



# Barnsley Hospice Quality Account

**2023-2024**

Company registration number: 02274925

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# Contents

<b>A Word from our Chair and Chief Executive</b>	3
<b>Who We Are</b>	4
<b>Aims and Strategic Objectives</b>	5
<b>Our Values</b>	6
<b>Our Committees</b>	7
<b>Our Services</b>	8
<b>Our Activity</b>	11
<b>Our Funding</b>	12
<b>What Others Say About Us</b>	12
<b>Experience Feedback</b>	13
<b>Public Engagement</b>	14
<b>Staff Update</b>	15
<b>Equality Diversity and Inclusion Activities</b>	16
<b>Quality Improvement</b>	16
<b>Quality Priorities for 2024/2025</b>	20
<b>Learning from Incidents</b>	23
<b>Duty of Candour</b>	23
<b>Examples of Learning from Incidents in 2023/24 and Actions Taken</b>	24
<b>Clinical Audit</b>	24
<b>Glossary</b>	27



## A Word from our Chair and Chief Executive

**Welcome to our 2023/2024 Quality Account. We are delighted to look back over the previous year and see such a positive picture of improvement and we are truly excited for the year ahead. This year, we are proud to celebrate our 30th year anniversary and this milestone marks a momentous journey of growth and success.**

Since its inception, the hospice has relied upon and been supported by local people and local businesses, to enable us to provide specialist palliative and end of life care to the people of Barnsley. Thank you to everyone for being a part of this journey. We are incredibly grateful to our loyal supporters and volunteers, dedicated employees, and of course our donors who have been integral to our success throughout this remarkable journey.

This anniversary signifies not only the years of hard work and determination to enhance specialist palliative and end of life care in Barnsley but also the immense potential that lies ahead as we continue to transform our services to meet the needs of patients and the wider community, making us fit for purpose for the future, and guide us to become more sustainable as we look to the next 30 years. Success will depend on constant review of our efficacy and impact, we will repeatedly evaluate our practice and look outwards to identify sector developments to ensure continuous improvement.

We recognise that the needs of patients, families, and the local community we serve are changing all the time and we need to change too to meet those needs. We continue to enhance the care environment to ensure the facilities available for patients and their families provide comfort, dignity, safety and security. More specifically, we will continue to advance our digital technology including the delivery of electronic prescribing capability which will further strengthen patient safety and increase efficiency across clinical teams.

Looking ahead, our ambitions and desire for reaching more people and doing what we can to help those who need us remains strong. We know that what we do makes a positive, tangible difference and looking forward we want to make a bigger difference, for more people.



We will continue to run 10 beds in our Inpatient Unit but service growth will be achieved by expanding our work in the community and by using our skills, expertise and influence to educate others to deliver excellent palliative and end of life care. We will extend our support for families and carers so that they can remain strong and able to play a part in the care of their loved ones. In doing these things we will be the voice of patients because we know it is vital that they are heard and we will influence local, regional and national bodies in relation to Palliative and End of Life Care.

Our work is aligned to the Ambitions for Palliative and End of Life Care; a national framework for local action 2021-2026, tailored to meet the specific needs of individuals and families of Barnsley. We have strong leadership with clear vision and values and we are passionate in our belief that everyone should be able to live well in the final part of their life and have the right to a good death how and where they want it to be. To do this we will invest in research and encourage individuals and communities to talk about death and dying and what they would like Palliative and End of Life Care services in Barnsley to look like.

In summary, we will sustain the services patients tell us they need, innovate to extend reach, and work in partnership to improve outcomes for patients and families. We will be creative in our approach to being sustainable and resilient so that Barnsley Hospice's future is assured.

.....  
**Carole Gibbard,**  
Chair of the Board of Trustees

.....  
**Martine Tune,**  
Chief Executive Officer and  
Chief Nurse



## Who We Are

### **Barnsley Hospice provides specialist palliative and end of life care for the people of Barnsley.**

We care for adults living with active and progressive life-limiting illnesses, including cancer, heart and lung diseases and neurological diseases such as motor neurone disease and Parkinson's disease. We are also here to support friends and family.

At the hospice, we provide a range of services free of charge for the people of Barnsley. These include a 10-bedded inpatient unit, support and wellbeing service, counselling and bereavement support, medical outpatient appointments and more. We tailor our services to each individual and empower people to make choices about their care.

Hospice care is different for everyone, and wherever possible, we support people in the ways that work best for them.

Our aim is to help people to live as well as possible, and do the things that are important to them. We take a holistic approach to our care, helping people with pain and symptom management, and providing practical, emotional, spiritual and social support. End of life care is an important part of what we do, but we are also here to support people from earlier in their diagnosis.

As a charity, we rely on our fundraising and retail efforts and the generosity of the local community to fund our services.

Since we first opened our doors in 1994, we have grown and adapted our services, remaining focused on embracing a culture of continuous improvement and training. This is integral to helping us meet our strategic objectives and providing the highest quality of care possible.

# Aims

**The aim of Barnsley Hospice is to provide specialist palliative and end of life care.**

In line with our values and behaviours shown below, we provide the highest standard of care by responding to individual needs and supporting choice and independence. By doing meaningful work we make all of our patients, their families and those close to them feel valued. Each person is treated as an individual and given empathy and respect. We ensure that patients, their families and those close to them are at the centre of all our activities and are cared for and supported in safe and comfortable surroundings.

## Our Strategic Objectives

**We are passionate about getting it right in an effective, efficient and financially sustainable way. Our strategic objectives outline how we will do this. Progress against these objectives is reviewed at each meeting of our Board of Trustees through our Board Assurance Framework.**

### Strategic Objective 1

**We deliver outstanding care:** The care that we provide to patients and those that are important to them will be of the highest achievable quality and will be accessible for all, personal, effective and safe. It will respect their dignity and be delivered with compassion.



### Strategic Objective 2

**We are acknowledged as a centre of excellence for specialist palliative and end of life care:** We will provide a leadership role beyond our organisational boundaries in the development of innovative and outstanding palliative and end of life care research and education and its application to practice.



### Strategic Objective 3

**We will develop and sustain our financial health:** We will manage the financial health of our charity efficiently and effectively to achieve long-term sustainability whilst investing for growth and development.



### Strategic Objective 4

**We have a culture and environment where people can thrive:** We will be the employer and charity of choice in Barnsley. Our people will deliver outstanding care and services and will have an enjoyable and rewarding experience that inspires them to be the best they can be.



# Our Values

In 2023, we made the decision to update our values which had been associated with the hospice for almost 30 years. We wanted our new values to drive our organisational culture, letting people know what is important to us and how they can expect us to operate. It is important that our values represent the wide range of people impacted by our activities, so we engaged with our workforce, external partners, patients and those important to them, customers and donors at our retail hub, and supporters of our fundraising events. Using their feedback, we are proud to introduce our new values and behaviours, which were approved by the Board in January 2024.



## AMBITION

We **aim high** and look for ways to **improve** ourselves, our services, reach more people and play a leading role.

We set high standards for ourselves and the services we provide.

We seek every opportunity to learn: from our successes and our mistakes.

We take a flexible and creative approach when seeking opportunities and solutions.



## COLLABORATION

We are **inclusive** and work in **partnership** with others to achieve shared goals and get the best outcome possible.

We value diversity in its broadest sense and take meaningful action to create an inclusive environment.

We seek out and nurture partnerships so we can achieve more together.

We are welcoming and friendly.



## COMPASSION

We are **caring** and treat everyone with **kindness** and **respect**.

We show empathy and consideration towards others.

We are genuinely caring and respectful in our interactions with others.

We are generous with our time and attention, and value the people around us.



## INTEGRITY

We are **honest**, communicate clearly and **openly**, and take **responsibility**.

We are open and honest with ourselves and others.

We are trustworthy and reliable and deliver on our promises.

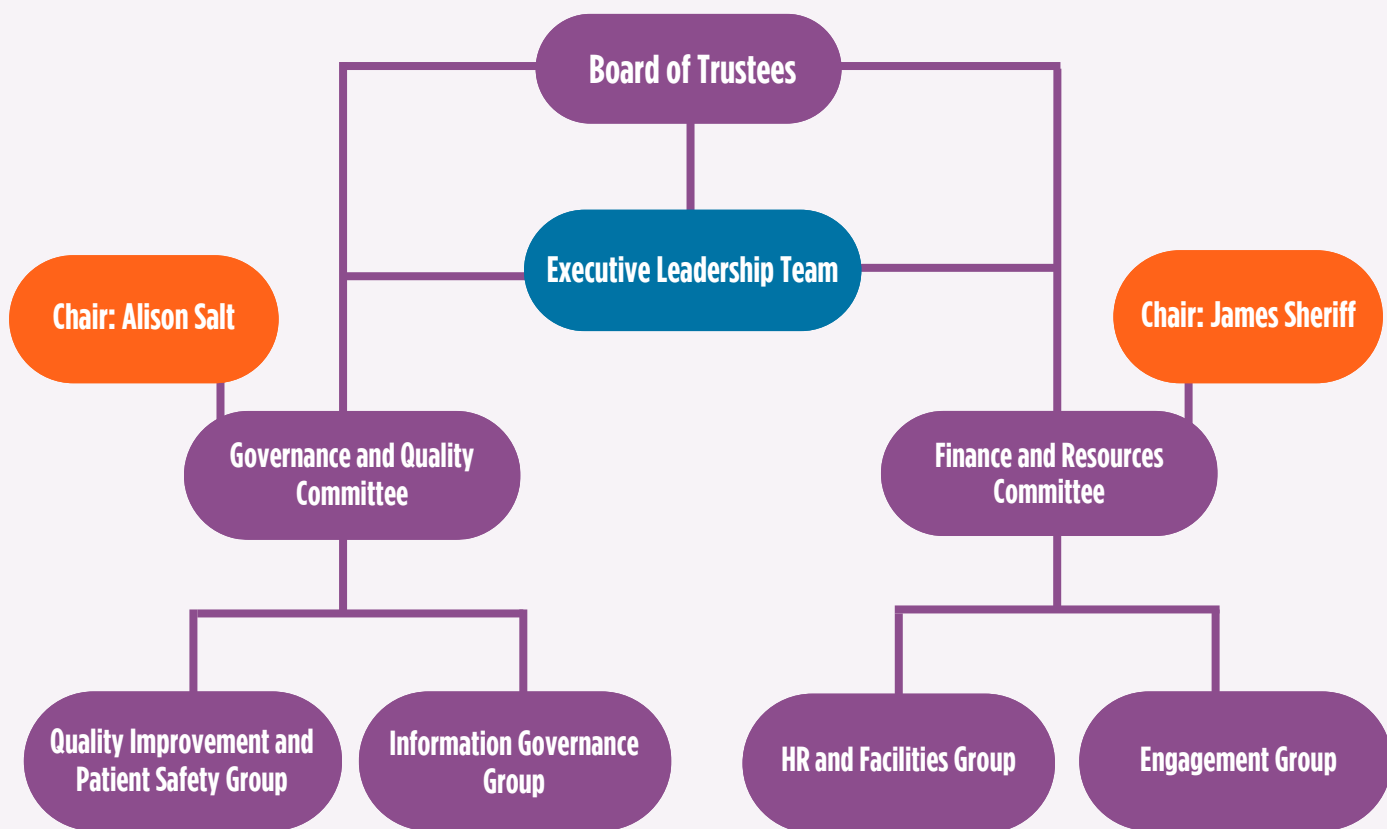
We are professional and take our responsibilities seriously.

## Our Committees

The hospice has two Board sub-committees, each with two clearly defined governance groups reporting into them, establishing formal and efficient escalation routes to the Board. Each sub-committee is chaired by a trustee with expertise in the relevant area, and membership is made up of trustees and members of the hospice's Executive Leadership Team.

The Finance and Resources Committee oversees the strategic delivery of the hospice's financial, income generation, human resources, organisational development and facilities aspects of the hospice's activities.

The Governance and Quality Committee oversees the delivery of the hospice's objectives relating to the quality, effectiveness and safety of the clinical services it provides.



## Our Services: An Overview

**At Barnsley Hospice, we understand the importance of providing specialist palliative and end of life care that are tailored to the individual. We take a person-centred approach to help people live as well as possible and do the things that are important to them. This means providing care and support that considers the whole person - not just their physical needs.**

Throughout 2023/24, we supported 496 people living with life-limiting illnesses and their families and friends. This includes people who accessed care and support through our Inpatient Unit, Counselling and Bereavement service, The Orangery (wellbeing service) and medical outpatients.

We supported **496**  
people in 2023/24.



### Many people do not realise the range of services we provide. These include:



#### **Inpatient Unit**

24-hour specialist care delivered by our multidisciplinary team on a 10-bedded unit



#### **The Orangery**

Support and wellbeing service, providing complementary therapy and facilitating a range of wellbeing groups for inpatient and outpatients



#### **Social Work**

Specialist support for those living with a life-limiting illness and the people close to them



#### **Physiotherapy**

Support to manage symptoms and improve mobility, facilitated by our specialist palliative care physiotherapist



#### **Spiritual Support**

Providing the option to access the spiritual care and support that is right for you



#### **Counselling and Bereavement Support**

A safe and supportive environment for people living with a life-limiting illness, and their families and friends, to explore their feelings



#### **Medical Outpatient**

Expert care delivered by our specialist consultants, both from the hospice and in the community and in people's homes



#### **Pall Call**

A free helpline for people in Barnsley living with a life-limiting illness and their loved ones to access 24/7 specialist advice



#### **Care in Hospitals**

Supporting local hospital services to provide specialist care for people with palliative and end of life care needs



## Inpatient Unit

Our ten bedded Inpatient Unit provides outstanding care for people living with a progressive, life-limiting illness who are finding it difficult to get their symptoms under control. We also provide end of life care for people in the last days and weeks of life.

We can help with all aspects of symptom management, offering physical, psychological, emotional and social support. We treat each person in our care with dignity and respect, and our multidisciplinary team works hard to provide the best possible care, 24 hours a day, 7 days a week.

The average IPU occupancy rate was

**90%** in 2023/24



**100%** of patients who responded to our questionnaire would recommend Barnsley Hospice to their family/friends



“Simply cannot improve anything, all staff go above and beyond to do anything they can to make the stay as comfortable as possible.”

**Feedback from a Hospice Service User**

## The Orangery

The Orangery is our support and wellbeing service. Complementary therapies such as reflexology, aromatherapy, massage and guided visualisation are provided by qualified therapists.

We also offer support programmes for patients and their carers, designed to provide tools for people to manage symptoms such as pain, anxiety and fatigue.

**2328**

contact activities were carried out in The Orangery in 2023/24



## Counselling Service

Our counselling service supports people living with a progressive life-limiting illness, who have specialist palliative care needs, and those close to them. Our counsellors help people to explore difficult feelings and emotions relating to their own or a loved one's illness. This may be at any stage of the patient's palliative care journey.

## Physiotherapy

Our specialist palliative care physiotherapist helps people living with life-limiting illnesses improve their mobility and manage their symptoms. They work with people accessing our care to find out what is important to them, helping them to develop a plan to meet their individual needs and goals. Physiotherapy can be accessed by people using services in The Orangery or those receiving care on our Inpatient Unit.

## Medical Outpatients

Our specialist consultants offer outpatient support for people living with a life-limiting illness. Appointments are conducted from the hospice and out in the community, including in people's homes.

## Pall Call

We provide a free 24/7 helpline for people in Barnsley living with a life-limiting illness, and the people close to them, to seek specialist advice.

## Bereavement Support Service

Our hospice counsellors are specialists in providing bereavement counselling and support for those experiencing grief after someone dies from a life-limiting progressive illness. This support is provided face-to-face or via telephone. They provide both pre- and post-bereavement support, and this can be especially important for children. The team is experienced in helping children aged 5 to 18 years of age. Our counselling suite provides a safe and confidential space for patients and families to discuss the psychological impact their illness is having on them.

## Social Work

A palliative care social worker is based on our Inpatient Unit three days a week. They work with patients and the people closest to them to understand their needs, providing advice and guidance on wider support available through other channels. They also play an important part in our discharge process, helping to ensure the relevant practical support is in place when someone returns home.

## Spiritual Support

The South Yorkshire Chaplaincy and Listening Service offers regular spiritual support for people accessing our services, and the people close to them. We also have a network of local faith leaders that we can contact upon request.



**404**

social worker support activities were undertaken in 2023/2024



**539**

physiotherapy support activities were undertaken in 2023/2024

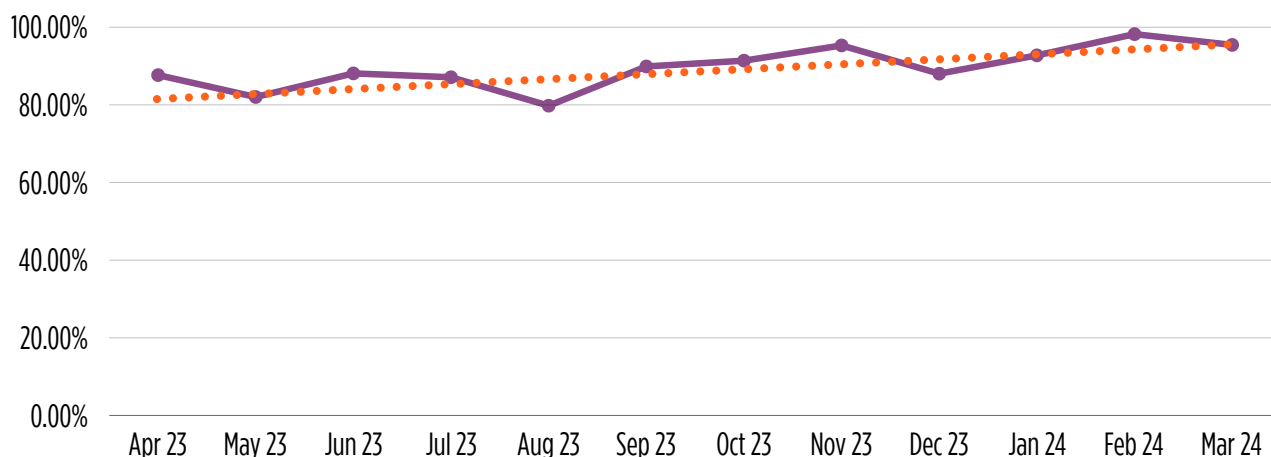


**229**

new patients supported by our counselling team in 2023/24

## Our Activity

The average Inpatient Unit occupancy rate (based on 10 available beds) was 90% during 2023/24.



### Number of people who used our services in 2023/24

496 people used our clinical services in 2023/24.

	Inpatient Unit	Counselling	Orangery	Medical Outpatients
New patients	143	229	181	36
Continuing patients	10	32	68	12
Re-referred patients	4	15	1	5
<b>Total patients*</b>	<b>157</b>	<b>276</b>	<b>250</b>	<b>53</b>

\*Some patients used more than one service.

Inpatient Unit (IPU) patients, and where appropriate those that are close to them, can access additional services such as physiotherapy, complementary therapy and social worker support whilst they are on our Inpatient Unit. These form part of the holistic package of care offered.

Additional Services on our IPU	Q1	Q2	Q3	Q4	Total
Number of social worker support activities carried out	112	100	111	81	404
Number of social worker activities that were for patients	101	76	77	53	307
Number of social worker support activities that were for carers/family members	11	24	34	28	97
Number of physiotherapy support activities carried out on IPU	131	116	111	181	539
Number of complementary therapy activities carried out on IPU	117	82	85	148	432

Counselling Team	Q1	Q2	Q3	Q4	Total
Number of contact activities carried out	305	369	204	238	1116
Number of activities provided at the hospice	186	189	133	160	668
Number of activities provided remotely	119	180	71	78	448

The Orangery	Q1	Q2	Q3	Q4	Total
Number of contact activities carried out	474	603	562	689	2328
Number of activities provided at the hospice	374	437	474	615	1900
Number of activities provided remotely	100	166	88	74	428

## Our Funding

Barnsley Hospice provides services free of charge to patients, families, friends and carers. The hospice's total running costs for 2023/24 were £4.59M.

The majority of these costs continue to be funded through the generous support of our local community and local businesses in the form of donations, legacies, grants, gifts in kind, numerous fundraising activities and our Retail Hub at Dodworth.

We receive a grant from the NHS each year which amounted to £1.87M in 2023/24. All of the financial support we receive from the NHS is spent directly on patient services.

The current gap between our income and expenditure is a concern as we are reliant upon reserves to sustain operations. Consequently, we are seeking every opportunity to generate income and reduce expenditure.

## What Others Say About Us

### Care Quality Commission

Barnsley Hospice is required to register with the Care Quality Commission. We were last inspected by the Care Quality Commission in November 2022 to assess compliance with the legal requirements and regulations under the Health and Social Care Act 2008.

They rated Barnsley Hospice care as 'Outstanding' overall, the highest grading that the CQC awards. The hospice was rated "Outstanding" in the following three key lines of enquiry:

- Safety
- Caring
- Well Led

The hospice was also given a rating of 'Good' in the remaining two key lines of enquiry:

- Responsive
- Effective

Inspectors stated that 'all staff were committed to continually learning and improving services'.

# Experience Feedback

Barnsley Hospice welcomes all types of feedback from those who use its services and their loved ones about their experience. This feedback is important because it helps us to improve the services we provide across the hospice and understand population-based needs, including aspects of cultural diversity and 'hard to find' groups.

The hospice has a range of feedback resources which are used to capture service user experience:

- Complaints and concerns (both written and verbal)
- Compliments (both written and verbal)
- Social media comments
- Inpatient Unit patient questionnaire
- Counselling Service questionnaire
- Orangery Service feedback survey
- Association for Palliative Medicine's FAMCARE Survey

Any complaints and concerns are managed in line with the hospice's Compliments, Concerns & Complaints Policy.

All feedback is collated and analysed for themes with the outcome reported regularly to our Governance and Quality Committee. This feedback is reviewed alongside patient safety data to help identify any emerging areas of concern.

In 2023/24, our Governance and Quality Team continued to make substantial improvements to the way our patients, service users and members of the public can provide feedback. All of the service user feedback surveys for our clinical services have been updated to gather more meaningful data about our patients and service users' experiences and to capture equality monitoring data.

## Compliments

527 compliments were received about the hospice's activities. Common themes in the compliments were:

### People using The Orangery feel supported

"How diverse the hospice services are and responsive to a range of needs. Lovely, friendly, positive, welcoming group. Engaged and responsive to what we had brought to talk about."

"What a lovely relaxed environment – was apprehensive but felt very welcome and included – thank you"

### Service provided by our Catering Team

"Always do fantastic food, was lovely when my Dad was in the hospice."

"During her chemo my Mum went off meat as her tastes had changed but after a few days in the hospice I walked into her room to find her tucking into her tea. I asked what it was and she replied 'pork steak and its bloody lovely!'"

### The benefits of our Counselling Service

"The counsellor was respectful and considerate, she guided me through my grieving process. I don't think I could have gotten any better without her help."

"I was grateful to have the confidence to explore my emotions with the guidance of my counsellor, in a safe and friendly environment. It gave me the courage I needed to admit that I was receiving help."

## Complaints and Concerns

In 2023/24, the hospice received:

- 1 formal complaint relating to patient care that was fully investigated and responded to within the timeframe required by our Compliments, Concerns & Complaints Policy.
- 1 informal complaint relating to patient care was also received that was resolved within 24 hours.
- 2 concerns regarding our clinical services that were acknowledged and responded to promptly.

## Inpatient Unit Patient Questionnaire

100% of patients who responded would recommend Barnsley Hospice to their family/friends.

## FAMCARE Survey

The hospice also takes part in a national survey undertaken by the Association for Palliative Medicine that is issued to recently bereaved relatives or their designated main carer 4-6 weeks after the death of their loved one. The results for Barnsley Hospice showed that all respondents were either very satisfied or satisfied with the care their loved ones received at the hospice with no negative comments. Additional comments provided:

“The Barnsley Hospice Team were very good. My brother had better care in the last 6 days of his life than at any other time since his cancer was diagnosed.”

“To entering the Hospice to when XXX passed, we were treated with respect, care and professionalism and unbelievable attention to detail.”

## Public Engagement

The local community has been at the heart of the hospice since the very beginning and continues to play a vital role in supporting our services to this day. With this in mind, it is essential that we establish and maintain good relationships with the people we support, the partners we work with and the members of our community who do everything they can to generate income for the hospice. Communicating with people throughout the borough and further afield continues to be a priority for the hospice. As well as sharing information about the services we provide and dispelling common myths around hospice care, it is important that we continue to highlight the need for financially sustainable funding throughout the hospice sector in the UK and raise awareness of the importance of public support.

We connect with our key audiences in a range of ways, using different channels to connect with different people. Our hospice and retail hub social media accounts allow us to connect with over 22,000 followers across the channels. Our hospice website has grown throughout this period, with almost 30 additional news items shared on the website alongside the existing information pages to keep people informed. We had over 56,000 users visit the website, leading to a total of over 135,000 page views.

In May 2023, we ran a volunteer recruitment campaign, which was aimed at promoting volunteer opportunities throughout the organisation. As part of the campaign, we visited local libraries to reach new audiences. Throughout the year, we also engaged in national campaigns such as Dying Matters Awareness Week and Hospice Care Week, delivering key messages about palliative and end of life care. During Hospice Care Week, a communications pack was shared with partner organisations to amplify our messages and two electronic billboards displayed important facts about the hospice throughout the week.

As part of our Equality, Diversity and Inclusion (EDI) Working Group, we have taken steps to ensure all areas of our activities are as inclusive and accessible as possible. In July 2023, we rebranded our hospice logo to make it easier to read and reflected these changes in the design of our website. In January 2024, we held our first local Faith Leader meeting to work with different communities and ensure our services meet the needs of our local area. Moving forward, these meetings will be held quarterly.

We advertise our fundraising and retail events in local news publications and regularly keep our partners up to date to support each other's activities.

## Staff Update

Our second staff and volunteer away days in September 2023 were used to develop a new set of values and associated behaviours. We also engaged with external partners, including patients and those important to them, customers and donors at our retail hub, supporters of fundraising events and other people and organisations that are impacted by our activities. The new set of values and behaviours were approved by our Board of Trustees in January 2024.

In support of the strategic priorities and the development of the new values, we commissioned a cultural assessment to understand any potential barriers to implementing these and developed an action plan on the back of this.

As part of the implementation of our volunteer strategy in 2023-24, we increased the number of volunteers and the types of roles that we have available for volunteers. The new roles include IPU Ward Assistants, Wellbeing Support Volunteers, and Befrienders. We also reviewed all our volunteer role profiles to ensure we were clear on the expectations. To further support the implementation of our volunteer strategy we have agreed to recruit a Volunteer Coordinator, who will start in 2024-25.

We engaged with teams and leaders to further develop the format of the staff forum to ensure that all teams are represented. As part of this, we have developed a terms of reference to provide increased autonomy to the new staff forum. The staff forum representatives are also adopting the role of Freedom to Speak Up Champions. Further training will be provided to the staff forum representatives in 2024-25.

Through local partnerships, we have increased our health and wellbeing offer for staff and volunteers, including the provision of a financial support helpline, and a helpline dedicated to menopause support.

In order to provide individuals with career pathways, we implemented a number of developmental roles on our Inpatient Unit, including Trainee Nursing Associates, Nursing Associates, and three Inpatient Unit Sisters/Nurses in Charge.

## Equality Diversity and Inclusion (EDI) Activities

In 2022, we set up an EDI working group to help us on our journey to become an inclusive employer and provider of care and other services. The group, made up of staff and Trustees, initially focused on identifying where we were falling short in relation to EDI and implementing some 'quick-wins' where possible. Since then, the group has delivered a number of improvements, including a calendar of awareness campaigns supporting different religious and cultural celebrations, initiated a corporate re-brand to improve the accessibility of our website and logo, a welcome sign in multiple languages, attendance at the Barnsley Pride event, and sending out a diversity questionnaire to all our staff and volunteers to better understand the diversity of all our people.

In April 2023, we launched our organisational three-year Strategic Objectives and our strategic priorities for 2023-2024. Equality, diversity and inclusion were identified as a strategic priority for our workforce (staff and volunteers), as well as for the people of Barnsley ensuring that our services were accessible for all communities.

In January 2024, we launched a new set of values and behaviours. We engaged with all of #TeamHospice, as well as our patients, supporters and other people and organisations who are impacted by our work. Our values are Ambition, Collaboration, Compassion and Integrity, and these are supported by a set of behaviours that describe how our values can be demonstrated by all our colleagues.

In January 2024, we had our first quarterly Faith Leaders meeting, where we invited all local faith leaders to the hospice to develop closer working relationships and to engage them in helping us to ensure that our services and facilities were welcoming and inclusive for all faiths and belief systems.

In January 2024, the EDI Working Group started to develop a three-year EDI strategy to further progress the work that had been done so far. The new strategy was approved by the Board of Trustees in May 2024.

As part of our induction process, all staff are required to undertake Equality, Diversity and Human Rights training, as well as the Oliver McGowan Mandatory Training on Learning Disability and Autism. Staff are required to refresh their knowledge every three years.

# Quality Improvement

The following quality improvement priorities were identified for 2023/24:

## Quality Priority 1 - Experience feedback and engagement

### What we planned to do

Co-production of services and facilities with our service users through the development of a toolkit to understand "What matters to you as a patient? ".

Transfer paper patient questionnaires to a digital format.

### Progress in 2023/24

We met with our local Healthwatch team on 07/12/23 to explore the potential for co-production work. Healthwatch is now attending the hospice on a quarterly basis to collect patient-quality information from patients and their loved ones. The feedback will inform any developments for our services.

Quality and Safety walkrounds have commenced. Participants are made up of members of our Executive Leadership Team, a staff member and a Trustee to provide independent scrutiny.

An end of life focus group was facilitated at the hospice with South Yorkshire Integrated Care Board to understand what matters to patients and loved ones in Barnsley Place concerning end of life care experiences at the hospice and in the community.

The format of the experience feedback questionnaires for our clinical services has been aligned to improve the quality of the data that we collect and to ensure that they are in easy read format.

### Going Forward

We will source a platform to enable us to gather experience feedback in a digital format.

A colleague from South Yorkshire Integrated Care Board will be attending future quality walkrounds to provide independent scrutiny.

We will develop an internal co-production framework aligned to our core values.





## **Quality Priority 2 - Provide a leadership role beyond our organisational boundaries in the development of innovative and outstanding palliative and end of life care research and education and its application to practice.**

### **What we planned to do**

Develop a formal plan including a definition of centre of excellence and key milestones and outputs.

Continue to build on new and developing relationships with local colleges and universities.

Co-design with University of Sheffield an end of life care conference in 2024 and delivery of post-registration palliative care training from the hospice.

Identify key personnel within professional and national bodies and commence relationship building.

Review capacity and roles of our current medical team.

Embed a continuous improvement methodology (Plan Do Study Act (PDSA)) across our clinical teams.

### **Progress in 2023/24**

The hospice agreed to a specific strategic objective in relation to leadership. We are acknowledged as a centre of excellence for specialist palliative and end of life care: We will provide a leadership role beyond our organisational boundaries in the development of innovative and outstanding palliative and end of life care research and education and its application to practice.

We have also made links with the University of Leeds to provide counselling student placements. Our Inpatient Unit Ward Sister and Quality Matron have made links with Sheffield Hallam University and have taught on the Paramedic Science BSc (Hons) degree programme in relation to end of life care. Student nurses and Trainee Nursing Associates from local universities are now completing placements at the hospice.

We have reached out to Sheffield universities to discuss holding a palliative care conference and are currently waiting for their responses to our proposal.

Barnsley Hospice is now a partner of the Barnsley Dementia Alliance and has received funding for advance care planning programme for 12 months.

Our Director of Nursing and Allied Health Professionals and Director of Human Resources and Organisational Development are now the regional leads for Executive Clinical/Human Resources Leads in Hospice and Palliative care for the Yorkshire and Humber region via Hospice UK. This should enable a strong voice nationally.

A member of staff with a research background has made links with Sheffield Teaching Hospitals NHS Foundation Trust's Nurse Consultant in paediatrics to develop a relationship in research. The staff member has also made links with research professionals to progress our transition work within the hospice and hopefully Barnsley Place.

Our counselling team has supported external partners with providing capacity to facilitate counselling for children which in turn reduces waiting times for counselling for younger people.

Within the current capacity of the medical team, we have continued to support palliative and end of life care education to trainee doctors at Barnsley Hospital NHS Foundation NHS Trust, core medical trainees and speciality trainees, mostly within the Barnsley District, and some trainees across the Yorkshire and Humber region.

Quarterly education sessions have been provided for Barnsley specialist palliative care teams led and facilitated by a hospice bank doctor.

The hospice's clinical staff have been providing education to clinical colleagues from local NHS Trusts. This initiative provides relevant education and peer support for SPC team members and supports teams working across organisational boundaries over the district.

The hospice had a comprehensive clinical audit and effectiveness programme in 2023/24 that uses the PDSA methodology. PDSA has been used for our Well Organised Ward project on our Inpatient Unit, and for the implementation of Biozoon therapy in our Inpatient Unit. This provides patients who are unable to eat or drink the opportunity to taste their favourite food or drink safely. We have submitted a poster abstract on the implementation of the therapy to the Hospice UK Conference 2024.

### **Going Forward**

We will seek grant funding to support our conference workstream and to increase our existing links to enable the conference to take place.

### Quality Priority 3 – Develop our performance, activity and quality objectives and measures

#### What we planned to do

Implement a new electronic patient record system, SystmOne from October 2023. This is an NHS England-approved system which is used by many healthcare providers across the country and provides access to the electronically shared records of other local care providers: GP, Hospital and Community records.

Work with those who use our services, those that are important to them and key health and social care partners to further develop, refine and record the measures of successful service delivery across all hospice activities.

#### Progress in 2023/24

SystmOne has been fully implemented across our clinical services from 01/10/2023 accompanied by a suite of dashboards across our clinical services to ensure data is captured and reported in an accessible format.

The data on our Quality and Patient Safety dashboard has been expanded to enable us to monitor and triangulate a wider range of activity and feedback data.

#### Going Forward

We will continue to develop the reporting functionality from SystmOne.

### Quality Priority 4 – Supporting better access to our services for underrepresented communities

#### What we planned to do

We will ensure we communicate a clear message about how the Hospice can support and provide the individual care people need with life-limiting illness. We have made links with community teams including; Alzheimer's Society, Barnsley Education and Support (BEST) and Barnsley Council to ensure the work of the hospice is shared amongst the community improving understanding of the support services we provide.

We have reviewed the patient information leaflets we provide to ensure the language we use is representative and culturally sensitive.

Our Dementia link nurse will facilitate training for care homes in 2023 focusing on Dementia and end of life care, this is to ensure our community colleagues have a good understanding of this important topic.

#### Progress in 2023/24

A map and gap analysis of service use has been completed. Work is ongoing with various local groups including a local GP forum, a practice nurse forum, and Dementia Alliance.

Strong established links with Barnsley Dementia Alliance including presenting at the Barnsley Dementia conference in 2024.

We have reviewed the patient information leaflets we provide to ensure the language we use is representative and culturally sensitive. Counselling, bereavement service and orangery leaflets have all been reviewed and redesigned to ensure the language we use is representative and culturally sensitive.

#### Going Forward

We are awaiting funding from the Dearne area council to provide complementary therapy services within the community to improve the accessibility of underrepresented groups.

Our Dementia link nurse will facilitate training for care homes in 2024 focusing on dementia and end of life care. This is to ensure our community colleagues have a good understanding of this important topic. Accredited level 1 and level 2 training is now in place, and links have been made with the care home quality team at Barnsley Metropolitan Borough Council to target the right homes that would benefit from this level of training.

## Quality Priority 5 – Developing and growing our workforce

### What we planned to do

We will support our clinical workforce to access accredited education programmes including degree and master level qualifications.

We will encourage our healthcare assistant workforce to seek new development opportunities including nursing associate programmes.

We will encourage our workforce to take part and lead in quality improvement programmes of work across the hospice.

Continue to support the well-being of our workforce with access to supervision, engagement opportunities, training and development opportunities.

### Progress in 2023/24

We now have a continuous programme in place for access to higher education. One nurse is currently completing a Masters degree in palliative and end of life care. Two further members of staff are due to start postgraduate courses in September 2024.

We have also developed a Healthcare Assistant (HCA) progression programme for our HCA workforce in conjunction with South Yorkshire hospices. This will enable HCAs to improve their knowledge and skills in end-of-life care and support their career progression. We have 2 HCAs going through this course presently.

We have provided the opportunity for one of our Healthcare Assistants to complete nursing associate training with the University of Sheffield.

We have nursing teams leading on quality improvement in the hospice which is specifically around: medicines safety, training and education competencies, nutrition and hydration (Biozoon) and the productive ward series.

Our counsellors and social work colleagues are funded to receive clinical supervision externally as per the requirements of their professional body.

Our doctors have delivered training on the ECHO programme to healthcare professionals across the Barnsley District and supported the development of additional skills for our specialist palliative care and clinical nurse specialist colleagues.

### Going Forward

Recent funding for our end-of-life discharge project will incorporate quality improvement work led by our Inpatient Unit Ward Sisters and Quality Matron.

A planned Performance and Improvement Standard Operating Procedure will include access to supervision for clinical staff across the hospice.



# Quality Priorities for 2024/2025

## Developing our workforce and supporting external partners to deliver outstanding end of life care

### How we identified this project

The need to support our workforce continues to be a hospice priority. By growing and enhancing our teams, we will continually improve the outstanding care provided to patients and their loved ones.

### What we plan to do?

We will continue to support the well-being of our workforce with access to supervision, engagement opportunities, training and development opportunities.

We will provide accredited level 1 dementia and end of life care training to local care homes to improve the knowledge and skills of care assistants.

We will provide accredited level 2 dementia and end of life care training to local care homes to improve the knowledge and skills of registered nurses and nursing associates.

We will scope the potential for hosting a palliative and end-of-life care conference in 2024/25 with our partners.

We will deliver quarterly education sessions for Barnsley specialist palliative care teams led and facilitated by a hospice doctor, and our clinical staff will continue to provide education to clinical nurse specialists and pharmacy colleagues from local NHS Trusts.

### What we expect the outcomes will be

Barnsley Hospice believes that access to education and training for our staff teams is essential to the ongoing success of providing outstanding care to our patients and their loved ones. Barnsley Hospice will deliver a programme of palliative and end of life care (EoLC) education and training for healthcare professionals both internally and externally, ensuring those who come into contact with death, loss and bereavement have the confidence and resources to deal with such sensitive issues.

We will understand what the palliative care education offer looks like across Barnsley.

Provide relevant education and peer support for specialist palliative care team members and support team working across organisational boundaries over the district.

## Going above and beyond outstanding care... improving services for all

### How we identified this project?

72-hour discharge project - Patient feedback informed us that patients were worried about being discharged home. Providing support from hospice staff following discharge would increase patients' and their carers' level of confidence that they could be cared for at home, reduce re-admissions, and increase access to others.

Transition programme - We want to support and increase opportunities for younger patients and their families who want to transition from children's hospices as part of us providing equal access to all.

### What we plan to do?

We will provide a 72-hour discharge support programme for patients who are discharged home at the end of life from our Inpatient Unit. This will support the wider healthcare teams in the community, prevent readmission and ensure patients and their loved ones are supported through the discharge transition.

In order to support and increase opportunities for younger patients and their families who want to transition from children's hospices, we will hold 3 family days within the Orangery service to enable young people and their families to experience our wellbeing services as part of our hospice offer.

We will improve our current family and loved ones' rest area by creating a space where they can relax, recharge and sleep at the hospice to enable them to be close to the patient at times when this is needed. The area will be co-designed based on families' experiences and ideas of what a family room should contain and feel like.

We will improve the variety of wellbeing activities for our patients to include creative writing and art therapy.

We will provide a dementia and advance care planning programme within our wellbeing services.

#### **What we expect the outcomes will be?**

We will strengthen and adapt our practice with discharge planning, aiming to reduce readmission rates and support families and carers.

Every patient post-discharge gets offered at least one visit for supportive care alongside routine community intervention.

A person-centred approach to care will be established by creating a room fit for purpose for patients' loved ones to use.

Better awareness and increased uptake of our wellbeing facilities for patients and their loved ones.

Enabling patients and their loved ones to look to the future and gain reassurance and coping mechanisms by introducing advanced care planning concepts within our wellbeing services.

### **Increasing access to underrepresented communities in the hospice**

#### **How we identified this project**

We looked at the data that we have about the people using our services and compared this with a range of other available information, such as the 2021 census by the Office for National Statistics, national information from Hospice UK and feedback from other local health and care organisations.

#### **What we plan to do?**

We will continue to identify opportunities to increase access to hospice care services for those who find it difficult due to a variety of reasons.

We will seek opportunities with partners to take our wellbeing services into the community which will improve access for underrepresented communities.

We will continue to be a partner of the Barnsley Dementia Alliance to increase the knowledge around palliative and end of life care for those living with dementia and their loved ones.

We will provide outreach opportunities for our staff to share the work of the hospice through attending other community group services.

#### **What we expect the outcomes will be**

Responding to the needs of the community and enacting change to improve health promotion, quality of life and outcomes for health, social and psychological care, which impact on wellbeing, financial affairs, socioeconomic status and welfare.

Creating better health outcomes, more opportunities, and narrowing the divide for our community.

Address the priorities of the local community and serves as our first outreach into the community.

## Continually seeking improvements in the care we deliver

### How we identified this project

We want to continually improve and provide the safest care to patients.

### What we plan to do?

We will upskill our staff in the best evidence-based care and commit to sourcing training related to our top 3 areas for patient safety improvement, falls, acquired pressure ulcers and medicines.

We will include falls prevention training in our moving and handling courses to provide practical training in the management and prevention of falls.

We will work with South West Yorkshire Partnership NHS Foundation Trust's Tissue Viability team to continue 2 yearly training in the management and prevention of pressure ulcers.

We will ensure all our registered nursing workforce have training and education in the management of controlled drugs.

We will review our care environment to maximise the comfort and aesthetic appearance of patient rooms and garden areas.

We will continue to learn from our patient's care and experiences through Mortality Review Meetings.

We will seek opportunities with local faith leaders to maximise the spiritual care offered to our patients and loved ones.

### What we expect the outcomes will be

Increase the knowledge and skills of our staff team in approaches to providing outstanding patient care.

Reduction in the number of acquired category 3 pressure ulcers at Barnsley Hospice in 2024/25.

The number of preventable inpatient falls at Barnsley Hospice in 2024/25 are minimised.

Reduction in the number of controlled drug patient administration incidents in 2024/25.

Enhance the patient and loved one experience of our care environment within Barnsley Hospice.



## Learning from Incidents

The hospice is committed to a learning culture in which staff and volunteers feel comfortable to raise concerns and report incidents.

All events that cause actual or potential harm or risk to patients are known as patient safety incidents. We use the web-based Vantage incident reporting and management system that enables staff to record incidents as soon as they are recognised. All incidents are reviewed each week by the Executive Leadership Team.

Numbers and trends in incidents are captured on the hospice's Quality and Patient Safety Dashboard along with narrative. This document enables incident data to be triangulated with other key quality and patient safety data such as experience feedback, mandatory training compliance rates and safeguarding alerts.

The Quality and Patient Safety Dashboard is presented to the hospice's Quality Improvement and Patient Safety Group which meets bi-monthly. The Dashboard is reviewed for any emerging trends and themes and to establish if these represent a risk to the hospice. Any identified risks will then be escalated to our bi-monthly Governance and Quality Committee via a Highlights and Escalation report for consideration for inclusion on the Hospice's Integrated Risk Register. The Governance and Quality Committee also receives the Dashboard at each meeting.

Learning from incidents is cascaded within the hospice by various means such as the Daily Huddles on the Inpatient Unit, monthly Leaders Briefings, staff newsletters, Team Meetings and presentations at the governance group meetings.

During 2023/24, 205 patient safety incidents were reported. The majority of these were either falls, pressure ulcers and medicines. 95% of our patient safety incidents were classified as causing no harm or low harm. The combination of a high level of incident reporting and low levels of harm is well recognised as being indicative of a positive safety reporting culture within a healthcare setting.

We had 5 moderate harm-acquired pressure ulcers and 1 severe harm fall incident that were all reported to the South Yorkshire Integrated Care Board (Barnsley Place) and the CQC as serious incidents in line with our Incident Management Policy. The patient fall was also reported to the Charity Commission in line with their reporting requirements. No further actions were requested by any of the regulatory agencies.

## Duty of Candour

Barnsley Hospice promotes a culture that encourages openness and honesty at all levels of the organisation. We recognise that the promotion of a culture of openness and transparency is essential to improving and maintaining patient safety.

Statutory duty of candour is a legal duty to be open and honest with patients and their families when mistakes in care have led to significant harm. It applies to all health and social care organisations registered with the regulator, the CQC. Our Duty of Candour Policy provides guidance to clinical staff about the principles of being open and duty of candour, and sets out the processes to be followed to support openness with patients and their families following a serious safety incident.

Statutory professional duty of candour was implemented for all our serious incidents in 2023/24 in line with the regulatory requirements.

95%

of our patient safety incidents were classified as causing no harm or low harm.



## Examples of Learning from Incidents in 2023/24 and Actions Taken

- To help prevent incidents relating to controlled drugs, a controlled drugs competency package has been developed for all staff nurses, complemented with training. All new starters have been required to complete the competency training as part of their induction. Staff nurses will complete it when their medicines competency training is due for renewal.
- Storage arrangements for controlled drugs have been improved so that higher strength injections of controlled drugs are now separated from lower strength injections of the same drug in the controlled drugs cupboard. Also, the shelves have been labelled to assist staff when they replace stock-controlled drugs.
- A delayed dose incident in April 2023 occurred due to a lack of knowledge about a generic drug and its brand name. A list of antibiotics stocked at the hospice is now in the clinic room. This shows both the generic and brand names of the medicines. No further incidents of this nature have occurred since April 2023.
- The format of our medicines administration sheet for discharge has been amended to make it clearer for users and no further incidents have occurred which relate to the use of the document.
- Learning from a serious fall identified that the Inpatient Unit Standard Operating Procedure should be updated in relation to the expectations for nursing assessment and care plan completion and review.
- Specific learning identified from a review of individual pressure ulcer incidents was to initiate discussions about pressure care with patients early in their stay and to give the patient and/or their carer an information leaflet on the importance of pressure area care. In some instances, patients (with mental capacity) did not follow pressure area care advice from nursing staff, so in future, when this occurs staff will offer a review by both nursing and medical staff together.
- A new syringe driver standard operating procedure was issued in June 2023.

## Clinical Audit

Clinical audits take place within Barnsley Hospice throughout the year as part of our ongoing monitoring of standards and quality. Topics for audits are identified from a range of sources, for example:

- Potential clinical risk issues such as an increase in a particular type of incident or from patient and service user feedback.
- Compliance with regulatory requirements.
- Compliance with national guidelines.
- Assurance needed that an existing or new hospice policy or procedure is embedded.

Our clinical audit and effectiveness activity is overseen by our Quality Improvement and Patient Safety Group. The Group discusses the outcomes of audits and service evaluations and tracks the progress of actions that arise from them.

In 2023/24, 13 audits and service evaluations were completed. This represents an increase of 63% compared with 2022/23 when 8 projects were completed. The expansion of our clinical audit and effectiveness programme in 2023/24 has increased our knowledge and assurance about a wider range of topics than has previously been audited, and generated a wide range of quality improvements.



Clinical audits and service evaluations that took place during 2023/24 were:

Clinical Audit/ Service Evaluation	Audit Objective	Actions/ Improvements Implemented
Medicines - Syringe Drivers	To establish if prescription charts for syringe drivers have been properly completed.	The controls for cancelling syringe driver prescriptions have been strengthened.
Medicines -Controlled Drugs	Quarterly audit to establish if standards for controlled drugs are being adhered to.	Storage arrangements in the CD cupboard have been reviewed and improved.
Missed Critical Medicines Service Evaluation	Establish if new Meds Management Policy is being adhered to.	Staff will continue to use the missed doses flowchart to support the appropriate escalation of missed medication doses, support nursing staff with medicine management and ultimately improve patient care and safety.
Inpatient Unit Infection Prevention Control (IPC) Audit.	To gain a baseline of our IPC standards.	The audit showed improvement in compliance with IPC standards during 2023/24. There has also been a steady improvement in hand hygiene compliance. Increased education and training as well as monitoring has been completed as we aim for 100% compliance.  National Standards for Healthcare Cleanliness (2021) are being implemented at the hospice. These standards will increase our transparency in relation to IPC and ensure improvements are made where necessary.
Nursing Care Quality Indicators (Oral care, pressure ulcers, nutrition and hydration and falls).	To establish if appropriate assessments and care plans are in place and being completed as expected.	Importance of completing weekly reassessments for falls for patients on IPU has been reiterated to nursing staff.  Improved record keeping in relation to patient's weight records, in particular where it is not appropriate to weigh a patient.
NEWS2* tool implementation *National Early Warning*	To assess how well the staff on the IPU are continuing to use the NEWS2 and escalation forms ultimately promoting patient safety.	Refresher teaching provided to staff on completing the NEWS2 chart and using the escalation tool.
Mental Capacity Act (MCA)/ Deprivation of Liberty Safeguards (DoLS) Audit	To establish whether staff are complying with new MCA/DoLS Policy.	The hospice's MCA/DoLS Policy will be updated to include improved guidance for staff in a number of policy areas and provide clarity on whether volunteers require training on MCA/DoLS.

Complementary Therapy	To review Complementary Therapy activity against Control of Substances Hazardous to Health regulations.	Day Therapy Unit information updated. Eye wash bottles obtained. Details of first aiders in the Complementary Therapy Team are now displayed in the Orangery.
Patient Safety Incident Management – re audit	To establish if the recommendations of the previous Incident Management Audit are embedded in practice.	The hospice is adopting the NHS’s new Patient Safety Incident Response Framework (PSIRF). The new methodology will see us move to a more system-based learning approach to our patient safety incidents, and thematic analysis being used routinely to extract learning from “batches” of similar incidents. safety incidents, to ensure that it meets the needs of PSIRF.
Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) Forms	To establish if the new ReSPECT forms are being completed and used in line with ReSPECT SOP.	Generally, staff are completing the ReSPECT forms well. Staff have been reminded that when they clerk patients, they should make sure to ask if they have a legal proxy. A re-audit will take place in 6 months’ time to see if staff have become more familiar with using ReSPECT forms and have improved our practice.
Medicines Reconciliation Reaudit	To establish if issues identified in 2022/23 audit have been resolved.	The audit showed that the medicines reconciliation chart is a useful tool to track medication changes and guide future changes. The use of the chart appears now to be embedded in practice.
Patient Records	Assurance that new patient records system (SystemOne) is being used correctly.	Ward manager has communicated via huddle the importance of completing weekly reassessments of patients on IPU and when a deterioration is noted. Nurse assessments scheduled on SystemOne when they require updating. Point prevalence audit to be undertaken in 3 months to monitor weekly reassessments and ensure improvement. A reaudit will be undertaken in 12 months to ensure that the learning is embedded.
Physical symptoms using IPOS International Palliative care Outcome Scale (IPOS)	To capture the difference that healthcare makes for patients.	The results show that Barnsley Hospice is supporting patients with the management and targeting of not only the physical but also emotional symptoms included in the IPOS assessment.
Safeguarding	To gain assurance that we comply with Safeguarding Standards for Commissioners of Services.	The audit identified that the hospice is compliant with the safeguarding standards for commissioners of services that are revised standards following review of recommendations from Winterbourne investigation.

# Glossary

## Care Quality Commission

This is the independent regulator of health and social care in England. It regulates health and adult social care services provided by the NHS, local authorities, private companies or voluntary organisations [www.cqc.org.uk](http://www.cqc.org.uk).

## Clinical Audit

Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements.

## Controlled Drugs

Controlled drugs are drugs (medicines) that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful.

## COSHH

COSHH stands for Control of Substances Hazardous to Health. This is referring to the legal requirements that require us to adequately control exposure to materials in the workplace that cause ill health.

## Fit Testing

Fit testing is a means of checking that a face mask matches a person's facial features and seals adequately to their face. At Barnsley hospice we would use a Filtering Face Piece (FFP) 3 mask when an infected patient was having aerosol inducing procedures which may include non-invasive ventilation, tracheostomy suctioning. We would also use FFP3 masks if a patient had measles or Tuberculosis (TB) as per the national cleaning standards (2021).

## Freedom To Speak Up (FTSU)

The hospice encourages a positive and safe culture so that Team Hospice can feel they can speak up and their voices will be heard, and their suggestions acted upon.

## Multidisciplinary

A Multidisciplinary Team is a group of professionals from one or more clinical disciplines who together make decisions regarding recommended treatment of individual patients.

## National Early Warning Score (NEWS)

NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes.

## Palliative

Palliative Care is the treatment of symptoms where a cure is no longer considered an option, usually when the patient is coming towards the end of their life.

## Service Evaluation

Service evaluation is a way to measure current practice within a specific service. The results of the service evaluation help towards bringing about improvements.

## Strategic Objectives

An organisation's long-term plans.



## Contact Information

For further information about these Quality Account please contact the Chief Executive Officer at Barnsley Hospice via the following contact details:

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