

St Giles Hospice Care Quality Account

2023/24



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CEO statement

I am delighted to introduce St Giles Hospice's Quality Account for 2023-2024. 2023 marked the 40th anniversary of St Giles Hospice, which is a remarkable achievement and one that we are all very proud of. This special occasion was celebrated in a variety of ways by our wonderful volunteers and staff, across all our teams that make up #TeamStGiles.

In recognition of this landmark anniversary and the ongoing importance of St Giles Hospice to local people and our communities, our new three-year strategic plan commenced in April 2023. Our strategy sets out our priorities for the three-year period and is underpinned by our delivery plan. Our six priorities are:



**To provide
excellent care**



**To be
innovative**



**To grow
our income**



**To be
sustainable**



**To be an
outstanding team**



**To
communicate well**

The order of our priorities is purposeful. Front and centre of what we do is the quality of care and support we offer and provide to our patients and loved ones. We can only achieve this through our wonderful staff and volunteers who provide the care and support. We utilise our robust organisational governance to report and assure that quality is embedded throughout all that we do to our Board of Trustees.

We recognise that throughout our 40 year history, much has changed and evolved as a hospice, as well as in the world around us. To ensure that we remain for another 40 years and more, we now more than ever need to consider how we continue to provide outstanding palliative and end of life care in a sustainable way.

This is where our remaining four priorities particularly come to the fore. How we innovate will be vital in enabling and supporting both our front-line care teams and our income generation team. The use of digital technology will be at the forefront of our innovation, alongside our desire to develop and build our research capacity and capability.

CEO statement (continued)

A key component and priority to deliver this is our ability to grow our income. We continually review our approach according to the economic climate we are operating in. In the last year we have seen growth in our income from our retail stores, however this has been offset by reduced income from our fundraising activities. Alongside this we have a priority to be sustainable, which includes our plans for financial, governance, environmental and community development sustainability. In essence this priority captures our approach to ensuring we make informed decisions regarding our financial, environmental and community development responsibilities and commitments.

Importantly this all needs to be communicated well. Therefore, our sixth priority encapsulates our approach to communication and engagement internally and externally, to ensure clear and consistent messaging.

Our three-year strategic plan is intentionally ambitious. In 2023-2024 we commenced implementation and delivery of our priorities, with an emphasis on excellent care and an outstanding team. We have utilised feedback received through various channels from our staff and volunteers to shape and implement our plans. We are committed to ensuring that our strategic plans and priorities are shaped by our patients, families, staff and volunteers and continue to look for how we build and improve our engagement and involvement.

A lot has changed and been achieved in 2023-2024 and I want to recognise and thank all our volunteers, staff and supporters who have helped us achieve this. Without you, we would not be able to provide the outstanding care that our patients and their loved ones expect from us at St Giles.

Thank you,

Elinor
CEO



Statement of responsibilities

The directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the hospice’s performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review.
- The Quality Account has been prepared in accordance with Department of Health guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

30.6.24 Date  Chair

30.6.24 Date  Chief Executive Officer

Looking back: Priorities for improvement from 2023-2024

Clinical strategy implementation

What we did?

As a hospice, we are here to ease the physical, psychological, and emotional burden of living with a terminal illness. To achieve this, it is important that our clinical services are structured, developed and delivered in a way which is tailored to our local population. Our clinical strategy commenced in 2023-2024 to make sure we are working towards everyone getting the care they need. We have continued to monitor and review the clinical changes being implemented, by consulting and engaging with all clinical services to ensure that we are delivering the right care, via the right professionals, to the right patient, at the right time. We will continue to be responsive to internal and external feedback and to ensure that we place the patient at the forefront of every clinical decision.

We will continue to review all clinical services to ensure that we have services that deliver the highest quality of care to our patients, whilst also investing in our staff. We recognise that investing in our staff, teams and services will mean that our patients receiving the highest quality of care. We will ensure that services are safe, responsive and well led. This will strengthen our sustainability across St Giles Hospice.

What was the outcome?

Our strategy is supported by a Strategy and Assurance Committee who meet regularly to review progress and provide updates. We have implemented patient and carer feedback tool 'iWantGreatCare', which allows us to have access to timely feedback about our services. We plan to monitor patient outcomes using the Outcome Assessment and Complexity Collaborative (OACC) suite of measures with a focus being on improving quality of life.

Our ambition was to be more responsive and caring for our patients. We have achieved this by maintaining prompt referral and advice response times, a responsive community team, and high levels of occupancy across our inpatient bed base.

2023-2024 saw the development of accelerated discharge beds in collaboration with Staffordshire and Stoke-on-Trent Integrated Care Board. The purpose of these beds initially was to alleviate the increasing pressures on the NHS over the winter period and ensure that those patients approaching the end of their life were provided choice in place of death.



Looking back: Priorities for improvement from 2023-2024

Financial sustainability

What we did?

In today's rapidly changing world, St Giles Hospice faces a variety of challenges that have the ability to impact our financial stability and long-term success. We recognise these challenges and are tackling them with openness, transparency, accountability and strategic intent. 2023 marked our 40th anniversary of providing care to local people, and their loved ones, living with a terminal illness. We want to ensure that we are here for our community for the next 40 years and beyond.

St Giles is not unique, however, in facing major funding challenges ahead amid increasing demand for our services. According to Hospice UK's quarterly financial benchmarking survey, the UK hospice sector is faced with a collective estimated deficit of £77 million in the financial year 2023-2024.

As we now move into the second full year of our 2023-2026 strategic plan, our focus is turned to objective five – to be sustainable. As a hospice providing specialist palliative and end of life care to our patients and their families, only 17.7% of our planned 2024 annual running costs are supported by NHS funding. It is therefore essential we continue to diversify our funding sources whilst being intentional with the way in which we spend monies we receive from our healthcare partners, our committed donors, our fantastic supporters and the wider community we serve.

What was the outcome?

The way in which we deliver our services is continually evolving but our patients, and their loved ones, remain at the heart of every decision we make. The commitment by our team to provide excellent care remains visible for all to see, and we will ensure that excellent financial management supports this aim.



Looking back: Priorities for improvement from 2023-2024

People and organisational development

What we did?

Throughout 2023-2024 we undertook a series of engagement initiatives with our staff and volunteer workforce to ensure we are fostering a feedback culture. Much of the feedback received has been acted upon and communicated across our workforce with a 'you said, we did' approach, focussing on areas that our workforce has identified as being important to them such as:

- Pay and benefits
- Workplace wellbeing
- Learning and development
- Equality, diversity and inclusion
- Communications and engagement

We continue to place huge importance on the development of our organisation through our workforce under our strategic objective two - 'to be an outstanding team' and our ambition is an environment in which all of our volunteers and staff can thrive.

What was the outcome?

In support of our organisational aspirations a full review and audit of the HR lifecycle has been completed and a refreshed HR approach, with updated policies and procedures, has been implemented.



Priorities for improvement 2024-2025

Clinical services and quality

How was this identified as a priority?

The appointment of our new Director of Clinical Services has provided the opportunity to consider how we may evolve our clinical service provision, including the quality of care provided. This will ensure that St Giles is providing specialist palliative and end of life care tailored to the needs of our population.

What are we aiming to achieve?

Our aim is to ensure that we are providing high-quality clinical care and support to our patients, and their loved ones, that is delivered in an efficient and sustainable way. We know that the palliative and end of life care needs of our local population are ever-changing, and we want to ensure that our care is offered and provided equitably, reaching as many people who need our services as possible.

How will progress be monitored and reported?

We will implement a range of qualitative and quantitative indicators and measures that appropriately capture and enable us to demonstrate our impact against our aims.

How will we know what we have achieved?

We will be able to articulate and demonstrate through our indicators and measures how we are delivering high-quality care (safe, clinical effectiveness and patient experience) to our local population, across all our clinical services and the outcomes achieved.



Priorities for improvement 2024/2025

Financial sustainability

How was this identified as a priority?

Our three-year strategic plan for 2023-2026 includes the ambition to achieve a balanced financial position by the end of 2026.

What are we aiming to achieve?

The Board of Trustees and Executive Leadership Team have committed to developing and implementing a plan to address the current deficit position budgeted for 2024-2025 in year. This will enable us to commence year three of our strategy with a balanced budget position for 2025-2026.

How will progress be monitored and reported?

We have established a Transformation Programme to drive, monitor and report on the development of plans and subsequently the delivery of decisions taken. This is supported by a programme governance framework, which includes members from the Board of Trustees, our Executive Leadership Team and members of our Senior Management Team.

How will we know what we have achieved?

The financial impact of our decisions is being captured and monitored by our Finance Director who is responsible for reporting this information to our programme governance. The financial impact will subsequently be captured in our organisational accounts and financial reporting for 2024-2025.



Priorities for improvement 2024-2025

People and culture

How was this identified as a priority?

A deliverable within our strategic objective 'to be an outstanding team' is to foster a positive and thriving culture.

What are we aiming to achieve?

To implement 'Thrive', our people and organisational development programme. Thrive is a framework that was developed through feedback from our workforce survey and will support two-way communication, engagement and the continuous development of the following themes:

- Pay and benefits
- Learning and development
- Workplace wellbeing
- Equality, diversity and inclusion
- Communications and engagement

How will progress be monitored and reported?

Prior to launch this will be through our Transformation Programme. Once launched, we will seek feedback through the proposed staff forum, engagement surveys and pulse surveys.

How will we know what we have achieved?

We will review feedback gathered through the proposed staff forum, engagement surveys, and pulse surveys. These will supply both qualitative and quantitative measures of success and identify areas of continued improvement.



Review of services

Commissioned services

Throughout 2023-2024 we provided six services to the NHS. The services were as follows:

- **Multi-professional Community team including Medics, Allied Healthcare Professionals and Specialist Nurses**
- **Hospice at Home services including personal care and respite**
- **Specialist, palliative and end of life care on our Inpatient Unit.**
- **Advice and Referral Centre**
- **Lymphoedema Clinics**
- **Bereavement and psychological support**

The total value of services provided by the St Giles Hospice in 2023-24 was

£10,518,577

The hospice's Strategy and Delivery Governance Committee receives quarterly reports which enable them to review the quality of care provided by all our clinical services. The committee reviews:

- **Accidents, incidents or near misses**
- **Drug errors**
- **Patient falls**
- **Complaints or concerns**
- **Patient and family outcome measures**
- **Service developments**

The NHS statutory income, which contributes to our core charitable palliative care services, has remained static. Over **£4.5 million** of our funding was generated by our local community through fundraising and **£750,000** from the hospice's own subsidiary companies.

The Strategy and Delivery Governance Committee then provides quality assurance to the Board of Trustees.

Review of services

Research

St Giles Hospice has progressed in becoming research active over the past twelve months through several research activities in line with our strategic objectives. The appointment of a Professor of End of Life Care supports the hospice to build an enhanced research profile and formalise the collaboration between St Giles and University of Birmingham (UoB). Research Governance Committee meetings are held every three months, and a monthly Research Spotlight is circulated hospice-wide, containing a precis of key research papers, training, conferences and disseminating updates and outcomes of current research the hospice is involved in. We also have weekly research drop-in clinics which staff can attend for research support, advice and guidance.

A number of research studies we have been involved in over the year have now completed and we have disseminated results across the organisation. We have four studies ongoing and will continue to seek opportunities for our staff, patients and families to become involved.

The organisation has also been involved in developing evidence-based education through the accreditation of study days with UoB and by including research in mandatory training for clinical staff. The hospice has contributed to the design, development and delivery of a Midlands Online End of Life Education toolkit for staff, carers, volunteers and patients involvement, which will go live later in 2024.

Other research opportunities since November 2023 include papers submitted for journal publications, conference proceedings, abstract submissions, an editorial and expert commentary and contributing to Dying Matters Week in collaboration with Hospice UK.

5.3

Assurance for NHS commissioners in year

In 2023-2024 we worked closely with the five Integrated Care Boards we provide services for to discuss integration, partnership, and quality. We have continued to send the two principle Integrated Care Boards with which we hold contracts a quarterly quality report.

The reports cover key patient safety topics including the reporting, monitoring, prevention and management of:

- Falls
- Pressure ulcers
- Accidents
- Incidents and near misses
- Safeguarding (including where associated with deprivation of liberty and mental capacity)
- Infection control
- Medicines management
- Complaints
- Patient and family reported outcome measures

5.4

Clinical effectiveness

To ensure we continue to deliver the best high-quality care to our patients and their loved ones, we continually review and update our policies, standard operating procedures (SOPs) and guidance. Thus, ensuring nationally agreed improvements, recommendations and changes are incorporated into how we work. We also reference the Care Quality Commission (CQC) five Key Lines of Enquiry (KLOE) (safe, effective, caring, responsive and well-led) as a framework for the care and services we deliver.

Patient safety

6.1 Safeguarding

There were no safeguarding issues during 2023-2024 that required escalating or reporting to the CQC. Advice when required, was sourced from the local Councils Safeguarding Teams enquiry line. We continue to provide staff with annual training focussing on the Mental Capacity Act, Deprivation of Liberty and Safeguarding. Training and processes are being developed to support the implementation of the Liberty Protection Safeguards.

6.2 Duty of candour

St Giles understands the importance of duty of candour and, should an incident occur that requires a formal investigation, this will be completed.

There was one duty of candour incident in 2023-2024 following a patient fall. An RCA was completed, and discussions held with the patient and family who were satisfied with the outcome and had no further concerns. The incident was reported to the relevant bodies as required, without delay.

6.3 Prevention and management of infections

Annual mandatory infection prevention and control training is given to all our clinical staff along with tailored training for ward volunteers and housekeepers. We have a service level agreement with University Hospitals of Derby and Burton for pathology specimens and infection prevention and control advice. The Infection Prevention and Control Nurse is a member of the Infection Prevention Society and Hospice UK's Infection Prevention and Control Forum and networks regionally with other hospices to ensure we are up to date with best practice.

An audit programme is in place to ensure we maintain standards in complying with cleanliness and infection prevention recommendations. We use the National Infection Prevention and Control Manual for England as a basis for practice. Preventing, reducing and managing infections remains a priority for us, ensuring all relevant audits are completed and any outcomes actioned appropriately.

6.4 Medicines management

To ensure that the hospice can evidence safe working we continue to undertake regular medicines audits during the year including the Self-Assessment Audit for Controlled Drug Accountable Officer (CDAO). Our Medicines Management Committee meet every other month and act as the delegated body for approving recommendations in relation to medicines across St Giles Hospice. That committee is supported by our pharmacy colleagues from Walsall Manor Hospital.

Patient safety

6.5 Patient safety benchmarking

As with previous years, the hospice continues to compare its data concerning occupancy, falls, pressure ulcers and medication errors with other hospices both regionally and nationally. There were no variations that might give cause for concern identified this year. The hospice continues to take part in benchmarking meetings with Hospice UK. In total during 2023-2024, 287 patient safety incidents were reported, this includes falls, medication incidents and pressure ulcers.

In January 2023, the hospice introduced a new reporting system 'Vantage'. Any incidents reported are reviewed by a senior member of staff to ensure they have been correctly reported, the initial actions taken were appropriate and any learning outcomes are shared with relevant staff. In 2024-2025 we will be reviewing and updating the form to allow for better reporting and collection of information.

6.6 Tissue viability

With continued commitment to clinical effectiveness within the hospice, the Tissue Viability Lead Nurse (TVLN) has ensured recommendations from the NHS National Wound Care Strategy programme have continued to be implemented to improve care for people with wounds.

An education programme for 2024-2025 is being developed in line with recommendation for wound assessment, pressure ulcer care pathway and pressure ulcer categorisation.

We continue to monitor and audit effectiveness of care provided. All pressure ulcers are reviewed in line with policy by the TVLN to ensure everything possible has been done to support the patient.

Our TVLN has worked collaboratively with fellow Tissue Viability Specialist Nurses across the UK and the Wounds Group to develop a new best practice document - 'Fungating and malignant wounds: Management in practice'. The aim of the document is to facilitate evidence-based practice and improve care quality, as follows:

- To provide a clear definition of fungating and malignant wounds and their physiology
- To address the impact of these wounds on practice, plus the challenges this entails
- To provide guidance on assessing these wounds and their unique symptoms
- To advise on setting objectives for care, communicating with patients and carers, and managing expectations
- To provide management guidance for fungating and malignant wounds in practice
- To identify gaps and potential needs for the future

Our TVLN is a member of the Midlands Tissue Viability Nurses Association and the National Tissue Viability Nurses UK Association. They have provided teaching on palliative wound care at the Birmingham City University Tissue Viability (Professional Practice) - BSc (Hons) course.

Complaints

We have continued to work very hard to provide the highest standards of care to patients, and their loved ones. We believe any concerns or complaints are an opportunity for us to learn and improve and they are addressed positively and proactively. We ensure that any learning as a result of a concern or complaint raised is disseminated to the individuals and teams involved to embed a learning culture.

There were two formal clinical complaints during 2023-2024. The theme of these was regarding expectations of care and concerns around our discharge process. Of these, one complaint was upheld in part and one remains open.

Where patients or loved ones do not wish to make a formal complaint, but have concerns around any aspect of care or service delivery, these are acknowledged without delay. The concern is escalated to the relevant manager who will discuss with the person raising the issue, in order to address and resolve, wherever possible. Response to this approach has been positively received and has negated the need for escalation to a formal complaint. Learning and outcomes from these concerns are identified and shared with staff for learning and information.

All our clinical concerns and complaints are shared with Strategy and Delivery Governance Committee for assurance.



Other organisational developments

8.1 Family support team

The Family Support and Bereavement team continue to offer both individual and a family systems approach to providing support. The team is now fully integrated within the Inpatient Unit team and Community teams to deliver support and advice within our care settings.

Family support and bereavement is also part of our clinical strategy to evolve our family services, and ensure we are providing the right support and care, to the right people, at the right time.

8.2 Community services

In 2023-2024, our community services evolved to include the Advice and Referrals Centre (ARC), Advance Care Practitioners, Clinical Nurse Specialists and Hospice at Home Health Care Assistants delivering care across our local population. Other community services also included care home education including dementia, women's cancer support and wider primary care network cancer support.

We continue to work in close collaboration with other service providers within the community, including District Nurses and GPs - delivering care which enables our patients to have the best quality of life and achieve their preferred place of care and death.

8.3 Inpatient services

2023-2024 saw the development of accelerated discharge beds in collaboration with Staffordshire and Stoke-on-Trent Integrated Care Board. The purpose of these beds initially was to alleviate the increasing pressures on the NHS over the winter period and ensuring that those patients approaching the end of their life were provided choice in place of death. The success of the beds over the winter period resulted in the ICB requesting an extension into the new year.

We continue to work in partnership with primary and secondary care to enable broader access to beds for those patients with complex specialist palliative care needs. We strive to ensure a reactive and supportive approach to our referral processes, putting patient preference and choice at the centre. We continue to work towards our plan for delivering a clear clinical strategy for our inpatient care.

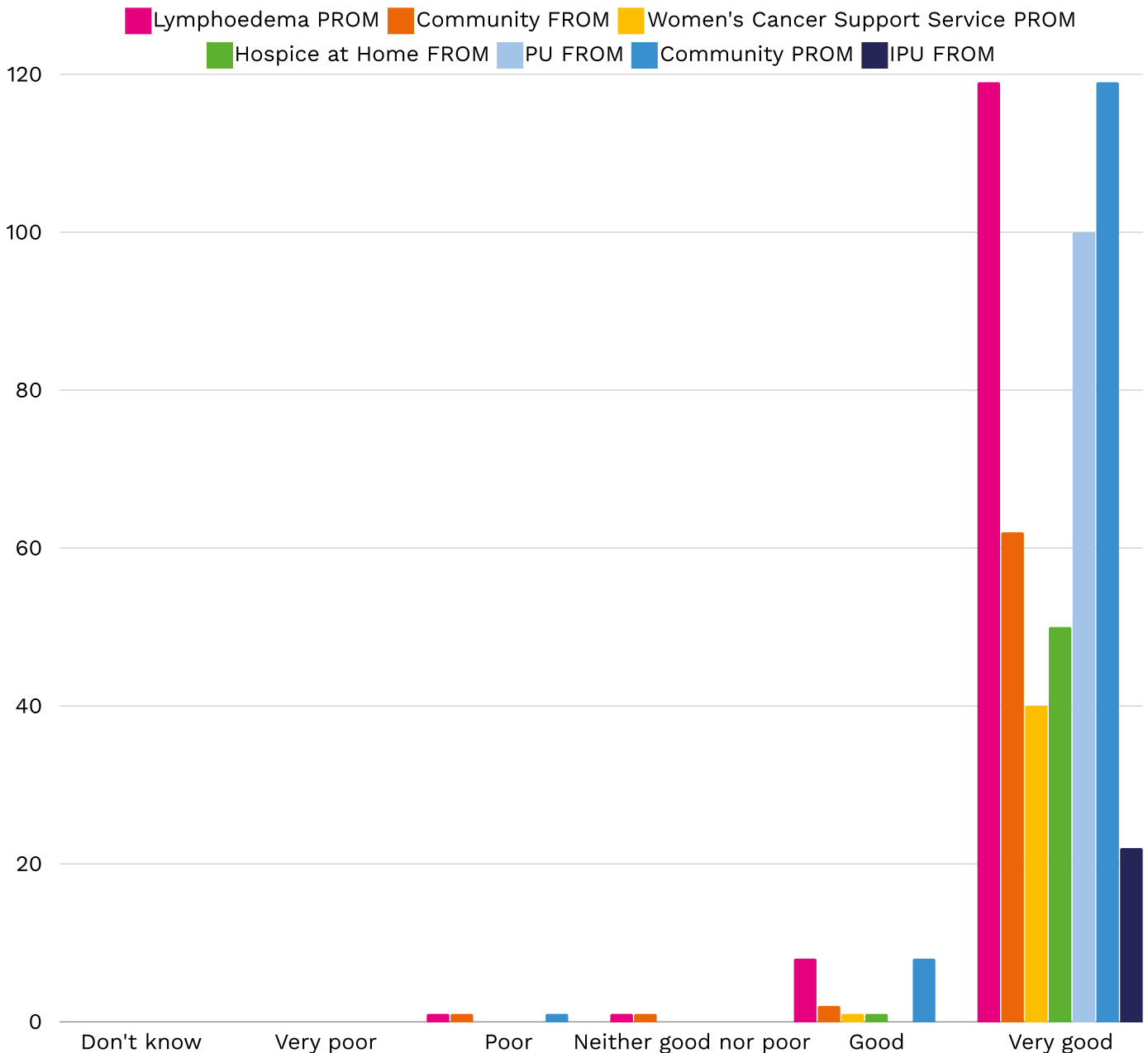
Further details of this strategy can be found on our website: [St Giles Strategy 2023-2026](#)

What patients say about our organisation

From January 2024 we moved from internal patient and carer feedback data collection to an external provider - 'iWantGreatCare', a leading independent platform that measures patient experience and outcomes.

The move was initiated to improve transparency and to ensure anyone who used our service was able to access the platform to leave 'real time' feedback.

To enable a transition from hard copy feedback to digital format, service users were provided with the option of printed questionnaires to complete alongside the iWantGreatCare website.



PROM – Patient Reported Outcome Measure FROM – Family Reported Outcome Measure
 PU FROM - Pressure Ulcer Family Reported Outcome Measures

What patients say about our St Giles

“Very good at listening and dealing with issues, very helpful and understanding, getting me through a difficult time. A response to request for help is always very quick.”

Community Services

“The service offered was a great help in allowing my husband, who is my only carer, the opportunity to go out knowing I was well looked after. The three carers were well chosen for their excellent people talking skills. They made me feel safe and were interested in me and my husband and one even massaged my feet which was a lovely treat!”

Hospice at Home – Respite Service

“The staff are always very welcoming and put you at ease, they are always happy to listen to you and explain everything very clearly to you. I also love that nine times out of ten you see the same person each time you visit.”

Lymphoedema Clinic

“The service was exceptional. All staff were supportive, caring and my husband was able, with their care, to stay at home where he wanted to be. No praise is high enough for this wonderful service, I am indebted to you.”

Hospice at Home

“All staff are kind and friendly, there is always a lovely welcome at reception and everyone is happy to help if you are unsure of where you need to go for workshops or treatment. Staff are empathetic and I have felt listened to and understood.”

Women’s Cancer Support Service

What patients say about St Giles - Inpatient Unit feedback

“We would like to thank you so much for taking care of my dear husband who came into your care. He spent his final day in your care and the care he received was so comforting.”

“We cannot thank you enough for the way you looked after our dad and us as a family. Your care, kindness and support were amazing and made dad feel safe in his last few days.”

“Everyone has been so helpful and caring towards my dear husband, to me and my family. You have all been wonderful and we appreciate all your efforts. At difficult times your work is vital and makes a huge difference.”

“Just to say thank you for the care given and shown to our father during his short stay with you. You all did a professional job of not only looking after our dad but with all of us who came to visit.”

“To the whole St Giles team. Following my wife’s diagnosis your team has been nothing short of exceptional. When the team came to our home they were always kind and considerate. When finally admitted she was cared for with love and her dignity was always at the front of any care. It was her wish to be able to finish her time with us, cared for by St Giles. Thank you from the bottom of my heart for the care of my beautiful wife when she needed it the most.”

“Your level of care and kindness to mum and to us was outstanding from every single member of staff we met. You allowed her to die with dignity and the respect she deserved.”

Data quality

We currently hold 2,126 active records for patients and family members receiving our support. Since the transfer of records to our new patient database (SystemOne) in 2021-2022, we have registered 9,011 records and 6,885 have been closed.

In 2023/2024 we offered support to the following people:

- 1,642 patients were supported at home – 1,251 of which were new patients
- 299 patients stayed in our Inpatient Unit at Whittington
- There were 2,402 attendances to our Lymphoedema Clinic
- 5,922 visits were made by our Hospice at Home team to people at home (includes 1,276 respite visits)
- 6,469 visits were made by our Community Nurse Specialists to people in their own home

Inpatient Unit - Whittington

There were 343 admissions - 274 Specialist, 39 CHC and 30 AHD (Dec – Mar):

- 27% Specialist admissions were discharged home or to a care home
- The average Specialist length of stay was 12.37 days
- The average CHC length of stay was 30.01 days
- The average AHD length of stay was 6.75 days (Dec – Mar)
- The average occupancy level was 86% - 88% Specialist, 84% CHC

Advice and Referral Centre

- Our Advice and Referral Centre handled 14,455 calls during 2023/2024

Referrals 2023/2024

We received a total of 3,634 referrals across our clinical departments:

- Advice and Referral Centre – 1,743 of which 1,192 were then triaged to Community Services
- Inpatient Unit (Specialist) - 480
- Hospice at Home - 602 (including 266 for Respite care)
- Lymphoedema Clinic – 809

Our participation in clinical audits

Planned audits	Outcome
Self-Assessment Audit for the Controlled Drug Accountable Officer (CDAO)	An audit was undertaken in March 2024 utilising the CQC Self-Assessment tool. The comprehensive tool looks at governance, obtaining and receiving, storage and access, prescribing, dispensing and supply, destruction, prescription stationery and reporting and learning. The outcome of the audit was an overall average compliance of 98% .
Health Records including Moving and Handling	Throughout the year we averaged 98% compliance with the results being fed back to the team highlighting both good practice and areas for improvement. Specific areas of inconsistent practice are regularly revisited by the senior team to support staff.
Infection Prevention and Control	<p>We audit against the Health and Social Care Act to provide evidence that the management of our service is compliant on the prevention and control of infections. Using a national tool from Hospice UK we evidenced 98%. We have continued to develop our Exemplar Ward Audit Programme. The areas we currently have audit tools for are:</p> <ol style="list-style-type: none"> 1. Are systems in place on the Inpatient Unit and in other areas of the hospice for infection control measures? 2. Prevention, listening and learning from feedback/complaints 3. Evidence that pain management has been explored and actioned <p>We are continuing to work on developing audit tools for:</p> <ol style="list-style-type: none"> 1. Tissue Viability 2. Nutrition* 3. Psychological/family support and bereavement 4. Spirituality <p>*To date, three nutrition audit tools have been developed and are currently in the process of being implemented in 2024/25.</p> <p>The audit tools are based around the key lines of enquiry developed by the CQC and will be reported back to staff using 'Staff Award for Sharing' based on bronze, silver and gold to support good practice and morale.</p>
Medicines Management	To ensure that the hospice can evidence safe working we continue to undertake four clinical audits during the year – Self-Assessment Audit for the Controlled Drug Accountable Officer (CDAO), Controlled Drugs, General Medicines and Medical Gases.
Tissue Viability	<p>Quarterly audits were carried out throughout the year, averaging 96% compliance. Results are fed back to the team highlighting good practice and areas for improvement. Specific areas of inconsistent practice are regularly revisited by the Lead Nurse for Tissue Viability to support staff.</p> <p>The audit tools are based on the NICE clinical guideline cg179 "Pressure ulcers: prevention and management 2014, NICE Quality Standard [QS89] – Pressure ulcers 2015, the European Pressure Ulcer Advisory Panel – "Prevention and Treatment of Pressure Ulcers/Injuries Clinical Practice Guideline" 2019 and EPR (OHID) – "Guidance Pressure Ulcers: Applying All Our Health" 2022. Additionally, the Lead Nurse for Tissue Viability carries out end of episode audits for each pressure ulcer treated on the Inpatient Unit to ensure continuity of treatment and care.</p>

Supporting staff with personal development

12.1 Workshops and study sessions for our volunteers and staff

We provide a wide range of training and learning opportunities for staff, including clinical training which enables patients to receive the highest quality of care provided by competent and confident staff. Some of the training the Education team offers includes safeguarding (HCAs and RNs), IDDSI, ReSPECT and advance care planning (ACP). We have a robust OSCE programme that sees our clinical staff undertake yearly updates around the most pertinent knowledge and skills to their work within our hospice.

12.2 Workshops and study sessions for external delegates

We have delivered a number of training sessions to external delegates; both face-to-face and online via webinar. Amongst these were palliative care study days, a nutrition study day and an advance care planning study day. We also facilitated a series of six palliative care essentials webinars which included topics such as verification of death, identifying the dying and syringe pumps.

In addition, we collaborated with Birmingham Hospice and Marie Curie to take part in another series of webinars delivered across the Birmingham and Solihull ICB where we shared our expertise in advance care planning, including more in depth information around lasting power of attorney and ReSPECT.



Supporting staff with personal development

Summer school

July 2023 saw the successful return of our summer school programme for students between the ages of 16-18 with an interest in pursuing a career in health and social care. After completion of an application form, supporting statement and an interview, we hosted 22 young people from our surrounding schools and colleges.

The week was a mixture of classroom based teaching, skills workshops on communication and team working, talks from a variety of health and social care professionals, clinical skills teaching and a placement with a department within our organisation. It concluded with presentations from the students about the time they spent with us where they shared their learning, not only with each other but also with many of our staff across the organisation.

A mixture of internal staff and external contacts delivered summer school sessions. This has been a wonderful bridge building exercise for professional relationships and community engagement. All facilitators commented on the enthusiasm of the students and many of them shared that they enjoyed being a part of the programme.

Facilitators from external organisations included:

- Acorns Children's Hospice
- Midlands Partnership Foundation Trust
- Staffordshire County Council
- Nexus Care
- West Midlands Ambulance Service
- Derbyshire Community Health Services Foundation NHS Trust
- University Hospitals Coventry and Warwickshire

At the end of the programme, time was spent with the students reflecting on their week and what they had learnt, including:

- The importance of holistic care and patient wishes.
- Key skills such as communication and empathy which they could use within their personal statements for university.
- A broader understanding of the importance of fundraising and marketing for charities.
- What the hospice is, who we care for, and what kind of professionals work here.

The group gained so much more than was written in a lesson plan, and in turn will take away positive messages about St Giles Hospice that they can share with their family and friends.

"Thank you for the time and knowledge that you have shared."

"I've learnt a lot about the role of a hospice and my perceptions have changed."

"Your patience and expertise are greatly appreciated."

"Loved it, thank you."

"A really valuable experience."

"The amount of careers we were told about was eye opening – there is so much more than doctors and nurses."

Supporting staff with personal development

Student nurses

We offer student nurse placements to a range of universities including Birmingham City University, Wolverhampton University, Staffordshire University and Derby University. We also offer placements to Trainee Nursing Associates, physiotherapy students, occupational therapy students, dietetics students and paramedic students. The medical students from The University of Birmingham also visit the hospice for experience and lecture days.

Feedback from students is always excellent and we receive a large number of requests for placements from health and social care professionals undertaking post-graduate study in order to further their understanding of hospice care.

“Your work is invaluable and it’s a privilege to learn more about it.”

“It has been a great experience.”

“Thank you for making this placement so amazing and enjoyable.”

“You are the kindest, most caring bunch of people I’ve worked with and I have loved this placement so much.”

“You are a lovely, lovely team and you all do an amazing job.”



Supporting staff and our community to have a voice within our organisation

Over the last couple of years, we have focussed on how we may improve our communication and engagement with our volunteers and staff. Examples of our regular communication include our monthly Hospice Brief which is delivered face-to-face or accessed remotely online and our weekly Hospice Round-Up which is communicated by email. More recently we have introduced a monthly Managers' Update. We actively encourage members of our teams to contribute, participate and feedback to these communication channels. They offer a platform to celebrate and share what we all deliver and contribute, as well as raise questions and concerns.

We reintroduced a workforce survey in summer 2022 and have followed this up with engagement sessions to ensure that we have accurately reflected views and opinions expressed to inform our priorities and actions. These have been invaluable in enabling us to bring trustees, staff and volunteers together and ensure there is an improved visibility and understanding of who our trustees are and what their role at the hospice is.

We recognise that whilst we have some good communication and engagement established, there is a lot more we can and want to do. Ensuring the voice of our volunteers, staff and community within our organisation is heard, is fundamental to the improvement of our services and organisational culture.

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Board commitment to quality

In 2023-2024 there has been a comprehensive review and strengthening of our organisational governance. As part of this review, we have implemented a revised board sub-committee structure as well as a new reporting format. We have created and appointed to a Head of Governance role to lead and advise our Chief Executive Officer and our Board on our governance agenda.

Our Strategy and Delivery Assurance Committee receives reports, assurance and risks associated with our quality agenda. Quality standards and indicators are reviewed and debated at this committee, which consists of members of our Board of Trustees and our Executive Leadership Team. The committee is chaired by one of our Trustees and the Trustee membership consists of individuals with prior senior clinical experience and knowledge. All actions and recommendations are captured in the minutes to be followed up at the next committee. The Chair of the committee then reports and appraises our Board of Trustees of the key points discussed at the committee.

Abbreviations and glossary

ACP	Advance Care Plan
AHD	Accelerated Hospital Discharge
ARC	Advice and Referrals Centre
CDAO	Controlled Drugs Accountable Officer
CEO	Chief Executive Officer
CQC	Care Quality Commission
CHC	Continuous Healthcare Funding
FROM	Family Reported Outcome Measure
GP	General Practitioner
HAH	Hospice at Home
HAHR	Hospice at Home Respite
HCA	Health Care Assistant
IDDSI	International Dysphagia Diet Standardisation Initiative
ICB	Integrated Care Board
IPU	Inpatient Unit
KLOE	Key Lines of Enquiry
NHS	National Health Service
OACC	Outcome Assessment and Complexity Collaborative
OSCE	Observed Structured Clinical Examination
OHID	Office for Health Improvement and Disparities
PROM	Patient Reported Outcome Measure
RCA	Root Cause Analysis
ReSPECT	Recommended Summary Plan for Emergency Care and Treatment
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
RN	Registered Nurse
SOP	Standard Operating Procedure
SGH	St Giles Hospice
TVLN	Tissue Viability Lead Nurse
UoB	University of Birmingham

Get in touch

Quality Account enquires

For further information or advice or if you wish to comment, please contact us the following ways:

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