



# Quality Account

## 2017/2018

# Contents

Page

## PART ONE

Chief Executive's Statement	Q3
Vision, Mission and Values	Q4
Our Strategy	Q5

## PART TWO

Looking back on 2017/18	Q6
Identified Priorities for 2018/19	Q7
Statement of Assurance from the Board	Q9
Statement of Assurance	Q10
Review of Services	Q11
Statements from the Care Quality Commission	Q12

## PART THREE

Review of Quality and Performance	Q13
Patient and Family Experience of the Hospice	Q15



# Welcome from the Chief Executive



**Karen Griffiths**  
Chief Executive

Please find our 2017/2018 Quality Account that sits alongside our Annual Report in order that we can provide a range of information to professionals and users interested in our service provision.

Our aim is to be transparent and engaging and to assure on the quality and safety of the clinical care that's provided within the hospice. We will share some of our key work streams and achievements within the quality account in order that the work of the hospice can continue to be appreciated.

We remain very focussed on delivering high standards of care both for our patients and their families and carers and acknowledge the needs of patients are changing, it is also important we appreciate the pressures in our local health care systems and this influences our work and future planning.

We continue to be challenged as the cost of our services increases and our desire to continue to offer these free of charge to patients and families. We have a significant responsibility for income generation in order to meet expenditure costs and aim to focus further on cost efficiency and driving cost down as far as practically possible, without compromising on the very high standards of care we take great pride in delivering.

The last year has been very busy for us at the Hospice, with a significant amount of work undertaken in our care provision and within the business development team.

Without the contribution of staff, volunteers, supporters and donors we wouldn't achieve this, so I'd like to take this opportunity, on behalf of the senior management team and trustees, to thank them all for supporting us. It is greatly appreciated and hopefully this review demonstrates the significant efforts and inputs made across the locality.

Karen Griffiths, Chief Executive.

# Vision, Mission and Values

## Our vision



Lindsey Lodge Hospice provides specialist palliative care to patients with life-limiting conditions and supports their family and carers during illness and into the bereavement period.

We aim to further develop the highest quality of care in North Lincolnshire, meet individual needs and facilitate choice.

We aspire to be a responsive and innovative organisation and become a centre of excellence with our service users at the heart of all we do.

## Our mission



We will ensure income generated from the local area is focused on our priorities of providing a safe and welcoming environment along with offering physical, emotional, social and spiritual support to patients, their families and carers.

We will invest in our workforce, nurture creativity and support empowerment in order to generate ideas that will deliver high standards and good practices.

Partnerships and collaborations will be encouraged, forming trusting relationships in the interests of our patients and staff.

## Our values

**C**aring, compassionate, facilitating choice

**A**cting with professionalism and respect

**R**esponsive to the needs of our patients, families and carers

**E**xcellence in all that we do.



'always there to care'

# Our Strategy

There has been a focus on our 3 year Strategy, Care Objectives and Budget Setting and we have an agreed direction of travel and detailed work plans to deliver this.



## In Patient Unit

- Current occupancy 60% (10 beds)
- Need to move to 85% consistently
- Determine what is the locality need in terms of future bed use?



## Service Expansion

- How do we extend our family and bereavement support services?
- How can we work towards 7 day admissions?
- Consider transitional care beds (nurse-led)



## Environment

- Ensure our premises are fit for the future
- Explore neighbouring land purchase
- Ensure support staff can service the changing organisation



## Day Care

- Identify what we do well
- Identify what are our gaps in terms of service provision acknowledging the changing needs of our patients
- Build a flexible well-being programme



## Partnership Working

- Work with local GPs to help identify patients that could use hospice service
- Improve our referral rate of non-cancer patients (currently 20%)
- Involve partners and the local community in service development



## Delivering Outstanding Care

Become an  
'outstanding'  
organisation



## Looking back on 2017/18

In August 2017 a new Director of Nursing and Patient Services was appointed and one of the first objectives was to review the quality of care given and to seek out opportunities for developing staff and services.

Lindsey Lodge Hospice is committed to providing high quality care through the effective management and development of all its members of staff and believes that the effective management of resources and talent is an essential part of this. Lindsey Lodge Hospice needs to adapt and change in order to be successful and to respond to demands placed upon it. We recognise that we must ensure that the provision of our service is maintained and improved upon and that we must evolve and positively embrace change in order that we can maximise our performance.

It has been also necessary to look at how we deliver our services to ensure that we maintain that which we do well e.g. delivering the traditional day care model, holistic approach to how we care and respond to individual patient's needs, but yet expand access to those who are not yet known to the hospice and also prevent admissions into secondary care.

Additionally we have services that have, and are, experiencing severe demands on it due to limited resource being allocated and therefore it is important that succession planning, opportunities for extended



Director of Nursing and Patient Services Maureen Georgiou.

roles, joining alliances with other partners and therefore building resilience into teams is also further developed.

In March 2018 the Director of Nursing and Patient services launched a clinical consultation document laying out the areas of development and new roles and clinical structures in order to enhance the care for patients, carers and families and to also enhance job satisfaction for staff. The benefits of the proposal is to deliver transformational change. The consultation process on the restructuring of our services was a genuine opportunity for people to consider and

actively participate in developing a new way of delivering services which will ensure that we are better able to meet the requirements of our patients. It is noted, as expected from local and national demographics that our patients are presenting with increasing complexity. We are seeing more patients with fluctuating delirium, dementia and neurological conditions. Our facilities in day care need to reflect that our patients have differing needs with regards to pressure area care, moving and handling and personal hygiene and our current facilities are not best equipped to support this care going forwards.

Following the successful completion of the clinical consultation, the focus for 2018/19 will be the implementation of the proposals contained within it.

- 1 The introduction of a new leadership role aligned to Agenda for Change (afc) Band 7 that will be the Clinical Manager for the Well-being Centre.

This leadership role will be responsible for day care, development of blended drop in/group activities and sessions, Therapies, and the Bereavement Service. All elements will be known as the Well-being Team.

In addition we will begin an operational task and finish group for the Well-being Team with membership of the group made up of patients, carers, volunteers and staff in order to develop a timetable of blended events in addition to the traditional day care model.

- 2 Agree the skill mix across the new Well-being Centre and inpatient team.

This will add additional resilience, new roles, skill mix and opportunities for staff in order to enhance the developing models of care.

Staffing establishments will have a bank budget enabling the two managers of the Inpatient Unit and Well-being Team to better manage temporary staffing to cover absences.

- 3 Move to a new bereavement model

Bereavement volunteers will be recruited and will be known as bereavement support workers.

We are joining alliance with 'Cruse' and we will be organising the relevant training for bereavement support workers. There will be a joint alliance board overseeing the governance arrangements.

We will recruit to a Registered Counsellor post and this post will be managed by the Clinical Manager for the Well-being Centre. This role will be the team leader for the Bereavement Team and will be the triage and referral point and delegator of referrals to the bereavement team as well as undertaking specialist counselling.

The Bereavement Team will work across all clinical areas of the hospice

- 4 Review of the shift patterns within the Inpatient Unit and extending the well-being centre operating hours.

The Inpatient Unit operates a three shift pattern over the 24 hour period. New shift patterns are to be implemented, which will balance out handover times and also reduce the number of hours staff are rostered for a night shift.

The Well-being Team will have a contract that will allow us to cover Monday to Friday working between the hours of 08.30am to 20.00 hrs. And Saturday 08.30am to 12 noon. This will cover and maintain both the traditional day care model but also allowing the growth for a blended model.

The Well-being Team will therefore have the development of a rota that is flexible to be able to cover the new emerging model. A Task and Finish group will be established with membership from patients, carers, staff and volunteers in order to work together and develop an initial 3 month programme of activities and 'drop in' sessions.





- 5 Review of management time within the Inpatient Unit and therapies team and releasing the time back into clinical care.

To ensure equity across all clinical areas of the hospice the administration/management time of 7.5 hours each for the IPU and Well-being Manager has been agreed.

In addition it is agreed to reprofile the Band 7 Therapy Lead to that of Therapy Specialist which will add additional clinical time to be able to assess, see and treat patients therefore reducing waiting times and building in more ability to undertake a larger clinical caseload within the Breathlessness Service as an example.

- 6 Development of new Advanced Assistant roles (aligned to a/c Band 3) that will extend the scope of competency and skills to that of Technical Instructor for Physiotherapy/ Occupational Therapy, Complementary Therapy and venepuncture and cannulation and will work across all clinical areas of the hospice over a 7 day rota.

- 7 Review of the admin function across the Well-being Centre, Inpatient Unit and therapies and making a Clinical Administration Team.

These priorities will be managed via a project group. The project group will be set up to go through detailed arrangements and changes that will need to be made with individuals and job descriptions.

#### Objectives of the restructuring

- Ensure robust leadership across all clinical areas of the hospice
- Manage costs & inefficiencies
- Increase the unity, identity and support between clinical services and teams
- Allow the Director of Nursing and Patient Services to liaise more closely with secondary care and community services and commissioners as we develop services and models of care
- Reduce the inequity of team sizes
- To re-evaluate and improve the decision making processes and structures, engaging, informing and enabling team leaders to have a higher level of involvement in senior decision making
- Address succession planning for managerial and other roles



We have started to consider future day care facilities and the environment that can support the undertaking of care with increased privacy and equipment to support safe moving and handling for staff and patients. We will draw up plans with architects and consider a marketing campaign to look at sponsorship for refreshed facilities that would also better support wellbeing and spiritual needs. We have held several engagement events with staff, volunteers, patients and families to inform this future development.

We will also review our audit calendar and Quality Performance Indicators during the coming year to ensure that we continue to capture the quality of care across the clinical areas of the hospice, and can action any omissions.





# Statement of Assurance from the Board

The Board of Trustees is assured by the progress made in 2017/2018 and supports the identified clinical priorities planned for 2018/2019. The Board remains committed to the provision of high quality care for patients, families and staff across all Lindsey Lodge Hospice services and have supported investment in clinical services over 2017/2018.

Trustees undertake visits across all the clinical services of the Hospice talking with patients, carers and staff. Patients and families are asked if they are willing to speak to Trustees to share their experience of care. Trustees also gather staff views in order to understand the core business of the Hospice and gives the Board assurance of the quality of care provided.

The Vice Chairman, along with the newly appointed Director of Nursing and Patient Services, lead on the Quality Assurance Committee.

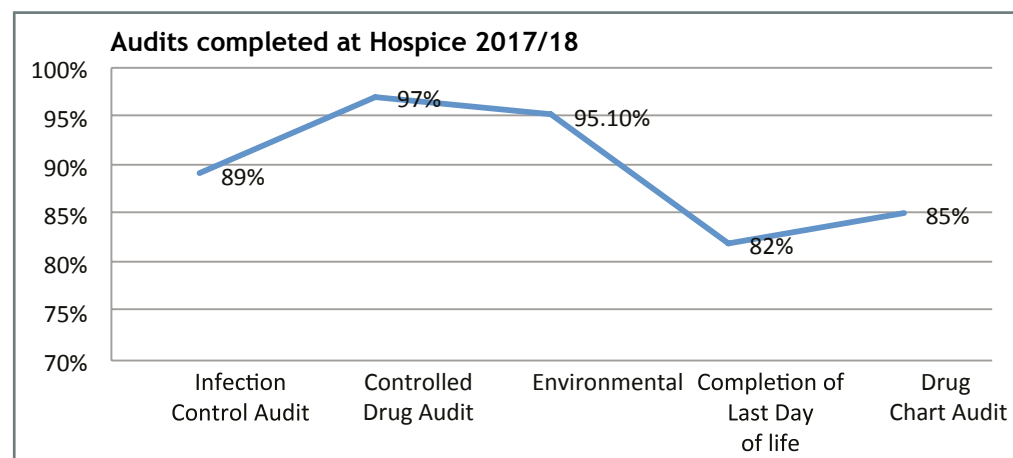
The Quality Assurance Committee reports to the Hospice Board to provide assurance that Lindsey Lodge Hospice is appropriately governed and well managed across the full range of activities and to provide internal and external assurance relating to quality management by:

- Reviewing the establishment and maintenance of effective systems of quality governance
- Ensuring compliance with all applicable legal and regulatory requirements, in particular those of CQC
- Ensuring that risk management and internal control is appropriate and of the highest standard
- Advising and contributing to the overall quality of the service;
- Reviewing the establishment and maintenance of effective systems of quality monitoring
- Monitoring all aspects of patient experience, safety and effectiveness including personalised care, treatment and environment;
- Monitoring safeguarding issues

- Monitoring the recording and management of incidents, concerns and complaints and ensuring that internal audit is consistent with the governance needs of the organisation
- Reviewing related activity and data
- Ratifying relevant policies and guidelines
- Reporting after each meeting to the Hospice Board.

The Board of Trustees will continue to monitor the progress against the priorities for quality improvement and identified priorities for 2018/19.

## Statement of Assurance



## Pressure ulcers

Out of the 41 patients who acquired pressure ulcers, 38 were inherited by the hospice when the patient was admitted to either the inpatient unit or attended daycare, the remaining three were unavoidable and all low harm. This reinforces compliance with pressure ulcer procedures and management that nursing staff follow when a patient is admitted, or during their stay. In 2017, nursing staff undertook pressure area management training supported by the Clinical Nurse Specialist from the Acute Hospital Setting and the policy, procedures and documentation was refreshed.

## Compliments and Complaints

At Lindsey Lodge we received 147 verbal and written compliments in 2017/18. These are shared amongst the clinical and nonclinical teams and displayed within the hospice environment.

During the financial year 2017/18 we received 5 complaints. All of these were fully investigated and dealt with in a timely manner to ensure that the complainants were satisfied with the responses received. Analysis of each of the complaints was taken to identify any learning for the future. We have also updated our comments, complaints and concerns policy.

## SystemOne & Information Governance

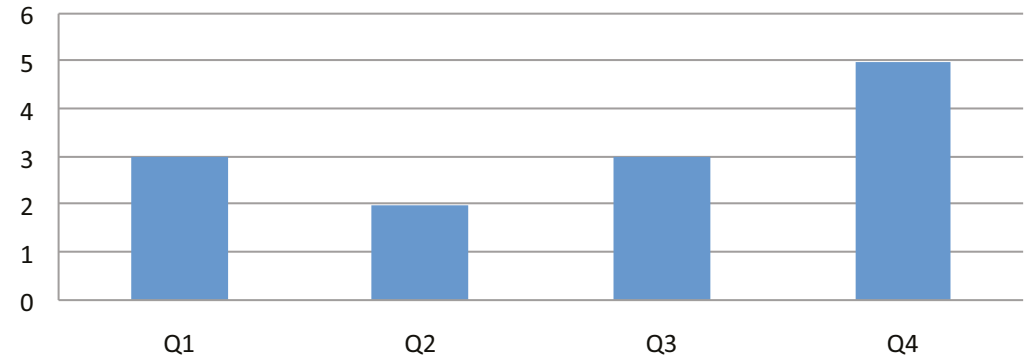
The Hospice uses SystemOne as our main clinical records system and this allows appropriate and secure sharing of patient care records with anyone involved in a patient's direct care across the different healthcare services.

In March, the Hospice submitted its 2017/18 evidence, via the Information Governance Toolkit (IGT), and has been rated 'Satisfactory', which means compliance at level 2. During the coming year focus will continue to be given to staff training around the changes to the Data Protection Act and the new GDPR rules and regulations.

## Medication Incidents:

We have strengthened our work in relation to medication safety and we have welcomed regular input of a visiting pharmacist who works with patients to check prescribing and administration of medicines and to help improve knowledge. In addition, we have strengthened our induction and mandatory training for registered staff implementing the Drug Workbook.

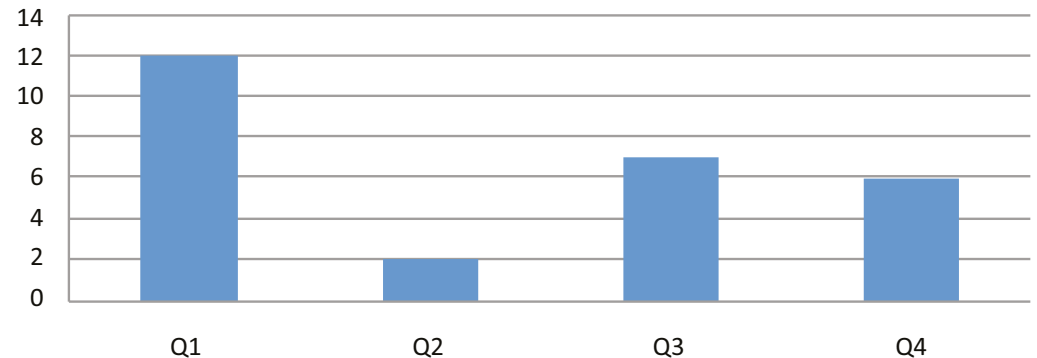
Total number of Medication Incidents 2017/18



## Falls:

We have invested further in equipment to help prevent patient falls and also alert staff to patients who have been assessed and identified as high risk. In addition to updating a falls policy and this subject was a 'feature of the month' within the clinical areas of the hospice.

Total number of falls 2017/18





## Audit Calendar

We have embarked on training in relation to Audit and welcomed a team from the Audit department within the neighbouring acute trust to support this in order to increase awareness of the audit process. All clinical audits undertaken are fed into the Quality Assurance Sub-committee of the board.

### Quarterly Audits:

	Q1	Q2	Q3	Q4
Infection Control audit	96%	94.20%	82.70%	82.70%
Controlled Drug audit		100%	100%	90%
Environmental		94.20%		96%

The hospice rolled out the use of the acute hospital last days of life documents, which was developed in line with the priorities for End of Life Care. We completed a Last Days of life Audit in Quarter 2, 2017. On completion of the audit we achieved 82% compliance, which would give us a RAG rating of green. Further audits will be completed in 2018/19.

Our medication charts were redesigned following feedback from staff. Additional sections were added to these charts in relation to anticipatory prescribing and the inclusion of homely remedies. An audit was completed to close the loop and act as a quality check. On completion of the audit in May 2017 we achieved 85 % compliance, giving a RAG rating of green. Another audit will be completed in 2018/19 to ensure continued compliance.

## Review of Services

Our patients are at the heart of everything we do, they can enjoy their favourite food and drink, watch wildlife go by in our idyllic garden, family can visit when they please and even pets can visit!

During 2017/18 Lindsey Lodge Hospice provided free specialist palliative care to adults in North Lincolnshire with any progressive life-limiting illness. We're independent of the NHS and patients are referred to us by their GP, community nurse or consultant in either writing, by telephone or by visiting us.

We offer 24-hour care, day care, symptom control, terminal care as well as other services such as counselling, complementary therapies, lymphoedema clinics, physiotherapy and bereavement support.

### 24 hour care

Our specialist palliative care unit provides first-class care and emotional support. Our nursing team will go that extra mile to ensure patients are as comfortable as possible. Some of our patients improve enough to be discharged from the hospice and others stay with us until the end of their life.

Relatives of end-of-life patients are welcome to stay over in our on-site accommodation to treasure every single moment and be part of care giving if they choose.

We have around 120 members of staff enabling us to provide 24-hour care seven-days a week and approximately 400 volunteers who support all aspects of the hospice.

The care we provide is personalised to each patient dependent on their needs. We do not offer long-term residential care or respite care.

We have had a successful campaign in our Inpatient Unit 'sponsor a room campaign' that raised over £80,000 and has allowed us to refurbish all our inpatient rooms. All rooms have had new beds, wardrobes, bed tables and lockers together with new furniture that meets infection control requirements. Ceiling mounted hoists and bariatric equipment has been purchased as part of the refurbishment in order we are placed to meet needs of complex patients.

### Day care

This setting sees a multidisciplinary team provide patient centred care that has been described by patients as a 'social haven'. Each patient has a 'named nurse' of whom co-ordinates care to meet patients individualised needs. Care includes psychological support, symptom management, therapies, pamper sessions and access to a chaplaincy service. Most patients come in on a daily basis. We provide free transport for patients provided by volunteer drivers and volunteers and craft workers host a range of activities for patients to engage in if they wish.

### Lymphoedema

People with the long-term chronic swelling condition are referred to the service which provides various treatments to control and manage the condition. This service is offered daily Monday to Friday.

## Family & Bereavement Support

We offer 1-1 and group support regarding the loss of loved ones, family problems, psychological and emotional issues and more. We listen, assess and support individual needs.

## Therapies

We offer an array of therapies such as physiotherapy, complementary therapy, massage, beauty, reiki, essential oils, chair yoga and hearts to promote relaxation, manage symptoms and relieve stress.

## The team

Our services are provided by a multi-disciplinary team comprising:

Doctors including Consultant, Specialty Doctor, GPs and GP trainees

Nurses and Health Care Assistants

Therapies to support independence and promote comfort including Physiotherapy, Complementary Therapy and Activity coordinators.

Chaplains attend on a daily rota basis to support patients and their families.

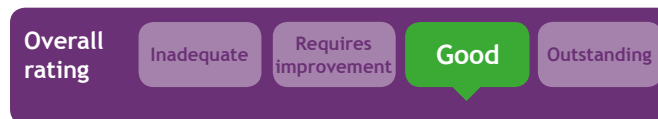
Support services provide cleaning, catering and laundry services for patients

A Clinical Trainer is on site for all staff and provides the delivery of mandatory training that is identified for staff through the appraisal process. A journal club has commenced this year and an active clinical supervision programme is in place.

# Statements from the Care Quality Commission



Latest inspection: 18 February 2016



### Are services

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

CQC inspector's description of this service:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook an announced focused inspection of Lindsey Lodge Hospice on 18 February 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 18 August 2015 had

been made. The service was inspected against two of five questions asked about services in regards to service safety and it being well-led. This is because the service was not meeting some legal requirements at that time. This inspection was completed by one adult social care inspector.

The findings from the 2016 inspection improved the quality rating in 'safe' and 'well-led' to good and the overall rating to good.

We are aware that the Key Lines of Enquiry (KLOE) that will be inspected by the CQC are changing and therefore we continue to keep abreast of these and test ourselves against the standards required.



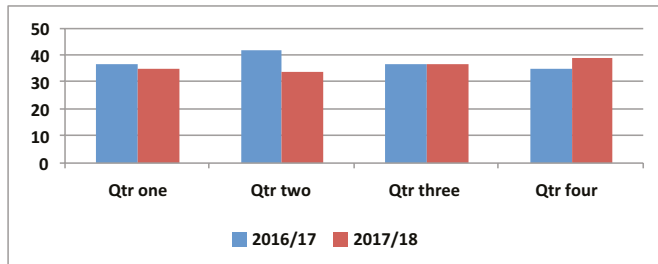


## Inpatient Care Service

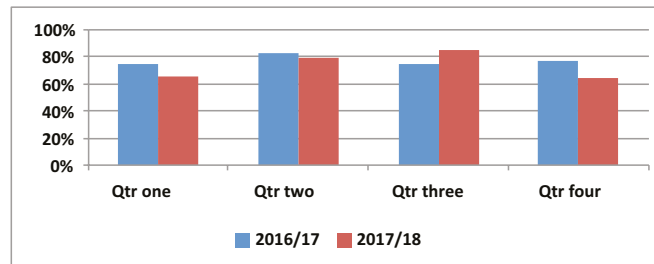
The Inpatient Care Service experienced a noticeable increase in throughput during 2016/17 with overall occupancy (when measured against a bed-base of eight beds) increasing to 77%. This set the benchmark for future years and the graphs set out below, compare activity and occupancy each quarter this year against the equivalent position last year.

### In patient service quarterly comparisons

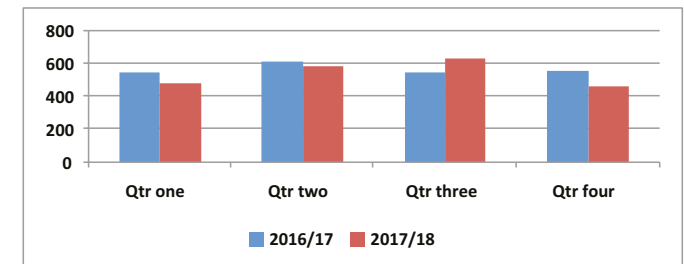
New patients admitted



Comparison of bed occupancy - 2016/17 to 2017/18



Actual beds occupied



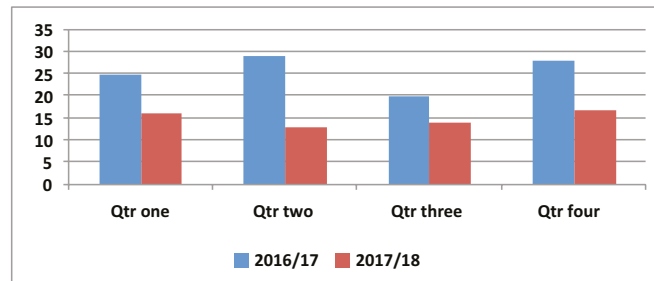
The actual bed occupancy decreased considerably in quarter 4, to 65 % on a bed base of 8, compared to 86 % the previous quarter. The refurbishment of the 2 x 2 bedded unit, which commenced on 2 February 2018 and re-opened on 31 March 2018, plus the unit being closed to admissions from 20 March to 28 March due to Norovirus outbreak, has had an impact on the bed occupancy/admissions rates in quarter 4. The average length of stay reduced to 11.9 days in quarter four, compared to 17 in quarter three.

## Day Care Service

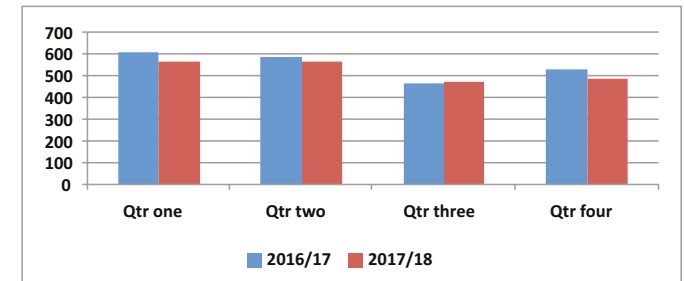
We are continuing to receive referrals at a much later stage in a patient's illness, consequently patients are too ill to attend planned assessment appointments and we are continuing to working closely with those involved with a patients shared care to look at ways to improve this.

### Day care service quarterly comparisons

New patients assessed



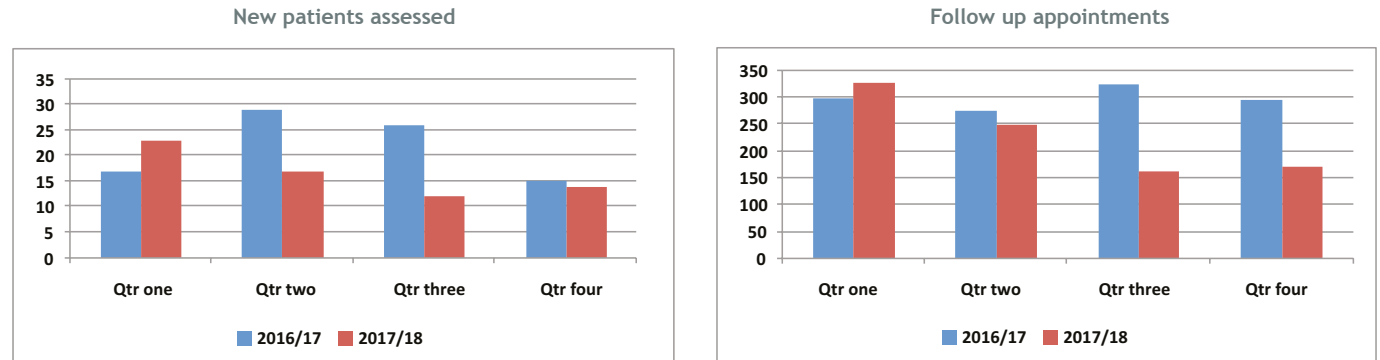
Actual day care attendances



# Lymphoedema Service

This continues to be a busy services most probably as it is not provided anywhere else in North Lincolnshire.

## Lymphoedema service quarterly comparisons

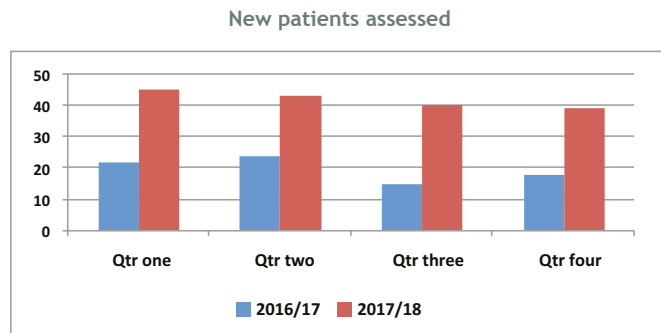


# Other Services

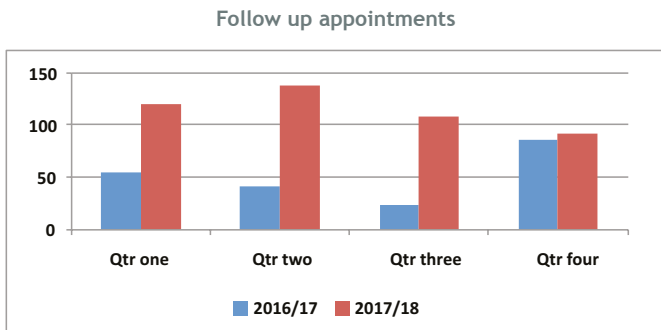
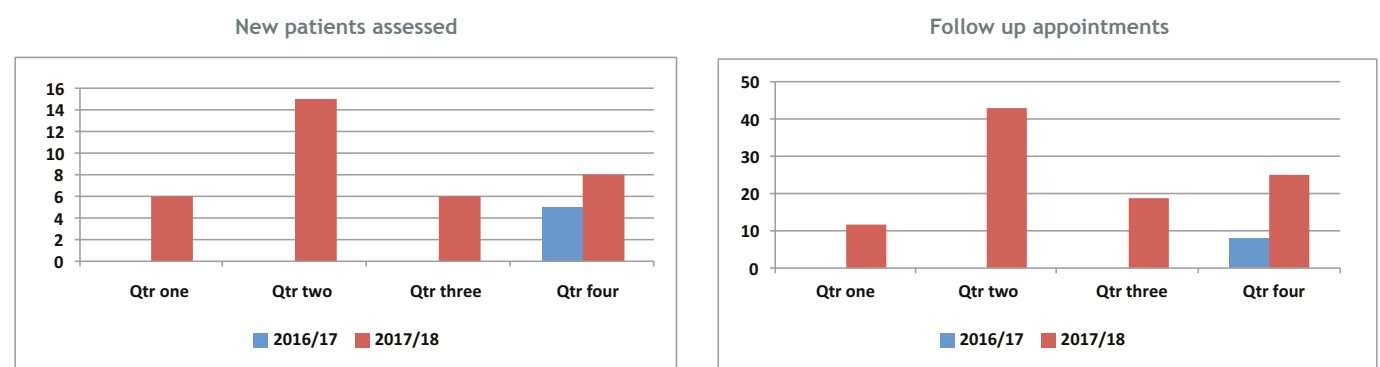
The hospice continues to provide physiotherapy, breathlessness, touch therapeutics and bereavement support services as part of its overall service provision.

The physiotherapy service continues to grow.

## Physiotherapy service quarterly comparisons



## Breathlessness service quarterly comparisons



Another service that our patients access at the Hospice is Touch Therapeutics, which covers a wide range of therapies. This service is offered to patients in daycare, inpatients and outpatients and is part of the overall holistic care package that we offer all of our patients.

We have commenced a review of our Bereavement & Family Support service to help inform proposed changes to the service and are exploring the opportunities to work with other local partners to strengthen this valuable service.



The Director of Nursing and Patient Services leads weekly clinical leads meetings in conjunction with the Medical Director and joined by the senior non-medical leaders. A number of items are discussed such as the ongoing review of clinical policies and documentation, audits and action plans are monitored, operational issues shared and discussed plus monthly activity monitoring with Trustee oversight.

A weekly Multi-disciplinary Meeting is held at the hospice where we discuss patients known to the hospice, community and secondary care. In addition to patients on the caseload, all patient deaths are discussed and we assess if patients attained their preferred place of death, had anticipatory medication in place plus a DNACPR

## Patient and Family Experience of the Hospice

Feedback from the users of our service is important and we continue to look at different means of capturing feedback to help shape our services. We have refreshed our patient survey this year and encouraged patients accessing services across the hospice to complete. In addition to this we have embarked upon some focused 1:1 interviews and will collate this data as we feel we have captured sufficient numbers.

“My husband visits here on a Tuesday in day care and has nothing but the highest of praise for the staff, facilities and amazing food on offer. You’re all an amazing team going above and beyond your call of duty. Thank you on behalf of myself and my husband.”

“Everyone at Lindsey Lodge Hospice has made my illness quite bearable. It is a real pleasure to be able to be treated by such wonderful staff and volunteers.”

“It’s the people not the building, an atmosphere of love, care and kindness abounds due to the volunteers and staff as well as the patients - a place of real calm.”

“Our family couldn’t thank Lindsey Lodge enough our brave dad passed away two weeks ago after a short illness from the minute our dad arrived to the moment he passed they showed love, support to all of us we will be forever grateful.”

“Such lovely staff and care without this place things would have been so much harder cannot thank you enough now it’s time for us to help you. Many thanks.”

“Lindsey lodge hospice staff were truly incredible looking after my Nanna. From the volunteers, to the healthcare assistants, nurses and doctors they were truly remarkable. My upmost thank you to you all.”

“Today was my second visit. Can’t praise everybody enough. Had a very nice lady sort my hair out today fringe and length, also had my first session of Reiki today - lovely felt so relaxed after. Thank you to all the staff and volunteers oh and the chef!! Dinner was lovely thank you again.”

“I have found the lymph treatment and massage really helpful—it has made a real difference to me post-cancer. Thank you.”



'always there to care'

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