality indicators and show improvements in the services they deliver to local communities and stakeholders. The quality of our services is measured by looking at patient safety, patient outcome measures and is taken together with feedback from patients and families about their experience of care to give assurance that we have continued to be committed to excellence in care provision.

Our Quality Improvement Plan and our hospice strategy are aligned. Achievements are evidenced through quality indicators which are measured through our quality and activity data.

During 2022 we have strengthened our Quality Governance processes by introducing a monthly group to critique policies, incidents, complaints and compliments strengthening our learning, and to embed a quality improvement approach. The group has introduced and refreshed audit standards, policy management and learning from our incidents in a quality improvement methodology. The group have the oversight and accountability to ensure the review and implementation of actions.

The quarterly Quality Assurance Board sub-committee meetings continue to provide assurance to the Hospice Board that Lindsey Lodge Hospice is appropriately governed and well managed across the full range of clinical activities, and to provide internal and external assurance relating to quality management. Externally, assurance and benchmarking evidence is sourced by participation in Controlled Drugs Local Intelligence Network, Hospice UK Patient Safety Programme and Humber Strategic Pressure Ulcer Group.



Sally Watson MSc, BSc (Hons), RN
Quality & Education Lead
Lindsey Lodge Hospice & Healthcare



Helen Turner MSc, BSc (Hons), RN
Director of Clinical Services & CQC
Registered Manager,
Lindsey Lodge Hospice & Healthcare



STATEMENT OF ASSURANCE FROM THE BOARD

The Board of Trustees is assured by the progress made in 2022/2023 and supports the clinical objectives planned for 2023/2024.

The Board remains committed to the provision of high quality, safe, responsive and effective care provided to patients, families and staff across all Lindsey Lodge Hospice and Healthcare services.

Lindsey Lodge develops its priorities for quality improvement by triangulating evidence available through a variety of internal and external sources. These include compliments and complaints, incident reporting, national quality initiatives and standards, patient and family feedback, clinical audit and NICE guidance, as well as monitoring performance against other hospices.

A full range of quality measures has been developed and how Lindsey Lodge is working towards achieving these continues to be reported to the Board and the Quality Assurance Committee. The Quality Assurance committee is a sub-committee of the Board led by Deputy Chair of the Board Dr Pat Webster and Registered Manager Helen Turner.

The quality measures provide assurance that the Hospice is appropriately governed and well-managed across the full range of activities, and provide internal and external assurance relating to quality management by:

- Reviewing the establishment and maintenance of effective systems of quality governance
- Ensuring compliance with all applicable legal and regulatory requirements, in particularly those of the Care Quality Commission (CQC)

- Ensuring risk management and internal control is appropriate and of the highest standard
- Advising and contributing to the overall quality of the service
- Reviewing the establishment and maintenance of effective systems of quality monitoring
- Monitoring all aspects of patient experience, safety and effectiveness including personalised care, treatment and environment
- Monitoring safeguarding issues
- Monitoring the recording and management of incidents, concerns and complaints and ensuring that internal audit is consistent with the governance needs of the organisation
- Reviewing related activity and data
- Ratifying relevant policies and guidelines
- Reporting after each meeting to the Hospice Board
- Quality information is regularly shared with the North Lincolnshire Place and with the CQC when appropriate or requested

The Board will continue to monitor the progress against priorities for quality improvement and identified objectives for 2023/2024.



Dr Pat Webster
Deputy Chair of the Board



PERFORMANCE

Year totals activity	2019/20	2020/21	2021/22	2022/23
Inpatient Unit				
Admissions	258	223	264	371
Bed days occupied	2,686	2,258	2,790	4,092
Occupancy*	74%	60%	78%	81%
ALoS	10	8	10	11
Deaths	177	152	146	206
Went home	59	54	72	99
Other	22	14	20	36
Butterfly Line total calls				904
Hospital admission avoidance				139
Wellbeing Centre				
New Assessments	104	25	90	92
Follow up appointments	2,493	2,146	2,189	2,179
Did Not Attend (DNA)	824	0	457	596
Deaths	76	27	29	36
Lymphoedema Service				
New Assessments	67	59	83	103
Follow up appointments	950	719	639	657
Lymph Flow AA				513
Did Not Attend (DNA)	120	178	217	281
FAB				
New Assessments	54	56	70	96
Follow up appointments	174	178	217	281
OT				
New Assessments	222	160	197	189
Follow up appointments	626	595	648	797
Follow up appointments AA				759
Counselling & Support				
Follow up face to face	711	61	294	431
Follow up virtual	312	933	656	392

*Based on 16 beds from 1 August 2022 from data perspective

CELEBRATING 30 YEARS OF CARE

In June 2022 we celebrated with a 'Cheers for 30 Years!' celebrating three decades of providing high quality, specialist palliative and end of life care to thousands of local patients and families.

These birthday celebrations were planned to coincide with our biggest expansion project in over 20 years. We were delighted to be sharing the opening of six brand new beds, increasing our inpatient capacity from 10 to 16 beds.

We also started piloting a 24/7 palliative care advice line, called the 'Butterfly Line', which demonstrated how we're responding to the growing need for our services.

We launched a 'Cheers for 30 years!' campaign, with an ambitious £300k target, which aimed to encourage local people to get involved with our birthday celebrations and help raise the much needed funds we require to run our services. We also held a family and pet friendly festival-style 'Big Birthday Bash' event on Saturday 18 June on our very own events field, at Lindsey Lodge, which featured our very first dog show.

This event was a celebration of all we have achieved together, and a chance for us to celebrate 30 years of care, as well as saying a huge thank you to everyone – including former staff and volunteers – who have helped and supported us to deliver it. Our Fundraising Team put together a whole host of exciting events and activities to support our campaign, which ran throughout the year. The events and campaign were a huge success.



A separate official opening of the new beds was undertaken by Dr Faisal Baig former Chair of Northern Lincolnshire CCG and our Chairman Alan Bell, who proudly cut the ribbon on our new single room, ensuite accommodation.

The beds have been well used and their occupancy rate has gradually increased throughout the year, as nurse and therapy led admission criteria has been established. The beds link to our development of Advanced Care Practitioners, nurse prescribing and work to expand links with our community and hospital colleagues.



We thank our former CCG colleagues for the capital funding. We are very proud of the excellent community facilities we have been able to provide and the continued work to support choice of care and admission avoidance to hospital.

We continue to develop and expand our care services to support future years, which continues to establish Lindsey Lodge as a specialist end of life provider across North Lincolnshire.



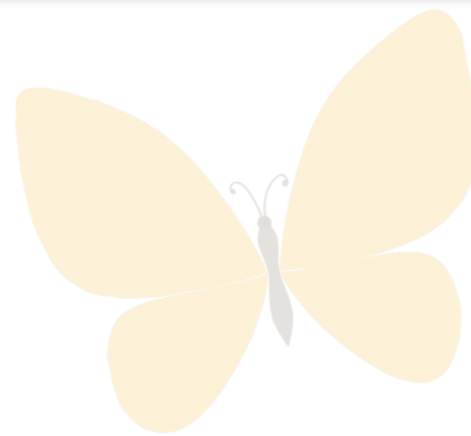
THANK YOU FOR 30 YEARS OF CARE



OVERVIEW OF CLINICAL SERVICES

Lindsey Lodge Hospice and Healthcare provides specialist palliative care to adults in North Lincolnshire with any progressive life-limiting illness. We are independent of the NHS and patients are usually referred to us by their GP, secondary care Consultant team, complex care matron, district nurse, Macmillan nurse or family member in a written format (letter/email), by telephone or by visiting us.

We offer 24-hour inpatient care or care co-ordinated from our Wellbeing Centre. The Wellbeing Centre provides an appointment service, sessional day care (full day or half day sessions) and direct access care. Care can support symptom control and management, end of life care as well as other services such as bereavement and family support, counselling, complementary therapy, lymphoedema care, physiotherapy, occupational therapy, spiritual care, social work advice and support, fatigue and breathlessness services. Care wraps around the patient and is delivered by a multidisciplinary team working under one roof and can be blended to meet patient, family and carer needs.



CASE STUDY: DIGNITY CHAMPIONS

Lindsey Lodge Hospice and Healthcare is going the extra mile to champion dignity and respect in its care, by encouraging staff to become Dignity Champions.

Lindsey Lodge's Dignity Champions are a group of eight healthcare assistants, who, as well as ensuring that patients, families and carers continue to consistently receive the best possible patient-centred care and support, they will be looking at ways to enhance the quality of its care, with regards to choice, dignity and respect.



"AT LINDSEY LODGE WE FEEL PASSIONATELY THAT BEING TREATED WITH DIGNITY IS A BASIC HUMAN RIGHT, NOT AN OPTIONAL EXTRA. WE BELIEVE OUR CARE SERVICES MUST BE COMPASSIONATE, PERSON CENTRED, AS WELL AS EFFICIENT, AND ARE ALWAYS LOOKING AT WAYS TO ENSURE WE ACHIEVE THIS.

"SOMETIMES THE SMALLEST THING CAN MAKE THE BIGGEST IMPACT. IT COULD BE PREPARING A ROOM TO ENSURE IT ALWAYS HAS THOSE LAST MINUTE TOUCHES THAT MAKE SOMEONE FEEL WELCOME, OR TALKING TO OUR PATIENTS TO GATHER FEEDBACK ON HOW WE CAN IMPROVE OUR CARE. OUR DIGNITY CHAMPIONS WILL BE OUR EYES AND EARS ON THE GROUND, WHO ARE EMPOWERED TO ENSURE WE CONTINUE TO MEET THE HIGH STANDARDS OF CARE OUR PATIENTS, CARERS AND FAMILIES EXPECT."

Lindsey Lodge Operational Matron Karen Andrew

Led by Dignity Champion Lead Helen Harrison, the group aims to:

- Promote high standards
- Encourage consistency and teamwork
- Uphold Lindsey Lodge's values regarding dignity and respect
- Recognise good practice by looking, listening and learning from one another and the wider team
- Be mindful of how findings and solutions are delivered to the wider team, reinforcing the 'Lindsey Lodge way'.

Lindsey Lodge Director of Clinical Services Helen Turner said: "We are already extremely proud of the high standards of our care at Lindsey Lodge and I'm delighted that so many members of our team have signed up to become Dignity Champions.

"They will support our whole team to ensure we put dignity and respect at the heart of everything we do, to enable a positive experience for everyone who receives our care."

INPATIENT EXPANSION CREATES NEW WING

We have significantly increased our inpatient capacity from 10 to 16 beds in response to increasing demand for our services and the ongoing pressure on bed availability within the NHS.

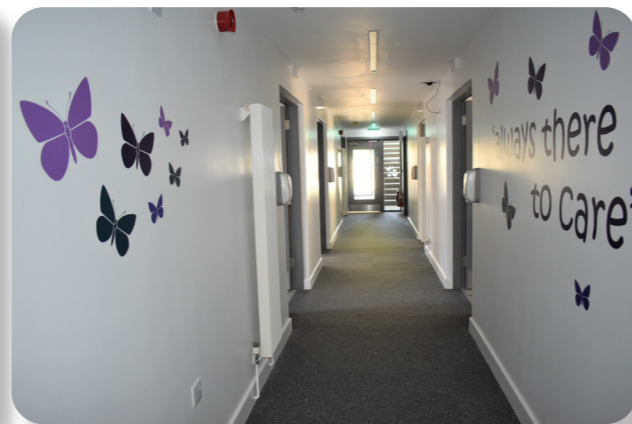
The initiative was taken in partnership with the former North Lincolnshire Clinical Commissioning Group (NL CCG) and supports patients with nurse and therapy-led care from our Advanced Clinical Practitioners (ACPs), after being discharged from hospital, or from a community setting.

Six state-of-the-art new patient rooms, as well as expanded accommodation for clinical staff were developed within the existing footprint of the hospice building, by re-siting the laundry and re-purposing the neighbouring bungalow, which Lindsey Lodge acquired in 2021, into office accommodation for non-clinical staff.

The six new beds are part of the 'Butterfly Wing' - depicting butterflies from our logo, and are nurse/therapy ACP led. We opened two of the six beds in November 2021 as works were completed and used this opportunity to pilot nurse/therapy led care.

We officially opened the remaining four beds in July 2022 and have now fully embedded ACP/nurse-led care into the organisation. It allows us to offer quality end of life care to a new cohort of patients who may usually die in an acute setting, or at home. The ACPs are fully autonomous in admitting, the patient, making their care plan with them and prescribing their drugs, without the need of the medical team.

Two of the new six rooms are larger and can accommodate mobility aids and scooters and we use these two particular rooms for patients who require support with palliative rehabilitation and re enablement.



ADVANCED CARE PRACTITIONER (ACP) APPRENTICE

Lindsey Lodge provides advanced nurse and therapy-led care through our Advanced Care Practitioners.

During the past 12 months we have grown the team now that Sophie Clifford is undertaking her level 7 apprenticeship role via the Humber and North Yorkshire Health and Care Partnership Faculty of Advanced Practice at the University of Hull, which will run over a three year period.



Apprentice ACP Sophie Clifford (left) is pictured with ACPs Karen Parkes and Sarah Hodge

"I FELT QUITE STRESSED ABOUT MY CONDITION AND LACK OF MOBILITY BEFORE I CAME, BUT I AGREED TO COME TO THE BUTTERFLY WING AND REALLY DIDN'T KNOW WHAT TO EXPECT."

"THE STAFF WERE ALL SO CALM AND POSITIVE, IT'S REALLY OPENED MY EYES TO WHAT HOSPICE CARE IS ALL ABOUT."
Butterfly Wing Patient

REHAB KITCHEN SUPPORTS PATIENTS

Our six-bed Butterfly Wing is for patients with complex rehabilitation needs, and is supported by advanced care assistants along with the senior occupational therapists.

These beds ensure that patients recovering from long term illnesses will receive the best outcomes.

As well as having access to our re-ablement gym along with clinics to develop techniques to support their recovery and return home, they now have access to our re-modelled rehabilitation kitchen.

This fantastic space offers a kitchen that is accessible for wheelchairs and people with limited movement. It can be used to teach people how to look after themselves in the home environment from learning how to make a simple cup of tea with some toast, washing up and maybe even prepare a light meal.

The kitchen is available to those patients accessing the six new beds long with our regular Wellbeing Centre patients who enjoy activities led around cooking and baking with support from therapists.

It gives the patients a sense of normality and builds confidence to support them returning to their home environment.

It also relieves some of the stresses that carers and families experience when they are unsure of a patients capabilities.



NEW LOOK OUTPATIENT UNIT SET TO LAUNCH

We are preparing to launch our new-look Outpatient Service.

Patients referred to the service will now be offered two distinct pathways – Health based, or Wellbeing based following their initial assessment and linked to the individual goals they decide to set with guidance from the Lindsey Lodge medical team.

Lindsey Lodge’s outpatient facilities operate from its Wellbeing Centre, based at the Hospice and provide care for adults aged 18 years and over, who are registered with a North Lincolnshire GP and have a life-limiting or terminal condition in advanced, or progressive stages.

They offer holistic support with both the physical and emotional symptoms, along with goal setting, advanced care planning, memory work and access to social group work and activities. They also provide specialist support for patients who may have difficulties with their care needs, or who have frequent hospital admissions due to a specific symptom, as well as those patients where a recent diagnosis requires radical treatment, which may have overwhelming symptoms.

Lindsey Lodge Clinical Director Helen Turner said: “We are excited to be launching our new-look Wellbeing Service.

“We have introduced a new referral form, which is available to download from our website here and provides a single point of access into the service into our Hospice Co-ordination Centre.

“All outpatients will be triaged by our therapy / medical team to understand their individual patient-led goals, before being offered two distinct routes into our service, which we believe will improve their overall patient experience.”

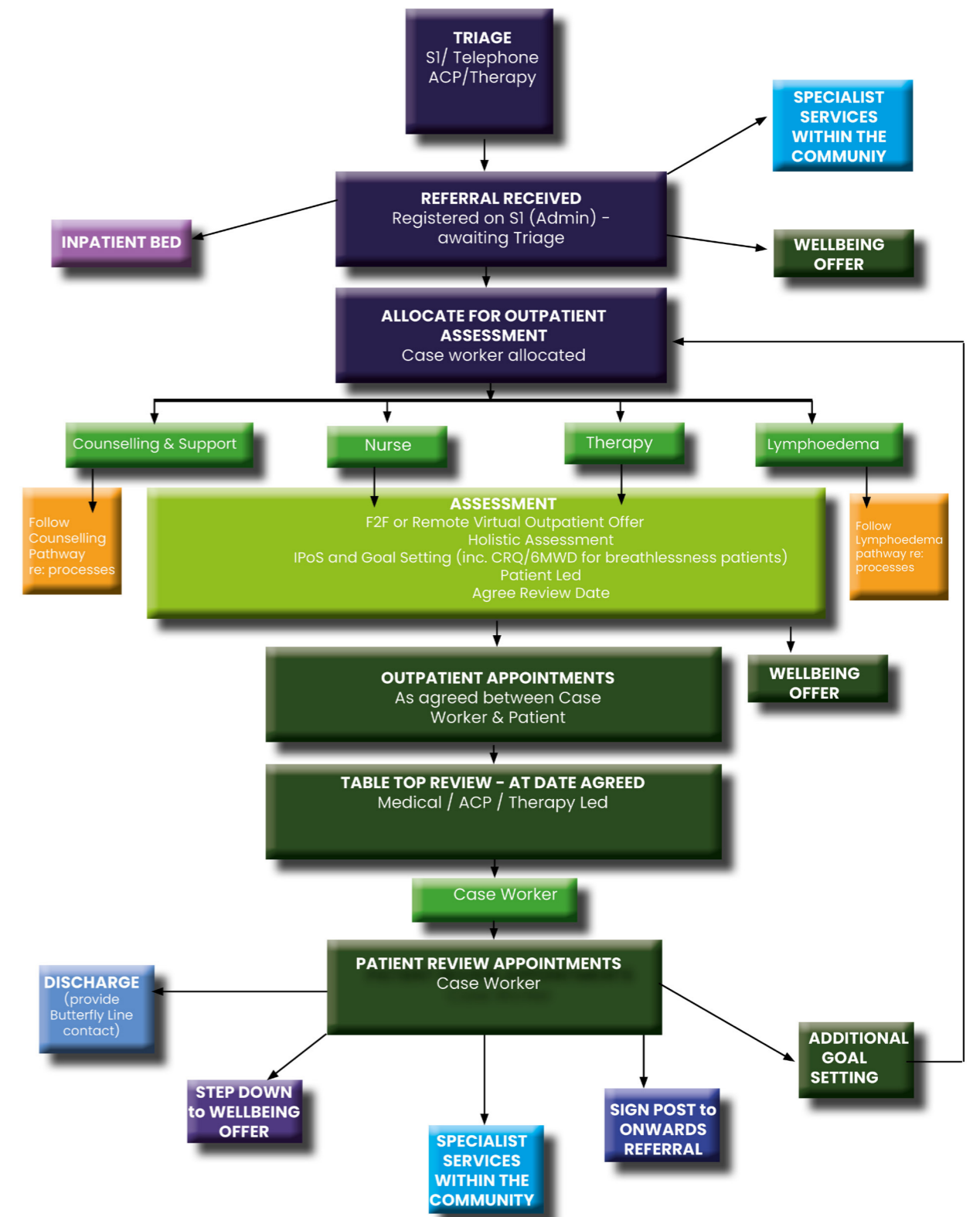
Patients who follow the Wellbeing pathway, will be supported by Lindsey Lodge’s healthcare assistants and advanced assistants, who will provide an environment that will enhance their overall psychological wellbeing, through regular social interaction, and meaningful activities. It will offer an opportunity to explore reintegration in the community, help to alleviate boredom, prevent social isolation and provide much-needed carer support.

Helen said: “We’ll be offering a daily plan of activities including chair based exercise, crafting, gardening, memory making, visualisation and relaxation, which patients can attend, as well as time set aside each day for clinics with our medical team and advanced care practitioners.”

The Health pathway will offer patients interventions led by their own individual specific goals and incorporate an in-depth holistic assessment, with standardised outcome measures. These will be delivered through outpatient appointments and reviewed within the period agreed at the point of assessment. Helen said: “This patient centred approach offers patients the opportunity to set their own goals, and review their progress.

“Our medical team and advanced care practitioners will provide oversight and guidance with intervention to support achievement of their goals, with time set aside to review all patients on a weekly basis with individual case workers.” She added: “We will work closely with local health partners to ensure patients who are eligible for our service, receive the best possible care and support.”

Lindsey Lodge Hospice & Healthcare Outpatient Health and Wellbeing

BEEP SHOWCASED AT NATIONAL CONFERENCE

We showcased how North Lincolnshire people living with life-limiting lung conditions - and their families - are benefiting from its Breathe Easy Enablement Programme (BEEP) at a national conference.

Lindsey Lodge Advanced Care Practitioner Sarah Hodge, was selected to present a poster presentation at this year's Hospice UK Conference in Glasgow in November 2022, which demonstrated how the evidence based intervention - BEEP - is supporting people living with a range of conditions including Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Fibrosis, Bronchiectasis and Cancer.

Sarah said: "People with lung problems often suffer from breathlessness completing everyday tasks such as walking, getting dressed or doing jobs around the house. This can make them panic or feel frightened, to the point where they, or a family member may feel the need to dial 999 for an ambulance. It can sometimes feel as though their breathlessness controls them, that doesn't need to be the case, we've seen very poorly and breathless people regain some control by following the techniques outlined in the BEEP."

She added: "Before we introduced BEEP, patients were waiting up to 18 months to be assessed for our Breathlessness Clinic, there were 74 people on our waiting list because we didn't have the physical capacity to support them. Sadly, this meant that people were dying before receiving an assessment."

BEEP was introduced at Lindsey Lodge in 2019, thanks to £40k Hospice UK grant award through St James's Place Charitable Grant Programme. It was converted to be delivered remotely in line with Covid-19 guidance. Following the lifting of restrictions, the BEEP programme returned to face-to-face group sessions and has continued to evolve over the past three years into a well-established part of Hospice care.

The eight-week Programme is a collaboration of professionals based within the Hospice and externally with consultants, complex care matrons and psychological services.

Patients complete an hour of exercise in Lindsey Lodge's Re-enablement Gym, which are led by the physiotherapist, or advanced care practitioner occupational therapist and advanced assistant (referred to as the programme's dedicated practitioner).

In parallel to this, the patient's carer will be able to access a separate session focusing on relaxation, counselling support, or an hour of respite. This is followed by an hour of education for both patient and their carer.

The education sessions include breathing control and management strategies, exercise, and disease management including: Smoking cessation, fatigue and energy optimisation, sleep, pain, managing anxiety and stress and future/ advanced care planning. Multiple professionals both internal and external to the hospice deliver the education sessions.

"WE HAVE DRASTICALLY REDUCED THE WAITING LIST FOR THIS SERVICE. THE AVERAGE TIME FROM REFERRAL TO ASSESSMENT IS CURRENTLY FOUR WEEKS, AND WE'RE SEEING AROUND 35 PATIENTS AT ANY ONE TIME.

"DELIVERING BEEP IN THE GROUP SETTING PROVIDES ENHANCED PEER SUPPORT FOR PATIENTS, WHICH OFTEN CONTINUES LONG AFTER THE EIGHT WEEKS OF THE ACTUAL PROGRAMME, THIS CAN HELP REDUCE THE NEED FOR RE-REFERRALS."

Sarah Hodge

She added: "It's the first programme to offer a carer respite/support session in parallel, which alleviates pressure and support with coping and the future. 100% of the carers who've taken part in BEEP felt that it helped them to cope better with their family member's condition, and they would be less likely to call 999, which obviously reduces the number of hospital admissions and A&E attendances for the acute trust."

BEEP has also seen an improvement in collaborative and partnership working between the Hospice, acute trust, community services and the primary care sector. It also reduces silo working, as at present, elements of BEEP are delivered individually across these sectors.

BEEP integrates these clinics, therefore rather than the patient and carer attending on average 20 appointments, they can attend one specific programme of care enabling them to spend more time at home. Sarah said: "Our statistics speak for themselves! 90% of our patients have reported improvement in their breathlessness and a reduction in their level of fatigue and 80% told us they'd experienced an improvement in their overall wellbeing."



CASE STUDY: BEEP

Kate Watts (75) from Hibaldstow, is living with Chronic Obstructive Pulmonary Disease (COPD), which is the name of a group of lung conditions that cause breathing difficulties.

People with lung problems often feel short of breath. Many daily tasks can make you breathless, such as walking, getting dressed or doing jobs around the house. Being breathless can make you panic, or feel frightened. It can sometimes feel as though your breathlessness controls you, but with the right support, this doesn't need to be the case.

Kate recently took part in Lindsey Lodge's Breathe Easy Enablement Programme (BEEP), She tells us now she has benefitted from BEEP:



"I was very apprehensive about starting this course. After shielding as a result of the Covid-19 pandemic for over two years, it was a large step for me to re-join the world outside my home and family.

"I also associated Lindsey Lodge solely with end of life care, but this most certainly wasn't the case. I would happily say that actually BEEP gave me a new lease of life, and I would encourage anyone with a chronic condition like COPD to accept the help of Lindsey Lodge.

"I've enjoyed meeting new people, that have a shared experience, and through these connections I was reminded to embrace opportunities and make the best of my situation.

"The presentations were well delivered, at a good pace, and the content was very interesting, informative and relevant to my circumstances.

"Most of all, I have benefited from the rehabilitation exercises. The sessions are appropriately paced and adaptable to individual needs, and the staff were very motivating to ensure each participant achieved the maximum to improve their capacity and stamina. There was time for a warm up and cool down and recovery time between each exercise activity.

"I WOULD HIGHLY RECOMMEND THE EXERCISE REHABILITATION COURSE, EVEN AFTER THE FIRST SESSION I COULD APPRECIATE THE BENEFITS OF THE COURSE. IF YOU COMMIT TO THE COURSE, THE HIGHLY PROFESSIONAL STAFF AT LINDSEY LODGE WILL DO THEIR BEST TO ENSURE YOU REAP THE BENEFITS."

"I FEEL MORE CONFIDENT GOING OUT TO SMALL SOCIAL EVENTS WITH FAMILY AND MY WALKING CAPACITY HAS IMPROVED. MY FAMILY AND FRIENDS HAVE COMPLIMENTED ME ON MY IMPROVED HEALTH AND WELLBEING. THANK YOU VERY MUCH SALLY AND YOUR TEAM!"

Kate Watts

**ADVANCED ASSISTANTS
CONTINUE TO DEVELOP**

The Advanced Assistants (AAs) continue to expand their skills and competencies and provide valuable services to all patients across the hospice clinical services.

With additional training the AAs have added competencies to support the Lymph flow clinics. This has been a fantastic achievement and we have seen the confidence grow with the management of patients, appointments and contacting patients.

These changes have aided more patients to be seen and reduced waiting times.



COMPLEMENTARY THERAPY

Jo Price took up her role as Complementary Therapist during the year and has delivered over 700 sessions of Complementary Therapy to our patients around the Hospice, as well as undertaking her busy role as an Advanced Assistant.

Jo recently completed her training to become an accredited Reflexologist.

This follows an intensive three month training course, as well as completing her Ofqual Level 3 Diploma and/or Certificate in Anatomy, Physiology and Pathology, which is a pre-requisite qualification for becoming a Reflexologist.

Reflexology is a non-invasive complementary health therapy that promotes deep relaxation and wellbeing; by reducing stress. It is a touch therapy that is based on the theory that different points on the feet, lower leg, hands, face or ears correspond with different areas of the body and reflexologists work these points and areas.

Jo, who has worked at Lindsey Lodge for over six years said: "I've worked really hard over the past six months to gain both of these qualifications, so I'm delighted to now be able to offer this therapy to our patients at Lindsey Lodge."

"COMPLEMENTARY THERAPY PLAYS SUCH AN IMPORTANT ROLE IN SUPPORTING OUR PATIENTS WITH PERSONALISED CARE TO SUPPORT THEM WITH THE SIDE EFFECTS OF THEIR TREATMENT, REDUCE THEIR ANXIETY AS WELL AS IMPROVING THEIR PHYSICAL AND EMOTIONAL WELLBEING."

Jo price

"We already provide hand, foot and slow stroke massage, Reiki and visualisation and relaxation, so being able to offer Reflexology patients offers even more choice."

CLINICAL STRATEGY

Sustainability of the hospice is a fundamental part of our future strategy. Aligned to the national priorities of integrated care we have been working towards this with key partners.

Care that is planned with people who work together to understand the service user and their carer(s), puts them in control and coordinates and delivers services to achieve the best outcomes is the main aim of the Health and social Care. This approach has always been the forefront of the hospice care but our clinical strategy has focused on developing partnerships to achieve the best outcomes for our patients.

This year Lindsey Lodge Hospice and HealthCare has formulated and strengthened partnership with Northern Lincolnshire and Goole NHS Foundation Trust. The aim for both organisations to develop arrangements for the palliative and end of life services to focus on more coordinated and integrated forms of care provision. This provides us with some exciting opportunities for the year ahead and further develop the clinical strategy.

**PALLIATIVE CARE AND END OF LIFE TRANSFORMATION
IN NORTH LINCOLNSHIRE (NL)**

In Quarter 4 of 2022/23 it was agreed that Lindsey Lodge would work with key system health providers to develop and implement an End of Life model which allowed partners to work together in order to use limited resources to maximise the health gain to the community within a sustainable model.

At the early stage it was identified that the key stakeholders involved were Lindsey Lodge and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) given they provide both acute and community focused PEOL care services.

The initial programme of work aimed to:

- (i) Undertake a detailed process map of existing Palliative & End of Life Care services across all organisations providing these services within North Lincolnshire
- (ii) Identify areas where existing services could be better co-ordinated or deployed in order to provide tangible service quality gains or efficiencies
- (iii) Make recommendations as to future service structures or opportunities for cross-organisational working practices.

The work programme commenced in January 2023 and partners were committed to ensure that all participating organisations drive transformational change within Palliative and End of Life care services across North Lincolnshire and this was both endorsed and supported by the North Lincolnshire Integrated Care Board PLACE Director

Both parties recognise that there is a need to drive up quality, demonstrating efficiency and affordability of local services to deliver a seamless patient pathway in accordance with the national guidance for the population of Northern Lincolnshire.

In the first instance, a weekly task-focused transformational group was established to put pace into the work, to date real progress has been made and we have seen the following outputs:

1. Lindsey Lodge trained nurses working with the community District Nursing team to share the caseload of patients that are palliative and end of life
2. The 24/7 Butterfly advice and support line rolled out with patients and families with data and feedback collated on call volume and admission avoidance. A next step is planned to mainstream the line to the hospice Wellbeing Centre and develop a single point of access (SPA) for palliative and end of life patients
3. Work on the use and sharing of medical staff to follow the patients and priority patients from EOL SPA to avoid admissions .

Maintain monthly meetings are now running alongside operational meetings to continue planning and monitor joint working arrangements.



SPIRITUAL CARE AT LINDSEY LODGE

Spiritual care plays an important role in our holistic approach to palliative care at Lindsey Lodge. We care for a diverse and multi-cultural community and recognise the need to ensure we aim to support the spiritual needs of our patients, families, carers, staff and volunteers.

We understand that spiritual care means different things to different people and believe we all need to have a sense of peace and security when faced with the emotional difficulties of serious illness, loss, bereavement and death.

For some people spirituality might involve religion, but it's not the same as religious beliefs. Spiritual issues can affect everyone – people do not need to be religious to have spiritual needs.

Our Pastoral Team here at Lindsey Lodge is led by Spiritual Care Lead Revd Paul Braisdell, and includes our Hospice Chaplains: Revd Julia Clarke; Revd Alice Nunn, Revd Pat Cooke, Revd Sean Andrews, Margaret Clayton and Kate Ellis.

They are joined by Family Support Counsellor Carolyn Connor and Social Worker Jackie Kelly. The Team also acts as a link to faith and belief group leaders in the community and can arrange for them to visit Lindsey Lodge.

Lindsey Lodge Spiritual Care Lead Paul Braisdell said: "Our support is available to anyone, regardless of their faith, culture or background."

"Spiritual care can often become more of a focus at times of emotional stress, physical (and mental) illness, loss, bereavement and death.

"Coming under the care of the hospice can raise all sorts of worries and concerns, and these may be as distressing as the physical symptoms of illness.

Such concerns are often expressed as questions about the illness, hopes and fears, the meaning and purpose of life, and what the future holds for family and loved ones.

"OUR ROLE IS TO 'BE THERE', TO LISTEN COMPASSIONATELY AND PROVIDE PERSON-CENTRED, SPIRITUAL, RELIGIOUS, CULTURAL AND EMOTIONAL SUPPORT TO ALL PATIENTS, FAMILIES, STAFF AND VOLUNTEERS, BY HELPING THEM TO EXPRESS AND EXPLORE THEIR THOUGHTS AND FEELINGS ABOUT THE PAST, PRESENT AND FUTURE AS THEY ARISE, IN ORDER TO MAKE SENSE OF THINGS."

REVD PAUL BRAISDELL

Lindsey Lodge also offers people the use of our Reflection Room, which is based in our Wellbeing Centre. It offers a safe, quiet multi-faith space for contemplation, reflection and prayer.



INNOVATIVE TRAINING ON FAITH AND CULTURE AT END OF LIFE SHOWCASED AT NATIONAL CONFERENCE

An innovative training approach to increase knowledge and understanding of cultural and faith issues at end of life across health and social care, aimed at over 3,000 local professionals was shared by Lindsey Lodge Quality and Education Lead Sally Watson.

The 'Faith and Culture at End of Life' training video was devised to support North Lincolnshire health and social care professionals in having conversations about spirituality, culture, faith – or no faith – with patients and families.

Sally said: "We implemented a new end of life strategy within the locality, to support the delivery of patient centred end of life care in 2021.

"We brought together a diverse range of local faith leaders for a roundtable discussion of the experience of death and dying from their different point of views, with a focus on how health and social care professionals could enhance patients' end of life experiences.

"THIS DISCUSSION WAS FILMED IN THE FORMAT OF A TRAINING VIDEO AS A RESOURCE FOR ALL HEALTH AND SOCIAL CARE PROFESSIONALS. ADOPTING THIS INNOVATIVE APPROACH MAXIMISED THE OPPORTUNITY FOR LEARNING FROM A DIVERSE RANGE OF RELIGIOUS AND NON-RELIGIOUS GROUPS."

"THE VIDEO CLEARLY DEMONSTRATES THAT DIGNITY, RESPECT AND BEING SENSITIVE ARE IMPORTANT TO ALL FAITHS, IT IS THOUGHT PROVOKING AND PROVIDES IMPORTANT INFORMATION ABOUT DIFFERENT RITUALS AT END OF LIFE."

Sally Watson

Sally said: "As part of our poster presentation, we shared the QR code link to the video on YouTube, as it's a valuable free resource to all health and social care professionals, and we're delighted it's already had over 200 new views."

"We are proud and privileged to have been part of a collaboration, which has produced a valuable training resource to ensure our health and social care colleagues have the confidence and knowledge to provide excellent patient centred end of life care for all our patients."

The link to the Faith and culture at the end of life video can be found at: <https://youtu.be/6thC9kTmpAs>



PATIENT EXPERIENCE: BUTTERFLY WING

Jacqui (63), who has cancer of the spine, was admitted into hospital on 30 October 2022, suffering from issues with her mobility and feeling generally very poorly. While she was there she underwent a number of tests, as well as a course of planned treatment and needed support to manage her pain.

Jacqui was transferred to Lindsey Lodge’s Butterfly Wing on 9 November after it was suggested by her Macmillan Nurse.

The Butterfly Wing is Lindsey Lodge’s new six-bedded Butterfly Wing supports patients like Jacqui, with nurse and therapy-led care from its Advanced Clinical Practitioners (ACPs), after being discharged from hospital, or from a community setting.

“I’ve never been to Lindsey Lodge before, and when it was first suggested to me, I was a little worried, as I thought a hospice was somewhere people only came to at the end of their life.

“I felt quite stressed about my condition and lack of mobility before I came, but agreed to come to the Butterfly Wing, and really didn’t know quite what to expect.

“I arrived by ambulance, and as I entered Lindsey Lodge the sun was shining and I began to feel calmer.

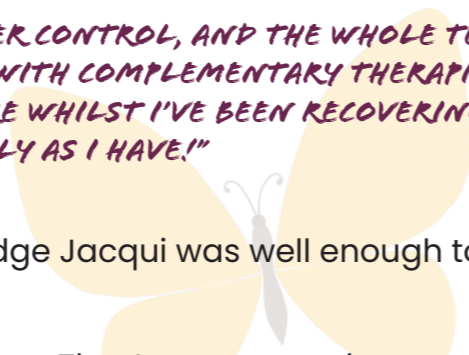
“When I got to my room it was beautiful and it felt more like a five star hotel! It was so lovely to have a door leading out onto the garden and such a nice environment for family and even pets to visit.

“The staff were all so calm and positive, it’s really opened my eyes to what hospice care is all about.

“DR LUCY HAS SUPPORTED ME TO GET MY PAIN UNDER CONTROL, AND THE WHOLE TEAM HAVE BEEN WONDERFUL, THEY EVEN PROVIDED ME WITH COMPLEMENTARY THERAPIES TO HELP ME RELAX. I’VE LOVED SPENDING TIME HERE WHILST I’VE BEEN RECOVERING, AND REALLY NEVER EXPECTED TO PICK UP AS QUICKLY AS I HAVE!”
BUTTERFLY WING PATIENT JACQUI

After just under two weeks of care at Lindsey Lodge Jacqui was well enough to return home on 22 November.

“Thanks to the lovely staff I’m now back on my feet. They’ve supported me every step of the way and I’m now confident in getting around again. I’m so grateful to everyone for everything they’ve done, it’s all been amazing – thank you!”



PATIENT FEEDBACK

“WHEN MY GRANDMA HAD BEEN DIAGNOSED AS NEEDING END OF LIFE CARE, THERE WERE NO BEDS AVAILABLE AT THE HOSPICE, SO SHE WAS SENT TO A CARE HOME VERY CLOSE BY.

ALTHOUGH WE NEVER CAME TO THE HOSPICE ITSELF, MEMBERS OF STAFF WOULD CALL THE CARE HOME EACH AND EVERY DAY TO CHECK IN ON MY GRANDMA, SEE HOW SHE WAS AND ADVISE ON THE BEST CARE FOR HER.

EVEN WHEN SHE WAS BEING LOOKED AFTER ELSEWHERE, THE HOSPICE STAFF WANTED TO MAKE SURE SHE WAS AS COMFORTABLE AS POSSIBLE – AND THIS MEANT THE WORLD TO US AT SUCH A DIFFICULT TIME.”

“AMAZING SET OF LADIES ALWAYS GOING ABOVE AND BEYOND, LOVE YOU ALL FOR EVERYTHING YOU HAVE DONE AND ARE STILL DOING FOR MYSELF AND MY FAMILY.

THERE ARE ALSO SO MANY OTHERS WITHIN LINDSEY LODGE THAT DO SO MUCH FOR ME AND SO MANY OTHERS, I COULD NEVER NAME THEM ALL, BUT CAN HONESTLY SAY WITHOUT THEM ALL I DON’T THINK I WOULD STILL BE HERE TODAY, AND FEEL SO HAPPY TO KNOW THEY ARE ALWAYS THERE FOR ME. I CAN NEVER THANK THEM ENOUGH SO KEEP UP THE AMAZING WORK YOU ALL DO, IT MEANS SO MUCH TO SO MANY OF US THANK YOU AND LOVE YOU ALL.”

“MY SISTER SAID YOU DIDN’T CARE FOR HIM, YOU CHERISHED HIM AND THAT MEANT SO MUCH TO HER AND THE WHOLE FAMILY.

THE STAFF WERE SO PATIENT AND CARING, THEY LOOKED AFTER US SO WELL.”

“THE BUTTERFLY LINE NURSE WAS AMAZING SPEAKING TO THE GENTLEMAN ON THE PHONE, SHE SPOKE TO HIM IN SUCH A CALM AND COMPASSIONATE MANNER, CONTACTED HIS WIFE’S MACMILLAN NURSE (WHILE STAYING ON THE PHONE TO HIM), TO ASK HER TO ROUND THE HOUSE STRAIGHT AWAY.

SHE STAYED ON THE PHONE WITH THE GENTLEMAN JUST REASSURING HIM, UNTIL THE MACMILLAN NURSE ARRIVED.

IT WAS SO HUMBLING TO SEE AND HEAR EXACTLY HOW THE BUTTERFLY NURSES HELP, NOT ONLY PATIENTS AND FAMILIES, NOT ONLY IN THE HOSPICE ENVIRONMENT, BUT ALSO WHEN THEY ARE AT HOME – SHE WAS AMAZING!”

“I AM WRITING TO LET YOU KNOW HOW MUCH I APPRECIATE THE OUTSTANDING SERVICE THAT YOU HAVE RECENTLY PROVIDED ME AT THE LINDSEY LODGE BREATHLESSNESS CLINIC. EVEN THOUGH I HAVE ONLY ATTENDED A FEW APPOINTMENTS WITH YOU, I HAVE LEARNT SO MUCH ABOUT MY RESPIRATORY CONDITION AND HOW TO HELP DEAL WITH IT. THIS IS DUE TO YOUR IN-DEPTH KNOWLEDGE AND ATTENTIVE HELP AND GUIDANCE. YOUR SERVICE HAS PROVIDED ME WITH INFORMATION THAT OTHER NHS SERVICES HAVE BEEN UNABLE TO.

BECAUSE OF YOUR EFFORTS, AND WITH A FEW MORE APPOINTMENTS I AM HOPING TO BE ABLE TO COPE MUCH BETTER WITH MY CONDITIONS.”

CLINICAL AUDIT

Clinical audit provides a framework to improve the quality of patient care in a systematic and collaborative way. Through audit we can identify emerging trends, which enables us to identify risks and implement actions.

An audit calendar is in place and audit outcomes and action plans are reviewed at the monthly Quality Governance meeting and then further at the Quality Assurance subcommittee of the Board. Learning is disseminated through clinical leads, Team Talk and Lunch and Learn sessions.

During 2022-2023, 14 audits were completed by our clinical team. There has been a focus on auditing our documentation and record keeping as this was identified as a key theme from incidents to strengthen during 2021/2022.

In addition, we undertook 20 Infection Prevention and Control audits including monthly hand hygiene, biannual mattresses and fans, weekly cleaning schedules and whole hospice environment and hand hygiene.

There is also a health and safety audit calendar in place which encompasses our clinical areas which reports into the Health and Safety subcommittee of the Board.

During 2022-2023 we began work using the Vantage Sentinel electronic system to manage the audit calendar. This work will be completed during 2023/2024.

Audit	Frequency
Controlled drug	Quarterly
Documentation IPU	Annual
Documentation Wellbeing	Annual
Documentation Lymphoedema	Annual
Documentation Family Support & Bereavement	Annual
Patient Safety Alerts	Annual
ReSPECT documentation	Annual
Electronic Palliative Care Coordination Systems (EPaCCS)	Annual
Last Days of Life	Annual
Hourly Rounds	Annual
IG & Confidentiality	Biannual

KEY PERFORMANCE INDICATORS

Bed data

	Hospice UK	Lindsey Lodge
Adult admissions	22,227	371
Bed occupancy rate	70.2%	81%
Average length of stay	14.1 days	11 days
Patients who were discharged to another place of residence	34%	39%
Patients who died at the hospice	66%	61%

Patient falls

	Hospice UK	Lindsey Lodge
Patient falls reported	3,024	18
No harm reported at time of fall	55%	35.7%
Low harm reported at time of fall	42.1%	53.6%
Moderate harm reported at time of fall	2.2%	10.7%
Falls resulting in severe harm	0.6%	0%
Deaths reported as a result of a fall	0%	0%

Pressure Ulcers

	Hospice UK	Lindsey Lodge						
Pressure ulcers reported	110.0	175						
Pressure ulcers reported On Admission to a hospice Inpatient Unit	67.2%	71.2%						
Newly acquired pressure ulcers reported during a hospice Inpatient stay	32.8%	22.8%						
	New Cat 1	New Cat 2	New Cat 3	New Cat 4	New Deep Tissue Injury	New Unstageable	New Moisture Related	New Medical Device
Hospice UK	15.3%	24.7%	9.4%	0.8%	27.4%	8%	10.8%	3.6%
Lindsey Lodge	7.5%	32.5%	7.5%	0%	47.5%	2.5%	2.5%	0%

Medication Incidents

	Hospice UK	Lindsey Lodge
Medication incidents reported	10.1	12
No harm reported from incident	28.7%	33.3%
Low harm reported from incident	53.5%	58.3%
Moderate harm reported from incident	15.8%	8.3%
Incidents resulting in Severe Harm	0%	0%
Deaths reported as a result of an incident	0%	0%

PART THREE

INFECTION PREVENTION AND CONTROL

Lindsey Lodge has continued to respond positively to COVID-19 during 2022/23, carefully planning and managing the working environment to minimise risks for patients, visitors and staff. The hospice has maintained sufficient supplies of personal protective equipment and facilitated COVID-19 testing procedures for staff, patients and visitors.

In addition, working collaboratively with other healthcare providers has enabled the hospice to provide safe care for patients and their families. There have been no outbreaks of infection during 2022/23.

We continue to receive expertise in Infection Control and Prevention in partnership with Northern Lincolnshire and Goole Hospitals NHS Foundation Trust.

The Infection Prevention and Control Specialist Nurse, Mandy Hill, provides an avenue for sharing specialist knowledge and information and is key in ensuring effective liaison and communication with and health and social care partners. We have received assurance through both internal and external audit evidence of our safe and evidence based Infection Prevention and Control policies and practices across the whole hospice. Quarterly highlight reports are reviewed at the Quality Assurance sub-committee of the Board.



PART FOUR

CLINICAL COMPLIANCE AND REGULATION - CARE QUALITY COMMISSION (CQC)

The CQC continues to undertake a mix of onsite and offsite monitoring following the suspension of the inspection programme in March 2020. In accordance with this approach, they have carried out a review of the data available about Lindsey Lodge hospice and Healthcare throughout the year. The CQC have advised that they have not found evidence to carry out an inspection of our services, or reassess our rating at this stage. This could change at any time if they receive new information and we are aware they will continue to monitor data about our service.

The data review does not amount to an assessment of the rating for this service under section 46 of the Health and Social Care Act 2008 and the CQC will add this text to the CQC website to inform the public about this outcome

We are aware that towards the end of 2023 the CQC will gradually start to carry out assessments in a new way using a new assessment framework. It will be powered by their new integrated assessment teams and supported by the CQC's new technology.



An ambitious quality improvement plan with 30 milestones aligned to the change ideas was implemented for 2022-2024 to follow on from the quality improvements in last year's report.

QUALITY PRIORITIES 2023/24

- To invest in the staff through education and training including embedding clinical supervision and establishing and developing leadership across the organisation.
- To strengthen our medicine management to include embedding the single nurse checking of medication and patient self-administration
- To embed quality improvement encouraging ideas for change to be brought forward, learning lessons and facilitating change
- To promote equality in our care utilising population health data and review our datasets
- To review and develop the bereavement and family support team
- To continue to work with others to develop sustainable services for the local population.

As of the end of March 2023 of the 30 milestones, 17 had been completed within the agreed timescales. We have taken the opportunity to review the milestones in line with the strategic objectives, priorities and agreed the following Quality Priorities for 2023/4.

END OF LIFE AMBITIONS

01 EACH PERSON SEEN AS AN INDIVIDUAL

02 EACH PERSON GETS FAIR ACCESS TO CARE

03 MAXIMISING COMFORT AND WELLBEING

04 CARE IS COORDINATED

05 ALL STAFF ARE PREPARED TO CARE

06 EACH COMMUNITY IS PREPARED TO HELP

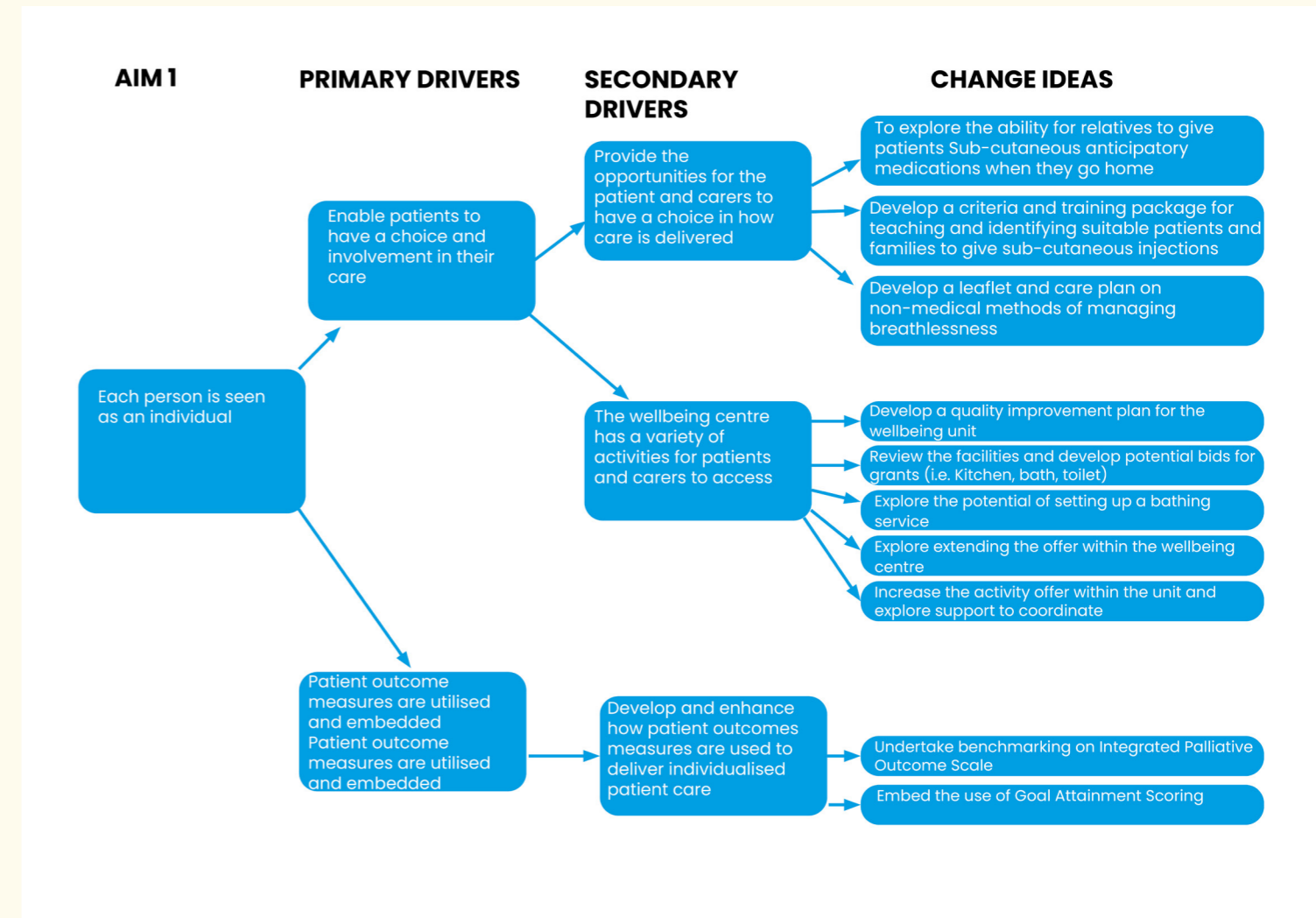
QUALITY PLAN USING DRIVER DIAGRAMS

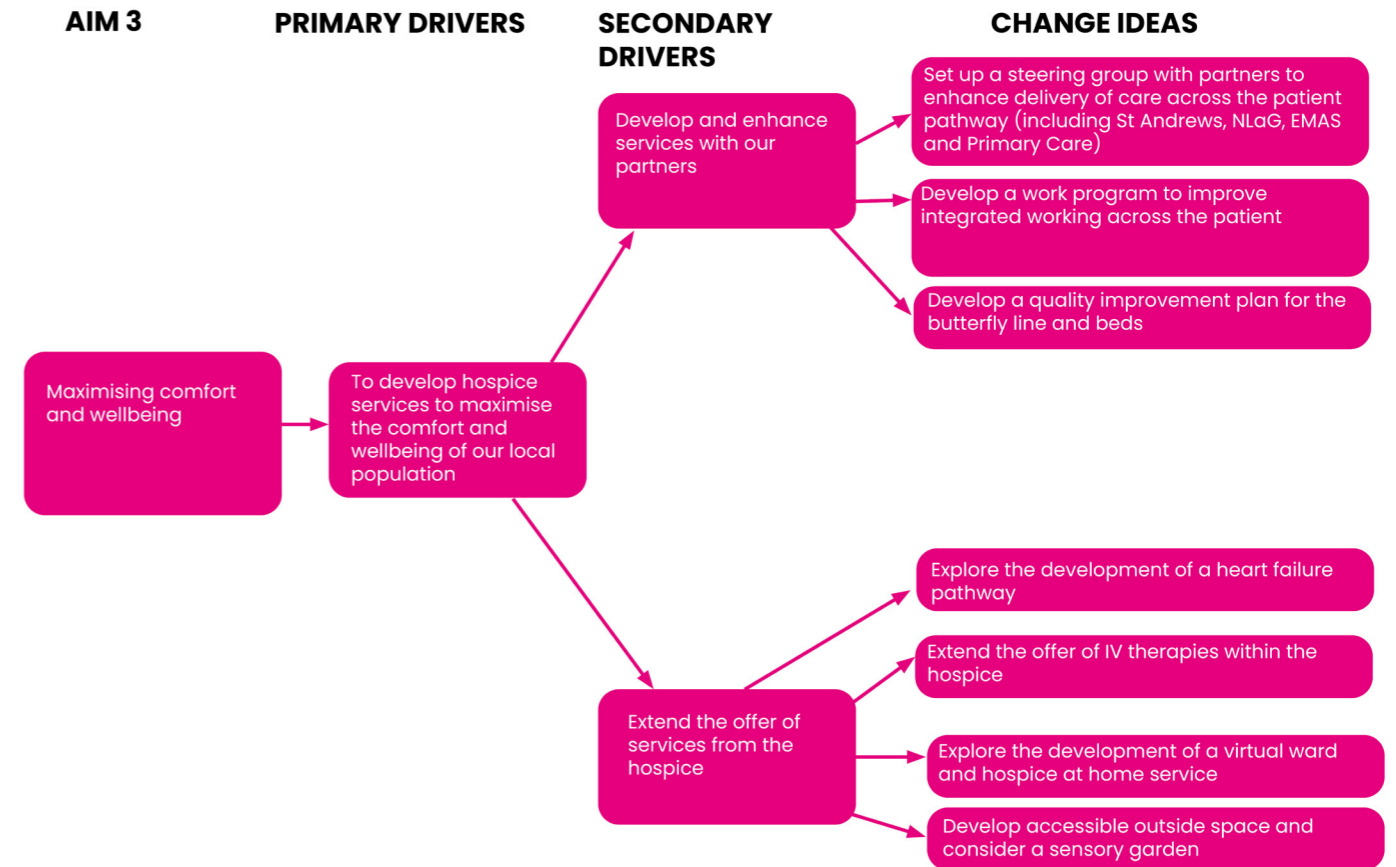
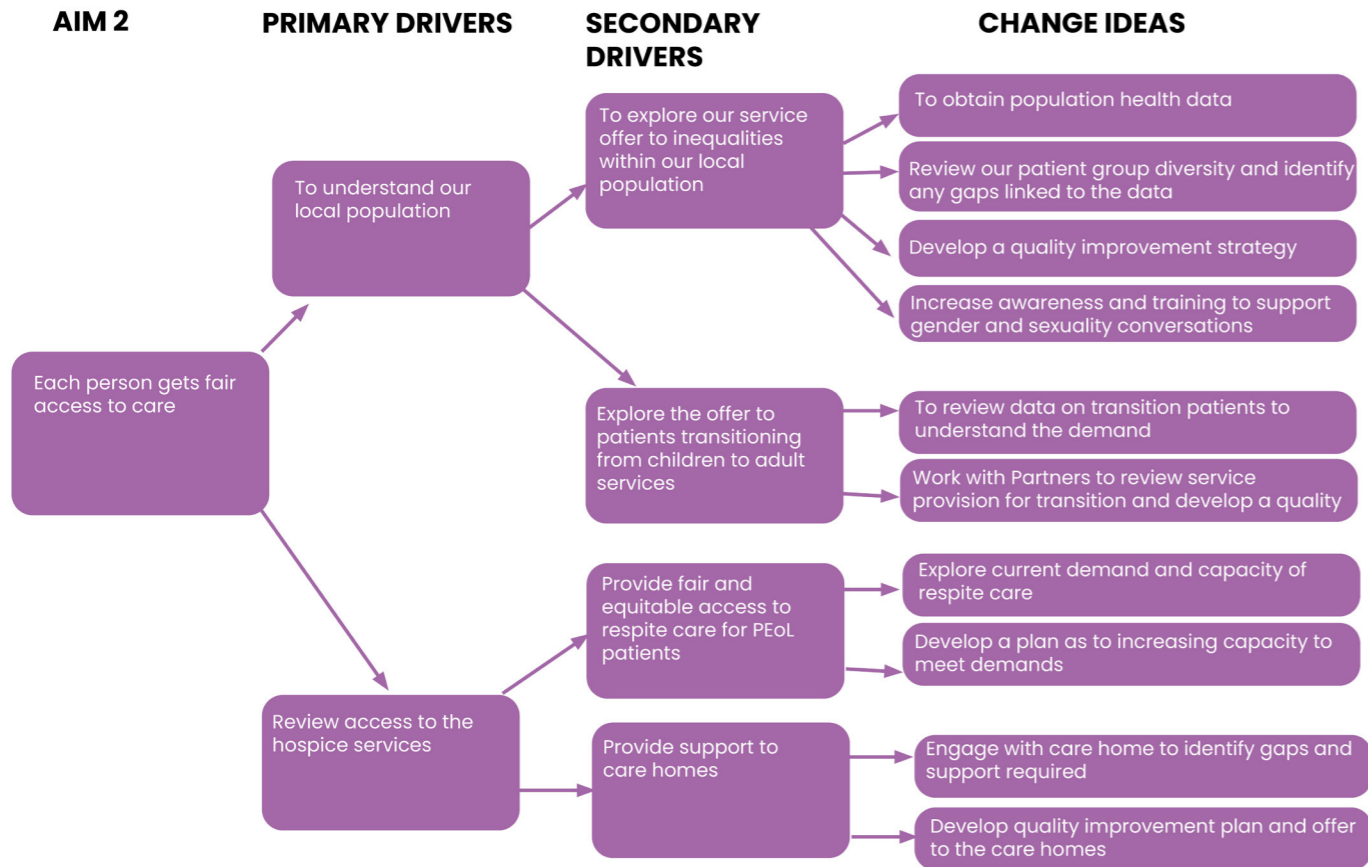
The Quality Plan has been developed following engagement with our senior management team and the workforce delivering the care to our patients.

The quality plan is set out in a driver diagram providing a visual model of the plan. Driver diagrams are structured charts of three or more levels. They translate a high level improvement goal/aim, (EoL Ambitions) into a logical set of high level factors (primary drivers) that you need to influence in order to achieve your goal.

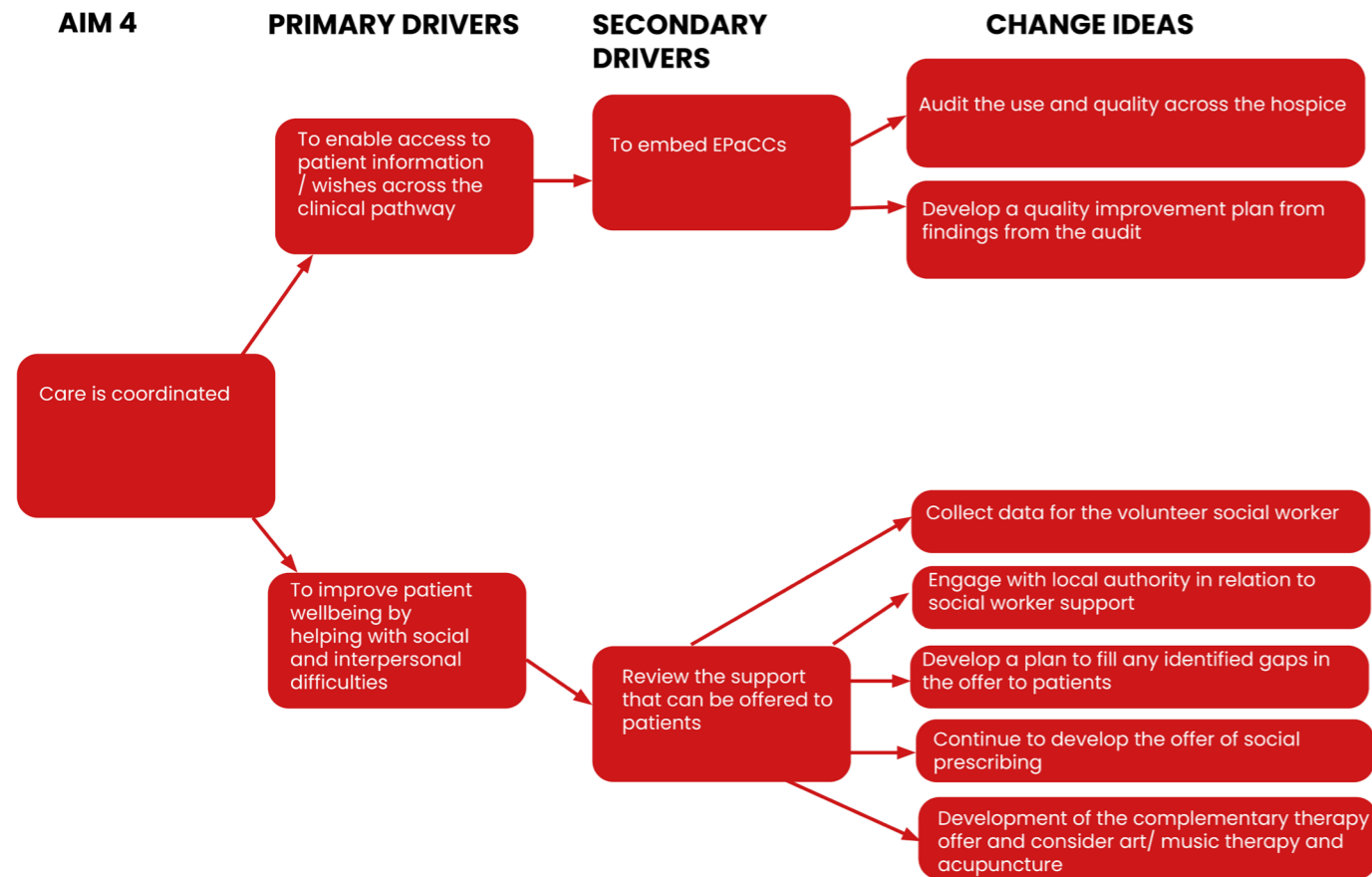
The specific projects/activities that would act on these high level factors are within the final column (Change ideas). These change ideas will be the projects to be delivered to achieve the desired out comes within the next 12 – 18 months.

AIM 1: EACH PERSON IS SEEN AS AN INDIVIDUAL

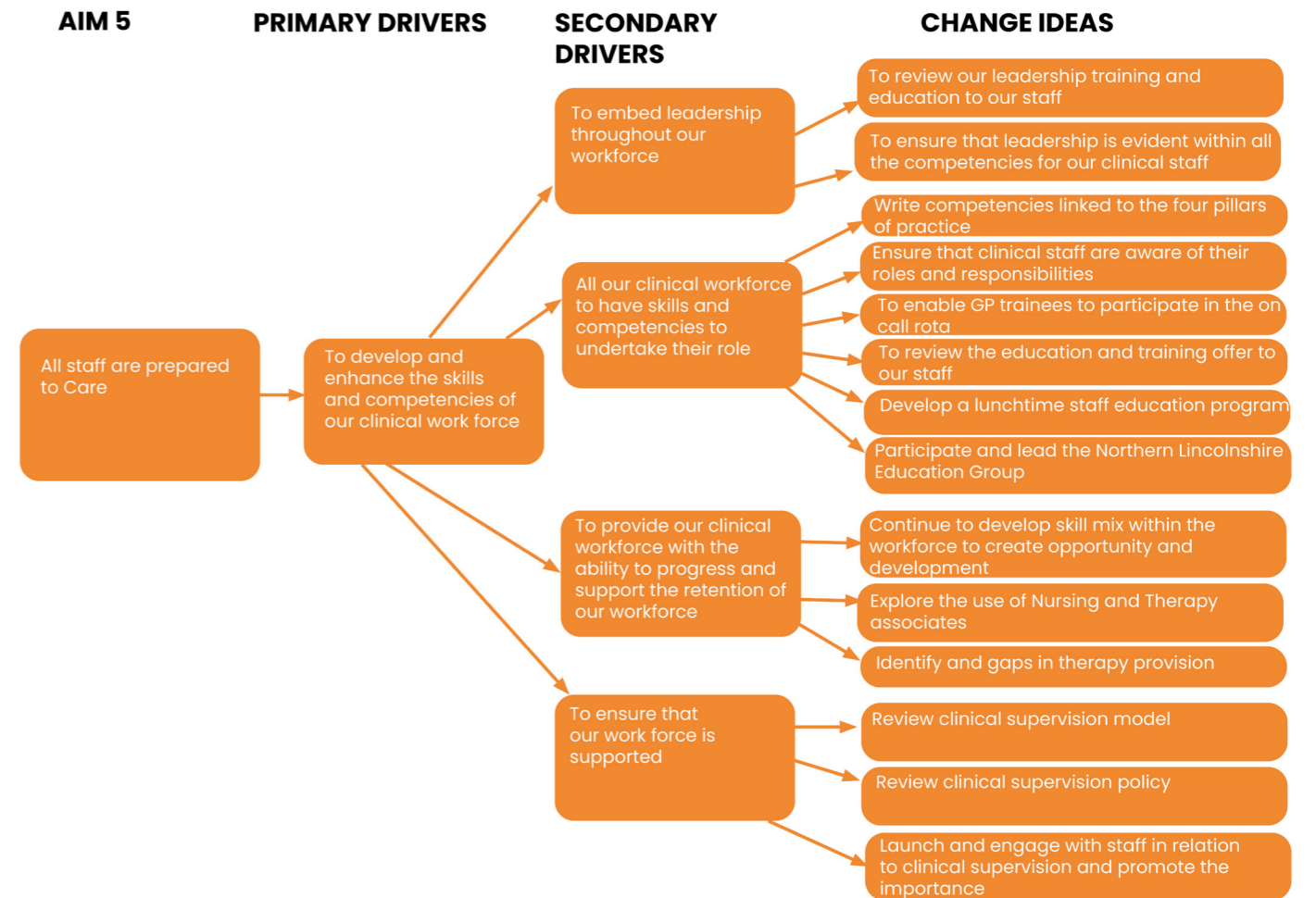




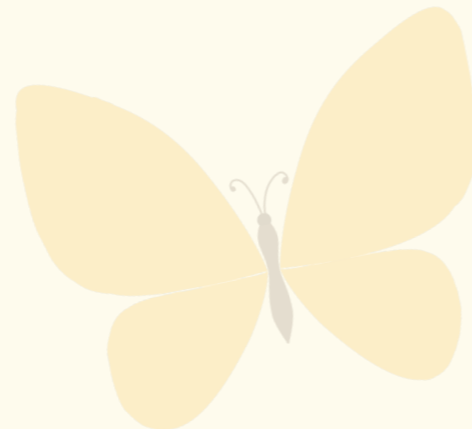
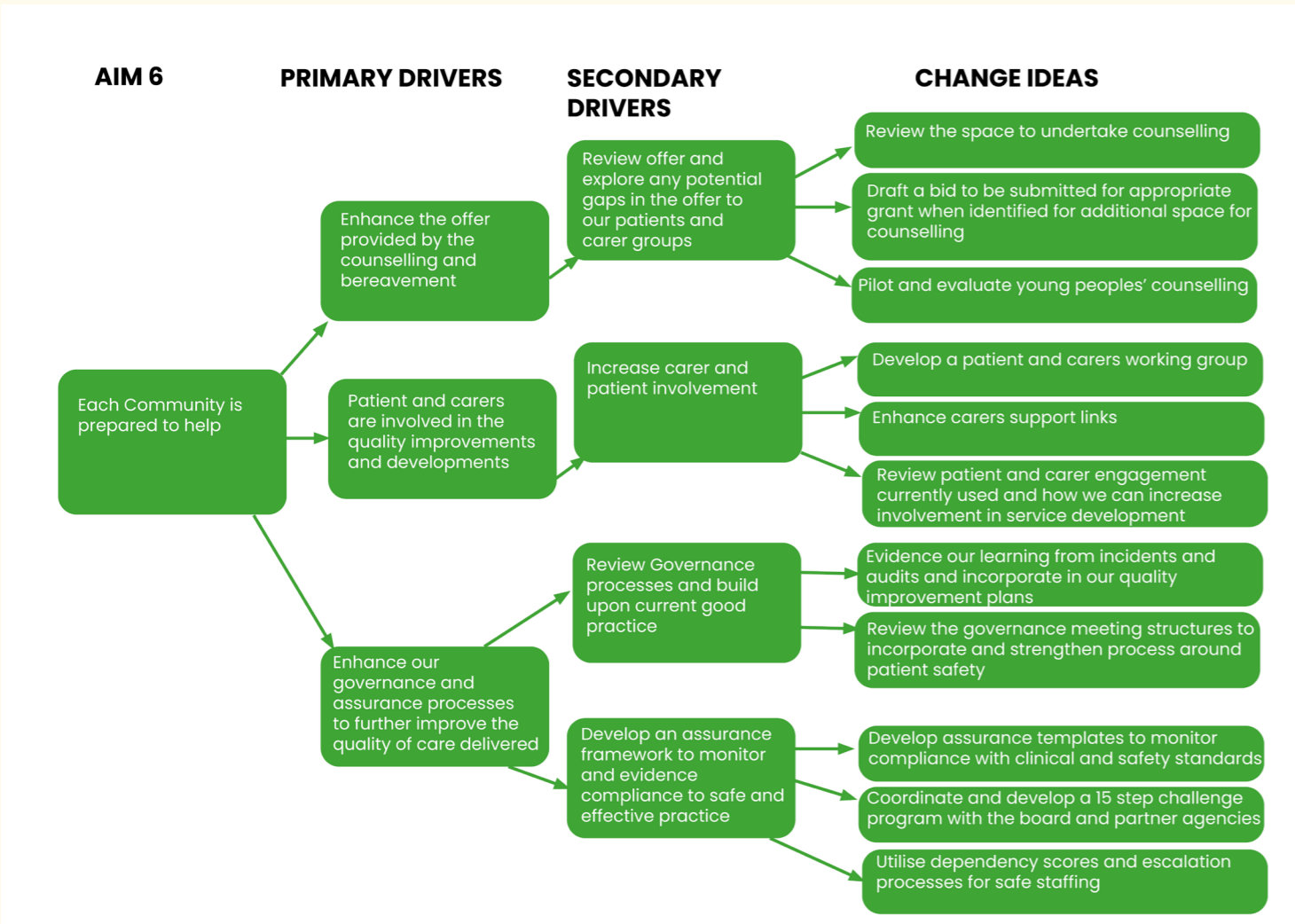
AIM 4: CARE IS COORDINATED



AIM 5: ALL STAFF ARE PREPARED TO CARE



AIM 6: EACH COMMUNITY IS PREPARED TO HELP



QUALITY REPORTING

A key component of quality governance is to use quantitative and qualitative data, intelligence and insights effectively to understand and improve care quality. The use of data includes recognising signals and early warning signs, understanding variation and learning from this by developing improvement plans. To effectively monitor measure and develop learning, quality governance must draw on a wide range of different sources of data, intelligence and insights. The table below summarises the different sources that LLH utilises:

Internal	External
<p>Quantitative</p> <ul style="list-style-type: none"> Incidents data Infection Prevention and Control data including HCAs Freedom to Speak out data Staff Survey results data Workforce data - absence and turnover rates Quality Accounts data Safeguarding data Activity data Clinical audit data Patient outcomes report 	<p>Quantitative</p> <ul style="list-style-type: none"> CQC Inspection ratings and notifications External audit data External benchmarking data including Hospice UK Patient Safety Programme National surveys data - CQC patient surveys CD LIN data Regional Clinical Outcomes report
<p>Qualitative</p> <ul style="list-style-type: none"> Freedom to speak out reports from staff Complaints and concerns data Serious Incidents Investigations and action plans including Root Cause Analysis Internal reviews (lessons learned, peer reviews) recommendations and action plans Internal audit reports and action plans Quality Assurance Committee Mandatory training records Staff professional development plans Risk Registers Quality Account Staff feedback Patient experience questionnaires and stories 	<p>Qualitative</p> <ul style="list-style-type: none"> CQC Inspection reports, warning notices, related notifications Professional regulators intelligence Central Alerting System (CAS) Safety alerts including Medicines and Healthcare products and National Patient Safety alerts Safeguarding serious case reviews Coroner reports including regulation 28 prevention of future death reports Patient feedback Traditional media and social media Charity Commission case reviews/ reports Independent reviews University feedback

PATIENT SAFETY INDICATORS

Patient safety and the provision of high quality care for patients and families are our highest priority and are integral to all our clinical services. Line managers, listening and responding to patient and family feedback and the use of audit with oversight from the Executive Team and Quality Assurance sub-committee of the Board, continually monitor standards.

The Hospice is committed to an open and honest culture in which staff feel comfortable to raise concerns and report incidents. The electronic incident reporting management system Vantage- sentinel has become embedded into practice and enables staff to promptly record, analyse and investigate incidents, risks and complaints.

The Hospice has in place a Duty of Candour policy in accordance with the Statutory Duty of Candour for Health and Social Care Providers (Department of Health 2014) and Care Quality Commission (CQC) Regulation 20. If a patient safety incident does occur an apology will be given to patients and families and an assurance that all concerns will be investigated within a designated timeframe and any learning identified will be shared with staff and with external healthcare teams as appropriate.

MEDICATION INCIDENTS

Medication errors are any incident where there has been an error in the process of prescribing, dispensing, preparing, administration, monitoring or providing medicines advice, regardless of whether any harm occurred or was possible.

All incidents are initially reviewed by unit manager and Operational Matron with collation of incident data to identify any trends, training requirements or wider learning that can be shared with all clinical teams at the monthly Quality Governance meeting. Investigations follow the procedure laid down in the hospice's Management of Staff involved in a Medication Incident policy (2023) which mandates the procedure to be followed.

The data shows that over the 12 month period of 2022/23 there were 12 incidents concerning medication that originated at Lindsey Lodge. This includes 5 incidents that involved controlled drugs. It is important to highlight that all incidents concerning medication resulted in no harm to the patient.

Since June 2022, with the embedding of electronic prescribing, we have been able to collate data concerning the number of medication administrations, which provides context and assurance. On average, we administer 2861 individual drugs per month, of which an average of 542 involve controlled drugs. This means that during 2022/23 there was an error rate of 0.02%. We will monitor the trajectory of this rate over 2023/24.

There is no requirement to notify the CQC about medication incidents as this is led by the Controlled Drug Intelligence Network for North East England and Yorkshire (CQC is a key member of this network). We promptly reported all 5 incidents to the CD LIN which is a key requirement of membership, and attended all network meetings during 2022/23. The sharing of information and learning from incidents provides assurance with benchmarking information and good practice.

The Safer Medicines Management Special Interest Group reformed during 2022/23. It's work streams have included:

- Review of themes and trends from medication incidents
- A review of Medicine Management Competency Framework for Registered Nurses
- Ordering systems and processes
- Role of the pharmacist and pharmacy technician
- Updating of Lindsey Lodge Medicines Code including Policy for Management Staff involved in a medication incident
- Introducing single nurse checking of drugs.

During 2023/24, further work will continue on embedding Single Nurse checking of drugs, encouraging self-administration of medication and introducing Health Care Assistant competencies to assist with medication administration.

SLIPS, TRIPS & FALLS

A falls risk assessment is undertaken in both Wellbeing and the IPU on admission and as a patient's condition changes. All falls are reported and categorised using the National Patient Safety Agency (2010) recommendations.

We aim to achieve the incidence of avoidable patient's falls as zero. We recognise that despite assessing each patients falls risk against a wide range of factors we can identify those patients with an increased risk or likelihood of falls but even after implementing measures to reduce the incidence of falls, it is not always possible to avoid some falls.

Some may be reflective of the rehabilitative approach to palliative care within the hospice. Clinical staff help patients maintain their independence during their care, allowing patients to make informed decisions to remain mobile even if they are a falls risk. All of the individuals involved in slips, trips and falls incidents had capacity to make an informed decision regarding their mobility.

We recognise that slips, trips and falls incidence has increased during 2022/2023 where we reported 28 incidents. Of these incidents, the patient came to no or low harm on 25 occasions.

We reported 3 falls where the patient came to moderate harm, but following a root cause analysis on each occasion, these were unavoidable.

However we responded in a number of ways including:

- Prompt external reporting to CQC, and RIDDOR notification in 1 instance with review of reporting responsibilities
- Moving and Handling Trainer undertook a Level 4 course with a falls focus to ensure practice around falls is sound and evidence based.
- Refresh of mandatory moving and handling training with a falls prevention focus
- Specific falls training involving multifactorial issues associated with falls eg cognition, agitation and when to implement measures, to build knowledge and confidence with staff
- Strengthened focus on post fall documentation
- Good evidence of lessons learned from previous falls incidents where in particular documentation concerning risk assessments pre and post falls have been completed in a timely manner

SKIN DAMAGE

The clinical areas continue to assess and monitor patient's pressure areas when they are admitted/attend the hospice, during their care and on discharge as per SSKIN care bundle procedure.

The SSKIN bundle is a nationally recognised approach to preventing and managing pressure ulcers. We continue to count the number of pressure ulcers and not the number of patients, as required by reporting metrics from both NHS Improvement and Hospice UK.

77.2% of incidents of skin damage occurred before the patient was admitted to our care which is above the Hospice UK benchmarking figures of 67.2% This continues to highlight the consistent approach our clinical staff adopt to assess the patients skin condition on admission. We are able to communicate this to our health and social care partners and are a core member of the Humber Strategic Pressure Ulcer Group.

22.8% of the new incidents of skin damage is again below average Hospice UK figures. We continue to assess and investigate all episodes of new skin damage in line with the Humber wide metrics which demonstrated that there were no lapses in care that resulted in skin damage because skin damage occurred despite the fact that:

- A timely risk assessment was carried out
- A care was generated and implemented which addressed all risks identified
- Risk reduction measures were put in place
- Regular evaluations were carried out when a change in the patient's condition was observed
- Any issues regarding patient concordance, consent and capacity were well documented.

CONCERNS & COMPLAINTS

Lindsey Lodge Hospice welcomes complaints, concerns, comments and compliments and recognises that an effective Policy on Handling Complaints, Concerns, Comments and Compliments is essential to contribute to the highest standards of care for patients.

Complaints, Concerns and Comments are valued as they provide an opportunity to examine and improve services. The Hospice is committed to listening to suggestions for improvements, to investigating and responding to complaints and concerns appropriately and to learning lessons. The Hospice, in responding to complaints and concerns will also observe the principles of 'The Speaking Out Policy' and 'The Duty of Candour Policy'.

During 2022-2023 we received 5 complaints of which 2 related to our clinical services. One complaint was linked to communication, flexibility of visiting arrangements when we had restrictions in place due to COVID 19 and care provision. The other complaint was linked to our wellbeing services and care plan. Both complaints were investigated as per policy and a response and action plan formulated and both are now closed. We offered apology in these instances of which have been accepted.

LEARNING FROM INCIDENTS & COMPLAINTS

Lindsey Lodge is committed to a learning culture in which staff, volunteers, patients, families and carers feel comfortable to raise concerns and report incidents. This means that systems and processes can be reviewed where appropriate to continue to improve the quality of the care provided and the quality of the patients and carers experiences.

The web based Vantage - Sentinel Risk Management System is embedded across hospice services and several modules are in use such as incident reporting, concerns and complaints and policy management. Additional modules have been and continue to be developed such as audit management. These allow us to respond to issues such as Central Alerts issued by the Medicines and Healthcare Regulatory Agency and to link incidents and complaints together.

The system allows staff to report incidents as soon as they are recognised. It enables managers to track actions and provide feedback on the lessons learned.

Data relating to incidents, complaints and audits and their actions and/or lessons learned are provided in the monthly staff and volunteer newsletter and quarterly at staff "Lunch and Learn" sessions as well as at team meetings. It is also provided in a monthly Quality Governance meeting and as a quarterly report to the Quality Assurance Subcommittee of the Board with highlights escalated to the Board of Trustees. This provides assurance that appropriate actions have been actioned.

**HOSPICE UK BENCHMARKING
OF PATIENT SAFETY INDICATORS**

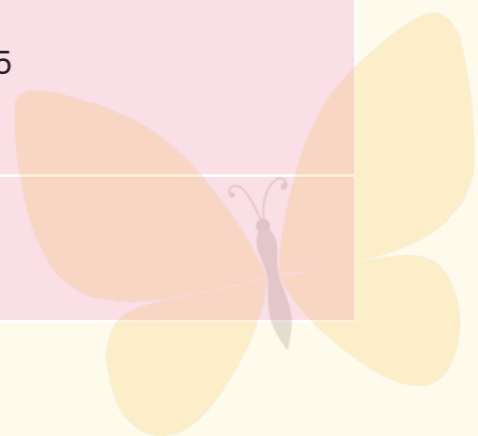
Benchmarking as a component of Quality Assurance, offers a continuous process by which an organisation can measure and compare its outcomes overtime with peer organisations and use the findings to inform quality management decision making.

Lindsey Lodge has continued to be an active member of Hospice UK Clinical Benchmarking Toolkit for Patient Safety Indicators for a number of years and is a member of its bimonthly Patient Safety Network. The network offers opportunities to discuss the patient safety measures and ideas on how to improve patient safety. It focuses on 3 core patient safety measures of falls, pressure ulcers and medication incidents.

Data for benchmarking is generated dependent on the number of inpatient beds and during 2022/23 as our beds increased to 16, our benchmarking category also increased. In 2022/23 we were on average benchmarked against 56 other hospices.

**HOSPICE UK BENCHMARKING DATA
FOR 2022/23**

PATIENT SAFETY INDICATOR	LINDSEY LODGE AVERAGE NUMBER PER QUARTER 2022/23	HOSPICE UK AVERAGE NUMBER PER QUARTER 2022/23
Patient Falls	7	7.95
Medication Errors	3	2.5
Pressure Ulcers on admission	33.75	18.5
New Pressure Ulcers	10	9



QUALITY REPORTING

	2020/21	2021/22	2022/23
Quality			
Complaints	0	3	5
Compliments	141	146	219
Patient & Staff Safety			
All harm or risk to person	46	133*	125
Medication Incidents originating at Lindsey Lodge	4 (all non-controlled drugs)	10 (3 controlled drugs)	12 (5 controlled drugs)
Slips, Trips and Falls	17	25	28
Harm or risk to care delivery	2	10	5
Safeguarding referrals	0	1	1
Winterbourne referral		1	0
Number of patients who acquired a healthcare infection during admission	13 (all Covid-19)	0	0
Number of staff who acquired a healthcare infection	30 (all Covid-19)	0	0
Never Events	0	0	0
Harm risk to property or equipment	4	2	5
Admin	1	2	0
Information Governance incidents	3	5	6
Financial or business risk	1	5	1
Risk to reputation	1	0	0
Security issue	5	11	3

	2020/21	2021/22	2022/23
Breakdown of skin damage incidents			
Total number of Pressure Ulcers on Admission (POA)	53	96	135
Total number of NEW Pressure Ulcers	15	33	40
Numbers of category 2 Present on Admission (POA)	14	30	61
Numbers of category 2 new	13	11	13
Numbers of category 3 POA	15	31	16
Numbers of category 3 new	1	3	3
Numbers of category 4 POA	8	3	3
Numbers of category 4 new	0	0	0
Numbers of suspected deep tissue injury POA	11	24	24
Numbers of suspected deep tissue injury new			19
Number of moisture associated skin damage lesions on admission (MASD)	2	2	13
Number of moisture associated skin damage lesions new (MASD)	0	0	1
Number of unstageable pressure damage incidents POA	3	4	10
Number of unstageable pressure damage incidents, new	0	1	1
Medical Device related Skin damage POA	0	2	0
Medical Device related Skin damage new	0	0	0
Data Security awareness training (target 95%)	96%	99%	97%
Mandatory training compliance (target 90%)	93.5%	98.25%	96.75%

SAFEGUARDING

Lindsey Lodge Hospice and Healthcare is fully committed to safeguarding the welfare of all those it cares for. We recognise our responsibility to promote safe practice and to protect all from harm.

The Registered Manager is the Executive Director with Board responsibility for safeguarding adults at the Hospice.

The Hospice can link to the Local Safeguarding Adults Board (LSAB) and sub groups at both strategic and operational levels in the East Riding of Yorkshire, North and North East Lincolnshire as required. The usual link is to the area board in which the provider is based i.e. North Lincolnshire; however there may be occasions where the link is to the LSAB of the postcode of the patient (North Lincolnshire LSAB would signpost as required).

Our Safeguarding policies and procedures ensure that robust systems are in place and set out the framework within which all employees and volunteers of the organisation are required to work to keep people safe. They are therefore able to respond appropriately to any safeguarding concerns. Our safeguarding concerns are reported to the CQC.

POLICIES

Lindsey Lodge logs all policies in its Vantage system. There is a robust process for reviewing and updating policies.

All new and revised policies are reviewed at the Clinical Leads Meeting, and then ratified at the Quality Assurance Board Committee Meeting.

All policies are published on the Lindsey Lodge website at lindseylodgehospice.org.uk

CAS and MHPRA ALERTS

These are received from the Medicines and Healthcare Products Regulatory Agency MHRA, which is a central alerting system. The Quality and Education Lead accesses them, rates them accordingly, and appropriate action taken. A central spreadsheet is updated to show what action if any was taken.

PART FOUR

MESSAGE FROM OUR CQC REGISTERED MANAGER

This Quality Account demonstrates the improvements achieved across all our clinical services. Whilst we are incredibly proud of this year's achievements, we continue on our journey to be recognised as a Hospice that continuously works to improve and deliver outstanding services to the communities we serve. I am of the belief that our staff are our greatest asset, and the quality priorities for next year reflects the investment in them with training and development.

The passion, dedication and ambitions of all our staff at Lindsey Lodge Hospice and Healthcare is evident across the clinical services. Thank you to all the clinical and support teams that enable the delivery of our aspirations, ambitions and standards of care. I continue to be astounded by the resilience and commitment our staff show every day, and everything we have achieved in the last year is as a direct result of their efforts.



We aim to deliver outstanding care to our patients, families and carers and strive to embed our quality improvement ethos by continually learning and development of our clinical services. 2022/23 has seen clinical services transform and offer increasing number of patients the expertise of our services. The team has shown great flexibility and strength to innovate and adapt to change.

As we move ahead into the next financial year, I look forward to exploring how we can continue to challenge ourselves, to improve and evolve in line with our values and strategy. I have no doubt that our workforce will continue to excel, providing high standards of care and truly making a difference to people's lives.

Our dedication to providing high quality care remains strong and I am proud to take this opportunity to thank every member of our team. You really are unbelievable. Thank you for all that you continue to do for our Hospice.

Helen Turner
CQC Registered Manager

