



# **LINDSEY LODGE HOSPICE AND HEALTHCARE QUALITY ACCOUNT 2021/22**

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# QUALITY ACCOUNT 2021/22

Welcome to Lindsey Lodge Hospice's Quality Account 2021/2022, in which we outline and evidence how we deliver high quality specialist palliative care to patients with life-limiting conditions and supports 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 Clinical Commissioning Groups (CCGs), 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 outcomes 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 care quality indicators are in line with our Hospice Strategy and are informed by evidence, patient and family feedback, staff suggestions, learning from incidents and complaints and concerns and engagement with partners across North Lincolnshire.

During our recovery from the pandemic we have developed a strong clinical governance framework and a clinical quality assurance plan with a framework of objectives. During 2021-2022 we have reorganised our clinical governance, having 2 separate focuses, one on clinically focused strategic work and the other on operational delivery of our clinical work. It is here where audits and related action plans are discussed, policies are reviewed and learning from incidents are considered with actions implemented and subsequently reviewed.

This culminates in a quarterly Quality Assurance Board sub-committee meeting where the role of the committee is 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.

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Quality and Education Lead  
Lindsey Lodge Hospice and Healthcare



Karen Griffiths, MSc, BSc (Hons), RGN, RM  
CQC Registered Manager and Chief Executive  
Lindsey Lodge Hospice and Healthcare



## STATEMENT OF ASSURANCE FROM THE BOARD

The Board of Trustees is assured by the progress made in 2021/2022 and supports the clinical objectives planned for 2022/2023.

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 developed and how Lindsey Lodge is working towards achieving these continue to be reported to the 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 Chief Executive/Registered Manager Karen Griffiths. 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 particular 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 Clinical Commissioning Group CCG 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 2022/2023.



Dr Pat Webster  
Deputy Chair of the Board

## Performance

Year totals activity	2018/19	2019/20	2020/21	2021/22
<b>Inpatient Unit</b>				
Admissions	254	258	223	264
Bed days occupied	2,503	2,686	2,258	2,790
Occupancy - ten beds	69%	74%	60%	78%
ALoS	11	10	8	10
Deaths	163	177	152	146
Went home	62	59	54	72
Other	23	22	14	20
<b>Nurse Led/Therapy Led beds</b>				
Admissions				16
Bed days occupied				234
Occupancy - two beds				85%
ALoS				14
Deaths				11
Went home				1
Other				1
<b>Wellbeing Centre</b>				
New Assessments	121	104	25	90
Follow up appointments	2,304	2,493	2,146	2,189
Did Not Attend (DNA)	657	824	0	457
Deaths	220	76	27	29
<b>Lymphoedema Service</b>				
New Assessments	79	67	59	83
Follow up appointments	935	950	719	639
Did Not Attend (DNA)	102	120	16	61
<b>Breathlessness</b>				
New Assessments	54	54	56	70
Follow up appointments	174	174	178	217
<b>OT, Physio &amp; Fatigue</b>				
New Assessments	155	222	160	197
Follow up appointments	569	626	595	648
<b>Counselling &amp; Support</b>				
Follow up face to face	466	711	61	294
Follow up virtual	204	312	933	656



## Partnership Working

### **Joint working between Lindsey Lodge Hospice and Healthcare and Northern Lincolnshire and Goole NHS Foundation Trust (NLAG) – Community and Therapy Division**

We have spent the year discussing potential proposals to establish joint clinical working between Lindsey Lodge Hospice and Healthcare (LLH) and North Lincolnshire and Goole NHS Foundation Trust (NLAG) community and therapy division. The aim of the proposal is to build upon the ongoing work across Northern Lincolnshire to strengthen our patient pathways for End of Life (EoL) and specialist palliative care. The joint work across hospital, community and hospice will enable the creation of a shared pathway of care that will impact positively on patient and their loved ones' experience and outcomes. It may enable us to utilise the staffing resource to greatest impact, create innovative and interesting roles supporting retention and recruitment, reduce unnecessary admissions and facilitate timely discharge / rapid turnaround of patients at the front door of our acute hospital.

Whilst Lindsey Lodge provides inpatient, day-care (known as Wellbeing Services) and a range of complementary, non-bed, services the community end of life care (EoLC) service is presently provided by the local acute trust – Northern Lincolnshire & Goole Foundation Trust (NLAG). We are excited by this future work that our newly appointed Director of Clinical Services will take forward as she takes up appointment.

### **A collaborative of hospices working for the benefit of the people of the Humber, Coast and North Yorkshire Integrated Care System (ICS).**

#### **There are 7 Hospices in this newly formed ICS region namely:**

- 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
- North Yorkshire Hospice Care, Harrogate
- Saint Catherine's, Scarborough

The seven hospices all have ambition and expertise in delivering palliative and end of life care to the people of the ICS 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 ICS and all of us 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 the ICS.

The Yorkshire and Humber Chief Executives forum has been meeting regularly over many years and this has enabled the development of trust and mutual respect. The hospices specifically part of the new ICS have a strong appetite on behalf of all of the Parties to take this further into more collaborative work. Following a number of joint ICS CEO meetings held in 2019, 2020 and 2021 the Parties now wish to move forward on a more formal footing. A memorandum of understanding has been put in place and time has been spent scoping potential opportunities to be taken forward by the new collaborative.

## 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.

### Inpatient Unit (IPU)

The specialist palliative care inpatient unit provides 24 hour care and emotional support both to the patient and family members as appropriate. The multidisciplinary nursing and therapy team ensure patients are as comfortable as possible and provide care in single /double ground floor rooms. There are 6 single rooms and two double all with ensuite bathroom facilities. A focus of 2021-2022 strategic plan has been to consider the clinical footprint, in terms of our bed base, the links to avoid hospital admission and reduce deaths in hospital for end of life patients. Considering data on bed occupancy, length of stay and preferred place of death has been pivotal to this work.

All rooms have access to the garden and outdoor seating/furniture and space. There is a summerhouse that provides further space for outdoor use for some care as appropriate. Some of our patients improve enough to be discharged from the unit and others stay with us until the end of their life. Relatives of end-of-life patients are welcome to stay and are accommodated in the patient rooms in reclining chairs or 'put up beds' to ensure they are able to participate in care or support at the end of life in a way that meets patient and family needs and requests. A family kitchen is available to make drinks and an on-site restaurant can support them with meals and snacks. Meals can be taken with/without

patients. A family quiet room is alternative available area to support family/carers to relax or have private conversations.

We have approximately 30.04 wte members of IPU care staff of who are employed by the hospice. Those supporting care enable us to provide 24-hour care seven-days a week, are made up of a dedicated team of nursing, Allied Health Professionals (AHP's) and healthcare assistants. Recruitment and retention of our staff is important to the organisation and we therefore encourage staff to work at different levels and have Advanced Care Practitioners (ACP), Nurse Prescribers and Advanced Health Care Assistants (AA's) adding to the skill mix of the clinical team. The Inpatient unit is Consultant led and we are able to take admissions 7 days a week and our in year plans to develop 6 new beds will be nurse/therapy ACP led.

There are approximately 250 volunteers of whom support all aspects of the hospice care and activities. Volunteers are able to support patients with drinks, crafts activities, and offer emotional support in the absence of family. We have access to 24/7 spiritual and pastoral care and our multi faith leaders are also volunteers.

The care we provide is personalised to each patient dependent on their needs. We do not offer long-term care. We regularly update and refresh our facilities and have profiling beds and

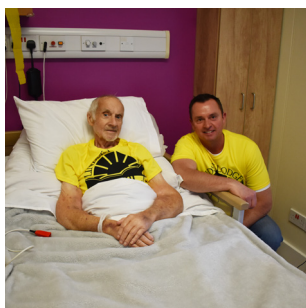
## PART TWO

pressure relieving mattresses, rooms with ceiling hoists installed, electric profiling chairs, including 2 bariatric chairs, bariatric beds and equipment to support moving and handling in order we appropriately care for the complexity of patients in comfort and safety.

We are supported by visiting pharmacy staff, infection control, tissue viability, dietetic and speech and language support through service level agreements and shared working arrangements with other local health and social care partners.

Respite care is provided from the hospice and is pre booked and arranged with families and continuing health care teams.

A weekly Multidisciplinary Team Meeting (MDT) is run from the hospice across North Lincolnshire to promote and support continuity of patient care. This has run virtual for many weeks during the pandemic.



*"IT HAS BEEN NICE TO HAVE SOME RESPITE AND UNDERSTAND MORE ABOUT MY WIFE'S CONDITION SO I CAN HELP HER MORE AT HOME"*

Carer

*"I WORK CLOSELY WITH CARE HOMES, ONE OF WHICH RESIDENTS RECENTLY RECEIVED END OF LIFE CARE WITH YOURSELVES."*

*WHILST I CAN FOR OBVIOUS REASONS DISCLOSE NO INFORMATION I WOULD LIKE TO TAKE THIS TIME TO HAND OVER JUST HOW GRATEFUL THE STAFFING TEAM AT THE CARE HOME ARE AND HOW WONDERFUL THEY HAVE EXPRESSED YOUR STAFFING TEAM DELIVERED EXCELLENT LEVELS OF CARE FOR THIS PATIENT IN THEIR LAST DAYS."*

*THANK YOU FOR YOUR EXCELLENT CARE PROVIDED FOR THOSE IN YOUR CARE, ONCE AGAIN."*

*YOU ARE TRULY APPRECIATED AND PROVIDE A WONDERFUL SERVICE."*

*"MY MUM PASSED AWAY IN LINDSEY LODGE HOSPICE... WHAT TRULY AMAZING PEOPLE WORK THERE. THE CARE MY MUM RECEIVED WAS SO PROFESSIONAL AND YET TRULY PERSONAL TO HER NEED. THE COMPASSION SHOWN TO ME AND MY FAMILY WAS WONDERFUL AT A TIME WHEN WE WERE BROKEN HEARTED. THE MEMORY OF HOW WE WERE CARED FOR AND COMFORTED WILL BE WITH ME ALWAYS."*



## Inpatient Expansion creates new Wing

We are significantly increasing 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 has been taken in partnership with 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 have been planned this year within the existing footprint of the hospice building, by re-siting the laundry and re-purposing the neighbouring bungalow, which Lindsey Lodge acquired last year, 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 6 beds in November 2021 as works were completed and we have used this opportunity to pilot nurse/therapy led care. The referrals we have received for our ACP/nurse-led beds are predominantly from acute services, and we have established firm working relationships with the discharge liaison service and other community providers to enable a smooth transition for patients and their families to access our service.

Our ACP/nurse-led care 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 will use these two particular rooms for patients who require support with palliative rehabilitation and re enablement.



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### Advanced Care Practitioners (ACPs)

Lindsey Lodge provides advanced nurse and therapy-led care through our two ACPs: Occupational Therapist Sarah Hodge and Nurse Karen Parkes, whose education, knowledge and skills have enabled them to expand their scope of practice to work autonomously.

Our ACPs aim to support individuals to transition from acute services, but above all to enable individuals to access high quality palliative and end of life care.

Sarah and Karen have followed a supported e-Portfolio route reviewed over the last 12 months in conjunction with local universities for accreditation, which enables their education and training to be recognised by the Centre for Advancing Practice and helps them to be supported in evidencing their advanced clinical practice.

This accreditation reflects that they are educated to Masters Level and gives reassurance that their education and training at an advanced level is formally recognised and evidences their core capabilities across four pillars: Clinical practice, leadership and management, education and research.

The ACP development has gone hand in hand with our bed expansion from 10 to 16. Being able to pilot 'two' ACP led beds prior to the establishment of the full six has enabled learning and development to shape the future service we deliver and also how we hope to develop the ACP led beds over the coming months.

We have recently been successful in our submission for another Advanced Care Practitioner (ACP) at Lindsey Lodge via Humber and North Yorkshire Health and Care Partnership Faculty of Advanced Practice. This means that Sophie Clifford will take up this level 7 apprenticeship role in September 2022 at the University of Hull over a three year period. Developing, retaining, and transforming the

workforce through Advanced Practice offers many benefits to Lindsey Lodge, patients and the community, putting a greater focus on prevention, holistic and personalised care, efficient teams, faster response to patient needs that all result in better patient care.



### Single Nurse Checking

Single nurse checking ensures that patients are able to receive medication for distressing symptoms in a safe and timely manner. Registered Nurses are supported with this change to their practice by acknowledging that for some staff, change may require individualised support. We have used the year to develop policy and support practice in order that single nurse checking can be undertaken safely in appropriate circumstances to meet patient needs.

### Medical cover

While the Inpatient Unit is Consultant led, we are able to take admissions seven days a week via a robust medical on call rota, which is headed by Medical Director and Consultant in Palliative Care Dr Lucy Adcock, and supported by our employed speciality doctor Dr Faye Boothroyd, who joined us in June 2021.

The medical team support two GP trainees on a six-monthly basis, who are qualified doctors, undertaking studies to enable them to move into general practice.

During 2021-22 the medical team have welcomed Faye, our Specialty doctor. Faye opted to take up the post after enjoying her placement with us as part of her GP training and has decided that Palliative Care is the specialty she now wishes to work in. Although not a training post, we hope to support her through a CESR route towards consultant level in the future.

We have continued to support two GP training posts at the hospice and have been able to restart their shadowing with the community palliative care team following lifting of covid restrictions. Community exposure consolidates and enriches their learning for their future GP roles. We have also continued to support medical students and have offered classroom teaching and clinical shadowing experience to sixteen 4th year Hull and York Medical School students, with positive feedback.

The medical team have supported the two new ACP roles, helping them achieve additional competencies and offer clinical supervision. We have rolled out electronic prescribing and dispensing on the inpatient unit during 2021-22, Dr Lucy has led this work and we take this opportunity to thank her. This initiative has improved the safety and efficiency of prescribing, particularly during out of hours with a responsive and robust means of prescribing medication for our patients remotely.

Thanks goes to our on-call medical team who have continued to deliver responsive out of hours care to our inpatient unit. They have continued to support weekend admissions as appropriate. This service was in a pilot stage at the beginning of the year and is now embedded into normal practice.



### E-Prescribing

Our Inpatient Clinical Team have recently moved across to electronic prescribing.

This has been a large project that aims to improve efficiency of care and reduce medication errors, in addition to reducing paper usage.

E-prescribing, or electronic prescribing is a

technology framework that allows physicians and other medical practitioners to write and send prescriptions to a participating pharmacy electronically, even when working from home, or on call, instead of using handwritten or faxed notes or calling in prescriptions.

Our thanks to our medical Director Dr Lucy Adcock for leading this work with the both system design and the connection to a local formulary and the training to our nursing and medical team. This project has been huge and the time and attention to detail should not be underestimated, this is a very successful and significant organisational development. Support in an investment in computer equipment has been required in order that nurses are well equipped to offer medication without delays waiting for equipment.





## Butterfly Line launched to provide 24/7 Specialist Palliative and End of Life Care Advice



In February 2022 we began piloting a brand new service to provide specialist palliative and end of life care advice 24 hours a day, seven days a week.

Lindsey Lodge Hospice and Healthcare's Butterfly Line is aimed at palliative and end of life patients, their families and carers, as well as healthcare professionals, to provide appropriate, timely advice from specialist nurses working at its Burringham Road base.

We are delighted to be piloting this important new service, which will benefit so many people across North Lincolnshire. Knowing when, how and who to contact regarding end-of-life care and support can be a cause of anxiety for patients, their loved ones or carers, so providing this service via one central number helps to alleviate this. Support and signposting also enables patients to access the right level of support or advice relating to their condition quickly as all calls are handled by experienced and qualified professionals in end of life care.

The Butterfly Line provides 24-hour advice, 365 days per year on: 01724 454392 and gives direct access to nurses with experience in palliative care who can offer advice and support or guide people to other appropriate agencies. It is open to anyone requiring end of life information, and patients do not need to have been referred to Lindsey Lodge to be able to use it. This project has developed from a successful grant application offered by the NHS and Hospice UK, endorsed and supported by the Northern Lincolnshire End of Life Steering group. We will be monitoring outcomes over the next 6 months to determine the future of this new service.

### Advanced Assistants

We have reviewed the work our three Advanced Assistants (AA's) to consider the support across all clinical areas. The AA's undertake a technical instructor role within occupational therapy, physiotherapy and touch therapeutics, and the last 12 months has seen them develop skills and knowledge within the area of lymphoedema to supporting their running of Lymphflow clinics.

They have undergone an 18 month intensive training programme of additional skills and competencies, from a diverse range of experts, to become autonomous assistants to enhance practice across all areas of the hospice and across seven days.

They demonstrate a high degree of extended knowledge, skills and experience using a bespoke competency framework to evidence their practice.

This innovative initiative is responsive to patients' needs and offers a unique development opportunity for healthcare assistants and service development within Lindsey Lodge and palliative care.

We were experiencing growing waiting lists in lymphoedema and their skills in this area has allowed the trained nurse and lead physiotherapist to focus on the specialist elements and more complex patients with a positive improvement in waiting times seen.



This has been a very positive achievement with patient benefit and increased job satisfaction for the AA's of whom each have their own weekly clinic.



### *Jenny's story*

Jenny McDonough (78) was diagnosed with Oedema ten years ago, which causes a build-up of fluid in the body, causing affected tissue to become swollen.

Despite being on medication for the condition, Jenny's Oedema had deteriorated over the years and the medication caused side effects which were affecting her day to day life. She was then referred to the Lindsey Lodge Lymphoedema Clinic.

Jenny said: "Before I came to Lindsey Lodge I was really struggling with the swelling and pain on my legs, they had gotten particularly worse during the pandemic.



"When my GP first mentioned the Hospice, I wasn't sure what to expect, but from the first moment I walked in, everybody was absolutely wonderful, they're all so kind and helpful!

"I saw Sally who explained everything to me and how my treatment would work, including the LymphFlow machine. I started off on the machine for three hours in total each week, which helps to reduce the fluid on my legs.

"While I'm sitting on the LymphFlow machine, I often think of Brian Clarke who donated the machine back in 2017 in memory of his wife Jean, such a lovely gesture which has gone on to really help people like me.

"My quality of life has dramatically improved since attending the Lymphoedema Clinic at Lindsey Lodge. When I first attended my appointments, I had to come into the hospice building in a wheelchair, whereas now I'm able to walk myself in.

"Since I came off the tablets and started treatment at Lindsey Lodge, I've lost over three stone and have started going back to my chair-based exercise class, coming to Lindsey Lodge has truly transformed my life!

"I've even gone back to wearing 'normal' shoes again, my feet were so swollen that I needed shoes two sizes bigger with special extensions. So you can imagine my joy when I was able to get my old ones back on again!

"My husband Keith is able to come along with me to my appointments which is fantastic, as it also provides him with help and tips for caring for me."

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### Wellbeing Centre Services

The Wellbeing Centre provides nursing support, psychological support, symptom management and therapies to patients. Care in this setting is predominantly provided Monday to Friday. There is access to a rehabilitative gym, social worker and access to a chaplaincy service. Our facilities are flexible, providing a blended approach to care to reflect that our patients have differing needs with regards to pressure area care, moving and handling and personal hygiene. The Wellbeing centre facility has its own 'day bedroom area' in order to care for those with more complex needs. Visiting rehabilitation medicine consultants often see their patients whilst they are visiting the centre and therapy and nursing staff can support joint assessments, particularly for the neurological patients. Patients attending Wellbeing are also part of MDT assessment and review. Access to a doctor is available to support a medical review if required or symptom management in order that medical care is available to the patient during their visit if required.



### Lymphoedema

People with the long-term chronic swelling condition are referred to the service which provides various treatments to control and manage the condition. There are various nurse and advanced assistant sessions that run throughout the week on an appointment basis.

Following the purchase of an ABPI/TBPI kit and training, we are now able to offer this as part of the vascular assessment of our lymphoedema patients which negates the need to refer them to practice/community nurses and allows patients to commence treatment immediately following assessment or to be referred to other appropriate services in a more timely manner if there is a need.

Prior to this patients were having to wait up to three months to have this completed, and for us to receive the results to allow treatment to commence, which could have resulted in their lymphoedema and consequent symptoms worsening unnecessarily.

### LymphFlow Clinics

Our Advanced Assistants now run LymphFlow Clinics three days a week where they implement treatment plans created by our lymphoedema therapists.

The LymphFlow pump is a form of intermittent pneumatic compression which mimics the action of manual lymphatic drainage which assists the lymph fluid to drain away from the affected limb and therefore reduces swelling. This allows more time in clinic for other patients to be assessed by our lymphoedema therapists, although every patient is reviewed after completing their treatment with the advanced assistants. This has had a very positive impact on our waiting list, which has reduced significantly.

## Therapy Services

We offer complimentary, occupational therapy and physiotherapy services. There are varied therapy sessions that are offered to both inpatients and those attending our wellbeing services to support mobility and maximise independence.

## Occupational Therapy

Throughout the year we have seen the transition of our occupational therapist into an advanced care practitioner role providing occupational therapy input across both the inpatient unit, wellbeing centre and outpatient services. The postholder has increased breadth to the role and autonomy as the role is planned to evolve into joint leadership with the advanced care practitioner nurse to lead care on the new beds. A commitment to education, linked to a local university underpins and supports the increased autonomy and decision making.

## Fatigue and Breathlessness Clinic

The fatigue and breathlessness clinics have been amalgamated into an integrated 'Fatigue and Breathlessness Service', in a bid to reduce waiting times from our growing waiting list. This integrated service offers streamlined clinics now fondly known as 'FAB.' Patients are referred in from a number of sources, and they can also self-refer. As patients are referred they now receive an assessment with the physiotherapist or occupational therapist. They will then be allocated to either the Breathe Easy Enablement Programme (BEEP) or to a one to one support session depending on the person's needs. BEEP recommenced in February 2022 after the previous course was cancelled due to Covid-19. This integration and recommencement of the group programme has reduced waiting times, improved responsiveness and had a positive impact on patient outcomes.

The Breathe Easy Enablement Programme (BEEP) programme provides advice/support and intervention for both patients and their carers to enable them to manage their breathlessness, and other symptoms, associated with their

condition. The programme aims to support patients with complex respiratory conditions including COPD, pulmonary fibrosis and lung cancer. The programme is delivered over a course of 8 weeks and has interprofessional involvement from both hospice and NLaG community staff – including the complex care matron service and health psychologist. The programme has seen significant beneficial outcomes for patients, including improvement to their general physical function and emotional wellbeing as well as providing them with the tools to cope better and live well with their condition. Patient feedback to our Clinical Specialist Physiotherapist and Advanced Care Practitioner/Occupational Therapist from both the one to one Breathlessness and Fatigue Clinics and from our BEEP has been collated and demonstrates significant positive patient benefits and support to carers.

*"AFTER THE SESSION LAST WEEK I HAD THE CONFIDENCE TO GO OUT DANCING ON THE WEEKEND – I HAVEN'T DONE THAT IN MONTHS!"*

Patient with chronic obstructive pulmonary disease

*"I FELT TIRED, BUT IT WAS A GOOD TIRED AND I SLEPT REALLY WELL. I DIDN'T REALISE HOW MUCH I COULD DO AND I FEEL REALLY PROUD OF MYSELF"*

Patient with pulmonary fibrosis

*"I LOVE THE SOCIAL ASPECT OF THE GROUP AND MEETING PEOPLE WHO ARE LIKE ME. NORMALLY I WOULD FEEL SCARED TO DO SOMETHING LIKE THIS BUT EVERYONE HAS BEEN SO LOVELY, INCLUDING THE STAFF"*

Patient with chronic obstructive pulmonary disease



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### The Enablement Gym

The enablement gym has continued to be used to enhance occupational therapy and physiotherapy services, with sessions being delivered by both the registered staff and advanced assistants. Patients who attend our Wellbeing services, are staying on the inpatient unit and/or are referred in as an outpatient, all have access to this facility which has contributed to an improvement in their overall symptom management. We have also continued to work collaboratively with community service staff, for example the neurophysiotherapy team, who have completed joint rehabilitation sessions with the occupational therapist to improve continuity of care for the patient and optimise their symptoms in a timelier manner. This year, we have supported people to improve their functional ability, including progressing their walking ability, practising exercises to improve their ability to participate in their most meaningful activities.



### Complementary therapy

Hand, body, and other touch therapeutics, Reiki, essential oils, chair yoga and are made available to promote relaxation, manage symptoms and relieve stress to those who use our services. We have reviewed our services over the year given we had a vacancy and within existing budget, have increased complementary therapy hours and are now able to offer a five-day service that is delivered by both volunteers and paid staff. We have also tried to ensure these services were offered more equitable to our inpatients.

We have delivered some staff complimentary sessions and these have been greatly appreciated by our staff and welcomed given our patient care can often present difficult times for staff. The training of our advanced assistants

and some volunteers, particularly in hand massage has been welcomed by both volunteers and patients and allows these very popular treatments to be offered more widely as part of our care.



### Dragonfly Beauty

We continue to have a self-employed beautician working on site to complement our services with paid beauty and therapy treatments linked to their hospice attendance in order we maximise the time our patients are attending and have found this can further support their wellbeing. Patient feedback from this onsite service is very positive. Our patients are well known to Natalie our onsite beautician and she works with staff to understand how to overcome access or health issues that may have prevented them using services previously.



### Bereavement and family support

We offer 1-1 and group support, offering pre and post bereavement support to family and carers. We are able to support psychological and emotional issues, and have a visiting psychologist from the acute sector working with as part of this team. Volunteers have been trained in bereavement counselling linked to CRUISE and are invaluable to support the capacity demands.

The Counselling and Bereavement Policy was last updated in February 2022. It includes a referral pathway and criteria and a structured patient feedback process. Support is provided to patients, relatives and carers both before and after bereavement. Informal drop-in sessions are available to bereaved persons across North Lincolnshire as well as support groups for the individuals invited by the senior counsellor.



At Lindsey Lodge we know how important it is to offer bereavement support and counselling to adults. We also know how beneficial it can be to know that you are not alone and have been very aware young people we meet through our work with families often have more specific and often unmet needs.

We are therefore very excited to be extending our service to children and young people over the coming months with a new support group and are carefully planning this.

The aim of the group will be to help a child to explore and share their feelings with others in similar situations and not suffer in silence. Therapeutic storytelling and creative play will help children to express grief and trauma which helps to bring about healing and change.

Activities and making memories in a group setting may enable a child to feel more secure and able to express themselves and feel heard in a safe space.



# 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.

We have created a new Patient Feedback page on our website, which features a number of case studies and feedback, as well as information on compliments and complaints.

Helen Turton (52) from Belton was diagnosed with breast cancer in 2018 and after initial treatment, began attending the Lindsey Lodge Wellbeing Centre.

When Helen's mobility began to deteriorate she was admitted to the Inpatient Unit at the Hospice.

"My whole experience of Lindsey Lodge has been extremely helpful, I was first referred to the Wellbeing Centre, but I felt a little sceptical to start with.

"My time in the Wellbeing Centre exceeded my expectations, I was there for six weeks and made a number of friends. I quickly connected with the other patients, as they knew how I was feeling.

"I've always been a very craft orientated person and the Wellbeing Centre allowed me to enjoy using my skills. I learnt how to crochet one handed so I could show another one of the Wellbeing patients who only had the use of one hand.

"When people think of hospices, they often think of doom and gloom, but I quickly realised when I first started visiting that this wasn't the case. Throughout my time here, we've laughed and laughed.

"I was then admitted to the Inpatient Unit after my mobility quickly declined. As Christmas was soon approaching, I wanted to spend quality time with family and friends so the team at Lindsey Lodge arranged for me to visit home.

"I've always loved this time of year and it was lovely to enjoy many Christmas dinners with my loved ones, play games and enjoy each other's company. During my time at home, it was reassuring to know that I would be returning to Lindsey Lodge.

"When it was time for me to come back to the Inpatient Unit, the staff made sure my room was festive, I brought my own Christmas tree and lights to decorate with. The warm glow of the Christmas lights have been a real comfort when I wake up on a night.

"It's really difficult to know that I might not be around this Christmas, but the staff at the Hospice gave me the idea to create memory boxes for my loved ones, and they've helped me put them together, which was a really cathartic experience for me. I wouldn't have had the chance to do this at home.

"I truly can't credit Lindsey Lodge enough, the whole experience has been so positive. All of the staff and volunteers have been fantastic – nothing is too much trouble and you can't ask for more than that."



## Feedback

"ABSOLUTELY MARVELLOUS PEOPLE, NURSES, DOCTORS, CAFE WORKERS, EVERYONE. I COULDN'T HAVE WISHED FOR BETTER. THANKFULLY MY SISTER AND I WAS PRIVILEGED TO BE AT OUR DAD'S SIDE UP TO THE END, WE WERE ALL TREATED WITH GREAT CARE AND COMPASSION, AND UNDERSTANDING. I CAN NEVER THANK LINDSEY LODGE ENOUGH."

"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."

"I ONLY WISH EVERYONE COULD RECEIVE THIS WONDERFUL ENVIRONMENT AT THE END OF LIFE- NOT ONLY FOR THE PATIENT CARE BUT THE DIFFERENCE IT MADE TO US AS A FAMILY WHO WERE STRUGGLING AS LIKE MANY WERE UNABLE TO SPEND PRECIOUS TIME WITH MUM IN HOSPITAL AFTER AN UNEXPECTED FALL.

OUR HEARTS STILL ACHES, BUT THE TRULY ALTRUISTIC EXPERIENCE GAVE US A PEACEFUL GOODBYE."

"SUCH AN AMAZING PLACE I HAVE HAD 2 INPATIENT STAYS AND GO WEEKLY INTO THE DAY CARE AND THE STAFF AND VOLUNTEERS ARE INCREDIBLE AND WILL ALWAYS GO THE EXTRA MILE TO HELP."

"JUST A NOTE TO THANK YOU ALL SO VERY MUCH FOR ALL THE CARE, SUPPORT AND FRIENDSHIP GIVEN TO MY DEAREST FRIEND. SHE SO ENJOYED COMING TO YOU EVERY FRIDAY AND SHE MADE LOTS OF NEW FRIENDS AND LEARNT NEW SKILLS. EVEN THOUGH SHE WAS SOMETIMES A LITTLE TIRED AFTERWARDS SHE ALWAYS SAID SHE HAD ENJOYED EVERY MINUTE OF HER STAY WITH YOU, ESPECIALLY HER LUNCH. SHE WAS SO GRATEFUL FOR ALL THE HELP AND KINDNESS GIVEN TO HER."

"I AM A VICAR IN SNAITH AND RECENTLY I HAVE DONE A NUMBER OF FUNERALS FOR PEOPLE WHO HAD THEIR END OF LIFE CARE WITH YOU.

I JUST WANTED TO LET YOU KNOW HOW VERY HIGHLY FAMILIES SPEAK OF YOUR CARE. NOTHING IS TOO MUCH TROUBLE AND YOU HAVE BEEN DESCRIBED AS ANGELS. THANK YOU FOR ALL YOU DO AND FOR HELPING SO MANY PEOPLE IN TIMES OF NEED. MAY YOU ALL BE RICHLY BLESSED."

"THE COMPASSION SHOWN TO ME AND MY FAMILY WAS WONDERFUL AT A TIME WHEN WE WERE BROKEN HEARTED. THE MEMORY OF HOW WE WERE CARED FOR AND COMFORTED WILL BE WITH ME ALWAYS."

# PART THREE

## Audit Work

Audit work plays an important part in the method of assurance and the following clinical audits have been carried out in 2021-2022. All audits have been carried out internally with results and action planning discussed at our Quality Assurance subcommittee of the Board.

During 2021/2022, we undertook 10 clinical audits and in addition, we undertook 40 Infection Prevention and Control (IPC) audits including monthly hand hygiene, mattress and fan audit; bi-annual PPE; weekly cleaning rota; annual whole hospice hand hygiene and IPC environmental.





The clinical audit calendar has been reviewed at clinical leads on 09.03.2022 and additional audits have been identified and scheduled for 2022/2023 in response to clinical incidents. The IPC audit calendar has also been reviewed by the IPC lead in April 2022 and the frequency of audits amended.

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
Clinical Handover	Clinical handover observed on 2 separate occasions per team against 10 standards with associated RAG rating of compliance	Annual
Documentation audit IPU	Retrospective audit of 10 random patient records (paper and electronic) against 54 standards with associated RAG rating of compliance	Annual
Documentation audit Wellbeing	Retrospective audit of 10 random patient records (paper and electronic) against 34 standards with associated RAG rating of compliance	Annual
Documentation audit Lymphoedema	Retrospective audit of 5 random patient records (paper and electronic) against 42 standards with associated RAG rating of compliance	Annual
Hourly rounds	Retrospective audit of 10 random patient hourly rounding charts against 18 standards with associated RAG rating of compliance	Annual
Last Days of life	Using SystmOne template, all IPU deaths within random month	Annual







Our incidents and other performance indicators need to be looked at in the context of others and we have used data offered by Hospice UK (2021-2022) from similar sized hospices (medium sized) of which there are approximately 40 hospices in the category submitting data on a voluntary basis to help us learn from and reflect. Broadly speaking our data is consistent with others and compares favourable.






## Bed data

	Hospice UK	Lindsey Lodge
Adult admissions	22,227	264
 Bed occupancy rate	70.2%	78%
 Average length of stay	14.1 days	10 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	54.9%	55.6%
 Low harm reported at time of fall	41.9%	33.3%
 Moderate harm reported at time of fall	2.7%	5.6%
 Falls resulting in severe harm	0.5%	5.6%
 Deaths reported as a result of a fall	0.1%	0%

## Pressure Ulcers

		Hospice UK		Lindsey Lodge				
	Pressure ulcers reported	9,703		122				
	Pressure ulcers reported On Admission to a hospice Inpatient Unit	65%		74.5%				
	Newly acquired pressure ulcers reported during a hospice Inpatient stay	35%		25.5%				
		New Cat 1	New Cat 2	New Cat 3	New Cat 4	New Deep Tissue Injury	New Unstageable	New Moisture Related
Hospice UK		15.7%	47%	6%	1.2%	22.9%	7.2%	2.4%
Lindsey Lodge		6%	40%	9%	0%	42%	3%	0%

## Medication Incidents

	Hospice UK	Lindsey Lodge
 Medication incidents reported	<b>920</b>	<b>10</b>
 No harm reported from incident	<b>75.4%</b>	<b>70%</b>
 Low harm reported from incident	<b>13.2%</b>	<b>20%</b>
 Moderate harm reported from incident	<b>1.3%</b>	<b>10%</b>
 Incidents resulting in Severe Harm	<b>0.1%</b>	<b>0%</b>
 Deaths reported as a result of an incident	<b>0%</b>	<b>0%</b>

## Infection Prevention and Control

Expertise in this area is provided by Northern Lincolnshire & Goole Hospital NHS Foundation Trust to Lindsey Lodge Hospice and Healthcare. The Infection Prevention and Control Specialist Support Nurse (ICSS) provides a channel for imparting the necessary specialist knowledge to identified groups of nurses and other professionals within LLH, making them the ambassadors of good, safe evidence based practice. The ICSS and or Lindsey Lodge staff are able to attend IPC link network forums / study days to support the cascade and sharing of skills and knowledge.

The Infection Control Specialist Supports the hospice with:

- Compliance with the Health Act
- Compliance with NHSLA requirements
- Up to date evidence based practice
- Infection prevention and control board assurance framework June 30th, 2021. V1.6

We have been assured that we have relevant and up to date policies and practices that sit within compliance frameworks that support up to date evidence and high standards of practice. Through site visits and audit evidence the ICSS we have ensured:

- Lindsey Lodge is maximising all potential contributions to the reduction of Healthcare Associated Infection
- There is an application of policy into practice within the workplace
- We develop robust networks to source expertise and peer review of local practice and present workplace issues as felt required.

The ICSS acts as a key person to:

- Advise on a cascade model of skills and knowledge across LLH
- Advise of an appropriate Audit calendar
- Receive Audit findings and supports action plans
- Supports and advises on the implementation of changes in practice
- Assists in the dissemination of information
- Encourages and guides staff in Infection Prevention and Control
- Supports education and training or assists in the sourcing of required education and training
- In conjunction with the Lead Nurse and Clinical Leads, identify risk assessments to support care
- Assists staff to undertake Infection Prevention and Control risk assessments in order to minimise cross infection.

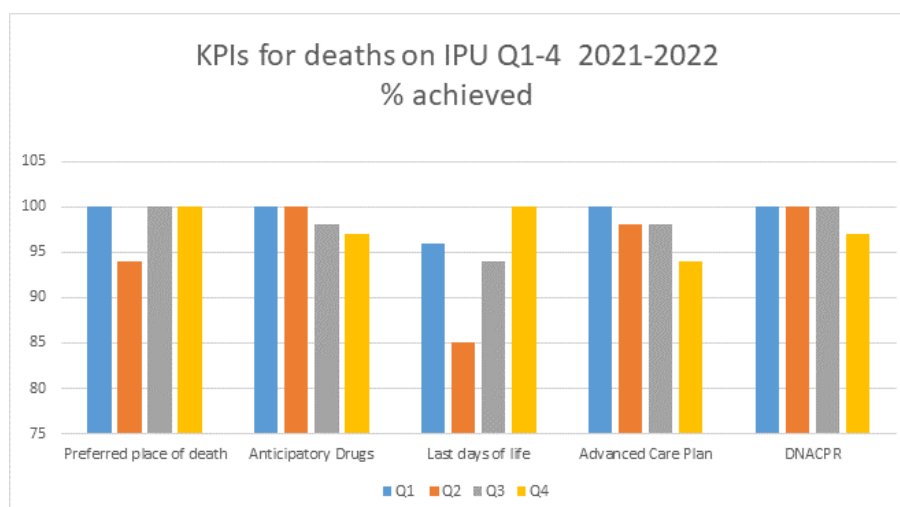
The ICSS plays a key role in ensuring effective communication and liaison between the hospice and the Infection Prevention and Control team in the Clinical Commissioning Group (CCG) and NLAG. We thank Mandy Hill for exercising this role independently and continuing to work in partnership with hospice staff. Mandy acts as a key specialist resource concerning Infection Prevention and Control and helps us consider related problems /incidents within the Hospice setting ensuring appropriate highlights are prepared quarterly for reporting to the LLH Quality Assurance subcommittee of the Board.

Education and practice development in conjunction with the Quality and Education Lead and ICSS has been supported and delivered to meet educational needs of staff. We have ensured the profile of infection prevention and control is maximised with creative communication working with those responsible for PR and Communication in LLH taking every opportunity to raise awareness of Infection control issues particularly relating to the ongoing covid issues. We have ensured patient information is populated with up to date information with regard to Infection Prevention and Control.

### **Benchmarking**

Researchers at the Cicely Saunders Institute developed a measure based on the POS (Palliative care Outcome Scale) and is called the Integrated Palliative Care Outcome Scale (IPOS). IPOS is a brief tool for global measurement of palliative care concerns, suitable for completion by patients and health care staff in various care settings. We continue to explore avenues to benchmark our IPOS scores, which have so far been unsuccessful. There is more work happening at the Wolfsson Unit at Hull and York Medical School and the lead Professor has been contacted to see how she can support us with this.

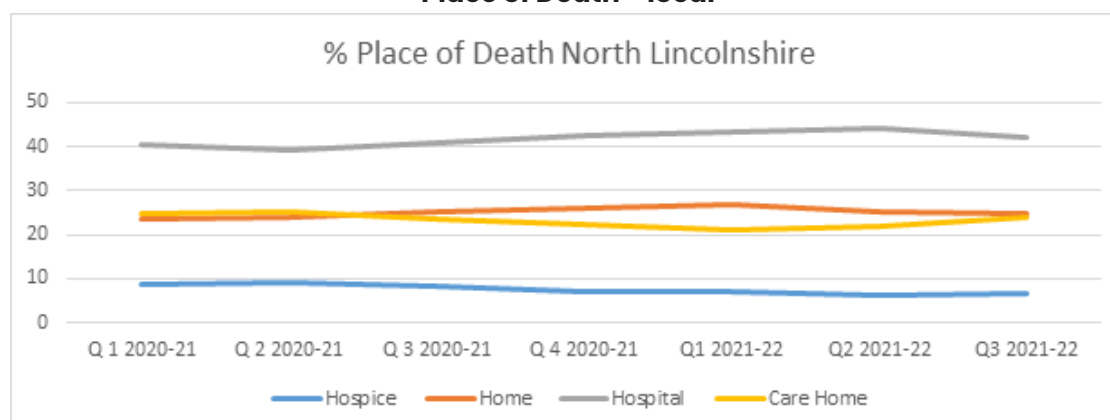
## KPIs



We continue to achieve our targets for our KPIs for the inpatient unit

## Place of Death

### Place of Death – local



The above graph shows how place of death across North Lincolnshire has changed over the last two years. Before the pandemic there had been a regional picture of deaths in hospital reducing gradually over time, and deaths both at home and hospice increasing. We can see the impact of the first 18 months of the pandemic, meant that deaths in hospital and home rose, whilst deaths in care homes and hospices reduced (as a percentage of the total). One explanation is the direct consequence of excess deaths from the pandemic, and the fact that the hospice has actively not accepted patients with covid19 infection.

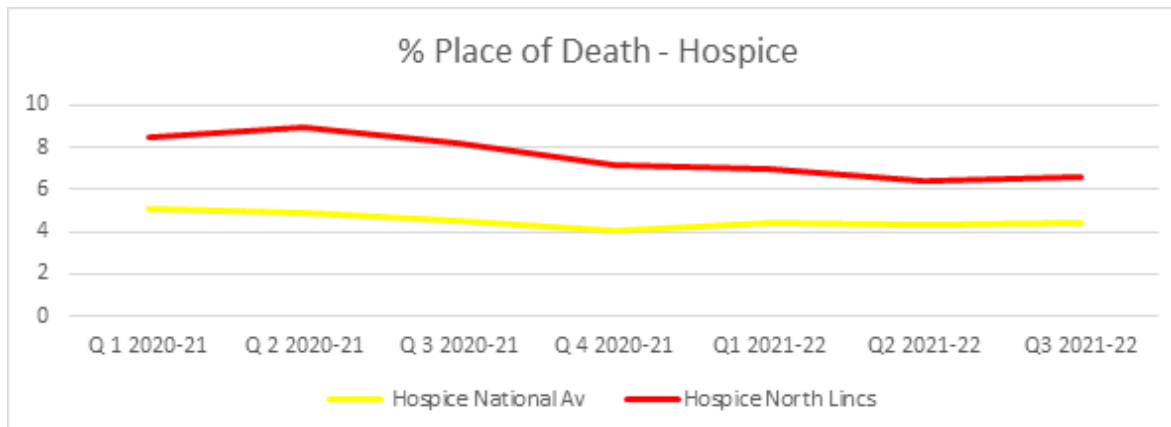
Pre pandemic (2019-2020), there were 260 admissions to the inpatient unit, 177 (68%) of which died. During 2021-22, there have been 261 admissions to the inpatient unit, of which 146 (56%) died. The proportion of death: discharge has changed across those two year time frames and could also be contributing to the change in percentage of deaths in hospice over this period.

We can see that place of death trend is starting to move back towards pre-pandemic figures. The drop in hospice deaths has plateaued and is beginning to rise again very slightly.



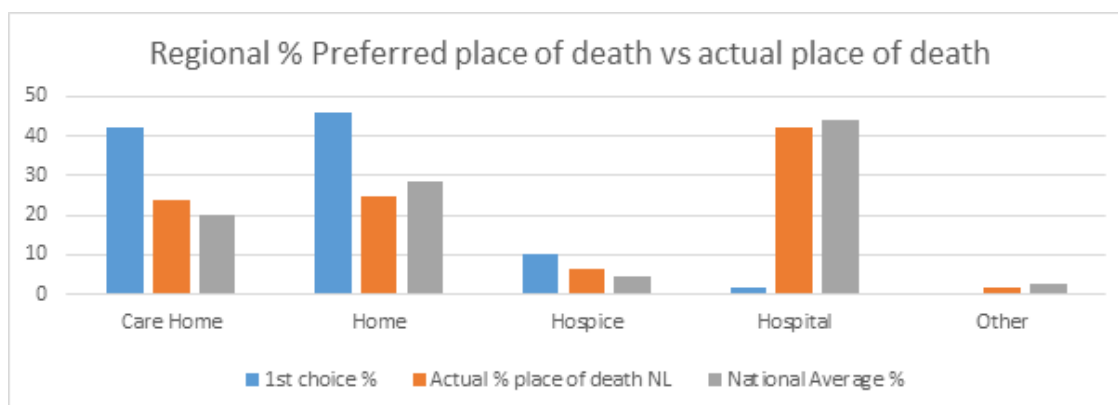
## KPIs

### Place of Death hospice – national



We can see deaths in hospice for North Lincolnshire, remain above the national average and a focus for our 2022-2023 clinical strategy.

### Place of death – patient choice



Using EPaCCS data for Yorkshire and Humber, we can see the ongoing discrepancy between where people want to die (first choice, in blue) and where they actually die within North Lincolnshire (orange) and as compared to national figures (grey). The regional strategy for End of Life Care is aiming to address this through its multiple areas of focus:

- Education in end of life care – identification and management
- Supporting roll out of EPaCCS and ReSPECT – Advance Care Planning
- Closer alignment of end of life teams and investment into palliative and EOL teams.

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

We are aware that the CQC suspended their inspection programme in March 2020 in response to Covid-19 and do not intend to resume it for the immediate future. They have continued to use a mix of onsite and off-site monitoring to ensure the public have assurance as to the safety and quality of the care they receive. As they emerge from the pandemic the CQC are further -developing their monitoring approach. In accordance with this approach they have carried out a review of the data available about Lindsey Lodge Hospice on 07-01-2022.

They have advised they have not found evidence that they need to carry out an inspection 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.

We have invested in additional marketing /communications resources in order that a range of data is available to the CQC, our public and patients and is kept up to date on our website.

It should be noted that 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.

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.

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 Controlled Drug Local Intelligence Network (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 2021-2022 has been undertaken by Karen Griffiths, Chief Executive.

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.

## The Quality Plan

The Clinical team meet weekly as a clinical leads group focussing both operational and strategic clinical work on alternative weeks in order that they can determine a quality development plan that is linked to both internal and external clinical need and can support and monitor its delivery. The 2021/2022 plan was felt to be very ambitious but agreed by the team and supported by the Quality Assurance subcommittee. Its delivery was felt achievable and there was an overwhelming desire to support developments.

WORK AREA	CQC - (KLOE's)	Objective Number and Organisational Priority	Objective
1. IPU/WELLBEING	Effective Responsive Caring Well Lead	High	Development of Advanced Clinical Practitioner role Integrating the role into both nursing, therapy and medical models
2. IPU	Responsive	Medium	Develop more respite/ACP led beds
3. IPU	Responsive	Low	IV therapies
4. WELLBEING	Effective Responsive Well Lead	High	Counselling Service Offer younger people more counselling support
5. WELLBEING	Safe Well Lead	High	Development of Wellbeing manager role
6. WELLBEING	Responsive Well Lead	High	Re-establish Wellbeing groups
7. WELLBEING	Safe Effective Res	High	Lymphoedema
8. WELLBEING	Responsive Well Lead	Medium	Consider working with Carers in the Wellbeing setting.
9. WELLBEING	Safe Effective Responsive	Medium	Breathlessness
10. HOSPICE	Effective Responsive	High	Allied Health Professional role on IPU for Physio
11. HOSPICE	Safe Effective Responsive Well Lead	High	E prescribing
12. HOSPICE	Safe Effective Responsive	High	Complementary Therapy Service



Action Required	Owner	Status and Comments Updated 22/04/2022	Next Review date (clinical leads meeting dates)	Completion date	Progress RAG rating
Link into wider hospice network, Yorks and Humber Develop ACP led beds Develop bespoke competencies Link role into the Community Consider a focused response: heart failure	KP/SH	Roles identified for KP and SH. Y and H network established. Supervision and training identified, learning outcomes developed. University of Hull acknowledge and confirmed educational status of post holders- applied for supported portfolio route Objectives developed for first 3-6months.	n/a	Completed- closed	
Requires case of need as capital alterations are required to achieve	KG	Work on additional beds due to be completed by end of April 2022	01/06/2022	work on track	
Need to embed in IPU KP to build a plan. Understand loss of confidence in skills.	KP	Therapies embedded	n/a	Completed- closed	
Review environment space and facilities. Counselling students and Support Volunteers to be part of the team, to offer some top up/refresher training. Complete Patient Experience review. Complete referral review process refresh inc. IPU. Consider offering counselling for younger generation. Consider CQC registration requirements Link to Heather Jinx to develop partnership. Link to EOL Strategy review.	KA/CC	Room review complete. 6 week course ready awaiting dates . Young person support to commence in Spring 2022. Grant application submitted and accepted. Staff resource identified to start a 6 week pilot session. IPU Bereavement link nurses training completed 27/04/2022.	01/06/2022		
New role to be supported by a development plan.	KA/AA		n/a	Completed- closed	
Consider capacity, content and integrate with IPU Link to Community and rebuild relationships	KA/AA	Groups reestablished, activities recommenced. Partnership working with Active Humber, Healthy Lifestyle team and Social Prescribing.	n/a	Completed- closed	
Undertake Staffing review against referrals/waiting list. Consider practitioner role (training available for B3 & 4 AA role) Issues with prescribing to be identified and action plan to resolve. Identify equipment needs ( toe/ankle pressure/lymph scanner) Review all documentation to ensure all electronic. Revisit Patient Experience.	KA/AA/SB	Lymphoedema capacity and waiting list review complete. All equipment purchased with training booked. More work needed on safe handling of F10. AA sessions to support further capacity introduced, lymph flow clinics established. Close monitoring of waiting times ongoing by clinical leads.	n/a	completed- closed	
Link to Carers support to model review. Market how we support and involve.	AA/SH	BEEP group offering carer support, telephone carer support in place. To scope need	01/06/2022		
Review pathway so long covid and fatigue support is clearly identified.	SB/SH	Contract meeting with CCG, confirmed not to take referrals-no new referrals to be taken. BEEP group cohorts recommenced 02/02/22	n/a	Completed- closed	
Develop approach to partnership model with NLAG and shared appointment. Look to buy this in potentially if unable to recruit. Look at Moving and Handling training with a view to cascading this throughout team	SH/KA	New model using skill mix established. Role blend OT/Physio and Advanced Assistants. Moving and Handling training commenced January 2022	n/a	completed closed	
Build formulary into system to roll out Consider IT equipment for on call doctors	LA/SC/KF	Staff training completed. Role out week beg 17/01/22	n/a	completed closed	
Review service needs including use of Volunteers.	KA	Service re-established across IPU and Well-being	n/a	completed closed	

## The Quality Plan

This comprehensive work plan has been achieved in the main with residual actions progressing well. We take this opportunity to thank the clinical leads team and to note they are a small team who are working cohesively across their professional disciplines and are very supportive of one another.

13. HOSPICE	Safe Effective Responsive Well Lead	High	Education
14. HOSPICE	Responsive Well Lead	High	Equality & Diversity
15. HOSPICE	Responsive Well Lead	High	Speciality Doctor
16. HOSPICE	Responsive Well Lead	Medium	Systm 1
17. HOSPICE	Safe Responsive Well Lead	Medium	RGN's
18. HOSPICE	Effective Well Lead	Medium	Showcase Quality
19. HOSPICE	Well Lead	Medium	Students
20. HOSPICE	Effective Responsive Well Lead	Medium	GP Trainees
21. HOSPICE	Safe Responsive Caring	Low	HCA's
22. HOSPICE - WIDE	Responsive Well Lead	High	Development of Community Hospice at Home service
23. HOSPICE - WIDE	Responsive Well Lead	High	Continue to develop Hospice Liaison role
24. HOSPICE - WIDE	Safe Effective Responsive Well Lead	High	Continue to develop 3 Advanced Assistant roles
25. HOSPICE-WIDE	Effective Responsive Well Lead	High	EpACCS/Respect
26. HOSPICE-WIDE	Responsive	High	More inclusive of all Faiths and beliefs
27. HOSPICE-WIDE	Effective Responsive	High	IPC review model
28. HOSPICE-WIDE	Responsive Well Lead	High	Staff wellbeing
29. HOSPICE-WIDE	Effective Responsive	Medium	IT requirements
30. HOSPICE-WIDE	Responsive Well Lead	Medium	Consider if other equipment is needed to provide outstanding patient care

Learning lessons from our Education	SH/KP/KA/SW	Ongoing, needs strengthening	01/06/2022		
Consider how to strengthen access to care and care provision.	SH/KA	Recruited 2 new Trustees who will take lead on how we propose to strengthen this area. Need data collection on ethnicity to compare with	n/a	completed closed	
Develop competencies	LA	FB to have access to e-portfolio for Registrars in Palliative Medicine so we can use those	01/06/2022	completed closed	
Review risk assessments	LA/SC/KF/SH	Moving and Handling and Falls complete	n/a	completed closed	
Look to refresh Clinical and Leadership skills	KA/EB/KP/SW	Use new ACP role to develop competencies-KP/SH. Offer leadership training to Band 5's. New Band 6's need developing	01/06/2022		
Develop catalogue of posters/presentations for all service so these	SW/KA	Identified extra hours in marketing to develop posters. JB working on website and data in quality report. Identified 3 innovations to start	01/06/2022	work ongoing and progressive	
Review capacity & Leadership	SW	GP trainees, student nurses and OT students placed.	n/a	completed closed	
Consider support/development needed to be included in on call rota	LA	Potential models explored and costing-funding opportunities now being explored, trustees identified to take lead	01/06/2022	Awaiting external feedback	
Look to upskill all existing HCA's Review competencies	KA/KP/SW	SW developed draft baseline TNA/Skills gap to circulate to HCA's. Additional competencies developed	01/06/2022	work on track	
Development of lead nurse shared post (KG). Development of a matron to operationally support the leadership position (KG)	KG	Matron appointed for all hospice operational areas. Role of Registered manager, Director of clinical services vacancy filled	n/a	completed closed	
NLAG Community EOL, for more Community Focus. Development regular NLAG presence (EB)	EB	Need succession planning, see objective 17	01/06/2022		
Build up role again after stop/start due to Covid so that they can be included in discharge planning, more functional assessments and work closely with Community	KA/SH	Work linked to complimentary therapy and lymphoedema in place.	n/a	completed closed	
Wellbeing to catch up continued use.	LA/KP	Work ongoing	01/06/2022		
To offer more spirituality non denominational support to patients,? look to, include in MDT and develop a competency package with staff	KA/CC/SW	SW filmed multi faith training. video. Grant to support multi faith room submitted. Spirituality lead (volunteer) to commence February 2022. Room identified for use as 'multifaith'	n/a	completed closed	
New role appointed, Mandy Hill starts in September with 8 hrs support a mth	KG/EB	Specialist support now available 1 day a month, work plans and priorities tbc. Needs work plan- KA/EB/SW	01/06/2022		
Support the wellbeing of staff post covid	All	2 open staff sessions with JLH/JB- discuss outcomes of staff survey and way forward. Wellbeing plan drafted and staff sessions	n/a	completed closed	
Consider IT investment to achieve this plan	KF	WOW's in use	n/a	completed closed	
Order new Argo hoist Bladder Scanner Bed sheets	KA/EB	Hoist purchased, decided no clinical need for bladder scanner as can borrow one when needed. Bed sheets purchased. Need different scales	n/a	completed closed	

## 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 Lindsey Lodge is now using:

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



## 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 Senior Management 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. A new electronic incident reporting management system Vantage-sentinel was launched in January 2022, and 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 clinical leads meeting. Investigations follow the procedure laid down in the hospice's Management of Staff involved in a Medication Incident policy (2019) which mandates the procedure to be followed.

There were 10 incidents concerning medication that originated at LLH during 2021/22. This includes 3 incidents concerning controlled drugs. It is important to highlight that all incidents were Level 1 incidents where no harm was caused to the patient. Medicines Management training was a core mandatory training requirement in 2021/22 for Registered Nurses (RN) and compliance is 100%.

A new, bespoke Medicines management competency framework was formulated and is in use to include general medicines management, controlled drugs, syringe drivers and IV drugs. Completion is mandated for all RN's including bank nurses. Mandatory face to face medicines management training focusing on syringe drivers and medications in progress commenced January 2022.

There is no requirement to notify CQC about medication incidents as this is led by Controlled Drug Local Intelligence Network for North East and Yorkshire (CQC is key member of this network). We reported all 3 incidents to the CD LIN which is a key requirement as a member. The sharing of intelligence/ information provides assurance with benchmarking information and good practice relating to the use of controlled drugs.

We continue to have weekly pharmacy support from Lloyd's pharmacy and have fully implemented 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.

We aim to achieve the incidence of avoidable patient's falls as zero. We recognise that despite assessing each patient's 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 had capacity to make an informed decision regarding their mobility.

We recognise that the falls incidence has increased during 2021/22 where we reported 2 potentially avoidable falls and have responded in a number of ways including:

- Immediate redesign of the moving and handling risk assessment to ensure a more 'user-friendly' and concise assessment for staff to complete commenced in December 2021
- Laminated sheets in patient's rooms identifying their risk assessment/moving and handling needs that staff can identify immediately in December 2021
- Hourly round documentation reviewed and updated to include falls and/or concerns re: falls risk in March 2022
- Identified additional training needs concerning multifactorial issues associated with falls e.g. cognition, agitation and when to implement measures, to build knowledge and confidence with staff, scheduled to commence in June 2022
- ACP OT has liaised with other hospices in relation to falls management and aims to embed a falls working group within the hospice to improve confidence of falls management during 2022/23
- Early review and update of the hospice Falls management policy and Moving and Handling Policy
- Developed a bespoke falls audit based upon Hospice UK template and undertook a pilot falls audit in March 2022. This confirmed that our interventions post fall are strong and need to be replicated pre-fall. A monthly falls audit is being undertaken in 2022/23 to develop further understanding and assure on reflective learning.

## 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.

74.5% incidents of skin damage occurred before the patient was admitted to our care which is above Hospice UK benchmarking figures of 65%. This highlights the consistent approach our clinical staff adopt to assess patients skin on admission. We identified in 2020/21 that we needed to need strengthen our feedback and communication of this with our health and social partners. This has been achieved as we are a core member of the Humber Strategic Pressure Ulcer Group which allows a direct reporting and feedback forum to share intelligence and information and also offers assurance with benchmarking data and good practice.

Of 25.5% incidents of new skin damage (again below average Hospice UK figures), all were assessed and investigated and it was established using the new Northern Lincolnshire Pressure ulcer metrics that we have adopted 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

During 2021/22 we participated in a Humber wide pressure ulcer incidence audit however, data was not available at time of print (June 2022). We have timetabled a hospice wide pressure ulcer audit during Q3 of 2022/23 using a bespoke audit tool to understand the compliance with the Prevention and Management of Skin Damage Policy and for assurance on reflective learning.

## 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. The number of hospices participating has reduced during 2021/22 and Hospice UK are undertaking an exercise to establish the rationale for this. 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.

## Hospice UK Benchmarking data for 2021/22

Patient Safety Indicator	Lindsey Lodge Average Number per Quarter 2021/2022	Hospice UK Average Number per Quarter 2021/2022
Patient Falls	5.75	5.325
Medication Errors	2.5	6.7
Pressure Ulcers on admission	24	10.3
New Pressure Ulcers	8.25	5.15



## Lindsey Lodge Benchmarking data from our Incident Database

During 2021/22 we amended how we calculate number of incidents, which were categorised as harm or risk to person. This now includes all episodes of skin damage (not just numbers of patients), all slips, trips, stumbles and falls, all medication incidents, all allegations of abuse and all health care acquired infections. There are some large change variations seen in reported incident numbers as often a patient can present with more than one pressure sore unfortunately.

Our complaints (all informal) centred around covid restrictions linked to visiting of which were imposed upon us as a healthcare environment which although we have had flexibility for those imminently at the end of life, there were other times when less flexibility could be exercised and it has been unfortunate these circumstances have resulted in complaints. We have offered apology in these instances of which has been accepted.

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

## PART FOUR

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

## A focus on Moving and handling of patients

There has been work in recent months in relation to the moving and handling of patients on the inpatient unit and within our Wellbeing Centre. Work has been carried out to redesign risk assessments and falls (pre and post) management plans to further enhance patient safety and improve quality of care. A falls audit has also featured rising from our desire to reflect more closely on our practice following incidents of patient falls.

## 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

We have a vast number of operational clinical policies to underpin our care and practice. We use evidence to underpin policy writing and refresh and in summary during 2021, 35 policies and 10 standard operating procedures have been reviewed and ratified.

## 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.

## Quality and Education Lead

We employ a Quality and Education lead nurse, Sally Watson who is on site and facilitates the delivery of mandatory and other continuing professional development (CPD) training that is identified for staff through the appraisal process as part of her role. A journal club and an active clinical supervision programme is in place. We have competency packages for both trained and untrained staff and support CPD externally with staff accessing degree, master and PHD qualifications at local universities. Sally takes a lead with this co-ordination.

## Education across North and North East Lincolnshire with health and social care partners



We are currently taking the lead on Education across North and North East Lincolnshire with health and social care partners. We are using NHS Health Education England End of Life Care learning outcomes to support consistently delivered care in our local system. We have developed on line training to meet the priority EOL Learning outcomes that is accessed by over 3000 staff working across 11 partners organisation across North and North East Lincolnshire. We have been instrumental in opening up a wealth of opportunities to support and help staff in their work caring for people with a palliative care need through education and training. We have employed Sally Watson and Steph Smith on a part time basis into this specific work, on behalf of the partners to lead on putting training and education together that can be accessed easily.

Our programme has been influenced by the people we care for as it is vital that palliative care education and training reflects what everyone needs to enhance the care they deliver. Whether you are a doctor, nurse or support worker, a complementary therapist or an administrator, there is something for you in our prospectus.

## Our training and education provision highlights

Training and education are a key factor in the provision of safe, effective and excellent palliative and supportive care. We recognise that education and training are a pivotal element to understanding the impact of a life limiting illness on patients and their families.

Lindsey Lodge is committed to providing learning and development for all professionals caring for patients with a palliative care need. As specialists in the provision of palliative care, we are proud to share our skills and knowledge with others through:

- Staff development
- Hosting students and working with universities
- Placements and professional visits
- Dementia friends training



We have continued to use a blended approach to achieving mandatory training compliance through the use of face to face sessions, e-learning, videos and workbooks. We have achieved a 98.25% compliance rate which is an increase from the previous year and above our target of 90% compliance.

In particular we have had a focus on medicines management training during 2021/22 for registered nurses. We have delivered face to face sessions in addition to workbook based training. This has underpinned the development of bespoke medicine management competencies. There has also been a focus upon assessing and identifying skin damage with a bespoke training package which saw over 95% of clinical staff attending.

Sharing our knowledge and expertise as providers of specialist palliative and end of life care is a core function and we have been able to significantly extend the learning

opportunities for health and social care staff as well as students. We have worked closely with The University of Hull, The University of Lincoln and Sheffield Hallam University to offer placements for both adult nursing students and occupational therapy students.



## Advanced Care Practitioner set to take up a research doctorate

Lindsey Lodge Advanced Care Practitioner Sarah Hodge is set to take up a research doctorate hosted at Hull University/Hull and York Medical School in September 2022.

The overall aim is to embed exercise and activity into cancer chemo-radiotherapy pathways at a national level, as exercise brings numerous proven health benefits to people living with and beyond cancer.



Sarah said: "Recently, pre-clinical and clinical studies have shown that exercise during chemo-radiotherapy treatment cycles has the potential to improve a person's response to treatment, as well as helping to reduce (and often eradicate) the toxic side effects associated with such treatments.

"The information from these trials were actually one of the main drivers for us developing our own enablement gym at the Hospice."

Sarah's PhD involves working with a number of professionals (clinical, exercise science and biochemistry professionals) to develop an exercise and activity model that can be initially embedded within the oesophagogastric and colorectal cancer pathways and prove that this model will potentially improve a person's response to chemo-radiotherapy treatments.

One of the specific aspects Sarah will be exploring, which her final thesis will cover will be around the barriers and levers to embedding exercises within cancer care pathway and to inform what is best practice and to subsequently develop best practice implementation guidelines.

Sarah said: "The PhD will take five years as I will be completing it part-time and it will be fully funded via the scholarship I have been awarded.

"It will be great for Lindsey Lodge as the site will become part of this research."

She added: "As well as the core PhD subject, I will also receive a formal qualification in research, which means I will be able to complete independent research for the rest of my career.

"I hope this will open up many opportunities for Lindsey Lodge as an organisation, in terms of being a hub of education and having its name to a number of initiatives and potentially pioneering research that will have a significant impact for patients and their families for years to come."

## Message from our CQC Registered Manager

I take this opportunity to thank the Clinical Team, doctors, nurses, therapists who are supported by non-clinical staff and volunteers to deliver services at Lindsey Lodge Hospice and Healthcare.

Our aspirations, ambition and standards of care are high and we aim to deliver outstanding care to our patients, families and carers.

2021/22 has been an unusual year with Covid still in the midst. However, the team have shown great resilience and strength to innovate and improve our care. My sincere thanks for all of your contributions, you are a respected and valued team and we have achieved significant developments across all of our care services.

**Karen Griffiths**  
**CQC Registered Manager**

