



Quality Accounts

2020 - 2021



Weston
Hospicecare



Contents

CEO Statement

1. Introduction
2. Registration
3. Review of Services
4. COVID-19 pandemic
5. Priorities for the 2021/2022 period
6. Priorities and what we said we would do for 2020/2021
7. Review of Services
8. Patient Safety
9. Patient Experience
10. Audit
11. Bed Occupancy
12. Data security & Protection toolkit
13. Freedom to speak up guardian
14. Staff Survey

CEO Statement

It's been a year like no other.

Throughout the Covid-19 pandemic, Weston Hospicecare has maintained all our Clinical services – for a short while we were forced to suspend our Day Hospice outpatients and some of our Complementary Therapies, but these were replaced by virtual offerings instead wherever possible and in all other respects we managed to keep our services going. These Quality Accounts are testament to those efforts, and everything we managed to sustain and achieve.

As always, patients and their loved ones – family members and friends – were front and centre of everything we managed to deliver. This year we have needed to take extraordinary measures to ensure their safety and wellbeing, along with our staff and visitors to the hospice. Like everyone else, this has required us to be extraordinarily adaptable and resilient, qualities that our staff have demonstrated throughout.

I am tremendously proud of our staff, and particularly our front-line care staff. I knew we had a special bunch of people here at the hospice, but this year has served to highlight just how special. Their dedication comes at a price; we now have a lot of tired people who are trying to adjust from being on high alert for a long period of time and having to change their way of working (and living) to a transition as we gradually exit from lockdown. A period of reflection and decompression is needed, and we are looking into all available ways to support our staff at this unusual time.

We have learned a great deal during the pandemic, not least about the ways that technology can support our work and leverage our efficiency. We believe there is no replacement for in-person care, but there is certainly a place alongside this for considered use of digital technology to increase our reach and frequency of patient contacts. We will take forward this, and other lessons learned during the past 18 months.

A year ago, the immediate future looked uncertain. All our charity shops had to close, and many of our fundraising events and in-person activities had to be cancelled. Our retail team have been stoic in shutting down during the three lockdowns, and reopening in between those periods to keep shop income trickling through as best they could. Our Fundraising team have been magnificent in how they adapted to the pandemic and introduced an impressive array of virtual events to replace our mass participation events. The high level of activity they were able to maintain, coupled with the generosity and support of our local communities, meant that we posted a remarkably good fundraising result for the year under the circumstances, even as our retail income was devastated by the shop closures.

Accompanied by the unprecedented support from local authorities via small business grants for shops, and central government support for hospices, we have come through the pandemic in strong financial shape and we are poised not only to continue all our clinical services during 2021/22, but indeed to expand our care as explained within the relevant sections of these Quality Accounts, and as will be incorporated into a refresh of our 5-yr strategy later this year, as we look to “bounce back stronger”.



Our Board of Trustees have supported us throughout the pandemic with skill and dedication, as have our other Volunteers as and when they were able to re-join us. We are indebted to all of them.

On behalf of the hospice senior management team, thank you for continuing to support Weston Hospicecare throughout an extremely challenging year, and for helping us to come through it not only intact but thriving and determined to do even more to help all those in our community who need our care and support at end of life.

1.0 Introduction

These “accounts” are prepared to report on the qualitative and quantitative aspects of the services and care delivered by Weston Hospicecare in compliance with the Health Act 2009. We only consider quality issues within the provision of care and the support necessary to provide these services. Therefore fundraising, lottery, retail, and many administrative services are excluded, but catering, housekeeping and maintenance are included where appropriate.

At time of writing in April 2021, the UK is following the government roadmap out of the second lockdown as a result of the global COVID-19 pandemic. With the onset of coronavirus, we modified our services swiftly so we could continue to provide high quality care and support to our patients, their families and carers. This has had a massive impact on the hospice during the end of financial years 2019/20 and 2020/21 as discussed further in section 4.

2.0 Registration

The Care Quality Commission (CQC), the independent regulator of health and social care in England, regulates Weston Hospicecare. Our last CQC face-to-face inspection remains 14 December 2016. However, CQC ambition is to move towards a more dynamic, proportionate and flexible regulations. On the 19 April 2021, we had our first MS Teams meeting with our inspector under this new system. Our inspector was happy with the comprehensive document we put together prior to that meeting. Our inspection reports and ratings give a view of quality that is vital for the public, service providers and stakeholders. We see this process as supportive and providing an external opinion on the operation of the hospice and thereby helping to identify any areas for improvement in the provision of our services. We continue to be inspected on key lines of enquiry (KLOEs) that directly relate to five key questions:

- 1. Are they safe?**
- 2. Are they caring?**
- 3. Are they effective?**
- 4. Are they responsive to people’s needs?**
- 5. Are they well-led?**



The report can be found and downloaded in a PDF version by clicking on this link: <http://www.cqc.org.uk/directory/1-128212128>



3.0 Review of Services

The contract for service provision to the NHS in 2020/21 provides income, which represents 18.6% of our total annual income to enable the provision of these services by Weston Hospiceworks. The COVID-19 pandemic started to affect our income in March 2020, just clipping the end of the 2019/20 financial year, it has had a major impact on the current financial year 2020/21, and our budget for next financial year 2021/22 indicates lasting effects until at least September, and possibly through the winter months of 21/22.

**For every £ the CCGs provided to Weston Hospiceworks...
Our local community matched it with £2.48**

However, strong financial result has been achieved thanks to the following factors:

1. Our Fundraising team has been highly creative and innovative with virtual events replacing mass participation events, and the inevitable loss of income has been minimised.
2. We have been the grateful beneficiaries of a number of Laptop PCs and Tablets in response to an appeal we put out to our supporter base on Website, Social Media and BBC Radio Bristol, to help us manage the higher capital costs of remote working setups.
3. We have been the grateful recipients of central government support via funding for hospices coordinated via NHS England and Hospice UK, which has made a real difference.
4. We have been careful with our internal messaging and have sought to control costs (which we always do anyway) and postpone non-urgent spending decisions. Where necessary we have switched contractors or suppliers for better terms and to keep costs down.
5. We have negotiated relief on rent liabilities during periods of closure, with reasonable results, thereby reducing our costs.
6. We have benefited from stronger than usual Gifts in Wills (legacies) during this period.
7. Our CCGs have been supportive during the pandemic, and have reimbursed some of our additional clinical costs incurred as a direct result of adjustments we have needed to make for COVID-19 secure working.
8. We have received some local authority grants in respect of our closed shops, which has helped to offset some of our costs.
9. We have made use of the government's Coronavirus Job Retention Scheme as fully as possible to place employees whose normal work duties couldn't be fully discharged due to COVID-19 restrictions into furlough leave, or flexible furlough once that portion of the scheme opened up.

Due to this and the support of our local community, we have met our operating costs that amounted to £4,183K.



During 2020/21 Weston Hospicecare provided the following services, as listed below.

- ♥ In-patient Unit - Provides 10 beds and a 24hr advice line.
- ♥ Day services - supports up to 12 patients a day, two days a week, plus groups.
- ♥ Hospice community nurse specialist service - offers advice support and symptom control to patients in their own homes whilst providing a triage service, linking up with other outside organisations.
- ♥ Family support team - provides emotional and spiritual support (e.g Bereavement care, chaplaincy, buddy groups, men in sheds) to both patients and their loved ones. we also have volunteer companions that provide support to patients and carers, and a chat and cherish group for family and friends.
- ♥ Wellbeing and complimentary therapies - work alongside conventional medical treatments. these include adapted massage, aromatherapy, reflexology, relaxation techniques, beauty treatments, hypnotherapy and indian head massage.
- ♥ Consultant and specialist doctors - Provides expert medical cover for both the inpatient unit, day service and the community team.
- ♥ Physiotherapy/ Occupational Therapy support the other teams involving teaching techniques and introducing changes that help empower patients and allow them to maintain a good quality of life for as long as possible.

Weston Hospicecare continually monitors the effectiveness of these services through the number of patients seen and contacts made, clinical audit, patient/carer feedback and specific service reviews. We are committed to embedding the Ambitions for Palliative and End of Life Care to achieve the following six ambitions:

- 1. Each person is seen as an individual**
- 2. Each person gets fair access to care**
- 3. Maximising comfort and wellbeing**
- 4. Care is coordinated**
- 5. All staff are prepared to care**
- 6. Each community is prepared to help**



“Weston Hospicecare is like a port in the storm”

The wife of a former Weston Hospicecare patient has heaped praise onto Weston Hospicecare after the care given to her husband.

Shirley’s husband, Mick, was diagnosed with an aggressive brain tumour. He received care from the hospice, which helped relieve unbearable pain.

Shirley says, “Weston Hospicecare is like a port in the storm. Somewhere to go and use as a refuge and the staff are amazing.

“The word ‘cancer’ is the scariest word ever but the hospice makes that word so much easier to live with.”

The hospice helped Shirley by supporting her to care for Mick at home, caring for Mick at the hospice and through the community nursing provisions.

She continued, “The hospice helped me get the hospital equipment I needed to care for Mick at home.

“They liaised with our doctor to make sure we had the right medications and were on call day and night for me.

“They knew when I was tired and found a bed in the hospice for Mick so I could rest.”

Shirley also recognises how crucial the hospice’s community nurse specialist provision is.

Lucy Green, a Community Nurse Specialist for Weston Hospicecare, cared for Mick during his illness.

Shirley says, “Lucy came round to our house and explained what the tumour was.

“She said we would both be scared and angry but that these emotions were normal and we were allowed to scream and shout if it made us feel better.

“She explained what symptoms Mick would have and what we may come up against. Also she said there were people at the hospice who we could talk to if we wanted to do so. Overall, the hospice were wonderful.”

December 2020



4.0 Covid - 19

The coronavirus pandemic has forced Weston Hospicecare's clinical team to adapt to continue delivering great palliative care.

This has been one of Weston Hospicecare's most challenging years, from our Community Nurse Specialists persevering in the summer heat with PPE, to temporarily suspending Day Services, which so many rely on, to our Family Support Team using digital comms platforms to deliver their services virtually. However, perhaps what has been the toughest of all was imposing restrictions on our inpatients from having visitors.

It seems a long time ago we were getting plastic seat covers from local garages, masks and gloves from local hairdresser etc. and the huge efforts from our community making masks, scrubs and bags to take their clothes home in.

There has been an amazing sense of teamwork and commitment to do all we could to keep going, remain calm and carry on delivering the best possible care and support to those who need it the most. Initially it was a hectic time, writing new guidelines, exploring different ways of working, how we would source and different ways of administering medication, the list goes on.

In the beginning, we established a Covid-19 Committee comprised of senior clinicians and department heads, and were having daily COVID-19 meetings, which reverted to twice weekly and at the end of this year weekly.

It has to be said the team were amazing and flexible in adapting so quickly, in what was a worrying and anxious time.

The Community and Family Support Teams pretty much all worked off-site, using technology such as Microsoft Teams for meetings and between them were contacting approximately 80 people a day.

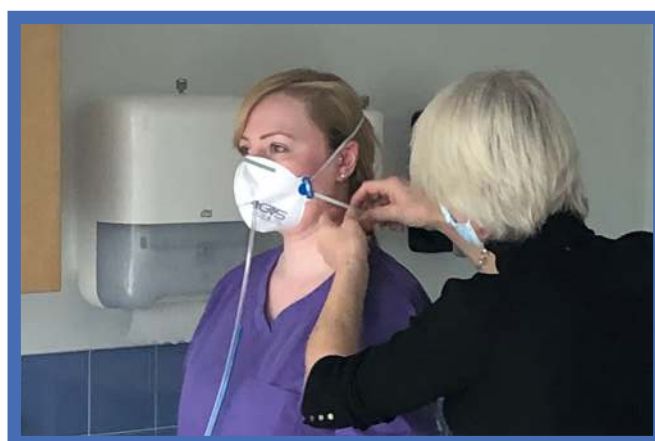
A pilot program was trialled whereby our Community Team responded to extend the working day to 10pm and also work Saturdays to support their patients and healthcare colleagues. This was financially supported by the CCG (see 4.5 and 9.2).

Day Services including Complementary Therapy were suspended early on in the first lockdown, due to all of our patients being in the shielded group, but were kept in regular contact by our teams.

After the first lockdown, we realized the importance to our patients and those close to them of carrying on with Complementary Therapy, so with COVID-19 measures and risk assessments we continued for the rest of the year.

Our Day Hospice service reverted to virtual sessions and phone calls to support patients. This helped the psychological wellbeing of our patients and those supporting them. Although between lockdowns, we did have face-to-face Day Hospice with Increased safety measures and reduced numbers.

Our doctors split into two teams, with some supporting the Inpatient Unit (IPU) and others the Community Team; this was to try to keep COVID-19 out of the IPU if at all possible. However, due to being a small team and such a scarce resource, the doctors moved a lot of their efforts to support the patients in the community where services were more stretched.



FIT testing at the hospice

Doctors and nurses set up twice-weekly webinars to offer our expertise to our wider health community including GPs, nurses and nursing homes.

The doctors offered their support to the Nightingale Hospital, Bristol and our Family Support Team were taken up on their offer to lead in offering psychological and emotional support. Thankfully, neither of these offers were required due to Nightingale Hospital not needing to be used.

Introducing visiting restrictions to our In-Patient Unit (IPU) as mentioned, has been one of the hardest decisions we have had to make. It is completely foreign to the way we usually work. In the beginning, visitors came to the patio doors where they could see their loved one and talk using technology.

Decisions were made on a daily basis and if a patient was entering the final stages of life, we let two visitors stay with them. Throughout we tried to remain as flexible as we can, especially visiting at the end of life. It has been a delicate balance between the risk of spreading COVID-19 and protecting the emotional wellbeing of patients and those close to them by allowing contact. Thanks to immense work of the IPU team, I am confident we got the balance about right.

The IPU occupancy after the first three months of the pandemic has remained good, even with restricted visiting.

The Family Support Team have been offering support to staff as well as patients and those close to them.

The Bereavement Team opened their support to any friend, relative or carer of anyone diagnosed with COVID-19.

Our Bereavement, Chaplaincy and Companion Volunteers continued to provide telephone and virtual support and our 'Men in Sheds' continued to support each other too throughout the last year.

We have continued to learn and adapt to the new challenges presented by COVID-19 while keeping our core values of exceptional care at the heart of our practice.

We are proud that we have been able to support of our community during these unprecedented times.



Infection Control nurse showing how to do a PCR test

Despite all of the challenges, the whole team have continued to adapt and move forward, always putting our patients first and continuing to deliver great care, which makes such a difference.

All through this year we have looked at what we have learnt, the enhanced collaboration with our health and social care colleagues and what we planned to continue going forward. Some of these can be seen in our priorities for 2021-22.

There does appear to be a flicker of light at the end of the tunnel with all patient facing staff and volunteers having weekly PCR asymptomatic throat and nasal COVID-19 testing, as well as lateral flow test twice a week ensuring our patients can be kept as safe as possible. In addition, thanks to a local Primary Care Network and the NHS all staff and volunteers had their COVID-19 vaccines.

When reflecting what can still be seen shining through is the difference between the ordinary and the extraordinary and that is the little extra that our staff have continued to do.

5.0 Priorities and what we said we would do for 2021/2022

5.1 Training Nursing Associate

The Nursing Associate is a relatively new generic nursing role in England that bridges the gap between healthcare support workers and registered nurses, to deliver hands-on, person-centred care as part of a multidisciplinary team in a range of different settings.

Nursing Associates are members of the nursing team, who have gained a Nursing Associate Foundation Degree awarded by a Nursing and Midwifery Council (NMC) approved provider, typically involving two years of higher-level study, enabling them to perform more complex and significant tasks than a healthcare assistant, but not the same scope as a graduate registered nurse.

The role has been introduced to help build the capacity of the nursing workforce and the delivery of high-quality care. We plan to put one of our healthcare assistance through this training as part of our strategy to make us more sustainable for the future and to develop our own staff.

5.2 Training Facilities

Through education and training, we aim to improve confidence and competence for anyone working with those approaching end of life.

At Weston Hospicecare we are dedicated to providing high standard specialist palliative care. As palliative care is rooted in many health care settings, we are committed to ensuring that education is available to as many health care professionals as we are able to reach.

During the pandemic, we have been running weekly training sessions for health colleagues and although we are a small hospice with finite resources, COVID-19 has taught us we can reach more people using technology.

From feedback, we have been asked to produce short videos that could be available on our website. Therefore, during 2021-22, we will be investing in training facilities both technically and facilities for when we can welcome people back face-to-face.

5.3 Day Services Improvements

The Day Hospice needs a therapeutic environment that is clinically practical yet has the feel and appearance of entering a wellness space/sanctuary. While the Day Services are the focus, they only run for three days each week. The new design should provide improved facilities that can also be used by other departments on the two days when the Day Hospice is not running, i.e. Monday and Friday.

Day Hospice lounge – is dated, Maybe uninviting to some, and is the first impression that people get when they enter the Day Hospice. It is probably unappealing to younger adults who are potentially an increasing part of our patient cohort.

Some of the improvements would include:

A comfortable seating area/small lounge has long since been identified as a priority for the Day Hospice. It would also offer an informal space for people to relax when attending other appointments (such as outpatient appointments, clinics and counselling)

and would provide a space for patients to relax with others after therapy sessions, thereby releasing staff from having to host these informal chats and increasing clinical time available. Having this cross-departmental area would further facilitate the more collaborative approach that has developed during the pandemic to continue. A volunteer could manage this space.

Clinical rooms – the current clinic room is too far away from Day Hospice and is not a nice environment. Ideally, there should be two clinic rooms within the Day Services footprint that provide a comfortable seating space for consultations and an examination couch in case clinical assessments are needed. The environment needs to be warm and welcoming yet practical.

Garden room – development of the space outside the lounge and dining areas of Day Hospice ideally with bi-folding doors for therapy groups, such as social and therapeutic horticulture and arts and crafts, provides a protective space where people can still feel as though they are outside amongst nature in the colder months.

Seating – existing seats are too large for the majority of patients. Variety of seating needed to accommodate different needs. It would also be beneficial to have at least one specialist seat for patients with neurological conditions.

Lighting – lighting looks artificial. A key part of the project is to bring in as much natural lighting using skylights.
Toilets – to be separate from main spaces to protect privacy and dignity but close enough to allow easy access for patients.
Technology – projector screen for film club and enable patients to attend virtually when they are too unwell or unable to attend in person. Also as an educational resource and conferencing facility.

5.4 Increase Counselling for Young Adults and Children

Additional 16 hours per week (0.6WTE) of accredited qualified counselling support within the Family Support Team. This additional resource will develop a children and young person counselling service and provide robust cover for the existing WTE counselling resource.

Previous work by the current WTE counsellor with setting up a bereavement support group for teenagers (Dinosaurs and Marshmallows) was successful. The team would like to build on this work following up feedback from the teenagers that they were less supported in school. Initial conversations prior to the COVID-19 pandemic with two local secondary schools showed a great appetite from the schools to work with us. Neither school had dedicated bereavement counselling support, although both had solid pastoral support and they were keen to work with us to provide specific bereavement training to their staff. In order to do this, we do need additional paid resource. We would also like to develop therapy led support groups for young people in the catchment area who have experienced the death of a parental figure, regardless of if this parental figure was a hospice registered patient or not.



During this year, the teenager bereavement group Dinosaurs and Marshmallows continued virtually.

"I didn't know anyone else was feeling this way, the support has got me to a place I didn't think was possible and now I feel ready for university.

September 2020

5.5 Hybrid Working

Although the fundamentals of end of life care have not changed, and we always place the patients and their loved ones front and centre in terms of their experiences of our care and the difference we can make to them, it is true that the pandemic have opened all our eyes to new ways of working. The most obvious of these is the revelation of how easy it has been to use platforms like AccuRx, MS Teams and Zoom to hold virtual consultations, virtual support, and virtual meetings of all kinds. We are great believers there is no substitute for face-to-face care, of body language, picking up nuances of the family setting, the touch of an arm, and all the softer skills our staff are well known for. However, there is a place, and there will remain so beyond the end of the pandemic, for some virtual consultations and ongoing support remotely, not necessarily to replace but to supplement what we already do and thereby to leverage our resources and help more people more quickly.

Likewise, we have seen some benefits (and many harmful aspects) to working from home. Beyond the pandemic, we see a place for some continuing hybrid working. Still with an emphasis on the importance of team networking in person, of communal interactions and social engagement, but with a place for some remote working where it makes sense to do so to reduce commuting time, fits around home/life responsibilities, and is more convenient and thus efficient and morale-boosting to staff to do so. In other words, we see the future as providing a better balance between workplace/office working and home working – the challenge then is to get the balance right.

During 2021-22, we plan to produce policies that are more robust and a policy for hybrid working and aim to establish the balance of this going forward.

5.6 Hospice @ Home

Hospice @ Home is a missing piece of the puzzle for Weston Hospicecare and is part of our five-year strategy (2019-2023). Hospice at Home brings skills, ethos and practical care associated with the hospice movement into the home environment; putting the patient and those who matter to them at the centre of the care.

A Hospice @ Home service would aim to enable patients with advanced illness to be cared for at home, and to die at home if that is their preference. Care may be provided to prevent admission to, or facilitate discharge from inpatient care for crisis management, or for longer periods of care. Care may also support times of rapid change.

During 2021-22, we will look at scoping and planning to introduce a Hospice @ Home service.



6.0 Priorities and what we said we would do for 2020/2021

6.1 New Family Support Team Manager

The new FST Manager was a strategic initiative identified as high priority in our strategy. Like partner organisations, we identified a pressing need to grow our services within the community and home settings, consistent with hospice as a philosophy of care rather than a building with the aim to:

1. Support more people in the community to die at home where that preference is expressed.
2. Collaborate with others to develop compassionate communities.

In addition to the new FST Manager role, we committed to undertaking the following in 2020/21:

- Providing robust supervision to the FST team and volunteers
- Improve community outreach and coordination with GP surgeries and other providers
- Spend more time looking outwards and coordinating with other health and social care providers, with whom the patients and families encounter on their end of life journey.
- Building companion capacity and expansion of the companion roles

On the 23rd March 2020, the UK entered a national lockdown, as the coronavirus pandemic became life threatening to all. As with many other services, the FST Manager and team moved to a remote service, from home.

The government directed 'work from home' communication remained in place throughout 2020/21.

The FST has always provided invaluable support to friends, family and carers both during and after a patient's illness. This was no different during the pandemic. Whilst some objectives were unable to be met due to pandemic restrictions, there was much that was adapted and introduced in place, to maintain the level of support the hospice are used to providing.

The FST adapted quickly to the changing method of delivering support and undertook the following during the pandemic:

- Setting up a new Telephone Befriender service, delivered by trained volunteers, to provide contact to hospice patients who are living alone, or perhaps isolated in a rural location. Training the Telephone Befrienders took place over Zoom video call technology.

“Thank you for what you did for my dad, he was very fond of you and it was very special he had you to talk to. Thank you so much bringing my dad to my party – that was also quite special and I think it was his last real outing before the lockdowns.”

From letter to Companion, February 2021

- Collaborating with Concierge UK, an events company unable to work in their normal way during the lockdown period – Concierge UK provided a grocery and prescription collection service free of charge to hospice families who were unable to leave their homes due to shielding.
- Compiling an emotional care offering for relatives of patients who were admitted or died at the newly built Bristol Nightingale Hospital, for coronavirus patients only.
- Counselling support moved to virtual or telephone provision, which was appreciated by many.
- Companion Volunteers adapted to keeping in touch with clients on the telephone and participated in monthly supervision sessions, delivered virtually on Zoom.

As the UK slowly recovers from the pandemic restrictions, the FST plan the following for 2021-22:

- Increase volunteer capacity and provide robust training that can be delivered face to face, or virtually.
- Undertake a specific trial of a listening service with a local GP practice.
- Map the patient journey to identify where care and service provision could be more joined up for a better patient and family experience at home.
- Link with community based interest groups, provide education on hospice care and utilise community support for patients and their families.
- Develop a transitional pathway for young people from paediatric services by collaborating with other hospice providers and local paediatric medical teams.

6.2 Robust Medical Team

During this year we replaced our specialist doctor who retired, with two specialist doctors each working three days a week and a GP one day a week and to support with the on-call, this gave us a couple of extra days to support the clinical teams and have more Palliative Care medical support in the community. This was very timely with the COVID-19 pandemic as a lot of the need was in the community and are doctors were able to be responsive to support this. We continued to have GP trainees during the pandemic, feedback remains good and feel the experience, and palliative care education will help them in their future careers.

We had great feedback from the GP Associate Postgraduate Dean after the Bristol GP Quality panel. The panel is an opportunity to implement the ‘trainee voice’ and is intended to raise the quality of training. They told us they are

“Delighted to say that the Weston Hospicecare post achieved an overall grade of Excellent this year and Excellent for all of the 20 criteria.

“We would like to take this opportunity to thank you for all your hard work and for your valued contribution to GP training”.

6.3 Third nurse on night shift

During a Quality Improvement Project (QIP) looking at shift patterns, periods of high occupancy and dependency in the Inpatient Unit (IPU), the need for a third nurse on the night shift became increasingly necessary. This was implemented this year and was very timely with COVID-19, as it meant we did not need to use any carers from nursing agencies, thus reducing the risk of introducing COVID-19 into the IPU.

6.4 Better facilities for family members staying overnight

During the initial stages of the pandemic when the IPU was quieter, we were able to get pull down beds in all 10 patient's rooms to enable family and those close to the patient to stay overnight.



Folding bed in IPU room

6.5 Revisit Hospice Community Nurses Saturday working

Families have told us that they start to get anxious when the weekend approaches as they lose some of their regular support; we said that this year we would look at the feasibility of the hospice community team working Saturdays. Following the increase cases of COVID-19 and the impact on patients, families and other health care workers we widened the available working hours to meet demand. This was done as a QIP (see 9.2).

6.6 To look at systems to enable us to share EMIS Web with Somerset community nurses

The only missing piece with EMIS Web is the interoperability with our health care colleagues is being able to share our information with the Sedgemoor community nurses. This year we worked with the Digital Transformation team at Somerset Clinical Commissioning Group to try to find a solution, but due to the pandemic, we have not been able to finalise this yet.

6.7 To expand on our offering during Dying Matters Week

In 2020, we hoped to expand our offering during Dying Matters week and possibly be involved in a festival style event. However, due to the pandemic, we were unable to contemplate this, but the awareness week progressed virtually during lockdown, and the three video conversations, answering common questions and thoughts about death and dying were produced. These videos are available to view on the Hospice's YouTube Channel and through the website.

6.8 Train our Hospice Community Nurse Specialist (HCNS) in Advanced Skills

We have enabled another HCNS to presently undertaking the Non-Medical Prescribing (NMP) course this year. We now have five, soon to be six out of eight specialist nurses who are independent prescribers and hope to put another through the training next year.

Another two nurses are completing the Physical Assessment and Clinical Reasoning (PACR) course, which will take the number to four in the team. We hope two more HCNS will undertake this course in 2021-22.

Our Community Nursing Map



“Prompt contact to us. On time with appointments. Taking care to listen to our queries and answering them quickly, taking away distress we were under.

“Sorted out medicines, doctors quickly. Contact with answers and updates extremely quickly.”

Community Patient, April 2020



“Weston Hospicecare’s doctors, nurses and medical professionals care for patients as if they were family.

Daughter says the doctors, nurses and clinical team are “angels” because of the compassionate care they gave.

“My brothers and I were in a state of shock when mum was admitted, we had been told only days before that she was dying and did not have long but from the minute we entered the hospice we felt that mum mattered to them as much as she mattered to us.

“Everyone was so kind, caring and dedicated to do everything possible to make Mum’s last days comfortable and peaceful.”

Weston Hospicecare relative, August 2020

“All the care I received has been wonderful from care from the doctors and nurses to the care of the cleaning teams I couldn’t wish for better. Nothing is rushed and time taken to discuss anything. Everybody is so kind and helpful and has done all they can to make me feel comfortable and at ease and nothing has been too much trouble. The chefs here deserve a medal, the food is amazing and they’re happy to cater to individual needs or wants. All I can say is thank you all at Weston Hospicecare.”

April 2020



Even with visiting restrictions, Flea the Shetland pony came to the hospice and they were delighted to see each other. Kate commented that this reminded her of when she brought her daughters cat in to visit her mum “amazing, awesome Weston Hospicecare, so much respect.”

Weston Hospicecare relative, October 2020



“I have my answer as very good, because I was looked after with dignity and care was centered on myself and my needs. Doctor and nurses were on hand to adjust my medications if needed. I had a great stay and they sorted out all my needs. Everyone was very friendly”.

Weston Hospicecare Inpatient, February 2021

“I cannot begin to explain the relief it was to hear the words ‘there is a bed at Weston Hospicecare available today’ and to know mum could be cared for by truly heroic people who fully understand every emotion the patient and family are going through.

Although her stay was short, I could relax knowing that she was in peaceful surroundings with a dedicated team looking after her palliative care.”

Weston Hospicecare relative, June 2020



“I feel it helps me so very, very much to have this special time for myself, just a hour alone where you can drift off and let go of some of the stress.

“The relaxation technique really helps and you leave ready to cope again. Thank you.”

Complementary Therapy patient, March 2021



7.0 Review of Activity

7.1 In-Patient Unit

1,696
Patients supported all services

In-Patient Service	2018 - 2019	2019 - 2020	2020 - 2021
No. of Patients	185	152	175
Occupancy (%)	68	77	67
Discharges (%)	39	36	31
Av. Length of Stay in Days	14.1	17.6	12.3
Non-Cancer (%)	6	5	6

7.2 Community Team

26,869
Miles covered to support people in their own homes

12,364
Community contacts

2,465
Hospice Community Nurse Specialist face-to-face visits

Community Nurse Specialist Service	2018 - 2019	2019 - 2020	2020 - 2021
No. of Patients	998	1,053	909
Deaths	465	406	333
Discharges	103	78	65
Died in preferred place of death (%)	86	88	87
Non-Cancer (%)	12	12	13

7.3 Day Services

People seen by physio or attending Qigong
 2018- 2019 2019-2020 2020-2021
658 **1,037** **1,465**

Day services	2018	2019	2020
	2019	2020	2021
No. of Patients	163	167	34*
Attendance	1,285	1,445	257*
Non-Cancer (%)	35	32**	32**

*Attendance and patient numbers down due to having to suspend Day Services due to COVID-19.

**Non-Cancer percentage reduced this year due to having to stop groups in March 2020.

7.4 Family Support Team

Chaplaincy Services	2018	2019	2020
	2019	2020	2021
No. of Patients	195	162	197
Funerals Conducted	50	48	72
Face-to-Face Visits	905	1,127	644

661

Families supported by the family support team

Bereavement Services	2018	2019	2020
	2019	2020	2021
No. of Pre/Post Bereavement Clients	244	223	201
Face-to-Face Visits	710	550	370

5,208

Family Support team contacts

Companion Service	2018	2019	2020
	2019	2020	2021
No. of People Supported	85	96	63
No. of Volunteer Contacts	423	680	774



8.0 Patient Safety

The safety of our patients is at the core of our approach and culture and we aim to be outstanding for safety.

Patient safety incidents that are reported by our staff provide us with key insights into the safety of our patients.

We believe we have a strong approach to reporting and learning from incidents, regularly reviewing and analysing trends and themes of incidents and learning, with all incidents going to our quarterly Clinical Audit and Assurance meetings and our bi-monthly Clinical Governance meetings attended by members of our Board of Trustees.

We continued to be heavily engaged in regional hospices quality meeting and benchmarking.

During 2021-22 we hope to develop and implementing a better digital reporting system, moving away from paper forms and enhancing how we report incidents and turn learning into improvement, focusing on our Patient Safety Culture and systems that provide us with insights into the safety of our patients.

Quality Indicators	2018 - 2019	2019 - 2020	2020 - 2021
Numbers contracting MRSA	0	0	0
Numbers contracting C Difficile	0	0	0
Number of Compliments	342	351	392
Number of Complaints	1	5	3
Number of Drug Errors	12	19*	11
Number of Falls	15	19	18
Number of Pressure Injuries	22	12	12

2019/20 - *8 drug errors were due to record keeping, not affecting patient safety
 2018/19 - 5 pressure ulcers developed at the hospice, 1 developed into a grade 3
 2019/20 - 2 pressure ulcers developed at the hospice, 1 developed into a grade 3
 2020/21 - 3 pressure ulcers developed at Hospice



**Complementary
Therapy**

2018	2019	2020
-	-	-
2019	2020	2021

Total Treatments

990 1,037 535*



***No Complementary therapy for four months and then reduced due to Covid-19. However were still able to support 200 Clients.**

"I wanted to email you to thank you for all the support and time you have given to me, especially with the hypnosis.

I will be honest and say I was very sceptical and wasn't prepared for the huge impact it would have on me. I can honestly say I look forward to each session knowing my journey is starting to become more defined and I feel a step closer each time to fight off my demons." - **Weston Hospicecare Hypnotherapy patient, February 2021.**

"I have nothing to complain about, my care has been exceptional, nothing is too much trouble and everyone is very kind and understanding. I have been lucky to be under the care, where I have improved so much."

- April 2020



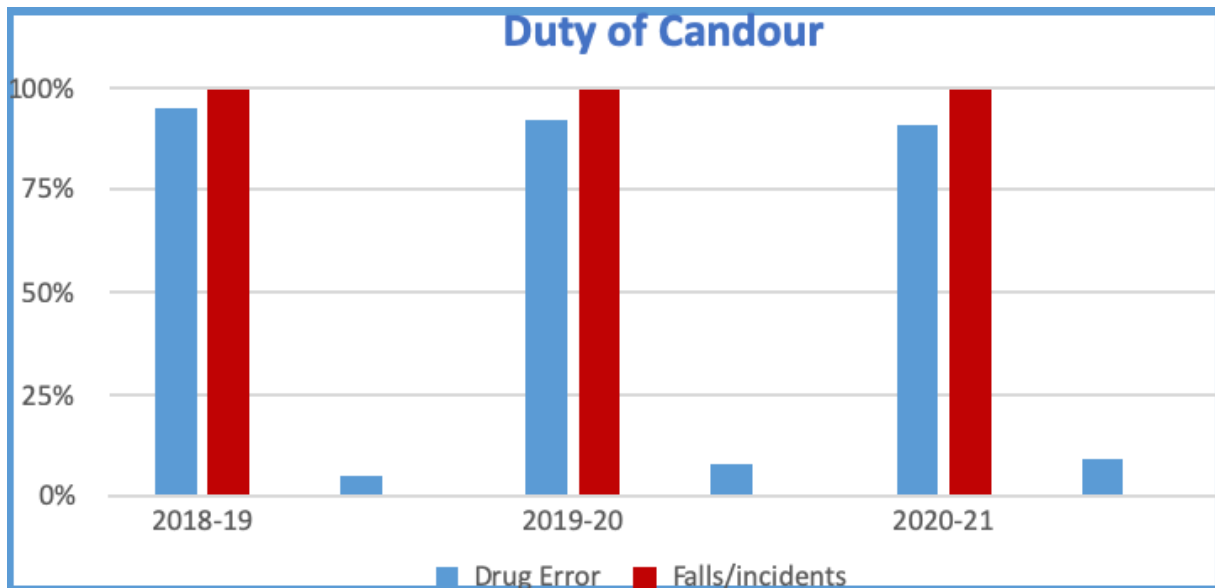
"Everything was good about my care. I really appreciated the lovely food and the wonderful care I receive. I am also having physio who is very kind and helpful. The doctors are very good at explaining things and making you feel safe in their care. The same with all the staff".

Weston Hospicecare Inpatient, April 2020



8.1 Duty of Candour

Duty of Candour applies to care providers registered with the Care Quality Commission. Weston Hospicecare reviews all incidents to determine whether any incident to which Duty of Candour should have been applied have been missed. In 2020-21 we had one drug error patient or family not notified and this was an omission that the patient was discharged next morning before being informed of error.



Can I just say a massive thank you from the bottom of my heart. A year ago I was holding on to a lot a pain, not just with mum's death but with a lot of baggage collected from my life until that point. I wasn't just grieving the loss of mum, but in some ways myself and my life. I'm in a much better place now, spiritually, mentally, physically... and it's thanks to you listening to me rant for the last year that's helped unlock these doors for me. I'm still not sure exactly what I want to do in my life but I'm having fun while doing it...Me and my family have some big plans for the future, and that's it - looking forward rather than back, as I had done for so long."

Weston Hospicecare Bereavement
Client, February 2021

9.0 Patient Experience



We aim for 90% of our patient’s friends and family to be extremely likely to recommend our service to their friends and family if they needed similar care or treatment. In 2019-20, we achieved this with 94% (with 100% likely to recommend).

The Hospice continues to take part in “iWantGreatCare”, a platform to let patients leave meaningful feedback on their care, say thank you and help the next patients.

iWantGreatCare demonstrates that we are transparent, aware and open to patients’ experience as a central part of delivering high quality care.

Most of the patient/relative quotes in this report are taken from the “iWantGreatCare” platform.

Reviews of Weston Hospicecare - Page - iWantGreatCare



10. Audit

To ensure provision of a consistently high quality service, Weston Hospicecare has an annual Clinical Audit and Quality Improvement plan (QIP). This provides a means to monitor the quality of care being provided in a systematic way and creates a framework where we can review this information and make improvements where needed. Two examples of quality improvement cycles this year are:

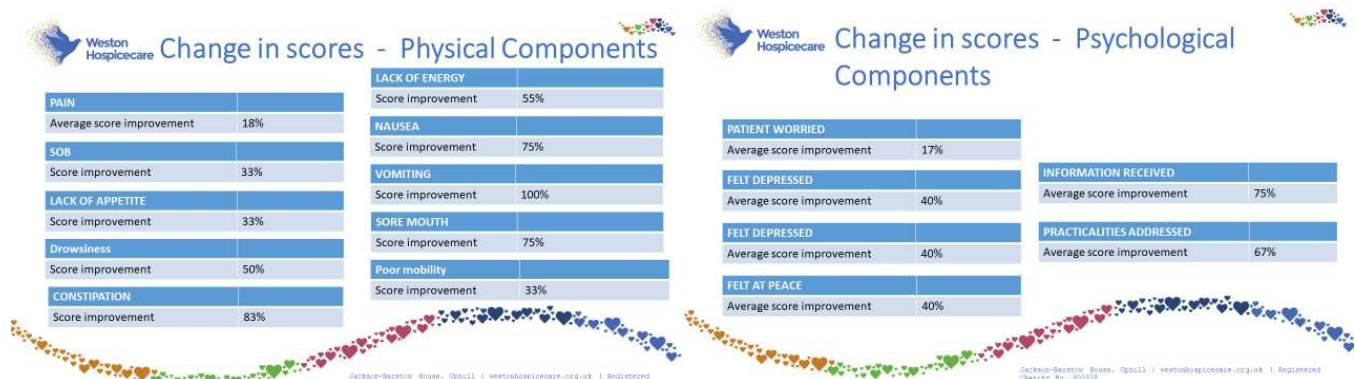
10.1 IPOS QIP

We have built the Integrated Palliative Outcome Scale (IPOS), including handover meetings and adapted to our new electronic computerised patient management system. The IPOS measures are a family of tools to measure patients' physical symptoms, psychological, emotional and spiritual, and information and support needs. They are validated instrument that can be used in clinical care, audit, research and training.

The IPOS measures are specifically developed for use among people severely affected by diseases such as cancer, respiratory, heart, renal or liver failure, and neurological diseases.

A Quality Improvement Project was completed for three months during 2020/21 to assess if we are using the IPOS effectively on the inpatient unit with encouraging results of concerns identified by patients improving.

	Number of patients	Exceptions	Number able to complete	Number of IPOS completed	Percentage completion
Initial IPOS	39	8	31	25	81%
Repeat IPOS	25	12	13	4	31%
Repeat X 2				1	



10.2 Provision of extra hours for Hospice Community Nurse Specialists to increase support for patients and primary care colleagues during the Covid-19 crisis

Following the increase in cases of Covid-19, and the impact on patients, families and other health care professionals, the Hospice Community Nurse (HCN) team wanted to widen their available working hours in order to have more capacity to meet the possible demand.

Patients can rapidly deteriorate with COVID-19 and that out of hours' support could significantly affect the outcome for some patients. This was undertaken as a Quality Improvement Project (QIP), based on a change in work patterns, over a designated time frame, putting in place to support patients/families and professional colleagues during an unprecedented time of the first wave of COVID-19. The project was established at a time when we had to try to anticipate demand for the HCN services, in the very likely event of increased demand for community patients who became infected and the reality that our community colleagues reported a significant upsurge in demand for their services.

What the data collected revealed was that we did not have the anticipated increase in number of community patients diagnosed with COVID-19, or related increase in calls out of hours.

Positive Outcomes	Disadvantages
Flexibility of HCNS team to respond quickly to a crisis in the community	Although we increase the team by one day a week, it affected the working week more than expected
Recognition of and support for our health care professional colleagues	Data collected from this QIP has not drawn any major conclusions and the timing when it was undertaken means it is difficult to compare with any other evidence (i.e. calls OOH to IPU this time frame last year)
Established a protocol for the community team working out of hours	



Provision of extra hours for Hospice Community Nurse Specialists to increase support for patients and primary care colleagues during the Covid-19 crisis 2020

Amanda Gough and Katie Williams



1. Following the increase in cases of Covid-19, and the impact on patients, families and other health care professionals, the Hospice Community Nurse team wanted to widen their available working hours in order to have more capacity to meet the demand. We had noted, sadly, that patients can rapidly deteriorate with Covid-19 and that out of hours support could significantly affect the outcome for some patients. Our IPU and primary care teams were also affected by staff shortages, adding to the potential shortfall of support for community patients.

2. What are we trying to accomplish?

- Prompt response to patient needs
- Better outcomes for patients and families as HCNS could offer more time/symptom management advice that IPU nurses are able/ have time to give.
- Reduction in hospital admissions
- Prompt referrals to other hospice/care services.

3. How will we know that a change is an improvement?

- Daily data collection and review, as determined in each PDSA cycle.
- Feedback from HCNS team
- Patient feedback

4. What changes can we make that will result in improvement?

- Extend HCNS cover to provide a longer period, covering 9am until 10pm Monday to Fridays and 9am until 5pm on a Saturday, initially for 13 weeks
- Ensure there is added support for the team who will have reduced hours to manage their own caseloads.
- Have a time frame around these changes so the response is appropriate to match the need.

PDSA Cycles:

Cycle 1:

- Rota for HCNSs to cover every evening and Saturday
- Complete data sheet for each evening and Saturday
- Feedback fortnightly to SMT re data
- Katie to contact HCNS working the lates Mon – Thursday to see if any call for the following morning
Amanda to contact HCNS working the late on a Friday
- Review at 4 weeks

Cycle 2: Following review, Repeat Cycle 1 for a further 4 weeks.

Cycle 3 (up to end of pilot):

- Stop the evenings, date to be determined
- Continue on Saturdays
- Amanda to update IPU Manager and Darren, re practical issues of phone message after 5pm Mon-Fri.
- Monitor amount and nature of IPU OOH calls over the next month
- Patient feedback planned for the future

The action points and plans from each Quality Improvement Project and audit are discussed at Clinical Audit and Assurance and Clinical Governance meetings.

10.3 Advanced Care Planning

The End-of-Life care Strategy 2008 highlighted the importance of early identification of potential for dying and Advanced Care Planning. Early awareness of poor prognosis helps patients and their relatives to understand their illness and make informed choices about their care. Therefore, every month we audit this and last year...

97%

of patients participated in Advanced Care Planning

87%

of patients have their Preferred Place of Care

10.4 Infection Control Audit

Audit completed across the whole organisation using the HPA tool (Hospice Infection Control Audit tool) that was adapted from the Infection Control Nurses Association Audit Tool and includes hand hygiene, environment, kitchens, personal protective equipment etc. We undertake this audit twice a year.



During 2020-21, we have completed more infection control audits, including monthly PPE/COVID-19 spot check audits that include donning and doffing, which have been on average 95% compliant.

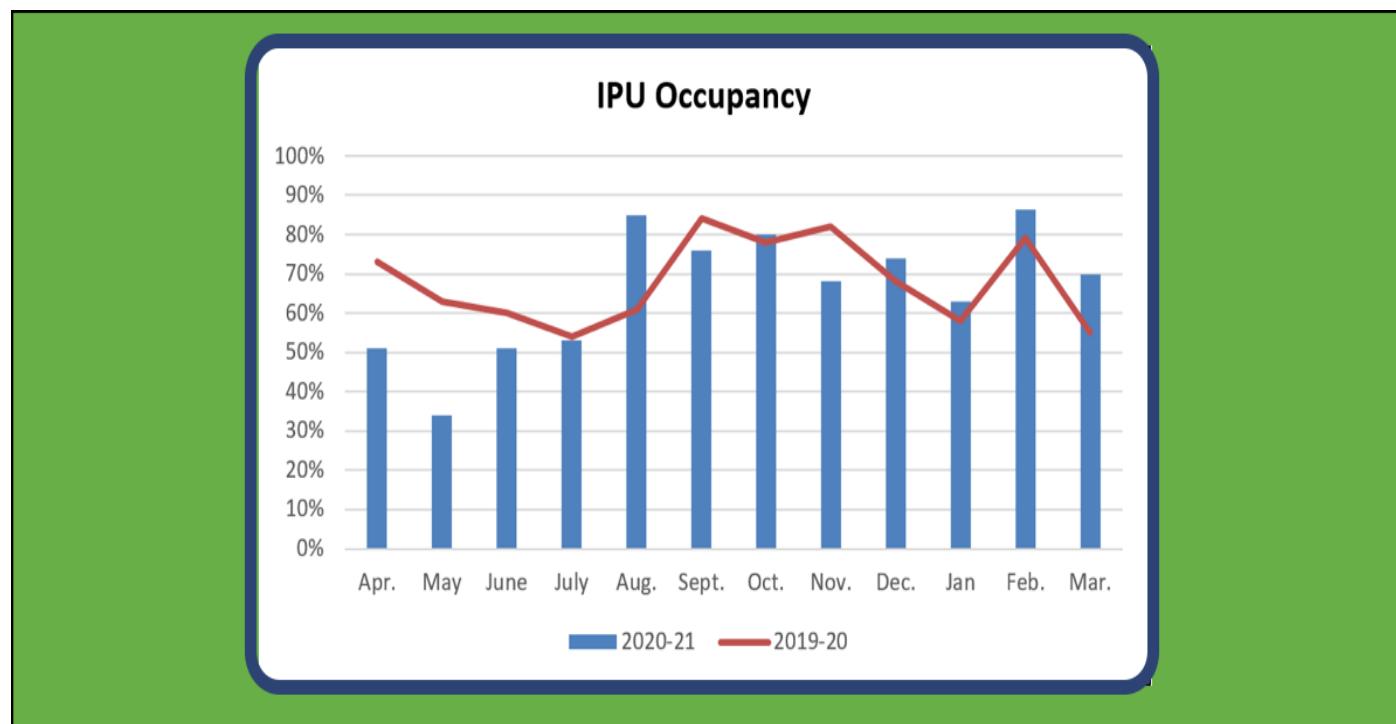
October 2020 90% Compliant

“The facilities, food and environment were lovely and relaxing. Thank for keeping the place so tidy and clean. Staff were competent and kind.”

Inpatient January 2021

11. Bed Occupancy

Weston Hospicecare reports monthly bed occupancy varying from 34% in May to 86.42% in October. Bed occupancy fell sharply in March 2020, due to the COVID-19 pandemic, with staff self-isolating, shielding and possibly patients not wanting be admitted due to restricted visitors and maybe more people at home due to furlough to help care. Since July numbers mirror a more normal years occupancy.



12. Data Security & Protection Toolkit

The Information Governance Toolkit was replaced in 2018/19 with the Data Security & Protection Toolkit. The online self-assessment tool allows us to measure our performance against the National Data Guardian's data security standards. The toolkit provides us with assurance that we are practising good data security and that personal information is handled correctly.

In 2018/19 Weston Hospicecare achieved Standards Met across the toolkit submission. In 2019/20, the toolkit has expanded to incorporate further criteria to cyber assurance and related compliance measures. While Weston Hospicecare remains on track to maintain compliance for 2020/21, the deadline for submission has been moved to June 2021 due to the COVID-19 pandemic response. The table therefore reflects the prior performance and the overall performance to be confirmed during 2020/21.

	2018 - 2019	2019 - 2020	2020 - 2021
Mandatory Evidence Items Provided	70 of 70	56 of 56*	45 of 45*
Assertions Confirmed	33	42	40
Assessment Status	Standards Met 2018-20		TBC June 2021*

13. Freedom to Speak Up Guardian



Freedom to Speak Up (FTSU) is an arrangement from the recommendations in the Francis report (the Mid Staffordshire NHS Foundation Trust public enquiry). Effective speaking up arrangements help to protect patients and improve the experience of staff.

This is our first full year of having a FTSU Guardian. This role gives staff an additional route to raise issues and concerns, and enables the Hospice to respond and deal with concerns more effectively.

14. Staff Survey

During 2020-21 we did not do a staff survey, but after such a strange year we plan to next year using Birdsong Charity Consulting, on behalf of Hospice UK. The Hospice Survey 2021 will be open from the 7th June – 25th June.

Top quality care. Nothing is too much trouble. Made me feel better, so many people helping me. The physio was excellent giving me confidence to walk again. The doctors were so kind and very patient. The nurses or staff were an exceptional team always kind and very happy. A big thank you to the chef and team who kept my body together with lovely food and nicely presented”.

**Weston Hospicecare Patient,
December 2020.**



From Complementary Therapy to a virtual Light up a Life service, Weston Hospicecare is proud of the care we deliver, and equally proud of all the people that make it possible – employees and volunteers alike.

We rely on the support from our local community to be able to provide the level of care we currently offer for patients and those close to them.

On behalf of every patient and family member we have supported over the last year, we thank you for your continued support of Weston Hospicecare.

The 2020/21 Quality Accounts have been prepared with information that is complete and correct to the best of our knowledge. If you have any comments or questions about the information provided, or on our services, we would love to hear from you. Please do contact us at:

Call us on: 01934 423900

Visit us at: westonhospicecare.org.uk

Email us: MedSecs-Admin@westonhospicecare.org.uk

Follow us on:



Weston Hospicecare



Weston_Hospicecare



@WHCHospice

A handwritten signature in black ink that reads "John Bailey".

John Bailey
Director of Patient Services
Weston Hospicecare



Do you have a life-limiting illness?



Weston Hospicecare is here to help



We provide information, advice, support, care, education and symptom management, for you and your family.

Our services include:

Family Support Team – emotional, spiritual & practical support, bereavement counselling, companions, buddy groups, men in sheds.

Community Team – Nurse Specialists who can visit at home, in a nursing home or meet you at the hospice, to discuss issues that are important to you

Outpatient (Day) services – Tuesdays, Wednesdays & pop-in Thursdays with clinical support and voluntary activities such as expressive movement therapy, fatigue & breathlessness group, horticulture, memory boxes, film club and more.

Wellbeing Centre – complementary therapies for you and your loved ones.

30 years of caring for you and your loved ones



Weston Hospicecare



Weston_Hospicecare



@WHCHospice

westonhospicecare.org.uk

Jackson-Barstow House, 28 Thornbury Road, Uphill, Weston-super-Mare, BS23 4YQ
Tel: 01934 423900 Registered Charity No. 900328