



WIGAN & LEIGH HOSPICE

Quality Accounts 2020-21



JUNE 1, 2021

WIGAN AND LEIGH HOSPICE

Contents

Contents	1
1. Foreword	2
2. Introduction.....	4
3. Strategic Goals (2019-2022)	9
4. Looking Back: Key achievements 2020-21	11
5. Quality Performance.....	12
6. Looking Forward: Key Objectives 2021-22.....	21
7. Statements	23

1. Foreword

Statement from the Chief Executive

It is my pleasure as the newly appointed Chief Executive to present our Quality Account for 2020/21. Prior to becoming the Chief Executive in April 2021, I had served the hospice as Clinical Director for just over 6 years. This Quality Account represents one of the most challenging years the hospice has ever faced, in terms of clinical service provision, staff wellbeing and income generation.

The enormity of the COVID-19 pandemic began to hit the nation and our hospice by March 2020. Our clinical priorities during those early months of the pandemic were to ensure that staff were following the most up to date guidance, feeling as supported and safe as possible, addressing the challenges of PPE supply, and preparing for the anticipated increase in patient demand and reduction in workforce availability. Some services were suspended, whilst others were driven into accelerated change, particularly in relation to the use of technology, to ensure continuity of services and staff safety. Very quickly our community services were enabled to provide remote video consultations with patients and all staff that could work from home were supported to do so. It was a magnificent mobilisation of staff and volunteer commitment, knowledge, and skills to working flexibly and responsively to enable us to continue serving the people of Wigan & Leigh through this most challenging of times.

Like our community services, our inpatient unit continued to care for patients, including those infected with COVID-19 and our reception and support services remained open, thanks to the dedication and support of our staff and volunteers. There had to be many changes to the way we delivered care on the unit, but the restriction of visitors has perhaps been one of the most difficult for us all. Involvement of those people important to our patients is at the core of good hospice care and limiting this has impacted on our patients, those people important to them and our staff.

As the inpatient unit, community services, counselling and bereavement services began to settle into their new ways of working, we turned our focus onto transforming the support we provided to care homes. In close collaboration with Wigan Council, by May 2020 a new fully funded service was launched offering support and education in end of life care using virtual technology. The team had been supporting 14 homes in the borough before the pandemic, but following the digital transformation, we were able to offer support to all 52 homes and extra care services in the borough. By June 2020, we had also implemented a re-modelled version of the Oak Centre. The Oak Centre at Home, provided remote one to one and group support, education, relaxation and exercise sessions. Our quarterly, popular Remembrance Evening Service was also replaced by a video service, available through our website.

Throughout the pandemic, we have continued to care for patients in their homes, care home or on our inpatient unit, including patients infected with COVID-19. To our collective sadness,

our hospice experienced its first and only outbreak in November 2020, affecting staff and volunteers across the organisation. This experience has been difficult for us all, but I am utterly humbled by the resilience, flexibility and compassion shown by our staff and volunteers during this time and afterwards. Since then, our clinical services have continued to evolve and adapt to the COVID-19 pandemic and the needs of the people in our community, within the confines of national and regional restrictions. We have implemented staff and volunteer testing and supported our staff and volunteers to take up the opportunity to receive the vaccine as soon as it became available to us. We are also proud of our three Assistant Practitioner Apprenticeships, who all graduated this year and are now working on the inpatient unit and in Hospice in your Home in their new expanded roles.

This has also been an exceptionally challenging year for our income generation; our shops have been closed for several months this year and our usual fundraising events cancelled. However, the staff and volunteers have not let this deter them. Campaigns such as the emergency appeal and appeals led from our community have been well supported by the people of Wigan Borough and our shops reopened again in April 2021, thanks to the dedication and passion of our army of volunteers. We are also very grateful for the additional government financial support provided to hospices, without which we would not have been able to continue.

In this most exceptional of years, over 1000 patients benefitted from hospice care with over 5,000 contacts with people in their homes, which goes some way to dispelling the myth that our care is only delivered in a hospice bed. There has been an inevitable reduction in overall occupancy rate on the inpatient unit, due to the impact of the outbreak and the visiting restrictions.

The Hospice and its facilities are part of the fabric of the Borough and have been developed with the support of so many people from Wigan and Leigh over the years who can be justifiably proud that, through their generosity, we have been able to adapt so effectively to the challenges that this year has brought. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by the Hospice.

Jo Carby, Chief Executive

2. Introduction

A Quality Account is a report about the quality of services offered by Wigan & Leigh Hospice. It is an important way for the hospice to report on quality and show improvements in the services it delivers to local communities and other stakeholders.

The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient and carer feedback about the care provided.

The Quality Account should provide information about the quality of the services that the Wigan & Leigh Hospice delivers. The main purpose of a Quality Account is to encourage providers to take a robust approach to quality.

Our Approach to Quality

Wigan and Leigh Hospice adheres to five domains of quality:

1. The quality of care experienced by patients, family members, carers, and members of the general public
2. The safety of the person receiving care
3. The effectiveness of care
4. Access and availability of care
5. Environment

Our Mission Statement

The hospice provides high quality, compassionate and cost-effective palliative, and end of life care services across the Wigan Borough. It serves adult patients and those people most important to them in their own homes and within the hospice. Working in partnership with other health and social care providers, the hospice seeks to ensure everyone who needs palliative and end of life care services receives them. The hospice also shares its expertise through its in-house and outreach education programme.

Our Vision

Every adult with palliative and end of life care needs and those people most important to them within the Wigan Borough will receive timely and equitable access to high quality services, delivered by appropriately trained staff and volunteers.

Our Values

- **Compassion:** Providing a caring, empathic and person-centered approach which serves the whole needs of patients and supports those people important to them.
- **Accessibility:** Welcoming, transparent and open to the community we serve and those that support our charity.

- **Respect:** Appreciative of our individual differences and ensuring dignity and inclusivity.
- **Excellence:** Offering a professional, high quality service which is always developing and is responsive to patient needs and to those people important to our patients.

Our Services

Our Hospice building in Hindley is light and modern and provides a dementia friendly atmosphere. It has been adapted to ensure COVID-19 safety for our patients, those people important to them, our staff and volunteers, including the introduction of Perspex on reception counters and other infection control methods. The Hospice grounds have beautiful gardens which are adjacent to Amberswood Common and attract a variety of wildlife. These have been vital places to seek connectedness with nature during times of sadness and distress for our patients, those people important to them, our staff and volunteers. We provide the following services:

Inpatient Unit: Patients are admitted to the inpatient unit if they have symptoms or distress relating to their palliative diagnosis that cannot be managed effectively in their current location, they are reaching the last days of their life and have expressed a wish to die in the hospice, they require a short period of transitional care to facilitate transfer from hospital to home or care home, or the people caring for them have reached a crisis and are not currently able to continue in their role.

Hospice Nurse Specialists: This team have specialist knowledge and skills in palliative care and provide support for patients in the community (including care homes) at an advanced stage of their illness and to those people important to them. They assess patients' symptoms, offer psychological support and support patients with advance care planning. The majority of the team are Independent Nurse Prescribers. This year, this service has been provided through remote video consultations, in addition to phone calls and/or home visits.

Hospice in Your Home: This team of registered and non-registered nurses and volunteers offers one-to-one support to patients and gives practical as well as emotional support alongside hands-on nursing care, including daytime visits and overnight support.

Hospice in your Care Home: This education service offers ongoing support, training and guidance to all 52 care homes across the borough, in addition to extra care services, supported

living and the learning disability team. Hospice in your Care Home work closely with staff to promote training based upon the most up-to-date research available and equip them with the practical skills and knowledge needed to provide sensitive, timely and compassionate end of life care. Additionally, the team strive to reduce unnecessary hospital admissions made in the last days of life by providing dedicated support and basic training in palliative and end of life care. This service has been delivered this year entirely remotely using virtual technology.

Outpatient Clinics: These medical and nurse-led clinics have been postponed during the pandemic.

The Oak Centre: Prior to the pandemic, the Oak Centre provided health and wellbeing strategies and therapeutic interventions in a social environment to promote, protect and preserve the wellbeing of the people accessing the service. In keeping with many other hospice rehabilitative or day palliative care models, Wigan & Leigh Hospice Oak Centre has been particularly affected during the COVID-19 pandemic. In the initial stages of the pandemic, the Oak Centre was closed due to lockdown requirements and advice for the Extremely Clinically Vulnerable to shield at home. However, within a few months, a virtual service was launched offering group and individual sessions. Whilst this service was beneficial to those accessing it, the number of established clients accessing the group sessions and the number of referrals to the service had reduced substantially. This, in addition to the uncertainty of funding, led to us taking the difficult decision to close the Oak Centre in December 2020. The hospice will continue to collaborate with colleagues in the NHS and council to reassess the rehabilitative needs of people living with advancing illnesses in the context of the long-term impact of the pandemic.

Complementary Therapies: These therapies are designed to complement medical management by helping to relieve anxiety and deal with the effects of illness and prior to the pandemic, were delivered for patients and their main carers in the Woodview Centre, on the inpatient unit or in the home. This service was discontinued at the start of the pandemic and recommenced in autumn 2020. However, it was discontinued again in November 2020 due to the rising infection rate in the North West and the hospice outbreak.

Counselling: The counsellors can offer a variety of therapeutic interventions to enable the client to identify and strengthen ways of coping, and to work through the feelings they are

experiencing. This service is also offered to patients and those people important to them, including children. This year, this service has been delivered virtually using telephone and video technology.

Bereavement Support: This is offered to those people important to the patient and, prior to the pandemic included one to one and group support alongside remembrance evening services and events. During the pandemic, the one to one support has continued to be provided using telephone or video technology. The hospice has also created a Remembrance Service video available online via the hospice website.

24 hour Advice Line: The Advice Line is available 24 hours a day, seven days a week to patients, carers and healthcare professionals who are seeking advice about palliative care issues, such as pain and symptom control or Hospice services.

Education and Outreach: Our knowledge and skills are shared with GPs, District Nurses, care home staff and other health and social care professionals through multidisciplinary working and formal education programmes. This allows our expertise to benefit patients and carers who do not access Hospice services directly.

Other services: Patients are also able to access physiotherapy, occupational therapy, speech and language therapy and a dietitian service, provided by staff employed by Wrightington, Wigan and Leigh NHS Foundation Trust, all of whom are based within the Hospice.

Our facilities have been adapted to prioritise the safety of patients, staff and volunteers during the pandemic and include:

- 14-bed Inpatient Unit (all single rooms)
- Patient and visitor lounge areas*
- Overnight room for families*
- Complementary therapy and counselling rooms
- Quiet rooms for private discussions
- Outpatient clinics
- Multi-faith room*
- Extensive landscaped gardens
- Car parking (free of charge)

- Meeting rooms for hire*
- Café*

*Facilities suspended this year due to COVID-19 restrictions

The pandemic has made all organisations think differently on how best to provide quality of care in a safe way; this has led to innovation in how we deliver care and created stronger relationships with other organisations to improve the patient journey of care needs.

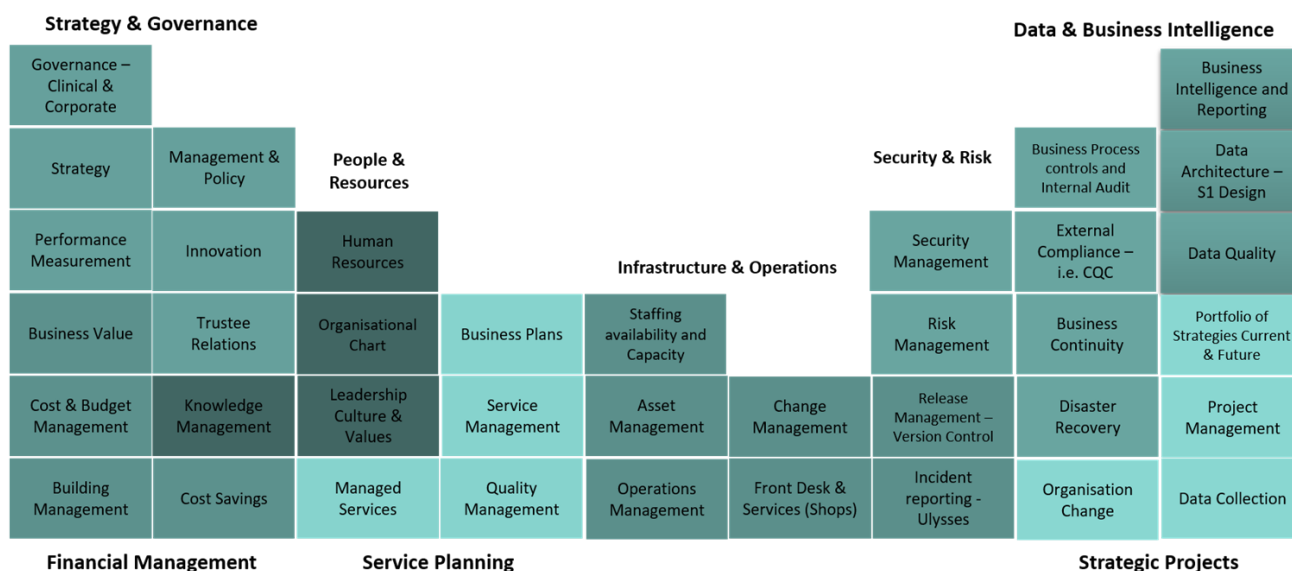
Our future clinical and strategic objectives for 2021/22 and beyond consider these changing styles in care delivery to ensure more opportunities for our wider community to access services.

Governance Framework

A good governance framework is a structure and set of rules that outlines how an organisation is managed and controlled. The Wigan & Leigh Hospice governance framework is built upon underlying principles: accountability, transparency and openness, integrity, stewardship, efficiency, and leadership

The governance framework set out below reflects the interrelated relationships, factors, and other influences upon Wigan & Leigh Hospice.

Wigan & Leigh Hospice Governance Framework



3. Strategic Goals (2019-2022)

The strategic goals are high level statements of planned outcomes that the hospice will strive to achieve within 2019-2022. Measures are in place to monitor the success of each statement.

Service Delivery

Delivering the best possible services for our patients and those most important to them.

- Maintain the highest achievable quality and value for money across all hospice services
- Develop new services to meet emerging needs and local palliative and end of life care priorities
- Review and, where necessary, redesign services to maximize outcomes and reach
- Foster an evidence-led innovation culture

Commissioning

Engaging with and responding to the changing commissioning environment.

- Engage proactively with commissioning bodies (including CCG, Council and Greater Manchester Health & Social Care Partnership)
- Demonstrate the impact of hospice services through robust data and outcome measures
- Develop an understanding of unmet need and our role in meeting this need

Partnerships

Reaching more people through working in partnership.

- Work with partners across the statutory and voluntary sectors to improve service delivery and community engagement
- Improve understanding of palliative and end of life care and the hospice amongst professionals and the general public
- Engage with stakeholder and partner forums to identify and work on shared agendas and priorities
- Maintain a leading role in the Greater Manchester Hospice partnership

Sustainability

Ensuring our services are sustainable in the current statutory and charitable environment.

- Develop strategies to maximize income and encourage volunteering
- Develop robust business cases to ensure continued statutory support

- Ensure key messages about hospice care are communicated effectively to all our stakeholders
Ensure the annual budget is aligned to the level of reserves with variances monitored and efficiency savings continually sought
- Ensure effective procurement processes that deliver 'value for money' whilst minimising our impact on the environment

Governance

Ensuring the hospice is compliant and is effectively managing risk.

- Ensure compliance with regulatory standards including the development of appropriate recording and monitoring systems
- Ensure robust systems are in place to enable proper governance and risk management
- Ensure robust financial systems are in place to enable proper accountability and control

People and Infrastructure

Ensuring the hospice has a competent and motivated workforce working safely and effectively.

- Recruit, retain, develop, train, and support our staff and volunteers
- Develop and sustain an open culture where hospice values are translated into everyday actions
- Review and implement the maintenance and renewal plan for all buildings and equipment
- Ensure robust systems are in place for health & safety in the hospice and in our shops
- Develop strategies to ensure effective communication across the hospice and in its shops

4. Looking Back: Key achievements 2020-21

The Hospice made progress in relation to all six strategic goals:

Service Delivery

- Services adapted effectively to the challenges of the COVID-19 pandemic, implementing extensive infection prevention and control measures across all services, video technology for patient consultations and meetings and a video Remembrance Service
- Greater Manchester and symptom control guidelines are implemented within the hospice and community
- Best Interest decision-making is conducted and documented effectively
- Upgrade of inpatient unit beds

Commissioning

- Building of a data warehouse to optimize the extraction of reliable clinical activity data from our patient records.
- Expansion and adaptation of Hospice in your Care Home service to all 52 care homes and extra care services in the borough

Partnerships

- Closer working between the hospital and hospice specialist palliative care services
- Alignment of the Hospice Nurse Specialists to the Primary Care Networks.

Governance

- Revision of critical policies and procedures
- Implementation of Lessons Learned Policy and Procedure
- Implementation of systematic collection of service user views

People and Infrastructure

- Creation of house keeper roles on the inpatient unit
- Graduation of 3 Assistant Practitioner Apprenticeships across community and inpatient services and commencement of a 4th Assistant Practitioner Apprenticeship in community services.
- Commencement of an Advance Clinical Practitioner Apprenticeship on the inpatient unit
- Improved accessibility of palliative care training and education for hospice staff using virtual technology

5. Quality Performance

This section of the account sets out the numerical measurements of the performance of the Hospice and reflects on the clinical objectives set out in 2020/21.

Quality of performance can be assessed through measurements of physical outcomes, statistical sampling of the output, delivery of processes, or through staff and patient surveys.

Patient Safety Measures

Patient Safety Measure	2019/20	2020/21	Comments
Staff Sickness	5%	12%	Sickness absence increased during the pandemic. Many staff were required to isolate, there was a COVID-19 outbreak and staff who required medical interventions were waiting longer for treatment, prolonging their sickness absence. Colleagues worked extra to support their teams to minimise the impact of sickness absence.
Staff Mandatory Training Compliance	87%	82%	Mandatory training by staff remains slightly under our target (90%). This is due to staffing shortages during the pandemic with staff isolating and / or too unwell to work. Plans have been developed and implemented to ensure the target is reached in 2021/2022.
Hospice based volunteer mandatory training compliance	87%	84%	Volunteer training records were affected by volunteers not undertaking their roles due to the pandemic. Volunteers are required to complete their mandatory training before returning to their roles.
Internal Information Governance breaches	14 (4%)	13 (3%)	Yearly mandatory training is required by all staff and is accounted in the figure above. IG incidents have continued to reduce year on year. All IG Breaches after investigation were rated as no harm.
RIDDOR accidents (Non COVID-19)	2	1	This single incident was related to manual handling cause which triggered an existing injury.
RIDDOR accidents (COVID-19)	0	52	Between November to December 2020 45 (87%) staff reported to RIDDOR was due to COVID-19. The hospice continues to adhere to all guidance, thereby minimizing the likelihood of further outbreaks.
Patient accidents	251	263	The implementation of the incident management system, Ulysses and an encouragement to report has resulted in an

			increase year on year of patient reported incidents; 2020/21 had an increase of 4.5% compared 2019/20. The increase has enabled the hospice to understand and improve care and procedures. All incidents identified within the Hospice resulted in either no harm or minor harm to the patient involved.
Complaints received	11	11	The number of complaints received were the same as 2019/20. Five of the complaints were verbal and six written. Ten of the complaints related to patient care, with one of those fully upheld. The fully upheld verbal complaint identified a wrongly addressed bereavement letter. The partially upheld verbal complaint was a delay in counselling due to sickness of counsellor and delay in communication back to patient.
Complaints upheld	1	1	
Partial upheld	0	1	
Compliments received	2083	2556	There was an 18% increase in compliments received; this is the second year in growth.
Other Incidents	68	58	Other incidents include those not related to patients and staff and includes information technology, documentation, facilities, and estates.
Healthcare acquired infections	4	8 (2 COVID-19)	The hospice identified 1 C.Difficile in April 2020, a further 1 MRSA was identified in May 2020 and 6 cross / HC associated infections. Two of the cross / HC associated infections were identified as COVID-19 and were not known prior to admission. The hospice has been fully compliant in the Root Cause Analysis process which concluded that these were unavoidable. The hospice has had 2 episodes of 4 months without a patient having or obtaining an infection.
Pressure Ulcers identified that developed or deteriorated during admission	13	14	69% of all pressure ulcers identified in 20/21 were present on admission to the inpatient unit. Of the 14 (31%) patients who acquired a PU on the ward, all were fully investigated and no concerns regarding patient care were identified.

Service activity data

Service Activity Data	2019/20	2020/21	Variation	
Total number of patients	1253	1008	-245(20%)	▼
Inpatient Unit				
Number of admissions	279	238	-41 (4%)	▼
Number of individual patients admitted	267	208	-12 (15%)	▼
Number of occupied bed days	4563	3774	-789 (17%)	▼
% bed occupancy	92%	75%	17%	▼
% of IPU admissions ending in death	70%	57%	13%	▼
Average length of stay (median days)	12	14	+2 (14%)	▲
Average waiting time for admission (days)	4	3	-1(25%)	▼
Community Services				
Hospice Nurse Specialists face to face contacts (including Virtual contact)	2664	2942	+278 (9%)	▲
Hospice in your Home visits (day)	2162	2129	+33 (2%)	▲
Hospice in your home visits (overnight)	262	162	-100 (38%)	▼
Wellbeing Services				
Oak Centre individual patients	195	60	-135 (70%)	▼
Oak Centre face to face contacts	1960	526	-1434 (73%)	▼
Complementary Therapies face to face contacts	517	0	-517 (100%)	▼
Counselling face to face contacts (including Virtual contacts)	521	605	+84 (13%)	▲
Bereavement face to face contacts (including Virtual contacts)	178	442	+264 (60%)	▲

The total number of individual patients accessing services within 2020/21 dropped by 20% a total of 245 patients. This is observed across many of the clinical services

Service	Patients 2019/20	Patients 2020/21	Variation	
IPU	267	208	-59 (22%)	▼
Hospice Nurse Specialists	942	852	-90 (10%)	▼
Hospice in your Home	398	426	+28 (6%)	▲
Medical Outpatients	89	107	+18 (17%)	▲
Oak Centre	195	60	-135 (69%)	▼
Complimentary Therapies	282	51	-231 (82%)	▼
Counselling	207	113	-94 (45%)	▼
Bereavement	174	111	-63 (36%)	▼
Total*	2554	1928	-626 (25%)	▼

*Some patients may access **more than one service**; total will be higher than the total of individual patients accessing services in Wigan & Leigh Hospice

There were increases in face to face contacts, with the exception of the Oak Centre which closed in December 2020, and Complementary Therapies, which suspended services due to the pandemic.

Face to Face Contacts (including Virtual)

Service	2019/20	2020/21	Variation	
IPU (admitted)	267	208	-59	▼
Hospice Nurse Specialists	2664	2942	+278	▲
Hospice in your Home (day)	2162	2129	-33	▼
Medical Outpatients	39	101	+62	▲
Oak Centre	1960	526	-1434	▼
Complementary Therapies	517	0	-517	▼
Counselling	521	605	+84	▲
Bereavement	178	442	+264	▲
Total*	8308	6953	-1355	▼
Total (excluding Oak & Complementary Therapies)	(5831)	(6427)	(+596)	▲

*Some patients may access more than one service; total will be higher than the total of individual patients accessing services in Wigan & Leigh Hospice

Virtual contacts have allowed continual access to services, and in many cases has increased presence and support for patients and carers.

This can be observed by those services that had a reduction in patients accessing the service but had provided more face to face contacts.

Service 2020/21	Pt. Variation		Face to Face Contacts (Inc. Virtual)	
Hospice Nurse Specialists	-90 (10%)	▼	+278	▲
Counselling	-94 (45%)	▼	+84	▲
Bereavement	-63 (36%)	▼	+264	▲

The COVID-19 pandemic has crystallized the need to meet patient and carer needs in different ways, ensuring the safety and confidentiality of patient and carer information, but ensuring a safe, quality service at the time of need.

The following highlights some of the technology changes Wigan & Leigh Hospice has embraced to ensure delivery of care:

Mobile messaging

It is acceptable to use mobile messaging to communicate with colleagues and patients/service users as needed. It is also acceptable to use commercial, off-the-shelf applications such as WhatsApp where there is no practical alternative and the benefits outweigh the risk.

Video conferencing / Consultations

The organisation understood very early the need to reduce footfall within the hospice and protect against the possible spread of COVID-19 amongst patients and staff. To reduce footfall, the majority of non-clinical staff (where deemed possible) worked from home.

To ensure 'business as usual', Wigan & Leigh Hospice purchased several 'Zoom' accounts that allowed critical meetings to continue.

Zoom has continued to be used in all areas, i.e. training, appraisals, interviews etc.

The hospice has a vibrant education service, called Hospice in your Care Home, offering virtual education and training in palliative and end of life care to all 52 care homes, some extra care services, supported living and the learning disability team. This has been provided remotely using Zoom technology and is a fundamental aspect of the borough 'offer' to care homes.

Video conferencing for patient consultations help to reduce the spread of COVID-19. Wigan & Leigh Hospice staff use AccuRx Chain, integrated in to the electronic patient record, SystmOne and the bereavement support volunteers use AccuRx Fleming (Standalone). The consent of the service user is implied by them accepting the invite and entering the consultation.

SMS (Short Message Service)

The use of SMS to remind patients about upcoming appointments or group sessions is provided through AccuRx Chain (integrated to SystmOne) and AccuRx Fleming (Standalone). By providing a mobile contact number consent to receive SMS texts is implied. The consequence of COVID-19 has reduced the speed of receipt of paper communications and the use of SMS allow same day updates of changes to services.

Clinical Activity Dashboards

New Clinical Dashboards and updated Performance Indicators are due for release in the second quarter of 2021/22 and will provide instant and more accessible information direct to the service leads. These will include ad hoc areas of medical care and clinical care that can be incorporated within any given time period and provide ongoing clinical audit and gap analysis against expected outcomes and guidelines. The data outcomes will also enable the Hospice to benchmark activity with other hospices across Greater Manchester.

Clinical Effectiveness

Clinical effectiveness is defined as "the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing, and monitoring practice." (Department of Health, 1996).

Assessing clinical effectiveness is about improving patients' total experience of healthcare and is an essential part of improving and assuring quality to enhance the effectiveness of clinical practice and service delivery.

The recommendations and actions resulting from the various audits are agreed and monitored in the quarterly Audit & Clinical Guideline Committee.

The significance of clinical audit as a quality improvement process is an important mechanism for providing assurance in relation to the provision of safe and effective patient care. The hospice is therefore committed to delivering effective clinical audit in all the clinical services it provides.

A new Clinical Audit and Effectiveness Policy has been developed, ensuring the capture of relevant and appropriate guidelines. This is supported by a new monitoring tool to understand level of implementation and the level of change required.

Audits completed 2020/21:

- Pressure Ulcer

Summary	Outcome
<p>Topic: Prevention, management, and reporting of pressure ulcers within the inpatient unit</p> <p>Standard: To ensure that patients who are at risk of developing pressure ulcers, or those with an existing pressure ulcer are managed in line with national guidelines and that the hospice complies with required reporting framework by Care Quality Commission and local Clinical Commissioning Groups.</p> <p>Objective: To demonstrate compliance against national standards.</p>	<ul style="list-style-type: none"> • Policies and Procedures – 100% compliance • On admission – 90.7% compliance: Remind staff to ensure equipment required and care plans are completed on admission. • Ongoing Care – 89.4% Compliance: Ensure adherence to policy of reporting to external providers when applicable • On Discharge – 53.3% compliance: Review the discharge template

- Inpatient Unit Mattresses

Summary	Outcome
<p>Check that all mattresses on the inpatient unit are acceptable for use and meet the Wigan borough HIP PIT standards for use. The standards are:</p> <ul style="list-style-type: none"> • Mattresses are clean • Mattresses are not malodorous • No breach in integrity (no fraying, splits tears, perishes) • Mattress and cover are labelled, identifying date of purchase and an identification number. • Check the air flow mattress and pump identifications number corresponds with one another. 	<p>16-foam mattresses, 9-air mattresses, and 1-dual mattress in use on the ward. Following the audit, a decommissioning of 1-mattress concluded. 26 mattresses are currently used on the IPU. Purchase of top covers for foam mattresses and air mattresses.</p>

- Infection Prevention and Control

Summary	Outcome
<p>The aims of this audit were to:</p> <ul style="list-style-type: none"> • Measure the Infection Control Practices, Processes, Policies and Standards that are occurring in a specific care setting. • Identify areas of achievement and highlight areas where improvement is required. • Monitor any change accurately and objectively. • Show where improvements in compliance have occurred, using these to help with staff motivation. • Continue improving the quality of the service provided. • To provide evidence of good practice. • Ensure that Department of Health (DH) and National Institute Clinical Excellence (NICE) Guidance is being observed in clinical settings. • To meet the requirements of any Government Legislation when introduced. 	<p>There was a total of 540 criteria to be met.</p> <p>427 (79%) of the criteria were met fully.</p> <p>Actions were devised into three key areas</p> <ul style="list-style-type: none"> • Cleaning • Maintenance • IPU

- Education / knowledge of Advance Decisions to Refuse Treatments (ADRT)

Summary	Outcome
<p>To evaluate whether the Advance Decisions to Refuse Treatments (ADRT) completed in the project Nursing Homes, meet the criteria detailed within the Hospice in your Care Home (HiyCH) education/training.</p> <p>If learning from the Advance Care Planning education sessions has been effective then completed documents should be valid.</p> <p>A lack of validity would indicate a lack of learning in the Nursing Homes or that learning has not been implemented into practice.</p>	<p>Main variances were around applicable circumstances and review of the advance decision. Particular emphasis will be given to these areas during education and training. HiyCH educators to prompt Nursing Home staff when reviews are due at the monthly resident status meetings.</p> <p>Validity of ADRT to be checked by an educator at the time of completion. Laminated copy of the validity checklist will be provided to each Nursing home and can be used as a point of reference.</p> <p>Implement new criteria that staff must complete the full day ACP training or the</p>

	ADRT afternoon before completing an advance decision. If possible identify an ACP/ADRT champions in each home to promote best practice.
--	--

Audits planned for 2021/22:

- Medical Multidisciplinary Team Meetings
- Inpatient unit Risk Assessments
- Venous Thromboembolism
- Pressure Ulcers (Ulysses)
- Falls (Ulysses)

Incident reporting software, Ulysses is being used to track all actions to enable accountability and assurance that actions are implemented in a timely way and reviewed and monitored via the Risk and Performance Committee.

Patient Safety Audits have been developed for 2020-21 via Ulysses. These include a fall and Pressure Ulcer questionnaire that will be triggered at every incident reporting of this cause. Both of these audits are due to take place Quarter 2 2021/22. The falls audit will be conducted as a joint audit between the medical team and inpatient unit.

Patient & Family Experience

FAMCARE is an annual audit run by the Association for Palliative Medicine (APM) and has been running since 2013. It consists of a survey (FAMCARE 2 tool) which is sent out to recently bereaved relatives or a designated main carer.

The Hospice has taken part since 2015 (with the exception of 2018).

The survey consists of 17 questions which cover the breadth of care which the patient received. It is completed by the main carer 4-6 weeks after the death of the patient.

Participating services are either a hospital-based palliative care teams, hospice inpatient units or home care teams specialising in providing end of life care.

An average of 82% of bereaved carers of those patients supported by our community services felt either very satisfied or satisfied, and an average of 89% of bereaved carers of those patients cared for on the inpatient unit felt either very satisfied or satisfied. Key areas of satisfaction related to dignity and attention to the patient's description of symptoms.

Improvements made from the 2019 evaluation for home care teams were in 14 of the 17 questions.

When benchmarked against other palliative care providers, themes from home care team that have received consistently higher rates of satisfied / very satisfied were identified in 15 of the 17 questions.

Themes from the inpatient unit that have received consistently higher, satisfied / very satisfied than all other organisations taking part in the evaluation were identified in 7 of the 17 questions. Emotional support provided to family member by the palliative care team (72.73% Satisfaction Rate) had the least satisfaction rating.

User Views Survey

Wigan & Leigh Hospice embraced the idea of establishing a systematic way of assessing the health and social care needs provided to patients and service users. A set of questions were made available across all internet social platforms, the Hospice website and in paper form provided with the welcome, bereavement and discharge packs from July 2020.

The hospice received 76 responses between July 2020 and March 2021. Key Themes:

- 96% responded definitely that they would recommend to other people.
- 95% strongly agreed they were treated in a sensitive way and with dignity
- 86% strongly agreed that they were involved enough in decisions made
- 82% strongly agreed that the information provided was clear and helpful
- 96% strongly agreed that the staff were caring

6. Looking Forward: Key Objectives 2021-22

The following key objectives for 2021-22 have been identified by the clinical teams and have been set with criteria to measure the success in line with the *Greater Manchester Commitments to Palliative Care individuals approaching or within the last year of life*.

Service Delivery

Delivering the best possible care for our patients and those people important to them

- All clinical services continue to adapt effectively to the challenges of and recovery from the COVID-19 pandemic
- Continue to drive improvements through learning from audits, guidance, and incidents
- Patient outcomes resulting from admission to the hospice inpatient unit are recorded and analysed
- Enhance service user involvement in hospice decision-making

Commissioning

Engaging with and responding to the new commissioning environment

- Clinical Key Performance Indicators (KPI) are defined, recorded consistently across the organisation, and analysed regularly

Partnerships

Reaching more people through working in partnership

- Integrate the HNS service into the Primary Care Networks
- Reduce duplication of clinical work between different organisations and facilitate the patient experience as a single service
- Expand the reach of the Hospice Education service across the Wigan Borough
- Work with the Borough Bereavement Strategy Group to identify gaps in bereavement service provision and develop proposals for service development
- Enhance the partnership between hospice and hospital specialist palliative care services

Governance

Ensuring the Hospice is compliant and is managing risk

- Clinical and non-clinical policies and procedures are updated
- Implementation of the Lessons Learned Policy and Procedure
- Implement Risk Management Policy and Procedure
- Patient Safety Audits automated via Ulysses

People and Infrastructure

Ensuring the Hospice has a competent and motivated workforce working in a safe and effective environment

- Develop the new Clinical Skills Educator role and integrate the new roles of Advanced Clinical Practitioner, Assistant Practitioner and FY2 doctor on the inpatient unit
- Hospice clinical staff to feel their education and training needs are met

7. Statements

Thank you

Wigan & Leigh Hospice wishes to thank all of our supporters who give their time or money to support the care of patients with advancing conditions.

We have a proud history of working with our partners and other stakeholders across the borough to ensure our communities have access to high quality palliative and end of life care provided by well trained and supported staff and volunteers.

We are grateful for the continued support of the Wigan Borough Clinical Commissioning Group and Wigan Council. We are extremely pleased that Hospice services are valued and we look forward to building on our already strong relationships.

Wigan Borough Clinical Commissioning Group Response to the Wigan and Leigh Hospice Quality Account for 2020/21

A change of Executive and Clinical Director during 2021 combined with the COVID - 19 Pandemic has posed both challenges and opportunities for Wigan and Leigh Hospice which they have embraced. It is true testament of everyone connected with the Hospice from the Leadership team, the clinical and non-clinical workforce to the volunteers, that the care and support provided to our patients, their families and friends is held in such high regard which can be seen from the high level of satisfaction captured through the audits, surveys and general feedback.

We recognise the considerable challenges faced by the Hospice in responding to the pandemic, several services were either suspended or amended to comply with Infection Prevention and Control and Social Distancing requirements. Despite this there have been inspirational achievements as a result of new and collaborative ways of working. The Education and Outreach work undertaken by the Hospice in your Care Home team during the pandemic has been a significant accomplishment. Increasing the reach across 52 Care Homes across the borough enabled more Care Home staff to access the training, and therefore more patients receiving the high standards of End of Life care. Ultimately this virtual training programme has also benefited patients and carers who do not access Hospice services directly.

We have also seen a real spirit of embracing collaborative working with the Hospice in your Home team who have worked together with the District Nurses to undertake combined home visits to reduce potential hospital admissions.

Working with patient's, their families and friends to provide supportive networks whilst challenging has enabled patients preferred place of death to be achieved, memories created which will support bereavement journeys.

As part of the annual report the Hospice has recognised that there has been an increase in reported incidents, this is seen as a positive as people feel supported to report events knowing that they will be acted upon and the learning shared to prevent future recurrences. It is also noted that whilst low in number there has been an increase in complaints received overall, for assurance it is essential to ensure that robust processes are in place at the Hospice in order to embed the learning from incidents and complaints to drive improvements.

Looking forward the Hospice have indicated the audits that they have planned in year, with the changes in digital advances and the way that the Hospice are delivering their services. It would also be helpful to consider an audit in relation to patient and family experiences of care recognising that not everyone has the access to or the capability to utilise digital technology.

Wigan and Leigh Hospice is a key member of Healthier Wigan Partnership and is an essential asset to the Wigan Borough. The CCG has supported and worked with the Hospice over the past year and looks forward to the continued collaborative working over the next 12 months to ensure Wigan residents receive high quality end of life care in their preferred place of care.



Dr Tim Dalton, Chairperson, NHS Wigan Borough CCG
10 August 2021