



**Severn
Hospice**

here and at home

Quality Account

2022/23

**Enhancing specialist palliative care in
Shropshire, Telford and Wrekin,
North Powys and Ceredigion**



1) Introduction

The Severn Hospice Quality Account – what is it and what is it for?

Primary legislation was introduced as part of the Health Act 2009 for all providers of National Health Service (NHS) healthcare services in England to commence annual publication of Quality Accounts with effect from April 2010.

Quality Accounts are annual reports to the public from all organisations that provide treatment and care to NHS patients about the quality of services they provide. Though Severn Hospice is an independent charity, all of our patients are referred to us from the NHS. The intention is for the public, patients and others with an interest in the Hospice to be able to use this Quality Account to understand:

- what our organisation is doing well.
- where improvements in our services are planned.
- what our priorities for improvement are for the coming year.
- how we have involved service users, staff, and others with an interest in our organisation in determining these priorities.

The format of this document is as follows:

- a statement by the Chief Executive summarising the quality of services provided.
- a review of quality improvements we have undertaken in the last year.
- a statement of our priorities for quality improvement for the coming financial year.
- various statements of assurance from the Board and others.

We use the Quality Account concept to enable us to bring together the various developments and initiatives and to publish them in an easy to understand manner for the benefit of all who have an interest. We also feel it is important to show how such initiatives support the organisations strategic objectives and how they are measured.

We pride ourselves on the standard of services provided by the hospice and are committed to the continuous review of our performance and development our services as we respond to changing needs.

The implementation of the Severn Hospice Quality Account is overseen by the senior management team.

2) Statement by the Chief Executive and Chair

On behalf of the Board of Trustees and Executive Management Team, it gives me great pleasure to present the Quality Account for Severn Hospice. The account looks back on progress made over the last year and outlines our strategic priorities for 2023/24.

Severn Hospice is a highly respected provider of specialist palliative care and has an excellent reputation as a progressive and innovative organisation ensuring the delivery of the highest standards of care through a range of inpatient and community services. Severn Hospice has outstanding public support and is well regarded by its partners within social care and the NHS.

Severn Hospice Board is responsible for overseeing the hospice strategy and governance arrangements. Trustees work on a voluntary basis and are carefully selected. They bring a broad range of experience, knowledge and skills and support the wide range of business and clinical activities. As an expression of this commitment the Board receive regular reports on quality and governance through its committee structure.

The regulation of services by the Care Quality Commission (CQC) applies to hospices just like any health care provider. A process of inspection plus patient surveys supports the formulation of policy, support strategy and service development plans. The hospice receives high numbers of letters, cards of thanks and positive feedback through social media each year and is proud to report very small numbers of complaints.

A review of all these sources of information demonstrates that the quality of the services provided by Severn Hospice is continuously evaluated very highly by service users and their families, as well as referring agencies.

It is important to understand that when we talk of quality at Severn Hospice, this includes not just the narrow range of clinical and environmental issues set out in the NHS framework but also our priorities in supporting patients to live as well as they can within the constraints of a terminal illness. With a focus on independence and enablement, services and care are designed around individual goals and preferences. Spiritual care threads through all aspects of our work as we support patients and those close to them in life and after death. These considerations define the uniqueness of hospice care and are duly reflected in this Quality Account.

Our success and reputation for excellence is dependent on the skills and dedication of our staff both within clinical and non-clinical services and I thank them for their hard work and commitment.

However, every organisation can do better and our plans for quality development in 2023-2024 are set out in Section 4.

It is our intention that our Quality Account should be the product of a continuous, ongoing dialogue about the quality of our services with those who use our services, our staff and our commissioners and partners.

In line with the requirement laid down in the Health Act 2009, I declare that, to the best of my knowledge, the information presented in this document is accurate.

Heather Palin, Chief Executive and Jeanette Whitford, Chair
January 2023

3) Review of last year's Quality Performance

This section is a summary of the main developments that ensure the quality of our services in the last year.

Virtual Ward initiative

Achieved – Severn Hospice has launched its own Virtual Ward comprising 10 virtual beds. Overseen by a Palliative Care Consultant the Virtual Ward offers enhanced care for people with complex symptoms who want to remain in their own home. The range of hospice community services work together to ensure that the patient's needs are met and that hospital admissions are avoided. People can be referred to the Virtual Ward as they leave hospital as we work in collaboration with our partner professionals to ensure the provision of generalist and specialist services.

Appointment of Community Engagement Lead

Achieved – Our objective to better understand the diversity of our communities and to improve access for under-represented groups will be progressed through the appointment of a Community Engagement Lead Nurse. The purpose of the role is focused on engagement and the establishment of links with groups identified as 'seldom heard' including the homeless, people for whom English is not their first language, the traveller community and those from the LGBTQ+ community. Our overarching aim is to build our understanding of the needs and preferences and to explore actual or perceived barriers to accessing hospice services.

Introduction of Housekeepers within our wards

Achieved – The introduction of the Housekeeper role ensures our patients and relatives are provided with the best possible experience when visiting or residing at Severn Hospice. They work with the clinical staff and Hospitality Services to provide a 5-star home from home experience on the inpatient units.

Preceptorship Program

Achieved – In Shropshire the ICS member organisations, which includes Severn Hospice have worked together to develop and implement the Springboard Preceptorship Programme. The Springboard Preceptorship Programme supports the transition of the Health Care Professional from student to newly registered practitioners as they begin their professional journey. The intention is to provide individuals with a structured approach that will empower the preceptee to develop their own and their team resilience and wellbeing, allowing the preceptee to grow in confidence and competence.

The Establishment of a Skills lab

Achieved – the needs of our patients are increasingly complex. To ensure that we can meet their needs we have established a new skills lab within our education department. The ability to undertake practical assessments will help our clinical staff in developing their skills and maintaining their competencies in various areas, such as catheterisation and Phlebotomy. The Mannequin (a body care patient simulator model for educational training) is to practice their skills in a safe and supportive environment.

4) Priorities for Improvement 2023-2024

This section sets out a description of the areas for development in the quality of our services for the next 12 months. These include the main priorities in the areas of, patient and relative experience, clinical effectiveness and patient safety.

Patient and relative experience

- Improve access for seldom heard groups. Through the work of a dedicated community engagement lead nurse, we will be seeking to better understand our communities and identify minority groups.
- Continue to embed 'Living Well' as a concept of care across all services and evidence individualised care and a focus on enablement and personal goal setting.
- Scoping and evaluation of the demand and potential of the Hospice at Home Service in North Powys.
- Work towards better integration of our community services to support the patient pathway through services.
- Evaluate the hospice Virtual Community Bed model and outcomes against demand.
- Review the Chaplaincy Service to ensure that service models are designed to meet identified needs.
- As the lead for Palliative and End of Life Care (EOL) education locally the hospice will further develop education programs and make them accessible to all local professional groups.
- Develop a volunteer strategy to include the recruitment of community volunteers to be deployed against the community services caseload.

The service strategy is informed by the following: -

- Processes of evaluation and horizon scanning.
- Changes in complexity of need and levels of demand.
- Local and national strategies.
- Input from the Clinical Governance Committee and board.

Our strategic objectives for 2023/24 are focused on the continued development of the community service model and the addition of virtual beds and community engagement lead.

Clinical Effectiveness

Evaluation of the day services model following the pandemic. This will include activity data and people's preferences in the way they access care and support.

Develop our information systems and reporting to demonstrate and evidence our activities and their impact.

Work in partnership to support the integration of the Hospice clinical information system and the primary care End of Life application.

Evaluate the work of the newly established Clinical Governance team and its effect on clinical monitoring, standards, and access to education.

5) Services Provided

Last year Severn Hospice supported 3568 new patients referred to its services by NHS organisations.

NHS income represents 30% of the hospice total costs with the remaining 70% being raised through a range of fundraising activities.

The services Severn Hospice provides the following services either within its sites at Shrewsbury (Bicton), Telford (Apley), North Powys (Newtown) or within patient's homes.

- In-Patient Units (IPU)
- Hospice at Home Service
- Hospice Outreach Service
- Virtual Community Beds
- Day Services
- Occupational and Physiotherapy services
- Complementary and Creative Therapies
- Consultant and Specialist Nurse Clinics
- Chaplaincy Service
- Bereavement Service
- Lymphoedema Service

6) Participation in Clinical and Service Audits

During this period there were no national clinical audits and no national confidential enquiries addressing NHS funded palliative care services.

Locally Severn Hospice clinicians overseen by the Hospice Medical Director undertook a range of clinical audits to identify areas for improvement and reflect national guidelines. All audits are presented to the Clinical Governance Committee (CGC).

Audits for the period 2020-21 include:

Medical	Nurse led
Spirituality audit	Clinical Supervision
Readmissions audit	Infection prevention and control (clinical environments)
Medicines Management	Safeguarding – staff understanding
End of life care plan audit	Link nurse – the role and expectation
Venothrombo prophylaxis audit	Spirituality – staff understanding
	Handwashing – the donning and doffing of PPE
	Documentation – inpatient units and outreach
	Medicines Management
	Education needs of clinical staff

7) Research

The hospice has continued to establish itself as a national centre for research by helping to host the Palliative Care Congress at the Telford International convention centre.

Following the submission of a research project we were asked to speak on advance care planning at national conference. Many of our staff took part in organising and planning the event where one of Severn Hospice staff grade doctors won a prize for best poster.

In the past academic year, we have had 5 posters accepted at international conferences and 3 papers published in peer reviewed international journals. This far exceeds our annual target.

Derek Willis continues to hold the position of Associate Editor for the British Medical Journal of Supportive and Palliative care the regional representative for the WMCares research group. We are the only hospice in the West Midlands with a professorial chair attached to it.

8) Quality improvement and innovation goals agreed with our commissioners

The Shropshire End of Life Care group is led by the hospice and recognised by the local Integrated Care Board (ICB). The group is chaired by the hospice Medical Director and attended by senior clinicians from local providers and members of the ICB. In the last year the group has driven the below initiatives that have supported the identification of need and influence the development of local services.

The pandemic of 2020/21 placed greater emphasis on advance care planning and supporting patient choice. A collaborative approach supported the successful roll out of the Recommended

Summary Plan for Emergency Care and Treatment (ReSPECT) and development of an approach to advance care planning. These documents capture patient goals and support clinical decision making.

- Written audited and delivered the regional approved advance care plan document.
- Rewritten the just in case home medication documentation to make them meet national standards. This is in the process of audit.
- Conducted public engagement events both to share the strategy and to encourage the S and TW to have conversations regarding the preferences at the end of life.

Through this and other work the hospice has gained recognition by the Integrated Care Board as a credible and respected partner.

The funding received from the NHS is not sufficient to meet the criteria for formal commissioning and therefore is not supported by contracts or conditional on achieving quality through the Commissioning for Quality and Innovation payment framework. To strengthen funding arrangement and assurance Severn Hospice is working with commissioners within the newly formed Integrated Care Board to develop an 'agreement' that appropriately reflects the contributions of both organisations and incorporates agreed quality performance indications.

9) Clinical Quality Markers

The following clinical quality markers are reported through and monitored by the hospice Clinical Governance Committee.

Complaints

There were 5 complaints reported in the calendar year 2022/23. All were investigated and responded to in accordance with the Hospice Complaints Procedure. Outcomes of the investigations and learning were shared with the complainant and reported through the hospice Clinical Governance Committee and board.

The main themes were Communication, misunderstanding of our services and misunderstanding of responsibilities. Actions for learning included, improving our communication, ensuring service users understand the criteria for access to services and service aims and setting expectations at the beginning of the patient's journey with us.

Compliments

Severn hospice is well recognised within Shropshire and North Powys. We believe that our success in raising in the region of £9.0 million from public donations each year reflects the expressions of satisfaction and regard for the services provided.

We receive many thank you cards and gifts across the services. Many contain details of people's experiences with us. Some of these comments are included in section 10.

We put considerable energy into connecting with our communities and building our community relations. We believe that these strong relationships not only result in the generation of income but

also builds awareness of what the hospice offers and the importance of our contribution to local healthcare.

During the pandemic and to an extent beyond it we have needed to think differently and made extensive use of social media, news media, direct mail, and other methods to help fill that gap and maintain our relationships. This work has provided new ways to measure support.

Despite the disruption caused by the continued effects of the pandemic, we have continued to maintain and develop our community relations. Social media remains a key tool for us to keep in regular touch with our supporters, and they with us, and our followers on Facebook, Instagram and Twitter remain loyal and work well for us.

We continue to reach thousands of people each month with our posts on these channels, and all our audiences on these channels continue to grow, despite the emergence of other channels such as TikTok. As of mid-January 2023, we now have 2,476 followers on Instagram, 7,666 on Twitter and 17,630 followers on Facebook. We post approximately three times a day on Facebook, and an average of once a day on Twitter and Instagram.

Evidence of a positive reception with our audience can be seen in three very different but all high-performing posts. An auction of James Bond memorabilia to benefit the hospice (we were chosen to benefit by Daniel Craig) reached more than 40,000 people; a thank you to Wrekin Housing Trust for letting their employee carry out maintenance jobs at Apley reached around 39,000 people; and more than 21,000 saw news of our first careers fair.

Evidence of engagement and response to our communications and general community profile can be seen in how specific campaigns perform. Our annual remembrance event in December – held at a new venue, outdoors and in person for the first time since 2019 – was not only well attended, the income it generated was better than budgeted. Similarly, our Christmas raffle, a traditional mail campaign, achieved better-than-budgeted income.

We have continued to forge strong relationships with the local print and broadcast media. Articles we have supplied routinely appear online and, in their publications, while members from the senior management team/fundraising and hospitality have appeared regularly on key BBC Radio Shropshire shows.

Coverage is uniformly positive and, taken across the year, runs at around a story appearing at least twice a month.

We anticipate a challenging year ahead as everyone will face the same economic pressures the hospice does, but we are as well set as we can be.

Incidents

Data from incidents are captured and analysed through the Datix incident reporting system. All incidents are formally reported to the board of trustees through the clinical and corporate governance committees.

Through 2022 a total of 268 incidents were reported across the sites and ranged from delayed discharge, drug administration, patient infections and pressure sores present on admission. None of the incidents reported were classed as serious and none were RIDDOR reportable.

Pressure sores

The nature of terminal care means that most patients admitted to the inpatient units are at risk of developing pressure sores. Indeed, many patients have pressure sores on admission.

All patients are assessed for signs of pressure damage on admission. Measures are taken to prevent pressure sore damage or further deterioration and access to specialist advice is available from our palliative care specialist nurses and doctors. Pressure sores are categorised 1-4 with 4 being the most severe.

During 2022 199 pressure sores were reported, 9 were reported to the CQC.

	Grade 1	Grade 2	Grade 3	Grade 4	U/G	TOTALS
Developed in Service	3	37	1	1	14	56
Admitted with	8	95	6	1	33	143
TOTALS	11	132	7	2	47	199

Falls

There is a fine balance between keeping patients safe from falls and enabling independence. Falls risk assessments are carried out on all patients on admission and reviewed regularly. In 2022 there were a total of 49 falls with 38 patients experiencing a fall 49 times. None of the falls were reportable to the CQC.

Infection control

Small numbers of COVID cases have continued following the global pandemic of 2020. COVID infections are now counted in our infection rates. For 2022 21 patients developed COVID post admission.

There were no cases of MRSA or Clostridium Difficile reported during this period.

Safeguarding

Care plans for people who lack capacity to agree to arrangements for their care or treatment include the documentation of a best interest decisions. This is in accordance with the Mental Capacity Act 2005. Additionally, in some cases due to the level of care and supervision provided an application for authorisation for Deprivation of Liberty Safeguards must be made to the local authority. All hospice staff are trained in safeguarding.

During 2022/23, 10 safeguarding incidents were reported.

10) What others say about us

Extracts from the Care Quality Commission inspection documents 2021

‘Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.’

'Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.'

'Leaders ensured patients received care and treatment which was safe and of the highest quality. This was demonstrated in the care being delivered, the focus on ensuring lessons were learned when issues arose and the attitude of staff we spoke with. The culture encouraged openness and honesty at all levels within the organisation, leaders understood the importance of staff being able to raise concerns without fear of retribution.'

'There were high levels of satisfaction across all staff. There was strong collaboration, team-working and support and a common focus on improving the quality and sustainability of care and people's experiences. The culture of the service centred on the needs and experience of the patients and their families who used services. Staff at every level were passionate about delivering high quality care and treatment for patients requiring palliative and end of life care and their loved ones.'

Extracts from patient and family feedback 2022

'My dad spoke so highly of the care he received. Because of you special people he was able to tick off his to do list, from visiting my home to having a final whisky with all his family around him - a special memory we will all treasure for years to come. I can't even begin to explain how you all find the strength and courage to work in the environment you do yet stay so positive throughout'.

'You treated her with respect and dignity and made her feel calm and comfortable in her final week, which is everything Mom wished for'.

'In our bleakest hours you all found the time to look after us. You are so so very special.'

'My dad kept a diary while with you. What stood out the most was that he said the nurses were worth their weight in gold'.

'We still are in awe of the staff for their dedication, care and thought that happens day and night. The respect shown to every patient is astounding'.

'The entire staff and volunteers are a credit to the hospice and humanity itself. You are all truly amazing, compassionate, and kind people'.

'We were totally overwhelmed by the respectful and dignified care you all gave our grandmother. You truly are heroes and inspirational care professionals.'

11) Data

Data Frameworks Compliance

For 2021/22 Severn Hospice submitted evidence to the NHS Digital Data Security and Protection toolkit to demonstrate compliance with the National Data Guardian standards

Additionally, Severn Hospice attained the government backed Cyber Essentials and Cyber Essentials Plus accreditation, this demonstrates that the hardware, systems and network architecture across the hospice's digital estate that secures our data is in line with national best practice guidelines.

Patient Safety

Severn Hospice annually submit evidence to the NHS Digital Data Security and Protection to demonstrate its compliance with the National Data Guardian data security standards.

The patient safety software system DATIX is in use as the central reporting platform with audits reported to the clinical and corporate governance committee. In addition, hospice staff can raise concerns anonymously if they do not feel comfortable to raise concerns through conventional means.

Data Confidentiality

Severn Hospice have registered for the Information Sharing Gateway, which is an online portal used by many NHS organisations as well as other health and social care organisations to manage and maintain any instances where data is shared and an information sharing agreement is required.

All access rights to every database across the organisation have been documented and are reviewed at least quarterly. Any member of staff that has admin level access rights to any database or system is held to a higher level of accountability to that of a normal staff member and have signed a privileged access form to confirm this.

All internal transfers of information have been mapped and assessed to ensure there is no function creep between the different service types delivered across the organisation, for example no member of the income generation team will have access to clinical information and vice versa.

The network and server architecture has been redesigned to segment departmental data, additionally folder security permissions have reviewed and amended to ensure they reflect organisational processes; meaning only staff members who have a business need to process hospice information to perform their job role, can access that data.

Severn Hospice's AI-powered spam filter is situated on the perimeter of the network and automatically blocks any emails, from an internal source to an external recipient, that have attachments containing large quantities of information, or information that matches predetermined criteria (e.g., NHS numbers etc). This is automatically flagged to the IT department who assess the email and can release the email if it is found to be genuine.

Any off site access to Severn Hospice's network and subsequently it's information is protected by multi-factor authentication to protect against both automated and manual attacks by malicious third parties.

Data Integrity

In line with the organisation's overarching data quality procedure, individual guidance for staff is available on each information asset that includes how to ensure the accuracy of personal information and how to correct errors.

A data mapping exercise has been carried out to identify all sources of data collection throughout income generation this aims to ensure that supporter information is collected and recorded in a uniform manor across all departments.

NHS numbers are used across the whole organisation as the main patient identifier to ensure records are correctly identified. Data collection and validation monitoring checks are carried out on both our medical database and the income generation CRM database monthly by Information Officers.

Data Availability

Severn Hospice is a 24hour medical facility and as almost all of Severn Hospice's critical information is stored in cloud-based solutions, a sufficient and constant internet connection is essential. To ensure network up time each of the three main Severn Hospice sites have had their internal network audited and remapped to ensure resilience, meaning that if a switch onsite were to fail the network traffic would have alternative routes to follow.

Staff members working externally have access to a Virtual Private Network (VPN) which allows secure access to both the internal Seven Hospice network as well as the health and social care network (HSCN) which is essential to be able to access the clinical database SystemOne.

Appendix 1: Performance Monitoring

Set out below are the key performance indicators to be supplied to commissioners on request:

Monthly activity to include:

- Referrals – day services, outpatients, in-patient care, hospice outreach team
- Admissions/discharges
- Day attendances
- Hospice Outreach activity – referrals, face to face contact, telephone contact, advice to professionals

Annual report to include.

- collected feedback from patients and their carers/families on the quality of services provided.
- complaints,
- patient incidents

Adoption of the appropriate EOL care quality markers for providers of specialist palliative care inpatient facilities need to demonstrate the following.

- That they have developed an action plan for end-of-life care that is congruent with the strategic plan developed for the locality by the CCG.
 - **Measures:** Availability of an action plan for end-of-life care for the specialist palliative care inpatient facility. Post-implementation evaluation of the action plan's impact and progress.
- That they have mechanisms in place to discuss, record and (where appropriate) communicate the wishes and preferences of those approaching the end of life (advance care planning).
 - **Measures:** Documentation of processes for assessing and recording preferences for end-of-life care; Audits of numbers of patients with a written record of their preferences for end-of-life care, such as preferred priorities for care, advance care plans and advance decisions; Protocols for sharing information with other health and social care professionals.
- That patients' needs for end-of-life care are assessed and reviewed on an ongoing basis.
 - **Measures:** Documentation of processes to review patients' needs; There is written evidence of continuing assessment of changes in care needs as death approaches, including changes in the desired place of death
- That they nominate a key worker, if required, for each patient approaching the end of life.
 - **Measures:** Documentation that each patient has been offered an appropriate key worker if required; Audits of the proportion of patients approaching the end of life with a documented key worker.
- That families and carers are involved in end-of-life care decisions to the extent that they and the patient wish.
 - **Measures:** Documented processes for involving families and carers in end-of-life care decisions; Audits of the care records of deceased patients assessing involvement of families and carers in end-of-life care decisions. Introduction of patient and family questionnaires to provide direct feedback on services.
- That they are responsive to emergency need and are able to admit patients 24/7.
 - **Measure:** Audit of admissions
- That the quality of end-of-life care provided by specialist palliative care inpatient facilities is audited and reviewed.
 - **Measures:** Documented processes to audit and review end of life care; Reports of audits/reviews; Audit of complaints and compliments regarding end-of-life care.

Glossary

BMJSPC – British Medical Journal of Specialist Palliative Care

ICB – Integrated Care Board

ICS – Integrated Care System

CGC – Clinical Governance Committee

CQC – Care Quality Commission

DATIX – Web based incident reporting and risk management software

DNACPR – Do not attempt cardiopulmonary resuscitation

EOL – End of Life

IPU – Inpatient Unit

MDS – National Minimum Dataset

MND – Motor Neurone Disease

MRSA – Multi Resistant Staphylococcus Aureus

NHS – National Health Service

ReSPECT – Recommended Summary Plan for Emergency Care and Treatment

RIDDOR – Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013

RJAH – Robert Jones and Agnes Hunt Hospital Trust

SLA – Service Level Agreement