



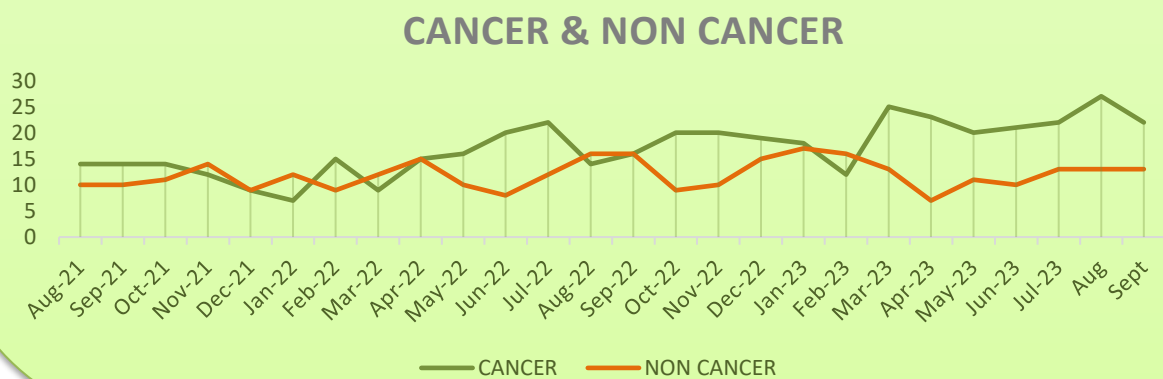
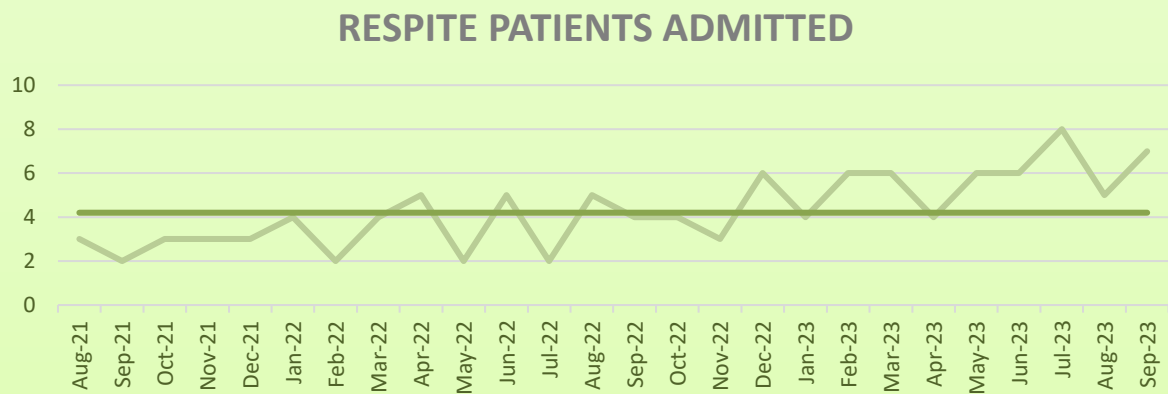
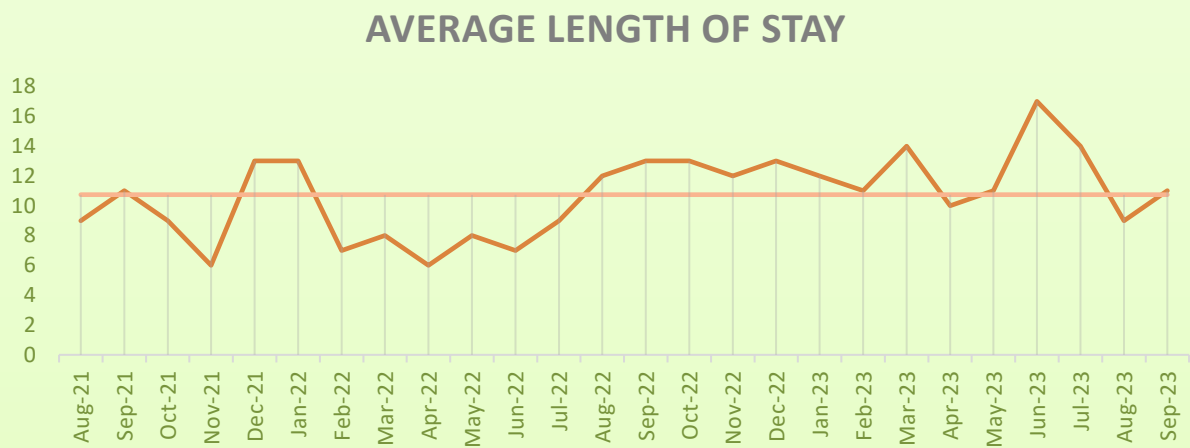
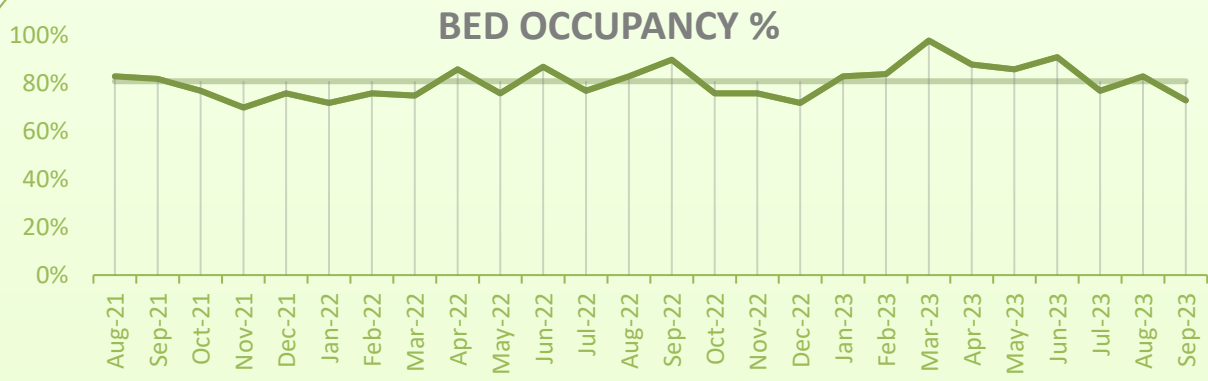
Report for Lindsey Lodge Quality Assurance Sub committee

1st November 2023

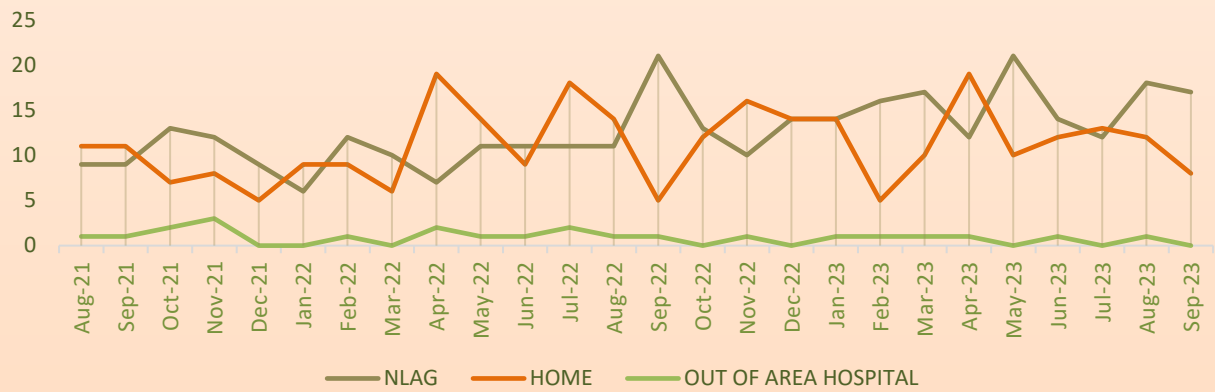
**Activity & Quality Analysis – Quarter 2
2023/24**

INPATIENT UNIT

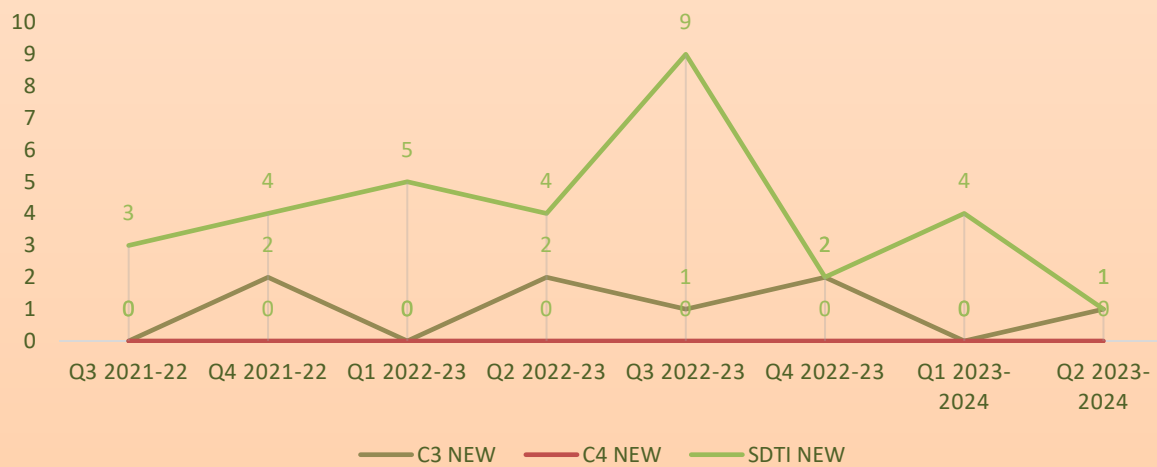
QUARTERLY ACTIVITY	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24
In-patients based on 16 beds				
Admissions	93	101	99	110
Bed days occupied	1,095	1,273	1,288	1,101
Occupancy - 16 beds	75%	88%	88%	78%
ALoS	13	12	12.6	11.3
Deaths	49	52	49	56
Went home	34	24	30	33
Other Discharges	12	10	4	11
Deaths within 24 hours	3	3	3	4
Butterfly Line				
Butterfly Line total calls	125	134	191	128
Hospital admission avoidance	32	42	47	29
Community				
Total number of Community visits			138	93
Holistic Assessment			88	66
Community Syringe driver			46	22
Quality Indicators				
Medication Incidents originating at LLH	3	1	1	8
Total number of NEW Pressure Ulcers	6	15	22	12
Total number of Pressure Ulcers on admission -	30	63	53	49
Number of category 1 POA	1	6	6	5
Number of category 1 new	1	1	0	4
Number of category 2 POA	8	27	7	15
Number of category 2 new	0	6	12	5
Number of category 3 POA	8	5	2	1
Number of category 3 new	0	2	1	0
Number of category 4 POA	0	0	0	1
Number of category 4 new	0	0	0	0
Number of suspected deep tissue injury POA	11	7	13	12
Number of suspected deep tissue injury new	4	2	4	1
Number of moisture associated skin damage lesions POA (MASD)	0	9	1	1
Number of moisture associated skin damage lesions new (MASD)	0	0	0	2
Number of unstageable pressure damage incidents, POA	2	1	3	12
Number of unstageable pressure damage incidents, new	0	1	2	0
Medical Device related Skin damage POA	0	0	0	0
Medical Device related Skin damage new	0	0	0	0
Patient Falls	6	8	13	5



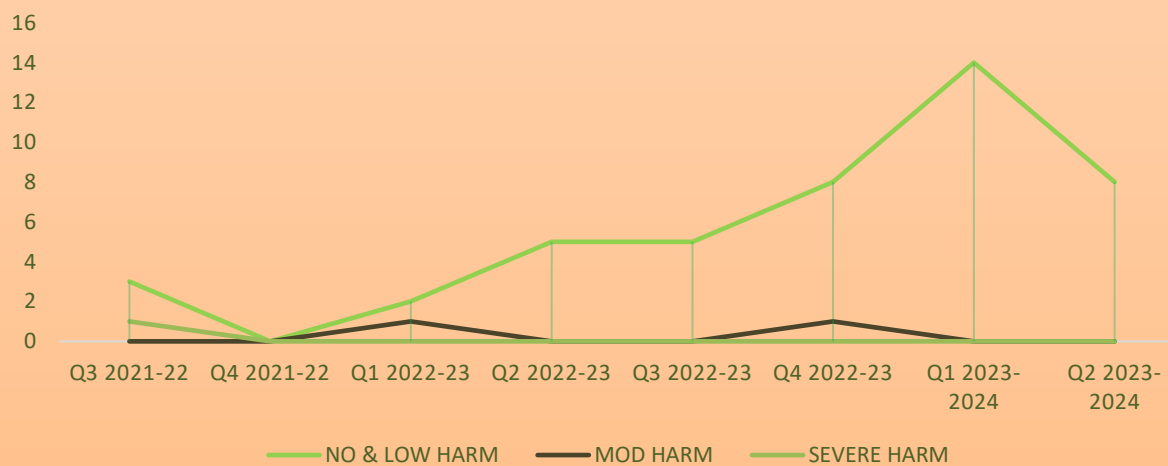
REFERRED FROM



NEW PRESSURE ULCERS



INPATIENT FALLS



The inpatient unit's bed occupancy rate has dipped slightly below 80% at 78% for the quarter reflecting the activity and patient flow through the unit. There has been an increase in the number of deaths which has impacted on bed occupancy. The monitoring of Patient dependency levels at each shift continues to ensure that staffing levels reflect the patient's acuity. Work is underway to enable dependency data to be included in the report providing additional assurance and monitoring of quality assurance within the unit.

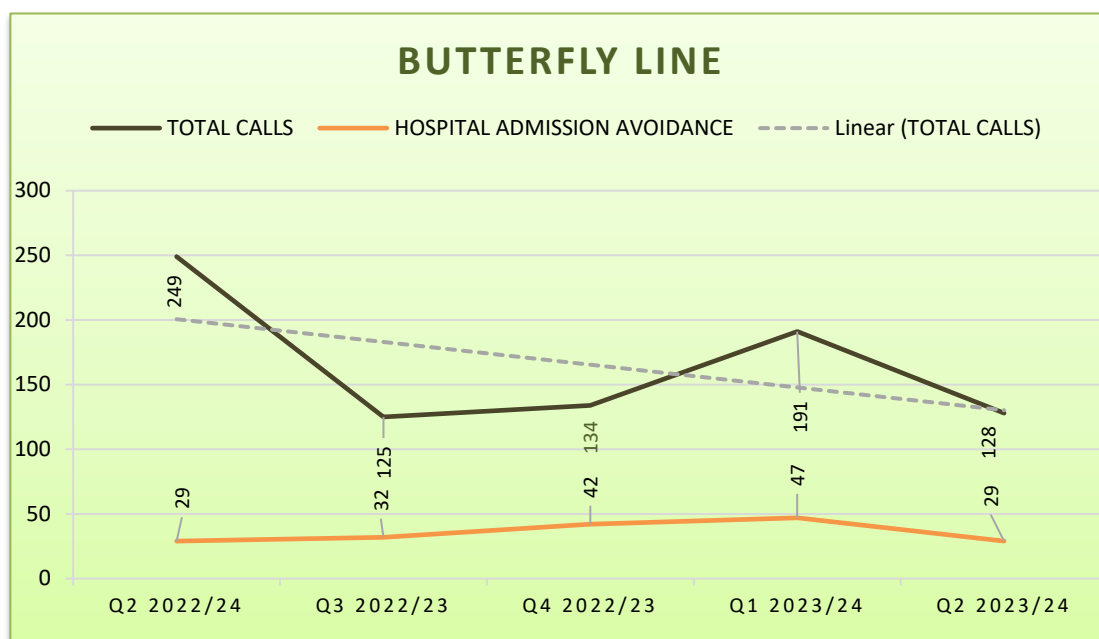
The quality data within the inpatient unit demonstrates no significant areas of concern. However, the number of reported medication incidents increased, in particular in September. Root cause analysis on the incidents at the medicines management group found that in 7 out of the 8 incidents, no harm came to the patient as an error was prevented before occurring. All of the incidents concerned minor prescribing errors which have been discussed with the individuals concerned with the aim to learn lessons.

In addition, a new medicines management audit has been undertaken with the inpatient unit using a Hospice UK validated tool. Prescribing practices demonstrated 100% compliance with the required standards. Since April 2022 we have been able to calculate a medication error percentage in respect of medication administrations. Work has been identified to identify error rates in different medication types i.e controlled drugs to provide additional understanding and assurance and monitoring of quality assurance across the clinical areas.

The number of new suspected deep tissue injuries has reduced and it supports the previous conclusion that the increase was possibly due to grading errors. In addition, a root cause analysis for a category 3 pressure ulcer was downgraded to a category 2. We have undertaken additional training around grading and have potentially sourced an external tissue viability expert to support this. Data analysis over a 2 year period has found that we have not reported any new category 4 pressure ulcers.

Falls have seen a significant decrease on the last quarter and all were no or low harm. Data from the yearlong falls audit and actions from the previous quarter RCA has enabled a review of the sensor mats in use in terms of capacity and reliability and additional falls training. The additional information from this has identified quality improvement projects (reporting of near misses and new moving and handling techniques)

BUTTERFLY LINE



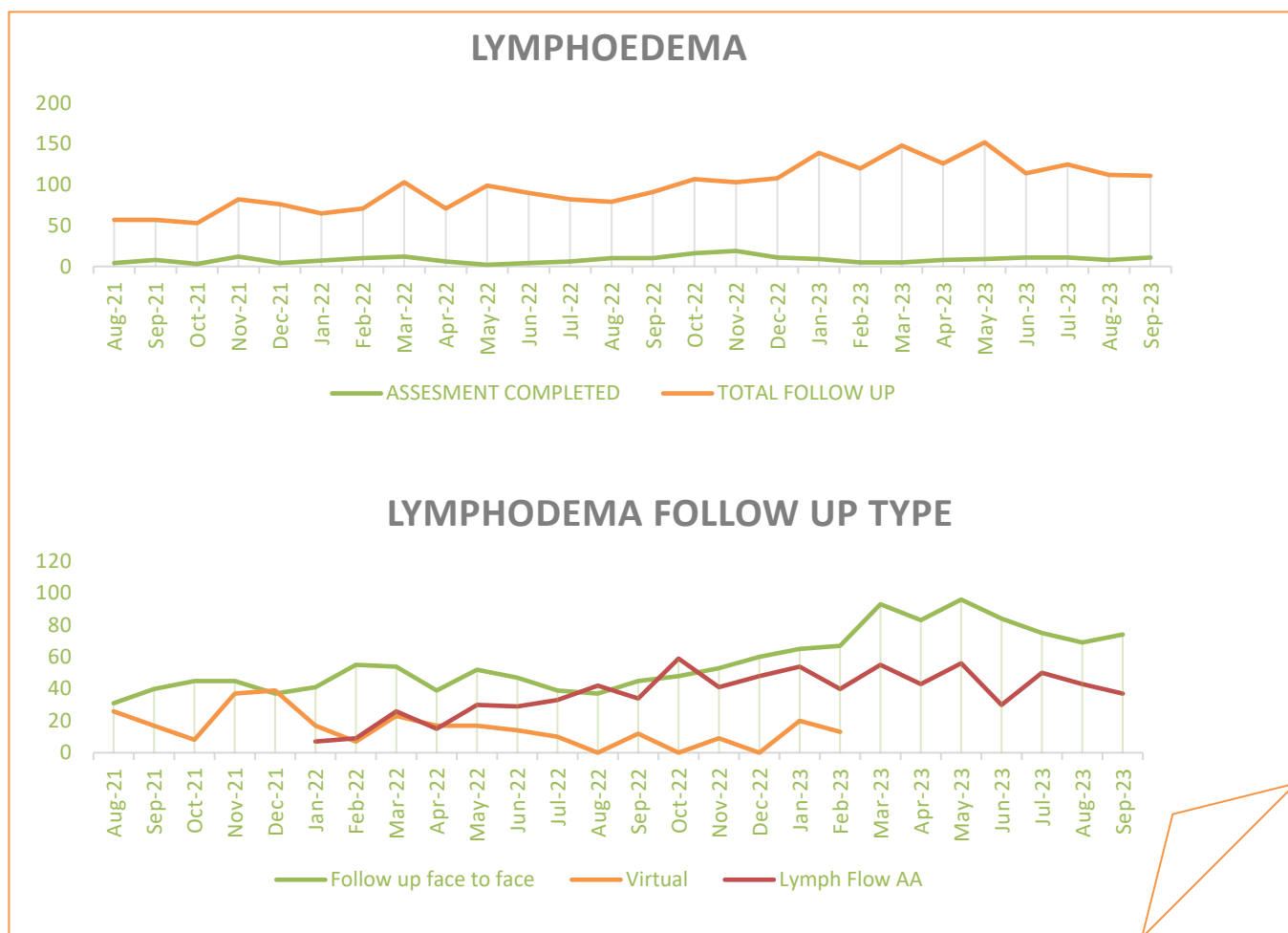
The Butterfly line offering the 24/7 advice and support has seen a decrease in activity within the quarter. The average number of calls per month since April is 53. Work is underway to develop the data sets to understand trends. We have undertaken work to achieve consistency in how the activity is recorded. We have also undertaken work to ensure that there is no caseload and patients are to be discharged and re-registered as appropriate. Future reports will enable us to review and monitor activity with a compassion with past years. Work is ongoing to develop the services aligned to the development of a Palliative and end of life Coordination centre with NLaG community services. In addition a review is taking place on the purpose of the line with a more focused communications plan refreshed with NLaG community to aid promotion and increase activity.

WELL BEING CENTRE & OUTPATIENT TEAM

QUARTERLY ACTIVITY	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24
Well Being Centre & Outpatients				
Well Being Centre Assessment	20	13	47	47
Well Being Centre Attendance	695	412	619	764
Out-Patients Attendance			82	207
Non-attendance of planned session	125	104	69	102
Deaths	8	14	10	6
Number of patients on caseload				90
Lymphoedema service				
New Assessments	46	19	28	30
Face to face and AA follow up	309	374	392	348
Did Not Attend (DNA)	18	3	13	4
Number of patients on caseload				296
FAB				
Integrated Assessments	22	18	18	31
Follow up FAB OT	43	44	22	37
Follow up FAB Physio	45	24	25	43
BEEP assessment	2	27	23	10
BEEP carer session	0	1	3	4
BEEP gym session	11	45	67	67
BEEP education	5	21	80	32
Number of patients on caseload				59
Quality Indicators				
Medication incidents		0	0	0
Pressure Ulcers on assessment		0	0	0
Pressure Ulcers new		0	0	0
Falls		0	4	1

The new model of care has been in place since April 2023 and has seen a significant increase in patients attending the centre. Conversely there has also been an increase in the number of non-attendances of planned sessions, which is being explored. Work is ongoing to understand caseload numbers and the capturing of patient outcome measures to demonstrate the quality data measuring impact of the service delivery. There has been 1 fall incident of low harm reported within the quarter. Additional work is taking place to understand the data ensuring there is a consistency with data recording in the wellbeing centre.

LYMPHOEDEMA



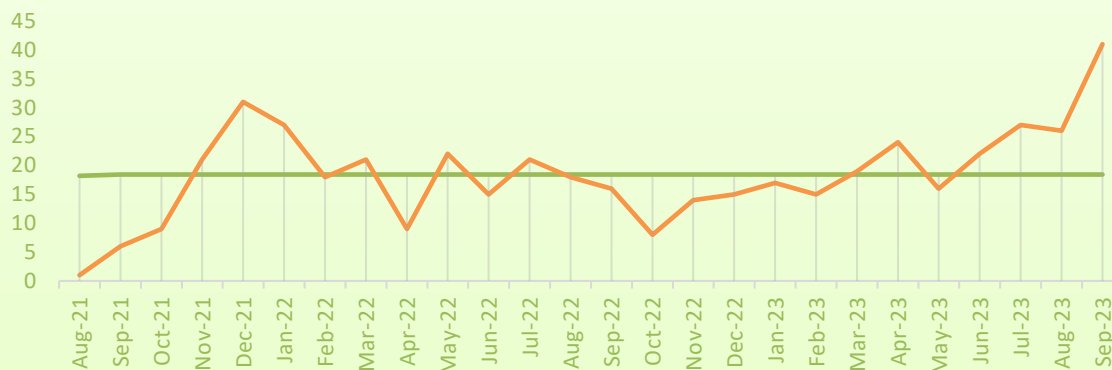
All referrals into the lymphoedema service are receiving their initial contact from the hospice within 4 weeks. 63% of these were seen for assessment within 4 weeks which is a slight increase from 60% in the previous quarter. As the report develops this will be monitored using graphs as comparisons from previous quarter and years. Continual monitoring of the activity data, themes and trends will continue as the service has referrals outstanding, currently 10 at the end of the quarter. Whilst these are all booked in for appointments, the data is suggesting that this is not within 4 weeks from initial contact and demand may be starting to increase higher than service capacity.

ALLIED HEALTH PROFESSIONALS

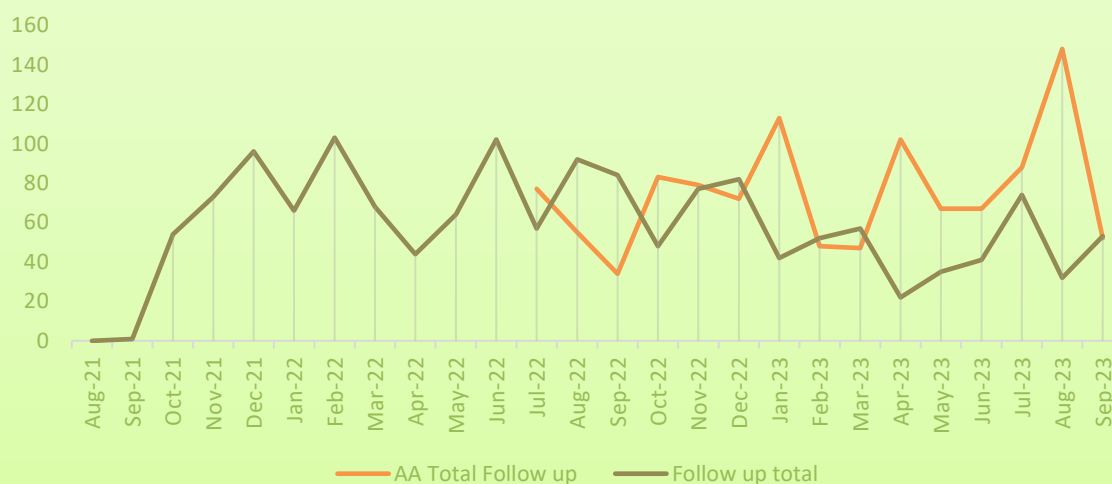
QUARTERLY ACTIVITY	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24
<u>Occupational Therapy</u>				
New Assessments	57	57	62	94
Follow up face to face	147	147	77	159
Follow up face to face AA's	238	238	236	288
Number of patients on caseload				21
<u>Complementary Therapy</u>				
Foot Massage	31	9	23	44
Hand Massage	44	24	29	32
Reiki	88	72	79	83
Reflexology			12	17
Visualisation & Relaxation	53	24	266	380
Number of patients on caseload				109
<u>Counselling & Support</u>				
Follow up total	190	245	156	154
Follow up face to face	86	160	111	86
Bereavement Group		72	93	47
Number of patients on caseload				75

OCCUPATIONAL THERAPY SERVICE COMPARISONS

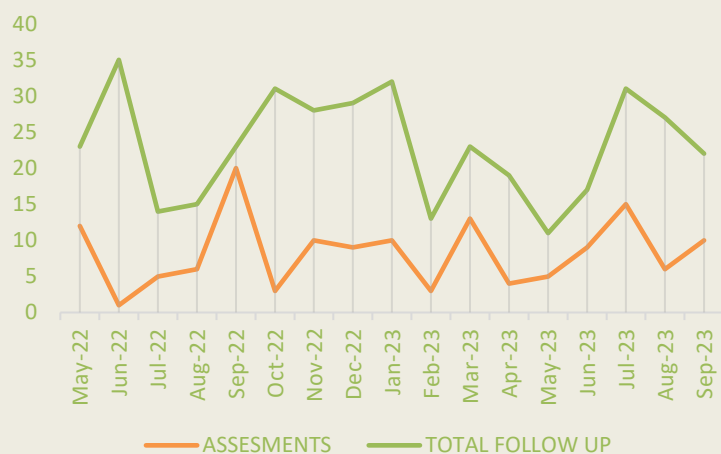
OT ASSESMENTS



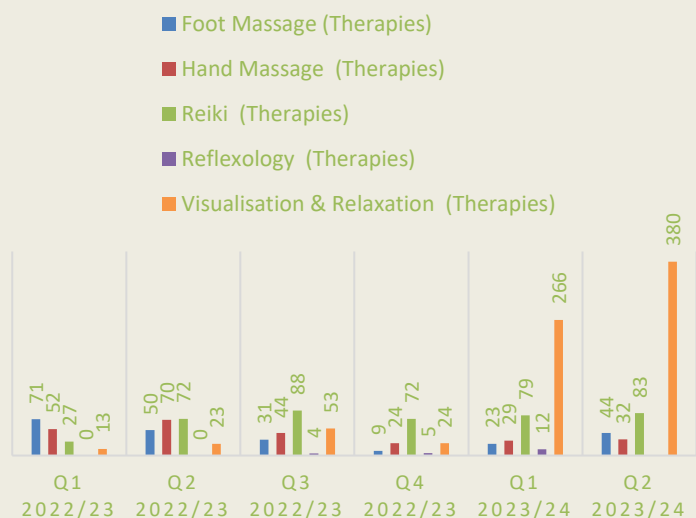
OT FOLLOW UP TYPE



FAB

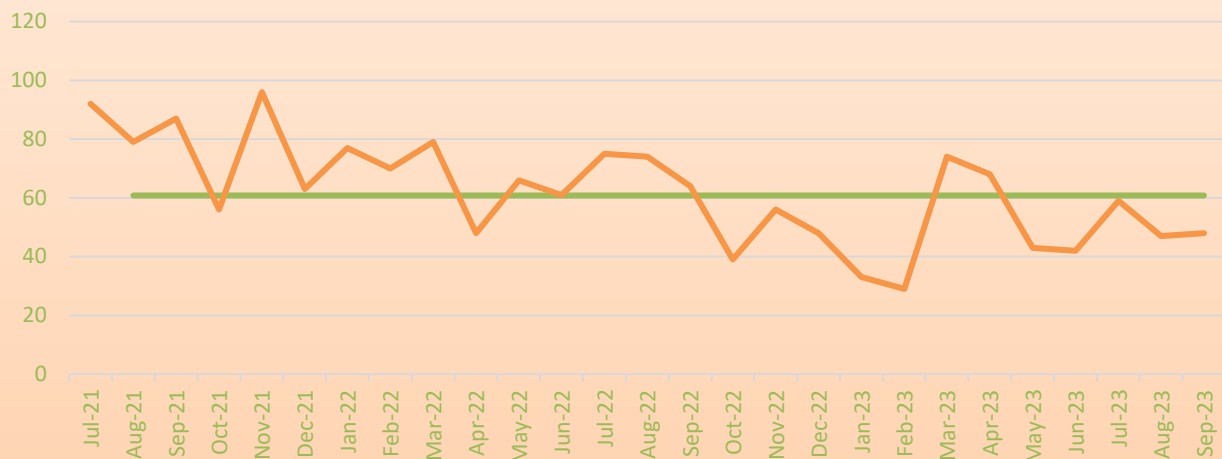


COMPLEMENTARY THERAPY

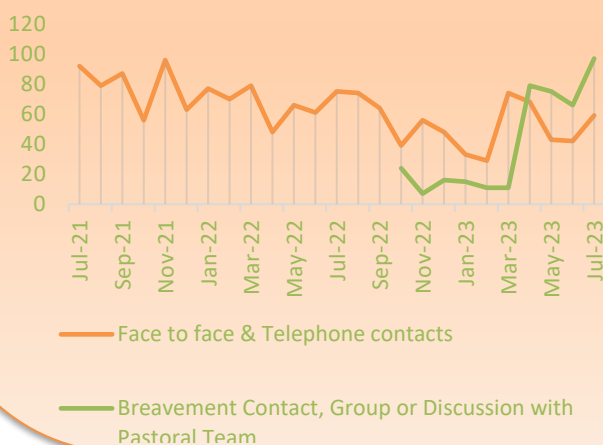


COUNSELLING & SUPPORT SERVICE COMPARISONS

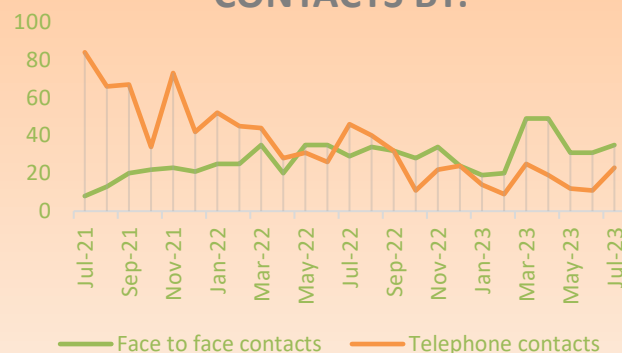
COUNSELLING & SUPPORT FOLLOW UP TOTAL



COUNSELLING & SUPPORT



COUNSELLING & SUPPORT CONTACTS BY:



Allied Healthcare activity continues, there has been a significant increase in the occupational therapy activity due to availability. A review of the role and capacity has taken place and work to agree a job plan is underway due to the increasing demand for therapeutic support to patients across all clinical services. The Advanced Assistant role continues to be a proactive and vital role in supporting patients achieve their therapeutic goals and maintain mobility for as long as possible.

Complementary therapy activity has increased, in particular relaxation and visualisation activity is embedded into the changed wellbeing centre model. It continues to receive positive feed. Future reports will include activity from homeopathy therapy as it is now being offered to patients.

Counselling and bereavement services are on the quality priorities for 2023/24. There has been decreased activity this quarter due to staff absence. Plans are in place to start a quality improvement program in line with The Place ICS discussions, as they would like a central place of referral for bereavement services.

HOSPICE WIDE

Quarterly Activity	Q3 2022/23	Q4 2022/23	Q1 2023/24	Q2 2023/24
<u>Incidents Hospice wide</u>				
IG Breaches	1	2	2	0
Never Events	0	0	0	0
Harm risk to property or equipment	0	1	0	0
Harm risk to care delivery	1	1	0	1
Harm or risk to person (non- clinical)	1	2	2	0
Non Clinical Falls	2	0	2	1
Admin	0	0	1	0
Safeguarding	1	0	0	0
Financial or business risk	1	1	1	0
Risk to reputation	0	0	1	0
Security issue	0	0	0	0
Transfer to secondary care	1	0	0	0
<u>Training Compliance</u>				
Data Security Awareness Compliance for staff	98%	96%	98%	97%
Data Security Awareness Compliance for Volunteers				98%
Mandatory Training Compliance (non - clinical staff)			82%	90%
Mandatory Training Compliance (clinical staff)	95%	100%	75%	84%
<u>Patient Experience</u>				
Complaints	1	1	1	0
Compliments	63	62	45	43

There has been no significant increases in the overall number of reported incidents. Future reports will enable the comparisons to previous years to enable the monitoring of themes and trends across the organisation enabling us to consider quality improvement projects.

Clinical mandatory training compliance has increased slightly to 84%, but is below the 90% target. A breakdown of the individual training requirements has demonstrated that this is due to moving and handling and resuscitation training compliance this quarter. Resuscitation training has been delivered and compliance has increased to 92%. Dates have already been agreed and booked for 2024 and will again be allocated within rosters.

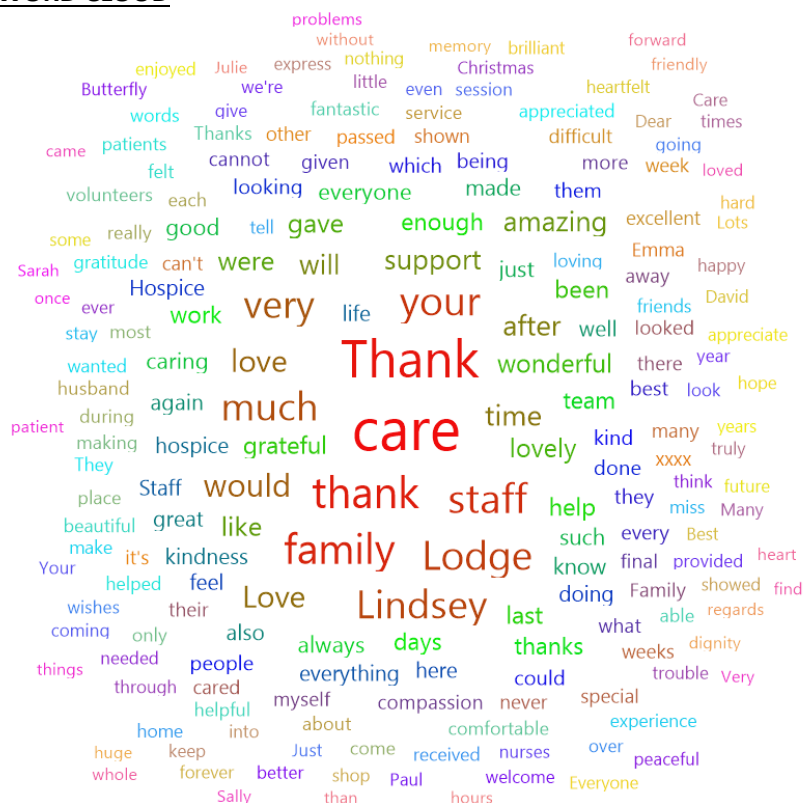
COMPLAINTS AGAINST COMPLIMENTS YTD



There were no complaints reported during Quarter 2.

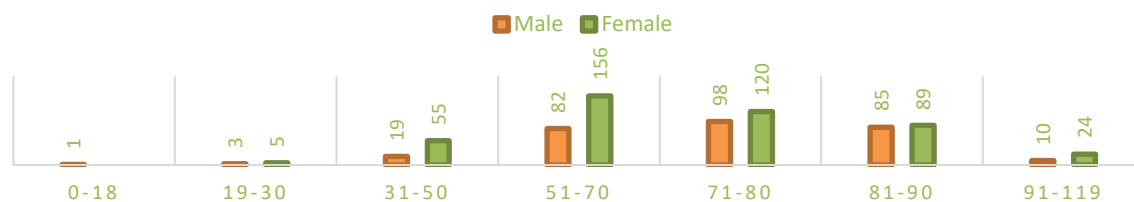
Compliments of the clinical area are difficult to capture but important to demonstrate. The word cloud is an attempt to capture and demonstrate some theme and trends shown through the qualitative data.

COMPLIMENTS WORD CLOUD



DEMOGRAPHICS

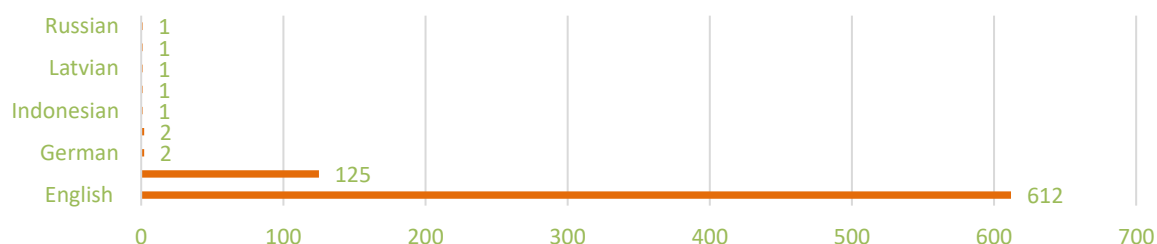
AGE & GENDER



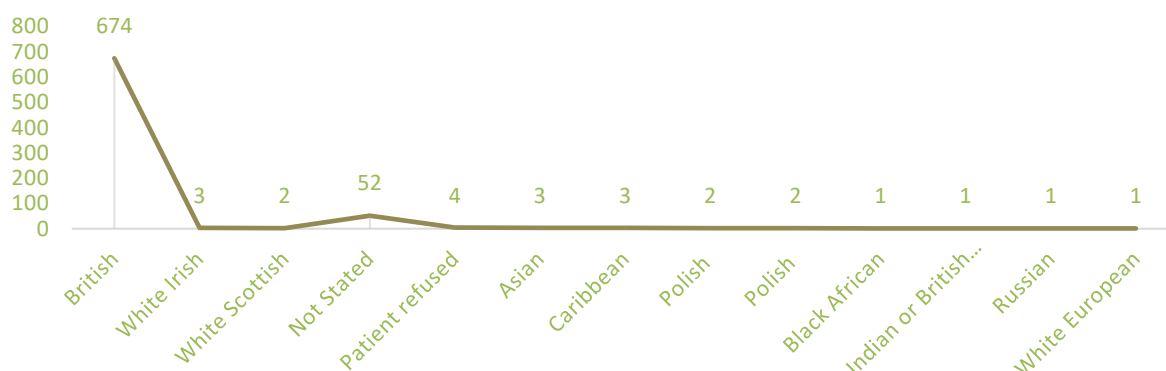
RELIGION



LANGUAGE



ETHNICITY



Statistical evidence of Patient Demographics across all services during Quarter 2. As the report develops, we will demonstrate if there are any changes in the demographics of patient accessing our services over the years. To enable us to achieve this work continues with staff in all areas to ensure data is being recorded as part of the initial assessment. The data this quarter shows an improvement and additional work to be undertaken in relation to discussing the person's religion / beliefs to reduce the number categorised as not given.