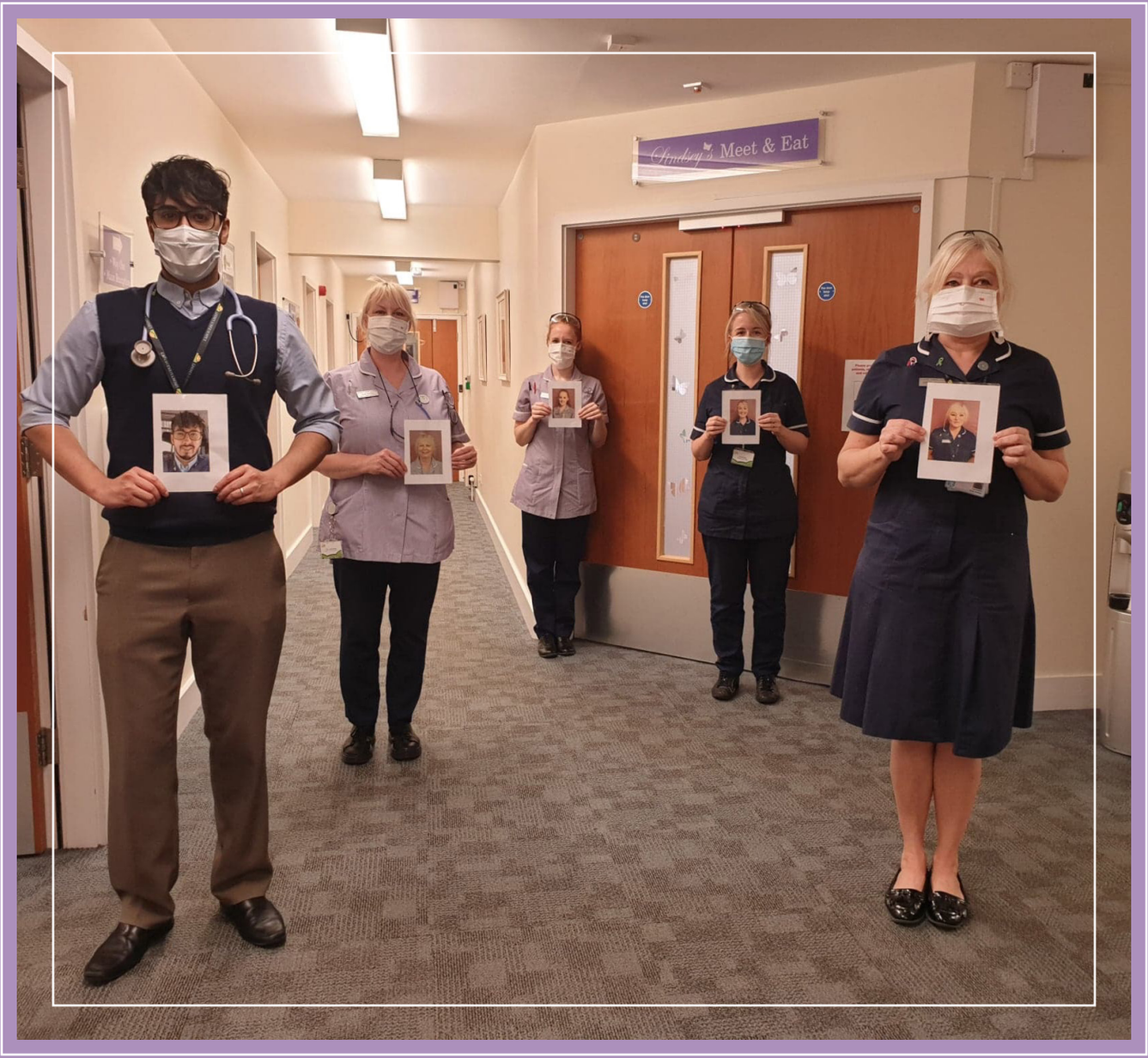



# LINDSEY LODGE HOSPICE AND HEALTHCARE

# QUALITY ACCOUNT

# 2020/21

# CONTENTS

# OUR CARE STRATEGY

The Covid -19 pandemic has accelerated the need for palliative, end of life and bereavement care in the UK and exposed weaknesses in the health care systems. Palliative care services have played a front line role that is recognised both nationally and at a local level. Our local services have contributed support and care to relieve distressing symptoms experienced by people with Covid-19 to remain in their home and our admissions have reduced pressures on acute hospital services. Locally we have provided education and support to the wider health and social care sectors using project Echo and provided bereavement support to both staff and families beyond our normal boundaries. The year has been one of the most challenging for health and social care sectors and our hospice services have faced unprecedented challenges. The clinical teams have risen to the challenge and shown a strength to change practices, a flexibility to cope with increasing demands and often frustrations from the continued wearing of PPE and increased cleaning regimes. At times we had to close beds to admissions due to guidance on infection control, we have had to restrict our visiting patterns and numbers of those able to visit, and this in turn together with patients wanting to remain in the safety of their own home has affected our in year activity.

The 2020/2021 Quality Account will detail our in year work, response to the pandemic and achievements.

PART ONE

# LOOKING BACK ON 2020/21

## 1 Our response to Covid

Like all organisations during the unprecedented challenges faced by the Coronavirus pandemic, Lindsey Lodge Hospice and Healthcare has worked closely with its partners for the good of our staff, patients, families, volunteers and the wider community.

The Covid-19 pandemic struck in March 2020 and although during the first wave we were able to continue to provide a robust Inpatient clinical service, the second wave impacted the service more severely. The Hospice experienced three outbreaks across Q3 and Q4 and recovery plans were produced in line with the national recovery planning guidance and the Emergency Response and Recovery guidance. The pandemic has disrupted the way in which we lead our lives and has impacted on the way we delivered essential services within Lindsey Lodge across 2020/21.

It was essential following a third outbreak that we identified the way in which we are able to return to business following an outbreak within the setting. Plans were established with North Lincolnshire Council Public Health, North Lincolnshire CCG and Public Health England colleagues who were all involved in regular meetings and agreed recovery actions with us.

Closure of the whole Hospice was required in January 2021 and we were able to remobilise as a service in a safe manner, taking staff health and wellbeing in to consideration. The Hospice chose to go further with education and training and refurbishment than advised, in order to achieve longer-term benefits to the way in which we deliver our services in the future.

Like most other hospices, we received national support monies during the course of the year. The receipt of these funds was dependent upon Lindsey Lodge guaranteeing the provision of a base level of capacity – the provision of this capacity was monitored via the Department of Health led NHS Capacity Tracker, which we completed twice daily over seven days. Activity regarding bed occupancy, community contacts, including ECHO contacts was requested. However the currencies and mode of measurement for this system do not match those historically used by Lindsey Lodge, or our main commissioners. Therefore, in order to allow for an accurate trend assessment, we will set out activity and occupancy in our traditional format within our Quality Accounts and commentary is provided in order to give context to the reported figures.

This section of the report sets out the volumes of patients treated from Lindsey Lodge during an unprecedented year. Due to restrictions placed upon us as a consequence of the Covid-19 pandemic, activity figures do not portray a representative articulation of the potential use of the bed and service capacity provided, given that it was necessary to close a significant proportion of this capacity during certain parts of the year.

# Achievements and performance

| | 2020/21 | 2019/20 |
|---|---|---|
| **Clinical Data** | | |
| **Inpatient Unit** | | |
| Admissions | 223 | 258 |
| Number of bed nights occupied | 2,258 | 2,686 |
| Bed occupancy (% based upon ten beds) | 60% | 74% |
| Average length of stay per admission | 8 nights | 10 nights |
| Deaths | 152 | 177 |
| Went home | 54 | 59 |
| Other (including nursing home) | 14 | 22 |
| **Day care unit** | | |
| New admissions | 25 | 104 |
| Follow up appointments | 2,146 | 2,493 |
| **Lymphoedema service** | | |
| Follow up appointments | 719 | 1291 |
| New patients | 59 | 67 |
| **Physiotherapy service** | | |
| Admissions | 83 | 163 |
| Follow up appointments | 244 | 507 |
| **Breathlessness service** | | |
| Admissions | 56 | 54 |
| Follow up appointments | 178 | 174 |
| **OT/Fatigue** | | |
| Admissions | 77 | 134 |
| Follow up appointments | 351 | 357 |
| **Counselling & Support** | | |
| One-to-one sessions | 61 | 711 |
| Remote contacts | 933 | 312 |

As highlighted above, the Hospice's activity and occupancy figures fell significantly during 2020/21 when compared to previous years. This reverses a trend whereby the Hospice has been able to report consistent increases in the volume and quality of clinical services provided to the local population as highlighted below:

**Historical trend of Inpatient activity**

| Bed days | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 |
|---|---|---|---|---|---|
| Bed days occupied | 1,947 | 2,262 | 2,160 | 2,503 | 2,686 |
| Cumulative increase from baseline (%) | -- | 16.1% | 10.9% | 28.6% | 38.0% |
| Average occupancy | 53% | 62% | 59% | 69% | 74% |
| **Admissions** | **2015/16** | **2016/17** | **2017/18** | **2018/19** | **2019/20** |
| Number of admissions | 130 | 151 | 145 | 254 | 258 |
| Cumulative increase from baseline (%) | -- | 16.2% | 11.5% | 95.4% | 98.5% |

# PART ONE

The combination of national lockdowns and further, local closures due to the Hospice experiencing Covid outbreaks, meant that for significant periods of the financial year the Hospice was unable to admit new patients, although dedicated care was maintained to existing patients. The Hospice also ensured that, where possible, remote and off-site care was provided to minimise any disruption in care to local residents.

Despite the disruptions caused by the Covid pandemic, the Hospice successfully built upon the Hospice Liaison Service, which it had introduced in order to facilitate the clinical transfer process between the acute and community providers. This service ensures that patients requiring end of life care and symptom management receive their care in the most appropriate setting with a respect for patient choice. The partnership working with colleagues within the acute and commissioning sectors allowed the Hospice to accept 120 patient transfers from the acute sector during financial year.

In response to the pressures across the wider health sector as a consequence of the Covid pandemic, the Hospice also was able to widen its ability to accept non-hospice patients to our Counselling and Bereavement Support Service. Referrals to this service have been received from patients, families and care sector staff coping with loss during the pandemic and additional staff have been utilised to provide a timely responsive service. In addition, we have received referrals to our Breathlessness and Fatigue services in order to take pressure off other health partners as demand for respiratory treatment increased due to the longer-term impact of Covid.

2

## Partnership Working: Strategy and Outcomes Framework to Support the Delivery of Patient Centred End of Life Care - Adults 2021 -2026

Since May 2020, Chief Executive Karen Griffiths has represented Lindsey Lodge in working closely with the following local authority, health and social care partners across Northern Lincolnshire to put in place a strategy to improve end of life care:

- North Lincolnshire CCG
- North East Lincolnshire CCG
- Northern Lincolnshire and Goole NHS Foundation Trust
- East Midlands Ambulance Service NHS Trust
- Rotherham, Doncaster and South Humber NHS Foundation Trust
- St Andrew's Hospice
- Care Plus Group
- Freshney Pelham Care Ltd
- North Lincolnshire Council
- NAViGO
- Focus.

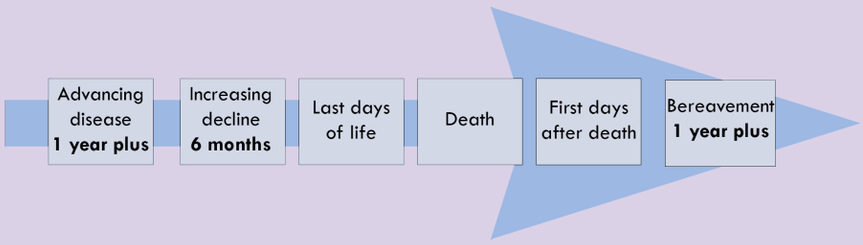
This developed End of Life strategy sets out how the partnership will improve delivery of care to people who are nearing the end of life in Northern Lincolnshire.

The needs of people nearing the end of life (patients) and those who matter to them, including family members, carers, friends, neighbours and members of their local communities, have been central in developing this strategy. The partnership have engaged with people who deliver end of life care to agree an ideal 'End of Life Pathway' – how they want people to be cared for through the last 12

months of life, their death and the support to those who are important to them after their death, and are working to the following outcomes for patients:

- People who are nearing end of life will be identified so the needs of patients and their loved ones will be actively explored, respected and met as far as possible
- More people irrespective of diagnosis, geographical location and culture will be supported in a setting of their choice at the of their life
- People will have the information that they need to make informed choices about their care
- People will benefit from high quality care to ensure that their symptoms are proactively anticipated and managed 24/7
- Patient care is coordinated between and across services
- Patients and staff understand what provision is available at which points in the pathway
- People receive care from staff who have the right knowledge and skills whatever the care setting and are confident and competent in delivering end of life care
- People will be supported through a holistic approach to end of life care that meets the needs of our populations
- Those who are important to patients will be supported during and after their loved one's end of life.

## End of Life Pathway




The strategy covers the period from 2021 to 2026 and the partners' ambitions for end of life services for adults including those moving from children and young peoples' services. Work has already started in making the improvements set out in the ambitious strategy, but this will be an ongoing process and the partnership are establishing delivery plans to deliver against the strategy.

## Achievements so far:

### Introducing ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)

ReSPECT creates a personalised recommendation for a patient's clinical care in emergency situations where they are not able to make decisions or express wishes). It incorporates decisions that a patient does not wish to be resuscitated, which has previously been documented on a DNACPR form (Do Not Attempt Cardiopulmonary Resuscitation). This policy was introduced in September 2020 and has been adopted at Lindsey Lodge.

### Implementing Electronic Palliative Care Co-ordination Systems (EPaCCS)

EPaCCS record people's care preferences and important details about their care at the end of life. Information, available 24 hours a day, facilitates co-ordination of care between all health and care providers in involved in caring for a patient at the end-of-life. It supports appropriate treatment decisions to allow more people to experience a 'good death', in the place that they wish and with the appropriate level of intervention. Access has been rolled out across most organisations, including Lindsey Lodge, over the coming months professionals will be able to access in all settings and increasing numbers of records will be created. This system is being used at Lindsey Lodge.

### Education and Training

The partners have adopted a standard competency framework for end of life care skills and are working together to develop access to standard training for agreed priority areas that is specific to a role. The Chief Executive is taking the patch wide lead on this work stream and is now leading on the development of education and training materials required to meet the competency framework learning outcomes.

PART ONE

## 3 Partnership Working with other Hospices

### St Andrews Hospice

A relationship has developed with St Andrews Hospice in Grimsby and a number of key overarching agreements and guidelines have been agreed by the respective Hospice Boards, namely:

- An initial Proposal to develop partnership working and co-operation between Lindsey Lodge Hospice and Healthcare and St Andrew's Hospice
- The establishment of a Partnership Project Board and operational reporting mechanisms
- Joint Senior Management Team (SMT) meetings
- Individual and collective commitment to the review and subsequent actions of the Northern Lincolnshire End of Life Strategy

Aspects of detailed work have been split out to facilitate debate with relevant senior managers, who, through the joint SMT meetings, have formed supportive relationships with each other. The sharing of knowledge, expertise and mutual support has been beneficial over the past 12 months and we are committed to this relationship.

### Humber Coast and Vale (HCV) Hospices

Dove House Hospice, Hull
Lindsey Lodge Hospice and Healthcare, Scunthorpe
Martin House Children's Hospice, Wetherby
St Andrew's Hospice, Grimsby
St Leonard's Hospice, York
St Michael's Hospice, Harrogate
Saint Catherine's, Scarborough

The HCV 7 hospices all have ambition and expertise in delivering palliative and end of life care to the people of the HCV region, including support for those close to them, as well as enabling local communities to more fully understand the role they can play in end of life care and bereavement support.

Each hospice is an organisation rooted in its local communities covering all of HCV and all believe in maintaining this local identity, ownership and engagement. At the same time, we believe that there is much to be gained by collaborating where we can, to ensure that our combined resources can be used to maximise our impact, our reach and the cost-effectiveness of our activities – all to increase our ability to meet the needs of the people across HCV. The Yorkshire and Humber Chief Executive Forum has been meeting regularly over many years and this has enabled the development of trust and mutual respect. The hospices now specifically part of the HCV Integrated Care System (ICS) have a strong appetite on behalf of all of the parties to take this further into more collaborative work and it is anticipated through mutual collaboration we develop a single hospice voice to represent the 7 hospices at HCV Strategic meetings which are unfolding to reflect changes in the 2021 White Paper.

### North Lincolnshire Integrated Adults Partnership

We are part of the North Lincolnshire Integrated Adults Partnership Board meeting monthly to help shape and deliver a strategic commissioning plan for 2020/2024. End of Life is a key work stream and we are very key to supporting direction and improvements in care for local people.

## ECLiHP

Executive Clinical Leads in Hospice and Palliative Care (ECLiHP) is a forum for all executive and aspiring executive clinical leaders engaged in the strategic planning and operational delivery of contemporary hospice care – regardless of discipline. The aims and objectives of ECLiHP are to:

- Provide a strategic clinical voice within the field of hospice and palliative care
- Facilitate peer support/mentorship to executive clinical leads in hospices and palliative care
- Advance clinical leadership in hospice and palliative care, and develop leaders for the present and future
- Provide a strong and persuasive voice relating to clinical perspectives of service, planning and delivery, and to engage in constructive lobbying as necessary
- Be a key reference point for executive clinical lead colleagues and Hospice UK
- Establish a network for support, information exchange and learning
- Establish a database resource for others to be able to signpost to topical issues and share expertise and views
- Provide and/or facilitate and/or promote executive learning opportunities for clinical leaders.

Maureen Georgiou, Director of Nursing and Registered Manager has been an active member of the Yorkshire and Humber ECLiHP and has been a deputy chair of this forum. We are able to share new practice ideas and seek support from other members who may have encountered similar issues. The network is a very positive and supportive forum for senior clinical leaders.

## Project ECHO

The Project ECHO North and North East Lincolnshire hub has been hosted by Lindsey Lodge and continues to provide high-quality, relevant training to care staff across the area. This partnership has seen training and education delivered across North and North East Lincolnshire to staff in residential, nursing, hospice, acute and primary care settings. The concept of delivering training using IT shared platforms has really developed during Covid and brought benefits to staff that in turn have accessed education with a focus on admission avoidance to hospital. Our most recent milestone has been the completion of 200 hours of training to 2000 participants. It has been great having so many people take part in the training and we are always grateful for the support of the healthcare professionals that share their expertise with us.

Over the past year, the training has covered a range of topics including Nutrition, React to Red, End of Life Care, Clinical Observations and Oral Health Champions.

There were some changes to the team as Amy Jukes, the project co-ordinator, left and was replaced by Laura Hayes, who was able to join the project on secondment from St. Andrew's Hospice until the end of June 2021.

We have received a further six months' funding which will allow the project to run until the end of 2021.

PART TWO

# OUR CARE SERVICES

## Inpatient Unit (IPU)

- Respite on IPU had gained momentum and there was regular uptake up to the commencement of the Lockdown. Unfortunately the Respite Service was unavailable for the majority of the past year due to the need to restrict admissions. However, we reopened the service in March 2021 and the respite bed is almost fully booked until the end of August. We are already seeing the positive impact it is having on our service users and their loved ones. We continue to have positive partnership working with Continuing Healthcare, Adult social care and the local commissioners of who engage with us and families to support funding. The respite service is also generating income for the hospice

- We continue to be part of the North Lincolnshire Dementia Strategy Group which enables us to be part of improving the lives of patients and their families living with Dementia

- Our Advanced Assistants (AA) have continued to have a positive impact on patients, delivering complementary therapies, occupational therapy and physiotherapy support to the IPU patients. We have been able to maintain seven day working within AA roles which has led to increased continuity of care

- The roll out of Intravenous (IV) Therapies has continued which has ensured more timely transfers to the Hospice from the acute hospital and the prevention of admission to the hospital for our patients. More staff have gained competencies in IV therapies and we have expanded our range of IV therapies delivered to patients

- Through finding new ways of working the Hospice Liaison role has continued throughout lockdown to increase admissions to the Hospice. Positive partnership working has continued with the local acute hospital trust and the community services

- We continue to use SystmOne (a digital record system used across local community health partners) and both the clinical and medical teams have created new templates to aid more LEAN working

- More staff have undertaken the Edward Jenner NHS Leadership programme and the Mary Seacole Leadership programme

- The development of a more robust Tissue Viability Team on the IPU has ensured more evidence based practice. The team now consists of registered nurses, advanced assistants and healthcare assistants (HCAs). The team regularly attend online training which is shared within the team. Partnership working with the acute trust tissue viability nurse continues to strengthen practices. All clinical staff are in the process of attending updates in categorisation of pressure ulcers

- Ensuring the mental health of the workforce has been essential during lockdown and staff have been given the opportunity to attend drop in sessions with members of the mental health first aid (MHFA) team. Another member of IPU has completed the MHFA training recently

- The Inpatient Unit have continued to embed the use of Staff Care our new electronic staff record system for the use of rostering. Sickness/ absence is recorded and annual leave is requested using the system

- The development of an Advanced Nurse Practitioner within the Hospice is really exciting and has been planned. Working closely with the medical team it will enhance the on call rota which will ensure we can continue to offer weekend patient admissions to the Hospice. The role will also incorporate further development of staff and lead to further innovation and new service developments

- We have always welcomed students within the team and this was unfortunately unavailable during the past year. Students have now returned and we have had some very positive feedback from them regarding their learning experiences whilst on the Inpatient Unit

- IPU volunteers were suspended during the Lockdown and have started to return, which is lovely and we are currently in the process of recruiting more. Volunteers on the IPU setting support befriending for those with no visitors, support the making of beverages and general support of families, this is a valuable role and compliments the employed staff time and skills

- The roll out of E-Prescribing remains very much on our agenda and several staff have attended initial training. It remains one of our top priorities for the next year

- We are supporting the roll out of EPACCS and embedding it within the Hospice. The medical team are supporting discharge planning with the use of EPACCS

- The RESPECT document continues to be embedded within the Hospice. Hospice staff have attended workshops during the roll out of the document

- The Housekeeping Team and Clinical Team have undertaken specific training in PPE and Infection Prevention and Control (IPC) requirements. Working in partnership with the acute hospital trust the Housekeeping Team and the Senior Nurse and Deputy Nurse attended face to face training which focused on national guidelines and processes with regard to housekeeping

- New housekeeping equipment was purchased and enhanced cleaning schedules have been developed and more funding has been allocated to increasing the hours within the housekeeping team to support increased cleaning regimes

- New weekly IPC audits have been undertaken within the Hospice, including non-clinical areas

- The generosity of the community was overwhelming with regard to an appeal for PPE in the early days/weeks as PPE was difficult to source. With the help of Hospice UK a hub was developed and the order and supply is now organised nationally with a regional hub in Harrogate for us to gain free supplies.



PART TWO

## Wellbeing Centre

- We closed our Wellbeing Centre services in March 2020 as the pandemic took hold, in order to restrict movement of the population and support the 'stay at home' guidance from the Government. Like all primary care services the transition from face to face contact to remote/virtual support within a 24 hour period was commenced
- All patients including wellbeing, lymphoedema, complementary therapy, counselling and bereavement support, outpatient services (breathlessness/fatigue clinics) were transitioned into remote contacts creating a very different working for our staff
- Development of new and innovative ways of working which the Wellbeing Centre team began has built confidence of both staff and patients over the past 12 months
- All resources were converted to online/ written information that could be distributed to patients
- The Breathe Easy Enablement Programme was converted from face to face to a remote package enabling continued support for patients living with a life limiting respiratory condition and their carers
- CCG non recurrent funding and grant applications was made available for a full Wellbeing refurbishment including seating and flooring to meet infection control standards in line with Covid-19 requirements
- The Wellbeing Centre staff supported the continued integration of therapy services including development of an integrated physio/occupational therapy (OT) assessment for the Breathlessness Clinic and reduced waiting times across the breathlessness clinic from 12 months to around eight to 12 weeks (non urgent referrals)
- The development of a combined referral form into the Wellbeing Centre allows for a single triage point once completed and timelier, more responsive access to services
- Support was developed and provided using digital platforms to be available for both one-to-one and groups, and the Christmas party was held over Zoom for Wellbeing Centre patients
- The Wellbeing Centre continues to consider 'one stop care' maximising care for patients as they attend and the ongoing development of the partnership with Dragonfly Beauty continues to support treatments that patients can access whilst attending, that they pay for, which generates income for the Hospice
- Further development throughout the year with the Counselling and Bereavement Support Team included expanding to support the wider North Lincolnshire community during the Covid-19 pandemic, including NHS staff support and community support has been extremely valuable. There has been increased activity and consistency of service provision within the Counselling and Support Team, including securing grant funding to develop staff/volunteer roles within the team. This has enabled consistent, quality input throughout the year despite the team predominantly working remotely. Development of how the counselling is delivered, be that face to face, virtual, telephone has supported contacts during Covid
- Integrated working between complementary therapy and lymphoedema service continues. Including the Complementary Therapist (touch therapeutics practitioner) providing input and support for the Lymphoedema Team has developed to respond flexibly to service need

- HCA competencies have developed to be able to support, with the use of the lymph flow machine enabling wider access to services and timelier provision

- There have been ongoing internal and external discussions regarding 'hospice at home', including a number of trial visits during the pandemic to support patients who were unable to access the service and/or were unable to liaise on the telephone

- Development of the advanced assistant documentation, including new initial assessments and information in patient rooms (on the IPU) to help with continuity of care and palliative rehabilitation has supported the AAs with their ability to support mobility improvements. The Occupational Therapist, Physiotherapist and Complementary Therapist have delivered a number of sessions that have also been part of the ECHO project delivery programme

- There has been re-connection with the Clinical Psychologist, including reintegration of the emotional pathway assessment and intervention as this post holder did not attend the main site during lockdown periods

- There has been a start-up of a fatigue clinics specifically to support individuals with long-Covid symptoms (increasing the partnership with primary care)

- The return of student nurses across both Inpatient Unit and Wellbeing Centre has been welcomed with positive feedback received

- We welcomed two occupational therapy students for the first time ever into the Hospice. The goal was to identify any gaps in rehabilitative palliative care provision and come up with ideas for service developments to enhance care.

## Seven day pilot

Lindsey Lodge has recognised the need to facilitate admissions across the full seven days of the week. We understand the need for specialist palliative inpatient services does not just arise Monday to Friday. During the first few months of 2021, the clinical team undertook a pilot in collaboration with Northern Lincolnshire and Goole NHS Trust. This pilot looked at seven day admissions with the support of a Palliative Medicine Consultant who was also on-call throughout the out of hour's period. At the end of the pilot, weekend admissions evaluated well and we have managed to secure this service going forward. We hope that this service will improve the patient journey, improve patient flow from the acute Trust, reduce unnecessary hospital admissions and increase the occupancy of hospice inpatient beds.

The locality as a whole is looking at the need and provision of consultant support across the seven days and this is linked to the Northern Lincolnshire End of Life Strategy work.

PART THREE

# STATEMENT OF ASSURANCE FROM THE BOARD

The Board of Trustees is assured by the progress made in 2020/2021 and supports the clinical objectives planned for 2021/2022.

The Board remains committed to the provision of high quality, safe 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 developed and how Lindsey Lodge is working towards achieving these continue to be reported to the Trust Board and the Quality Assurance Committee, which is a sub-committee of the Board led by Deputy Chair of the Board Dr Pat Webster and Director of Nursing and Patient Services Maureen Georgiou. The quality measures provide assurance that the Hopspice 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.

The Board will continue to monitor the progress against priorities for quality improvement and identified objectives for 2021/2022.

Dr Pat Webster
Deputy Chair of the Board

Audit work plays a part in the method of assurance and the following have been audits carried out in 2020-2021.

| Audit | Requirement | Frequency |
|---|---|---|
| **Controlled Drug** | Random check against 12 standards with associated RAG rating of compliance | Quarterly |
| **Prescription charts** | Retrospective audit of medication charts from 10 consecutive admissions to IPU against 17 standards | Annual |
| **Patient Outcomes Measuring** | | Annual |
| **Clinical Handover** | Clinical handover observed on 2 separate occasions per team | Annual |
| **Documentation Audit** | Retrospective audit of 10 individual patient records: 5 IPU, 5 Wellbeing | Bi annual |
| **Hourly rounds** | Minimum 10 hourly round charts | Bi annual |
| **Last Days of life audit** | Using Systmone template, all IPU deaths during random month | Annual |
| **Call bell** | To test call bells in all clinical areas as per schedule | Annual |
| **Intravenous Drug use** | Retrospective audit of random month | Annual |

PART THREE

## Patient Experience

It is important that we continue to seek feedback on our services and quality of care and patient experience is received by differing means. Patient experience is taken back to both the Quality Assurance subcommittee of the Board and Board in order that trustees are cited on patient experience and our reflection and learning from this.

**Symptom management**
Oliver Wood (58) from Snitterby was diagnosed with a paralysed stomach in 2016, and as a result had two strokes and a heart attack in 2019.

When Lindsey Lodge became aware of Oliver's situation, they ensured that he was admitted to the Lindsey Lodge Inpatient Unit for symptom management.

"Before I came to Lindsey Lodge, I lived on the sofa and was unable to live my life as I wanted. I couldn't even lift my head without vomiting due to my paralysed stomach. I was so frightened to stand up because of the sickness.

"Within just a couple of days of being admitted, the team had me up and about, using a four wheel walker. The whole team have given me so much encouragement and confidence and I no longer feel frightened to stand up anymore.

"It truly is the most wonderful place, every single member of staff and volunteer has gone out of their way to help me and a result I feel so much more positive about my future.

"Not only have the team helped me physically, they've also helped to improve my mental health, it's like receiving a Lindsey Lodge hug, they take you into their family.

"My visitors have also been treated so kindly, and my dog came to visit me a couple of times, which was lovely as he means a lot to me.

"I even got to experience a Lindsey Lodge fundraising event during my stay! One of the Advanced Assistants Jo pushed me in a wheelchair around the Hospice's car boot sale, I'm so grateful to her as she really went above and beyond to allow me to enjoy the day.

"As well as experiencing events, I've also got to know other patients during my stay as we enjoyed time together outside in the sun, the staff treated us to afternoon tea – which was lovely and one of the happiest days I've had in the last five years!

"I'll be coming back to Lindsey Lodge in the future as a Wellbeing Centre patient. The support and treatment I've received during my stay in the Inpatient Unit has truly helped me and changed my life, and I'm so grateful to every single member of staff for their incredible work."

# Feedback

## Wellbeing Centre

**"PLEASE DON'T EVER CHANGE, EVERYTHING IS PERFECT."**

"I have received excellent telephone support and more recently I have attended for one to one sessions face to face with the nurse. This support has made me feel like I am not alone. The face to face sessions in particular have cheered me up a lot, especially to see the staffs smiling faces."

**"I HAVE FOUND IT MOST VALUABLE SPENDING TIME WITH THE OCCUPATIONAL THERAPY STUDENT AND GETTING TO PLAY MY GUITAR AGAIN THAT I DID NOT THINK I WOULD BE ABLE TO DO AFTER MY DIAGNOSIS OF COVID-19."**

"The Wellbeing Centre team help with my anxiety that I get with my COPD condition. They help me with things that I don't get from my family. I rely on the girls to help me and look after me and I always feel better when they have helped sort things out for me like how I am feeling or with my symptoms such as breathlessness. They are the only people who understand my condition.

"I can rely on the hospice more than I can my family, I would be lost without it."

## Inpatient Unit

**"MY DADS LAST DAYS WERE IN LINDSEY LODGE & HE WAS HAPPIER AND MORE COMFORTABLE THAN HE HAD BEEN FOR WEEKS."**

"My dad passed away on 26 January 2021 at Lindsey Lodge Hospice, he was only there 8 days but the care he received in those days was amazing. The staff were so kind and caring and knew my dad was receiving the best possible care."

**"THIS WAS MY FIRST EXPERIENCE OF LINDSEY LODGE AND IT FAR EXCEEDED ANY PRECONCEPTIONS I MAY HAVE HAD. I CANNOT PRAISE ABSOLUTELY EVERYTHING AND EVERYONE INVOLVED IN THIS SERENE AND COMFORTING SAFE HAVEN ENOUGH".**

"I won't name names, because I'd have to name your entire team, but everyone was so kind to both my Nana and my Mum. From looking after her in the hours we were not there, to allowing us to have three in the room when the time mattered, you went above and beyond for my family and I feel forever in your debt for that."

## Counselling and Bereavement Support

**"THE BEREAVEMENT SERVICE WAS GENEROUSLY OPENED UP FOR NHS STAFF DURING THE PANDEMIC. I AM GRATEFUL FOR THE PROMPT AND FLEXIBLE RESPONSE TO MEET MY NEEDS OVER THE TELEPHONE WHEN FACE TO FACE CONTACT WAS NOT POSSIBLE."**

"The Counselling service supported myself and two other family members, following our sad loss. I cannot describe how much this has helped us all. The Bereavement Counselling has helped us to grieve and understand each other. I now feel that you have given me my family back. Thank you"

PART THREE

## Infection Prevention and Control (IPC)

We have an established IPC network in place at Lindsey Lodge that has led IPC work during 2020/21. We have been supported with specialist advice from North Lincolnshire CCG and Public Health England throughout the last 12months and this has been absolutely vital to provide assurance on our infection control and prevention measures. We have taken up the opportunity on several external 'fresh eyes' inspection visits to support our management during the pandemic.

In order to support and continue this programme of work, Lindsey Lodge have pursued a means to substantiate the availability of specialist advice available to us and in conjunction with Northern Lincolnshire and Goole NHS Foundation Trust, will have designated access to specialist infection control nurse support from September 2021. We have continued to take advice and support from colleagues at North Lincolnshire Council Public Health, North Lincolnshire CCG and Public Health England, which has been a positive partnership during the COVID-19 pandemic.

We have had three separate outbreaks of COVID-19 at Lindsey Lodge during 2020/21, which affected both patients and staff. Following our first outbreak in October 2020, which was confined to a small staff group, an action plan was compiled in to detail our response and to support concerns. The outbreak was reported to all necessary authorities. Actions included risk assessments of changing facilities and offices to incorporate social distancing, respectfully challenging ourselves and visitors to the hospice regarding correct wearing of facemasks and redesigning appointments slots for staggering to allow screening. A debrief in the form of a reflective discussion was undertaken.

We had a second outbreak in November 2020, which affected both staff and patients. This necessitated the immediate closure of the Inpatient Unit to admissions and a wider lockdown across the Hospice. Non-clinical staff worked from home and teams were segregated. At the time, COVID-19 screening was not available to hospices in England and we were able to organise this ourselves via Northern Lincolnshire and Goole NHS Foundation Trust. Unfortunately visiting was further restricted to minimise risk to our vulnerable patients but with flexibility for those at end of life. This was very distressing for both families and staff of whom have had to deal with some very challenging situations throughout the year and we thank them for their dedication and commitment to us.

Refresher training of the donning and doffing of personal protective equipment and handwashing was undertaken in partnership with North Lincolnshire CCG.

Following a further outbreak in December 2020, which affected patients and staff, we produced a comprehensive recovery plan that guided us to safely remobilise our services in a safe manner, taking staff health and wellbeing into consideration. The plan provided a framework for the recovery process from a critical incident, with a need to enhance and support the workforce and partnership structures. Key action points included a full shutdown of the building; a professional deep clean with industrial sanitisation; updated cleaning schedules for standard daily cleaning, cleaning of isolation rooms and cleaning of vacated rooms; additional housekeeping hours; declutter and deep clean of every room/cupboard/storage area within the whole building; replacement of fabric furniture; COVID-19 testing plan including lateral flow testing of visitors; early access to vaccination scheme for staff and volunteers and refresher training of safe PPE use, hand hygiene and cleaning techniques. All staff received additional training in 'cleaning with

confidence' as cleaning is everyone's business, whether it be a personal work space, crockery from beverages or the cleaning of a patient environment we all are involved and so embarked upon refresher training. Enhanced additional training was offered to our housekeeping staff along with the purchase of new cleaning trolleys and equipment.

We were able to have a staggered reopening after 14 days clear of any positive cases. North Lincolnshire CCG, Public Health England and the Health Protection Agency supported our actions. Our laundry facilities as identified in the recovery plan will undergo an environmental redesign in 2021. We have implemented interim mitigating actions to reduce risk.

The recovery plan was signed off as actions completed by the Board at the end of March 2021.

In addition to COVID-19 infections, Lindsey Lodge has continued to undertake surveillance of other Health Care Acquired Infections (HCAI's).This information is essential to monitoring progress, investigating underlying causes and instigating prevention measures. All HCAI's are reported using the internal incident database and are reviewed by our clinical leaders, and where appropriate a review is undertaken.

There are currently no national benchmarking standards for the surveillance of infections from Hospice UK. However, this issue is an agenda item for development with the patient safety programme of which Lindsey Lodge is an active member. In line with best practice and The Health and Social Care Act (2008) code of practice for the prevention and control of infections requires that NHS providers report cases and outbreaks of certain infections we continue to monitor Meticillin Resistant Staphylococcus Aureus (MRSA); Escheri Coli (E Coli) and Clostridium Difficile (CD). There was none of these infections to report in 2020/21.

In 2020/21 a review of the Skills for Health e-learning IPC modules resulted in a new accredited Level 2 module being introduced for all clinical staff. 100% compliance was achieved.

Further oversight of IPC continues to be provided by the Board at the Quality Assurance sub-committee. The IPC audit programme, which is presented at the Quality Assurance Committee, is fundamental in monitoring and measuring IPC policy and compliance.

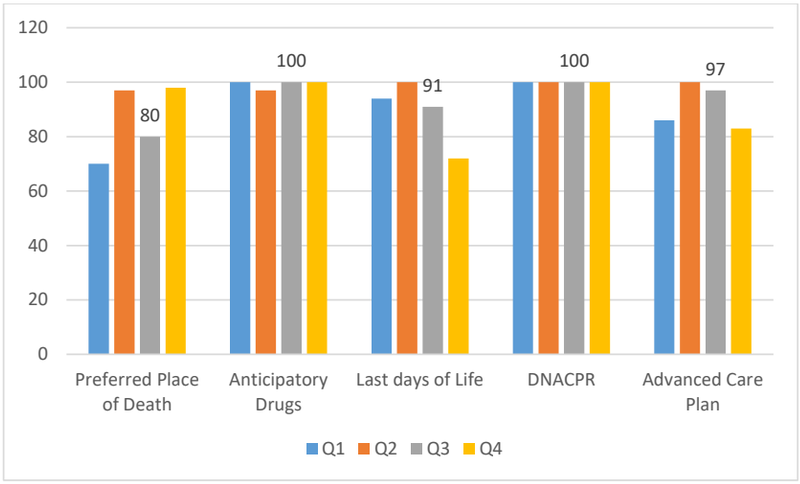
## IPC Audit

Numerous audits that have allowed external partners and us to develop and understand our IPC practices and identify any deficits that require action. These encompass sharps practice; water safety; hand hygiene practices; safe handling of waste; decontamination of the care environment; decontamination of non-clinical areas and personal protective equipment practices.

PART THREE

## Key Performance Indicators (KPIs)

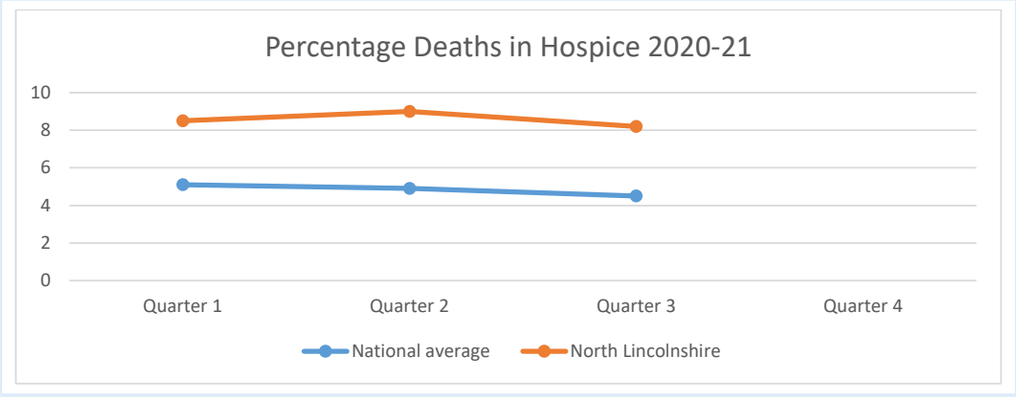
### Comparison of KPI`s for 2020/21




**Place of Death**

It is not unexpected that place of death will have been impacted by the pandemic, where there has been excess deaths due to the Coronavirus. In North Lincolnshire, 313 deaths have been recorded due to Coronavirus up to 16 April 2021. Over a similar time frame (Q1-3 2020-21), 1,936 deaths were recorded in North Lincolnshire, therefore approximately 16% of deaths in our region in the past year have been due to Coronavirus. During this time, the Hospice has not been accepting patients known to be actively infected with Covid-19. The Inpatient Unit has worked hard to support the health system in looking after existing palliative patients outside of the hospital environment, and to remain a relatively 'safe' haven for palliative patients too afraid to go to hospital.

National place of death has shown some variation from the trends that were seen prior to the pandemic. The trend pre-pandemic had been for deaths in hospital to be reducing, and more deaths in all community settings (hospice, care home and home). Deaths in hospital have remained stable around 42% nationally across the year (figures released for first 3 quarters only), rising slightly in North Lincolnshire from 40% to 41%, but still remaining below the national average. Deaths at home have continued to increase both nationally and locally, but at a slower rate to pre-pandemic. Care home deaths have reduced nationally (24.8% – 23.7%) and locally (25% - 23.5%). Figures for hospice deaths in North Lincolnshire have also remained above the national average, falling slightly across the year as a whole (8.5% -> 8.2%), but to a lesser degree than the national average figure (5.1% -> 4.5%).



**Regional data on preferred place of death**
Data taken from 2,041 EPaCCS records across Humber Coast and Vale (HCV) on 28th February 2021. 789 of these records have been created for North Lincolnshire patients.

| Place | 1st choice | 1st choice % | 2nd choice | 2nd choice % | Total % 1st/2nd choice | Actual % place of death NL |
|---|---|---|---|---|---|---|
| Care home | 986 | 48 | 22 | 1.1 | 49.1 | 24 |
| Home | 844 | 41 | 27 | 1.3 | 42.3 | 25 |
| Hospice | 165 | 8 | 79 | 3.9 | 11.9 | 8.5 |
| Hospital | 36 | 1.8 | 22 | 1.1 | 2.9 | 40 |
| Other | 10 | 0.5 | 3 | 0.1 | 0.6 | 2 |

These figures are useful in understanding the demand on hospice beds for End of life care, we can see that approx. 8% of people in HCV would choose hospice for their first choice. Where people have expressed a second choice (153 records) a further 3.9% would chose hospice. This means 11.9% of people in HCV would choose hospice as their first or secondchoice for end of life care.

When we compare this to the actual numbers for place of death in North Lincolnshire, we have around 8% - 9% over the past year dying in hospice, suggesting there is some unmet need. We will monitor this with the impact of seven day admissions.

The largest unmet need with respect to supporting preferred place of death is around deaths elsewhere in community (care homes and own home). Strategically we continue to look how we can work collaboratively with our partners to influence this. Current and strategic services/ projects include:

- Developing a hospice at home model, supporting the specialist and generalist community team
- Care home project with South Primary Care Network
- ECHO project
- Education opportunities to locality
- Roll out of ReSPECT and EPaCCS
- Wellbeing Services
- Subcutaneous furosemide in community.

## Our Staffing Profile

| Our staffing profile (whole time equivalent) | |
|---|---|
| Inpatient Unit | 20.62 |
| Wellbeing Centre | 6.05 |
| Clinical admin team | 1.61 |
| Housekeeping & catering | 7.72 |
| Medical team | 1.44 |

PART FOUR

# CLINICAL COMPLIANCE AND REGULATION - CARE QUALITY COMMISSION (CQC)

In March 2020, the CQC suspended routine inspection programmes in response to COVID-19 and developed monitoring of services using a mix of on-site and off-site methods. The CQC will now carry out regular reviews that will help support their ability to monitor risk. Where the information they have does not find evidence that tells them they need to re-assess the rating or quality at a service, they will publish a short statement on the profile page on their website for these services. This will inform the public and people who use services, that this review has taken place and that there were no concerns based on the information held at that time. They will also communicate this with the provider by email prior to the public statement being published. In cases where the information review indicates that they may need to re-assess a rating or the quality of care, inspectors may want to gather more evidence. For services where the CQC believe people may be at an increased risk of poor quality care, they may undertake an immediate on-site inspection and this may happen at any time. In these cases, they may update the rating for a service. Inspector's judgement will still be at the heart of this approach to inspection, the improved access to information will allow inspection teams to act quickly using their judgement, supported by quality assurance mechanisms, where other sources of information indicate greater levels of risk elsewhere.

Services at Lindsey Lodge were last inspected by an on- site visit in February 2016 and we rated as 'Good'. A telephone transitional monitoring call was made in February 2021 with supporting information offered in advance of the call.

There is a requirement to notify CQC of all incidents that affect the health, safety and welfare of people who use our service and other in the following circumstances, namely:

- Physical or psychological ill-treatment
- Theft, misuse or misappropriation of money or property
- Neglect and acts of omission which cause harm or place at risk of harm
- Sexual abuse
- The development after admission of a pressure sore of grade 3 or above that develops after the person has started to use the service
- Deprivation of liberty applications and their outcomes-we must notify CQC about any applications we make to deprive a person of their liberty under the Mental Capacity Act 2005 and about the outcome of those applications.
- Any incident related to us carrying on of a regulated activity that is reported to, or investigated by, the police.
- Events that stop, or may stop, the registered person from running the service safely and properly
- Any relevant infrastructure, equipment, premises or other problems that prevent, or are likely to prevent, us from carrying on the regulated activity safely
- Deaths and unauthorised absences of people who are detained or liable to be detained under the Mental Health Act 1983
- Serious injuries to a person who uses the service.

### Infection

Outbreaks of infection are notified to Public Health England (PHE - previously the Health Protection Agency) and we have duly undertaken this as we experienced Covid outbreaks in October, November and December 2020.

### Safeguarding Adults and Children

We notify the local authorities of any safeguarding incidents both for adults or if staff suspected that a child has been abused or neglected.

### Medication errors

There is no requirement to notify CQC about medicines errors as NHS England and NHS Improvement Controlled Drugs Accountable Officer (CDAO) for North East and Yorkshire is required by law to establish a network for sharing of information, regarding the management and use of controlled drugs. Specific requirements for such networks are laid down in Regulation 14 of the Controlled Drugs (Supervision of Management and Use) Regulations 2013. Regulation 15 together with section 18 of The Health Act 2006 impose a duty of co-operation between members of the Local Intelligence Network. The Network is subject to external scrutiny by the Care Quality Commission (CQC). We are a member of the NHS England and NHS Improvement North East and Yorkshire Controlled Drug Local Intelligence Network (CDLIN) and network members are required to:

- Share intelligence/information/good practice relating to use of controlled drugs within their organisation/locality/professional networks
- Share views and advice from their organisation
- Cascade appropriate information, from the network to their own organisation
- Undertake to lead or participate in specific pieces of work or shared documentation as needed.

# PART FOUR

Lindsey Lodge must provide, as a statutory obligation, a quarterly Occurrence Report to the chair of the Network. This includes details of incidents and concerns relating to relevant individuals, investigations and actions taken. Reports must be provided within four weeks of each quarter end. We are required as an individual organisation to have systems in place to monitor and analyse patterns of prescribing, management and use of controlled drugs, and will share such information to promote increased learning and understanding throughout the CDLIN. Quarterly drug audit is undertaken, weekly on site Pharmacy support and oversight of the Quality Assurance subcommittee of the Board to ensure our compliance and monitoring of drug safety is robust.

The role of the CQC appointed Registered Manager, Safeguarding lead and Controlled Drugs Accountable Officer in 2020-2021 has been undertaken by Maureen Georgiou, Director of Nursing and Patient Services.

We continue to assess ourselves and prepare evidence of how we achieve the standards required of us and how we deliver quality and excellence in all we do. CQC evidence submitted in February had a COVID-19 response and recovery focus and telephone interviews undertaken by CQC inspectors with the Chief Executive and Director of Nursing and Patient Services in year has been very positive.

The CQC has recently published a new strategy for regulation in response to the changing world of health and social care. They have ambitions for inspection under four themes of people and communities, smarter regulation, safety through learning and accelerating improvement with two core ambitions of assessing local systems and tackling inequalities in health and social care. Lindsey Lodge will again reflect on what this means for us during 2021/22 and continue to adapt and strengthen our services.

### Health and Safety

Management of our organisation wide Health and Safety is undertaken via the Quality Assurance subcommittee of the Board and we faced some operational concerns during early 2020/21 with access to our supporting partners who typically are available to us to undertake routine checks and maintenance. Access and availability as a result of lockdown guidance and the risk in the healthcare environment that presented at our times of outbreak led to some delays with all risks managed as part of our business continuity plan. We are able to confirm all risks were managed safely, no harm was encountered and we have been able to catch up with required compliance checking and backlog maintenance work. The hospice continued to work closely under the guidance of the Health and Safety executive to ensure we remain fully compliant with the Health and Safety at Work Act 1974 and the Management of Health and Safety at Work Regulations 1999 along with all other relevant legislation.

Throughout the pandemic the Hospice created a robust action plan tasked with ensuring all necessary Risk Assessments (RA) associated with Covid-19 were swiftly implemented and regularly monitored. Ensuring compliance with all necessary guidance and any amendments to such guidance at all times. This was sector specific ensuring all clinical areas were compliant with all legislation surrounding Covid-19, infection control, correct use of PPE and social distancing. Lindsey Lodge ensured all staff within retail, fundraising and catering areas had all work spaces assessed in terms of risk of exposure and have suitable access to PPE. Each member of staff had an individual RA conducted by a member of senior management taking into account any individual amendments required to ensure safety of all staff at all times.

PART FIVE

# Quality performance indicators 2020/2021

| | Total 2019/20 | Total 2020/21 |
|---|---|---|
| **Quality** | | |
| Compliments | 197 | 141 |
| Complaints | 2 | 0 |
| Concerns | 0 | 0 |
| **Patient and Staff Safety Indicators** | | |
| Never events | 0 | 0 |
| Medication incidents occurring at Lindsey Lodge | 18 | 4 (non-controlled drugs) |
| Harm or risk to care delivery | 8 | 2 |
| Harm or risk to person | 51 | 46 |
| Patient slips, trips or falls | 24 | 17 |
| Number of patients admitted with a healthcare acquired infection | 0 | 0 |
| Number of patients who acquired a healthcare acquired infection during admission | 0 | 13 (all Covid-19) |
| Number of staff who acquired a healthcare acquired infection | 0 | 30 (all Covid-19) |
| Information Governance breaches (potential) | 4 | 3 |
| Harm or risk to property | 21 | 4 |
| Safeguarding referrals | 1 | 0 |
| Transfer to secondary care | 4 | 4 |

# PART FIVE

| | Total 2019/20 | Total 2020/21 |
|---|---|---|
| **Pressure Ulcer Indicators (recorded as harm or risk to person)** | | |
| Category 2 Pressure ulcer on admission (PUOA) | 32 | 14 |
| Category 2 NEW | 3 | 11 |
| Category 3 PUOA | 17 | 15 |
| Category 3 NEW | 0 | 1 |
| Category 4 PUOA | 1 | 8 |
| Category 4 NEW | 0 | 0 |
| Suspected Deep Tissue Injury PUOA | 7 | 11 |
| Suspected Deep Tissue Injury NEW | 2 | 3 |
| Moisture associated skin damage PUOA | 4 | 2 |
| Moisture associated skin damage NEW | 0 | 0 |
| Unstageable pressure damage PUOA | 4 | 3 |
| Unstageable pressure damage new | 1 | 0 |
| Medical device related skin damage PUOA | 1 | 0 |
| Medical device skin damage new | 0 | 0 |

| **Quality Indicators** | | | | |
|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 |
| Data Security Awareness Compliance for staff | 93% | 98% | 96% | 97% |
| Data Security Awareness Compliance for volunteers | 99% | 99% | - | - |
| Mandatory Training Compliance | 87% | 91% | 96% | 100% |

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 Senior Management Team and Quality Assurance sub-committee of the Board, continually monitor standards.

# Incidents

## 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.

There continues to be a reduction in the amount of medication related incidents compared to 2019/2020. It is important to highlight that all incidents were Level 1 incidents where no harm was caused to the patient.

All incidents concerning Controlled Drugs are reported via the Local Intelligence Network by the accountable officer. There were no incidents concerning controlled drugs during 2020/21. We continue to have weekly pharmacy support from Lloyd's pharmacy and will be fully implementing electronic medication prescribing during 2021/22.

## Slips, trips and 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. Of the 17 patient related slips, trips and falls all were reported as no or low harm and assessed as unavoidable.

We aim to achieve the incidence of unavoidable 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 maybe 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 had capacity to make an informed decision regarding their mobility.

## 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.

There were 67 incidents of skin damage reported in 2020/21. Of these, 52 occurred before the patient was admitted to our care. This highlights the consistent approach our clinical staff adopt to assess patients skin on admission. We need to strengthen our feedback and communication of this with our health and social partners and this has been highlighted as a priority for skin damage in 2021/22.

Of the remaining 15 incidents, all were assessed and investigated using the new Northern Lincolnshire Pressure ulcer metrics that we have adopted, and it was established that there was no lapse in care because the skin damage occurred despite the fact that:

- A risk assessment has been carried out
- A care plan was generated and implemented addressing all risks identified
- Risk reduction measures have been put in place
- Regular evaluations have been carried out when a change in the patient's condition has been observed
- Any issues regarding patient concordance, consent and capacity are well documented

There was 1 category 3 incident of skin damage that required more thorough investigation using Root Cause Analysis and reporting to The Care Quality Commission. The Root Cause Analysis was discussed and assessed at a clinical leads meeting and reported on at the Quality Assurance sub-committee of the Board. This process was a positive exercise as it identified issues for improvement which predominantly concerned documentation and record keeping. Actions that have been implemented include a review of our documentation assessing skin damage; additional education sessions and the impact will be assessed via a documentation audit in 2021/22. It is pivotal that or clinical areas remain reflective environments and lessons are learned from our incidents.

PART FIVE

# 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 is an active member of Hospice UK Clinical Benchmarking Toolkit for Patient Safety Indicators. 143 hospices are registered to participate out of 209 members of Hospice UK. 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 Lindsey Lodge is categorised as small medium 8-12 beds.

The bed occupancy and pressure sores on admission are the main outlying benchmarks for the hospice to consider. The hospice is placed within the 'small average category' and this is based on the number of Inpatient beds. There are 26 hospices in this category, and it is pleasing to note that our falls, incidents and medications incidents are below an average level found.

With regards to pressure sores on admission, our responsibility is to share this information with our referring partner organisations and tissue viability groups that meet locally, in order to support education and care across the locality. Our benchmark bed occupancy for January – March 2021 was taken down due to our period of full Inpatient bed closure in January for approximately 18 days. We were closed to admissions in this period, this was then followed by an incremental admission rate as we opened up after an intense period of deep cleaning, refurbishment and staff training, following a significant Covid-19 outbreak that affected both staff and patients.

This has been a concerning period for us and we are now making every effort to increase our occupancy, and this has included admitting patients over a seven day period as opposed to a previous five day period. We will monitor this closely and use the Hospice liaison nurse to support professionals and families with the referral process.

| Patient Safety Indicator | Lindsey Lodge Average Number per Quarter 2020/21 | UK Small Medium Hospice Average Number per Quarter 2020/21 |
|---|---|---|
| Patient Falls | 3.75 | 4.125 |
| Medication Errors | 0.75 | 4.125 |
| Pressure Ulcers on admission | 14.5 | 10 |
| New Pressure Ulcers | 2.75 | 7.125 |

## Bed data

| | Hospice UK | Lindsey Lodge |
|---|---|---|
| Adult admissions | 28,005 | 223 |
| Bed occupancy rate | 67% | 60% |
| Average length of stay | 13.1 days | 8 nights |
| Patients who were discharged to another place of residence | 38% | 31% |
| Patients who died at the hospice | 62% | 69% |

## Patient falls

| | Hospice UK | Lindsey Lodge |
|---|---|---|
| Patient falls reported | 4,113 | 17 |
| No harm reported at time of fall | 58% | 88% |
| Low harm reported at time of fall | 39% | 12% |
| Moderate harm reported at time of fall | 2% | 0% |
| Falls resulting in severe harm | 41 | 0 |
| Deaths reported as a result of a fall | 2 | 0 |

## Pressure Ulcers

| | Hospice UK | Lindsey Lodge |
|---|---|---|
| Pressure ulcers reported | 9,614 | 68 |
| Pressure ulcers reported On Admission to a hospice Inpatient Unit | 66% | 92% |
| Newly acquired pressure ulcers reported during a hospice Inpatient stay | 34% | 8% |

| | New Cat 1 | New Cat 2 | New Cat 3 | New Cat 4 | New Deep Tissue Injury | New Unstageable |
|---|---|---|---|---|---|---|
| Hospice UK | 18% | 48% | 8% | 1% | 19% | 6% |
| Lindsey Lodge | 0% | 73% | 7% | 0% | 20% | 0% |

## Medication Incidents

| | Hospice UK | Lindsey Lodge |
|---|---|---|
| Medication incidents reported | 3,967 | 4* |
| No harm reported from incident | 88% | 100% |
| Low harm reported from incident | 11% | 0% |
| Moderate harm reported from incident | <2% | 0% |
| Incidents resulting in Severe Harm | 3 | 0 |
| Deaths reported as a result of an incident | 0 | 0 |

*non-controlled drugs

PART FIVE

## SystmOne and Information Governance

Lindsey Lodge Hospice and Healthcare uses SystmOne as our main clinical records system and this allows appropriate and secure sharing of patient care records with anyone involved in a patient's direct care across the different healthcare services.

Lindsey Lodge adhere to the Data Security and Protection Toolkit (DSPT), and complete an annual online submission, this is a requirement by NHS Digital to be able to use clinical systems and we achieved the rating standards met.

## Staff Support

Staff and volunteer wellbeing was paramount during 2020/21 owing to the unprecedented challenges that the COVID-19 pandemic placed upon the workforce.

Clinical supervision continued to be available on both a one-to-one basis and group basis with one of the trained clinical supervisors in the organisation throughout the year. In addition, we have a number of Mental Health First Aiders available for all staff as a confidential point of contact to discuss anything concerning wellbeing for support and reassurance. They have offered a number of drop in sessions as well as individual support during 2020/21. Reflective discussions and debrief have also been utilised.

Keeping staff informed and engaged has also been a priority to ensure that the workforce remained supported particularly during outbreak periods. This included furloughed staff and those working from home. Guidance often changed at a fast pace and it was a challenge to ensure everyone was informed and supported. Virtual staff engagement sessions, virtual coffee mornings, regular email updates and the Team Talk newsletter continued as means of communication and support.

## Education and Training

The Covid-19 pandemic significantly affected the delivery of education and training across Lindsey Lodge during 2020/21. Ensuring the safety of patients, staff and students limited the traditional face-to-face teaching methods, however as such, new approaches to education and training evolved.

New and innovative training methods were embraced and developed by the Clinical Trainer in particular virtual learning, e learning, webinars and workbooks. It was necessary to offer a blended approach to ensure that these solutions were inclusive. At the end of March 2021, statutory and mandatory training compliance across all clinical and non-clinical staff was 100%, which exceeds our target.

A necessary focus of the education and training programme was Infection Prevention and Control. All staff received a significant amount of additional refresher training and education working with specialist partners in Personal Protection Equipment use, hand hygiene and infection prevention and control procedures.

Staff continued to share their expert specialist palliative care knowledge with the wider health and social care community. In particular, our Registered Counsellor delivered several sessions on coping with bereavement and loss with local funeral directors and Humber, and Wolds Rural Action Volunteer Hub. Numerous staff have led the delivery Project Echo Learning sessions for their End of Life Networks.

Sally Watson,
Quality and Education Lead

# SUMMARY

At the time of writing the report, the post of Director of Nursing and Patient Services and Registered Manager has become vacant. We are working with health partners to understand how best to explore options to recruit to this vacancy given partnership working and collaborative working are proving to be adding value to the improvements in the quality and safety of end of life care.

We thank Maureen Georgiou Director of Nursing and Patient Services and Registered Manager for her support and work at Lindsey Lodge during her 3 years in post and wish her well. I am sure clinical colleagues would support that 2020/2021 has been one of the most challenging clinical years and an unprecedented time for all those delivering and supporting clinical care.

We take this opportunity to extend thanks to our staff and our neighbouring clinical colleagues that have supported us with advice or supplies at times we have required it.

We take all the learning from this year into future plans and look forward to recasting our future Quality Plans to build upon our weaknesses that were exposed and continue to develop our staff and environments to be positioned well to continue to deliver high standards of care.

Karen Griffiths
Chief Executive