Ashgate Hospice

Ashgate Hospice
Quality Account

2020-2021

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Introductory statement from the Chief Executive

I am pleased to present the 2020/21 Quality Account for Ashgate Hospice. It details our performance against the quality improvement priorities which we set for the year and how we can be assured about our performance. It establishes our quality priorities for the coming year and how we shall address them. It is the result of the work of several people, but particularly our Clinical and Quality Improvement Teams.

The year has been one of the most challenging and rewarding years in Ashgate's history. For charitable providers and specifically hospices, it has been a period of a strong focus on infection prevention and control. This has affected our patients and their families, during what are painful and precious times under normal circumstances. It has also been a period of prolonged stress and uncertainty for our clinical workforce. I am hugely proud of them for their continued commitment to compassion and high-quality care, despite everything that the last year has brought.

Because of that compassion and commitment, we were one of the few UK hospices to decide, from the outset of the pandemic in March 2020, to accept end of life COVID patients on our Inpatient Unit. We also committed to care for them in the community. In this report you will be able to read about the challenges this presented and how we addressed them.

Despite this year's difficulties, we continue to build a culture based on a widely shared understanding of quality improvement and the impact that has on our patients and supporters. Our explicit and embedded leadership and quality improvement culture has a positive impact on our workforce, patient experience and productivity and efficiency across the organisation.

That culture is reflected in how the 'One Ashgate' team responded unhesitatingly to the huge challenges of the COVID pandemic. We instigated robust business continuity processes in the days leading up to the first lockdown. These continue to enable us to respond rapidly to a fluid and rapidly shifting landscape. Within a matter of days, we had implemented procedures to protect our workforce. We knew that by keeping them safe, we should keep our patients safe. And to date, after almost 18 months of the pandemic, we have done exactly that. We have kept our patients safe while protecting some of the most fundamental elements of what makes our care special and so precious for the people who need us.

Throughout that time, our response has included Trustees and members of the Leadership Team volunteering alongside clinical staff and volunteers. Our retail staff came off furlough to work in our Inpatient Unit to keep supplies and processes working well. The passion of 'One Ashgate' was also reflected in the response of members of our retail team. They volunteered, during their period of furlough, to support the local vaccination campaign as marshals and helpers. It has been a true privilege to lead the hospice over this past year.

The Ashgate Hospice Board of Trustees has endorsed this Quality Account. To the best of my knowledge, the information presented here is an accurate and fair representation of the quality of services provided by Ashgate Hospice.

Barbara-Anne Walker

Barbara-Anne Walker
Chief Executive

Statement from the Board of Trustees

Ashgate is an independent charity and governance rests with our Board of Trustees. All of the Trustees are volunteers who bring a range of skills and experience to their roles. Ashgate's governance framework includes three committees: Healthcare Quality; People, Engagement and Performance; and Finance and Strategy. These provide assurance to Trustees and report directly to the Board.

The Healthcare Quality Committee is made up of Trustees who bring both clinical and commercial expertise, as well as senior clinical and operational directors. It meets quarterly to review key performance and quality indicators. It has oversight of clinical governance, safety and risk related to all services for patients. It also has an overview of the patient experience and clinical strategic objectives. It is supported by a clinical governance structure which monitors and reports on quality improvement, audit, patient experience and outcomes, safe care and nutrition.

This governance framework provides assurance to the Board of Trustees about the quality and sustainability of the excellent care provided to patients and their families across all Ashgate Hospice's services. The Board has a clear and agreed role in leading this work. Discussions at Board meetings throughout the year have reaffirmed our commitment to deliver safe, high-quality services through a workforce that is highly skilled, well engaged and well informed about our vision, purpose and values.

It is quite astounding to reflect on the year covered by this report. It has been a roller coaster year. Everyone in our 'One Ashgate' team is to be applauded for navigating, and continuing to navigate, the pandemic and responding to the huge challenges of COVID.

Penny Brooks

Penny Brooks
Chair of Healthcare Quality Committee

Our vision

That everyone in North Derbyshire with a life-limiting illness can make the most of every moment, including being with the people who are important to them, and that they can die with dignity and comfort.

Our purpose

To provide specialist palliative and end of life care for those in need and to work in partnership with others to ensure that everyone in North Derbyshire has access to appropriate, high-quality and sustainable palliative care.

Our values

We are compassionate. We work as a team. We are respectful, open and inclusive.

Priorities for improvement from 2020/21

Priority 1:Quality Improvement (QI) training and development

We introduced bronze level QI training for staff across the organisation. We held 10 sessions during the year, which were attended by 57 members of staff. Consequently, these staff have developed new skills and awareness of quality improvement methods to improve services. Staff have put their training into action and used the 'Model for Improvement' for projects including:

- the development of a new children's support and counselling service in supportive care
- recording volunteers' learning in retail
- working to implement a single point of referral for clinical services to improve access to our care
- improving the purchase ordering system in the finance department.

The QI task and finish group, chaired by one of the Trustees, has continued during 2020/21 and we have made excellent progress in improving work across the organisation.

This includes:

- new patient assessment and care plan templates on the Inpatient Unit to demonstrate holistic assessment and person-centred care
- the introduction of a central complaints system
- the implementation of a systematic approach to data collection and clinical services activity and outcome reporting.

The action plan remains a continuous improvement process and is reviewed and monitored at the bimonthly QI task and finish group meetings.

Priority 2: Continued development of reflective practice

We prioritised the development of

small team huddles as the first step in consolidating a practice of reflective practice. Huddle facilitator training was developed and delivered between July and December 2020. Huddles were piloted with a small number of teams and then rolled out across the organisation. This piece of work took place between August 2020 and had eight teams in the initial pilot group.

A form was devised which was underpinned by our organisational values and then evaluated with the pilot group. It was then adapted for use with other teams in the organisation. A total of 115 huddles were held between the introduction of huddling across the organisation and the end of March 2021.

During the final quarter, a system for reporting back the outcomes of huddles was developed. Consequently, teams are now sent quarterly updates to allow them to continue to reflect upon the impact of their practices upon their stress management and resilience. During the last quarter of 2021, reflective practice facilitators were identified from clinical and other supportive services. Subsequently, 16 people were trained as lead and co-facilitators and allocated specific and multidisciplinary team (MDT) areas to support. Monthly facilitator support sessions were put in place to refine, reflect upon and develop practice. We held 11 reflective practice sessions across clinical services and 71 staff members attended.

This has enabled staff to come together on a regular basis to debrief and discuss challenges and successes for the week. Our evaluation has revealed that the huddles have been well received. They have been particularly beneficial for staff during COVID and the winter pressures period in order to debrief and decompress. We shall continue huddling as we move into the roll out of further reflective practice and supervision sessions for all clinical staff throughout 2021/22. This will continue to be one of our priorities for next year.

Priority 3: Here for the Future

In 2019/20, we implemented our 'Here for the Future' programme. The aim of this programme was to engage all our staff and volunteers to work together. This was to explore how we can adapt and meet the changing needs of the population in North Derbyshire, the care they will need in the future, and which end of life services are best provided by Ashgate as part of the wider health system.

The pandemic and our response to COVID meant we had to accelerate work to focus on remote working, improving patient referral criteria and responses. We shall pick up other work which had to be paused in July 2021, particularly looking at improvements to our model of day care.

We have made a step change in showing our responsiveness and worth to the wider health system through the opening of our COVID wards and caring for end-of-life COVID and suspected COVID patients. These actions relieved pressure on the acute trusts.

Priority 4: Responding to COVID

In March 2020, in line with national guidance, we put specific infection control measures in place. These were to help protect our patients and staff from COVID and to support end of life patients with a COVID diagnosis, both on our Inpatient Unit and in the community. Read more about our unprecedented COVID response below.

This will continue during 2020/21 and the hospice will continue to adapt swiftly when needed. This is in order to protect and support our staff, patients, their loved ones and providers across the wider Integrated Care System. It will also ensure the provision of timely and appropriate palliative care to all who need it.

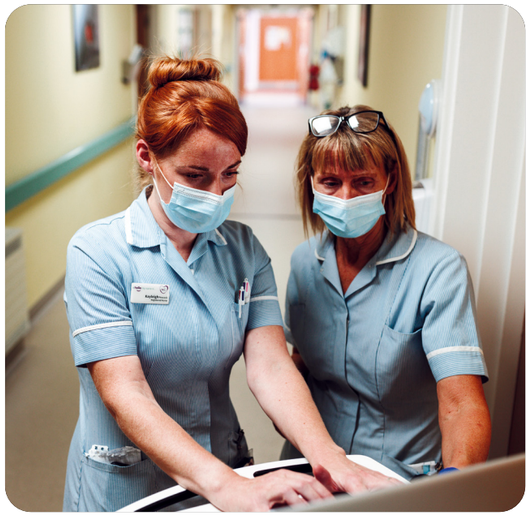
Case study: Our COVID response

We are hugely proud of the difference we have made and the quality of the care we have provided during the year 2020/21, including for end of life patients with COVID.

In February 2020, we developed COVID-specific plans for every service, team and department. We established a business continuity framework to ensure we could keep the hospice functioning safely and effectively. Some of the critical initiatives that were put into place include:

- **remote working** - we moved over 150 clinical and non-clinical staff off-site in just two weeks to work from home. Having deployed Office 365 a year earlier, we were well positioned for cloud-based working to keep our patients and the wider community safe
- **PPE** – we have been really privileged not to have had any major issues with PPE, thanks to amazing support from the local community, who generously donated their supplies to us, and from NHS England, Hospice UK and our local CCG. We created a dedicated storeroom just for PPE. Our estates team worked diligently to keep that well recorded and stocked correctly so that the clinical teams could access it 24 hours a day, seven days a week and have what they need to hand.
- **Inpatient Unit** - during the second wave, demand was so great that we opened a second COVID wing on our Inpatient Unit. During this time, 1 in 3 beds was used by COVID patients. In addition, when many healthcare providers stopped patients receiving visitors, we worked extremely hard to allow some visitors to see our patients, including for end-of-life COVID patients. Our team was passionate about giving families the precious time together that is so important. We were able to do this through rigorous infection control procedures that were adhered to scrupulously

PPE in use



Nursing Team in our Inpatient Unit

- **Care in the community** - our community teams continued to offer complex symptom management and emotional support in people's homes to prevent the need to admit a patient to a hospice bed. In 2020/21, our Palliative Care Specialist Nurses and Support Workers provided support for 1,647 patients at home.

In addition to this, our medical staff provided care for 118 individual patients, while our Physiotherapists and Occupational Therapists provided care and equipment for 273 and 236 patients respectively, to enable them to be cared for at home. To reduce face-to-face visits, they also supported patients over the phone and via video calls

Care in the Community

1 in 3 beds was used by COVID patients.

Our Palliative Care Specialist Nurses and Support Workers provided support for

1,647 patients at home.

- **Virtual Day Services** - our Day Services team offered much of their support virtually because patients were no longer able to access support at the main hospice, due to infection control restrictions. Many of the patients referred were at an earlier stage of their diagnosis and needed less intensive support

Ami Brunyee, Activities Coordinator delivering a virtual horticultural session with our Day Services cohort

- **Wobble rooms** - we were quick to identify the potential harm that COVID posed to the mental health and well-being of our staff and volunteers, in particular our frontline teams. Just three weeks after the country was plunged into a national lockdown, the Supportive Care team at Ashgate introduced our 'wobble room' support at the main hospice at Old Brampton in Chesterfield. The 'wobble room' is staffed by trained counsellors, social workers and spiritual care practitioners. It offers confidential group sessions or 1:1 support where staff and volunteers can talk openly about their anxieties, concerns, and experiences in a supportive way

Lorraine providing Support

- **Online learning and support sessions** - we facilitated evening online learning sessions on PTSD and the impact of COVID on patients, relatives and our health and social care colleagues. The sessions were open to all staff working in health and social care in North Derbyshire. The sessions were very well attended with 90 attendees at the first and 68 attendees at the second. We also ran virtual group support sessions for care homes in North Derbyshire using Project ECHO technology

Retail staff helping on IPU

- **Furloughed staff supporting the frontline** - eight members of the retail team were furloughed after shops were forced to close in line with the Government's lockdown restrictions. They took on several roles including volunteering to support the vaccine rollout, ensuring PPE was available and delivering COVID test samples to Chesterfield Royal Hospital

Wider COVID response in North Derbyshire - we played an integral role in the wider COVID response in North Derbyshire and worked closely with Chesterfield Royal Hospital, accepting end of life COVID patients to free up hospital beds. From 30.11.2020 to 14.03.2021, 40 patients were transferred to the hospice for symptom control, to await fast tracking to further care or to the patient's preferred place of care for end of life.

When COVID hit, it was crucial to implement new procedures quickly to care for end-of-life COVID patients and non-COVID patients, while keeping everyone safe.

Ashgate is one of the few hospices in the UK which cared for end of life COVID patients throughout the pandemic. Despite caring for an increasing number of end of life COVID positive patients, we are proud to report that our stringent infection control procedures have avoided any COVID outbreaks. There has been no cross infection of patients, staff, volunteers or visitors to the hospice. We are delighted to have won '**Outstanding contribution to infection prevention and control**' at the Royal College of Nursing Awards 2021.

" I could not have wished for my Mum to be cared for in her last days anywhere other than at Ashgate Hospice. Everyone was very kind and thoughtful towards Mum; nothing was too much trouble. My Mum was in different hospitals for 3 weeks before she came to Ashgate. No one was allowed to visit her there; it was heartbreaking. I shall be eternally grateful that at least I was able to see Mum and spend the last hours with her at Ashgate. It meant the world to me and my family. Thank you."

Priorities for improvement for 2021/22

Priority 1: Quality Improvement (QI) development

We will continue to build QI skills and ensure that training in QI methods is accessible to all staff and volunteers, so that they feel empowered and supported to carry out their own improvement work.

We shall focus on building a culture for improvement, in which every member of staff and all volunteers feel they have an important part in improving what we do. We want to celebrate the successes from all the improvement work across the hospice in all departments and develop an organisational QI dashboard.

The Inpatient Unit QI programme has continued, with priority areas and objectives identified. The first improvement work took place in May with a 'Stop the Pressure Month'. This included displays in the resource room. Sessions covered topics such as categorisation and treatment of pressure ulcers, on-the-spot training, review of care plans and person-centred care and human factors. There are planned themes for the year which will be based on the areas of effectiveness, safe care, culture, learning and person–centred care.

Each of the ward sisters leads an element of this work, supported by senior colleagues from within clinical services and the learning and organisational development team.

Priority 2: Reflective practice

We shall continue to roll out the reflective practice programme, developed with our clinical services, across the whole organisation.

We have continued to meet monthly with clinical leads to plan and refine the reflective practice and supervision offer for clinical services. This work will be accelerated in 2021/22.

We will continue to train reflective practice facilitators and they will provide regular sessions to all clinical service teams. They are supported with monthly debrief and development sessions.

A Reflective Practice Lead post holder will be in place in the autumn to enable the development of the next stage of supervision implementation and to broaden the programme to all teams.

Priority 3: 'Here for the Future'

We will continue our ongoing developments in our clinical services workforce.

We shall commence an in-depth review of our workforce requirements. This is to ensure that we have sufficient staff and an appropriate skill mix to meet the complexity and acuity needs of the patients and their loved ones, based on future demands.

We will ensure that our workforce is prepared for the challenges that future care demands will bring and that they have the specialist training and education that they need. In this way, we shall meet the complex needs of our patients to enable them to continue to provide excellent specialist care to the people of North Derbyshire.

With the support of our Learning and Development team we shall constantly review and enhance the skills of our staff to provide safe, effective and compassionate care.

Priority 4: Enhancing our Day Services offer

We shall extend and enhance our Day Services offer to meet the growing needs of those in our wider community, closer to patients' homes, as well as on site at the hospice.

We shall develop, trial and implement new integrated day care services, based on feedback from patients, families and other healthcare professionals. We aim to reach patients and families earlier in their illness. This encourages them to manage their illnesses more effectively and enables them to access a wide range of services, without having to travel to the hospice.

We shall also redesign our specialist Day Services at the hospice to ensure that people receive early assessment, treatment and review within an MDT setting as 'a one stop shop'. This will give access to coordinated medical, nursing, therapy and supportive care services.

Mandated statements

Review of services

In 2020/21, Ashgate Hospice provided the following services.

Onsite services included:

- 21 consultant-led specialist palliative care beds with medical, therapy and nursing support
- specialist lymphoedema service
- outpatient medical clinics, in conjunction with Chesterfield Royal Hospital
- physiotherapy
- occupational therapy
- complementary therapy
- spiritual care
- art therapy
- bereavement counselling
- social work support
- benefits advice.

Specialist community services across North Derbyshire included:

- consultant-led medical care
- palliative care nursing team
- physiotherapy
- occupational therapy
- day services provided virtually due to COVID restrictions
- supportive care for other external health care professionals
- social work
- bereavement support
- support for care homes
- benefits advice.

Participation in national clinical audits

During 2020/21, Ashgate Hospice continued to participate in the Hospice UK clinical benchmarking scheme which compares data relating to the number of falls, pressure ulcers, medication errors, bed occupancy and throughput of patients. In addition to this, the hospice was a pilot site looking at a 'deep dive' audit relating to falls. This has been rolled out across all hospices involved in the benchmarking, for completion in 2021/22.

Participation in national research

During 2020/21, all research participation was paused due to COVID restrictions. However, our involvement in the MePHAC research, which explores treatment for fatigue in advanced cancer, will recommence in July 2021. It will have the additional support of a research nurse from the Cancer Research Network.

Funding of services

We are not an NHS hospice. In recent years, funding from local NHS budgets has been less than 30% of our total income. We have, therefore, been dependent on our fundraising activities, including our shops, to generate the remaining income to deliver our services. In this regard, we are blessed with a wonderful community of supporters. We have typically generated around £3m sales in our shops and around £4m income from other fundraising activities.

While Ashgate has been able to leverage this fantastic support to deliver outstanding care through specialist staff and modern infrastructure, it is a precarious funding model. We have a significant and largely fixed cost base, but considerable uncertainty around the scale and timing of our income.

The year 2020/21 was difficult and unusual. We had restrictions on all our normal income generation activities, but even greater demand for our services. This brought issues around our funding model to a head. We had entered the year with a shortfall of reserves and a planned deficit. Because of COVID and lockdown, we had no alternative but to plan for redundancies if there were no step change in clinical funding.

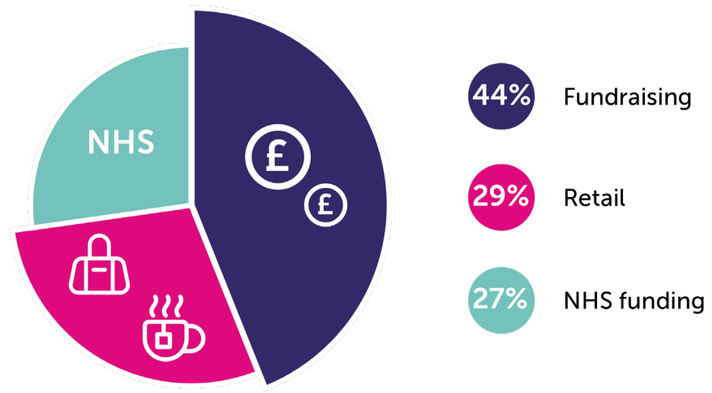
Consequently, we launched a major communications campaign to reinforce our essential and cost-effective role in the wider healthcare system and to set a clear case for more funding. This involved our local community, colleagues across the system, MPs and media. It led ultimately to additional funding in the year from NHS Derby & Derbyshire Clinical Commissioning Group. It also enabled an arrangement of support into the subsequent year, pending a review of the End-of-Life Care Strategy for the county. As a result of this reassurance, we did not have to proceed with the redundancies which we had so feared.

With the support of our community, we secured this vital funding lifeline at the end of 2020. We are taking forward this constructive dialogue with commissioners in 2021. We shall continue to support efforts across the UK for hospices and end of life care to receive a greater proportion of the funding they need from health budgets.

Quality improvement and innovation goals agreed with our commissioners

The following is a summary of the key performance indicators agreed with our commissioners in 2020/21:

- more than 80% of patients referred will be admitted within two working days
- bed occupancy rate will be higher than 80%
- acute hospital admissions will be avoided through an increase in care delivery in the community, and the utilisation of an additional four inpatient beds
- a minimum of 80% patient attendance at the Day Hospice
- patients' and carers' experience surveys will be completed and should demonstrate a satisfaction score higher than 80%
- a minimum of 10 free structured educational sessions to support healthcare professionals across the health community, including those in primary care, care homes and the acute trust.



Review of quality performance

Data quality

During 2020/21, due to improvements in the data input and collection, the quality of information from the electronic patient record system has been of a consistently high standard. This has enabled us to report more accurately on activity and outcomes.

The hospice submitted Version 15 of the Data Security and Protection (DSP) Toolkit at the end of March 2020 and achieved the 'Standards Met' minimum baseline. We engaged with '360 Assurance' as our external auditors for this year's submission of the toolkit. '360 Assurance' has finished the first half of its review of last year's toolkit submission and has confirmed that we are able to demonstrate 'significant assurance'.

Clinical Services Activity

In this section, we present data for the period 1st April 2020 to 31st March 2021.

All clinical services highlighted below provide compassionate, safe and effective care, responding to the needs of patients and their families and carers.

6,864
face-to-face contacts

34,836
telephone calls

342
Video calls

In 2020/21, our clinical teams had 42,042 interactions with patients or their loved ones, either in their own homes or as outpatients. These can be broken down into:

The huge increase in telephone and video contacts illustrates the way in which our teams adapted their ways of working with patients and families to ensure that our services continued throughout COVID.

Community Services

Ashgate Hospice has a specialist community team, that covers the North Derbyshire area. The community team includes the Community Palliative Care Nursing Team, Occupational Therapists, Physiotherapists, Social Workers, Supportive Care professionals and Palliative Care Consultants.

In 2020/21, our Palliative Care Specialist Nurses and Palliative Care Support Workers provided support for 1,647 patients at home. They undertook 1,942 face-to-face contacts and 22,802 non face-to-face contacts.

In addition to this, our medical staff provided care for 118 individual patients, while our Physiotherapists and Occupational Therapists provided care and equipment for 269 and 136 patients respectively, to enable them to be cared for at home.

Overall, our IPU provided care for 363 individuals and their loved ones

26%
increase on 2019/20.

" I went to visit a relatively young man recently. He had been keeping all support available to him at arm's reach, because he's tried to come across as strong as possible to his family. He ended up having finance troubles, was in pain and needed help supporting his children and his wife. I just listened, offered all the advice and support that I could. By the end of the visit, he said he felt so much happier because his family now had a plan in place. "

Amanda,
Palliative Care Specialist Nurse.

2020/21, Palliative Care Specialist Nurses and Palliative Care Support Workers provided support for:

1,647
patients at home.

1,942
face-to-face contacts

22,802
non face-to-face contacts.

Inpatient Unit (IPU)

In 2020/21, the IPU had 15 beds open and had funding for the remaining 6 beds provided as required by the local health system to assist with winter pressures.

During 2020/21, there was a small increase in the number of referrals to our IPU (464) compared with 2019/20 (454). This led to a subsequent increase in admissions (428 compared with 338 in 2019/20).

Our bed occupancy was lower than in 2019/20 at 82%, because of the initial impact of the COVID pandemic, since fewer people wanted to be admitted due to initial fears of contracting COVID. However, despite this, our bed occupancy remained consistently higher than the national average for adult hospices of a similar size (65%).

The average length of stay for patients was 11.5 days. Our average throughput of patients each quarter (number of discharges and deaths divided by the number of beds) was slightly higher at 5 last year (compared to 4,5 in 19/20) and was also higher than the national average for hospices of a similar size (4.1) and for all adult hospices (4.4). A high percentage of patients was admitted on the day of referral or the following day. In 2020/21, 95% of all patients referred were admitted within two days.

" From the moment I walked through the doors at Ashgate I knew that Kim was in safe hands. She'd been suffering from severe pain for some time and Ashgate was able to get a handle on that almost immediately. It brought her great relief and meant that she was able to make the most of the time she had left. "

Paul, husband of Kim who was cared for in our Inpatient Unit

Paul and Kim

Overall, our IPU provided care for 363 individuals and their loved ones

26%

increase on 2019/20.

Day services

During 2020/21, the Day Services facility on site has remained closed due to the pandemic. Some of the staff were redeployed to assist in the IPU and to provide support to the Supportive Care Service. As a result, at the beginning of the year Day Services did not receive the volume of referrals it had in previous years.

To keep in touch with patients already on its caseload and to provide support remotely, the team initially contacted patients via telephone. In November 2020, the team also introduced the 'Virtual Day Service'. This provided group sessions via Zoom, which related to horticultural therapy, complementary therapy, activity sessions, and a coffee and quiz session, held twice a week. The team made a total of 2,212 telephone calls to patients and/or families in 2020/21 to provide support and offer Supportive Care Services.

The team is reviewing the service and, in 2021/22, will be piloting group sessions in a community hub.

" The Virtual Day Hospice has given me something to look forward to every week. There are so many different aspects that can help you, whether it's symptom control or just being able to chat with kind people. I'd recommend the services to anybody who was considering attending."

Richard, Day Hospice patient

2,212

telephone calls to patients and/or families in 2020/21 to provide support and offer Supportive Care Services.

Lymphoedema Service

The COVID pandemic also had an impact on the lymphoedema service, since outpatient clinics at the hospice were closed. At the beginning of the year, only urgent face-to-face sessions could be held. Therefore, we increased the number of telephone calls to patients, and introduced video calls. In addition to this, some members of the team were also redeployed to assist with the delivery of care in the IPU. The team held 200 initial appointments with patients and 1,988 follow up appointments.

" Ashgate Hospice has been by my side since my initial diagnosis. Not only have the staff been there to provide physical support with advice from a specialist Lymphoedema nurse and physiotherapy to help me to retain my independence, but they have also been crucial to my overall well-being. "

Claire who receives support from our lymphoedema team

The team held 200 initial appointments with patients and 1,988 follow up appointments.

Therapy Service

Ashgate Hospice provides physiotherapy and occupational therapy services in the Inpatient Unit, the Day Service and the North Derbyshire community.

The majority of occupational therapy activity is within the community. This provides support and equipment that enable patients to stay independently in their own homes and help reduce the need for admission to hospital, hospice or residential care. The primary focus is on enabling people to return home from an inpatient stay or to keep them at home and avoid an unplanned admission. The occupational therapy team will respond rapidly to urgent needs for equipment in the community. It works proactively to enable people to die at home. It supports people with a range of life-limiting conditions and works together with other health and social care providers across North Derbyshire.

Although the physiotherapists have continued to see patients in the IPU throughout the pandemic, exercise sessions in the gym and Day Service were suspended. The physiotherapists, occupational therapists and technical instructors provided care for 621 and 756 individuals respectively during 2020/21. The total therapy service undertook 5,948 telephone contacts and 2,308 face-to-face contacts.

" Mum didn't want to go into a nursing home or go to hospital. She wanted to stay at home, and I said I would do whatever I could to make that happen.

The hospice organised all of mum's equipment; they couldn't have done more for us. We spoke to an occupational therapist from the hospice and within 24 hours they came out and assessed what we needed.

As far as I am concerned, the hospice couldn't possibly have done more for our family. The staff helped to make our lives as easy as possible in those final weeks. "

Lynn, Shirley's daughter.

Physiotherapists, occupational therapists and technical instructors provided care for

621 & 756 individuals

The total therapy service undertook -

5,948 telephone contacts

2,308 face-to-face contacts.

Supportive Care Service

The aim of the supportive care service is to offer professional advice and support to patients, their families and carers, both during the patient's illness and following bereavement, as needed. The team is made up of social workers, a clinical psychologist, art therapists, complementary therapists, a benefits advisor, counsellors, chaplains and staff who can provide specialist individual and group support work.

Supportive care services continued to develop to meet the emerging needs of those requiring service throughout 2020/21 and provided support for 585 individuals. This year saw the rapid transition of service provision from face-to-face to virtual. Group support and counselling were adapted within a month and no client experienced a break in the service offered.

The team has extended the pilot of a service in Bolsover for children and families impacted by loss and grief. The service works within schools and offers virtual art therapy sessions, family support and group work for children. The team also provides training and advice to teachers at schools in the area. This has been made possible due to Children in Need funding.

Drop-in groups have been flexible throughout this time and clients have been supported by phone and in person in outdoor safe spaces, when restrictions allow.

The bereavement support service has been extended to include a telephone call to every bereaved family that used Ashgate Hospice's services. This has occurred due to the increased risk of social isolation and complicated grief responses, arising from the pandemic restrictions.

During 2020/21, the Supportive Care Service, provided

3,919 telephone contacts

1,449 face-to-face contacts

Quality Indicators

The CQC registered manager for Ashgate Hospice is the Director of Quality and Patient Care. Our regulated activities are treatment of disease, disorder and injury, surgical procedures, diagnostic and screening procedures and nursing care.

The Clinical Quality and Governance Committee and Healthcare Quality Committee receive a quarterly report outlining the outcomes and activity within clinical services. This includes any clinical incidents that have been reported, themes and trends, actions taken, and lessons learned. In addition to this information, the report also contains details of clinical audits completed, patients' experiences and feedback and any complaints or compliments, and lessons learned.

Prevention and management of pressure ulcers

Patients admitted to the hospice are at increased risk of developing pressure damage due to their general condition and comorbidities. This risk is assessed on admission and throughout their stay with us. This ensures that they are being nursed on the most appropriate surface. It also ensures that the relevant interventions are in place to reduce the risk of the development, or deterioration, of pressure damage already present on admission.

The table below shows the number of pressure ulcers by category that developed while the patient was in our care during 2020/21.

Grade of ulcer	Developed in our care (new)
Category 2	35
Category 3	23
Category 4	0
Deep Tissue Injury (DTI)/Ungradable	16

Following on from the recommendations of a Deep Dive report in 2018/19, the 'SWARM' process was introduced in April 2019 and it continues for any new pressure ulcer at Category 3 or higher. A SWARM is an alternative approach to undertaking a Root Cause Analysis. The aim of the SWARM is to enable a prompt and consistent approach to investigating patient safety incidents.

A SWARM needs to be conducted without unnecessary delay after an incident. Its aim is to determine the causes of the incident and to identify potential solutions and changes in practice or policy for implementation to reduce the risk of recurrence. A key aspect of the SWARM concept is that there will be no blame. The idea is to encourage staff to be forthcoming to achieve effective solutions. The outcome of a SWARM is shared with all ward staff and is discussed at the Safe Care Group to share the wider learning.

All the SWARMS undertaken for the pressure ulcers developed in our care concluded that there were no lapses in patient care. A detailed programme of staff education in relation to the recognition, categorisation and management of pressure damage was completed in 2019/20. Following this, we saw an improvement in the categorisation and management of pressure damage in relation to patients admitted with pressure damage and those who developed pressure damage in our care. During 2020/21, we have continued to work with staff to identify any ongoing learning needs and to support them to provide appropriate care to patients at risk of developing pressure damage. In addition, we updated our patient/carer information leaflet to help facilitate the discussions about the importance of repositioning.

Mandatory training and staff education

During 2020/21, continuing education during the pandemic was challenging. In order to keep the footfall on the hospice site down, most face-to-face education was suspended. The impact on nursing homes is also reflected in the number of sessions the End of Life Care Facilitators were able to engage with staff. However, 95% of staff and volunteers completed education and training in relation to Safeguarding, the Mental Capacity Act and the Deprivation of Liberty Safeguards. Also, 89% of staff attended additional essential training, 93% attended role-specific training, and 72% of volunteers who assist in the IPU completed role-specific training. In addition to the above, we held Schwartz Rounds, Project ECHO and Quality Improvement training, as detailed below.

Schwartz Rounds

The hospice continued to hold virtual Schwartz Rounds throughout the year. A Schwartz Round is a forum where all clinical and non-clinical staff can come together to discuss the emotional and social aspects of working in healthcare. The purpose of the rounds is to understand the challenges and rewards that are intrinsic to providing care. It is not to solve problems or focus on the clinical aspects of patient care. Rounds can help staff feel more supported and allow them time and space to reflect on their roles. The underlying premise is that the compassion shown by staff can make a difference to the patients' experience of care. However, in order to provide compassionate care, staff must also feel supported in their work.

Project ECHO

Project ECHO was temporarily suspended during 2020/21 since care homes were unable to release staff to attend because of the COVID pandemic. The project recommenced in October 2020, and sessions were held in relation to 'Resilience in these times', and 'Bereavement Support in Care Homes'.

Ashgate Hospice's Project ECHO Hub was founded in November 2018 and we launched our first Project ECHO network in April 2019. Facilitated by our End of Life Care Facilitators working with care homes, Project ECHO is an international initiative to spread education, skills and knowledge remotely. It works on a hub-and-spoke model. This means staff do not have to leave the workplace to attend education, training and support. This makes training more accessible with the aim of improving standards of care.

Sessions consist of a 30 minute 'expert' presentation on the subject identified, followed by 2 case-based presentations from the spokes. This enables discussion and the sharing of ideas and best practice to take place to achieve the optimum patients' outcomes. Participants in the networks then get access to the 90-minute sessions, the presentations, case studies and key learning points. These enable them to build up their own web-based resource which can be shared with other members of their own teams.

Quality Improvement training

In the last year, 10 Quality Improvement Bronze level sessions were completed by 57 members of staff. The bronze training is an introduction to Quality Improvement principles and the Model for Improvement. It provided people with the skills to develop, test and evaluate quality improvements and to build a culture of continuous improvement.

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Medication incidents

The hospice participates in the Hospice UK national benchmarking program, along with over 140 participating hospices. Ashgate Hospice is benchmarked against other hospices who are of a similar size, as well as all adult hospices. The data show that over a 12-month period, our rate of medication administration and prescribing errors continues to be significantly lower than other adult hospices.

This was updated, as and when required, and was available to all teams on SharePoint.

All patients were swabbed on admission for COVID in line with national and local guidance. Any patients who tested positive, or were admitted from other organisations and were known to be positive prior to admission to the hospice, were nursed on the Lavender Wing. During the peak of the pandemic the number of positive patients being admitted increased. This resulted in the ward identifying another four rooms that were allocated specifically for the care of these patients.

All teams across the hospice worked together to keep patients, staff and visitors safe, and as a result, the hospice had no outbreaks or hospice-acquired COVID infections.

Prevention and management of infection control

During 2020/21, we had no hospice-acquired infections. Patients admitted to the IPU from other organisations or care homes were swabbed on admission for MRSA in line with the hospice policy; none was found to be positive.

In March 2020, we started responding to the impact of COVID, including opening the Lavender Wing in our IPU and this continued throughout 2020/21. This provided a separate barrier nursing area for infection prevention and control. A Standard Operating Procedure for staff in the management of COVID patients was drawn up in line with national guidance.

Learning from incidents and complaints

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

The web-based Vantage-Sentinel Risk Management System is well embedded across the hospice services. Several modules are in use such as incident reporting, inquests and complaints management. Additional modules have been, and continue to be, developed. These allow us to respond quickly to issues such as Central Alerts issued by the Medications and Healthcare products Regulatory Agency (MHRA) and to link incidents and complaints together. The system allows staff to record incidents as soon as they are recognised. It enables managers to track actions and provide feedback on the lessons learned to the staff reporting the incidents, as well as to other relevant staff. The hospice works with the wider healthcare community to report and investigate cross-organisational incidents and complaints, highlighting and sharing learning for all services.

Data relating to incidents, complaints and inquests and any actions or lessons learned are provided in a quarterly report to the Clinical Quality and Governance Committee. This provides assurance to the Healthcare Quality Committee and then to the Board that appropriate actions have been taken.

Our participation in clinical audits

In January 2020, the hospice appointed a clinical audit and data analyst to the post which had been vacant for a number of months. As a result of this appointment, the management of the clinical audit program has seen a significant improvement. The audit group and audit strategy were established. A new system and module on Sentinel, that were developed to register and monitor the progress of audits, were created. The new module was retrospectively populated with the audits from 2019/20. It was in constant use throughout 2020/21 to update activity on each project.

During the entire audit year, 1st April 2020 to 31st March 2021, COVID had an impact on the delivery of the audit programme, meaning some audits were delayed.

At the start of 2020/21, there were 48 audits on the audit plan. By the end of March 2021, the status of these 48 projects was:

23 reports completed, of which;

- 15 were completed (if there were any actions, they were complete)
  - eight had action plans in progres
  - one awaiting final report and action plan (although verbally presented at Audit Group)
- three awaiting presentation at the Audit Group
- seven in progress
- seven awaiting registration
- seven withdrawn, of which:
  - four were removed from the audit plan due to COVID and other service priorities. Two of these have been added to the audit plan for 2021/22
  - two projects recognised as not being audit
  - one was a duplicate record.

A total of 19 audits was presented to the audit group during 2020/21, as outlined in the table below.

AUDIT ID	AUDIT TITLE
Audit Group Meeting: 20/5/2020	
22	Consent To Clinical Photography
36	Respect Audit
47	Infection Control: Hand Hygiene, Uniform and Bare Below Elbow
56	Assessment and Care Plans Audit - IPU
Audit Group Meeting: 15/7/2020	
18	Bed Rails and Falls Risk Assessment
26	Protected Characteristics Audit
31	Mental Capacity Audit
41	Catheter Audit
Audit Group Meeting: 9/9/2020	
5	Discharge Letter
7	Use of Monofer Infusions
27	Sharps Audit (IPU)
Audit Group Meeting: 11/11/20	
4	Venous Thromboembolism Assessment for Hospice Inpatients
11	Care After Death Documents
13	Catheter Audit
16	Comfort Care Rounding Chart
32	Off Licence Medications Audit
Audit Group Meeting: 13/1/2021	
6	ReSPECT Audit
24	Sharps audit (Medics and Palliative Care Nurse Specialists)
33	Use of Recognising Dying Forms on the IPU at Ashgate Hospice

Audit 47, relating to infection control has continued to be undertaken monthly and the results reported in the quarterly Quality and Patient Safety report.

Below are two examples to show the range of work that has taken place across the clinical teams.

Use of off licence medications

Several medications are used within palliative care for an indication not covered by the marketing authorisation (licence). This is often referred to as 'off-label' use.

Background audit aims and objectives

Background:

Ketamine is a dissociative anaesthetic which has analgesic properties in sub-anaesthetic doses. Ketamine is used in palliative care settings, outside its UK marketing authorisation, for neuropathic pain which is unresponsive or poorly responsive to first line analgesics. It has also been used for phantom limb and ischaemic pain along with intractable incident pain.

Aim:

To determine if Ketamine is being used appropriately in the IPU and if our patients are benefiting from its use.

Objectives: To determine if:

1. patients had been treated with first line analgesics prior to a trial of Ketamine
2. there was a documented decision and indication for Ketamine use
3. patients commenced on Ketamine have a full set of baseline observations and liver function tests (unless the patient is in their last days of life)
4. a test dose was used prior to starting regular Ketamine
5. additional medications were co-prescribed
6. patients on titrating doses of Ketamine have a full set of observations once daily (unless the patient is in their last days of life)
7. the patients benefitted from Ketamine use
8. patients treated with Ketamine experienced undesirable effects during Ketamine titration
9. follow up plans for patients discharged with Ketamine had been carried out appropriately.

Findings and conclusion

This audit shows good practice in the prescribing of Ketamine for patients admitted to our IPU. All the patients treated with Ketamine had received alternative analgesics prior to commencing Ketamine. The indication and regime were documented in the medical notes for all patients. They all received a test dose and had additional medications coprescribed to reduce undesirable effects.

83% of patients had a documented improvement in their pain.

Baseline observation and liver function tests were checked prior to Ketamine commencing. Regular observations during the Ketamine titration phase were performed for all appropriate patients. These are significant improvements compared with last year's audit.

All the patients discharged on Ketamine had appropriate follow

Bed rails and falls risk assessment audit

Background audit aims and objectives

NICE Guidelines (2013) recommend that the following groups of patients should be regarded as being at risk of falling:

- all patients aged 65 or older
- patients aged 50 to 64 years who are judged by a clinician to be at higher risk of falling due to an underlying condition.

However, due to the nature of the clinical condition associated with patients admitted into our care and the medications they are taking to control and relieve symptoms, all patients should be regarded as being at increased risk of falls.

Falls in older people are generally a multi-causal phenomenon with a complex interaction between intrinsic factors. These include: muscle weakness, poor balance, reduced mobility, visual impairment, depression, cognitive impairment and extrinsic factors, such as polypharmacy and environmental conditions.

The purpose of the audit is to ensure that the bed rails and falls (within 24 hours of admission) risk assessments are completed for patients on admission to the IPU.

Findings and conclusion

11 patients were included in the audit between 27th June and 2nd August 2019 (Cycle 1).

20 patients were included in the audit in May 2020. During this time, three patients were audited twice for separate admissions and so were included in the audit for each admission (Cycle 2).

In the areas to compare, the falls risk factors are broadly similar. Most patients are on high-risk medications (Cycle 1 - 100%, Cycle 2 - 95%) and most of the patients had the mental capacity (Cycle 1 - 91%, Cycle 2 - 95%) to be involved in the decisions about the use of bed rails. The record of the patients' having a history of falls is greater in Cycle 2 (45%) than in Cycle 1 (36%).

In Cycle 2, a fifth of the patients had some degree of confusion and a third was independently mobile.

The Cycle 1 conclusion was:

On admission, all patients were assessed for bed rails and recommendations were given. Risk assessments were completed and printed in nine out of eleven patients. However, two risk assessments were not printed and placed in the patient's folder outside their rooms. We cannot ascertain the reason for this from the data retrieved.

The Cycle 2 conclusion was:

- risk assessments are largely being undertaken within 24 hours of admission
- most use of bed rails is appropriately recommended according to the matrix in the policy
- most patients have the mental capacity to understand the need and recommendation for bed rails and almost half of the patients requested bed rails
- however, there are patients who have capacity who have bed rails in place, but there is no record of these patients having requested the bed rails or that a discussion about the need for them has occurred. Staff have been reminded of the need to document discussions with patients relating to the use of bedrails, where these are requested
- bed rails risk assessments are not routinely printed out by nursing staff to limit the amount of paper duplication, since the Inpatient unit uses electronic records. The question **"bed rail risk assessment in folder?"** should be removed from the audit, because this is not carried out by nursing staff and is not mentioned in the current policy. Errors may occur if out-of-date risk assessments stored in patients' notes are not reflective of the most up-to-date assessment process on System One.

What others say about us

Care Quality Commission

Ashgate Hospice is required to register with the Care Quality Commission. In August and September 2014, the hospice was inspected by the Care Quality Commission.

The Care Quality Commission rated Ashgate Hospice as **'Outstanding'** overall and in the following three key lines of enquiry:

- caring
- responsive
- well led.

The hospice was given a rating of **'Good'** in the remaining two key lines of enquiry:

- safe
- effective.

The Care Quality Commission rated Ashgate Hospice as 'Outstanding'

Ashgate Hospice, Commissioner Statement

General comments

NHS Derby and Derbyshire Clinical Commissioning Group (the CCG) is the commissioner for the NHS contract held with Ashgate Hospice in Derbyshire.

Commentary

I am pleased to confirm that the Quality Account submitted by Ashgate Hospice has been reviewed and I can confirm that I am assured of the achievement of the contract related data and quality improvement work that is stated in the Quality Account.

This Quality Account produced gives a detailed overview of the year 2020-2021, outlining the tremendous amount of work that has been undertaken by the team at Ashgate Hospice. As the global covid pandemic has continued, this is additionally noteworthy given that care delivery has not only been maintained, but has been delivered with such passion, high quality and dedication from all their staff.

The 2020-21 strategic priorities set out at the start of the year, outlined a focus on quality improvement, responding to Covid and being "Here for the Future". Ashgate Hospice are to be congratulated for the way in which they have adapted services, supported their staff and supported the wider system in North Derbyshire in response.

The reported experiences of patients and their families in receipt of services from Ashgate Hospice continue to be positive in the most difficult of times for them and this is reflected in the patient and carer feedback throughout. Adapting services such as the Day Service from face to face to a virtual model has provided much need ongoing support for people at home. In addition to this Ashgate Hospice were able to provide a service for Covid positive patients to be admitted to the In-Patient Unit which was undertaken implementing rigorous infection control procedures ensuring people were cared for in a safe environment. This has led to Ashgate Hospice winning the 'Outstanding contribution to infection prevention and control' at the Royal College of Nursing Awards 2021 which is a fantastic achievement.

The Quality Account outlines the quality improvement priorities that have been achieved including across areas such as falls, pressure ulcer management, medication practices, incidents and complaints ensuring the services are continually improving in response to lessons learned. Ashgate Hospice also continues to participate in national clinical audits and research allowing them to benchmark against similar services.

Ashgate Hospice have continued to take an active part working with Derby and Derbyshire CCG and partner organisations across Derbyshire, contributing to the shaping and designing of End of Life services for the future.

Ashgate Hospice is to be congratulated on the completion of their quality account which is exceptionally well written and presented.

Brigid Stacey

Brigid Stacey

Chief Nursing Officer,
Derby and Derbyshire CCG

Ashgate Hospice

www.ashgatehospice.org.uk

Ashgate Hospice Registered Charity Number 700636.

To find out more about Ashgate Hospice and how you can support our vital work, please get in touch:

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