



# Quality Accounts

2021 - 2022



Weston  
Hospicecare



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# 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 Quality Accounts requirements where organisations are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum. 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 2022, it appears we are coming out of the COVID-19 pandemic and entering an endemic. 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 2019/20 to 2021/22 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. April 2021, we had our last 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 2016 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 2021/22 provides income, which represents 17% of our total annual income to enable the provision of these services by Weston Hospicecare. During the COVID-19 pandemic hospices received additional money from the government to



## For every £ the CCGs provided to Weston Hospicecare... Our local community matched it with £3.96

support the hospice sector in response to the Coronavirus pandemic. The funding enabled hospices to support patients and the NHS and ensure charities can continue their work during the coronavirus outbreak. Chancellor Rishi Sunak said: “Our charities are playing a crucial role in the national fight against coronavirus, supporting those who are most in need”.

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

1. As just mentioned, we have been the grateful recipients of central government support via funding for hospices coordinated via NHS England and Hospice UK between December 2021 and March 2022.
2. Our Fundraising team has continued to be creative and innovative with events.
3. We have benefited from stronger than usual Gifts in Wills (legacies) during this period.
4. 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.
5. 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.

Due to this and the support of our local community, we have met our operating costs that amounted to £4,590K (not confirmed by auditors).

During 2021/22 Weston Hospicecare provided the following services, as listed below.

**In-patient Unit** - Provides 10 beds and a 24hr advice line (limited capacity at times due to staff shortages).

**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.

**Day Services** - Numbers limited due to social distancing etc. during this year. Groups restarted the second half of the year.

**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 Complementary Therapies** - Work alongside conventional medical treatments. These include adapted massage, aromatherapy, reflexology, relaxation techniques, beauty treatments, hypnotherapy and Indian Head Massage.

**Consultant & Specialist Doctors** - Provides expert medical cover for both the in-patient unit, day services 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**



## 4.0 COVID-19

The challenges of COVID-19 continued this year. During the pandemic, there has been ongoing changes and updates to guidance as we now enter a new phase that COVID - 19 is likely to remain endemic for some time to come.

The COVID-19 Committee continued to meet comprising senior clinicians and department heads.



During COVID-19 and restricted visiting, our staff introduced identical crochet hearts for patients and their families to bring comfort in a time when visiting was restricted.

This simple idea provided comfort to patients and their families. One occasion we were able to give identical hearts to a patient and their six grandchildren, it was so heart-warming to see and am sure the grandchildren will remember it forever.

As this story illustrates, Weston Hospicecare always aims to enhance quality of life, stay person-centred and cherish the invaluable support of its incredible community.

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.



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



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 our patient facing staff and volunteers did weekly PCR asymptomatic throat and nasal COVID-19 testing, as well as lateral flow test twice a week ensuring our patients were kept as

safe as possible.



One of our patient loved donkeys and sponsored two of her own via The Donkey Sanctuary in Sidmouth, Devon. With the help of the hospice comms team the Donkey Sanctuary made a great video and arranged two donkeys, Ronnie and Albert, to come and visit.

The pair owned by hospice supporter Jonathan were onsite within hours of the call.

December 2021

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

## 5.0 Priorities for the 2022/2023 Period

### 5.1 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 for the rest of the week.

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.

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.

Lighting – lighting looks artificial. A key part of the project is to bring in as much natural lighting using skylights.

Technology – projector screen for film club and enable patients to attend virtually when they are too unwell or unable to attend in person.

## 5.2 Electronic Prescribing

At present we have five independent prescribers in BNSSG and one in NHS Somerset CCG area (another Somerset Hospice Nurse Specialist (HCNS) is presently doing the training).

This has now become established as part of our HCNS roles and the next logical step would be to move to the Electronic Prescription Service (EPS)

Some of the benefits of EPS are:

- Prescribers can process prescriptions more efficiently and spend less time dealing with prescription queries
- Patients can collect repeat prescriptions from a pharmacy without visiting their GP, and won't have a paper prescription to lose
- Better patient safety as EPS system highlights all potential risks and interactions when prescribing
- Patients electronic record will be automatically updated and medication changes visible to GPs providing a safer and more efficient system

Weston Hospicecare will need:

- All users to have smartcards with roles and access rights required for EPS
- Use dm+d (dictionary of descriptions and codes which represent medicines and devices in use across the NHS) and product-based prescribing
- All service and user details correctly configured within EPS system

- Business processes in place for using EPS alongside other patient record systems and prescribing purposes. Weston Hospicecare uses EMIS Web, which is an EPS approved prescribing system.

## 5.3 Men in Sheds

Research has shown that bereaved men are very often not interested in or comfortable with the more traditional forms of bereavement support – talking, listening and counselling. Instead ‘Men in Sheds’ offers a welcoming, enjoyable and safe space where bereaved men of any age can meet together, become socially more active, work on projects of their choosing, at their own pace and take time out and relax with like-minded people who will have had similar experiences or a loss to their own. They will talk shoulder to shoulder and possibly banter while doing a practical skill.

Men are one of the hardest groups for healthcare services to reach, as many are reluctant users of traditional services such as GP’s and even pharmacies. Social isolation is one of society’s most pertinent issues and for those who are widowed and particularly men this is a real problem.

In 2018, our shed was installed, and the numbers of “shedders” have steadily increased, even with almost two years activity being greatly restricted due to the COVID-19 pandemic.

Since returning from the last lockdown on the 17 February 2022, we have seen numbers of up to 12 shedders a day, with 58 attendances up to the 17 March 2022.

We have seen the effects our shed has on isolation, which bereaved people experience and seen supportive relationships formed in a natural way, no better example than when they meet during lockdown for socially distance walks along the beach, or meeting in each other’s gardens. This has had huge health benefits and addressed many of men’s bereavement support needs in an informal, mutually beneficial way.

The shed has enabled the making of new friends, experience the camaraderie of working with others, put practical skills to good use and share them with others, learn new skills and make links with other activities and services in the area.

In line with our strategy 2019-2023, to “Expand Men in Sheds to pre-bereavement and local community use”, “Develop Men in Sheds” and “Develop Compassionate Communities, so they do not feel isolated and alone”. In 2022-23 we plan to locate to a bigger shed that is not on the hospice site.



## 5.4 Therapy Rooms

Currently we do not have a designated safe, secure, and confidential counselling room. Face-to-face bereavement counselling sessions are currently held in a room between the Inpatient Unit and reception. There is limited space and facilities, plus the windows cannot be opened on particularly hot days due to confidentiality.

Currently, we have 122 counselling clients and approximately 25-30 people receive a counselling session every 1-2 weeks.

Our Family Support Team would like to develop from ‘Person Centred Counselling’ to ‘Family Counselling’. Currently we do not have the provisions and facilities to offer bereavement counselling to younger members of patients’ families.



We plan in 2022-23 to construct two wooden buildings behind our Wellbeing Centre that are sound proof and confidential for counselling. We plan to create a welcoming, safe and non-judgemental environment within the unit through soft furnishings such as sofa, painted walls, lighting and pictures.

## 5.5 Improve Facilities in the Inpatient Unit

Spa Room - Currently, the bathroom housing our spa bath is dated, as well as presenting a cold and unwelcoming atmosphere. Often, patients have not had a bath in many months due to a multitude of factors such as fatigue, no facilities at home, lack of accessibility and requiring assistance getting in and out of the bath. A hoist and the presence of our nurses allows a patient to feel safe and secure whilst having a soak. Whilst our clinical team make the experience as tranquil as possible for our patients, the refurbishment of the spa room to incorporate a calmer, cosy and relaxing atmosphere will only enhance our patients' experiences and provide greater relief.



Office – as part of our Inpatient Unit review, it was brought up that the office is too small, exacerbated by COVID-19. We have since purchased two computers on wheels, but during 2022-23 we will look at reconfiguring the office to give more space.

Courtyard and sensory garden – this will incorporate French doors direct from the Inpatient Unit (wide enough for bed access) and a water feature (illuminated orb/globe) incorporating the pebbles from our 30th anniversary service.



Quiet Room – this room is also dated and needs to be more welcoming and relaxing for the difficult conversations that are had with relatives and those close to them.

## 5.6 Research

We have been accepted as one of the sites for a cluster randomized trial of clinically assisted hydration (CAH) in the last days of life. The main hypothesis is reduced terminal agitation in last days of life. The plan is to have 1600 patients from 80 sites and the sites will either be usual care, oral intake, regular mouth care, usual symptom management etc. or usual care plus CAH.

## 5.7 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 said we would scope and plan to introduce a Hospice @ Home service. We looked at the gaps in our service and the wider health and social care and have written a proposal/business case for our CCGs.

## 6.0 Priorities and what we said we would do for 2021/2022

### 6.1 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.

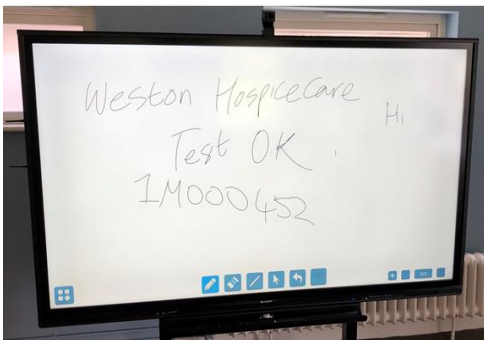
We said we would put one of our healthcare assistance through this training as part of our strategy to make us more sustainable for the future and to develop our own staff. In October 2021, one of our healthcare assistance commenced the Nursing Associate Apprenticeship.

### 6.2 Training Facilities

We said we are dedicated to providing high standard specialist palliative care in other health care settings and 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.



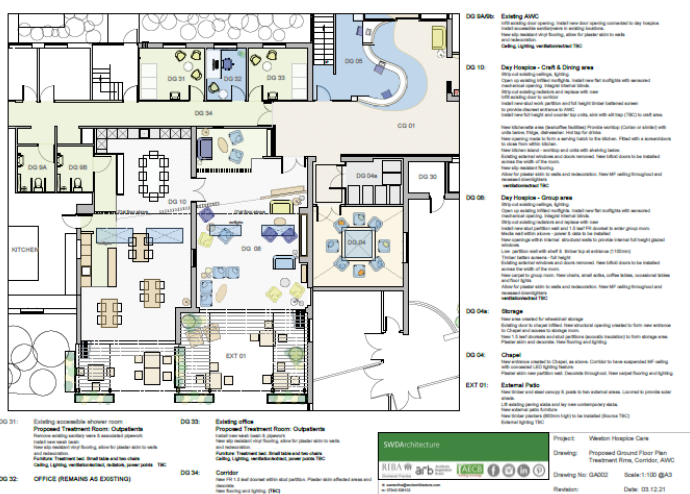
In September with grant funding we purchased a 70”multimedia platform, which we have used for training and multi-disciplinary meetings with a combination of face-to-face and MS teams in-house and with external colleagues.

At the beginning of March, our Clinical Facilitator commenced in post. This is a new role and is exciting to be able to develop our own staff and support external health and social care colleagues.



Clare Stacy Waddy – Clinical Educator

### 6.3 Day Services Improvements



See 5.1. Due to the pandemic this has not progressed as fast as we would have hoped, therefore, we have carried this over to the next financial year. We have appointed an architect and plans are drawn up and at time of writing we are having feasibility studies.

## 6.4 Increase Counselling for Young Adults and Children

We said we would introduce 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.

At time of writing we have appointed Kirsty Robinson-Radford to the CYP Counselling Coordinator role and commences the role the beginning of May 2022. Kirsty will be tasked with providing counselling for children and young people, creating and delivering training to local organisations including schools to enable them to support their young people through bereavement and working with partners to further develop the transitional pathway from children's hospice care.



## 6.5 Hybrid Working

The pandemic 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. However, there is no substitute for face-to-face care, of picking up body language and nuances of the family setting, the touch of an arm, and all the softer skills our staff are well known for. There has been a place, and there will remain a place 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.

We said during 2021-22 that we would produce a policy for hybrid working to establish the balance of the benefits and harmful aspects to working from home. This was completed 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. The policy we believe provides a better balance between workplace/office working and home working.

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

The only missing piece with EMIS Web was the interoperability with our health care colleagues being able to share our information with the Sedgemoor community nurses (Somerset). This year we worked with the Digital Transformation team at Somerset CCG to try to find a solution, this was achieved with the introduction of Black Pear, which gives us a snapshot of all the relevant information we need to give our patients the best care possible.

## **6.7 Hospice @ Home**

See 5.7. The plan in 2022-23 is to continue working with our CCGs to explore Hospice @ Home to support our patient and those close to them to care for them in their preferred place of care.

## **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 six, soon to be seven out of eight specialist nurses who are independent prescribers and hope to put another through 2022-23.

Another two nurses have 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 2022-23.



“I felt, quite simply, overwhelmed by the care and compassion shown to us both from the moment you first got in touch. You treated Dad’s decision to be allowed to die at home, with dignity and respect, and because of your efforts, his final wish was granted. Nothing was too much trouble, every detail was covered. You even made sure someone stayed with him at night, so that I could sleep.

It truly was as though an angel had wrapped its wings around us and taken care of us.

It takes a whole team of people to achieve this, and every single one of that team was a “feather in that angels wings”.

You are all incredible people, and you should never, ever forget that”

*Community Patient, February 2022*

“Compassionate, sympathetic and friendly staff. Proactive and positive environment. Very beneficial interaction with peers, especially with regards to coping mechanisms, both actual and potential. Provides a change of scenery/location and thus helps overcome (as far as possible) cabin fever, isolation and feeling completely alone. Reassurance in knowing that medical assistance available if and as required. The chef makes brilliant soups”

*Day Hospice Patient, April 2021*



A Weston Hospicecare nurse became a recipient of the charity's care after her mother was diagnosed with a brain tumour.

Lisa Horner, a palliative care nurse at Weston Hospicecare for more than eight years, was given support while her mother, Patricia, was treated. Lisa says "I have always thought my job is a real privilege, giving support, comfort and care to patients and their loved ones.

Recently, I have experienced the hospice as family member when my dear mum was admitted for end of life care.

I have always known that Weston Hospicecare is a truly fantastic place, I wouldn't work there if it wasn't!

My mum and our family were surrounded with love"

December 2021



IPU nurse said she “thinks that when people are at a time when they are terrified within 24 hours of coming in to the unit patients feel settled, because it is such a caring environment where nurses really have time to care for the patients. Being part of something so positive is great”

*Weston Hospicecare Inpatient Nurse, October 2021*

“I just wanted you to know how useful my wife found the hospice in her last few months. Firstly the Wellbeing Centre and its activities and all the way through the support organised by the outstanding palliative care nurse ... She was cheerful, motivated and practical in her efforts to support my wife in her fight at home (with me and her dog) as was her wish. She was energetic and resourceful in organising support, beyond the hospice and Weston-super-Mare area if necessary. Her advice always proved to be on the ball. Really she helped my wife through ten months of struggle since last Xmas, my dear wife really enjoyed her uplifting company on her visits”

*Weston Hospicecare Relative, October 2021*



“Roger lost his wife Trudi to cancer. She received specialist end of life care from the team of dedicated professionals at Weston Hospicecare. Roger said: “We were so grateful that the hospice was able to provide a bedroom in their In-Patient Unit, as we couldn’t possibly have given her the necessary care and pain relief that she needed at the end of her life”

*Weston Hospicecare Relative, January 2022*



## 7.0 Review of Activity

### 7.1 In-Patient Unit

**1,696**  
Patients supported all services

	2019-2020	2020-2021	2021-2022
<b>No. of Patients</b>	152	175	<b>144</b>
<b>Occupancy (%)</b>	77	67	<b>67</b>
<b>Discharges (%)</b>	36	31	26
<b>Av. Length of stay in days</b>	17.6	12.5	15.7
<b>Non-Cancer (%)</b>	5	6	7

### 7.2 Community Team

	2019-2020	2020-2021	2021-2022
<b>No. of Patients</b>	<b>1,053 (767)</b>	909 (789)	<b>?? 765</b>
<b>Deaths</b>	<b>406</b>	333	<b>345</b>
<b>Discharges</b>	78	65	76
<b>Died in Preferred Place (%)</b>	88	87	88
<b>Non-Cancer (%)</b>	12	13	15

**27,300**  
Miles covered to support people in their own homes

**2,289**  
Hospice community nurse face-to-face visits

**11,557**  
Community contacts



## 7.3 Day Services

	2019-2020	2020-2021	2021-2022
<b>No. of Patients</b>	<b>167</b>	<b>34*</b>	<b>84</b>
<b>Fact-to-face attendance</b>	<b>1,445</b>	<b>257*</b>	<b>617</b>
<b>Non-Cancer (%)</b>	<b>32</b>	<b>32</b>	<b>34</b>

Reduced this year due to having to stop groups in March due to COVID-19

\*2020-21 no patients Q1 or Q4 and reduced rest of the year due to COVID-19

### People assessed by physiotherapist

2019-20

1,037

2020-21

1,465

2021-22

1,664

“It is always given with care and expertise. I always feel at ease and felt that the treatment was extremely helpful. I feel much better after”

Weston Hospicecare Physio. Patient, January 2022

## 7.4 Family Support Team

Chaplaincy Service	2019-2020	2020-2021	2021-2022
<b>No. of Patients</b>	<b>162</b>	<b>197</b>	<b>185</b>
<b>Funerals conducted</b>	<b>48</b>	<b>72</b>	<b>46</b>
<b>Face-to-face visits</b>	<b>1,127</b>	<b>644*</b>	<b>1,072</b>

\* visiting restriction due to COVID-19

Bereavement Service	2019-2020	2020-2021	2021-2022
<b>No. of pre/post bereavement clients</b>	<b>223</b>	<b>201</b>	<b>274</b>
<b>Face-to-face visits</b>	<b>550</b>	<b>370*</b>	<b>641</b>





Companion Service	2019-2020	2020-2021	2021-2022
<b>No. of people supported</b>	<b>96</b>	<b>63</b>	<b>54</b>
<b>No. of volunteer contacts</b>	<b>680</b>	<b>744</b>	<b>953</b>

**2020/21 - 461**  
 Clients supported by the Family Support Team,  
 1.758 contacts

**2021/22 - 513**  
 Clients supported by the Family Support Team,  
 2.666 contacts

Complementary Therapy	2019-2020	2020-2021	2021-2022
<b>Total Treatments</b>	<b>1,037</b>	<b>535*</b>	<b>1,141</b>
<b>No. of volunteer contacts</b>	<b>572</b>	<b>77*</b>	<b>613</b>

\*No Complementary Therapy for four months and then reduced due to COVID-19.



“The services provided are just what I needed, at just the right time in my illness. I’ve extremely improved with the program, facility, staff and volunteers”.



*Day Hospice Patient, April 2021*



***“There is a very pleasant calm atmosphere, very welcoming. All the staff are very helpful and nothing is too much trouble. I have received excellent care from all staff, all my care needs have been dealt with in a polite efficient way with the utmost respect and care, can offer them my utmost gratitude and total thanks and appreciation”***

*Weston Hospicecare Inpatient, August 2021*

“Staff are kind and caring and I have been treated very well and with respect. The room is comfortable and pleasant to be in with a calming atmosphere, feels like home from home. Food and refreshments are excellent. The most caring staff understanding of my needs and nothing too much trouble”

*Weston Hospicecare Inpatient, May 2021*



## 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.

Quality Indicators	2019-2020	2020-2021	2021-2022
Number of Compliments	351	392	403
Number of Complaints	5	3	3
Number of Drug Errors	19*	11	9
Number of Falls	19	18	19
Number of Pressure Injuries	12	12	14

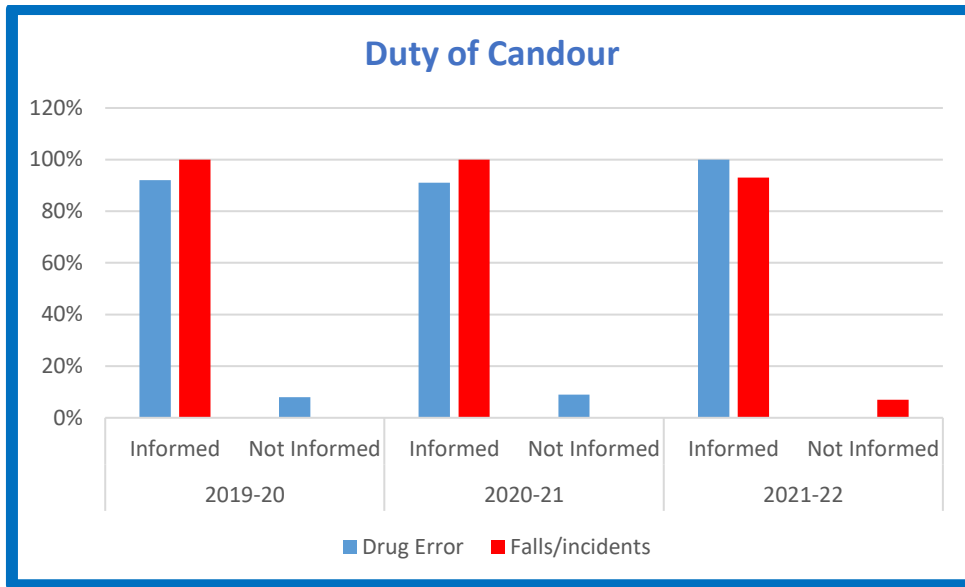
2019/20 - 2 pressure ulcers developed at the hospice, 1 developed into a grade 3

2020/21 - 3 pressure ulcers developed at Hospice

2021/22 - 6 pressure ulcers developed at Hospice

## 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 2021-22 we had no drug errors that patient or family were not notified. Two pressure incidents where the patient was dying and didn't feel appropriate and one patient fall the family were not notified.



“Thank you again for all your help, advice and kindness regarding my mum. Thank you for always having the time to talk things through with my brother and myself, and our many questions and supporting in so many different ways. It has been a challenging time for all of us, but I feel very fortunate to have been able to care for mum and fulfil her wish to be at home, and that is largely due to your ongoing support”

*Weston Hospicecare Community Patient, December 2021*



# 9.0 Patient Experience

When asking for patients and those close to them how there was experience of our service, we aim for 90% to say very good. In 2021-22, we achieved this with 98%



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. Examples of quality improvement cycles this year are:

## 10.1 QIP on family's administration of subcutaneous injections in the community

## 10.2 Inpatient Unit Dependency QIP

## 10.3 Inpatient Unit Staff Shift and Rota Preferences

Staff shift preferences (long days) November 2021	
<p><b>1. Background</b></p> <ul style="list-style-type: none"> <li>Discussions have taken place regarding the working long days/night shifts (07:30am - 03:30pm days/04:30-10:30pm night shifts).</li> <li>Individual discussions took place with staff members and a questionnaire was completed by staff with the 6 comments/preferences sent.</li> </ul>	
<p><b>2. What are we trying to accomplish?</b></p> <ul style="list-style-type: none"> <li>To improve the team working in the day</li> <li>To reduce dependency of patient care</li> <li>To allow staff if possible to work the 08:00/10:00am shift and substitute the night shifts/long days.</li> <li>No team leader paid to replace support on the unit</li> <li>Are staffs facilities equal and are they have been reviewed to and changed.</li> </ul>	<p><b>3. How will we know that a change is an improvement?</b></p> <ul style="list-style-type: none"> <li>A further questionnaire to be sent out after 3 months to measure staff levels that work the day preference.</li> <li>Engagement in care at night with the team, to reduce dependency.</li> </ul>
<p><b>4. What changes can we make that will meet the objectives?</b></p> <ul style="list-style-type: none"> <li>To allow staff to work 12.5 hour day (night shifts)</li> <li>To have an assessment of our facilities allow for staff to work the day preference.</li> </ul>	<p><b>5. How will we know that a change is an improvement?</b></p> <p><b>6. How will we know that a change is an improvement?</b></p> <p><b>7. How will we know that a change is an improvement?</b></p> <p><b>8. How will we know that a change is an improvement?</b></p>
<p><b>Results:</b></p> <ul style="list-style-type: none"> <li>Only 2 of the 10 staff on the questionnaire decided not to work 12.5hrs day and work 7.5hrs.</li> <li>2 members of the team like to work shifts and long days.</li> <li>Night staff get to see patients while they are still awake and get the night time medication on them.</li> <li>Less time handing over allowing more time for patient care.</li> <li>Staff found they were able to take proper breaks and go home on time at 10:00hrs which allowed more working time at home, especially if you are working the following day.</li> </ul>	<p><b>9. How will we know that a change is an improvement?</b></p> <p><b>10. How will we know that a change is an improvement?</b></p> <p><b>11. How will we know that a change is an improvement?</b></p> <p><b>12. How will we know that a change is an improvement?</b></p>
<p><b>Next Steps:</b> 8 questionnaires completed by staff April 22. 7 staff preferred the LD, 1 said no, 7 yes to the hours working, 3 no to mixture of LD and Short shifts. All agreed that they don't always work regularly together but most felt it did not get them off doing LD. 7 yes felt enough continuity of care, nice to be written on nights and help patients settle, 1 not always, 3 yes for work/life balance would be very</p>	

## 10.4 Community Walking Group QIP



**Join us for a walk and a chat**

The Community Walking Group starts again on Wednesday 20<sup>th</sup> April and will run fortnightly until the end of August.

These steady paced, casual walks around Uphill last about 2 hours and have proven to reduce stress and anxiety as well as offer a brilliant mood boost.

The community walks are open to anyone living in North Somerset & Sedgemoor, you don't need to have had links to Weston Hospice Care.

Email Mike, your local guide, to find out more and book your place on the next walk.

[mike.french@westonhospicecare.org.uk](mailto:mike.french@westonhospicecare.org.uk)



*"I still feel very calm about Dad's death and I think that is partly due to the gentle matter of fact way that you prepared us and because I have no regrets. He was so well cared for by you and your colleagues. What a brilliant team. Thank you for everything you've done for us along the way, you've been an amazing support"*

## 10.5 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...

**95%**

of patients participated in Advanced Care Planning

**88%**

of patients have their Preferred Place of Care

## 10.6 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.

### October 2021 95% Compliant

**"Coming to the Day Hospice was a lifeline in a bleak time of life especially with Covid. The staff were very diligent about hygiene and distance"**

*Day Hospice Patient, May 2021*

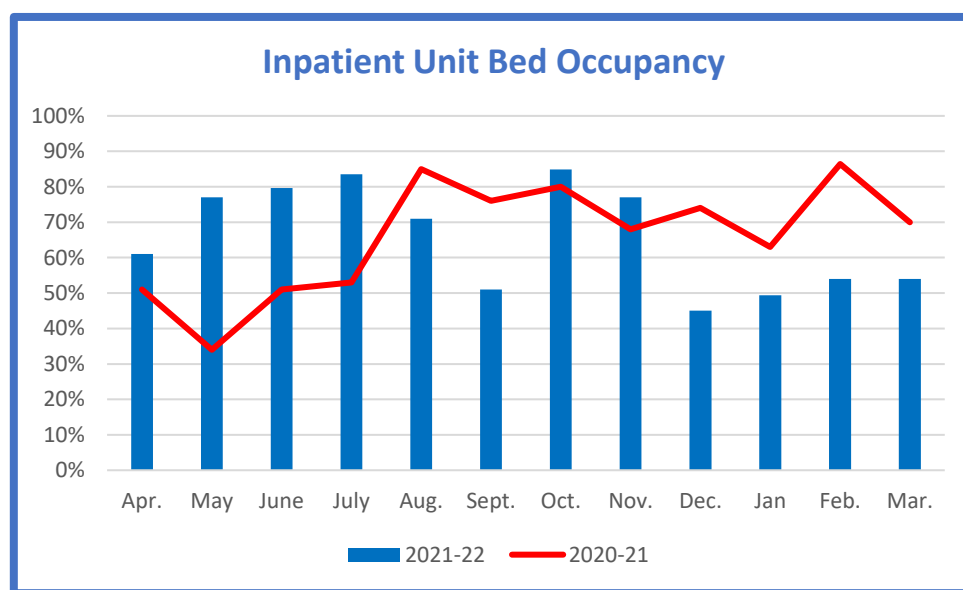


During 2021-22, we have completed more infection control audits, including PPE/COVID-19 spot check audits that include donning and doffing, which have been on average 95% compliant.



## 11 Bed Occupancy

Weston Hospicecare reports monthly bed occupancy varying from 45% in December to 85% in October. Bed occupancy was reduced this year due to staff shortages between December 2021 and March 2022 (at time of writing, 26 April 2022, all staff recruited and all beds open).



## 12 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.

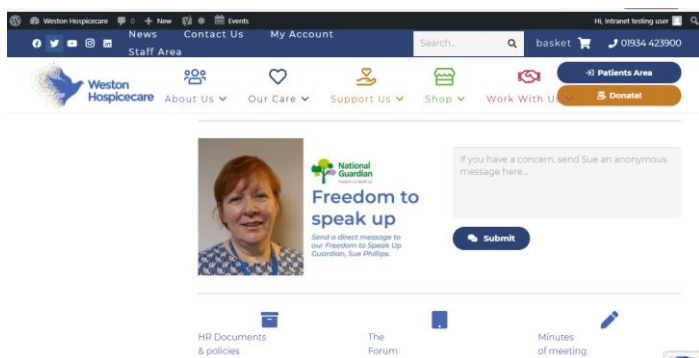
In 2019/20, the toolkit has expanded to incorporate further criteria to cyber assurance and related compliance measures.





	2019-2020	2020-2021	2021-2022
Mandatory Evidence Items Provided	56 of 56	45 of 45	43 of 43
Assertion Confirmed	42 of 42	40 of 40	36 of 36
Assessment Status	Standards met 2018-2022		

## 13 Freedom to Speak Up Guardian



We now have our intranet up and running and this now gives us an anonymised route to access our 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 second 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 2021-22, due to continued strain on health and social care services we decided it was right to do a staff survey. Therefore, using Birdsong Charity Consulting, on behalf of Hospice UK the Hospice Survey was conducted from 07 June – 25 June.



“I feel like a different person to the one I was when first attending these sessions, able to go out into the world and carry on. I certainly didn't feel like that when first attending, withdrawn and concerned. This is all down to your wonderful team”.

*Weston Hospicecare Patient, July 2021*





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 2021/22 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](http://westonhospicecare.org.uk)

Email us: [MedSecs-Admin@westonhospicecare.org.uk](mailto:MedSecs-Admin@westonhospicecare.org.uk)

A handwritten signature in black ink, which appears to read "John Bailey".

John Bailey  
Director of Patient Services  
Weston Hospicecare

[westonhospicecare.org.uk](http://westonhospicecare.org.uk)



# 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](http://westonhospicecare.org.uk)**

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