



QUALITY ACCOUNT

2024-2025



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WELCOME AND INTRODUCTION FROM THE DIRECTOR OF CARE



Welcome to North Devon Hospice's Quality Account 2024/2025. It's an honour to be able to share the achievements of the past year with you. The services we provide are important to us and so are you. Our Quality Account is an essential part of our governance processes and allows us to showcase our achievements, describe our improvements and demonstrate our engagement with you, our community and stakeholders. By sharing this information with you, you can be assured that quality and safety are our top priorities when designing, delivering and reviewing our services.

In this quality account you will find a summary of the services we provide and our achievements over the last year. We are extremely proud of the services we provide and the excellent feedback we receive. But we also welcome the opportunity to learn from feedback where things have not gone as well as we would like. You will therefore also find information on where we have made improvements as a direct result of listening to you. We know how important it is for patients and families and those colleagues who refer people to us, to feel safe when they access our services. Included in the account are some key data that demonstrate how we measure both safety and quality. We've kept it simple, but transparent, so you can be assured that we are continuously working to maintain our OUTSTANDING care.

We have achieved a huge amount in the last year, a year that marked our fortieth anniversary. Our outstanding care has continued against the backdrop of increased financial pressures faced by hospices and other charitable organisations; and also in the face of continued constraints on the wider health and social care system. But our team are resilient and incredibly resourceful and with your continued support and generosity, we have been able to deliver against our strategic goals and further develop and improve our services to always be ready to meet the needs of patients and families.

Who We Are

North Devon Hospice is a charity providing specialist palliative care and end-of-life care to patients with life-limiting illnesses and supporting their families, friends and carers.

Our Philosophy

We recognise and value the uniqueness of every individual and believe that it is possible to achieve a sense of well-being and enhance the quality of life for those individuals faced with the impact of a life-limiting illness.

Our Aims

Our aims are to alleviate suffering which may be physical, emotional, social and spiritual, in order to enhance the quality of life for our patients and their families. We are committed to providing quality care and support.

Our holistic approach involves helping individuals to realise their true needs at every level and identify the people, services, therapies, and treatments which could meet these requirements through a variety of services provided by North Devon Hospice. As the end-of-life approaches, we can offer care and support to prepare for death and bereavement.

Our Mission Statement

To provide outstanding care and support to the community of North Devon who are impacted by a life limiting illness

The difference we want to make is all about you, the people of North Devon. Your life is a story and we want the ending to matter. Together, you can help us make sure that death is as dignified and pain free as

Our Strategic Aims

Our current strategy covers 2020-2025 and we have eight Strategic Objectives

1. Whether cancer or non-cancer related, we want to increase the amount of care we provide to patients and their families
2. Ensure our services work seamlessly and in partnership with other healthcare services
3. Increase the number of healthcare professionals who have the skills to provide end of life care
4. Look after, and develop our staff, so they are supported and happy in their work
5. Ensure that North Devon Hospice remains an amazing place to volunteer
6. Increase the use of technology to support and enhance healthcare delivery
7. Increase the number of people who are inspired and motivated to support us
8. Ensure that our future is financially secure so we can be there for all the family

About Us

2024/2025 represented a milestone year in the history of North Devon Hospice as we turned 40 years old. We are incredibly proud of the way we have grown the hospice from its origins as a small community nursing team into the wonderful community resource we provide today both at the main hospice site, Deer Park, in Barnstaple and our outreach centre, The Long House, in Holsworthy. We provide end of life care and specialist palliative care services across the 800 square miles of North Devon ensuring our community has access to timely, expert care.

During this year we employed just over 200 staff across all areas of the hospice who are supported by a volunteer workforce of 430. This enabled us to provide care and support to over 2000 people both at the hospice and in their own homes.

All our care is individualised to meet each patient and their family's needs. This care is delivered free of charge and is only possible due to the continued generosity of you, our community. You help us by buying from our shops, donating money, fundraising, attending events and so many other ways. Thank you!



Support us - northdevonhospice.org.uk/ways-to-support

1.4 OUR SERVICES

Our care services provide specialist advice and support to patients, and their family/carers, to increase comfort, enhance quality of life, and promote a peaceful death. Referrals to North Devon Hospice can be made by any healthcare professional for patients / carers who meet our eligibility criteria:

- Over 18 years of age (16 years and above by exception)
- Advanced and progressive life limiting illness
- Responsible Medical Practitioner agrees with the referral (i.e. GP, hospital consultant)
- Where possible, the person being referred has given consent for referral (Where the patient does not have the capacity to accept referral to the hospice, the main carer should be aware and accepting of the referral.)

In addition, for our supportive care service:

- Adults and children who are affected by someone with a progressive life limiting illness (NB: the person with a life limiting illness does NOT have to be referred) OR
- Adults and children who have been affected by a bereavement where the bereavement was a result of a progressive life limiting illness

Our services provide the following care:

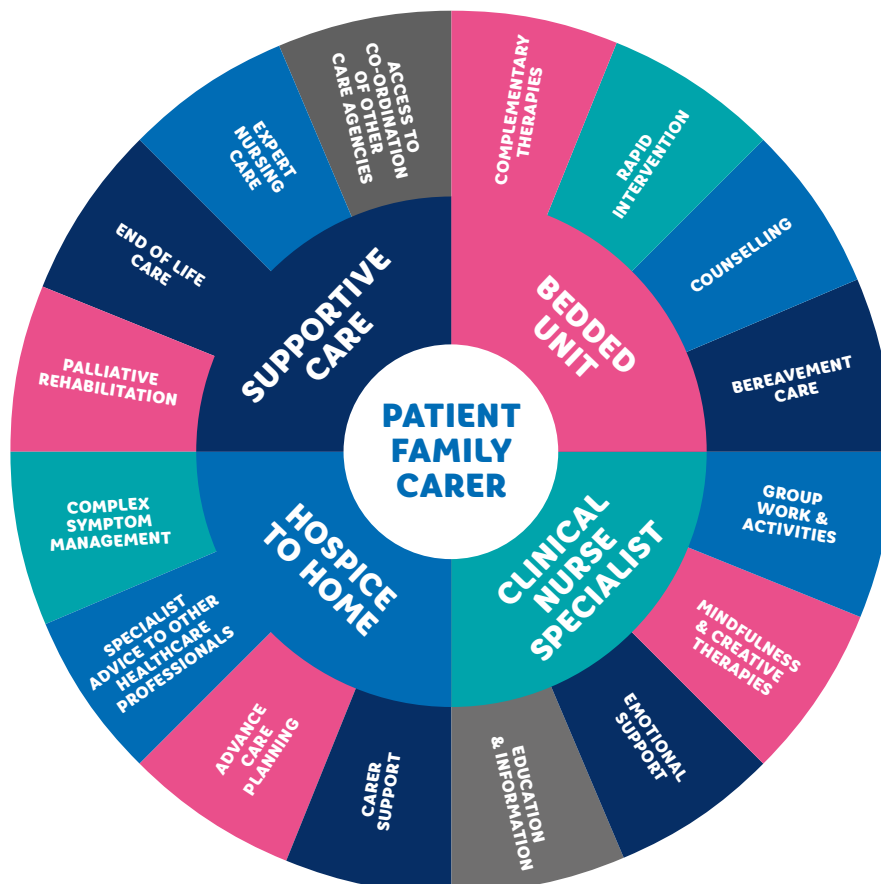
- Specialist symptom control management
- Palliative rehabilitation
- Emotional and spiritual support related to the advanced progressive disease
- Referral onto other services e.g. financial support
- Education and information for patients and their families, as well as other professionals involved in their care
- Advance care planning
- Advice and information
- Personal care in the last days of life

This support is provided by a multidisciplinary team consisting of:

- Consultant in Palliative Medicine
- Specialty Doctors
- Registered Nurses
- Nursing Associates
- Healthcare Assistants
- Allied Health Professionals

all of whom have additional training and a high level of expertise in end of life and specialist palliative care. Our team uses a set of outcome measures and triage tools to help assess need and measure improvements. These tools also help us identify the most appropriate service and interventions for patients. These tools include:

- Phase of Illness
- Karnofsky Performance Status
- Integrated Palliative Care Outcome Scale (IPOS)
- Measure Yourself Concerns and Wellbeing (MyCaw)





Our services are provided as follows:

SUPPORTIVE CARE SERVICES

The Supportive Care Team provide a broad range of interventions, therapies and activities to support the emotional and psychological needs during a person's palliative care journey. This service can be accessed at any stage of illness.

Our Supportive Care Services are delivered by a team of qualified counsellors and therapists based at Deer Park and The Long House, but the team can also visit in the community, based on needs assessment.

Our Supportive Care Team operates Monday to Friday 9:00am – 5:00pm

COMMUNITY PALLIATIVE CARE SERVICE



Clinical Nurse Specialist Team

Each of our Clinical Nurse Specialists is trained in palliative care, specialist symptom management and advance communication skills.

Working in geographical teams, they support patients, families and the professionals looking after them, to manage complex symptoms and navigate the emotions and psychological impact experienced at this stage of life. The team visit patients in their usual place of residence or can see patients as outpatients at Deer Park or The Long House. The aim of care is to support people to remain at home.

Our Clinical Nurse Specialist Team operates Monday to Friday 8:30am – 5:00pm.



Hospice to Home

Our Hospice to Home services are delivered by a team of Registered Nurses and Senior Healthcare Assistants trained in delivering end of life care, symptom management and enhanced communication skills. Care can be provided through short term packages of care and rapid intervention visits to address urgent need. The aim of care is to help people remain at home or to facilitate them to get home quickly after a stay in the hospice or the hospital.

Our H2H Team operates Monday to Sunday 8:00am – 8:00pm.



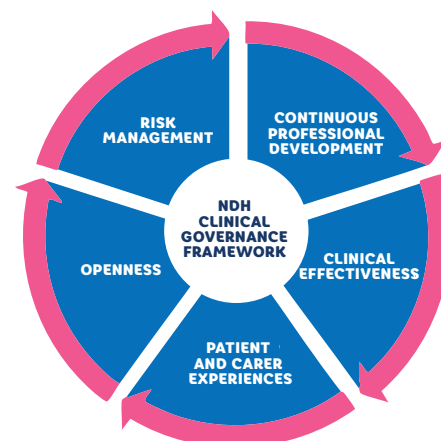
BEDDED UNIT

The Bedded Unit is a 7-bedded in-patient unit based at the main hospice site in Barnstaple. The inpatient service operates 24 hours a day 365 days a year. Care is delivered by the full multidisciplinary team. Patients are referred for complex symptom management, resulting in discharge with an updated plan of care, or for end-of-life care.



QUALITY AND EDUCATION SERVICE

All our staff work within our Clinical Governance Framework, and our care services are supported by our Quality and Education Team. Our governance processes and education programme safeguard, sustain and improve high standards of care supporting staff to get it right, for every patient, every time at the right time.



We are committed to supporting our colleagues in other services, and our Education Team provide a wide range of sessions and courses to staff in other organisations to ensure people receive expert care wherever they are cared for.

Health and Social Care professionals can find out more about how to refer to our services here:

northdevonhospice.org.uk/healthcare-professionals/how-to-refer/

and about our courses here:

northdevonhospice.org.uk/healthcare-professionals/education-and-training/

Regulatory Inspection and Monitoring

The hospice is regulated by the Care Quality Commission (CQC). CQC measure organisations against five key questions:

Are they Safe

Safe: you are protected from abuse and avoidable harm.

Are they effective?

Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Are they caring?

Caring: staff involve and treat you with compassion, kindness, dignity and respect

Are they responsive to people's needs?	Responsive: services are organised so that they meet your needs
Are they well-led?	Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture

Our most recent on-site inspection took place in November 2023. The inspection and review process takes several months as it includes not just a site visit but also a review of our documentation, engagement with patients and families and feedback from a range of sources including other healthcare providers. Our inspection and review process finalised in April 2024, and we were awarded OUTSTANDING for our care. We attained GOOD across all other questions and are rated as GOOD overall. As an objective for the coming year, we will be implementing a central database for our on-going internal assessments against these five questions. Our anticipation is that the system will allow us to more easily share our information with CQC inspectors and hopefully give them a much more comprehensive insight into our care and governance framework.

Report from the Trustee Provider Visit

Our Board of Trustees undertake unannounced visits to the hospice sites. Ideally, a small group of Trustees will visit twice during any year, and they use their observations and feedback from the staff they talk to provide assurance to the Board that the hospice is safe, effective, caring, responsive and well-led. Where appropriate they will also speak to patients and families.

During this period, the Trustees undertook one unannounced provider visit. It was raised with the Board that our standard is two visit per year.

The visit took place on January 13th 2025 and the following report was provided to the Board.

Representatives from CNS (employee and volunteer), Supportive Care beneficiaries and trainee nurse associates were interviewed. Finding summary as below, no major issues were cited. All interviewees felt safe to report mistakes and knew who to approach with any issues.

Report Summary

Capacity (staff and volunteers):

- The current capacity is satisfactory for all interviewees.
- Regular reviews of the workload are being conducted.
- Discussion with a few interviewees regarding the fluctuations of workload, all noted that whilst this was difficult the organisation did its upmost to support.
- Other pressure points for interviewees cited the emotional requirements of the role (supporting families in grief and dealing with challenging patients and families).

Teamwork and Culture (staff and volunteers):

- There has been a commendable demonstration of teamwork and collaboration, examples included voluntary shift changes to cover illness.
- Effective management of workload and sickness has been observed.

Understanding of the Hospice (all):

- There is a reasonable understanding of the wider hospice operations. Stephen's weekly newsletter and quarterly talks were noted.
- Good audience segmentation in communications, volunteers receive this positively.

Feedback Environment (staff and volunteers):

- The reporting environment is positive, and individuals feel it is a safe space to share feedback.
- All individuals felt they knew how to raise issues.

Induction and Training (staff and volunteers):

- The induction process for trainee nurse associates has been good.
- The NDH has a strong reputation for training.
- Induction for one individual was poor, but this was a number of years ago and has been fed back. The situation has much improved since as had the calibre of personnel in more recent recruitment.

Areas noted as positive (all):

- The organisation understands the emotional toll of reception duties and CNS volunteering.
 - Individuals feel very valued and well supported, cited by all interviewees.
 - Beneficiaries of Supportive Care had formed real friendships which were sustained, helping manage grief effectively.
- Development feedback offered (all):
- Big group therapy sessions held at the beginning of the Supportive Care sessions were very daunting and perhaps too large.
 - At times workload can be so high that prioritisation and attention capabilities suffer, making staff more prone to mistakes. During this time managerial support could be offered to help prioritise.
 - One staff member noted the lack of 121 support following periods high patient deaths. Group support was noted but individual did not feel that would be as beneficial for them.
 - Only one example given of difficulties managing caseload at the peak volume; cited this was due to complex needs presented by patients, part of the patch is in the top 10% of most disadvantaged area in England.

CEO Response to the Provider Visit Report

As ever, I very much welcome the Provider Visit and its findings. Not only is it an important governance tool but it also provides Trustees with a direct and clear line of sight on North Devon Hospice operations. Clearly from this report it was a very positive visit. As an action our CEO asked the visiting Trustees for clarification regarding the teams to whom the development actions related so the organisation could monitor and support them more directly.

PART TWO

OUR 2024/2025 HIGHLIGHTS

It has been an exciting year for the hospice and we are so proud of our team who have continued to be an inspiration through their dedication to the hospice and our patients. During this year we have seen the hospice recognised at a national level because of our bespoke safe staffing tool. The tool is used by all our teams and ensures we maintain the levels of staff to safely meet the needs of our patients. Our work has been presented at two national conferences this year and was a finalist in the prestigious Nursing Times Awards.



The level of expertise held by our staff is vital to us being able to deliver outstanding care. Our Education Service has been fundamental in supporting our staff to continue their professional development and to making a significant contribution to the skills and knowledge of the workforce across North Devon. During this year the team have updated and catalogued a specialist library, launched a new healthcare professional zone on our website and rolled out our programme of end of life and palliative care modules. Our

Clinical Practice Educator attained her Post-graduate Certificate in Clinical Education and became an Associate Fellow of Higher Education. This has facilitated a collaboration with Bolton University (now University of Greater Manchester) to design a degree level course for healthcare professionals with a launch date expected for autumn 2025.

As part of our commitment to our teams' on-going professional development, we have supported two of our Bedded Unit Senior Healthcare Assistants to progress their careers by entering onto the Nurse Associate (NA) training programme. One of the team was able to start her course in this year and we look forward to supporting our second team member in the coming year. Along with our trainees, during this year we have welcomed several new Nursing Associate Team members into the team, having introduced the role following a safe staffing review.

As a charity, our volunteer workforce is critical to our service delivery and is at the core of our mission and philosophy. During this year we launched a new initiative to encourage young people, who have an aspiration to become health and social care professionals, to undertake a twelve-week programme within our care services that would see them



supported to learn and take on patient facing activities. The course is specially designed to give participants the experience of working with patients and families in a safe and supported way. Our second programme was open to anyone of any age and we have been overwhelmed by the enthusiasm, skills and compassion demonstrated by all the learners so far.



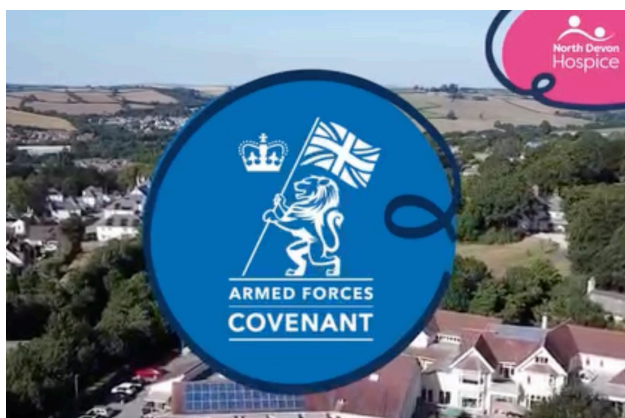
Our team are always looking for ways to enhance patient and family members' experience of our care. We have been very lucky to have secured funding to buy two extendable beds. Known to the team as "Cuddle Beds", these beds offer a high level of clinical functionality with the bonus of being able to extend in width at the press of a button allowing the patient to remain safely on the bed while we create more room. This additional space has numerous clinical advantages, but one very important benefit is

that when extended, the bed can accommodate 2 people. Being able to lie with a loved one, a partner or child, has immeasurable benefits for our patients. So much so that at the end of this year we launched our Cuddle Appeal to raise further funds to be able purchase another bed for our Bedded Unit meaning even more patients can find comfort in a cuddle with a loved one.



Our Supportive Care Team are always creative in how they design their events and therapies making sure we can offer as many ways as we can to support the emotional and psychological needs of patients and families. This year particularly they have looked to the outdoors and our wonderful gardens to find space and peace for people to come together and share in their grief. The team have received Forest School training and welcomed families to a variety of garden-based activities including a drumming session and

a tranquil evening session rounded off with toasted marshmallows around a fire pit. We are also running a series of sessions called Choices which focuses on more practical issues such as finances, planning care at home, managing fatigue and looking after dietary needs. These sessions have been well received and are allowing people to have open discussions and make plans. Taking our commitment to opening conversations about end of life care even further, the Supportive Care Team have developed a project run in collaboration with local primary schools aimed at helping children to feel safe to talk about their emotions and feelings around death and dying. Feedback so far has been extremely positive.



As an organisation, we originally signed the Armed Forces Covenant in 2019 firmly stating our commitment to support our armed forces community in any way we can. During this year we have gone further and worked hard to achieve the Veterans Aware Healthcare Alliance accreditation. We are more committed than ever to support serving personnel, veterans and their families when they need our care.

Activity data and key performance indicators

Key data for 1st April 2024 – 31st March 2025:

1,577

Total number of patients referred within the year (all services)

2,005

Total number of people cared for within the year (all services) (this includes people who were referred before and were still receiving care after 1st April 2024)

517

Advice line calls

Bedded Unit

- 94 admissions
- 39 of which we transferred from our local hospital freeing up vital acute services
- Received 517 advice line calls

838

Referrals

Clinical Nurse Specialist Team

- 878 referrals
- 3333 visits made to patients in their usual place of residence (home or care home)
- 2040 telephone calls with other healthcare professionals about shared care of patients

189

Rapid intervention visits

Hospice to Home

- Number of referrals 193
- Number of visits to deliver hands on care 3207
- Number of rapid intervention visits 189
- Miles travelled to patients homes to deliver care 51702 miles

2215

Counselling sessions

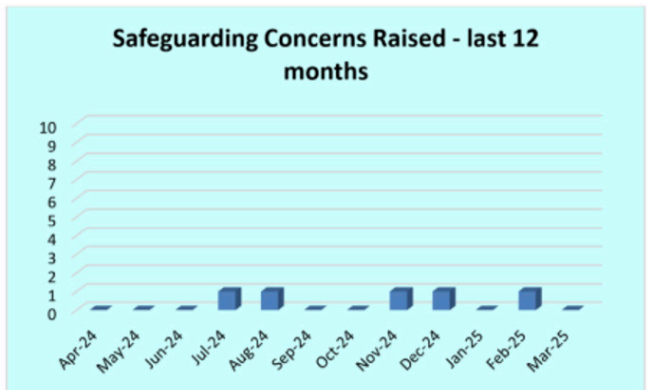
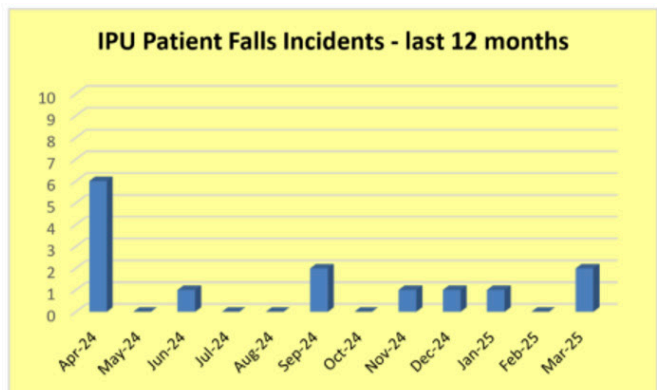
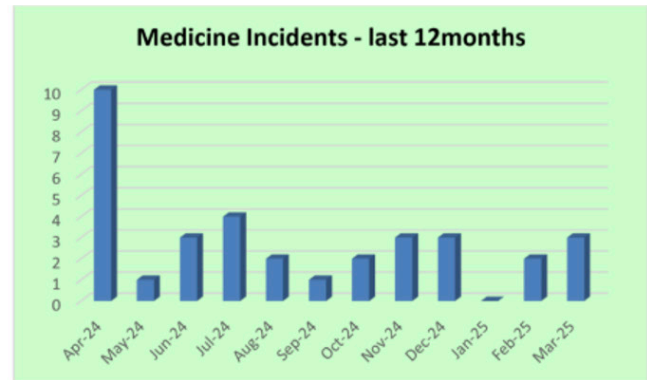
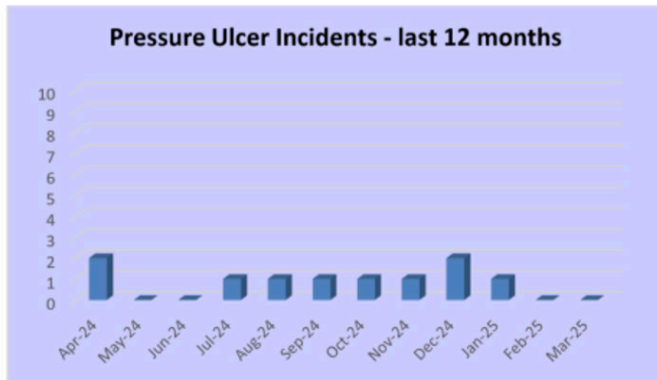
Supportive Care

- Number of referrals 923
- Number of people who received support 1209
- Number of group sessions held 222
- Number of counselling sessions (including bereavement counselling) 2215
- Number of complementary therapy sessions 395

Patient Safety Data

Clinical Indicators

All clinical incidents are reported and investigated to ensure all risk assessments have been completed, preventative measures have been taken and appropriate post incident actions implemented. The hospice operates a no blame culture focusing on reflection and shared learning. Operating as One Team, all care services take part in the review of incidents and feedback and look for learning and opportunities to change and improve practice.



In April we saw an increase in incidents within the Bedded Unit across three of our key safety indicators. When we measured this against patient acuity, staffing levels and our resulting utilisations scores we were able to draw some conclusions and take actions to address this.

As immediate actions during the period of high acuity we:

- Reviewed incidents as they happened to look for themes to guide next steps e.g. type, time of day, staff and patient involved.
- Allocated additional staff, avoiding cancellation of training wherever possible.
- Only took admissions when utilisation score was less than 80%

As longer-term actions we also agree to:

- Review our SafeCare guidance tool to increase its accuracy and describe more specificity within each descriptor to ensure accuracy of reporting. The intended outcome would be to see any trends quickly as they develop to allow swift action.
- Implement a standard where the utilisation score must be reviewed when it reaches 95% and second, independent check if it reaches 100%.
- Build an early warning system into incident reporting.

In addition to these actions in relation to acuity, we also took the follow actions as a direct result of reported incidents:

- Introduced a footwear assessment as part of our falls prevention plan
- Added syringe pump set up check to our existing syringe pump check list
- Updated our procedure for the destruction of medication to align to our existing procedure for the safe destruction of controlled drugs.

Risks and Safety Alerts

The Medicine and Healthcare product Regulatory Agency (MHRA) safety alerts are collated, shared as appropriate with clinical teams and actioned accordingly.

During 2024/2025 we received the following Alerts with actions:

MHRA Reference	Date of Alert	Action required	Status
NatPSA/2024/008/DHSC - Shortage of Kay-Cee-L ® (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup	26/07/2024	Not initiate new patients on Kay-Cee-L ® syrup. Review all patients currently prescribed Kay-Cee-L ® syrup to establish if potassium supplementation is still required, and switch to an alternative treatment, if considered necessary, ensuring no intolerance of excipients. 1 patient – dose discontinued 2/8/24.	Closed

We register any new and emerging clinical risks identified in practice, or through audits / incidents. Risk management strategies are put in place, the impact is monitored and if the risk is ongoing, it may be added to other Health & Safety risk assessments.

Clinical Risk Register 2024-25

Risk Activity	Date identified	Potential harm/consequences	Measures to minimise risk	Outcome/Actions
Refill liquid soap dispensers in clinical area	13/5/2024	* Empty dispenser between patient and wash out * Reload dispenser for new patient	*repair leaking dispensers if possible *replace broken dispensers with cartridge system	All dispensers leaking – programme of replacing all dispensers with cartridge systems

Clinical Audits and Research

During this period, we completed the following audits:

Hand Hygiene Audit

At North Devon Hospice, we expect staff to perform hand hygiene according to the WHO hand washing / Hand sanitization techniques. We expect hand hygiene to be completed at each of the five hand hygiene opportunities:

- Before patient contact
- Before aseptic technique
- After bodily fluid risk
- After patient contact
- After contact with patient surroundings

Month	No. of applicable checks	No. of checks that met standard	% met standard	Reasons for standard not met
April	38	36	95	2 BBE
May	54	46	85	4 missed opportunities 4 BBE
June	57	52	91	2 missed opportunities 3 BBE
July	29	26	90	2 BBE
August	55	52	95	3 BBE
September	53	50	94	3 BBE
October	55	52	95	3 BBE
November	53	52	98	1 BBE
December	52	51	98	1 BBE
January	54	52	96	3 BBE
February	54	51	96	3 BBE
March	56	55	98	1 BBE

* BBE - Bare below elbow violations

As a result of the audit findings, we took the following actions:

- Undertook awareness raising activity at clinical team meetings, with Housekeeping Supervisor and care Volunteers
- Created new hospice-wide posters and displayed in key areas in addition to changing existing posters at each handwashing basin.
- Reviewed hand hygiene guidance for community teams and raised awareness of Five Hand Hygiene Opportunities and appropriate use of aseptic technique.
- Increased spot checks of staff on duty in clinical areas.

Infection Prevention and Control Integrity Audit

At North Devon Hospice we check the integrity of our mattresses, mattress covers and armchairs using a standard set of checks every month. Each asset is assessed against a set of specific tests to check the integrity of the fabric, structure and function of the equipment. Each asset must pass each test in order to pass the integrity audit. Some assets will not be audited if they are in use by a patient.

Month	Total number of assets	No. assets audited	% of assets audited	No. of assets passed	No. of assets failed	Comments
April	43	27	-	27	0	
May	43	29	-	29	0	
June	43	39	-	39	0	
July	43	37	86%	37	0	
August	-	-	-	-	-	No IPC link day
September	43	35	82%	33	2	Mattress cover reported for decommissioning Armchair sent for repair
October	42	38	91%	37	1	Mattress cells not inflating – decision to be made re decommissioning
November	41	37	90%	36	1	Mattress cells not inflating – decision to be made re decommissioning
December	43	39	91%	39	0	
January	46	41	89%	39	2	2 mattresses with cells that do not inflate sent for repair
February	46	41	89%	1	1	1 mattress with cells that do not inflate sent for repair
March	46	36	78%	36	0	

As a result of the audit findings and feedback from our Care Quality Working Group we took the following actions:

- Added an extra data column to clearly show the % of assets the team were able to access and audit, noting that if equipment is being used, it may not be accessible to the audit team.
- Focused on consistency of recording and reporting with our IPC Link team.
- Reviewed data spreadsheets to ensure accuracy.
- Plans commenced to digitalise our audit once all assets have QR code and central register is updated with the aim of improving audit consistency.

Other completed audits during this period:

Controlled Drug audit

This is a quarterly audit carried out by our Pharmacist. We completed three controlled drug audits during this period. One audit was missed as our Pharmacist was absent. However, the new annual Medicines Management Audit took place during the period of absence and covered some of the same key areas. This offered assurance to our Care Quality Working Group in the absence of the CD audit. There were no compliance issues identified in the audit but we noted two actions at the January 2025 audit:

- Requirement to order a new Eezycd ruler for a specific brand of liquid medication
- The Nurse signature list was not made available to the auditor and must be provided at next visit.

Medicine Management audit

This is an annual audit. The audit was carried out on 27th June 2024 by our Bedded Unit Senior Registered Nurse. This was the first use of our newly designed audit tool that incorporates additional questions related to controlled drugs.

Our audit standard is as follows:

All patients admitted to the IPU will have a medication chart that meets the following:

1. The four core identifiers are documented as recommended by the NHS National Patient Safety Agency: Last Name, First Name, Date of Birth and NHS Number. (100%)
2. Written in ink, clearly and legible. (100%)
3. Patient allergies and drug sensitivities status must be identified (100%)
4. All drug omissions must be documented, with a clearly identified reason for omission written on the prescription chart using the agreed codes (100%)
5. All drug alterations to drug dosages including 'regular' drugs and 'as required' drugs must be re-written in full to indicate the change in drug dosage and the date of change. This must be signed by the prescribing clinician implementing the dose alteration. (100%)

Observations

It was noted that there is not always a finish date when an individual drug is discontinued on a chart.

Overall, observation showed staff were diligent in checking and ensuring medication charts accuracy.

Actions

1. Share the audit results at the next team meeting (September 2024)
2. Update staff on process for missing drugs
3. Review checking the stock expiry date process/form
4. Follow up pharmacy receipt not being sent – raise at MM meeting
5. Review system for following up when medication not delivered
6. Reminder to all staff to complete SD ID
7. Reminder to write the finish date on discontinued drugs
8. Repeat this audit annually

Infection Prevention and Control Audit

The infection prevention and control (IPC) audit takes place annually and is carried out by our contracted provider, Infection Prevention Solutions. The audit was undertaken on 28th October 2024.

The audit team noted it was clearly evident that all staff were dedicated to the delivery of exceptionally high standards of care to their patients. They commented that many of the issues identified on the previous audit had been rectified and that there were programmes underway to complete the outstanding elements.

Summary of compliance:

Audit area	% compliance	Comments
Compliance Governance & Assurance	96%	Some staff have not had IPC training. Noted that there have been several new starters who are in process of completing.
Kitchen - Servery	96%	Cleaning cloths not in correct place
Dining area or Bistro or Beverage Area	100%	
Clinical Environment	94%	Some chairs have fabric covers that are not cleanable to standard level. Noted that replacement programme is in progress.
Clinical Practice	100%	
Clinical Equipment	100%	
Hand Hygiene	84%	Soap and sanitiser dispensers are not compliant. Some hand basins are not compliant. Noted that replacement programme is in progress for both.
Sharps Management	100%	
Waste Management	100%	
Decontamination of Environment	100%	
Linen Management	100%	
Pressure Sore Management and Chronic Wound Care	100%	
Respiratory Care	100%	
Urinary Catheter Management	100%	
Enteral Feeding	100%	
Peripheral Venous Cannula (PVC) Line On-going	100%	
Overall compliance with audit standard	97%	

As a result of the audit, we have now implemented monthly IPC Walkabouts that will allow us to pick up on live issues, monitor actions in progress, highlight new areas of concern and prepare for annual audit.

Independent Nurse Prescriber: Opportunities to Prescribe

Some of our Clinical Nurse Specialists (CNS) are registered prescribers and our aim is for all our CNSs to attain this registration. While we work towards this, our current prescribers undertook an audit to understand the scope of Independent Nurse Prescribing in the hospice community service.

The audit addressed five questions:

1. How many times was there an opportunity to prescribe in the community (where there was a perceived patient benefit)

2. Total number of patient's who would have potentially benefitted
3. What was the reason for the INP to potentially prescribe?
4. What was the nature of the potential prescribing need?
5. What would the potential benefits be?

The audit reached the following conclusions:

- During the audit period there were several occasions where a medication was identified as being required by the CNS, but the patient waited a significant time for the medication to be prescribed by a General Practitioner.
- As most occasions were in cases of urgent need, any delays could potentially lead to increased patient symptom burden and distress.
- Had the CNS been able to prescribe, this could have been done immediately and treatment accessed in a timely manner.

We identified the follow actions as a result of the audit:


1. Share these audit results with the team
2. Share these audit results with the Integrated Care Board Medicines Optimisation Team
3. Begin negotiations to set up a costing centre to enable FP10 prescribing pads
4. Continue our programme of CNSs completing the INP qualification

Research

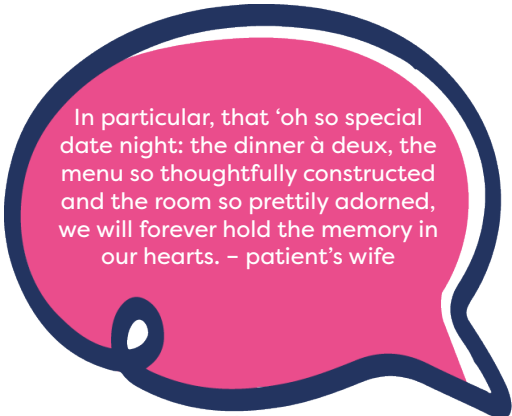
During this period there was no active participation in research. We categorise ourselves as research ready and continue to engage with the Peninsular Research Group. Our Clinical Quality Assurance and Improvement Lead is our link into this group and identifies appropriate trials and studies for us to consider participation in.

Feedback Learning Opportunities


The vast majority of the feedback we receive across all services is overwhelmingly positive and expresses gratitude to our staff for their kindness, compassion and excellent care and support.




Thank you for making [patient's] last few months so comfortable. I will never forget your priceless care and attention that you showed. Thank you also for caring for me with endless cups of tea & TLC. – Family member



In particular, that 'oh so special date night: the dinner à deux, the menu so thoughtfully constructed and the room so prettily adorned, we will forever hold the memory in our hearts. – patient's wife



Whenever we rang, you were there for us straight away, phoning back, popping over to visit, always so helpful and honest which [patient] really appreciated. – Family member



I finished the end of my reflexology therapies. This I am sure has helped me to be as I am now in a stable condition and feeling mentally and physically very well. – complementary therapy client

As a learning organisation, we also recognise that sometimes things will not go as we would want. Patients and family members are encouraged and supported to tell us if something wasn't as they had expected or hoped for. We also receive feedback from Healthcare Professionals in other organisations which allows us to reflect, learn and implement changes.

You said.....	What we found.....	What we did.....
<p>We received feedback from a colleague in another service that they had observed we had not contacted a patient they had referred in the timescale they had expected.</p>	<p>When we investigated, we identified that there was a gap of 5 days between referral and first contact. On investigation we noticed that only one telephone number had been included on the referral form, and this had gone unanswered when we had tried to contact the patient. When we checked with the referrer, they advised this was not the preferred method of contact for the patient and shared additional information which allowed us to make contact.</p>	<p>We amended our referral form to include a section for referrers to indicate if the referral is urgent and if they wish us to make contact within 48 hours, to call us to discuss the case. We also added a section to identify the preferred method of contact. All staff now also go back to the referrer if we fail to make contact with a patient after 3 attempts to call them.</p>
<p>A colleague in another service shared her experience of attending a patient at home who was known to the hospice. The patient was in an acute state and the colleague called us for assistance. Her experience of our response fell short of her expectation.</p>	<p>When we investigated the case, we could see that significant involvement from our team had taken place the preceding day and treatment plans were put in place. However, on the day in question, while we were able to respond to the colleague's phone call, hearing her feedback allowed us to consider if other actions could or should have been taken.</p>	<p>The staff involved took time to reflect on the case and considered how they might have responded differently. We shared our reflections with the colleague concerned. Both teams met to discuss the case and looked at how they can work better together to support patients but also each other.</p>
<p>A member of our Bedded Unit team reported a medication incident relating to the incorrect set up of a syringe driver infusion. As part of the incident the family of the patient concerned expressed concern about their confidence in the skills of the staff member who had set up the syringe driver.</p>	<p>When we investigated the report, we found that the staff member who had discovered the error, had identified the issue on the first routine checks after the driver was started. The error related to the way the syringe was attached to the pump. We were able to confirm the drugs had been accurately prepared but because the syringe had not been inserted into the machine correctly, the medication had not been delivered. At the time of discovery, a new driver was prepared and set up and the patient was reassured. It was confirmed the patient had suffered not escalation in symptoms due to the non-delivery of medication via the driver.</p>	<p>We reflected on the situation with the staff member concerned and highlighted the potential risks of this error. A development plan was put in place that focused on medication management and included re-training on the management of syringe drivers.</p>

<p>We received feedback from a colleague in another service about a mutual patient. They had reviewed the patient in clinic and were concerned that we had not responded to a call from the patient on a specific date asking for help with pain and a request for medication. The patient had reported that their hospice nurse had been on holiday on the day in question.</p>	<p>When we investigated, we found that the patient had called us on the day in question however, they had called to let us know they had sought and received advice and medication from the oncology unit.</p>	<p>We were able to reassure the colleague that our team were in regular contact with patient.</p> <p>The team reviewed their processes to ensure they let patients and families know they can contact the hospice even when their named nurse is away. They also considered how they communicate this with other key colleagues involved in the patients care to minimise the risk of missed communications and misunderstandings.</p>
<p>One of our Specialty Doctors shared their feedback following a patient's death at home. When called out to verify the death, our community team had not verified the death as the patient did not have a Treatment Escalation Plan (TEP).</p>	<p>When we investigated, we found that the patient did not have a TEP in place although our team had attempted to hold this conversation on several occasions. As the TEP was not in place the staff member concerned had understood she could not verify the death and she therefore advised the family of this, offered all other support and contacted another service to undertake the verification. However, our policy states that if the death is expected, then verification can take place without the TEP as long as the staff member has completed and passed their competency, feels confident to undertake it and there are no exceptional circumstances that would impact on the expected nature of the death.</p>	<p>We met with the individual staff member to reflect on the situation and support her to understand the policy and to explore any other concerns she had about the situation that led to her decision.</p> <p>We also asked the whole team to reflect on the situation and required the team to update their knowledge of our policy and seek additional support or training if needed.</p>
<p>Our team were called by a paramedic to see a patient at home to administer an injection. Our team were concerned that the ambulance team had an understanding that they were not allowed to administer this type of medication.</p>	<p>When we investigated this, it was unclear to us what the ambulance trust's policy is and whether this was a wholesale directive not to administer this medication, a policy that some team members can't administer the medication or that this individual had not had access to the appropriate training.</p>	<p>We shared this feedback with the local ambulance trust to get clarity on their policy approach. We offered training either by accessing existing courses / session or working together to design and deliver bespoke training.</p>

All of our patient safety data and information is shared with and reviewed through our Care Quality Working Group. This group has representation from across all our care teams. It is multidisciplinary and includes Trustees.

Training and Development

All staff are required to complete mandatory training. Each clinical role has a training profile which outlines mandatory and clinical essential training which is tracked and reported. Some learning is provided by our e-learning provider Bluestream. Face to face training is provided by our own Education Team.

At year end for this reporting period the following compliance was recorded for care staff's completion of e-learning and workbook based mandatory training.

Training	Registered Professionals (36)		Health Care Assistants (30)		TOTAL Attendance (66)	TOTAL%
	Attendance	%	Attendance	%		
Adult Basic Life Support	34	94	29	97	63	95
Anaphylaxis Management	28	78	25	83	53	80
Conflict Resolution	32	89	30	100	62	94
Dementia Awareness	30	83	30	100	60	91
Deprivation Of Liberty	31	86	30	100	61	92
Dysphagia Management*	27	75	25	83	52	79
Equality And Diversity	31	86	30	100	61	92
Fire Safety	33	92	30	100	63	95
Food Hygiene	34	94	30	100	64	97
Human Rights In Eolc (Inc Person Centred Care, Dignity)*	22	61	23	77	45	68
Infection, Prevention & Control	29	81	30	100	59	89
Information Governance	33	92	28	93	61	92
Medicine Management	28	78	27	90	55	83
Mental Capacity Act	31	86	30	100	61	92
Moving & Handling	34	94	30	100	64	97
Oliver McGowan Training on Autism and Learning Disabilities	29	81	30	100	59	89
Principles Of Health & Safety	33	92	30	100	63	95
Safeguarding Adults	30	83	29	97	59	89
Safeguarding Children	29	81	29	97	58	88
*Workbook						

As an observation, completion rates have improved since the previous end of year figures.

We noted two key actions:

- Human rights workbook completion rates are below threshold. Attention to be focused on key staff who have not undertaken / completed this training
- Dysphagia workbook completion has improved but remains below threshold. Bluestream now provide an e-learning package and this will be tested to decide if it can replace the workbook with the hope this will improve compliance.

Our Education Team also delivered a number of courses and sessions throughout the year. These are available to both hospice staff and external colleagues.

- Oxygen management in the community
- Practical Resuscitation
- Palliative Care Emergencies and pharmacological symptom management
- Advanced syringe driver management
- Verification of expected death
- Enhancing communication

- Treatment Escalation plans and resuscitation documentation
- Setting up and monitoring syringe drivers
- Recognising dying and non-pharmacological symptom management
- International Dysphagia Diet Standardisation Initiative framework
- Blood glucose monitoring
- Catheterisation
- Practical moving and handling
- Care Champion
- Advance care planning and patient-centred care
- Teaching skills

Duty of Candour

Duty of Candour is a legal duty that requires organisations to be open and honest with patients and families when things go wrong, especially where this leads to significant harm. As a CQC regulated organisation we are required to uphold this duty.

North Devon Hospice operates a no blame culture where honesty and transparency are core to our values. By adopting a just and learning culture we support everyone to be open about things that don't go well as this enables us to reflect, learn and implement improvements. When things do go wrong, we will always involve the patient, discussing the situation with them so they can understand the impact on them, any consequences due to the error, the actions we are taking to address the error including their right to raise a formal concern.

We have policies in place that clearly outline the responsibilities of each member of staff in keeping our services and environment safe, the role they must play in raising concerns and reporting errors and action we will take to support them and where appropriate the sanctions that might be implemented.

Freedom to Speak Up

All our staff are encouraged to speak up and tell us when something doesn't feel right. It is our hope that this will usually be done by talking to an appropriate Line Manager or colleague. However, we know that sometimes staff might find it hard to speak to their Line Manager, especially if the concern involves them. The hospice has a Freedom to Speak Up (FTSU) Guardian who is registered with the Office of the National Guardian. We also have a small team of FTSU Champions who are available to speak to staff if needed and help guide them to find a way forward so they can safely address their concern.

PART THREE

UPDATE ON LAST YEAR AMBITIONS

As a hospice we achieve so much everyday in supporting our patients and families. Recognising the day-to-day achievements and contributions of each member of staff is a key part of what makes North Devon Hospice a great place to work. We are One Team making a difference everyday to so many people. But each year we also commit to undertake big projects and implement significant change.

Last year we committed to several key projects and initiatives:

We said we would:	What we achieved	What we still need to do
Roll out patient safety training in line with NHS standard	All care staff have completed the relevant modules of the NHS safety training. No blame and learning culture and language are reflected in policies and the approach we are taking to digitalising our incident reporting framework.	
Implement new neurodiversity training in line with Oliver McGowan standard	All staff have undertaken the appropriate level of part one training by accessing the Oliver McGowan e-learning programme.	Implement part two face to face training
Launched our 40 th Anniversary Care Volunteer Programme	Ran our first cohort and recruited to our second cohort of volunteers and ran a successful 12 week program.	
Refurbished the Diana Wing of the hospice.	The Supportive Care Team and facilities team worked together to design, plan and carry out a full refurbishment of our therapy and counselling rooms, art room and Retreat. The aim of the project was to create a calm and therapeutic environment akin to a spa.	
Achieve Veterans Aware Healthcare Alliance accreditation	Set up a steering group and worked towards accreditation which was achieved in October 2024.	



PART FOUR

PRIORITIES FOR 2025/2026

During 2025/2026 we aim to:

- Refurbish the patient lounge within the Bedded Unit to bring it up to standard and align with the aesthetic of the unit as a whole
- Finalise our work with Manchester City University and deliver our first degree accredited palliative care course
- Commence partnership with WayMakers to deliver face to face component of neurodiversity training
- Launch SAIF (Safeguarding; Alerts and Near Misses; Incidents and Accidents; Feedback) reporting system including CQC monitoring module
- Introduce monthly Care Forum
- Fully implement then NHS Cleaning standard.
- Take part on the next stage of the research study, Care of people at the end of their lives in the rural and coastal communities of the South West Peninsula of England: A participatory realist evaluation (NIHR 167160)
- Commence a clinical pilot with our Bedded Unit to explore the use of short subcutaneous infusions for the delivery of a defined selection of medications including antibiotics.
- Take part in a national study exploring how urinalysis can support prognostication at end of life.
- Work as One Team to design and launch our next five-year strategy, 2026-20231.

PART FIVE

STATUTORY STATEMENTS

Statement of Quality Assurances

In compliance with statutory regulations, North Devon Hospice's Board of Trustees can confirm:

- During 2024/2025 North Devon Hospice provided or sub-contracted no NHS services directly. A grant was received from One Devon Integrated Care Board to provide palliative and end of life care.
- During 2024/2025, no National Clinical Audits and no National Confidential Enquiries covered NHS services that North Devon Hospice provides.
- The reports of 30 clinical audits were reviewed by North Devon Hospice in 2024/2025 and North Devon Hospice will take action to continue improving the quality of healthcare provided.
- The number of patients receiving NHS services provided or sub-contracted by North Devon Hospice in 2024/2025 that were recruited during that period to participate in research approved by a research ethics committee was zero
- North Devon Hospice's income in 2024/2025 was not conditional on achieving quality improvement and innovation goals through the Care Quality Commission.
- North Devon Hospice is required to register with the Care Quality Commission and its current registration status is active.
 - o We are active in the following areas:
 - o Treatment of disease, disorder and injury
 - o Personal care
- The Care Quality Commission has not taken enforcement action against North Devon Hospice during the reporting period of 2024/2025
- North Devon Hospice has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.
- As a specialist palliative and end-of-life care provider that is not part of the NHS we do not submit data to Secondary Uses Service.
- The Hospice's income during 2024 - 2025 was not conditional on achieving quality improvement through the Commissioning for Quality and Innovation (CQUIN) payment framework because it was not eligible to participate in this scheme as a third sector organisation.

CONTACT INFORMATION

Our contact address and details are:

North Devon Hospice
Deer Park
Newport
Barnstaple
North Devon
EX32 OHU

T: 01271 344248
E: info@northdevonhospice.org.uk
W: www.northdevonhospice.org.uk

Company Limited by Guarantee No. 1696150
Registered charity No. 286554

Chair of the Board of Trustees

Ms. Zara Svensson
North Devon Hospice
Newport
Barnstaple
North Devon
EX32 OHU

T: 01271 344248

Chief Executive Officer

Mr. Stephen Roberts
North Devon Hospice
Newport
Barnstaple
North Devon
EX32 OHU

T: 01271 347244
E: stephenroberts@northdevonhospice.org.uk

Director of Care

Mrs. Josephine Dedes
North Devon Hospice
Deer Park
Newport
Barnstaple
North Devon
EX32 OHU

T: 01271 344248

E: jodedes@northdevonhospice.org.uk

HOW TO RAISE A CONCERN

North Devon Hospices Complaints Policy and Procedure is available on request. The Complaints Policy and Procedure is reviewed 3 yearly or when legislation requires; whichever is sooner.

To raise a concern or make a complaint you can:

- speak to a member of staff
- call us on Tel: 01272 344 248
- email info@northdevonhospice.org.uk
- tell us about an experience via Care Opinion using the link which is on our leaflets and are located around Deer Park and The Long House
- write to the Chief Executive or Director of Care.

North Devon Hospice is registered and inspected by the Care Quality Commission:

Care Quality Commission
National Correspondence
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

T: 03000 61 61 61

F: 03000 61 61 71

Opening hours: Monday to Friday: 8.30am -5:30pm



North Devon Hospice
Deer Park
Newport
Barnstaple
EX32 0HU
01271 344248

North Devon Hospice
The Long House
Dobles Lane
Holsworthy
EX22 6GH
01271 344248

Registered charity no.286554