



WIGAN & LEIGH HOSPICE

Quality Accounts 2022-23



JUNE 1, 2023

WIGAN AND LEIGH HOSPICE

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1. Foreword

Statement from the Chief Executive

It is my pleasure to present our Quality Account for 2022-23.

This year, we celebrate the 40th Anniversary of when we opened our doors to our first inpatients in 1983. Over the years, the hospice has grown and evolved to meet the changing needs of the community we support in Wigan & Leigh, and this year has been no exception. As predicted, the demand for hospice services continues to rise, with a 9% increase in the number of people accessing our services this year. To meet this increasing demand, the hospice continues to adapt and work collaboratively with system partners. Our Nurse Specialist Team are now almost entirely prescribing electronically, enabling a clearer audit trail, reducing risks of errors and increasing access to medications in a timely manner. Full implementation of clear patient outcome measures enables us to think more strategically about the interventions that are most effective for our patients.

Our new system-wide single point of access service, WHISPAR, enables patients with palliative care needs to be referred just once to our hospice-led triage system. Close working with our system partners reduces unnecessary duplication, ensuring patients receive the right care at the right time. Our expanded Practice Development Team is now responsible for the palliative and end of life care, education and training across all providers in the borough. This helps us to realise our vision that no matter who you are, what you are dying from and where that may be, you and those people important to you will receive the care and support you need. These are exciting developments that are making a real difference to the people of Wigan & Leigh.

Our attention to patient safety continues to be paramount with clear evidence of learning from incidents and near misses. Where we identify opportunities for learning these are implemented in a timely way. Workforce wellbeing and recruitment continues to be a key work stream for us and work is on-going to ensure we continue to be an attractive, supportive employer.

Financial sustainability is a critical concern for Wigan & Leigh Hospice and investment in income generation opportunities is a core aspect of our business strategy. We continue to work closely with our system colleagues to gain fair funding for these services, vital to the people of Wigan & Leigh.

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 & Leigh over the years who can be justifiably proud that, through their generosity, we continue to provide excellent services and adapt so effectively to the changing health and social care landscape. 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 to other stakeholders.

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

The Quality Account provides 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 & Leigh Hospice adheres to five domains of quality:

1. The quality of care experienced by patients, family members, carers, and members of the 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 Clinical Services

Our Hospice building in Hindley is light and modern and provides a dementia friendly atmosphere. 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. They assess patients' symptoms, offer psychological support and support patients with advance care planning. They also provide support to the people important to the patient – such as family, carers and friends. Several of the team are Independent Nurse Prescribers. The service provides 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.

Practice Development Team (formerly known as Hospice in your Care Home): This education service offers ongoing support, training and guidance to the health and social care workforce across the borough. This includes all 52 care homes, extra care services, supported living, learning disability settings, services working with the homeless/vulnerably housed and local

prison. The team engage widely via the creation of satellite hubs across the locality. Working closely with staff from all health and social care settings 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 provides education via a blended approach.

A **Clinical Skills Educator** role in collaboration across Bolton Hospice and Wigan & Leigh Hospice was developed and has continued to deliver and evaluate the professional development of clinical staff. The training includes clinical skill competencies and service training to ensure practice-based learning enhances expertise, effectiveness, and end of life care provision.

Outpatient Clinics: These medical and nurse-led clinics are starting to recommence following the postponement during the pandemic.

Complementary Therapies: These therapies have resumed for patients in the community and on the inpatient unit and are progressing well.

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 families with children. This service provides virtual and face to face sessions, as well as utilising the splendid Hospice grounds by conducting “outdoor therapy”.

Bereavement Support: This is offered to those people important to the patient by a layered approach, signposting to self-help resources, group support and one to one support and the recently recommenced remembrance evening services.

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.

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.

WHISPAR

Wigan Healthier Partnership Integrated Specialist Palliative Care Active Response (WHISPAR) was established in April 2022 as a single point of access initiative to create a collaborative approach to providing palliative and end of life care across Wigan Borough. The service focuses on providing the right support to the right people at the right time by centrally reviewing all referrals and allocating each patient to the right service depending on their specific needs.

This resulted in improved response times, reduced duplication and prevents patients becoming confused by the services available to them.

The service enables more patients to die in the place of their choosing avoids unnecessary hospital admissions and provides joined up, individualised, holistic, responsive and co-ordinated, wrap around care for patients with palliative needs and their families/ carers.

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
- Extensive landscaped gardens
- Car parking (free of charge)
- Meeting rooms for hire
- Café

Wellbeing remains a focus to ensure staff are safe and patients are continued to be cared for with compassion within often very difficult situations for families.

The Hospice continue to strive to learn and develop in an interactive way that keeps the organisation open to new distribution of care that is more important to the patient journey and the families.

Governance Framework

The purpose of the Quality and Governance Framework is to ensure that Wigan & Leigh Hospice fully engages with all regulatory requirements assuring our funders, service users and regulatory bodies that we are a safe, effective, caring, responsive and well-led organisation. It does this by:

- Ensuring effective risk management is in place.
- Ensuring organisational policies and procedures are updated and relevant.
- Reviewing incidents to ensure that lessons are learned and implemented.
- Responding to the views of the hospice workforce (staff & volunteers), service users and stakeholders, gathered by means of compliments, complaints, and surveys.
- Identifying trends in data and agreeing action plans
- Responding to alerts and guidance notifications
- Auditing hospice practice against specific standards and implementing learning outcomes.
- Reviewing workforce requirements
- Ensuring a continuous learning culture within the organisation
- Enabling ultimate governance by the Board of Trustees

The Hospice Board of Trustees oversees the overall direction and governance of the organisation. The Board meets a minimum of four times per year, in addition to attending hospice governance committees. Members of the Executive Team also attend the board meetings.

3. Organisational Strategic Goals (2019-2022)

The organisational 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. Strategic Goals 2023 – 2028 are being developed and will be published soon.

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 maximise 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 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 maximise 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 Clinical Success' 2022-23

The following key clinical objectives for 2022-23 have been identified by the clinical teams and have been set with criteria to measure the success and in line with the *Greater Manchester Commitments to Palliative Care individuals approaching or within the last year of life.*

Hospice Vision: Every patient with palliative and end of life care needs within the Wigan Borough will have timely and equitable access to high quality service across all settings, delivered by appropriately trained professionals.	
Commitment 1:	Specialist Palliative care services
Vision:	Specialist Level Palliative Care services should be available for face-to-face contact seven days a week across all settings, and advice should be available 24 hours a day. Inpatient specialist palliative care provision should be available to those requiring it, with admissions seven days week
Ref	Objective
1.1	All clinical services to implement recovery objectives following the Pandemic restrictions
outcome	<ul style="list-style-type: none"> All clinical practice is in line with the most recent guidance and clinical services continue to evolve according to the requirements of the community as the recovery phase commences (with the recommencement of support groups and remembrance events). Changes in procedures have been effectively communicated with staff and volunteers.
1.2	Design, implement, evaluate the WHISPAR single point of access workstream
outcome	<ul style="list-style-type: none"> A Clinical Lead was appointed Sept 2022 to lead this project. The WHISPAR membership has increased to include not only those who work in palliative care in the community or in hospital but also Community Matrons, Marie Curie and the Practice Development Team. The referral form was redesigned and launched in April 2023 with 1046 referrals received, reviewed and processed 22/23. Investment by the hospice has facilitated expansion of the HiyH team to further support rapid discharge and reduce admission due to carer crisis. The WHISPAR project ensures all referrals are reviewed by the multi-professional / multiservice team to ensure the right support by the right people at the right time. With reduced duplication, confusion and time spent through unnecessary contacts and improved partnership working.

1.3	Expand the use of electronic systems to improve continuous patient care
outcome	<ul style="list-style-type: none"> The HNS team have fully implemented e-prescribing. The Electronic Palliative Care Co-ordination System (EPaCCs) has been embedded in the community and is progressing into the inpatient unit to help improve the integration with other services thus providing seamless responsive care for the patients and their families.
1.4	Utilise outcome measures to evaluate services
outcome	<ul style="list-style-type: none"> Teams have successfully Implemented Integrated Palliative Care Outcome Scales (IPOS) in all settings and will develop to utilise the user feedback to plan services dependant on need.

Commitment 2:	Health, Social, Voluntary, and other services
Vision:	Services should be available, accessible, equitable and responsive so that individuals can access appropriate services including. Adequate provision of coordinated services, which can communicate effectively. A workforce who are knowledgeable, appropriately trained, competent and have the right qualities to support individuals
Ref	Objective
2.1	Mental Capacity regulations are implemented across Hospice services
outcome	<ul style="list-style-type: none"> All clinical team work closely with the national guidelines regarding assessing mental capacity. Developments this year include the creation and implementation of a best interest template on the electronic care system prompting staff to regularly assess mental capacity. When required, the inpatient unit team submits deprivation of liberty (DoLs) applications which are recorded using our incident reporting system to enable trend analysis.
2.2	Develop the Wigan Specialist Palliative and End of Life Care Learning Hub model
outcomes	<ul style="list-style-type: none"> Original staffing levels have been sustained and recruitment into additional posts is almost complete. There is a diverse skill mix within team including social work experience, to expand teaching repertoire. Service specification has been agreed with commissioners, and arrangements are in place to provide feedback of outcomes via the local strategy group.

	<ul style="list-style-type: none"> • The central palliative and end of life learning hub launch took place in October 2022. • A locality-wide learning needs analysis has been completed, informing the provision of education across primary and secondary care. • A targeted survey to homeless services and prison staff has been completed to ensure equitable access to palliative and end of life care education and training amongst these communities of health and social care providers. • Regular meetings to review the palliative status of residents have commenced with HMP Hindley. Similar meetings will commence with Homeless Services in the coming year. • Meetings to review clients with Learning disability are facilitated at the hospice bi-monthly.
2.3	Work with Healthier Wigan Partnership Colleagues to identify rehabilitative needs for people in Wigan with palliative diagnoses and develop proposal for service development
outcomes	Rehabilitative palliative care requirements remain under review.
2.4	Implement new development opportunities within clinical roles
outcomes	<ul style="list-style-type: none"> • The Hospice continues to develop clinical roles by means of a development pathway for the AHN/HNS team, a Preceptorship Programme for newly qualified staff and Assistant Practitioner Apprenticeships. • The implementation of a new management structure within community services has facilitated collaboration across the services and enabled innovation with system colleagues.
2.5	Continue to develop wellbeing support systems for clinical staff
outcome	<ul style="list-style-type: none"> • The Hospice has established staff Wellbeing Champions, who have implemented several events to help improve staff resilience as they recover from the pandemic. • Training has begun to implement a new clinical supervision model.
2.6	Enhance the knowledge and skills of hospice clinical staff
outcome	<ul style="list-style-type: none"> • The Hospice prides itself on the provision of specialist care by competent staff and volunteers. Additional training introduced this year include regular medicines management, a clinical skills session for IPU healthcare assistants and a designated clinical

	<p>skills space for facilitation of “hands on” sessions for internal and external staff.</p> <ul style="list-style-type: none"> • All new clinical staff attend the hospice 12-week palliative and end of life care education modules. • The Clinical Skills Educator has used their experience and expertise to implement key practice developments and quality initiatives, such as developing policies for blood transfusions, and developing a clinical skills session for healthcare assistants on the inpatient unit
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Commitment 3:	The Community
Vision:	The community should have support structures in place to actively encourage discussions about death and dying and encourage communities to support those dying in their community.
Ref	Objective
3.1	Work with Borough Bereavement Strategy Group to identify gaps in bereavement service provision and develop proposals for service development
outcome	<ul style="list-style-type: none"> • The Hospice is proud to lead the recommencement of the borough wide Bereavement strategy with the local safeguarding team, creating a community of practice that has brought together all the health and social care services and charities from across the borough to collaborate support for bereaved people.
3.2	Increase engagement with Advance Care Planning
outcome	<ul style="list-style-type: none"> • Advance care planning is a conversation between health care professionals and the patient regarding their wishes for when their health deteriorates. Whilst a document has been in use for several years in Wigan, the implementation of the EPaCCs (electronic co-ordination system) enables effective communication between services involved in the patient’s care to better meet the wishes expressed by the patient and those important to them. • Hospice provides leadership on the borough-wide group reviewing Wigan’s ACP document. • The practice development team continues to deliver staff training - enabling them to confidently hold these conversations.
3.3	Increased awareness of the hospice and the services to encourage the community to engage and discuss plans

outcome	<ul style="list-style-type: none"> • Dying Matters events took place May 2022 both at the hospice and externally with our key partner agencies. • Learning disability support group commenced as part of Dying Matters week 2022 and continues to evolve with meetings planned June 2023. • Use of social media is embedded firmly across departments to raise awareness of current and future events. Weekly debriefs between the communication lead and practice development team ensure education sessions are highlighted across the borough and beyond. • The Hospice 40th anniversary planning group has met regularly to agree and implement an events schedule to support celebrations. Planned events include a church service, garden party, staff celebrations and an anniversary ball.
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Commitment 4:	Evaluation
Vision:	All providers of care and support should promote the values of innovation, research, audit, evaluation and patient and family reported outcomes of care within their organisations. This will underpin evidence based, high quality and effective provision and delivery of care.
Ref	Objective
4.1	Continue to drive improvements through learning from audits, guidance, and incidents
outcome	<ul style="list-style-type: none"> • A new clinical monitoring tool under development along with a scheduled calendar and timeline of Quality Improvements will show a chronological timeline of learning. • Reporters of incidents now routinely receive feedback on the incident outcome and learning. Exception reporting of Incidents is monitored by the Risk & Performance Committee. • Bi-Annual Learning Newsletter complements the themes of understanding from incidents, risks, and Quality Improvement Initiatives.
4.2	Enhance service user involvement in hospice decision-making
outcome	The prolonged recovery from the pandemic has meant that establishing user groups has been delayed but the clinical teams remain engaged with users via the user survey, which is reviewed monthly.
4.3	Clinical activity continues to dictate service outcomes
outcome	Sustained creation of clinical dashboards and distribution to clinical managers.

	Clinical managers utilise the dashboards to inform service developments.
4.4	Clinical policies and procedures are updated
outcome	<ul style="list-style-type: none"> • Sustained the process of ensuring timely review of clinical policies. • Collaboration across GM Hospices to create a bank of shared policies. • Organisational assurances provided to Risk and Performance Committee
4.5	Patient safety audits automated via Ulysses
outcome	Audits of pressure ulcers and patient slips, trips and falls are effectively completed extracting data from Ulysses.

5. Quality Performance

This section of the account sets out some of the numerical measurements of performance of the Hospice and provides further evidence to the clinical achievements set out in 2022/23.

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	2021/22	2022/23	Comments
Staff Sickness	10%	10%	Sickness absence remains at 10%, with long-term sickness absence accounting for 6% of all absences. Overall, higher levels of absence existed within the clinical teams. Covid and respiratory absences have reduced with the highest categories of absence over the course of the year being attributed to psychological and musculoskeletal disorders.
Staff Mandatory Training Compliance	88%	82%	Whilst compliance has fallen slightly to 82%, it remains high and can be attributed to a number of new modules being added to the mandatory platform in the last quarter of 2023. Compliance has increased in the first quarter of 2023/24.
Hospice based volunteer mandatory training compliance	91%	62%	The drop in compliance is due to the inclusion of approximately 300 shop volunteers and a new program of mandatory training underway.
Internal Information Governance breaches	19 (3%)	18 (2%)	Information governance training is mandatory and provided to all staff annually. 91% of all staff had completed IG training. Organisational and individual learning continues from the reporting of information governance breaches. All breaches were identified as low harm.
RIDDOR accidents (Non COVID-19)	0	1	RIDDOR (Reporting of injuries, diseases, and dangerous occurrences regulations) is the law that requires employers to report and keep records of work-related accidents – 1 incident related to Manual Handling was reported which resulted in one week’s absence and no lasting issues.
Staff Incidents (Inc. COVID-19)	149 41 (28% Covid)	126 47 (37% Covid)	The hospice continues to update its policy and adhere to all local and national guidance,

All Patient incidents including those inherited on admission / receiving service reported externally	326	391	Over the 12 months we have seen an 17% increase in reporting. Much of this increase can be attributed to the raised number of inherited pressure core cases (33%).
Complaints received	11	7	The number of complaints received has reduced for the first time in four years. All complaints received this year related to corporate rather than clinical services. Two of the complaints were upheld and resolved with positive outcomes. Five were not upheld.
Complaints upheld. Partial upheld	4 3	2 5	
Compliments / Donations received	2004	3624	An increase was observed in 22/23 with a higher number of donations being received.
Healthcare acquired infections	0	1	The patient was identified in May 2022 and had existing Clostridium Difficile on admission.
Pressure Ulcers identified that developed or deteriorated during admission	21	58	65% of all pressure ulcers identified in 22/23 were present on admission to the inpatient unit, which is similar to 2021/22. 35% acquired a pressure ulcer during their stay on the ward. All cases were fully investigated and were as a consequence of patient reduced compliance or their clinical condition. All preventative measures were in place and the hospice was unable to highlight additional measures that would have reduced this. The Pressure Ulcer Prevention and management Policy and Procedure was reviewed, and a training program implemented.

Service activity data

Service Activity Data	2020/21	2021/22	2022/23	Variation	
Total number of Individual patients accessing a service at least once	1008	1257	1389	+132(9%)	▲
Inpatient Unit					
Number of admissions	238	248	267	+19 (7%)	▲
% Bed occupancy	75%	76%	88%	+12%	▲
% Of IPU admissions ending in death	57%	34%	78%	+44%	▲
Average length of stay (median days)	14	18	15	-3 (16%)	▼
Community Services					
Hospice Nurse Specialists face to face contacts (including Virtual contact)	2942	2532	2305	-227 (9%)	▼
Hospice in your Home visits (day)	2129	2348	2597	+249 (9%)	▲
Hospice in your home visits (overnight)	162	188	138	-50 (26%)	▼
Wellbeing Services					
Complementary Therapies face to face contacts	0	94	276	+182 (66%)	▲
Counselling face to face contacts (including Virtual contacts & Phone)	605	497	234	-263 (53%)	▼
Bereavement face to face contacts (including Virtual contacts & Phone)	442	599	358	-241 (40%)	▼

Referrals to Service	2020/21	2021/22	2022/23	Variation	
IPU	208	366	409	+43 (11%)	▲
Hospice Nurse Specialists	852	1032	929	-103 (10%)	▼
Hospice in your Home	426	522	548	+26 (5%)	▲
Practice Development Team	32	95	150	+55 (37%)	▲
Medical Outpatients	107	62	28	-34 (55%)	▼
Complimentary Therapies	51	51	86	+35 (41%)	▲
Counselling	113	96	158	+62 (39%)	▲
Bereavement	111	115	131	+16 (12%)	▲
WHISPAR (Triage Service)	0	9	1046	+1037 (99%)	▲

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

Patient Contacts

This year we have seen a 9% increase in referrals – going from 5783 to 6087. IPU admissions increased by 7~%, with 19 more patients accessing the services than the previous years. There was also an increase in the number of people accessing the Hospice in Your Home service and complementary therapy.

There has been an increase in the number of admissions that have ended with death. The national Medical Examiner programme has been rolled out into the community and since August 2022, all hospice inpatient unit deaths have been independently reviewed under this system. Although the increase in inpatient unit death has been noted by this system, they have no concerns.

The reduction in referrals to Hospice Nurse Specialist (HNS) team is the result of improvements in the referral process via WHISPAR, which has ensured a reduction in inappropriate referrals as patients are now accessing the most appropriate service efficiently. Of the 1046 referrals received via WHISPAR, 885 (n=929) were allocated to HNS service.

Counselling and bereavement service activity was reduced for a controlled period whilst a service review was conducted resulting in a more streamlined referral process leading to a reduced waiting time.

The hospice continues to identify and develop ways to improve interaction with users and patients of the services to ensure their journey within the hospice and referring health partners is safe, responsive, and convenient to their lifestyle,

User Views Survey

Wigan & Leigh Hospice started regular collection of service users' experiences of hospice services in July 2020. The user survey was made available across social media platforms, the Hospice website and in paper form provided in the welcome, bereavement, and discharge packs.

The hospice received 110 responses between April 2022 and March 2023. Key Themes:

- 99% responded “Definitely” or “Likely” that they would recommend to other people.
- 96% “Strongly Agreed” or “Agreed” they were treated in a sensitive way and with dignity.
- 95% “Strongly Agreed” or “Agreed” that they were involved enough in decisions made.
- 97% “Strongly Agreed” or “Agreed” that the information provided was clear and helpful.
- 97% “Strongly Agreed” or “Agreed” that the staff were caring.

The hospice has recently updated the user questionnaire to deepen our understanding of user experience, through the inclusion of supplementary services such as cleanliness, catering, and information provision.

Clinical Activity Dashboards

Clinical Dashboards provide key performance activities in a graphical format for the organisation and across clinical services; it provides an open and transparent medium for all staff to engage in debate on influences that impact on activity. Dashboards are refreshed and shared monthly and provided quarterly to relevant committees and stakeholders. Future developments will be to make these dashboards interactive and accessible by those at time of need.

Risk

The hospice is currently reviewing how its managing risk, with the focus on:

- Maintaining a minimal risk of exposure to harm for patients, visitors, staff, and volunteers.
- Promoting success and including standards of care, reputation, community relations, equipment, and sources of income.
- Continuously improving performance by developing resilience and identifying future risks.
- Ensuring high level risks or risks that are critical to service delivery continue to be appropriately managed and understood under the new Governance Framework.

Lessons Learned Newsletter

Wigan and Leigh Hospice prides itself on being a learning organisation; A bi-annual newsletter provides staff with opportunities to understand and learn from the investigations that have taken place via reporting of incidents and complaints. The purpose of shared learning is to reduce the likelihood of an incident or complaint from reoccurring. It aims to ensure the safety of patients and staff remains paramount, thereby maintaining the confidence of our service users and community have in the hospice. Topics include responding to and managing change in the care setting.



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 concerned with 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 Clinical Audit and guidelines 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 audits in all the clinical services it provides.

An annual clinical audit diary with associated monitoring tool that acts as a library and educational source has been developed and provides assurance of continual learning.

Quality Improvements 2022/23:

- Equitable Care for All Ethnicities audit (ECAE audit – Kings College Hospital): A clinical audit of validity and consistency of recorded ethnic groups within healthcare records.

Summary	Outcome
To develop equal and equitable healthcare, healthcare data requires disaggregation by ethnicity. Accurate ethnicity data is required to do this. Every patient should have accurate ethnicity data recorded. Good quality ethnicity data is consistent, complete and the recorded ethnic group should be self-determined.	<ul style="list-style-type: none"> • WLH was one of 51 participating sites • WLH achieved 100% of valid ethnic groups in the site database that were correct at the time of review. • Consistency of recording 100% • No missing data was identified.

- Effectiveness of collating education evaluations/feedback via Zoom chat following online education

Summary	Outcome
<ul style="list-style-type: none"> • Following all online Practice Development Team education sessions, all learners are asked to evaluate the session and provide written feedback. • This is achieved through the chat function on Zoom. • The aim of this audit was to identify how many of the learners gave feedback following the session and answered all the feedback questions. • Following each education session, the following slide is shown, and the learners are asked to answer the 	<ul style="list-style-type: none"> • All learners provided a score out of 10 for all the education sessions. • Scores for the education out of 10 were consistently high, regardless of which educator had led the session. • Next steps will stress to the learners the importance of providing full feedback. and will produce a slide for each feedback question, asking learners to answer the question before moving on to the next.

following questions as part of their evaluation....	
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- Timeliness and completeness of undertaking the IPOS for Hospice inpatients.

Summary	Outcome
<ul style="list-style-type: none"> • Integrated Palliative Care Outcome scale (IPOS) is a tool for measurement of palliative care concerns, suitable for completion by patients and health care staff in various care settings. (POS, 2022) • The IPOS was implemented into practice on the inpatient unit (IPU) on 20.12.21, all patients admitted to the IPU after this date should have an IPOS assessment completed at designated appropriate times, (admission, discharge or death, Phase of Illness change and routinely every 5 days) 	<ul style="list-style-type: none"> • All iPOS assessments must be completed on the day of admission. • Add a section to patient electronic record to enable regular iPOS review. • Improve completion of additional psychological screening when IPOS score is above 2 iPOS reminder has been added to death and discharge templates on patient electronic record

- Medicines Reconciliation for New In-Patient Unit Admissions

Summary	Outcome
<ul style="list-style-type: none"> • Audit was a response from incidences of missing medications contributing to medication errors. • Intention – develop and explore standards for review of medicines reconciliation to prevent future errors 	<ul style="list-style-type: none"> • Results suggest medications are rationalised and prescribed, but improvements are required in documentation. • Use of Read code – Greater use of the medications tab on the clerking document •

- A quality improvement project to understand current care and management of Continuous Subcutaneous Infusion(CSCI) sites for Hospice inpatients.

Summary	Outcome
<p>To ascertain the overall quality of CSCI site care and management on the ward.</p> <p>To identify strengths and areas for improvement in current care and management of CSCI sites on the ward.</p>	<ul style="list-style-type: none"> • 100% of the CSCI sites audited were appropriately located, which demonstrates the ward has underpinning knowledge and competency in this area. This promotes good practice and should be encouraged to continue.

<p>To provide an insight on whether CSCI site care and management on the ward is being recorded appropriately.</p>	<p>Improvements are required in record keeping and the template designated for CSCI care is underutilised and often overlooked.</p>
<p>To understand and learn if the Hospice policy reflects what is now considered best practice.</p>	<ul style="list-style-type: none"> • Electronic systems developed to improve visibility and prompt usage.

Areas of Quality improvement workstreams planned for 2023/24:

Mattress/ pillow	Audit
Medicines	Audit
Pressure ulcers	Audit
Falls	Audit
Non-medical prescribing	Audit
Safeguarding	Audit
T34 syringe pump	Audit
Sharps disposal	Audit
ED/LGBTQ	QI project

6. Looking Forward: Key Clinical Objectives 2023-24

The following key objectives for 2023-24 have been identified by the clinical teams and have been set with criteria to evidence the achievement in line with the Hospice strategic goals

Commitment 1:		Service Delivery
Vision: Delivering the best possible services for our patients and those most important to them		
Ref	Objective	Evidence of Achievement
1.1	Provide evidence based clinical practice	Clinical services contribute to the clinical quality improvement committee
		Develop the use of iPOS data to inform the planning of clinical services
		Embed the completion of EPaCCs by all clinical teams
		Lead on borough wide evidence-based training such as Rule of Thumb, communication skills, pain assessment tools
1.2	Ensure clinical services continue to meet the needs of the population	The expansion of WHISPAR Single Point of Access, coordinating responsive care
		Identify and remedy any risks to delivering responsive care
		continue to lead the bereavement borough strategy community of practice
		Task and finish groups (self-medicating, EPaCCs)

Commitment 2:		Commissioning
Vision: Engaging with and responding to the changing commissioning environment.		
Ref	Objective	Evidence of Achievement
2.1	Hospice to evolve with new ICB structure and forge strong relationships	Hospice services to maintain engagement with partners, for example reporting on development and impact of WHISPAR on population access.
2.2	Clinical teams to utilise data to plan and evaluate services	Clinical teams to develop the format and dissemination of clinical dashboards
		Develop GM benchmarking and KPIs
		Engagement with stakeholders, analysis of KPI to understand reach of services to those with non-cancer diagnosis and to seldom heard groups

Commitment 3:		Partnership
Vision: Reaching more people through working in partnership		
Ref	Objective	Evidence of Achievement
3.1	Maintain engagement with partners across the borough and Greater Manchester	Develop satellite hubs (carers centre, prisons)
		Hospice clinical services contribute to borough wide groups (End of life care strategy group, bereavement, Advance Care Planning working group, EPaCCs)
3.2	Promotion of Hospice with the borough population	Dying Matters. Communications/ PR. Awards. Regular articles in local newspapers
		Social media. Awards. 40th celebrations

Commitment 4:		Sustainability
Vision: Ensuring our services are sustainable in the current statutory and charitable environment		
Ref	Objective	Evidence of Achievement
4.1	Deliver services within financial boundaries	Greater managerial accountability of departmental budgets and cost efficiency projects
		Maximise potential of existing income streams
		Oversight of budgets to reduce expenditure

Commitment 5:		Governance
Vision: Ensuring the hospice is compliant and is effectively managing risk.		
Ref	Objective	Evidence of Achievement
5.1	Ensure clinical services are delivered safely	Provide assurances related to incidents
		Contribution to committees
		Evaluation and plan services utilizing dashboards

Commitment 6:		People and Infrastructure
Vision: Ensuring the hospice has a competent and motivated workforce working safely and effectively		
Ref	Objective	Evidence of Achievement
6.1	Maintain a skilled and competent workforce	Appraisals. Induction/probation. 12-week programme. Wellbeing champions. RBCS T&F Group.
		Develop and implement a Workforce Strategy
		To develop new posts and development pathways, such as Associate Hospice Nurse

		<p>Specialist to Hospice Nurse Specialist, Assistant Practitioner Apprenticeships, Nurse Associate roles, Preceptorship programme and student placements.</p> <p>To review the cost effectiveness and competencies of agencies and NHS Professionals.</p> <p>To implement an education committee strategy to maintain a competent workforce.,</p>
6.2	Maintain an effective skill mix utilising the volunteer workforce	Job fayre involvement, explore and develop new volunteering roles.

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.

NHS Greater Manchester
Response to the Wigan and Leigh Hospice Quality Account 2022/23

This year the Hospice celebrates a significant milestone in its history, celebrating its 40th anniversary and NHS Greater Manchester (NHS GM) would like to acknowledge the significant contribution it has played in developing palliative and end of life care services for residents of the Wigan Borough.

Having overcome the challenges faced by the COVID-19 pandemic, the Hospice has continued to grow and expand to meet the needs of Wigan residents. Working collaboratively with system providers across the Borough, the Hospice has embraced the 9% increase in the number of people accessing its services this year, utilising the benefits of electronic prescribing and meeting challenges with enthusiasm, dedication and compassion.

NHS GM acknowledges the Hospice faces new challenges in 2023/24 including developing and maintaining sustainable services that ensure the best value for the Wigan pound and retaining a strong and skilled workforce whilst continuing to promote a culture of learning and compassion with the well-being of staff, patients and families at its heart.

The dedication of the service is reflected in the ongoing development of the Wigan Healthier Partnership Integrated Specialist Palliative Care Active Response (WHISPAR) Service as a single point of access providing palliative and end of life care across the Wigan Borough. Along with the support of partners across the Borough this service has reduced unnecessary hospital admissions and promoted individualised, holistic, responsive, and co-ordinated care and remains a key achievement not only for the Hospice, but for all Wigan partners.

NHS GM notes the Hospice continues to champion the shared vision of accessible, equitable and available services through the ongoing development of the Wigan Specialist Palliative and End of Life Care Learning Hub, recently expanded to provide training and support for staff based in Homeless and Prison Services, with the goal of ensuring equitable access to palliative and end of life care for all Wigan residents.

NHS GM continues to welcome the positive feedback from patients, families and staff who have been supported to develop their understanding of palliative and end of life care through the support of the Hospice.

Looking forward, the Hospice has indicated its key objectives for 2023/24 and we note these have been identified with the clinical teams and with the shared goal of continued learning and development, to ensure the highest standard of palliative and end of life care is provided to Wigan residents.

Wigan and Leigh Hospice is a key member of Healthier Wigan Partnership and an essential asset to the Borough and its residents. As NHS GM continues to develop and grow, we look

forward to continued collaborative working over the next 12 months towards our shared goal of delivering high quality end of life care, in their preferred place of care, for all Wigan residents.

Mark Fisher
Chief Executive
NHS Greater Manchester