



Ashgate Hospice
Quality Account

2021-2022

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Introductory statement

We are delighted to introduce the 2021/22 Quality Account for Ashgate Hospice. In this report you will find information and updates on the work we have done to deliver our vision and purpose, and our strategic ambitions. The report also includes progress reports against the three quality priorities we identified for the year, and what we will focus on for the coming year.

This has been another challenging year for our workforce and for our patients and their loved ones. In common with other healthcare providers, we have struggled with the disruption of COVID absences and isolation requirements across our workforce but we have kept all of our services open, with some moving to virtual or phone support. As during the previous year, a number of our clinical staff were redeployed at different times to safeguard patient care and safety.

It is a credit to the hard work and dedication of our staff and volunteers that feedback about our care continues to be overwhelmingly positive. Our robust infection prevention and control efforts mean that we have had no COVID-19 outbreaks throughout the pandemic whilst still maintaining visiting for all hospice inpatients.

As a result, the Ashgate Inpatient Unit team won the first Outstanding Contribution to Infection Prevention and Control Award from the Royal College of Nursing in November 2021. It was a well deserved honour for everyone involved in running the unit and we would like to take this opportunity to celebrate them for their commitment and passion for safe and high quality end of life care.

Our community teams have continued to work in new ways to ensure that we are doing everything to enable patients to be cared for at home and to die at home in familiar surroundings with the people they love. They truly are the frontline of our care and are to be thanked for their dedication and resilience.

Along with our values, we take a 'One Ashgate' approach to everything we do, and the continued quality improvement of our services is no exception. Every member of staff and volunteer, wherever they work, play a vital role in our patient care. We continue to be rated 'Outstanding' by the Care Quality Commission and thanks are due to our Quality Improvement team for their leadership and promotion of quality improvement in our clinical directorate in particular.

Ashgate has a longstanding commitment to the wellbeing of our staff and volunteers and this year we invested in a new post of Health and Wellbeing Advisor to put that commitment into visible action, including a monthly wellbeing events calendar, support groups and tailored interventions for teams who are facing specific challenges.

We have also invested in a post to support our equality, diversity and inclusion work. This role is part of the Learning and Organisational Development team and will enhance our commitment to ensure that Ashgate is open to everyone who needs us, and that we are welcoming and celebrating staff and volunteers from diverse backgrounds.

We continue to play a unique role in the end of life care sector in Derbyshire, and to work in partnership with other providers and stakeholders. We are active members of the Joined Up Care Derbyshire (JUCD) End of Life Programme Board and its associated workstreams. At an operational level, our clinicians work closely with other health and social care providers to make sure that patients and their families receive the care they need, when they need it, as seamlessly as possible.

Locally and nationally, we have continued to use our voice to raise awareness of the instability of the current funding model for end of life hospice care, and the risk that represents not only to patients but to the NHS who, de facto, rely on charity fundraising to fund the majority of this necessary care.

Our Ashgate Governance Framework sets out a robust hospice-wide governance and assurance structure. This has fully developed operational alignment and an emphasis on the 'golden thread' from frontline to Board. Governance of our clinical care is overseen by the Healthcare Quality Committee which includes clinical quality and safety, evidence-based care, and patient experience in its portfolio. Membership is drawn from the Trustees and senior leadership, and the committee meets quarterly. It receives reports and assurance from a number of operational clinical groups and committees and, in turn, reports directly to the Board of Trustees.

This year's Quality Account has been prepared by our Quality Improvement team, under the leadership of our Director of Quality and Patient Care, and with support from other teams across the hospice. The Ashgate Board of Trustees has endorsed our Quality Account for 2021/22.



Penny Brooks

Penny Brooks
Chair of Healthcare Quality Committee



Barbara-Anne Walker

Barbara-Anne Walker
Chief Executive

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 2022/23

Priority 1: Develop models of care delivery that integrate with community settings across North Derbyshire

We will continue to work with the wider health community, extending our services to reach patients and their loved ones who require palliative and end of life care, including counselling and bereavement support.

We will implement a locality based working model and work towards a greater integration into 'place-based' teams within Joined Up Care Derbyshire (JUCD), the local Integrated Care System.

Priority 2: Continue to actively promote our organisational values and a culture of learning and support

We will continue to actively support our workforce and their wellbeing by providing an environment that supports and encourages reflection and learning. The wellbeing of our staff and volunteers is vital to enabling them to continue to provide excellent care and support for patients and their loved ones.

We are committed to an open, supportive and learning culture, providing safe and effective care, and welcome the introduction of the new national Patient Safety Incident Response Framework. During 2022/23 we will use a phased approach to the introduction of the new framework and will provide education and training in relation to this in collaboration with our Learning and Organisational Development team, via Patient Safety Study days and cascading via team meetings.

We will continue to review how we can most effectively engage with patients and their loved ones to encourage them to highlight areas where our services could be improved.

Priority 3: Implementation of a single point of access for all referrals to our services

We will create a single point of access for all referrals ensuring that patients and families receive the right care from the right team at the right time. This will also enable more effective monitoring of activity and service demand.

Priority 4: Develop new innovative ways of working

We will further develop the Ashgate outpatient and day care service on the Old Brampton site to ensure that patients with complex needs receive early person centred assessment, treatment, and review in a multi-disciplinary setting. This will give patients access to coordinated medical, nursing, therapy, and supportive care services.

We will continue to develop new ways of working to ensure our services can reach everyone who needs them.

We will work with other providers across JUCD to develop a virtual ward to enable greater levels of care closer to home and reduce the necessity for prolonged acute hospital stays.



52 members of staff have completed the bronze level QI training over 21-22.

Priorities for improvement from 2021/22

Priority 1: Quality Improvement (QI) development

We have continued to focus on building a culture for learning and improvement, which ensures that every member of staff and all volunteers feel they are able to play their part in improving the services we provide.

The Inpatient Unit (IPU) QI programme continued throughout 2021-22, with staff engaging in opportunities to be involved in and lead the improvement work. This work was undertaken in collaboration with teams across the hospice including Learning and Organisational Development, Supportive Care, Marketing and Communications and the medical team.

Work included:

- continuous improvement in all care plan templates
- review of clinical skills and specialist palliative care knowledge and development
- safe staffing
- newly developed palliative care induction day for all new starters and a complete review of the induction programme
- introduction of National Early Warning Score (NEWS) 2.

All IPU staff have completed two Patient Safety study days, which covered accountability and decision making, falls, medicines management, introduction to clinical human factors, incident reporting and investigations, Duty of Candour, and CQC monitoring. These have created opportunities for staff to discuss any concerns, ask questions and generate improvement ideas.

The bronze level QI training programme has continued to be offered for all staff and volunteers. 52 members of staff have completed the training over 21-22.

Priority 2: Reflective practice

We shall continue to roll out the Reflective Practice Programme, developed with our clinical services, across the whole organisation.

Reflective practice sessions have been facilitated on a monthly basis. Our Reflective Practice Lead continues to support the staff who facilitate the sessions, providing training which is available to staff and volunteers. There was an initial focus on embedding reflective practice in all clinical and supportive care teams, and in addition this has now been extended to the business side of the hospice. Sessions are offered as single monthly events or one to one sessions, as and when requested by staff. A five hour Continuing Professional Development (CPD) reflective practice training offer is now available via the e-learning platform for staff and volunteers to access and outcomes will be monitored across the next 12 month period.

Priority 3: 'Here for the Future'

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

We have continued to review our skills mix to ensure our workforce has the right skills to meet our patients' needs. We identified the potential for a nurse associate role to improve the support available to our most complex patients on the IPU, and will recruit to this role in 2022-23 with a view to developing some of our own Healthcare Assistants through a Trainee Nurse Associate programme in 2023-24.

We have focused on maintaining the specialist skills of our IPU team, delivering face to face learning throughout the pandemic to assess core skills, share knowledge from internal experts, and bring in partners to support where needed. Links with the Chesterfield Royal Hospital have been invaluable in this, and we will continue to work closely with them and others within JUCD to share induction training, e-learning and specialist Continuing Professional Development.

We have continued to enhance the skill requirements of our Specialist Palliative Care Nursing team, ensuring our staff are confident in non-medical prescribing, advanced physical assessment and consultation skills, advanced communication skills training and advanced pain and symptom management.

We have also worked with our volunteer teams to ensure their continuing development to meet patient needs. Volunteer Ward Assistants have undertaken wheelchair training to help patients access our gardens and visit with family and friends outdoors, and briefings to better understand patients' nutrition and hydration needs.

We followed up the findings of last year's staff and volunteer surveys with a pulse survey to check the stress levels, wellbeing and engagement with learning of the workforce. This showed a slight increase in understanding of our wellbeing offer and decrease in significant stress experienced by clinical teams. Increased 1:1 support for all staff and development of managers in these teams is planned for 2022-23 to further improve this.



Our wellbeing offer has helped decrease stress experienced in our clinical teams.

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.

Due to the ongoing COVID-19 pandemic, it was not possible to reinstate full Day Services on site at the hospice during 2021/22 as footfall to the Old Brampton site was limited and day service staff were redeployed to support the IPU as required. Day Services staff continued to maintain contact with patients remotely via telephone and video links to provide support and, where required, to escalate care to other teams. A twice weekly virtual coffee and quiz session allowed patients to meet others and take part in the activities. A tablet loan scheme was initiated for those who did not have access to technology or the internet.

In addition to this, the team were able to pilot sessions at the Community Hub based in Hasland in Chesterfield. Patients were offered face to face education sessions including the Living Well Programme, chair-based exercises, craft activity sessions, drop-in sessions, Nurse Assessments, and access to Complementary Therapy.

Sessions at the hub offered peer support and access to Day Services staff in a friendly and non-clinical environment without having to travel to the hospice. Although the numbers of patients accessing the service was small, the feedback was extremely positive, and the

team are therefore discussing the service with GPs and are looking at potential additional sites across North Derbyshire that could be used to facilitate a similar program moving forward.

MDT outpatient appointments

Every Wednesday afternoon Day Services now have appointments available with the Speciality Doctor to discuss symptom management issues and advanced care planning. These are held face to face at the hospice and offer the opportunity to meet other professionals such as therapists and social workers, as needed, combined in one outpatient visit.



A tablet loan scheme was initiated for those who may not have access to technology or the internet.

Mandated statements

Review of services

In 2021/22, Ashgate Hospice provided the following services.

Onsite services included:

- 15 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
- specialist palliative care nursing team
- physiotherapy
- occupational therapy
- day services (provided virtually due to COVID-19 restrictions)
- trauma support and supportive care for healthcare professionals from other agencies
- social work
- bereavement support
- support for care homes
- benefits advice.



Participation in national clinical audits

During 2021/22, Ashgate 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 worked with a small number of other hospices and Hospice UK to review the guidance for the reporting of medication incidents and pressure ulcers to improve consistency of data submitted from all organisations.

Participation in national research

During 2021/22, We resumed our involvement in the MePHAC research, which explores treatment for fatigue in advanced cancer, with 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 very fortunate to have a wonderful community of supporters. In 2021/22 we generated £3m sales in our shops and £5m income from our fundraising activities. Without that we would not have been able to provide the vital care and support that our community needs.

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 staff are special at Ashgate. They are skilled, compassionate, and open.

"Ashgate made Dad feel as comfortable as he possibly could be. I honestly do not know how we would have managed without them; we all have an increased respect for the work they do and the need for the specialised approach that is needed for people who are at very vulnerable stages of life."

Karen, whose father was cared for by Ashgate Hospice in his final moments.

2021/22 continued to be challenging, with a range of restrictions on our normal income generation activities, but with continued demand for our services.

Quality improvement and innovation goals agreed with our commissioners

The following is a summary of the key performance indicators agreed with our commissioners in 2021/22:

- more than 80% of patients referred will be admitted within two working days
- bed occupancy rate will be higher than 80%
- patients' and carers' experience surveys will be completed and should demonstrate a satisfaction score higher than 80%.

All of the above were achieved.

Review of quality performance

Data quality

During 2021/22, 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 17 of the NHS Data Security and Protection Toolkit on the 29th June 2021. We completed all mandatory requirements and maintained our 'Standards Met' (green) status. We continue to engage 360 Assurance as our external auditors, who have previously confirmed that we are able to demonstrate 'significant assurance'. Due to the COVID-19 pandemic they were unable to review the submission of the toolkit in 2021/22, and their next review is scheduled to take place in May 2022.



Clinical services activity

In this section, we present data for the period 1st April 2021 to 31st March 2022.

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

In 2021/22, our clinical teams had 46,863 interactions with patients or their loved ones, either in their own homes or as outpatients:



We saw an increase in the number of face-to-face contacts, with a reduction in telephone and video contacts compared to 2020/21 as teams were able to again, further adjust and adapt their ways of working with patients and families, as national guidance and restrictions fluctuated according to the changes in the pandemic and ensuring that our services continued throughout the COVID-19 restrictions.



Lydia Williams, community Specialist Palliative Care Nurse

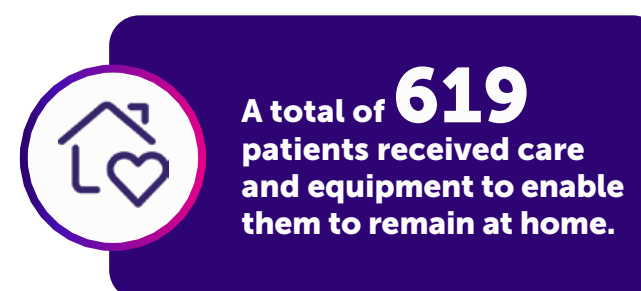
Community services

Ashgate Hospice has a specialist community team, that covers the North Derbyshire area.

The community team includes the Specialist Palliative Care Nursing team, Occupational Therapists, Physiotherapists, Social Workers, Supportive Care professionals and Palliative Care Consultants.

Throughout 2021/22, our Palliative Care Nurses and Palliative Care Support Workers provided support for 1,294 patients at home. They undertook 2,624 face-to-face contacts and 16,993 contacts via telephone or secure video calls.

In addition to this, our medical team provided care for 134 individual patients in the community, while our Physiotherapists and Occupational Therapists provided care and equipment for 263 and 356 patients respectively, to enable them to remain at home.



"I love having the opportunity to make a difference to people's lives – it really is a privilege."

Lydia Williams is one of the community Specialist Palliative Care Nurses at Ashgate Hospice and has been caring for patients and their families in their homes for almost 14 years now.

From working with other hospice teams to ensure patients are comfortable to prescribing the correct medication so their symptoms are under control, Lydia provides complex care to people who are nearing the final months, weeks and days of their life.

2021/22, Palliative Care Specialist Nurses and Palliative Care Support Workers provided support for:

1,294
patients at home.

2,624
face-to-face contacts

16,993
non face-to-face contacts.



Inpatient Unit (IPU)

In 2021/22, the IPU had 15 beds open. There was a small increase in the number of referrals to our IPU (488) compared with 2020/21 (464). Overall, our IPU provided care for 345 individuals and their loved ones, a slight decrease (5%) compared to 2020/21. Our average bed occupancy for the year was higher than in 2020/21 at 85% and remained consistently higher than the national average for adult hospices of a comparable size (65%).

The average length of stay for patients was slightly higher at 12.5 days, compared to 11.5 days in 2020/21. This resulted in a slight fall in our quarterly average throughput of patients (number of discharges and deaths divided by the number of beds) from 5 in 2021/22 to

4.5 this year. However, Ashgate throughput remains higher than the national average for hospices of a similar size (3.7) and for all adult hospices (4.3). The majority of patients were admitted on the day of referral or the following day but staffing challenges and a lack of available beds resulted in a decrease in the number of patients admitted within two days of referral to 87%, compared to 95% in 2020/21.

"The hospice allowed Julie to spend her final moments in peace. The last thing I'd want was for her to have an unpleasant death; she'd suffered enough already. Ashgate gave her a very calming and peaceful end to her life and I'm enormously grateful for this."

Steve, husband of Julie, who was cared for in our Inpatient Unit.

Overall, our IPU provided care for 345 individuals and their loved ones

-5%
decrease on 2020/21.



Day Services

During 2021/22, the day services facility on site remained closed due to the pandemic and concerns for patient safety. At both the beginning and end of the year, some of the staff were redeployed to assist on the IPU and to provide support to the supportive care service. Between August and December face to face sessions with patients continued at the community hub at Hasland, providing a 'Living Well' program with occupancy ranging between 35%-60%. In addition, from November 2021, the service began the pilot of outpatient sessions. The team continued to stay connected with patients already on its caseload and to provide support remotely, contacting patients via telephone, and video contact, and maintaining the virtual group sessions over zoom. The team made a total of 2,856 telephone calls to patients and/or families in 2021/22 to provide support and offer supportive care, compared to 2,212 in 2020/21.

The team is continuing to review the day service model and the potential to expand and reach more patients at an earlier stage. In 2022/23, we will be trialling multidisciplinary outpatient sessions at the hospice where patients can access a range of services on the same day such as medical review, physiotherapy and complimentary therapy.

2,856

telephone calls to patients and/or families in 2021/22 to provide support and offer Supportive Care Services.



Lymphoedema Service

The COVID-19 pandemic also continued to impact on the lymphoedema service, as staff were redeployed at the beginning and end of the year to assist with care on the IPU. However, the team were able to restart some outpatient sessions, in addition to treating inpatients as lockdowns and restrictions eased. The team provided care for 474 individuals and had 747 face to face contacts with patients in 2021/22 compared to 324 in 2020/21. They have continued to have telephone and video calls with patients throughout the year.



The team held **747** face-to-face appointments with patients compared to 324 in 2020/21.

"To be honest I thought a hospice was somewhere where people just went to die but it's not the case, it's much more than that."

"I would recommend the services of Ashgate to anyone because it is a big help. You can find out so much useful information with the people and services that are made available to you. You can always ring them up and ask them about something. It really is a great thing and I'm grateful to have had the opportunity to be involved with it."

David, who has enjoyed attending the virtual day hospice services.

Therapy Service

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

The majority of occupational therapy activity is provided in the community, providing support and equipment to 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. They work proactively to enable people with a range of life-limiting conditions to die at home, and work together with other health and social care providers across North Derbyshire.

Physiotherapists, occupational therapists and technical instructors provided care for

569 & 724
individuals

The Physiotherapy team continued to see patients in the IPU throughout the pandemic. Exercise sessions in the gym at Old Brampton were suspended, but armchair exercise sessions were provided at the Community Hub at Hasland as part of the Day Services Living Well Programme. The Physiotherapy team and the Occupational Therapy team provided care for 569 and 724 individuals respectively during 2021/22. In total, the therapy services undertook 5,597 telephone contacts and 2,253 face-to-face contacts.

Supportive Care Service

The aim of the supportive care team 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, Art Therapists, Complementary Therapists, a Benefits Advisor, Counsellors, Spiritual Care Practitioners, and professionals 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 2021/22 and provided support for 586 individuals. The team had 2,939 face-to-face contacts as well as 5,953 telephone contacts.

The total therapy service undertook:



5,597
telephone contacts



2,253
face-to-face contacts

This year saw the rapid transition of service provision from face-to-face to virtual care. Group support and counselling were adapted within a month and no client experienced a break in the service offered.

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 service due to the increased risk of social isolation and complicated grief responses, arising from the pandemic restrictions.

During 201/22, the Supportive Care Service, provided

5,066 telephone contacts



1,207 face-to-face contacts



and worked with

380 children from 0-18 years of age



Bolsover Children's Service

The team continued 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 pilot was made possible due to Children in Need funding. Its success and the clear positive impact resulted in a significant private donation being received to enable the project to continue and expand across more of North Derbyshire in the future.

By the end of March 2022, the service had worked with 380 children in the following age groups:

0-4yrs: 16
5-9yrs: 89
10-15yrs: 228
16-18yrs: 47

Most of the children accessing support are between the ages 10-15 years which reflects the profile of schools which are most eager to refer and seek help and support. We also see a dip in referrals during July and August, due to school closure and holidays.

The team have developed a number of additional services including:

- animation therapy which is effective for 16-17 year olds
- an in-depth training programme for other professionals
- a new drop-in within the Bolsover community for children and families to increase peer support. This provides an opportunity for parents and families to support one another and feel less isolated or reliant on professionals, along with therapeutic play for the children.

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.

The Clinical Quality and Governance Committee and Healthcare Quality Committee receive quarterly reports outlining the outcomes and activity within clinical services. These reports includes any clinical incidents that have been reported, themes and trends, actions taken, and lessons learned. They also contain 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 2021/22.

Grade of ulcer	Developed in our care (new)
Category 2	50
Category 3	10
Category 4	0
Deep Tissue Injury (DTI)/Ungradable	35

The 'SWARM' process was introduced in April 2019, and continues for any new pressure ulcer at Category 3 or above. 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. The IPU staff continued to work with the QI team to look at ways of further reducing the risk of pressure damage developing in patients in our care. During May we held 'Stop the pressure month' with several education sessions for staff focusing on topics such as categorisation, prevention and treatment, care planning and documentation.

An online education module 'React to Red' was introduced via Relias, (our online training system) which all ward nursing staff on IPU completed. In addition, Pressure Ulcer Management has been a subject included on recent patient safety study days which all ward staff will attend. The theme has been around the type of risk assessment tool used and the introduction of a new tool, Purpose T, which has been developed by Leeds University Hospitals and adopted by Chesterfield Royal Hospital. Training on the use of the tool was completed for all staff, and the relevant templates and care

plans on SystmOne updated, the tool was subsequently implemented in December 2021. The use of the tool and new templates will be audited in 2022/23.

Mandatory training and staff education

During 2021/22, continuing education for the clinical workforce was challenging due to COVID-19 restrictions. To keep the footfall on the hospice site down, most face-to-face education was suspended. However, 95% of relevant staff and volunteers completed education and training in relation to Safeguarding, the Mental Capacity Act and the Deprivation of Liberty Safeguards. Also, 89% of clinical staff attended additional essential training, 93% attended role-specific training, and 72% of volunteers who work in the IPU completed role-specific training.

Schwartz Rounds continued over Teams (see below). In addition, during September 2021 the QI Team initiated two full day patient safety education sessions for IPU staff. Twenty days were completed including sessions about accountability, falls, medication incidents, incident reporting and investigation, an introduction to human factors, Duty of Candour, and QI Bronze training. The sessions are continuing, and the content is currently under review.

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 and volunteers 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.

Quality improvement training

In the last year, QI Bronze level sessions were completed by 45 members of staff. The bronze training is an introduction to Quality Improvement principles and the Model for Improvement. It provided participants with the skills to develop, test and evaluate quality improvements and to build a culture of continuous improvement.

Medication incidents

The hospice participates in the Hospice UK national benchmarking program, along with over 140 participating hospices. Ashgate is benchmarked against other hospices who are of a comparable 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.

During 2020/21, we had no hospice-acquired 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 were found to be positive.

In March 2020, we actively responded to the impact of COVID-19, including opening the Lavender Wing in our IPU and this continued throughout 2021/22. The Lavender Wing provides a separate barrier nursing area for infection prevention and control. A Standard Operating Procedure for staff in the management of COVID-19 patients was drawn up in line with national guidance. This was updated, as and when required, and was available to all teams on SharePoint.

All patients were swabbed on admission for COVID-19 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. 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-19 infections.

We were very proud that the hospice received a national award from the Royal College of Nursing in November 2021 for our outstanding contribution to infection prevention & control on our IPU.

The hospice received a national award from the Royal College of Nursing in November 2021 for our outstanding contribution to infection prevention & control on our IPU.



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 Medicines 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

During the audit year, 1 April 2021 to 31 March 2022, the COVID-19 pandemic continued to have an impact on the delivery of the audit programme as staff were again redeployed from their usual roles to the IPU.

The Audit Module using the Vantage Technologies Sentinel programme continued to be used to manage the whole audit programme. During the year as audit cycles were completed and new audits and re-audits were added the total number of audits being reported on was 58.

31 audits were shared at the Audit Group meeting throughout the year compared with 19 the year before.

During the audit year 2021/22

58 total audits were reported on

31 audits were shared at the Audit Group meeting throughout the year compared with 19 the year before



2	Re Audit	Controlled drugs	19/05/2021
19	New Audit	Availability of Just in Case medications at End of Life	19/05/2021
20	Re Audit	Use of Systm One fall back cards	19/05/2021
49	Re Audit	Protected characteristics Audit	19/05/2021
57	Re Audit	Assessment and Care plans Audit - IPU	19/05/2021
62	Re Audit	Catheter Audit	19/05/2021
63	New Audit	Use of winter beds on IPU at Ashgate Hospice	19/05/2021
65	New Audit	Environmental Management of COVID-19	19/05/2021
25	Re Audit	The Management of Terminal Agitation Audit	14/07/2021
1*	Re Audit	Infection control: Hand hygiene, uniform & bare below elbow	14/07/2021
12	Re Audit	PLACE Ward Food Audit	14/07/2021
17	Re Audit	Blood Transfusion	14/07/2021
61	Re Audit	Hand hygiene walk around (2020)	14/07/2021
30	New Audit	Record Keeping Audit	15/09/2021
70	Re Audit	Consent to Clinical Photography	15/09/2021
71	Re Audit	Catheter Audit	15/09/2021
73	New Audit	IPU Whiteboards in Patient Rooms	15/09/2021
74	Re Audit	Patient ID Bracelet Audit	15/09/2021
77	New Audit	SC administration of JIC drugs by carers	15/09/2021
69	Re Audit	Bed rails and Falls risk assessment	10/11/2021
72	Re Audit	Comfort Care Rounding Chart	10/11/2021
78	Re Audit	Discharge Letter	10/11/2021
79	Re Audit	Venous thromboembolism assessment for hospice inpatients	10/11/2021
81	Re Audit	Respect Audit	10/11/2021
67	Re Audit	Infection control: Hand hygiene, uniform & bare below elbow	16/03/2022
75	New Audit	Consent to treatment	16/03/2022
76	Re Audit	Hand hygiene walk around (2021)	16/03/2022
85	Re Audit	Off Licence Medications Audit	16/03/2022
86	Re Audit	Use of Recognising Dying Forms on the IPU at Ashgate hospice	16/03/2022
87	Re Audit	Catheter Audit	16/03/2022
89	New Audit	Oral Care Audit (revised policy)	16/03/2022

* Audit 1 relating to infection control continues to be undertaken monthly in addition to environmental cleanliness audits. The following is an example of work that has taken place with the clinical teams.

Availability of Just in Case medications at end of life

Background audit aims and objectives.

Background

In March 2017, NICE published their new Quality Statements in Care of Dying adults. Quality statement three states 'Adults in the last days of life who are likely to need symptom control are prescribed anticipatory medicines with individualised indications for use, dosage, and route of administration'.

Methodology

The records of 46 individuals admitted to the CNS Chesterfield & High Peak community nurse caseloads who died at home between 1 April 2021 and 31 March 2022 were audited. The sample was drawn from the clinical information system (SystmOne). Patients randomly selected from the list to include patients from both teams.

Aim

To re-assess that the Palliative Community Nursing team are continuing to meet the standards that the JIC medications are prescribed and individualised prior to a patient's death.

Objectives

1. To ensure the JIC medications are in place prior to the patient's death
2. To identify if the JIC medications are utilised
3. To ensure that the JIC medications are individualised.

Findings and conclusion

The JIC medicines were used by almost three-quarters of the patients in this audit cycle compared with the first where use was at just over half of patients. From review of the patient notes the auditors found that, where patients were not using JIC, they were not required because the patients were settled and symptoms were being managed by alternative means. 93% of the patients who needed individualised JIC medicine in place had them available. Three patients did not have individualised JIC in place; in these three cases the JIC medications were provided by other healthcare professionals outside of the hospice. They may have been in place prior to Ashgate community nurse involvement, but the audit indicated that they were not subsequently being checked or adjusted checked by the nurses. As a result, the team have been reminded to ensure there is clear documentation of any JIC medication and any subsequent review.



What others say about us

Care Quality Commission

Ashgate Hospice is required to register with the Care Quality Commission.

We were last inspected by the Care Quality Commission in August and September 2014 to assess compliance with the legal requirements and regulations under the Health and Social Care Act 2008. The rated Ashgate Hospicecare 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.

We were not subject to an inspection or visit by the CQC during 2021/22. We have continued to have regular monitoring meetings and calls and continue to be rated Outstanding overall.

**The Care
Quality
Commission
rated Ashgate
Hospice as
'Outstanding'**



Ashgate Hospice, Commissioner statement

General comments

NHS Derby and Derbyshire Integrated Care Board (formerly Derby and Derbyshire Clinical Commissioning Group) is the commissioner for the NHS contract held with Ashgate Hospicecare in Derbyshire.

Commentary

I am pleased to confirm that the Quality Account submitted by Ashgate Hospice has been reviewed. 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 2020-21, outlining the tremendous amount of work that has been undertaken. For a second year, under considerable challenges posed by the covid pandemic, this is a huge achievement. The staff at Ashgate Hospice have demonstrated their ongoing passion, resilience and dedication in delivering high quality services and have ensured there were no covid outbreaks during this time.

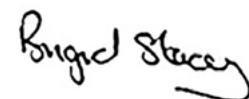
The 2020-21 strategic priorities set out at the start of the year, outlined four key priorities including a focus on the developments in the clinical workforce. Reviewing the skill mix across the services has allowed the Ashgate team to utilise the most appropriate skills, including the use of the volunteer workforce, to best meet patient need. Added to that, with the appointment of the new post of Health and Wellbeing Advisor, this has ensured Ashgate are in a good position to support staff wellbeing effectively, particularly critical following the covid pandemic.

Ashgate have continued to demonstrate that quality improvement is at the heart of all Ashgate activity with over fifty people completing the bronze level Quality Improvement training programme.

The Quality Account outlines ambitious priorities for 2022/23 including working towards better integration of services within Joined Up Care Derbyshire (JUCD), the local Integrated Care System and I look forward to seeing the collaboration develop during the next year.

Ashgate Hospice remains a dedicated partner as a member of the End of Life Board in the designing of end of life services that will be fit for the future. This will continue to be an essential part of partnership working within the Integrated Care System as it develops.

Ashgate Hospice is to be congratulated on the completion of their 2021-2022 quality account which is well written and presented with positive outcomes for the people of Derbyshire.



Brigid Stacey

Chief Nursing Officer,
Derby and Derbyshire CCG


NHS Derby and Derbyshire Clinical Commissioning Group was the commissioner for the NHS contract held with Ashgate Hospice in North Derbyshire during this year.

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

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Ashgate Hospice Registered Charity Number 700636.