



**dovehouse
hospice**

caring for people with a life limiting illness

QUALITY ACCOUNT

2021 - 2022



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Welcome

Welcome to our Quality Report for the year ending March 2022, highlighting our commitment and drive in providing quality care and services for our patients and their families. Within an exceptionally challenging healthcare environment there has been a consistent focus on **delivering safe, effective and responsive care, putting those who access our services at the heart of this process.** In the report we look back at our priorities for the year, outline our achievements and successes, but also reflect on areas of learning and improvement as we set out our goals for the following year.

Whilst the emphasis of the report is centred on quality we do include certain statistics to give you some perspective of the services we have provided, in a year which has been severely affected by the covid pandemic. However, despite all the uncertainty, what has remained consistent is a culture in which our employees and volunteers 'live' quality in all their actions, through their passion, positivity and professionalism, which underpins everything we do at Dove House.

Delivering high quality accessible care is important to us and we hope this report demonstrates our commitment to continuously improve the quality of the services we offer. It is heart-warming and

reassuring to read some of the poignant stories and comments from those who have accessed our services over the past 12 months and to reflect that **98% of respondents in a comprehensive external survey rated our care as 'very good'**. What is also important to acknowledge, is that despite the restrictions imposed due to the pandemic, we **never closed our doors to family and friends wishing to visit loved ones.**

We know going forward there will be challenges on a number of fronts as we explore ways to develop our services, in order to meet the changing needs of the community. This will be underpinned by robust stakeholder analysis so all of our stakeholders can help shape high quality, responsive, holistic care where everyone in Hull and East Yorkshire affected by a life limiting illness can access our services.

Chris Sadler
Chief Executive



98% of those who had experienced our care rated it as very good (Stakeholder Analysis 2022)

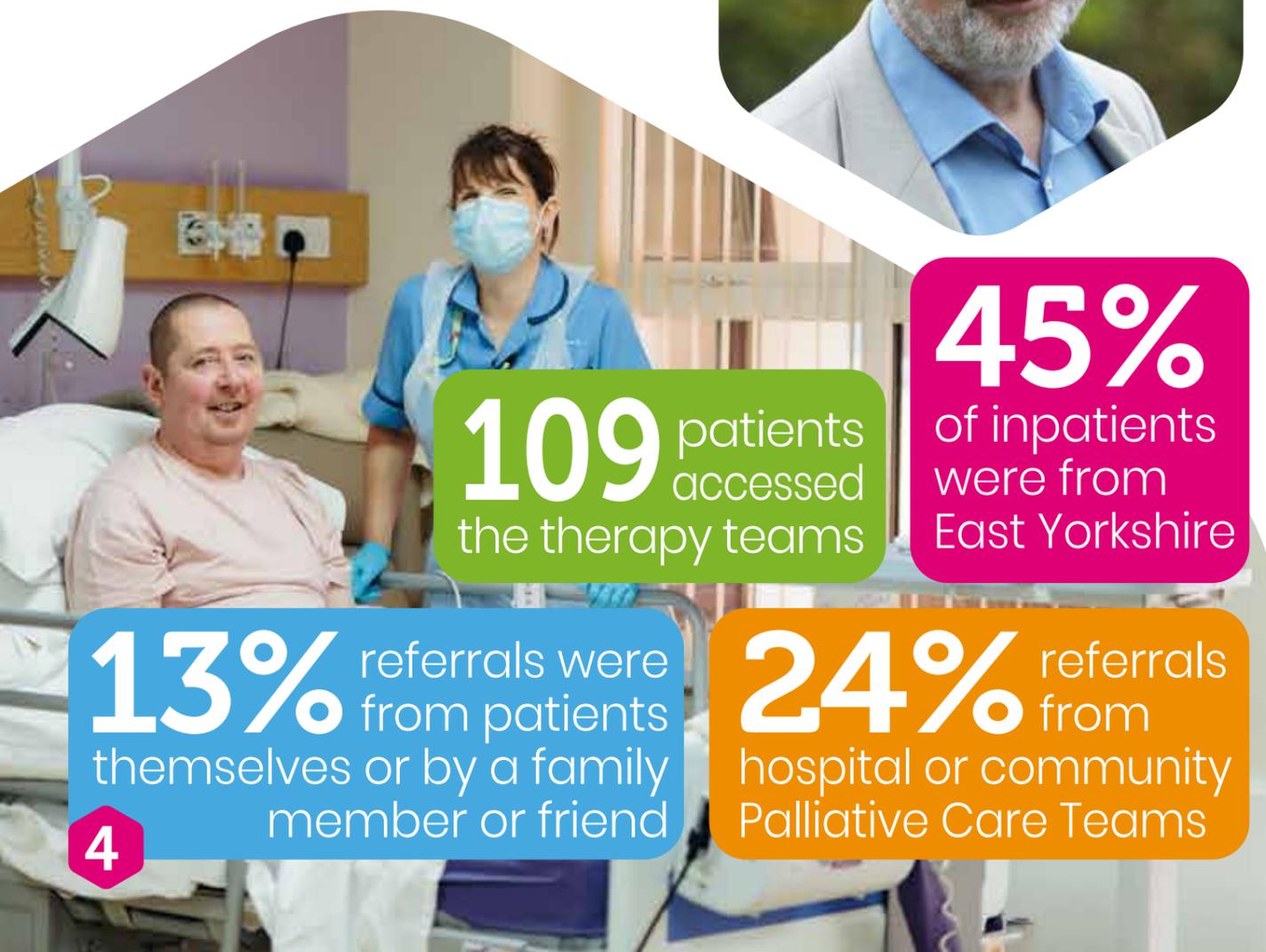
Board Commitment to Quality

On behalf of the Board of Trustees we are proud of the work and commitment that we make as an organisation towards improving the quality of the clinical services for our patients and their families. We are extremely grateful for the dedication and work of all our clinical and support staff, as well as their endeavours to continually reflect, learn and improve. We feel this report supports and highlights the work around quality and is another step in our development as an organisation, one which we will build on in the future.

Trustees have a responsibility to look after the wellbeing of the organisation, which is not just through strategic direction and financial health but through challenge and support of clinical areas and services. At each Board meeting we **discuss some of the key clinical issues** and all trustees can attend both the **Clinical Focus Group** and the

Quality, Compliance and Improvement Group. It is also important that trustees gain an insight into what life is like on the ground, and whilst Covid has disrupted this over the past year, trustees are keen in non-traditional ways to contribute to the quality and success of the organisation.

Philip Daniels
Chair of the Board of Trustees



109 patients accessed the therapy teams

45% of inpatients were from East Yorkshire

13% referrals were from patients themselves or by a family member or friend

4

24% referrals from hospital or community Palliative Care Teams

Our Care In Numbers

2021/22 was another year where Covid restrictions meant we couldn't help as many people as we are used to because many of our usual services were still not operating. We are however so proud of the amount of local people who we could care for in this second difficult year:

275 Inpatient admissions

201 people died at Dove House

1280 total referrals received for our care

112 Physiotherapy assessments

124 Outpatient Complementary Therapy sessions

39% non-cancer diagnosis

339 people helped by the Family Support Team

10 admissions for Respite Care

30 patients accessed Occupational Therapy

53% of inpatients were from Hull

8 days average stay on the Inpatient Unit

Family Support Team made

98 contacts made by the Motor Neurone Disease nurse

79 sessions of Music Therapy delivered by staff

3458 contacts to adults and children who needed support

112 admissions for Pain & Symptom management

5

Looking Back:

Priorities for April 2021 – March 2022

Maintaining an Accessible Service

After the unprecedented year before, when the Covid pandemic struck and completely changed the way we delivered care, we hoped 2021/22 would be a more normal one but sadly this was not the case. Continued Covid restrictions meant that many face to face services were still suspended and we could not care for as many people.

The new methods of working – adopting a digital approach and providing virtual consultations or telephone appointments – which were instigated in 2020, have been refined and developed as they became our new normal.

The hospice team continued to be adaptable, flexible and creative and have shown renewed resilience to continue operating in these new ways for far longer than anticipated.

Working within our values and compassionate culture has been crucial. We have ensured staff could access help and support whenever needed, and maintaining visible and accessible clinical leadership was a key priority.

We continued to maintain patient visiting, which we recognised early on as hugely important especially for those families facing bereavement. Patients and families welcomed this approach, as many had been unable to see their loved ones for days, weeks or even months whilst being in hospital. We have heard so many touching stories of visits making such a positive difference to families in these incredibly difficult days.



Stakeholder Engagement

During 2021/22 we began a Stakeholder Analysis project with an external independent research company, SMSR.

The aim of the project is to have a strong understanding of what the public and key stakeholders think and feel about Dove House in order to ensure we are making decision for future care based on the real needs of the community we serve.

A **public perceptions survey** was completed over the telephone with 800 households across Hull and East Yorkshire. The survey aimed to find what the public's level of awareness of hospice services is and opinions about the care we provide. Here are some of the findings:

92% had heard of Dove House

84% of those who were aware of the hospice knew someone who had used the services

77% knew Dove House is an independent local charity

98% of those who had experienced Dove House care would describe it as very good

91% of people would considering accessing hospice care should they need it

88% would want care delivered in person

95% consider care being delivered in the home environment very important or important

46% would prefer a private room if they were an inpatient

We then extended the survey to hospice supporters and those who use our charity shops.

Interviews have started to take place with health and social care professionals from across the region to find out what their knowledge of our services are, how we can support them to help more patients and if there are any reasons why referrals may not be made to the hospice. Results are due in late spring 2022

A similar survey has been created to find out how our volunteers feel about the hospice and their level of knowledge about the care we provide.

Strengthening our digital approach – website/online referrals

Online referrals - the function to refer to our services online was added to the hospice website. This improves access to our services, guides people to the most appropriate service and enables a referral to be done at any time or place.

SystemOne (patient database) conversion to palliative hospital from palliative medicine - in collaboration with a local IT organisation we upgraded in September 2021. This new version enables improvements in bed management, prescribing, remote working, patient communication and reporting.

Electronic Palliative Care Co-ordinating System (EPaCCS) - we went live in early 2021 enabling the recording and sharing of a patient's care preferences and key details about their care at the end-of-life. Details are shared across care settings, community, hospital, and hospices and is visible at all hours so that trained staff working across all care settings may upload/update/access the information promoting continuity of care.

Dashboards – an internal dashboard to demonstrate clinical data has been created and we are working to expand the data selection and further develop this into an automated process. We will continue to review and develop recording, reporting, and content of clinical data and outcomes to gauge and drive service improvements.

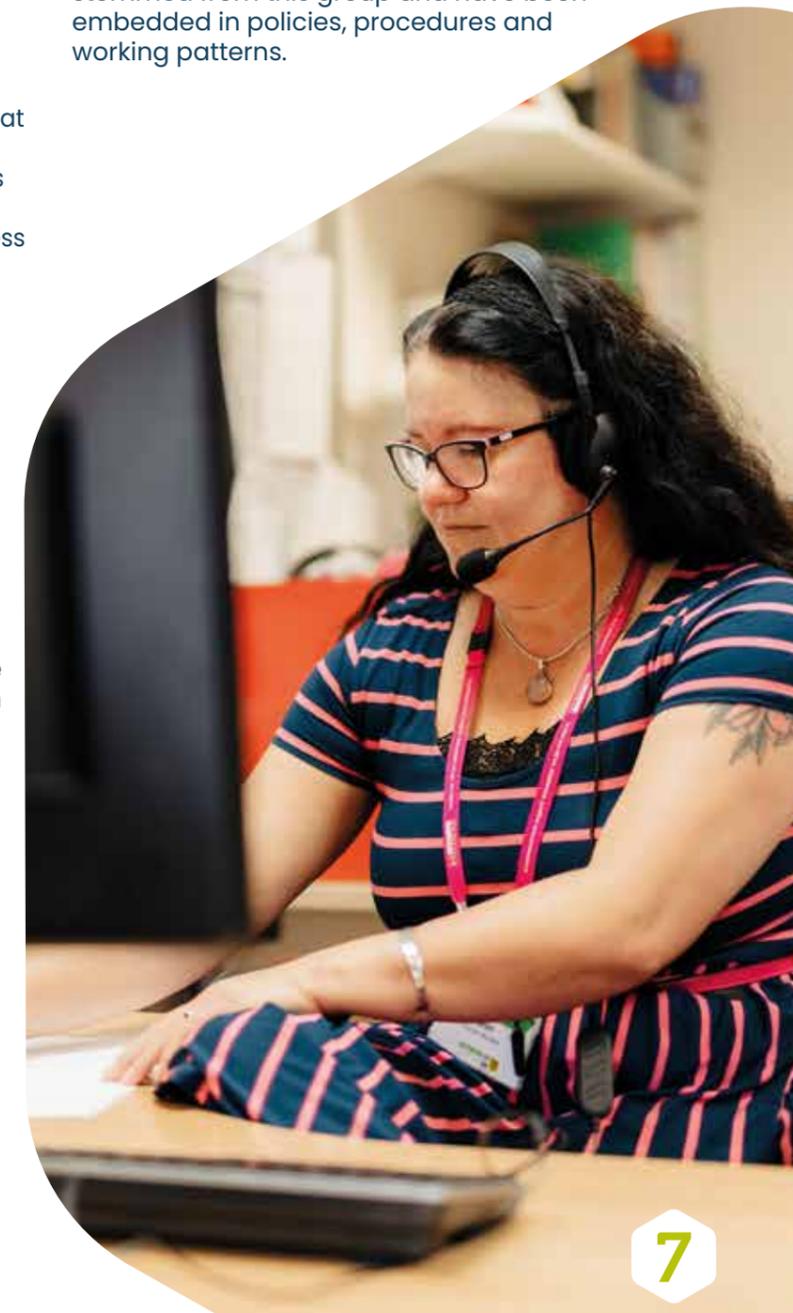
Digital and Data Steering Group - the group was originally established in 2020 however in summer 2021 the Senior Leadership Team took the lead on the project with input from key areas such as Information Governance and ICT. The aim is to work towards the creation of the hospice's first Digital and Data Strategy.

144 contacts through the online referral

Quality, Compliance and Improvement Group

Whilst we have a specific Clinical Focus Group it is important that we look at driving quality and improvement across all aspects of our clinical care and services. The Quality, Compliance and Improvement Group ensures we pull all elements together and work as one team so there are no gaps in the critical components and support required to achieve high quality responsive services for our patients and their families.

The group involves representatives from all the clinical areas and services, people and development, support services, executive leadership and trustees. Many of the improvements we have made over the past year, which are highlighted in this report, have stemmed from this group and have been embedded in policies, procedures and working patterns.



Children's Bereavement Groups

The Children's Bereavement Groups support children and young people between the ages of 6 and 17. The project continues to go from strength to strength and is supported by skilled and dedicated sessional workers and volunteers who help the children to explore their feelings around grief, develop coping strategies and gain support and friendship from other group members. Excellent relationships with external bodies have been developed to promote the service and signpost service users to further support.

- in 2021 **97** children were referred
- **9** groups have been run in **2021/22**
- currently supporting **46** families
- an **all-day group** for younger children has been trialled
- school visits for young people who are **struggling to attend the hospice** for assessment have taken place
- additional one-to-one sessions with **older teenagers** who are reluctant to attend a group setting
- review of timing means the group is now more **family friendly**



Laura – Dad's Story

“ My dad died at Dove House after receiving absolutely amazing care in the midst of the Coronavirus pandemic. He initially came into the hospice for respite care but his illness got the better of him and he died peacefully four weeks later. I suppose had he gone into a hospital things would have been very, very different for us as a family. If I'm honest **Dove House was our life line for Dad.** ”

The care at Dove House starts at the front desk, from the first moment you step in the door it is incredible. I had never personally visited a hospice until my dad was unwell but I had heard about the amazing care they provided. It quickly became a home from home.

Dad was really afraid of going into a hospital, I think he was frightened that if he had gone in he wouldn't be coming out and, because of the Covid visiting restrictions, he wouldn't have been able to spend time with his family who he absolutely adored. **But Dove House was different;** Dad could have visitors whenever he wanted them, of course we all had to wear PPE and follow social distancing guidance, but we were always able to come, whatever time he wanted us here. **Dad was so grateful for the care that he got at Dove House and that we were able to be together like he wanted.**

The care that every member of staff provides – whether that's a volunteer, nursing staff, or the catering team – is absolutely amazing. Dad had such a rapport with everybody and **I think if I could ask him now he would say he couldn't have been in a better place.** And for us, knowing that we were leaving Dad at Dove House when we went home allowed us to relax a little. **We knew when we turned away from the hospice he was being cared for and the care was second to none.**

When we were given the news that Dad was dying we were immediately given the opportunity to start staying with him 24/7. We did that straight from that moment and from then on Dad was never on his own. It was treated like it was our home. Dad was moved up to the family flats so we could all be



together. There was a kitchen, you could bring food and watch tv, we couldn't have been in a better place. Having that opportunity to be alone as a family with my dad in just lovely surroundings, it stopped us being frightened. I wasn't frightened of death. I didn't feel like I was in a clinical place with my dad about to pass away. It certainly wouldn't frighten me if I had to do it again with someone else in the hospice. We were given peace and privacy in those final days knowing the hospice team were there for us if we needed them.

If I'm honest the hospice couldn't have been any nicer. You are in the safe hands of professionals who have got your wellbeing and your dignity at heart. We will always be grateful for the care that my dad, and us as a family, received. ”



People and Development

Training And Learning

Virtual Learning Environment (VLE) – Essential Education and Inductions have been transferred to the VLE which has meant training is more flexible by giving 24/7 access where employees can work at their own pace. We have also seen an increase in staff IT skills, as well as saving the associated costs of face to face training.

Training - In person training days have taken place covering topics such as First Aid, Moving and Handling of Patients, Resilience and Supervision/Appraisal training.

Safeguarding - key staff were identified to complete Safeguarding Adults and Children Level 3 training this year. In addition, the Designated Safeguarding Lead attended Advanced Safeguarding training Level 4.

Competencies - A competencies training day was held for nursing staff in the areas of Tracheotomy Care, NIPPV/Cough Assist, RIG/PEG and Stoma Care, Blood Transfusion and Verification of Death.

External Training Programme - a wide ranging external training programme has been developed. Virtual Learning Events covering a range of topics for Health and Social Care Practitioners has allowed us to share our expertise to the wider care community.

Virtual Hospice School - allowed participants the opportunity to develop essential care and communication skills that are transferable to any health and care environment. We plan to deliver this in person during the summer of 2022.

Hull University Teaching Hospitals (HUTH) training - in September 2021 funding was secured to develop and deliver a bespoke network to HUTH staff supporting people living with dementia.

Humber Coast and Vale Workforce Group - we are represented at this group which aims to create a shared agenda bringing together similarities in workforce plans and strategies and encourages equal partnerships in the sector. To support the group the hospice has continued to offer placements to student nurses, GP Registrars, and medical students.

Health Education England - building on a programme delivered to St Mary's Health and Social Care Academy in early 2021, we are piloting digital work experience and clinical placement opportunities, for both college and pre-registration non-medical learners next year.



“Everyone a teacher, everyone a learner”

The Dove House Project ECHO team have continued to work to bring together private care providers, independent supported living, Primary Care, CCGs, Local Authorities, hospices, partner charities, hospitals and local universities/ further education. Sessions delivered via the ECHO video conferencing methodology have successfully demonstrated the development of communities of practice and mutual support given to staff from within these bodies.

This free training has been welcomed by care homes, domiciliary care and independent supported living at a difficult time when staff have been challenged and stretched to their limits.

The training for health and social care has covered a range of subjects. Expert topic speakers and presenters have also collaborated with Project ECHO to support the network and deliver training.

Our team were invited to present our ECHO hub at a national Hospice UK event promoting the impact of ECHO covering the Humber Coast and Vale area.

Supporting Staff

Promoting a Team Approach

Staff have continued to work together, support one another and be flexible to changing needs. Many staff have adopted new roles in different departments or new ways of working. Senior Leaders have been visible throughout providing accessible and responsive support, including out of hours.

Review of Terms & Conditions

Despite the competitive market across the sector we strive to recruit and retain a dynamic, enthusiastic and compassionate workforce. We value and respect our workforce and as such reviewed the terms and conditions of some nursing roles, ensuring we are more closely aligned to other statutory organisations. Currently we have 3% staff vacancies.

Developing a Transparent Approach to Development

Promoting opportunities for staff development can improve personal wellbeing and job satisfaction, leading to greater staff retention. We recognised the need to be open and transparent regarding how staff can progress which resulted in the qualified nurses pay scales being reviewed, developing a clear and structured pathway promoting learning, as well as opportunities for pay progression.

100% of staff completed all mandatory training responsibilities

Current **3%** staff vacancies

Ensuring a Competent & Compassionate Workforce

Covid restrictions have meant we have needed to take a creative, and flexible approach to training and development by:

- offering on-line and virtual training
- promoting learning from role modelling, reflection and shadowing.
- regular clinical supervision encouraged with a new system to support this.
- learning from individual cases promoted, with daily opportunities for group supervision.
- promoting a compassionate approach to both the people we support and each other.
- celebrating successes and recognising times when staff have “gone the extra mile” through Magic Moment Awards

As restrictions have begun to lift, we have been able to restart our regular team building days for clinical staff which have been well received, and are crucial in promoting staff wellbeing, learning and reflection.

Wellbeing

Promoting staff wellbeing, has always been integral to our vision, but never more so than during the challenges we have faced with the pandemic. Staff relaxation and wellbeing sessions have been offered on both a small group and individual basis. Staff were also offered personal support through their Line Manager, Employment Assistance Programme or the People and Development Department. Senior Leaders have also undertaken one to one meetings, allowing opportunities for any individual concerns to be explored and addressed as needed, promoting a person-centred approach.

141

ECHO sessions delivered

Average of **44**

organisations received training for each ECHO topic

Promoting Patient Safety

Electronic clinical incidents and falls reports

Electronic recording of Clinical Incidents has been in place from 1st March 2021 and Falls have been recorded electronically since 1st January 2022 replacing all paper records.

A bespoke database which creates a unique incident number has been built to record and manage these incidents and replicates all the fields previously on the paper forms.

The database records if a Reflective Log has been issued, completed and/or discussed, if the Safeguarding Decision Tool was used and the appropriate score, plus Medication Incident Matrix Score.

After initial staff training, updates have been provided by video recordings which are now part of the Essential Education for Clinical Staff.

Safeguarding

In 2021/22 **no safeguarding concerns** have needed to be escalated or reported to the Care Quality Commission (CQC).

We provide safeguarding training to all staff, including those working in non-clinical roles:

- all paid staff, completing online safeguarding training (Level 1).
- all clinical staff (Level 2)
- Senior Nurse Leaders and all Family Support Team (Level 3)
- Designated Safeguarding Lead (Level 4)

We are intending to move from online to face to face training during 2022/23, to promote greater opportunities for open discussion, learning and reflection. Training is also provided on the Mental Capacity Act and Deprivation of Liberty.

Learning from Clinical Incidents

Over the year we have had a total of **88** incidents. **15** of these incidents were external to the organisation, meaning there were **73** internal incidents within the organisation. **59** of the total incidents have resulted in no harm and **28** have resulted in Low harm. There have been no incidents resulting in moderate harm, but **one** resulting in severe harm. This incident involved a patient with a possible illness related fracture which was reported to the CQC.

Promoting a Learning Culture

We continuously strive to learn, reflect and improve from any incidents, promoting a “no blame” and “just culture” across the organisation and are committed in ensuring robust systems are in place to promote learning.

We have developed an internal learning and improvement register which identifies what measures we have taken to strengthen and improve practice.

Staff complete reflective accounts and undertake a reflective discussion with their line manager following any clinical incidents.

Clinical Focus

- monthly Clinical Focus Newsletter which identifies key data, such as clinical incidents, falls, Magic Moments, completed audits, complaints and feedback. This is shared across the organisation, particularly with the Executive Leadership Team, Board of Trustees and Clinical Teams.
- monthly Clinical Focus Meeting where data is shared and discussed, promoting opportunities for multiple perspectives to be heard and solutions to be explored.

67%
of incidents
resulted in
no harm

Prevention & Management of Infection

- Infection Control meetings now take place every eight weeks and follow a new Terms of Reference.
- our Infection Control Lead provides guidance to the wider staff.
- contingency plans created in case of any outbreaks which include recommendations and action plans.
- Clinical Essential Education includes an Infection Control and Prevention module with video guides for “donning” and “doffing” and PPE.
- Hand Hygiene Audits have been completed every six months.
- Green “ready to use” labels are in use to show rooms that have been cleaned and are ready for admission.
- “Safer” Sharps (needles) have been purchased wherever possible to lessen the risk of a sharps injury.

Covid Measures

We continued to follow guidelines published by the Government and Public Health England surrounding the Covid pandemic:

- Personal Protective Equipment (PPE) posters displayed on the Inpatient Unit
- visitors could visit patients on the unit if wearing PPE and flexibility was offered to promote compassionate visiting.
- patients were tested when appropriate and in accordance with current guidelines.

418,096
items of PPE were used



Tissue Viability

- a detailed review of all tissue viability policies has been undertaken, ensuring procedures are evidence based and in accordance with best practice.
- a wound care formulary developed, promoting a consistent and effective approach to the management of wounds.
- a digital approach adopted where all wounds can be photographed and uploaded onto the patient's electronic record, improving continuity of care.
- support and training have been provided to all staff, ensuring they feel competent and confident in wound care.
- wound care champions established who will receive further in-depth training to improve ongoing learning in this area.
- wound care competencies are in the initial stages of development.

All pressure ulcers assessed as Category 3 or above are reported both internally, as well as to the Care Quality Commission (CQC). We also record whether pressure ulcers are "acquired" or "inherited", meaning it is easier to identify when a pressure ulcer has developed during an episode of care.

In total, we have reported **23** Category 3 pressure ulcers and above. Of these, 14 have been inherited, and 9 have been acquired.

A Safeguarding Decision-Making Tool, is now completed for all Category 3 pressure ulcers and above to determine if a referral to the Local Authority Safeguarding Team is appropriate. None of the reported pressure ulcers have required a referral to the Local Authority.



Medicines Management

To ensure medicines are recorded, prescribed and administered safely we provide annual Medicine Management training to all clinical staff. Staff involved in the administration of medication, are also expected to complete relevant annual competency assessments. An audit of the drug cards is routinely completed every **3 months**. Thorough and robust systems are in place to identify any potential omissions or errors at a timely stage. We have also worked in collaboration with key stakeholders and partners to review our approach to ordering Controlled Drugs, ensuring medicines are readily available as required. The Accountable Officer attends the Regional Local Intelligence Networks and submits quarterly reports as required. It is intended to complete the self-assessment audit tool for the accountable officer in the near future.

No reported pressure ulcers required referral to Local Authority

No falls resulted in Moderate or Severe Harm

Falls

There has been **18** falls. Of these, **10** have resulted in No Harm and **8** have resulted in Low Harm. No falls have resulted in Moderate or Severe Harm.

The falls assessment documentation and process has recently been reviewed and revised as part of the response to a complaint the previous year regarding an Inpatient fall:

Assessment Documentation

- falls risk assessment and management plan is completed for all patients on the Inpatient Unit within six hours of admission.
- the assessment will be reviewed on a weekly basis and in the event of a change in the patient's condition or if the patient experiences a fall.

Therapy

If a patient is identified as at high risk of a fall then a referral to the Therapy Team will be made within 72 hours of admission for further assessment. The patient will be seen by either a Physiotherapist or Occupational Therapist.

Information

Written information regarding useful tips to avoid slips and falls have been given out on admission or discharge to relevant patients.



Equipment

Beds - we now have two specialist beds with built in bed exit alarm systems. These have also reduced the need for crash mats which for some can be a trip hazard.

Passive Infrared (PIR) monitor - this is a free-standing battery-operated device which sounds an alert when a patient crosses the infra-red beam.

Aids - a number of easy reach aids are available on the unit to assist patients in picking up belongings or getting dressed to avoid bending or reaching down.

Training

Following the introduction of these revised measures, a face to face staff training session is planned to reinforce and consolidate good practice.

Risk Register

The risk register has been reviewed and strengthened by the Senior Leadership Team. This has allowed potential risks across all organisational departments to be identified and assessed in terms of their likelihood and impact. Remedial action plans have also been included to demonstrate how the risks could be minimised. This is continuously reviewed with the Trustees and Executive Leadership Team, to ensure the identified risks, likelihood and remedial plans remain accurate and appropriate.

Introduction of Safety Huddles

During 2021/22 we were committed to introducing the use of safety huddles in our Inpatient Unit. Safety Huddles are short, multi-disciplinary meetings to share information about potential or existing safety risks. Each day members of the clinical and support teams, such as doctors, nurses, caretakers, domestics and catering staff, come together and meet for 10 minutes to identify any potential risks. This may include people experiencing delirium, at high risk of falling, dehydration or pressure ulceration. It also allows an opportunity to discuss and reflect any recent untoward clinical incidents. This co-ordinated approach promotes a safe environment, by allowing any risks to be actively identified, shared and managed. This also promotes team working by sharing ideas, learning from each other and reflecting on what has gone well, or what we could do to improve.

Complaints

We actively encourage feedback regarding the care we provide, and want to ensure everyone receives the highest standards of care. All feedback is addressed positively, including complaints and concerns, as we believe these all provide an opportunity for learning and reflection.

One formal clinical complaint was received during 2021/2022.

The complaint was made by a professional involved with a patient following discharge from the hospice. The complaint was investigated and a thorough response was given. The complainant was satisfied with our response however, we have identified potential learning, resulting in the development of a discharge planning working group. This group will ensure all relevant policies and procedures are reviewed.

Within the family and friends questionnaire which we encourage service users to complete honestly, **three family members raised some concerns** regarding the care provided on the Inpatient Unit. Although they did not wish to make a formal complaint, these concerns were also investigated thoroughly, and specific learning points were identified and addressed.

Emily - Granny and Grandad's Story



“ My granny was at Dove House back in 2019 just before Covid hit, she died peacefully with me by her side. Not long after she died my grandad became ill and was diagnosed with heart failure, because Granny had been at Dove House Grandad wasn't afraid of accessing their services for himself. One day when he was at the hospice breathing group, they noticed he was struggling more than normal to breathe; the doctor spoke with him and they decided he would be admitted for symptom control. By this time we were mid-Covid and it was even more worrying with Grandad being ill too, but being able to safely visit him was such a relief. We are a very close family and the bond my grandad had with my son, Zakary, was just the sweetest. Bringing Zakary in to visit was amazing, one lovely day we wheeled Grandad out into the garden while Zakary was able to run around and be free. We looked at the beautiful fish and spent time together as a family like we would have if he had been at home. **It was the last time Zakary saw Grandad and I am so glad it was a happy moment at Dove House.**

Experiencing the hospice for a second time was obviously different because of Covid restrictions **but the care was the same.** Despite restrictions to keep everyone safe the **gentleness and love** you feel in the building is still there. Because Grandad was at Dove House for so long we built up a good relationship with the staff. They knew Grandad, they knew us and knew when we needed a chat or a joke or to be left alone. I cannot thank them enough for always knowing what we needed and

making us feel comfortable no matter what emotion we were feeling. Grandad was able to be in a cuddle bed which was incredible, it meant my mum could sit on the bed with him and be close with a photo of Granny close by on his bedside. He wasn't eating much but he was able keep his favourite ice lollies in the fridge, it was nice for him to have something he loved. Moments like that are so important and as we look back they are some of the moments we cherish the most.

Despite Covid we were still looked after as a whole family and we were included every step of the way, every decision was made with us – it was us and Grandad, not his illness, at the centre of the care. Just like it had been for Granny.

I am still amazed at all of the different departments it takes to keep a hospice going and how many services they offer, even after you lose someone they are still there helping you through your grief. Everyone's care there ensured that we see the hospice as a place of comfort and we are able to return with ease. ”

Our Participation in Clinical Audits

Clinical audit, as one of the pillars of clinical governance, is integral to Dove House Hospice's quality improvement efforts. There has been a systematic process of identifying priorities and supporting implementation of clinical audit projects in Dove House Hospice since 2014.

A total of **26 of 32 (81%) planned audits projects were either completed or in progress currently during 2021/22**. The completed clinical audit projects were largely multidisciplinary in nature and involved nurses, the therapy team, family support team, health and safety manager, doctors and the clinical data coordinator.

The audit topics for 2021/22 included the following:

- ADHERENCE TO DISCHARGE CHECKLIST
- MEDICAL GASES
- MOUTHCARE
- WOUND CARE
- INFECTION CONTROL
- CARE PLAN RE-AUDIT
- FALLS AUDIT
- THERAPY TEAM DOCUMENTATION
- CONTROLLED DRUGS ADMINISTRATION TIME
- OXYGEN RE-AUDIT
- STAFF RELAXATION SESSIONS
- DELIRIUM
- OUT OF HOURS TELEPHONE CALLS
- PRESCRIPTION/ DRUG CARD
- CLINICALLY ASSISTED HYDRATION
- RESPECT PROCESS AUDIT (ADVANCED CARE PLANNING)
- THE DYING PHASE AUDIT
- MANAGEMENT OF BOWEL OBSTRUCTION AT END OF LIFE
- PAIN MANAGEMENT
- COVID TEMPLATE
- INTEGRATED PALLIATIVE CARE OUTCOME SCALE (IPOS) RECORDED ON SYSTM ONE
- DEMOGRAPHICS
- ELECTRONIC PALLIATIVE CARE COORDINATION SYSTEM (EPACCS)
- USE OF DOCTORS ADMISSION PROFORMA

The table below shows yearly accomplishment of clinical audit project:

Year	Number Completed	Number Planned	Percentage Completion
2017/18	17	31	55%
2018/19	32	38	84%
2019/20	35	38	92%
2020/21	21	28	75%
2021/22	26	32	82%



Some words from patients' families:

“ It's a total rollercoaster but he got the best care he sorely needed and deserved. What a team you have in Dove House - everyone always had a smile and a kind/funny word. The world, for me, will never be the same without him but he had the best care we could've given him, for which I'm eternally grateful to you all. ”

“ To all the staff (including catering who always made sure there was ice-cream available, even during his restless nights!), my heartfelt thanks to you all. ”

“ Your care and compassion for our mum turned what had been a living nightmare into many months of cherished memories for all of us. You were the only place where she felt safe and comfortable, where she was able to enjoy time with friends and family and where she could, if only for fleeting moments, feel like the woman she was before her diagnosis. Most importantly for us, you gave her many more happy months of being our mother, and us her sons - for this we are forever grateful, and it was thanks to the unwavering commitment, optimism and often ingenuity of you all that this was made possible. ”

“ Thank you for the first class care and treatment provided to my mum. The support and advice for myself was also much appreciated. You should be proud of the service you provide individually and as part of a team. It makes a massive difference at a difficult time. ”

“ We are so grateful that our much-loved mum got to spend her final weeks at Dove House Hospice, cared for by you all with such kindness and compassion. Thank you for making us, as a family, feel welcome and comfortable during each visit. Nothing was too much trouble. ”

“ We all really appreciated your care, support, concern and understanding, [you had] a deep respect for her wishes. It was never going to be easy for us, but you supported us through a very difficult journey. We felt better able to cope because of you. ”

“ On behalf of our dearly loved dad, we would like to send you our heartfelt thanks to all of you who cared for him. You truly are 'a little piece of heaven on earth'. The care and compassion you gave Dad, especially on the final day was beautiful. ”

Priorities for Improvement:

Goals for April 2022 – March 2023

Developing our Workforce

The health and social care workforce is changing, and new roles are emerging. We want to:

- be aligned to the external landscape, ensuring all roles are embedded within the organisation, allowing the skills and qualities of our workforce to be utilised, as well as promoting opportunities for development.
- recruit and retain staff with the correct values and skill set to ensure the provision of high-quality care.
- minimise any potential barriers to staff recruitment.
- inspire our workforce to join us in our journey of continuous improvement.
- hear everyone's ideas and encourage them to share creativity as well as any concerns they may have.
- build and strengthen our existing mechanisms to share good practice.

Update of Nurse Call System

We are looking to install a modern aid call system which is flexible and mobile and can meet the ever-changing priorities and demands on our Inpatient Unit. This will help us to adapt to meet increasing complexities and dependencies from our patients. The functionality will also provide additional benefits so we can set reminders and incorporate more detailed information to support the clinical teams. Ultimately we expect the new system to maximise staff efficiency and improve the overall quality of the care provided.

Reviewing the Patient Feedback System

We want to ensure every patient and their family have the chance to give their honest feedback on the care they have received from Dove House, and to give them the opportunity to suggest areas of improvement. Whilst the current system of feedback is working we believe there is more to do with both traditional and digital methods to capture this feedback and learn from it.

Shaping our Services

We are hopeful that in 2022/23 means we will be able to re-open some of our other services and are using this time to plan what our day services and community outreach will look like.

Stakeholder Analysis Project

The Stakeholder Analysis Project will be key to shaping the future of Dove House care as we strive to ensure that we are delivering what the community needs.

The results from all stages of the engagement project will be collated and analysed to help us make informed decisions about patient care, services provided and barriers to access.

Children's Bereavement Groups

The groups are going from strength to strength and we plan to extend this work in to supporting schools who need extra resources for bereaved students.

Increasing Awareness

We will be increasing awareness and promotion of the hospice to try to ensure that anyone who could benefit from our care knows who we are and what we can do to support them, with an emphasis on reaching people earlier in the journey of their illness.



Equality Act 2010
Recognised and legally protected characteristics



Widening our Reach

With the formation of the Integrated Care System we anticipate change, but we also see many opportunities, particularly in regards to greater collaboration.

We are committed to:

- ensuring we have a visible presence across the region so the whole community can access our services at the right time.
- engaging with hard to reach groups, ensuring an equitable and responsive approach.
- encouraging those who are earlier in their illness to get to know us
- investing time and resources into building networks, and undertaking community engagement to cultivate links with all local groups and people.
- work in partnership to ensure clear, structured referral pathways are in place so that care is seamless and well co-ordinated for those with co-morbidities, particularly those living with frailty and dementia.

Diversity

At Dove House we are committed to advancing equality and opportunity in every area of our work, including care, recruitment, volunteering and governance. In 2022/23 members of the Executive Leadership Team will be working on a project to further ensure the hospice is open and fair to anyone with a recognised and legally protected characteristic.

Patient & Carer Involvement

Reflection and continuous learning are critical in shaping our future services. We want:

- mechanisms in place to enable all feedback gathered to be used effectively.
- to hear when things go well but also when they don't.
- to learn and share together, listening to the stories of those accessing our services.
- actively encourage all patients and visitors to complete our Family & Friends questionnaires.
- use the "You said, we did" framework to demonstrate how feedback has been used

A new building design

The existing hospice facility was built in 1990 and so is over 30 years old. Over this period, we have also extended and made a number of adaptations, that while allowing us to provide additional services, has fundamentally changed how we deliver care and services across the site. We also have to acknowledge that the demand on our services has changed over time and the current facility is now in desperate need of redevelopment and upgrading so we have a modern hospice building that will meet the needs of patients, relatives and loved ones. Our overarching design philosophies include:

- improving the Inpatient Unit to include more single rooms.
- all bedrooms and public spaces to have connections to the landscape, be dementia friendly and maximise natural daylight and ventilation.
- reconfigure all other clinical services so these are easily accessible through a main public focal point.
- building and landscape to be sustainable in the widest sense – incorporating flexibility and room for expansion, environmental sustainability and low future maintenance.
- improve layout and arrangements for all non-clinical areas.

Measuring Impact

Benchmarking - It is intended to participate in the clinical benchmarking with other hospices across the UK. This will be achieved by collecting relevant data regarding patient safety metrics, such as falls, pressure ulcers and medication incidents, as well as patient activity metrics such as bed occupancy and throughput. This will allow us to measure and compare our organisational outcomes over time with our peer organisations.

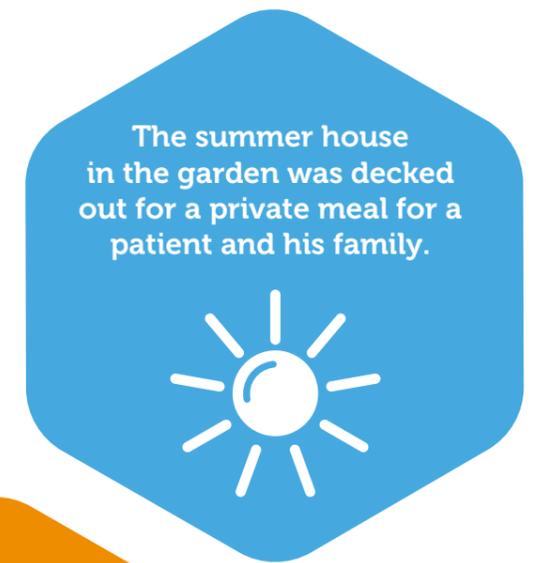
Integrated Palliative Care Outcome Scale (IPOS) - Our overall aim is to consistently embed outcome measurement in clinical practice and procedures, to enable us to improve care and demonstrate the impact of the service.

Involvement in Research Projects

- 1 Research Assessment Outcome Measures for Malignant Bowel Obstruction (RAMBO): currently at the stage of report and publication writing.
- 2 Resolve Identifying and addressing symptoms and concerns: resources to support implementation of outcome measures.
- 3 The DAMPen-D study: Improving the Detection, Assessment, Management, and Prevention of Delirium in Specialist Palliative Care Units - to develop and improve Guidelines for delirium care in palliative care settings.



Patient's fingerprint was taken and made into a keepsake key ring for his mum after he died.



The summer house in the garden was decked out for a private meal for a patient and his family.



Patient was a catholic priest and a tablet was set up so Mass could be watched online every day.



Curling a patient's hair after a bath so she felt like herself again.

Extra Special Moments

The care Dove House provides is, and always will be, about going the extra mile to enable patients and their families to have the best quality of life, and to create moments that will truly matter for the people we care for. Here are some of the lovely memories we helped make:



A wedding was arranged in the hospice with a professional photographer to capture the moments.



Malt whisky served in a crystal glass for a patient who was struggling and fancied his favourite tippie.



Birthday hamper given to a patient to share with his family on his special day.

“ Despite all the uncertainty, what has remained consistent is a culture in which our employees and volunteers ‘live’ quality in all their actions, through their passion, positivity and professionalism, which underpins everything we do at Dove House. ”

Chris Sadler
Chief Executive

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Dove House Hospice Limited a company limited by guarantee.
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