

Ashgate Hospice

Quality Account

2023–2024



 **Compassionate
care for everyone**

www.ashgatehospice.org.uk

 **Ashgate
Hospice**

Registered Charity No. 700636

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Introductory statement

We are delighted to introduce the 2023/24 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, achieve our strategic ambitions, and ensure that we continue to provide high-quality care for everyone who needs us in North Derbyshire.

The report also includes progress reports against the four quality priorities we identified for the year, and what we will focus on for the coming year.

You will read about our continuing emphasis on quality improvement and learning for all of our services and teams, clinical and otherwise. As part of our implementation of the new Patient Safety Incident Response Framework we have appointed a dedicated patient and experience complaints lead to work with our teams to capture feedback consistently and ensure that it is put into practice.

Our Single Point of Access (SPA) team was established this year and patient feedback has confirmed the positive impact on their experience from first contact with the hospice. Early indications are that the Single Point of Access is also freeing up capacity in our clinical teams.

In early 2023, we launched our Virtual Ward, one of a small number of hospice Virtual Wards in the UK. By April 2023, the service was fully operational, managing patients with complex unstable needs at home to avoid acute or hospice admissions. The team cared for 175 patients in the year and only six were admitted to an acute or hospice bed. It is evident that our Virtual Ward model is highly effective not only in terms of patient experience, but also in saving over 1500 bed days in the local acute trust. At the time of writing, we await news about continuing funding for this service and we want to thank the Virtual Ward team for their hard work and commitment despite ongoing uncertainty.

Our Children and Young People's Service continues to develop, thanks to a generous restricted funding donation. The service continues to work in schools, and directly with children and families including peer support groups and family groups. This year the team have increased their presence on the Inpatient Unit to support children and young people to better understand what is happening.

It is particularly pleasing to share the news that our Inpatient Unit have been able to increase patient numbers by over 10% this year, whilst continuing to build the skills and expertise of staff on the unit. That has been combined with a reduction in staff turnover, further development of volunteer roles as part of the Inpatient Unit team and an increase of 10% in staff satisfaction with their job, as measured by the most recent pulse survey. This is in no small part thanks to the clear and effective leadership of our Director of Care Services and our Director of Quality and we are grateful to them both for their vision and hard work.

Every member of staff and volunteer who works for the hospice, in any role, is vital to our One Ashgate approach to our care. We would like to take this opportunity to particularly celebrate everyone who works or volunteers for Ashgate for their commitment and passion for safe and high quality end of life 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 across the hospice, especially with our clinical directorate.

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 Improvement, and with support from other teams across the hospice. The Ashgate Board of Trustees has endorsed our Quality Account for 2023/24.



Ruth Cooper

Ruth Cooper
Healthcare Quality Committee Chair



Barbara-Anne Walker

Barbara-Anne Walker
Chief Executive

Our vision

Our vision is for everyone with a life-limiting or incurable condition to be able to live well and experience a good death. We want them, and the people who are important to them, to have the right information and support, and to feel cared for and understood.

Our purpose

We offer specialist palliative and end of life care and bereavement support. We also campaign for better care and educate others about these crucial services. Our aim is to grow as a centre of excellence, working with the wider healthcare system with energy, openness, compassion and hope.

Our values

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



Priorities for 2024/25

Priority 1: Listen to our patients and their families to improve our care

In 2024/25, our patient experience and complaints lead will work with teams across the hospice and with colleagues in the wider health community. Together, they will gather feedback to help us improve the experience and services we offer to patients and those important to them.

Priority 2: Continue to develop a Single Point of Access

We will continue to extend our Single Point of Access. The funding was agreed to recruit an additional clinical assessor and care coordinator into the team. This will allow more flexibility within the current team and expand the service to other services such as the Inpatient Unit, Day Services, and the Physiotherapy and Occupational Therapy teams. Lymphoedema are expected to join the process this year as a separate speciality.

Work began in April to redesign and improve the referral pages of the Ashgate website to streamline the pathway for referrers. The website changes are expected to roll out in the second quarter of 2024/25. This year, there are plans to improve this by creating online referral forms.

Priority 3: Share the learning from our quality improvement work

We will develop ways to share learning and improvements across the organisation.

Our goal is to promote and celebrate the vast range of improvement work that is happening in all departments and encourage staff involved in improvements to evidence and evaluate the work they do. We will develop poster templates with the Marketing and Communications team to have a standardised quality improvement poster design for staff to use. We will promote our newly introduced improvement library on SharePoint which displays all the projects developed and implemented through the QI Silver Project Management training course and QI posters. We plan to display improvement work for patients, staff and visitors to see.



In 2024/25 we will continue to listen to our patients and their families to improve our care.

Priorities for improvement from 2023/24

Priority 1: Listen to our patients and those important to them to improve our care

In 2023/24, we have continued to review and expand on the methods used to obtain feedback from our patients and their loved ones. The Patient Experience and Complaints Lead has worked alongside all teams across the hospice and with patients and their families to gather ideas and feedback to continue to improve the service we offer. We now have a number of methods by which patients and families can provide feedback or raise concerns including questionnaires, QR codes, postcards and feedback from the Medical Examiner's Office.

Priority 2: Increase access to pre-bereavement support for children and young people

In 2023/24, we increased the provision of pre-bereavement support and intervention for children and young people with



an aim to reduce inequalities in later life and reduce the impact of Adverse Childhood Experiences. We have started drop-in sessions each month within the Inpatient Unit for children. We have also commenced pre-bereavement family group sessions and teenager group sessions on a monthly basis. The immediate feedback from those participating provides evidence of lessening isolation and anxiety.

Priority 3: Continue to develop the virtual ward model

During 2023/24 we continued to develop our Virtual Ward. The team received 240 referrals, they cared for 175 individuals, had 449 face-to-face contacts and 1,537 telephone contacts. Our Virtual Ward has enhanced quality specialist palliative and end of life care, supporting people to meet their preferred place of care and death, all patients have been seen within 48 hours of referral, 85% seen within 24 hours and acute hospital admissions have been avoided. We await the outcome of a business case to allow us to continue this service.

Priority 4: Continue to develop a Single Point of Access

We now have a Clinical Assessor and Care Coordinator in place, who are currently focusing on all Clinical Nurse Specialist and some Virtual Ward referrals. This has shown that capacity would need to increase to extend the process to other services. As a result, new business cases were developed to support this.

In 2023/24 we increased the provision of pre-bereavement support and intervention for children and young people

The single point assessment template is currently in a testing period to ensure that all the right information is being captured at the point of referral and will be improved upon review. New referral forms have been created to capture better data at referral. New website pages are in development to streamline the pathways for referrers to make a referral and ensure that they are using the correct form.

With learning, time and further development the Single Point of Access is now beginning to make more contacts with patients at point of referral and assessing the need in a timely way. Patient contact at single point is up 40% since the first pilot and almost all referrals received a contact from Single Point of Access within 48 hours of referral. Patient feedback from the Single Point of Access team has also been positive and patients feel like they are being supported from the point of their referral being received. Patients who also decline service support are provided with the advice line number and information of the hospice should they wish to be supported in the future. For the Clinical Nurse Specialists team it has saved time in triaging and assessing new referrals, and building relationships between the Clinical Nurse Specialists team and Single Point of Access are beginning to show with the decision for the Clinical Nurse Specialists team to stop triaging patients altogether from May 2024. This is one of the impacts we hoped we would see from implementing the single point. By removing the assessment of referrals phase from the Clinical Nurse Specialists team, capacity for clinical work will increase.

Priority 5: Develop new and innovative ways of working

In April, we went live with our Virtual Ward. The purpose of a Virtual Ward is to provide safe palliative and end of life care in the patient's own home, including care homes. The aim is to manage complex and unstable needs at home, avoid acute hospital admissions or support until a bed is available at the hospice. This was facilitated by a dedicated team providing face-to-face visits and the use of digital technology. Supported by the wrap-around team at our Inpatient Unit and Clinical Nurse Specialists team for out-of-hours and weekend support. Working collaboratively with primary and secondary care to support the needs of our palliative and end of life care patients and supporting carers while on the Virtual Ward, transferring care to services for ongoing support when discharged from the Virtual Ward.

In addition to setting up a new service, we have also identified needs, and adapted and created development frameworks for the support workers to assist and support the medics and patient to have procedures to alleviate symptoms within their own home or as a hospice outpatient. The team have been able to support over 40 patients requiring a paracentesis procedure, saving an acute admission and improving patient experience. The team have also provided support to wider teams and coordinated and collaborated with other services to support patients, we have been able to offer and support in early discharges from hospital.

Day Services is now offered on site in the form of drop-in sessions which aim to attract patients and their families at an earlier stage following diagnosis. Sessions are linked with multi-disciplinary outpatients' appointments which take place every Wednesday and Friday,

where patients can see a Speciality Doctor or Day Services nurse to discuss symptom management issues and advance 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. In addition, there are activities and drop-ins on offer during these times, which are developed in response to need and demand, and can be flexible, ensuring a good use of resources and a responsive service.

Work has also been undertaken to offer sessions in partnership with other clinical providers in the external system, for example MNDA and the Community Heart Failure team. The aim of these sessions is to widen the patient cohort to include patients who may not otherwise access the hospice.

The service continues to offer telephone assessments, individualised care plans, ongoing symptom management, advice, emotional support and signposting to those that are unable to access drop-in sessions.

The hospice website is utilised regularly to update services offers and useful resources improving accessibility to hospice services.

The Complementary Therapy Service continues to offer individualised treatments to people living with life-limiting illnesses and those important to them. Treatments are also offered to those who are bereaved.

Treatments are offered on the Inpatient Unit and also as Outpatients.

Group sessions are held to help the management of specific symptoms such as anxiety management.

Physiotherapy

We have enhanced the Tai Chi classes in Day Services, with more and more patients completing the Tai Chi programme and developing more of the Physiotherapy team to be qualified Tai Chi instructors. A poster has been submitted for the Hospice UK conference highlighting this service development. We have updated the physiotherapists' acupuncture skills through new training programmes, ensuring we provide an evidence-based acupuncture service, updated advanced communication training, and support to develop the technical instructor role in falls prevention and class-based exercise programmes.



Mandated statements

Review of services

In 2023/24, 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
- bereavement counselling
- family support
- children's support service
- social work support
- benefits advice.

Specialist community services across North Derbyshire included:

- consultant-led medical care
- specialist palliative care nursing
- physiotherapy
- occupational therapy
- day services (provided virtually and on site)
- trauma support and supportive care for healthcare professionals from other agencies
- social work
- children and family team
- bereavement support
- support for care homes
- benefits advice
- lymphoedema outpatient services at Blythe House.



Participation in national clinical audits

During 2023/24, 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.

Participation at National Conference

We had two posters accepted for presentation at the National Hospice UK Conference. One poster showcased the progress made with the Single Point of Access which demonstrated where work had begun to streamline all referral pathways into services and the successful increase in recording clinical outcomes at referral. The second poster demonstrated the fantastic work done by the Virtual Ward team and their model of care. Due to attending the Hospice UK Conference and presenting the poster, we were able to showcase the work we had done and that we had met the aims set out by NHS England, by demonstrating the service was responsive and flexible in order to meet the needs of our patient group, and avoiding acute hospital admissions.

This was a great opportunity to share and gain knowledge and gain suggestions on other possible developments.

Our Lymphoedema team had a poster accepted for the British Lymphology Society Conference, at Chester Racecourse 2023. The aim of the poster was to demonstrate how treatments can be adapted to meet individual needs specifically relating to hidden disabilities. The poster showcased our commitment to EDI and improving accessibility to our service.

Funding of services

We are not an NHS hospice and only receive 31% of our funding from the NHS. 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 2023/24 we generated £4,068,546 from sales in our shops, and £9,398,762 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.

Review of quality performance

Data quality

During 2023/24, 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 and also enabled greater analysis of patient care.

We have continued to develop our use of Making Data Count, which uses statistical process control (SPC), an analytical technique, that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action and to see whether change results in improvements. Making Data Count has enabled additional analysis of themes and trends in incident reporting, falls, pressure ulcers and medication incidents. This use will continue to be expanded during 2024/25.

The hospice submitted Version 17 of the NHS Data Security and Protection Toolkit on the 30 June 2023. We maintained our 'Standards Met' (green) level by achieving all the mandatory requirements.

Clinical services activity

In this section, we present data for the period 1 April 2023 to 31 March 2024.

All clinical services highlighted on pages 13–17 provide compassionate, safe and effective care, responding to the needs of patients and those important to them.

In 2023/24, the hospice provided care to 2,462 individuals, compared to 2,351 in 2022/23. Our clinical teams had 44,148 interactions with patients or those important to them, either in their own homes or as outpatients:

We saw an increase in the number of face-to-face contacts with a reduction in video contacts compared to 2022/23 and a small reduction in telephone contacts as teams were able again to further adjust and adapt their ways of working with patients and those important to them.



Community services

Ashgate Hospice has a specialist community team that covers the entire North Derbyshire area. This team includes the Specialist Palliative Care Nursing team, occupational therapists, physiotherapists, social workers, supportive care professionals, palliative care consultants, and our Virtual Ward.

In 2023/24, our palliative care nurses provided support for 1,178 people, at home, they had 2,334 face to face contacts and made 13,907 telephone calls. In addition, our palliative care support workers provided care for 147 individuals at home. They undertook 794 face-to-face contacts and 2,258 contacts via telephone.

In addition to this, our medical team made domiciliary visits to provide care for 113 individual patients at home, while our physiotherapists and occupational therapists provided care and equipment, to enable patients to remain at home.



2023/24, palliative care specialist nurses and palliative care support workers provided support for:

1,325
patients at home

3,128
face-to-face contacts

16,165
non face-to-face contacts



Inpatient Unit (IPU)

In 2023/24, our Inpatient Unit had 15 beds open. There was a slight decrease in the number of referrals (474) compared with 2022/23 (496). Overall, our Inpatient Unit provided care for 317 individuals and those important to them, an increase of 10.5% compared to 2022/23. Our average bed occupancy for the year was higher than in 2022/23 at 84% and was slightly higher than the national average for adult hospices of a comparable size (77%).

The average length of stay for patients was 13 days, which is slightly lower than the national average for other adult hospices of a similar size (16).



Lymphoedema Service

Our Lymphoedema Team provides a service to patients on our Inpatient Unit, onsite at the hospice, Chesterfield Royal Hospital and at Blythe House Hospice. In 2023/24, they provided care for 565 individuals, they had 2,156 telephone contacts, and 1,340 face-to-face contacts with patients, compared to 953 in 2022/23.



Therapy Service

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

Most of the occupational therapy activity is delivered in the community, providing support and equipment to enable patients to remain independent in their own homes, helping to 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.



In 2023/24, the occupational therapists supported 663 patients, they had 599 face-to-face contacts with patients and made 2,144 telephone contacts.

Our Physiotherapy team supports patients in our Inpatient Unit, in the community and provides armchair exercise sessions for patients attending Day Services at the hospice, as well as exercise sessions in the gym. They provided care for 660 individuals in 2023/24, they had 2,911 face-to-face contacts with patients and made 2,178 telephone contacts.

Supportive Care Service

The aim of our Supportive Care Service is to offer professional advice and support to patients and those important to them, both during the patient's illness and following bereavement, as needed. Our teams comprise: social workers, the Children and Family team, complementary therapists, counsellors, spiritual care practitioners, community development, Day Services team, and professionals who can provide specialist individual and group support work.

Complimentary Therapy

Our complementary therapists provide treatments for patients in our Inpatient Unit and through our outpatient services. During 2023/24, they had 378 referrals, provided care for 323 individuals, and had 1,750 face-to-face contacts.



A loving married couple of 52 years died side by side just days apart thanks to our "phenomenal" care.

Lynne and Chris Johnson received end of life care together in the same room at our Inpatient Unit in Old Brampton, Chesterfield.

The couple, who lived in Bolsover, were holding hands until the very end before Lynne died first on 13 February, aged 69. She had been diagnosed with a glioblastoma brain tumor less than two months before.

Chris died at the hospice on 21 February, aged 76, after being told he had bowel and secondary liver cancer in October.

Their daughter, Julie Whittaker, said the hospice granted their final wish of being together until the very end.



Day Services

During 2023/24, the onsite day services facility continued offering drop-in sessions for patients and those important to them with the aim of supporting patients at an earlier stage of their diagnosis. In 2023/24, there were 216 referrals to the service, 70 video calls were made by the Day Services team, 1,334 telephone contacts made, and 2,519 attendances. During the year, the Day Service team provided support for 266 individuals.

In addition, **other teams within the supportive care services** continued to develop to meet the emerging needs of those requiring service throughout 2023/24 and provided support for 651 individuals. The teams had 4,195 face-to-face contacts as well as 2,333 telephone contacts.

Drop-in groups have been flexible throughout this time and clients have been supported by phone and in-person.

Our supportive care service continued to support patients across North Derbyshire



651
individuals supported



4,195
face-to-face contacts were made



2,333
telephone contacts

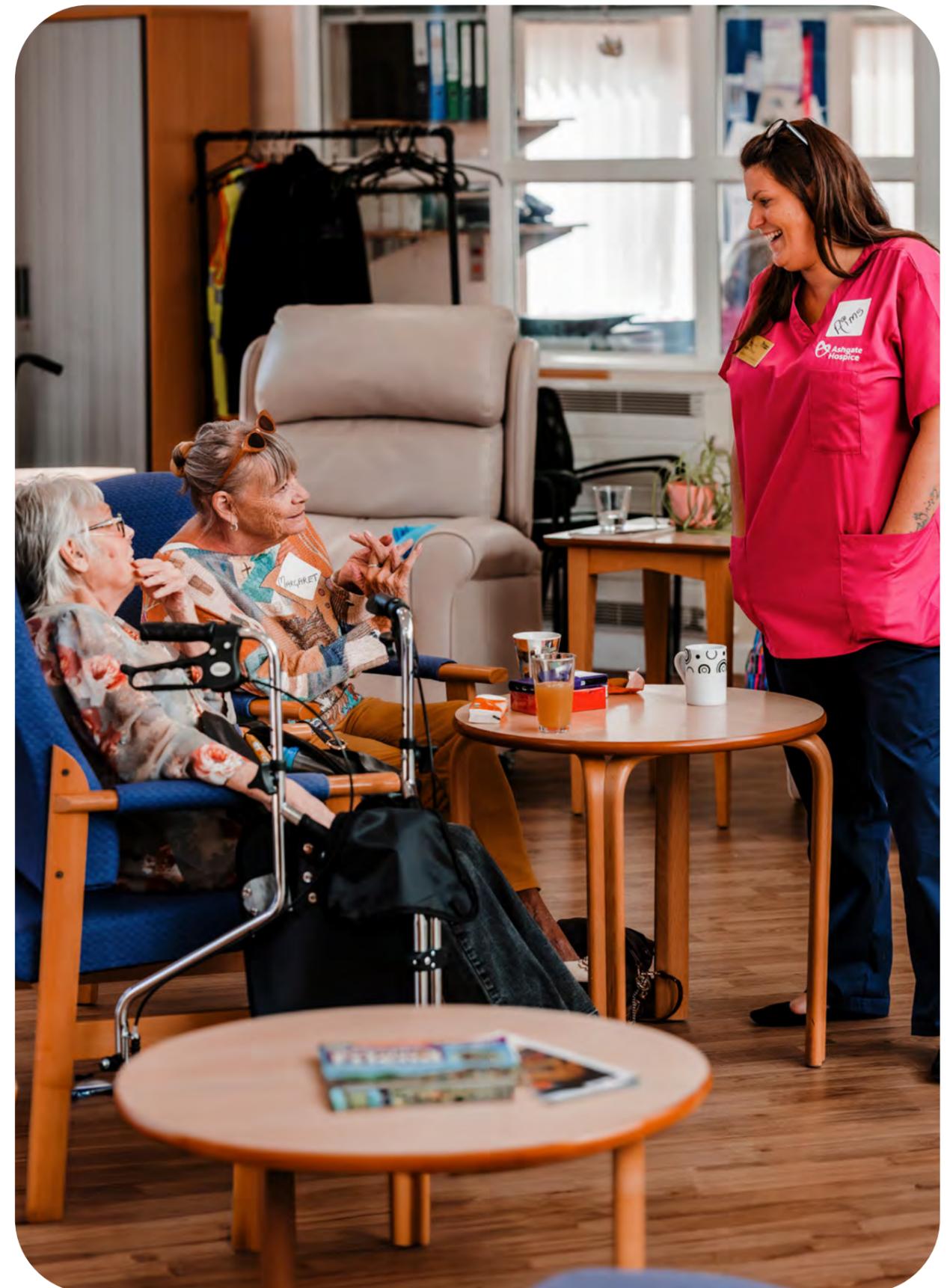
The Children and Young People's Service

The Children and Young People's Service continues to develop. Work in schools continues and support is offered direct to children and their families. Education and support sessions are also offered to teaching staff and other agencies and groups surrounding the child and family. We have also increased our pre-bereavement support, with a greater presence on the Inpatient Unit, supporting children to understand what is happening to their loved one and having honest and kind conversations about death. We also have a variety of books to give out to children and families to help them prepare for a death or to reflect on the death of a loved one. These may be story books or books written by other young people offering advice and coping strategies.

Comfort bags are offered to all children visiting the Inpatient Unit. Each contains objects and toys that encourage mindfulness and distraction, such as fidget toys.

We are now running peer support groups for children and young people, providing a safe and welcoming space with activities, food and music. These run monthly and allow pre-bereaved and bereaved children to meet others living a similar experience to themselves. In addition, we run groups for the whole family on a monthly basis with a similar remit.

Alongside the children who were referred, work included supporting siblings over 18 and parents. Every child referred to our service received some level of support, ranging from being sent story books to share, comfort packs to work through as a family, family support sessions or 1-1 sessions for a minimum of six weeks.



Quality indicators

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 include 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 2023/24.

| Grade of ulcer | Developed in our care (new) |
|-------------------------------------|-----------------------------|
| Category 2 | 47 |
| Category 3 | 24 |
| Category 4 | 0 |
| Deep Tissue Injury (DTI)/Ungradable | 21 |

The 'SWARM' process was introduced in April 2019 and continued in 23/24 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 any learning, 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 Inpatient Unit staff continued to work with the Quality Improvement team to look at ways of further reducing the risk of pressure damage developing in patients in our care. An online education module 'React to Red' has been completed by staff, and we have continued to use the Purpose-T tool developed by Leeds University Hospitals which was adopted by the hospice in December 2022. In addition, from December 2023, the hospice has adopted the national guidance in relation the categorisation and management of pressure damage.

Mandatory training and staff education

Continuing education for the clinical workforce in 2023/24 focused on supporting staff to work at the top of their licenses and develop their expertise. The recruitment of a Clinical Skills Facilitator has enabled targeted support for our Inpatient Unit Registered Nurses, delivering on the ward training and assessment of key competencies in a flexible and engaging way which has significantly increased confidence and evidenced competence. We continue to use an unused patient room as a Clinical Education Room, allowing for in-shift competency refreshers and skills practice. We supported the transition to a new online learning platform, ensuring high levels of compliance were maintained throughout.

We have continued to grow our in-house health and safety offer, ensuring safe working in line with updated policies and procedures and new equipment available. Topics included the use of our Mortuary Trolley and Fleximort cooling blanket as part of induction plans to ensure new starters are able to continue with compassionate and respectful patient care after death, and hover jack training for Inpatient Unit staff which improved our ability to manage patient falls with staff able to assist quickly and safely.

Schwartz Rounds

The hospice continued to hold virtual Schwartz Rounds throughout the year. In 2023/24 we held three Schwartz Rounds and 48 people attended. 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

QI bronze training forms part of the induction programme for all clinical new starters and non-clinical new starters at manager level. Alongside the bronze training, members of staff who are undertaking QI projects have additional support, guidance, and resources to build their improvement and project management skills. During 2023/24 the Silver training programme for improvement and project management was commenced and completed by 22 members of staff. The silver training builds on the bronze level introductory training and introduces a project management framework using the Model for Improvement as its core method of structure. The course is designed to support and wrap around all improvement work, providing a robust structure and method of testing changes on a low-risk scale before any formal implementation. The training supports staff through how to explore and research improvements, write accurate project aims and objectives, identify meaningful data measures to evidence decision making and provides tools and techniques to test ideas with a clear evidenced structure. The course looks at how to utilise skills to be a project lead and dealing with change management. The training is a two-day

course with a three-month gap. During the second day, staff reflect on and present their project work so far, optional coaching sessions are also offered throughout each cohort. The training has received excellent feedback from staff who have attended the training and we have seen a wide variety of projects both clinical and non-clinical. For example: improving patient information provided at discharge from our Inpatient Unit, piloting a new outreach lymphoedema clinic, improving the induction process for new starters, implementing new accessible information standards, improving the way we collect, share and present our data, and using Project ECHO as a way to spread end of life education to external health and social care professionals. Many of the projects also focused on how we can improve accessibility into the hospice and pilot new, innovative methods of care and support. This includes expanding our Virtual Ward to a seven-day service, offering drop-in sessions for day services, enhancing our bereavement service model, providing wellbeing packages for children and young people visiting patients in the Inpatient Unit, and strengthening our data-sharing abilities with other health organisations. All the projects are celebrated and displayed with the internal improvement library on SharePoint. The training has introduced a universal and accessible method of project management which is beginning to embed itself into the culture of the hospice. A shared quality improvement and project management language is becoming more familiar and used more frequently in discussions for change and testing new ideas. The silver training has had excellent feedback which has also led to improvements being continuously made within the training content to ensure that it consistently meets the needs of the organisation.

As the training rolls out to more staff, word of mouth has helped to increase numbers of those who are interested in undertaking the training.

Clinical Supervision

A project was established in collaboration between Hospice UK and The Foundation of Nursing Studies (FoNS) to deliver training to hospice staff in Resilience Based Clinical Supervision. Over 40 hospices have signed up to this. Ashgate hospice is joining at the final phase of this programme and our Reflective Practice Manager is currently undertaking this training. This is part of a project to implement a champion and cascade model. Ten clinical and management staff will then receive the training delivered by our Reflective Practice Manager and support a 12-month project to offer one-to-one and group clinical supervision through 2024. The Reflective Practice Lead completed the RBCS training in September 2023 and the Head of Supportive Care Services also completed this in November 2023. The Reflective Practice Lead then delivered a 15-hour Clinical Supervision training programme to seven Ashgate clinical staff. Five staff completed this course and are now scheduled to do a follow up session as a next step in September 2024. A further stage in the process is to then establish a list of qualified staff available to offer clinical supervision. An options analysis was submitted to the Leadership Team in March 2024 outlining a proposal to further resource and develop the clinical supervision to all clinical staff with a clinical case load. This is currently being considered.

We are committed to an open, supportive and learning culture, providing safe and effective care.

During 2023/24, we provided 15 study days for our clinical staff across the hospice introducing the Patient Safety Incident Response Framework, and included a refresher on what constitutes an incident, how to impact and risk score incidents, and the importance of reporting near miss events. In addition to this we covered the basics of clinical human factors, why a safety culture is important and discussed with staff their perceptions of the hospice culture and provided a brief update on the changes to the CQC Framework.

We welcomed the introduction of the national Patient Safety Incident Response Framework and during 2023/24 set and agreed our PSIRF Plan for 2024/25 with the ICB. This year we will continue to embed the revised process and review our plan and will contribute to the national database to enable Learning From Patient Safety Events

End of Life Care Facilitators

Our two End of Life Care Facilitators have developed a rolling programme of training which includes syringe driver, verification of expected adult death and communication skills. They also deliver bespoke training to care homes which include topics such as mouth care, care of the dying person and advance care planning. They have successfully piloted Project ECHO to the North Derbyshire Nursing Homes which facilitated the delivery of diverse topics such as working with Funeral Directors and supporting colleagues with death and dying. Taking the learning from this pilot we are currently in the process of rebranding this project as 'Ashgate Hospice End of life Care Network for Care Homes' and have massively expanded the invite list. They have supported the success of the

Joined Up Care Derbyshire (JUCD) End of Life programme, which was delivered to 724 participants who worked in diverse settings such as Derbyshire Community Health Services (DCHS), Hospices and Nursing Homes. We have developed ReSPECT competencies which are now being adopted across the county and are currently in the process of creating training on how to have ReSPECT conversations and fill out the forms. We have supported Nursing Homes in achieving the Derbyshire End of Life Quality Award (DELQA) and are currently working with stakeholders in the care homes and PCNs to update the standards and process involved in improving the end of life care from people living in care.

Medication incidents

The hospice participates in the Controlled Drug Local Intelligence Network (CDLIN), reporting any incidents relating to controlled drugs on a quarterly basis to the NHS England Midlands network. Any medication incidents including near misses are reported by staff using the incident module on the Vantage risk management system. During 2023/24, following an increase in the number of documentation errors relating to controlled drugs, a thematic review was completed which highlighted opportunities for learning, and an action plan is in progress. In addition to this, the drug preparation room and drug cupboards are also in the process of being upgraded.



Prevention and management of infection control

A Standard Operating Procedure for staff in the management of COVID-19 patients remains in place and has been updated in line with national guidance as required. The document remains available to all staff on SharePoint. During 2023/24, one patient contracted COVID-19 from a relative who had been visiting them on our Inpatient Unit, there were no other hospice-acquired infections.

Patients admitted to the Inpatient Unit from other organisations or care homes were swabbed on admission for MRSA in line with the hospice policy; none were found to be positive.



One patient contracted COVID-19 from a relative who had been visiting them on the Inpatient Unit, there were no other hospice-acquired infections.



Learning from incidents and complaints

The hospice is committed to an open and honest 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 improving the quality of care provided and the experiences of patients and those important to them.

The web-based Vantage Risk Management System is well embedded across the hospice services. Several modules are in use such as incident reporting, inquests, audit, 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 2023 to 31 March 2024 the hospice continued to undertake clinical audits according to the audit plan. At the start of 2023/24, there were 38 audits on the audit plan.

Progress was monitored at Clinical Audit meetings from May 2023 until March 2024. As audits were completed, re-audits were started, or added to the rolling programme, and others were moved on to new dates following discussion by clinicians. The table below shows the status of the clinical audits as of the end of March 2024.

Definitions in the table:

- Completed: audit report has been written, the audit shared at an appropriate meeting, action plan written if needed and actions fully completed.
- Presentation: audit is ready to present.
- In progress: audit is actively having data collected or it is ready for data collection.
- Awaiting registration: audit has been agreed to be conducted and has been added to the Vantage Audit Module, but full details of the project are not agreed (these are new audits and re-audits).

| Project Status by March 2023 | Number |
|------------------------------|--------|
| Completed | 23 |
| Action plan in progress | 10 |
| Presentation | 2 |
| In progress | 15 |
| Awaiting registration | 5 |
| Total | 55 |

26 audits were shared at the Audit Group meeting throughout the year compared with 28 the year before.



| ID | Audit title | Type of audit | Presented at audit group |
|-----|---|---------------|--------------------------|
| 105 | Bereavement policy | New Audit | 24/05/2023 |
| 124 | SC administration of JIC drugs by carers | Re Audit | 24/05/2023 |
| 97 | Patient ID Bracelet Audit | Re Audit | 24/05/2023 |
| 131 | National End of Life Care Audit (NACEL) | New Audit | 24/05/2023 |
| 94 | Infection control: Hand hygiene, uniform and bare below elbow | Re Audit | 24/05/2023 |
| 141 | Length of stay on Inpatient Unit before death | Re Audit | 24/05/2023 |
| 119 | Use of Recognising Dying Forms on the Inpatient Unit at Ashgate hospice | Re Audit | 26/07/2023 |
| 126 | Blood Transfusion | Re Audit | 26/07/2023 |
| 142 | Pain Chart | Re Audit | 26/07/2023 |
| 110 | Discharge Letter | Re Audit | 26/07/2023 |
| 127 | Assessment and Care plans Audit - Inpatient Unit | Re Audit | 26/07/2023 |
| 153 | Inpatient Unit Whiteboards in Patient Rooms | Re Audit | 22/11/2023 |
| 146 | Acupuncture by physiotherapy | New Audit | 22/11/2023 |
| 104 | News policy | New Audit | 22/11/2023 |
| 108 | Consent to Clinical photography | Re Audit | 22/11/2023 |
| 132 | Initial Appointment Information (Day Service and Lymphoedema) | New Audit | 22/11/2023 |
| 122 | Consent to treatment | Re Audit | 22/11/2023 |
| 136 | Hand hygiene walk around (2023) | Re Audit | 22/11/2023 |
| 112 | Inpatient Unit Whiteboards in Patient Rooms | Re Audit | 24/01/2024 |
| 139 | Bed rails and Falls risk assessment | Re Audit | 24/01/2024 |
| 140 | Catheter Audit | Re Audit | 24/01/2024 |
| 135 | Availability of Just in Case medications at End of Life | Re Audit | 24/01/2024 |
| 152 | Sharps Audit | Re Audit | 24/01/2024 |
| 125 | Use of SystmOne fall back cards | Re Audit | 17/04/2024 |
| 120 | Venous thromboembolism assessment for hospice inpatients (NICE NG89) | Re Audit | 17/04/2024 |
| 158 | Catheter Audit | Re Audit | 17/04/2024 |

Audits relating to environmental cleanliness on the Inpatient Unit and hand hygiene continue to be completed on a monthly basis.

The Lymphoedema Team were involved in the Hospice's first Patient Involvement Audit. The audit aimed at increasing patient experience of the Lymphoedema Service and looked at the usefulness of information sent to patients prior to their first lymph clinic appointment. This has involved some great collaborative working across services with the Quality Improvement team, the Patient Experience Lead, and the Equality, Diversity and Inclusion Lead. As a result of the findings the team have revamped our patient information letters and packs for new patients, which now include individual letters for clinics at Chesterfield Royal Hospital, Blythe House and Ashgate Hospice, parking information, what to expect from their first appointment and general information about lipoedema and lymphoedema.

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. They 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.

We were not subject to an inspection or visit by the CQC during 2023/24.



The Care Quality Commission rates Ashgate Hospice as 'Outstanding'

Ashgate Hospice, Commissioner statement

General comments

NHS Derby and Derbyshire Integrated Care Board (DDICB) 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. I am assured of the achievement of the contract related data and quality improvement work that is stated in the Quality Account. Working within the Joined-Up Care Derbyshire Team, Ashgate Hospice remains a dedicated partner as a member of the End of Life Board in the designing of End of Life services in Derbyshire. This Quality Account produced gives a detailed overview of the year 2023-2024, outlining the tremendous amount of work that has been undertaken and how Ashgate Hospice continues to offer services that are flexible to the needs of the population of North Derbyshire.

The Ashgate team have demonstrated progress against the ambitious priorities for improvement that were set out for this year. Demand for services across the board remains high. Patient safety and experience is at the heart of everything the teams strive to achieve and this year has seen an improvement in way in which patient and family feedback is captured, allowing services to be improved where needed. This fits in with the Quality Improvement programme across the

organisation in which staff undergo additional bronze and silver training to give them the tools and techniques of project management, report writing and quality improvement. Ashgate have further developed services such as the single point of access and the virtual ward model, supporting patients more effectively in innovative ways. Support for children and young people has also been a highlight this year, providing drop-in sessions for children at the in-patient unit reducing isolation and anxiety for those accessing the service.

Under the guidance of the clinical leadership team, Ashgate Hospice have maintained their "outstanding" rating with the Care Quality Commission and the team should be commended for their hard work in maintaining this rating.

Looking ahead to 2024/25, Ashgate have set out their priorities clearly and I look forward to further developments in those areas. Ashgate Hospice is to be congratulated on the completion of their 2023-2024 quality account which is well written and presented with positive outcomes for the people of Derbyshire.

Professor Dean Howells

Chief Nurse and Executive Director of Quality Derby and Derbyshire ICB



Derby and Derbyshire Integrated Care Board

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

Our vision is for everyone with a life-limiting or incurable condition to be able to live well and experience a good death. We want them, and the people who are important to them, to have the right information and support, and to feel cared for and understood.

This vital care is made possible by the generosity of our community. With your donations and support, we can continue to be there for those who need us most.

Support our work or find out more at www.ashgatehospice.org.uk/donate or call 01246 567 250.



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

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-  info@ashgatehospice.org.uk
-  Reception: 01246 568 801
-  Fundraising: 01246 567 250

Connect with our online community:

-  @ashgatehospice
-  @ashgate_hospice
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care for everyone**

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www.ashgatehospice.org.uk

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