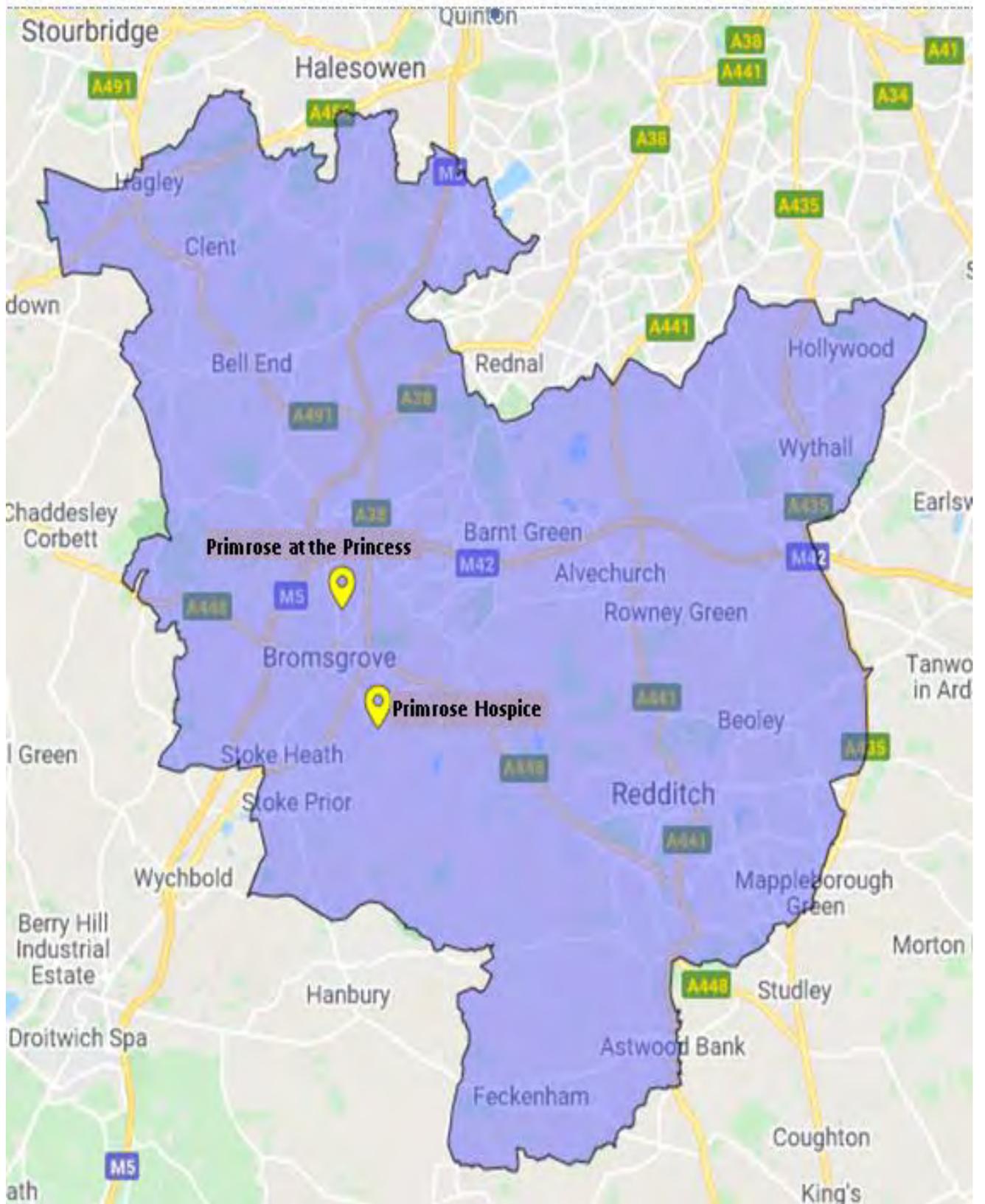




Quality Account

2021 - 22





PART 1

Chief Executive's Statement of Quality

On behalf of the Trustees and Staff I am pleased to present the 2021/2022 Quality Account for Primrose Hospice and Family Support Centre.

The purpose of this report is to provide information about the quality of our services and to detail some of the progress we have made during the past year, as well as looking at priorities for 2022/2023.

The report is for all our stakeholders - our patients, families and carers, the general public in our communities, the local statutory and voluntary sector organisations that we work with along with our NHS commissioners.

Once again, the last 12 months have been dominated by Coronavirus.



David Burrell
(Chief Executive Officer)

Primrose Hospice and Family Support Centre has played our part supporting this community through the challenges of a pandemic with an unerring resolve to maintain services and deliver our distinctive care and compassion to anyone who requires our support.

Throughout the pandemic, every member of staff and every volunteer has shown determination to continue to serve this community. I would like to thank them all for their fortitude, kindness of spirit and their compassion for their fellow human beings.

Despite the additional effort needed to deliver support during a global pandemic, we have maintained a determined focus on all aspects of safety and quality across our services.

We have reviewed our internal governance arrangements and implemented an additional internal Audit Group chaired by a Trustee to oversee our audit process and report to the Clinical Governance committee.

We have not been inspected by the Care Quality Commission (CQC) as originally planned due to Covid. However, the CQC, after reviewing our data and following their process of *Dynamic Monitoring Activity*, has determined that Primrose Hospice is very low risk and has therefore decided not to re-assess Primrose Hospice at this time. Our “Good” rating across all 5 CQC domains is therefore still valid and this is now recognised on the CQC Website.

During 2021/22 we have been re-accredited by the British Association for Counselling and Psychotherapy (BACP). Accreditation by BACP recognises achievement of high standards of knowledge, expertise, and developments in counselling services and we are one of only five hospices nationally that have this recognition.

We have played our part during the pandemic and we continue to serve our community. We are now looking positively to the future and the opportunities to further improve and develop our services.

To the best of my knowledge the information reported in this Quality Account is accurate.

Thank you for taking the time to read our Quality Account. If you have any questions, please contact me at Davidb@primrosehospice.org



Meet Our Board of Trustees

Primrose Hospice is governed by a Board of Trustees who are all volunteers. They meet regularly to review performance and make strategic decisions about the future direction of the Hospice and they ensure we adhere to our organisations vision and values as well as meeting our ongoing objectives.

The Board is made up of individuals with varied and key areas of expertise and is led by our Chairman Rod Laight. A list of all our Trustees can be found below.



Mission Statement

Primrose Hospice is a charity which enhances quality of life for people with life limiting illness in North East Worcestershire; in addition, we provide care and support for families, carers and friends.

Vision Statement

To provide the best possible care and support to anyone in our catchment area who requires our services, ensuring choice and empowerment for every individual.

Values:

Care

*Provide high quality personalised care and support for everyone
Be the best we can be at everything we do*

Compassion

*Respect and dignity for all
We listen, engage and act with warmth, kindness and understanding*

Community

*Primrose, one team providing holistic support
Inclusive and work together both internally and externally*



David Burrell CEO



Angélique Dalton COO



**Dawn White
Head of Clinical Services**



**Heather Coughlin
Head of Family Support**

Care Quality Commission Inspections and Ratings

Primrose Hospice and Family Support Centre was due to be inspected by the CQC in 2020/2021 but inspections were suspended due to Covid. During October 2021 the CQC were in contact with us to explain that they had recently adopted a new ranking system to determine which organisation needed urgent or priority inspection.

The priority for future inspections will be based on several factors including what is already known about the services, any complaints or red flags that would trigger concerns and the confidence in the teams as assessed on a telephone call using the CQC Dynamic Monitoring Approach.

Based on their assessment, the CQC have agreed that they have no concerns about Primrose Hospice and Family Support Centre and therefore:

- There will be no planned inspected until late 2022
- We will maintain our “Good” CQC rating which will be supplemented by a “banner note” on the website saying CQC have not inspected since 2016 but do not have any concerns.

Primrose Hospice **Good**



The Primrose Hospice Limited
Primrose Hospice

Inspection report

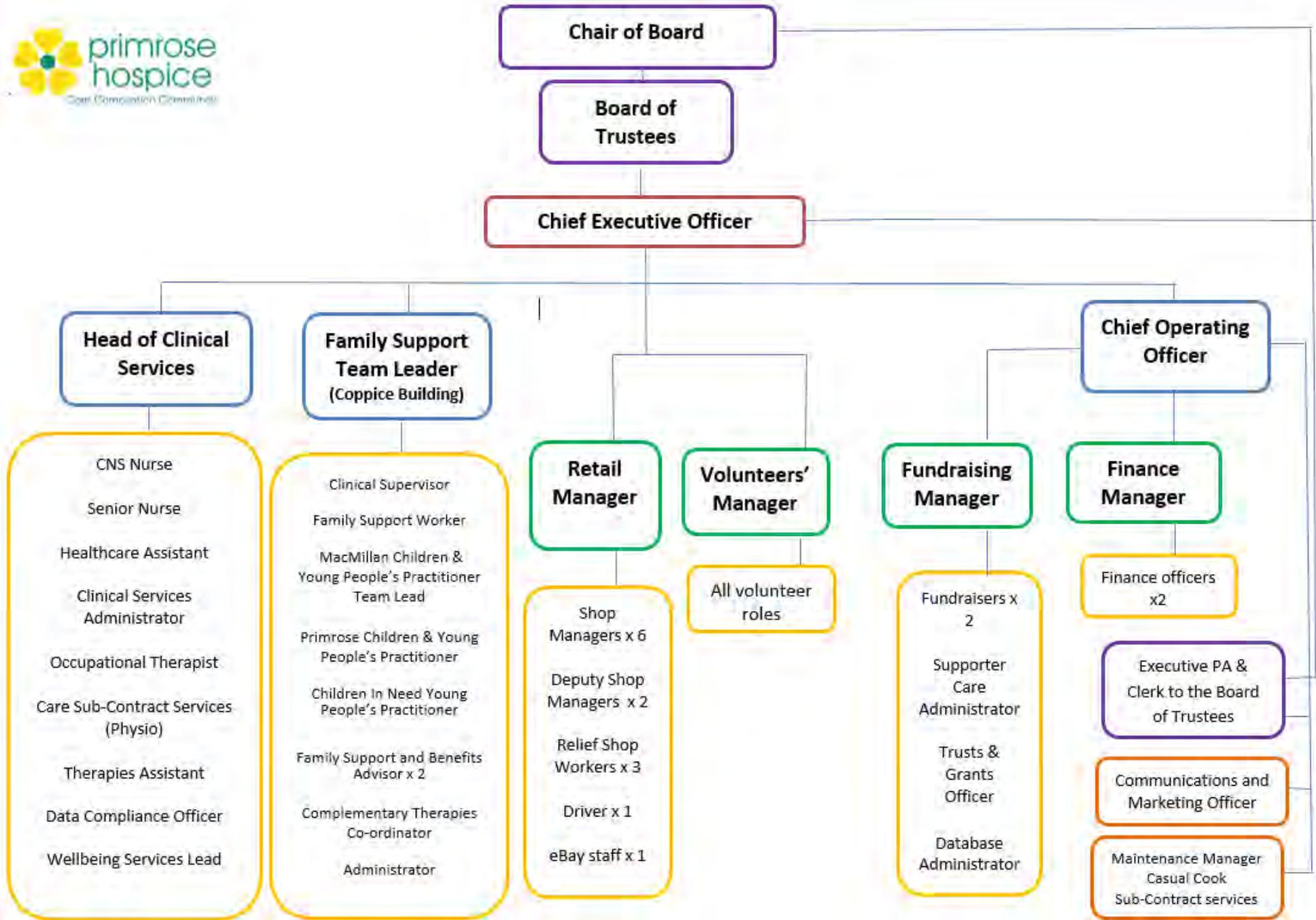
St Godwalds Road
Bromsgrove
Worcestershire
B60 3BW
Tel: 01527871051
Website: www.primrosehospice.org

Date of inspection visit:
18 May 2016

Date of publication:
17 August 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●



About us and our services

Primrose Hospice and Family Support Centre is an independent local charity based in Bromsgrove. We are proud to be able to support patients with life-limiting illnesses and families, providing them with the care and support they need.

Our services are aimed at helping our patients and service users 'live well' and to ensure they have choices regarding their care during most difficult times. This year we have supported more than 1000 people living in North East Worcestershire.

We offer a wide range of services to our patients, families, friends and carers. These include Day Hospice, Clinical Nurse Specialist services, Physiotherapy, Occupational Therapy, Wellbeing services, Counselling, Complementary Therapies and Family Support services for both adults and young people.

We currently have 444 kind-hearted volunteers who generously give their time to Primrose. They are involved in a wide range of activities, from helping in our shops, supporting our patients in the Day Hospice, volunteer driving or working hard to maintain our beautiful gardens in all weathers! Our volunteers are all very special people much respected as part of the Primrose team and many of them are involved in more than one role. We are enormously grateful to them all for their time and dedication to Primrose Hospice.

We must also recognise the unwavering support from the local businesses in and around Redditch and Bromsgrove who have always been fantastic at supporting the hospice; this ranges from small independent businesses to large national companies. Whether it be running a marathon, sky diving, participating in community events or supporting us as your chosen charity; we couldn't do it without you and we thank you.



There are 2 main parts to our services and both teams work closely to deliver support to individuals and families:

Clinical and Care Team

Our Clinical and Care team provide a range of specialist support services for patients diagnosed with a life limiting illness. Within our Day Hospice services our Primrose nurses and healthcare assistant work together with our therapists by talking to patients about their individual needs and developing person centred care plans. This is based on personal wishes and goals and is designed to ensure the right support is given at the right time.

At Primrose, we feel it is important that patients can build a trusting and professional relationship with the Clinical Care team, enabling them to gain the most from attending our services. The best care and support that we can provide is both bespoke and holistic. This is tailored to an individual's needs and addressing all aspects of that person's requirements including body, mind, emotional and practical support.

Following an initial assessment patients are allocated a 'Key Nurse' who is then responsible for planning an individual's care and evaluating their progress. They are also responsible for communicating and liaising with GP's and other professionals.

We understand that some patients prefer not to attend the Day Hospice, however, they can still maintain regular professional contact with the Hospice by attending the Clinical Nurse specialist's outpatient clinic.

Our nurses provide clinical support, information, symptom management or can refer on to other services including our own Wellbeing, Family Support or Complementary Therapy services. Service users also have regular opportunities to ask questions and discuss any worries or concerns they might have about the future.

Our Clinical and Care services aim to:

- help manage symptoms
- support with pain management
- provide wellbeing and emotional support
- help patients live as fully as possible alongside their conditions
- signpost and refer to other appropriate services both internally and externally

Many people attending Day Hospice say they are grateful for the opportunity to meet and talk to others in similar situations as themselves, sharing concerns, stories, hints and tips.

Physiotherapy and Occupational Therapy

Our Physiotherapist uses specialist assessment and therapeutic approaches to support all aspects of wellbeing. Aiming to support patients live as well, and as fully for as long as possible. Treatment may focus on improving or managing breathing problems, pain and movement difficulties, improving fatigue and managing to live at home. Support could involve a

combination of methods such as education and advice, movement and exercise or relaxation and mobility work.

Likewise, our Occupational Therapy service enables a patient to gain the most independence and achieve the best possible quality of life they can, offering guidance on lifestyle management. In particular our therapist is able to provide advice about managing at home, including choosing and sourcing equipment from simple aids for daily living to more complex pieces of equipment enabling people to stay in their home environment.

Together with the Physiotherapist our Occupational Therapist runs a regular group for patients with problems associated with breathlessness, anxiety and fatigue.

Wellbeing



Primrose Hospice's Wellbeing Service is designed to support those people with a life-limiting illness to help them manage and maintain their quality of life for as long as possible. The service is focused on meeting an individual's specific needs and is therefore tailored to their personal objectives and identified goals. For example, members of our Men's Group enjoy taking part in community-based activities such as golf, bowling, men in sheds and fishing whilst our online Yoga sessions allow service users to participate in group sessions from the comfort of their own home. Many patients who participate in our group sessions also gain additional support through social media peer groups. Examples of other Wellbeing activities provided include Crafts, Art Therapy, Textiles, Glass Making and Tai Chi. A new 'Allotment Community project' is also currently in the planning for later this year.

A current service user recently commented: -

"We come either to give our carers a break or to meet people to chat and to test our skills and brains. In my case having likeminded people who made things and then sold them at the summer fair raising money for the Day Hospice. It made me feel useful and respected when I most needed a push through some black days.... being inclusive in all that's available giving us the choice and not others making the choice for us "

Family Support Team

- ❖ Our Family Support service offers an empathetic ear to support people on their journey through different stages of either their own or their loved one's life limiting illness and is available when counselling is not appropriate. Families are supported both prior to and after a bereavement and our specialist counsellors and volunteers help individuals and families come to terms with losing someone they love. Service users can join one of our many support groups such as 'Cook and Share' which provides the opportunity to meet with others who have also experienced loss.
- ❖ Our one-to-one Counselling Service is available to patients and families who are experiencing a life limiting illness or who are bereaved. It provides an opportunity for patients and families to discuss and explore the confusing thoughts and feelings when they are having difficulty coping.
- ❖ Our Children's team provide support to young people both pre and post bereavement (including following sudden deaths). The team will make an assessment and offer one to one support, group support or both where our younger clients can express their emotions through activities such as craft and play.



- ❖ Benefits Advisors at the Hospice provide support and guidance to those who have been affected by a life-limiting illness and need help managing their finances.

This can include:

- General Advice
- Benefits Checks / Applications
- Employment Issues
- Wills / Probate
- Tax issues
- Debt
- Housing problems

“Fab service, benefits sorted out extra money we were entitled to at a time of need. Always at the end of the phone and we couldn't have managed without you.”

- ❖ The Primrose Hospice Complementary Therapy Services adopt an ‘integrated medicine’ approach to complementary therapy which is defined as: “the synergistic and harmonious blend of conventional medicine and complementary therapy within a safe environment”.

Our Complementary Therapists are fully qualified and experienced practitioners, who volunteer their services for free at the hospice. Complementary therapies provided at Primrose include:

- acupuncture
- aromatherapy
- healing
- homeopathy
- Indian head massage
- massage
- reiki
- relaxation
- reflexology

“The warm welcome, everyone makes you feel happy and listened to.... the staff and volunteers are great”.



PART 2

PLANNED IMPROVEMENT PRIORITIES FOR 2022 – 23 AND PLANNING FOR THE FUTURE

Planned Priority Improvements for 2022-23

Improvement Priority 1	To implement a new clinical IT System (EMIS) across all our services ensuring that the solution drives integration of services both internally and externally and improves safety and efficiency.
Improvement Priority 2	To increase utilisation of our services by increasing awareness of our services across the wider healthcare community. We will focus on promoting our services to NHS providers who care for people at end of life and primary care networks.
Improvement Priority 3	To ensure that our Family Support Services and Clinical Care Services work collectively to ensure the optimal holistic care and support for individuals and families.



PROGRESS AGAINST THE IMPROVEMENT PRIORITIES IDENTIFIED IN 2021 – 22

There were 3 planned priority improvements set for 2021/2022. These priorities were set prior to the COVID-19 pandemic and clearly this outbreak has dominated the year. For 2021/22. Priority 1 was achieved fully, priority 2 was hindered by pandemic but is re-framed for 2022/23 in new priority 2 and we have already seen improvement since the reduction in restrictions due to covid. Priority 3 was not achieved as intended and has been reviewed as it did not benefit many patients and potentially introduced additional clinical risks if full patient record could not be accessed. The integration of services and holistic care for patients and their families is a more beneficial focus for Primrose this year.

Planned Priority Improvements for 2021-22	
<p>Improvement Priority 1</p>	<p>To invest in the Clinical and Care Services Team to increase the number of post holders providing services and invest in equipment, education and training to provide an increased range of services.</p> <p><i>Progress:</i> <i>Significant investment in the Clinical and Care Team was approved by the Hospice Board in March 2021. This investment was subsequently used to employ an additional full time Senior Nurse and an additional full time Health Care Assistant.</i></p> <p><i>Investment was also agreed to increase medical sessions at Primrose as part of succession planning. This has not been implemented at this time and remains under regular review.</i></p> <p><i>In summary, this priority was achieved with investment in additional nursing and assistant post together with upgraded IT and phone systems and the implementation of “Bluestream” training system. There was no requirement to invest in medical cover as current cover remains in place.</i></p>
<p>Improvement Priority 2</p>	<p>To increase Day Hospice utilisation so that we support more people. This will be achieved by a concerted campaign to promote services to Healthcare Professionals together with adapting services to be more relevant to an increasing number of people.</p> <p><i>Progress:</i> <i>This improvement priority has been difficult due to Covid pandemic. This has been hindered by difficulty accessing senior healthcare staff during the pandemic and a reluctance to reduce the focus of other healthcare staff from the challenges of Covid. This priority is rolled forward and modified as part of priority 2 2022/23.</i></p>

Improvement Priority 3

To improve the provision of drop-in services at Primrose Hospice and Family Support Centre making our services easier to access with the aspiration to become a community hub for people impacted by end of life.

Progress:

We currently publicise that patients and families can refer themselves to Primrose. A referral link via our website has proved problematic technically, though we are looking to upgrade and improve the website in 2023. In addition, we are now planning a thorough review of our promotion and marketing material to raise awareness of this access route. Future reporting of referral source in quality report will include self-referrals.

Whilst we received some self-referrals and “drop in” patients during 2021/22, we found that there were potential clinical risks if a full medical history was not available. We believe that integrated IT systems would alleviate this risk and it is therefore timely that we will be upgrading our clinical IT systems and integrating with other services as priority 1 for 2022/23



Quality Assurance

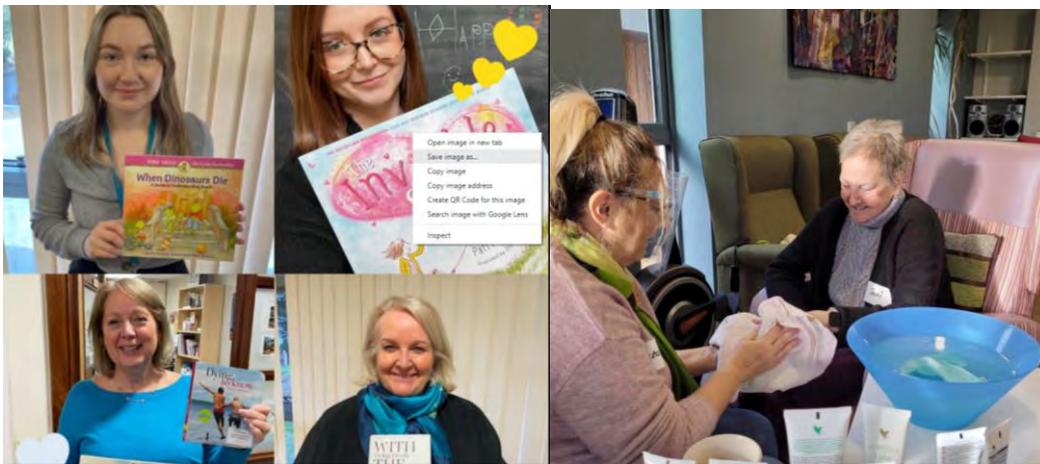
Review of Services

Hospices are required to report against those services commissioned by their local NHS. Primrose Hospice is fully compliant with the section 20 regulations of the Health and Social Care Act 2008.

We currently provide the following services either face to face, by telephone or webinar:

- Day Hospice
- CNS Clinics
- Physiotherapy
- Occupational Therapy
- Wellbeing Services
- Family Support and Counselling
- Complementary Therapy

“At a time when your life is torn apart, they bring some light and make you feel cared for”.



Income Generation

Primrose Hospice receives an annual grant from Hereford and Worcester CCG representing approximately 16% of its overall costs. During the financial year 2021/22 additional funding was received in the form of start-up grants from local authorities to assist with the April re-opening of retail premises and from NHSE for the Covid 19 Response to the winter Omicron variant. We are not expecting any further funding from the Treasury for the year 2022/23.

Quality Improvement and Innovation Goals agreed with our Commissioners – CQUIN payment Framework

The Commissioning for Quality and Innovation (CQUIN) framework supports improvements in the quality of services and the creation of new, improved patterns of care.

Primrose Hospice income in 2021 - 22 was not conditional on achieving quality improvements and innovation goals through the CQUIN payment framework.

Participation in Clinical Audits

During 2021 - 22, there were no requests to take part in any national clinical audits or national confidential enquiries that covered Hospice services. During this period Primrose Hospice was not therefore required to participate in any national clinical audits and national confidential enquiries.

Our ongoing Clinical Audit programme is designed to ensure the care and services we are providing are being done well and to identify any areas where there could be improvements in the quality of the care we provide.

The following clinical audits were undertaken, and the results reviewed by Primrose Hospice during 2021 - 22. As a result of these audits appropriate observations have been documented and any corrective actions required have been undertaken to improve the quality of services:

1. Infection Control Audits including a full external audit
2. Environment Audits for Day Hospice Building
3. Environment Audits for Coppice Building
4. Kitchen Audit
5. Management of General Medicines Audit
6. Non-Medical Prescribing Audit
7. Nutritional Care Audit
8. Protective Equipment Audit
9. Handling of Linen, Waste Disposal, Sharps & Patient Equipment Audit
10. Primrose Hand Hygiene, PPE and Clinical Practices Audit
11. Medical Gasses Audit
12. General Equipment Day Hospice Audit
13. COVID-19 Risk Assessment Audit
14. Covid Compliance for Volunteers
15. Access to Patient Records Audit
16. Smartcard Security Audit
17. Confidentiality, Privacy and Dignity Audit
18. Consent to record and share information Audit
19. Board Skills Audit

Participation in Studies

“Keeping active as you get older can have a positive effect on both your mental and physical wellbeing. Resistance bands are strong, elastic bands that can be used to exercise all parts of the body. Resistance band exercises are a great way to keep active and build or maintain muscle strength, which is important to keep you living well as you get older.” (Taken from Worcestershire.gov.uk).

During the year, patients from Primrose Hospice have participated in a Resistance Band Pilot Programme. This is in conjunction with the Living Well in Later Life Worcestershire – LifeCurve project™. The programme has been designed to encourage positive aging throughout Worcestershire with the aim of improving muscle strength in older people. Positive results have been observed and participants have commented that they feel the exercises have improved both their mobility and mental health.

Health and Safety

Primrose Hospice is committed to ensuring that it complies legally with all relevant health and safety legislation including the maintenance and decontamination of medical devices and equipment.

Our current Health & Safety policies set out how we manage the safety and wellbeing of our employees, volunteers, patients and visitors and any appropriate actions are taken in accordance with these policies.

Underpinning policies include: -
Health and Safety, Fire Safety, Water Safety, Fitness of Hospice Premises, Food Services, Equipment Management, Waste Management, Major Plant Failure, Environmental Management, External Contractors, DSE, Smoke Free policy.

Primrose Hospice has a full preventative maintenance schedule in place which is actively managed and reviewed. Planned maintenance of equipment is on schedule. All medical equipment used is maintained by external contractors annually.

Prevention and Management of Infections

As Primrose Hospice has no inpatient facility, MRSA, MSSA and other infections are not reported on. Routine infection control measures are in place and alcohol gel dispensers are available at entrances to clinical areas. Patients with diarrhoea or vomiting suspected to be related to infection are asked not to attend until they are 48 hours clear of symptoms.

The device associated infection rate is zero.

Data Quality

Good data quality is always essential. It helps us to ensure we give our service users the best experience we can, make decisions and develop new services where needed. The quality of the data we record is important because we need:

- accurate and timely information to manage services and accountability.
- good information to manage service effectiveness.
- to prioritise and ensure the best use of resources.
- make improvements to service delivery and to promote accountability to customers, stakeholders, residents and Government.
- report to auditors and inspectors who will make judgements about our performance and governance.

We achieve good data quality through the following:

- Governance and leadership - defined roles and responsibilities to ensure accountability for data quality with policies and procedures in place to support the process.
- Ensure systems and processes are in place that secure the quality of data.
- People and skills - train staff so they have the appropriate knowledge, competencies and capacity for their roles.
- Data security – the data collected is held securely and is only used for authorised purposes.

All management information, including data quality and performance information, is used by the Hospice to manage the safety and quality of service provision along with the organisation's overall performance. External bodies, stakeholders and service users can then use this information to assess our overall performance to make informed decisions.

Secondary User Service (SUS) Submissions

The Secondary Uses Service (SUS) is a collection of health care data required by hospitals and used for planning health care, supporting payments, commissioning policy development and research. Smaller providers including Hospices are not required to complete these data submissions and are therefore not included in any published data.

Primrose Hospice continues to participate in Hospice UK national data collections as and when requested. An online return was completed during October 2021 which collected historical patient activity and patient characteristic data grouped by service.

Information Governance and IG Toolkit

During December 2021 the Primrose Hospice completed and submitted the NHS Data Security and Protection Toolkit Self-Assessment and were compliant with all mandatory requirements.

Freedom to Speak up Guardians.

Our newly appointed Freedom to Speak Up Guardians will support workers to speak up when they feel that they are unable to in other ways. They work alongside the Senior Leadership Team to support the organisation in becoming a more open and transparent workplace.

Duty of Candour

Duty of Candour is a legal responsibility to be honest and open with all service users and their families and it applies to all organisations regulated by the Care Quality Commission.

It is broadly acknowledged that healthcare treatment is not risk free. Patients, families and carers usually understand this and want to know not only that every effort has been made to put things right, but every effort is made to prevent similar incidents from happening again to someone else. A critical test for patients' trust in Primrose Hospice is how we respond to things if they do go wrong and it is our policy to take an honest and open approach and to provide service users and other relevant persons with support, truthful information and a written apology.

Systems are in place for reporting notifiable safety incidents and informing relevant person(s) in a timely manner when such an incident has occurred. Mandatory training and our Duty of Candour policy provides guidance to our employees about the principles and processes to be followed, and in addition, our accident and incident reporting policies provide a clear process for the management and reporting of any of incidents.



Police Dog Primrose with her West Midlands Police Handlers visiting us at the Hospice

What others say about us

As a health care provider, the Hospice is required to register with and maintain registration status with the CQC and as such we are required to demonstrate our ability to meet the necessary standards for continuous registration, which includes essential levels of safety and quality with no conditions.

Primrose Hospice is subject to periodic reviews by the CQC and as reported in our previous Quality Report, the last unannounced on-site inspection review was on May 18th, 2016. The Hospice was awarded an overall rating of 'Good' following this inspection and was 'good' in each of the five CQC Domains; safe, effective, responsive, caring, well-led. Primrose Hospice has not participated in any special reviews or investigations by the CQC during the reporting period. The Care Quality Commission has not taken any enforcement action against Primrose Hospice during 2021-22.

"You have no idea what you have done for us as a family. You have guided us through and bought us out the other side of such a traumatic event. I will be forever externally grateful to you all".

"Meeting people and getting out of the house brightens my life. Having counselling and hypnotherapy also helps me in my life. The staff are very helpful and look after your every need.

"Coming back to day therapy just makes me feel better, more alive!"

"Everyone is so lovely, the staff, the other patients, it's a wonderful place."

PART 3

Quality Overview, Performance & Clinical Effectiveness

Staffing

Staffing levels and structure as at 31.03.22 are shown below:

Contracted Staff:

Post	Head Count	Vacancy
Head of Clinical Services	1	
Clinical Nurse Specialist	0	1
Senior Nurse	1	1
Healthcare Assistant	1	
Therapies Assistant	1	
Physiotherapist (Contracted in)	1	
Occupational Therapist	1	
Wellbeing Services Lead	1	
Care Team Administrator	1	
Data & Compliance Officer	1	
Head of Family Support	1	
Family Support Clinical Supervisor	1	
Adult Family Support and Benefits Adviser	2	
Children and Young People's Support Workers	3	
Complementary Therapy Coordinator	1	
Family Support Administrators	2	
Total	19	2

Vaccinations 2021/2022

Flu

All staff within the Hospice were actively encouraged to participate in the free flu vaccination scheme during the winter months.

COVID-19

COVID-19 vaccines, including first, second and booster doses have been offered to all frontline health and social care workers across Hereford and Worcester. All staff and volunteers at Primrose Hospice have been asked to participate in this priority programme.

As at 31st March 2022 all front-line staff were fully vaccinated against Flu and COVID 19.

	Winter Flu Jab	COVID - 1st Dose	COVID - 2nd Dose	COVID Booster
Total Number of Hospice Staff = 46				
Total Number of Hospice Staff Vaccinated	43	43	43	43
% of Hospice Staff Vaccinated	93.5%	93.5%	93.5%	93.5%
Total Number of Front-line staff (Clinical Team / Family Support) = 18				
Number of front-line staff Vaccinated (Care Team / Family Support)	18	18	18	18
% Of front-line staff Vaccinated (Care Team / Family Support)	100%	100%	100%	100%

Staff Sickness

Staff sickness levels for 2021/2022 are shown below: -

Care Team (includes family Support)

	Q1	Q2	Q3	Q4	Total
Available days to work	800	932	941	834	3507
No days of sickness absence	50	8	45	108	211
% of days / shifts lost	6%	1%	5%	13%	6%

Management and Support Staff

	Q1	Q2	Q3	Q4	Total
Available days to work	1319	1360	1519	1424	5622
No days of sickness absence	7	36	34	29	106
% of days / shifts lost	1%	3%	2%	2%	2%

Training

Staff mandatory training is determined essential to the organisation for the safe and efficient delivery of services. This type of training is designed to reduce organisational risks and comply with local or national policies and government guidelines. The table below summarises the position for the Care Teams as well as other non-care support staff. Training this year has been impacted by staff shortages due to COVID along with the recent appointment of new staff within the Care team which then takes time to get all mandatory modules completed.

Staff Training Position as at 31.03.2022

Module	Care Team including Family Support (%)	Non-Care (Support) %
Fire Safety	95	94
H & S	100	100
Manual handling (theory)	100	100
Information Governance	100	100
Fraud Awareness	100	100
Equality and Diversity	100	100
Communication Essentials	100	100
Infection control	100	100
Palliative & End of Life Care	100	100
Safeguarding	95	97
PREVENT	89	94
Complaints Handling	100	100
Consent	100	N/a
Manual Handling (clinical staff)	100	N/a
Suicide Risk	89	N/a
Nutrition & Hydration	95	N/a
Care Planning	100	N/a
Medicines Management	95	N/a
Palliative Care Emergencies	100	N/a
Mental Capacity (clinical staff)	100	N/a
Adult Basic Life Support (clinical staff)	100	N/a



Celebrating Yellow Week at the Hospice 2021

Who has accessed our Services?

Indicator	2021/22
Number of individual service users who received care or support from the services provided by Primrose Hospice	1027
Total number of new referrals received into each of our services and recorded onto our caseloads	1585
Total number of nurse led patient consultations	1683
Total number of additional nurse contacts with Carers and Families	285
Total number of *Physiotherapy and Occupational Therapy consultations <small>*Please note our Physiotherapy service was suspended until Oct 2021)</small>	349
Total number of Wellbeing related support contacts including the younger women's support group called the GALS Group	736
Total number of Family Support and Counselling client contacts – Adults	3223
Total Number of Family Support and Counselling client contacts – Children	1181
Total Number of Benefits Advice client contacts	378
Total Number of Complementary Therapy client contacts	593

Referrals and Activity 2021/22

Meaningful comparative analysis of activity data over the last two years continues to be very difficult due to the pandemic and the restrictions put in place, including periods of lockdown, the impact on staffing levels and the caution applied by our vulnerable patients to engage in services. Despite the ongoing difficulties during this period Primrose Hospice and Family Support Centre has endeavoured to be amongst the safest workplaces, and therefore we also believe one of the safest facilities locally for the people we care for. This has been achieved as a result of our very successful vaccination programme along with the rigorous testing programs we have in place and our vigilance with adhering to infection control measures and the continued use of PPE equipment.

Despite the difficulties our services have continued to be well utilised throughout the year and since the pandemic began much of our care was being delivered virtually or over the phone. Many of our patients and families were however becoming desperate to resume talking to someone face to face and it is therefore fantastic to be able to report that our main Hospice and Family Support Centre is once again becoming more vibrant as service users and volunteers are returning to face-to-face support. The following charts 1 - 12 provide a breakdown of active patient numbers, all new referrals received, and the number of care contacts provided for the last 2 years, from April 20 to March 22.

Charts 1 and 2 show the number of active service users within each department at the beginning of every month. They highlight the number of clients who have continued to receive our support services during this challenging two-year period whether this be face to face or remotely. Within the Clinical services the decline in the number of patients during the beginning of 2021 was due to the temporary suspension of our Physiotherapy and Occupational Therapy services and then again in early 2022 was due to staffing changes within the nursing team. Total numbers within Family Support have remained stable throughout the period.

The number of new referrals received into both Clinical and Family Support services is presented in charts 3 and 4. As expected there were fluctuations in new referral numbers across this period. Within the Clinical and Care team, whilst our Wellbeing and Gals groups were suspended during 2020/21, referral numbers spiked in July 2020 for both Physiotherapy and Day Hospice as more patients turned to us for support when the first lockdown restrictions started to ease, but whilst other services were still harder to access. For those months where referral numbers were lower than average, this was due to reduced levels of capacity in terms of staff vacancies or sickness. Within Family Support new referral numbers continued to grow during 2021/22 with March 22 showing the biggest number of new referrals recorded in the two-year period, especially within bereavement services.

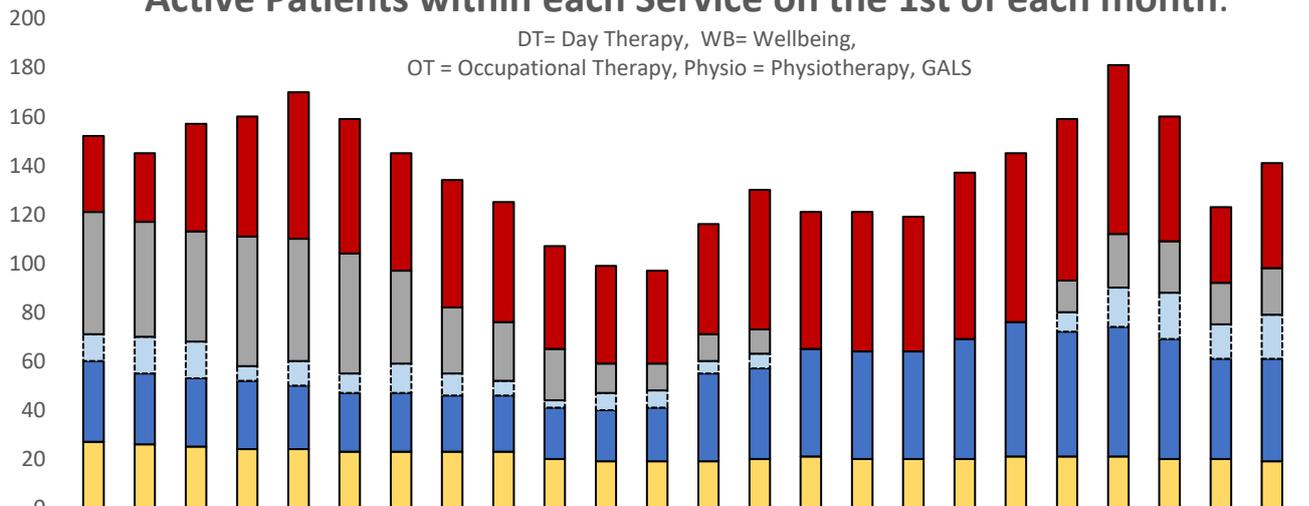
Charts 5-12 provide a breakdown of activity levels and referral numbers within each specific department across the Clinical and Family Support teams. Whilst some specific services such as Complementary Therapy and Wellbeing were suspended because of our heightened focus on client safety other areas remained very busy. This is highlighted across the charts for example within our Nurse led services and Family Support and Counselling.

Chart 1:

Clinical Services:

Active Patients within each Service on the 1st of each month.

DT= Day Therapy, WB= Wellbeing,
OT = Occupational Therapy, Physio = Physiotherapy, GALS



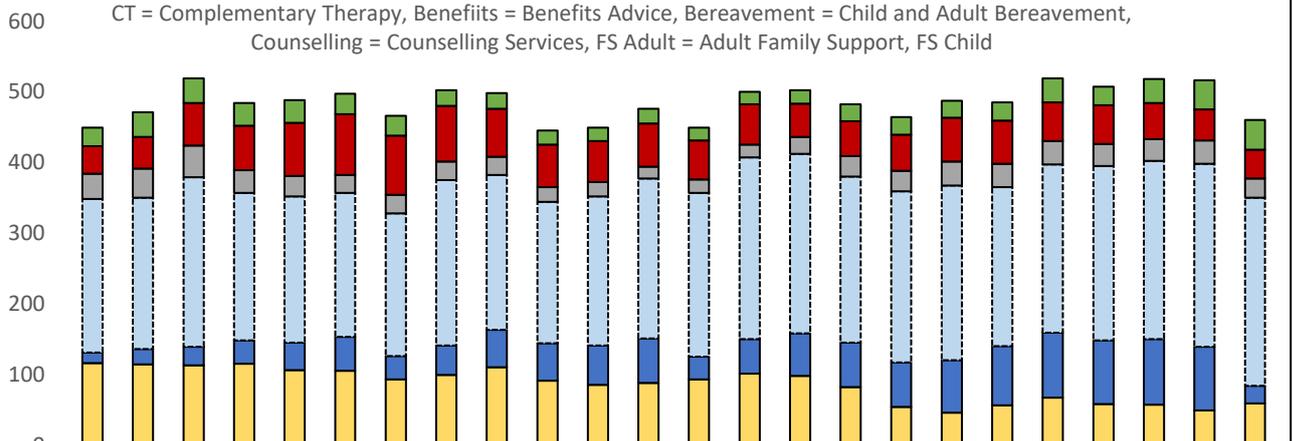
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
DT	31	28	44	49	60	55	48	52	49	42	40	38	45	57	56	57	55	68	69	66	69	51	31	43
Physio	50	47	45	53	50	49	38	27	24	21	12	11	11	10	0	0	0	0	13	22	21	17	19	
OT	11	15	15	6	10	8	12	9	6	3	7	7	5	6	0	0	0	0	0	8	16	19	14	18
WB	33	29	28	28	26	24	24	23	23	21	21	22	36	37	44	44	44	49	55	51	53	49	41	42
Gals	27	26	25	24	24	23	23	23	23	20	19	19	19	20	21	20	20	20	21	21	21	20	20	19

Chart 2:

Family Support:

Active Patients within each Service on the 1st of each month.

CT = Complementary Therapy, Benefits = Benefits Advice, Bereavement = Child and Adult Bereavement,
Counselling = Counselling Services, FS Adult = Adult Family Support, FS Child



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
FS child	26	35	35	32	32	29	28	22	22	20	19	21	18	18	19	24	25	24	26	34	26	34	41	42
FS Adult	39	45	60	63	75	86	84	79	68	60	58	61	55	57	47	49	51	62	61	55	55	51	44	41
Counselling	36	41	45	32	29	25	26	26	26	21	20	17	19	18	24	29	29	34	33	33	31	31	33	27
Bereavement	217	214	240	209	207	204	202	234	219	200	211	226	232	257	254	235	242	247	225	238	247	252	259	266
Benefits	15	22	26	33	39	48	33	42	53	53	56	63	32	49	60	63	63	74	84	92	90	93	90	25
CT	116	114	113	115	106	105	93	99	110	91	85	88	93	101	98	82	54	46	56	67	58	57	49	59

Chart 3:

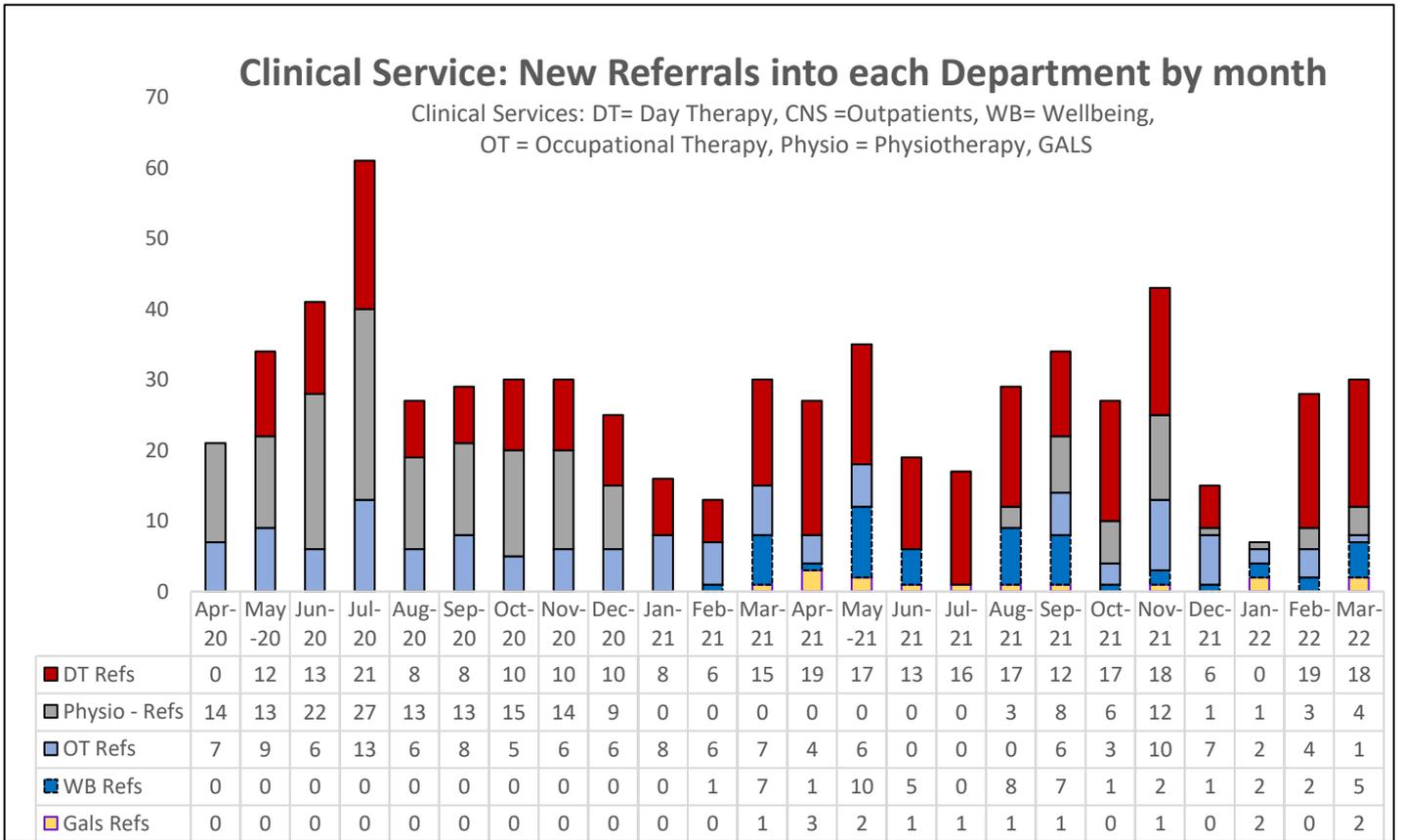


Chart 4:

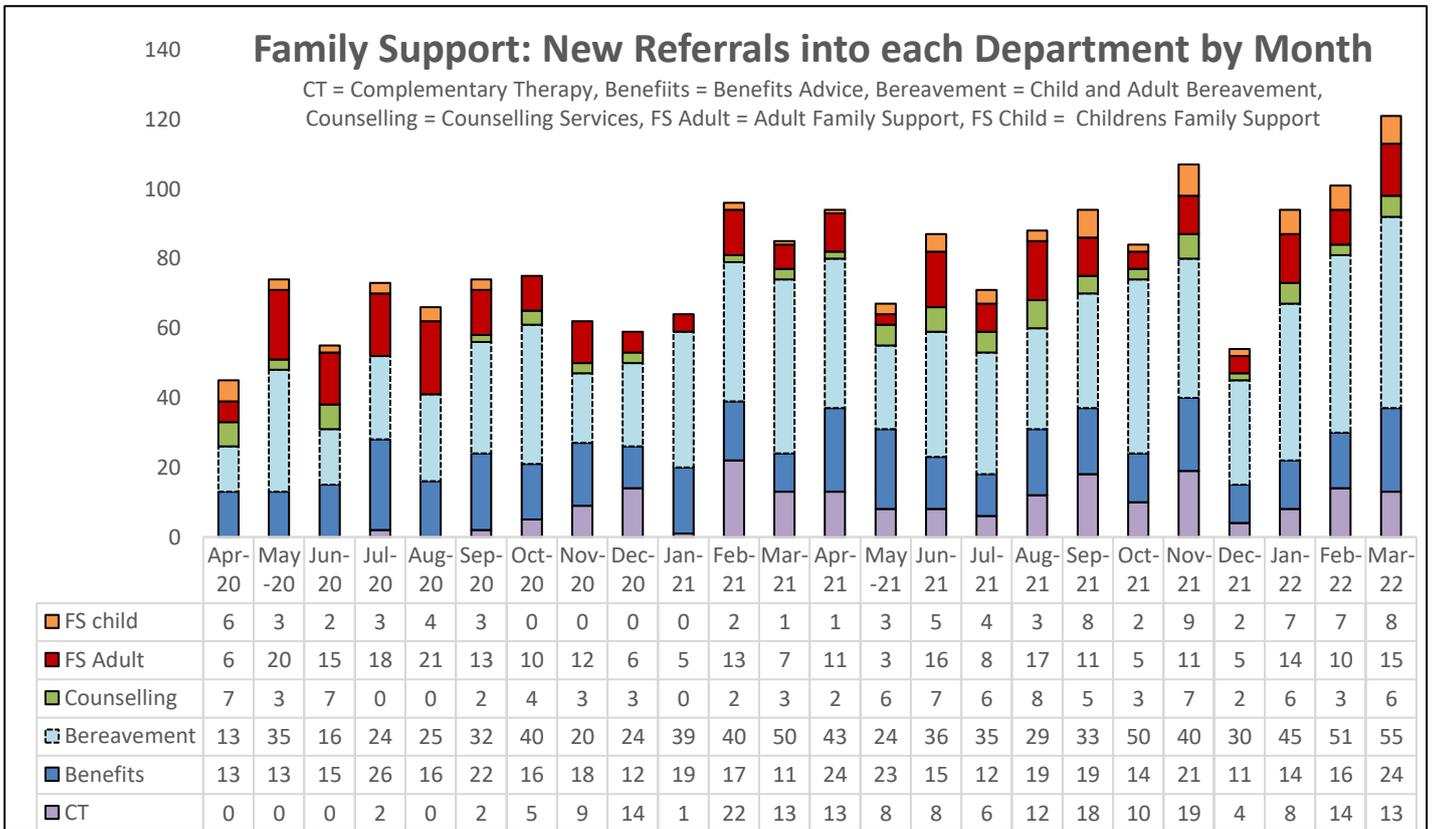


Chart 5:

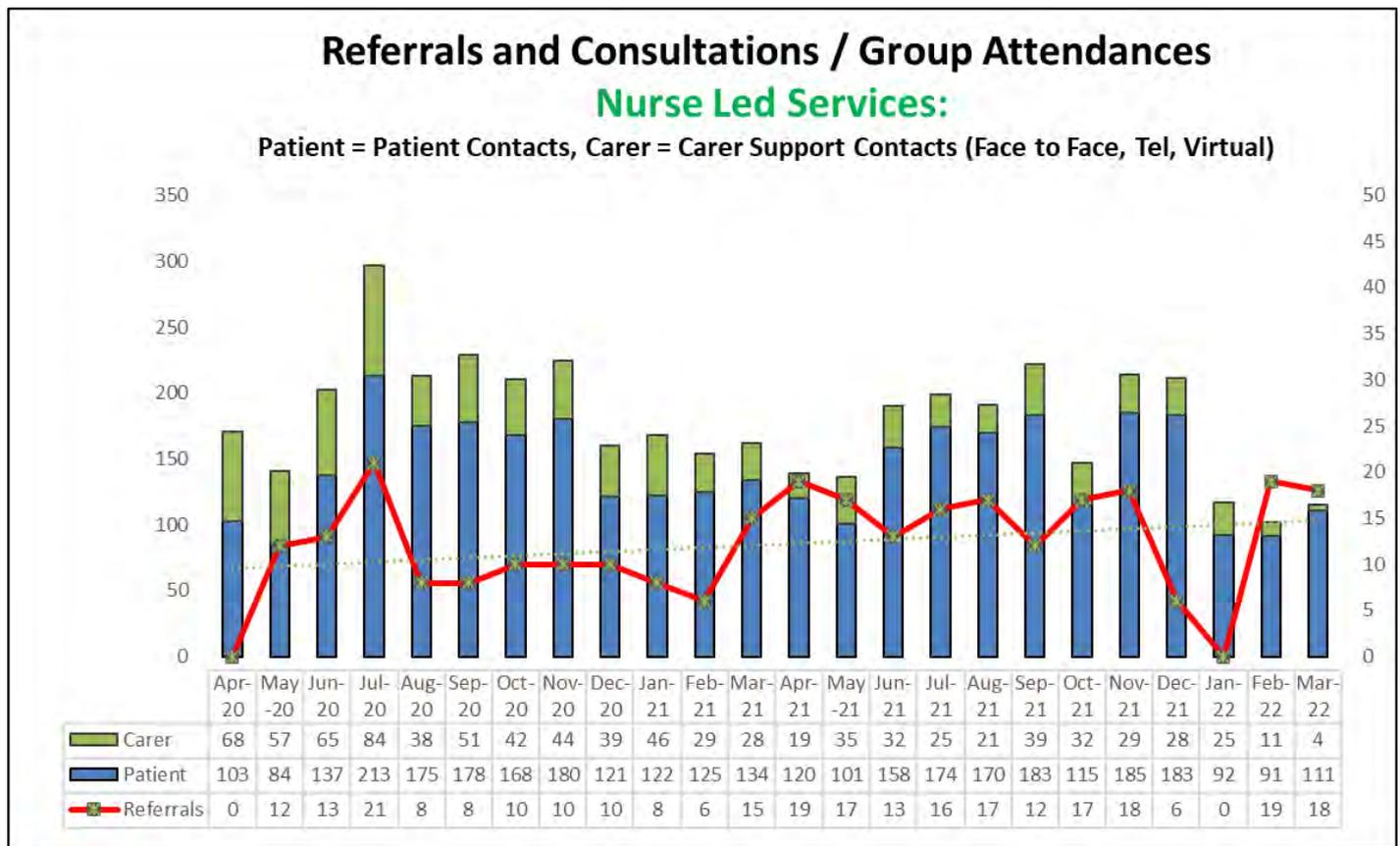


Chart 6:

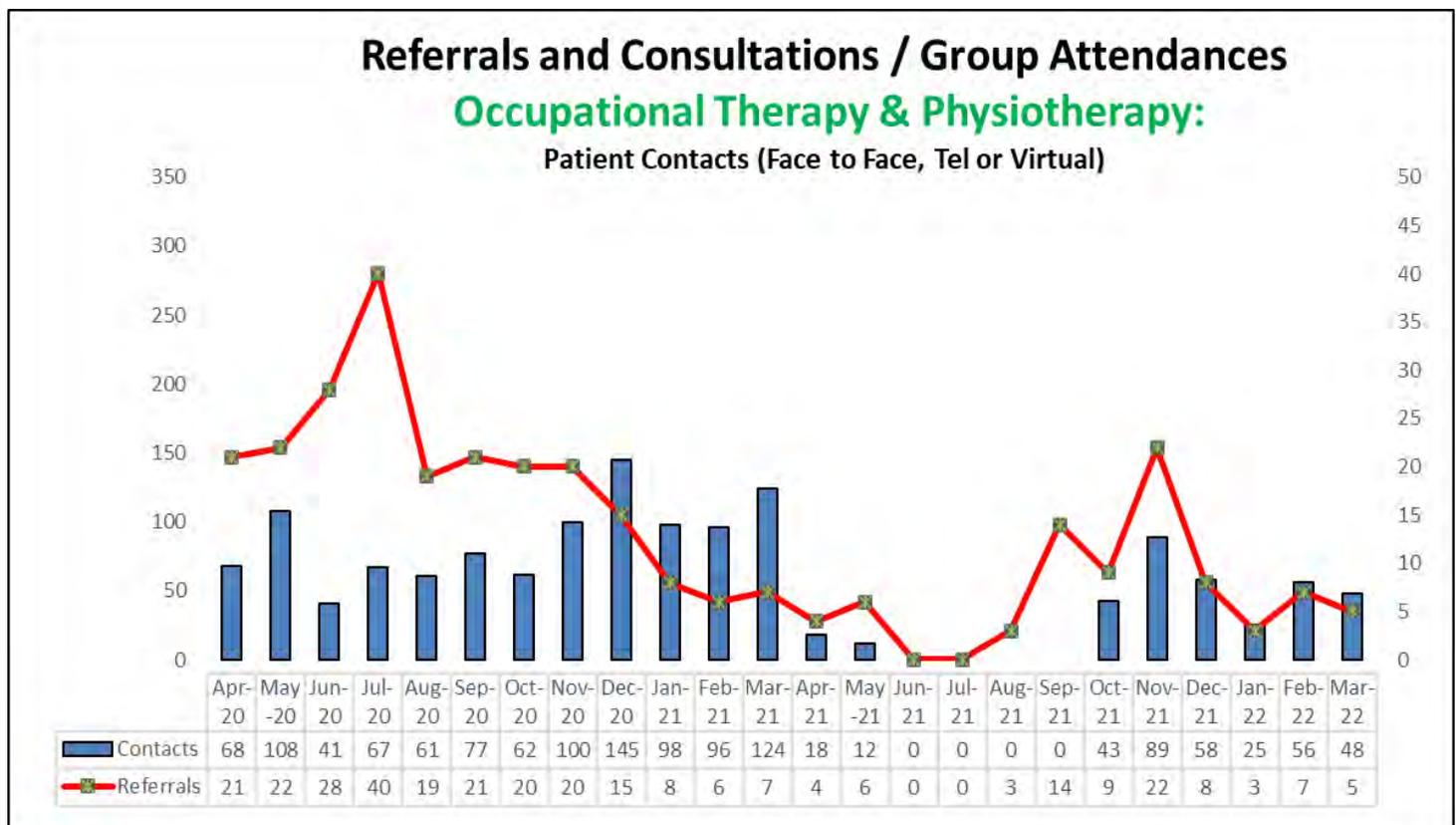


Chart 7:

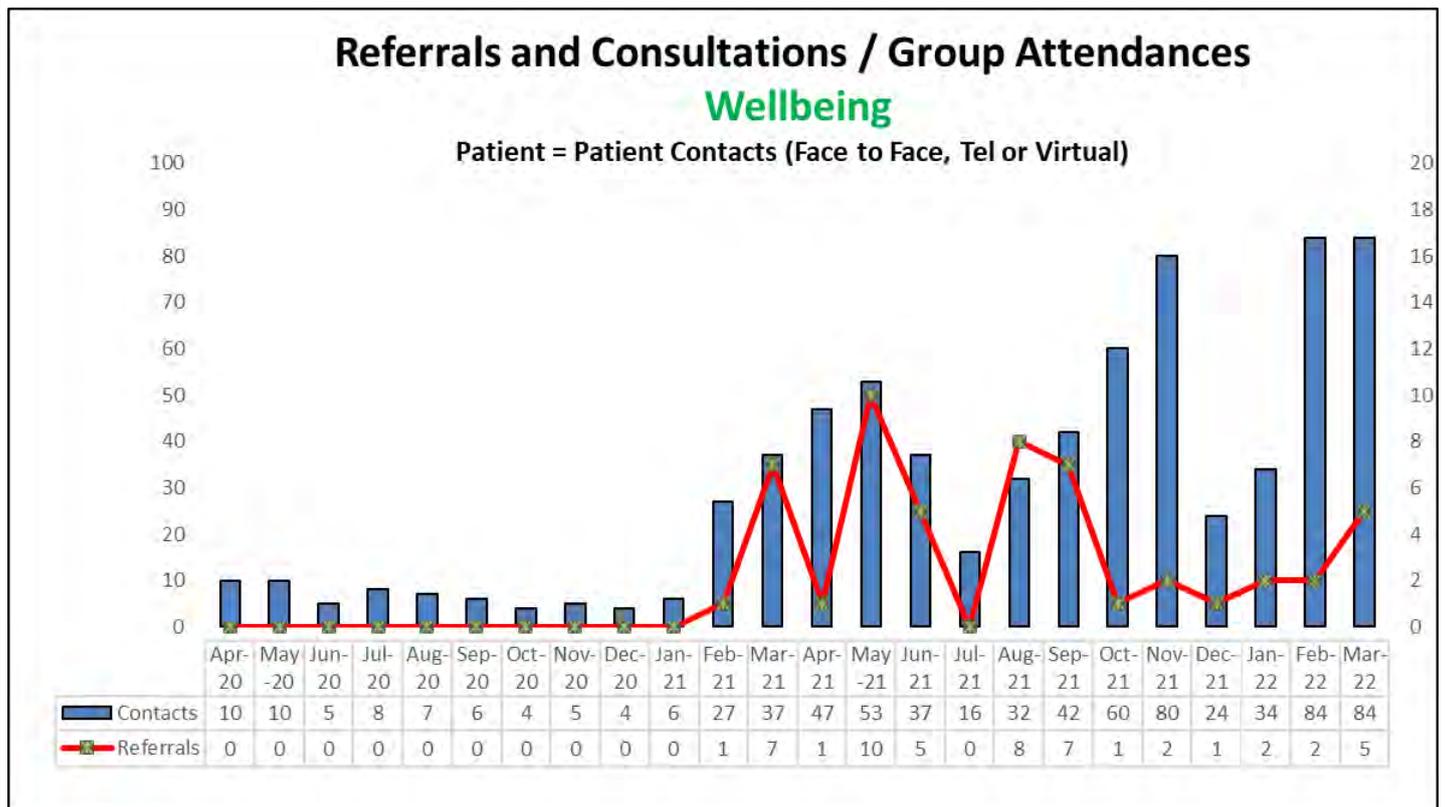


Chart 8:

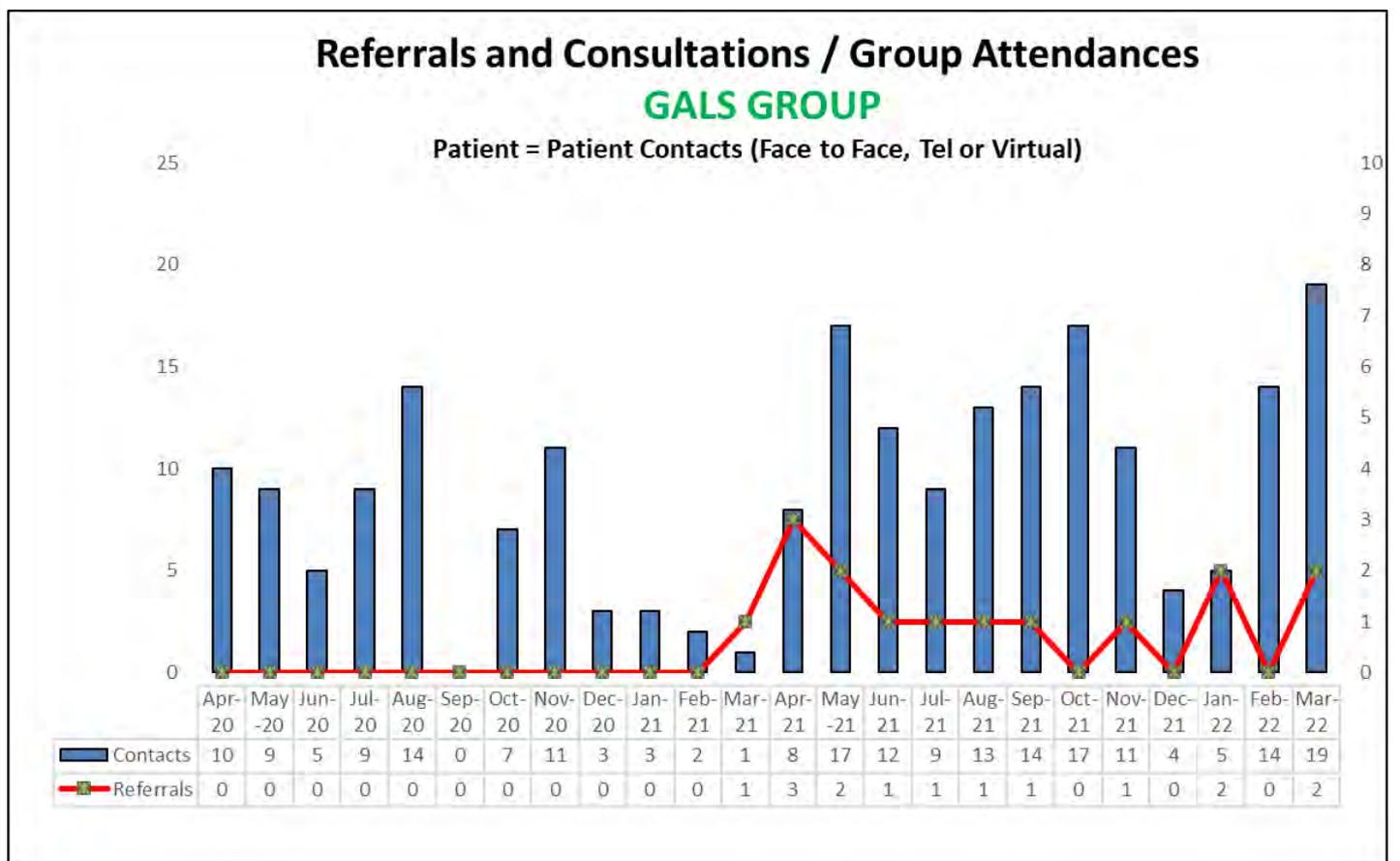


Chart 9:

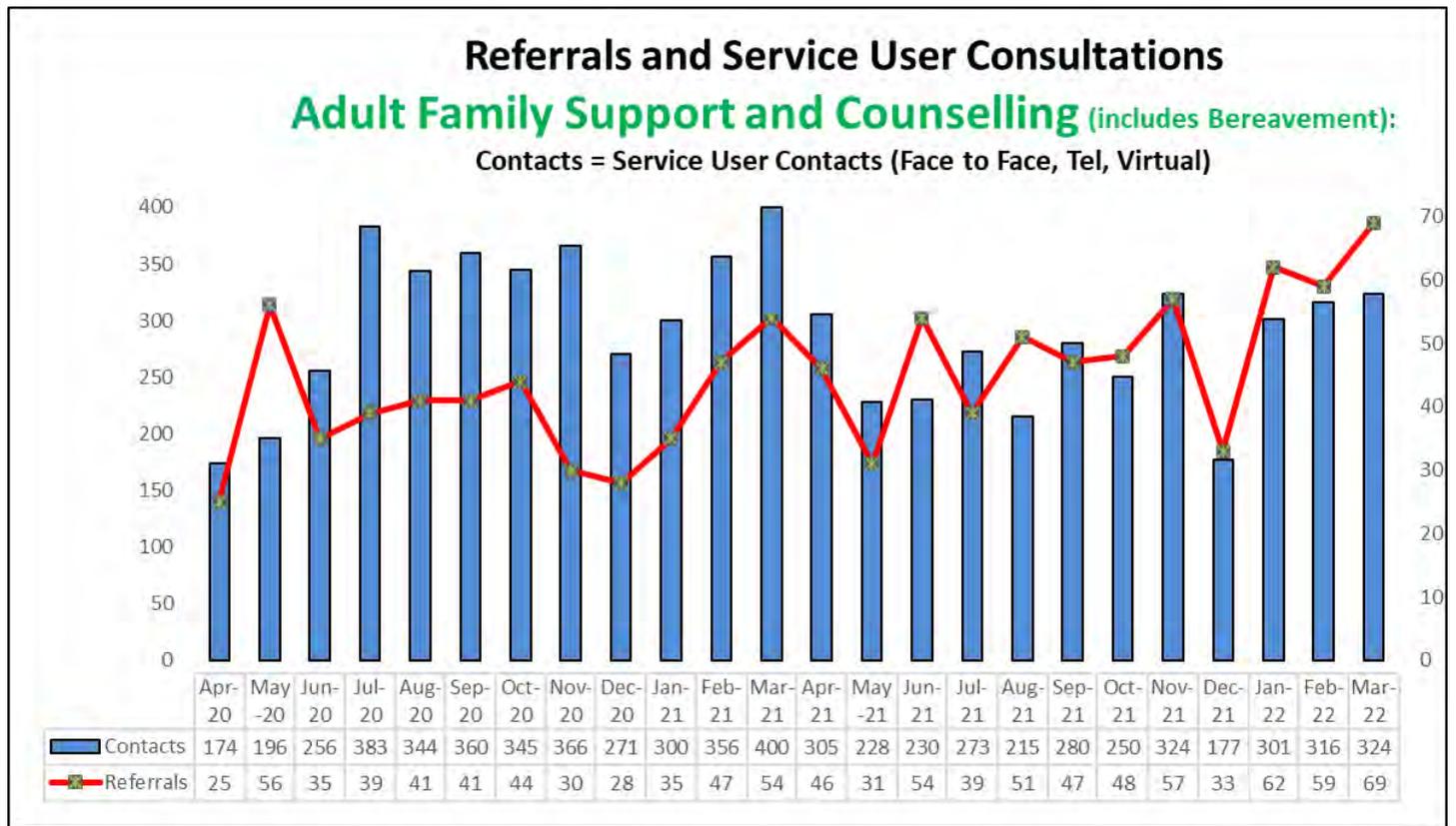


Chart 10:

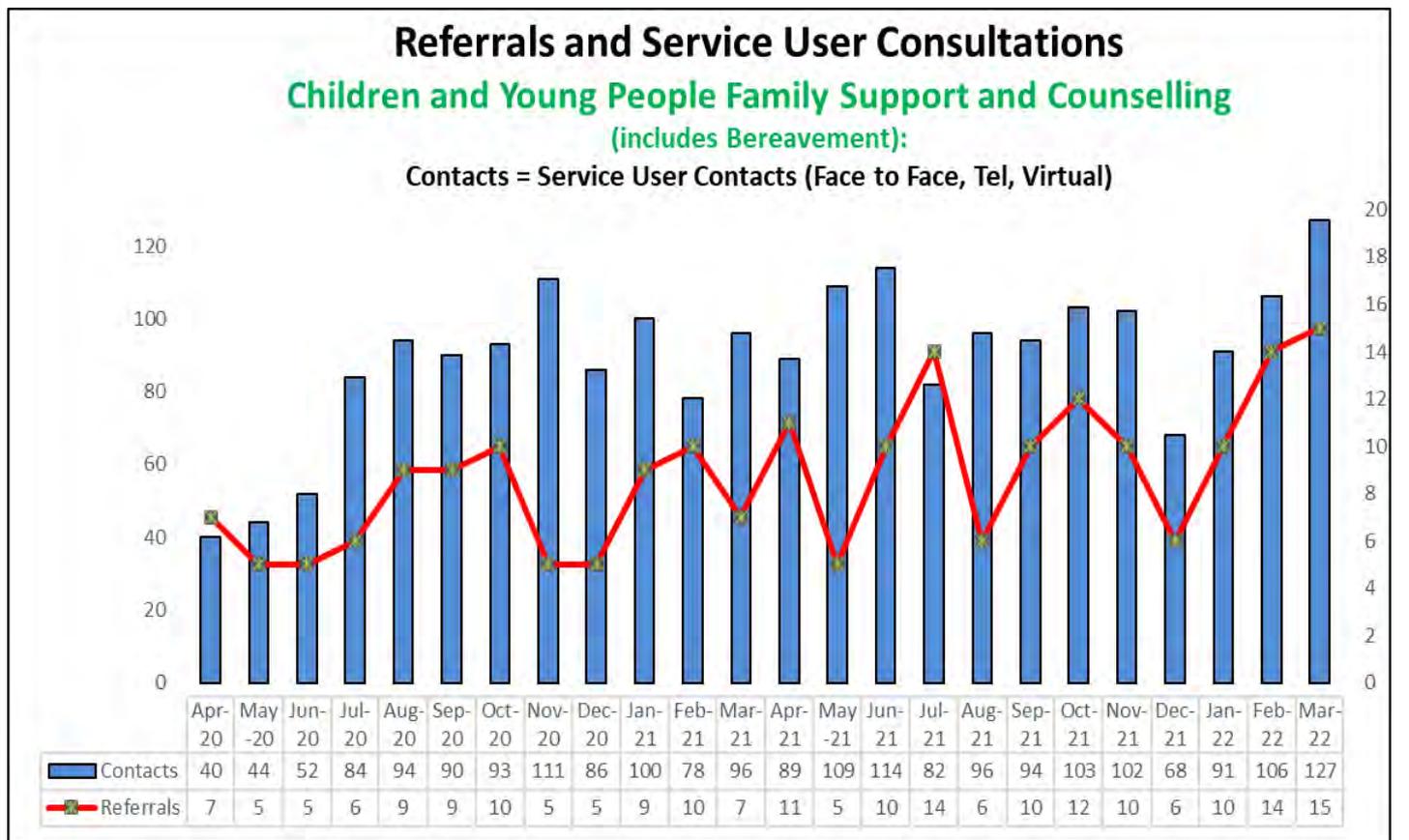


Chart 11:

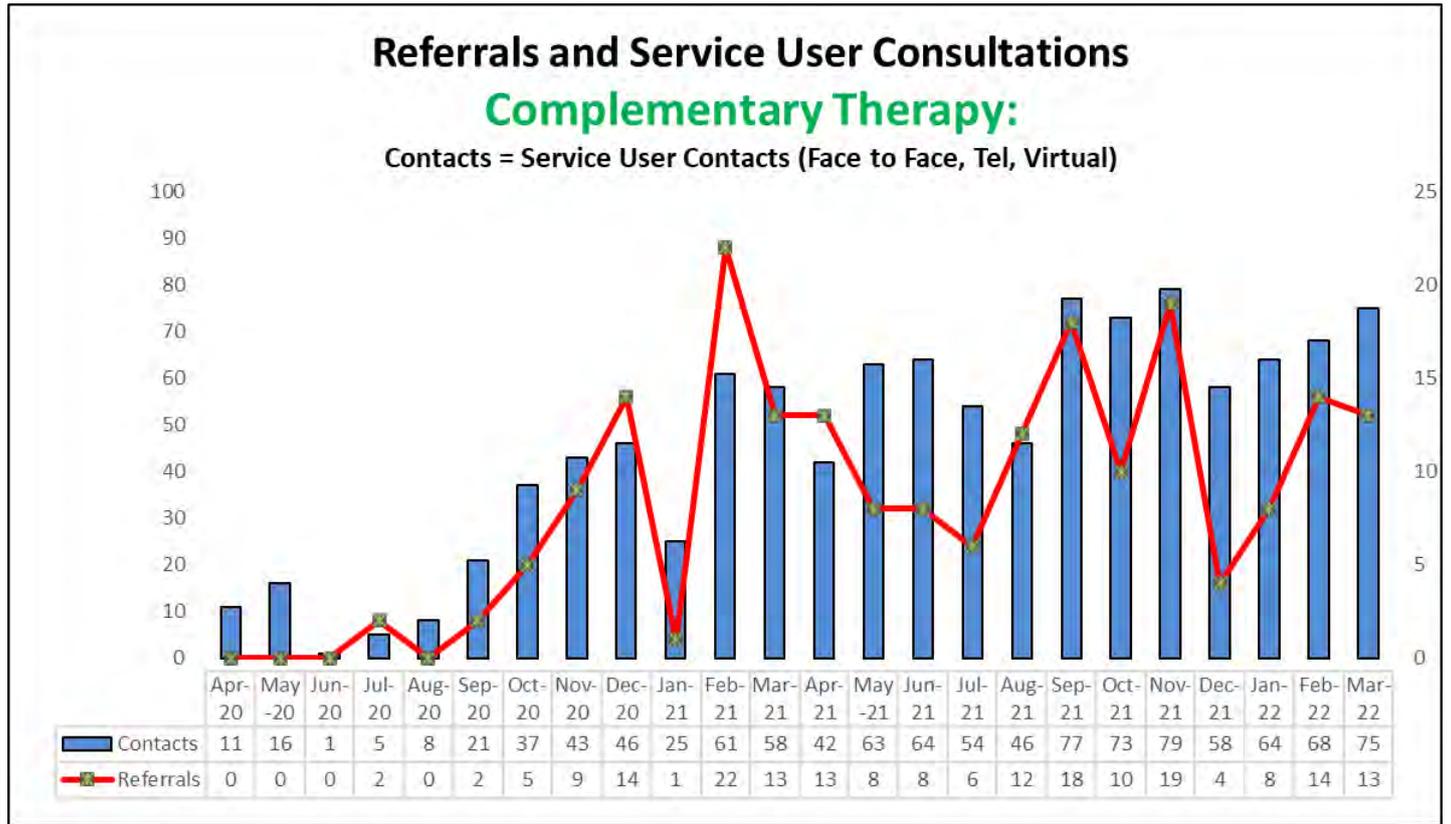
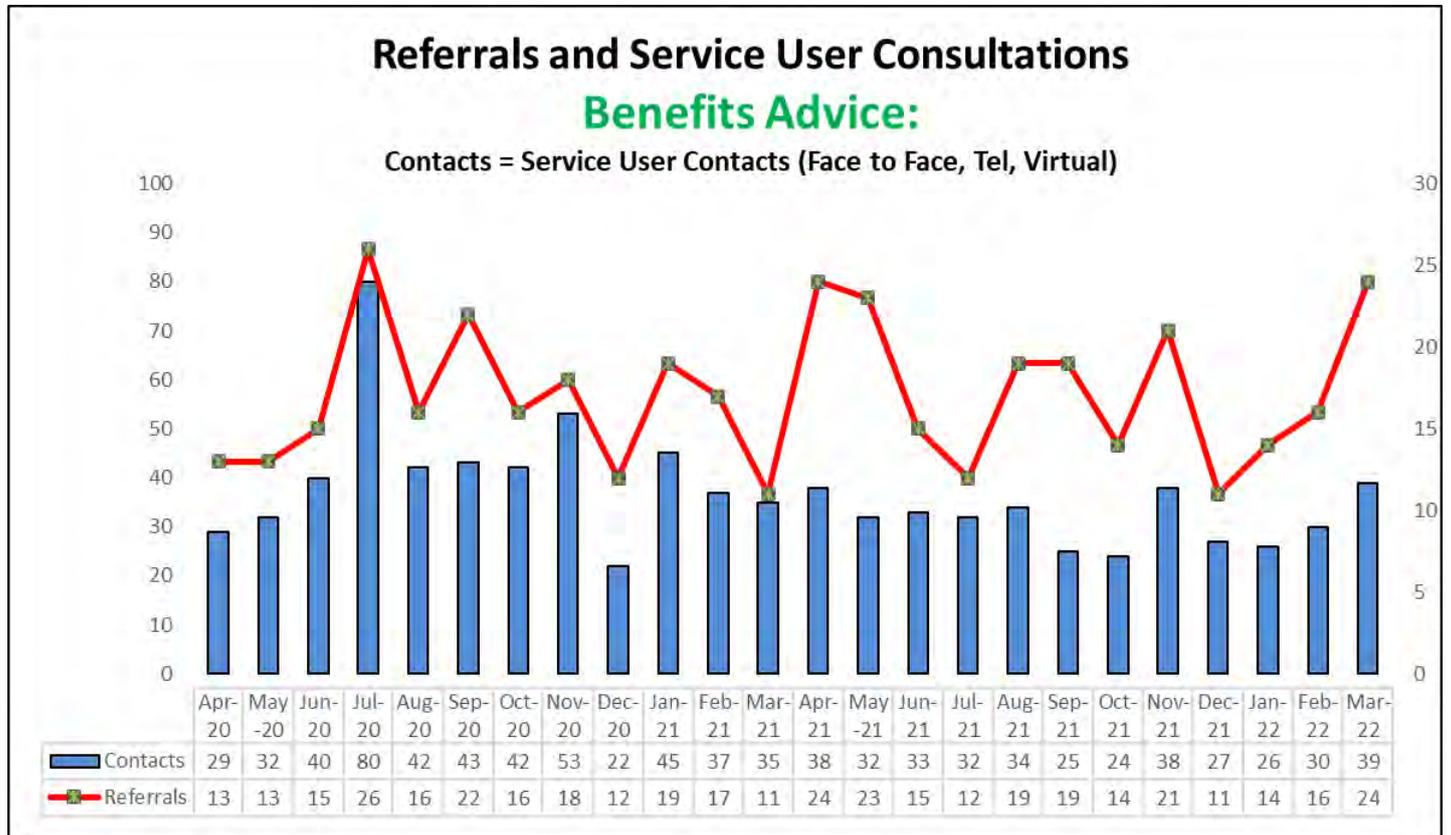


Chart 12:



Demographics.

Table 1:

Ethnicity of Service Users on active caseloads during 2021/22.

Ethnicity	%
	All Clients
Asian / British Asian	1.1%
Black / Black British	0.4%
Mixed Race	1.0%
Other White European	0.3%
White British	78.0%
Not Given / Unknown	19.2%

Table 2

Age Group of Service Users on active caseloads during 2021/22.

Age	%	
	Clinical Team	Family Support
0-15	0%	13%
16-18	0%	3%
19-24	0%	2%
25-64	30%	46%
65-74	31%	17%
75-84	30%	14%
>84	9%	5%

Table 3

Gender of Service Users on active caseloads during 2021/22.

Gender	%	
	Clinical Team	Family Support
Male	41%	34%
Female	59%	66%

(Please note that additional personal stated gender codes of indeterminate and not given are also available to record against however during this period all service users stated their gender to be either male or female).

Safety and Effectiveness

Clinical Incidents

Patient and client safety incidents are any unintended or unexpected incident which could have or did lead to harm for someone accessing our services. All incidents and near misses are documented and the importance of staff raising both clinical and non-clinical incidents continue to be encouraged. Clinical incidents continue to provide a useful means of reflecting on difficult situations, and how we can make improvements for the future. Non-clinical incidents are reviewed at the regular Health and Safety meetings and all clinical incidents at the Clinical Governance Committee. During the year 3 Clinical Incidents were reported: -

Incident 1 (20.01.22):

A record keeping issue was identified internally for a patient being cared for within Day Therapy. This resulted in a misunderstanding of when the patients care would commence and the associated communications taking place. The patient was contacted to discuss their attendance and appropriate appointments made. There was no resulting harm or complaint. The member of staff involved was spoken to about the issue and importance of timely and accurate record keeping.

Incident 2 (7.12.21):

A clinical notes recording issue was identified after receiving a call from a family member for a patient being cared for within Day Therapy. Whilst the clinical notes on the system were incomplete there was no detrimental impact to the care the patient received, and no harm was sustained. The member of staff involved was spoken to about the importance of timely and accurate record keeping in order to prevent any potential harm and keeping other health care professionals informed.

Incident 3 (5.12.21):

A security issue was identified with accessing the controlled Drugs cupboard. This cupboard houses prescription pads and any controlled drugs that are brought in by and stored on behalf of a patient during their attendance at the Hospice. No controlled drugs were being stored at the time of the incident; however, prescription pads were.

The prescription pads were checked and numerical coding showed non had been removed. The code to the cupboard is known only to 2 members of senior staff and was changed immediately. No harm was sustained as a result of this incident.

Pressure Ulcers

Primrose has processes in place to ensure that those patients identified as high risk of developing pressure ulcers have a skin assessment. All patients have a Waterlow completed when commencing Day Therapy with reviews undertake dependent upon patient needs. Any identified pressure ulcers are recorded and reported appropriately.

Accidents

There was one service user related accident reported during the year. This related to a minor burn in the kitchen whilst taking place in a cooking activity and no serious injury was sustained.

Complaints

The Hospice always works hard to deliver the highest possible standards of care to patients and families. During the year there were no formal complaints made regarding our clinical services. One adverse comment was made as detailed previously in the clinical incidents section.

Compliments

Last year 82 expressions of thanks or compliments about our staff and care services were documented. An example is detailed below:

“I want to thank you for everything you’ve done for me over these past months. I’m unbelievably happy with where I am and where my life is headed and it’s all thanks to you. I understand my grief and I’m okay with it no, you’ve been amazing, and I couldn’t ask for better.”

Medication Errors

No controlled drugs are stored or used at Primrose Hospice. The hospice is exempt from having a Controlled Drugs Accountable Officer but maintains safe processes for patients own medications.

Slips, Trips and Falls

There were no patient related slips, trips or falls reported during reported during the year.

Infection Control

As Primrose Hospice has no inpatient facility, MRSA, MSSA and other infections are not reported. Extensive infection control measures are in place and regular, routine infection control Audits are undertaken. Patients and staff with diarrhoea or vomiting suspected to be related to infection are asked not to attend until 48 hours clear of symptoms. Symptom screening for potential COVID-19 infection is in place. The device associated infection rate is zero.

Routine Infection control Audits are undertaken which include Environment, Kitchen, Hand hygiene, use of PPE, linen, waste and equipment. Mandatory training is also in place for all staff.

Deaths

Many people when asked to express a preference would prefer to die at home; therefore, ensuring that patients' preferences are met is often considered a good quality marker for good end of life care.

For patients who have received care from our Clinical Services team and when the information is available, we document the preferred place of death and the actual place of death. Some patients choose not to express a preference, or it is considered inappropriate to ask. Most of our patients are discharged from our Day Therapy services and referred onto the Community End of Life Care teams prior to their death and therefore in this instance we would not capture the data directly.

Weekly MDT review meetings are in place in which deaths are reviewed and areas of concern identified and escalated. Primrose will report any unexpected deaths by exception as appropriate to both the CCG and CQC

Statutory Notification of Death.

The Care Quality Commission (CQC) has confirmed that the hospice is not required to complete a statutory notification of death unless a patient dies on our premises.

Weekly MDT team meetings are in place where deaths, including unexpected deaths, are reviewed and any areas of concern identified, escalated and reported appropriately by exception.

ReSPECT / Advance Care Planning (ACP)

The concept of and the opportunity to engage in Advance Care Planning is discussed with all patients. Advance Care Planning is a process that usually takes place over a period of time and can involve several in depth conversations; during this year we have facilitated over 225 of these discussions.

The ReSPECT process encourages people to have conversations and create a personalised plan to ensure they get the right care and treatment in the future when they are no longer able to make or express their own choices. The process is intended to consider both the choice of patients and the clinical judgement of health care professionals. The ReSPECT process can be particularly important for people who have complex health care needs or people who are likely to be nearing the end of their lives.

Patients attending Day Hospice and seeing our Clinical Nurse Specialists are offered the opportunity to record their preferences using a ReSPECT document. In addition to this, patients may be supported to complete an Advanced Decision to Refuse Treatment should they wish to do so.

Discussions around resuscitation are approached wherever possible and appropriate. Staff use their judgement in deciding which patients would find these discussions helpful and which would find them too difficult or distressing.

Safeguarding

Primrose Hospice is fully committed to safeguarding the welfare of all those it cares for. All relevant staff and volunteers are subject to the appropriate level of disclosure and barring service checks before commencement of service along with routine and ongoing mandatory education and training.

We recognise our responsibility to promote safe practice and to protect all from harm. The rights, wishes and feelings of all those we care for and those important to them will be respected and listened to. Our Safeguarding policies and procedures ensure that robust systems are in place and set out the framework within which all employees and volunteers of the organisation are required to work to keep children, young people and adults safe. The welfare of those we care for will always be paramount.

The Head of Family Support is the Safeguarding lead for the Hospice. They are responsible for assessing any safeguarding incidents in line with safeguarding principles and appropriate risk assessment frameworks and will escalate concerns accordingly. All incidents are reviewed within the Clinical Governance forum. During 2021-22 there were 3 Safeguarding Intervention issues documented.

Service User Feedback

Throughout the year our service users are encouraged to provide us with their honest opinions about the services they have received from us. The following provides a selection of some comments that we have received from our Group support sessions: -

What do you find most helpful about the sessions?

- ❖ Mutual Support, humour and lovely lunches.
- ❖ Meeting everyone and sharing what you are feeling.
- ❖ I feel comfortable.
- ❖ Sitting down and eating with others instead of always eating on your own.
- ❖ Meeting other people, going through similar situations, knowing I am not the only person that feels the way I do.
- ❖ Helps me understand my grief.
- ❖ Allowing time to express our feelings and be heard, never make me feel like my feelings have not been heard or are insignificant.
- ❖ Listening and making sure everyone feels involved.
- ❖ It's nice to know there are people there for you if you need them.
- ❖ One of the best things I have ever done in my life.
- ❖ Nobody judges and often words are said that can make things seem more clear and real.

Do you have any suggestions that you feel would improve the sessions?

- ❖ Think about assigning buddies.
- ❖ Have more community-based activities.
- ❖ Make the sessions longer.
- ❖ Offer sessions at different times of the day.

What patients, families and carers have said about us this year:

You are like an angel sent from God, thank you for all your help.

If anybody asked me about it, I would encourage them to come.

Thank you all for the help and support given to me this year, the hardest year of my life. I could not have got this far without that.

I am simply delighted with all the aspects of Primrose – even though Covid has disrupted it! Greatly appreciated.

Has been a godsend and things were put in place that no one else had managed. Don't know what we would have done without her.

Have appreciated the warm welcome, everyone makes you feel happy and listened too. Nothing is too much trouble and the staff and volunteers are great.

Thank you for your love, kindness and just the best support. We are blessed to have you in our lives.

The knowledge I have support if needed (a magic safety net).

You're the only reason I've got out of bed today.

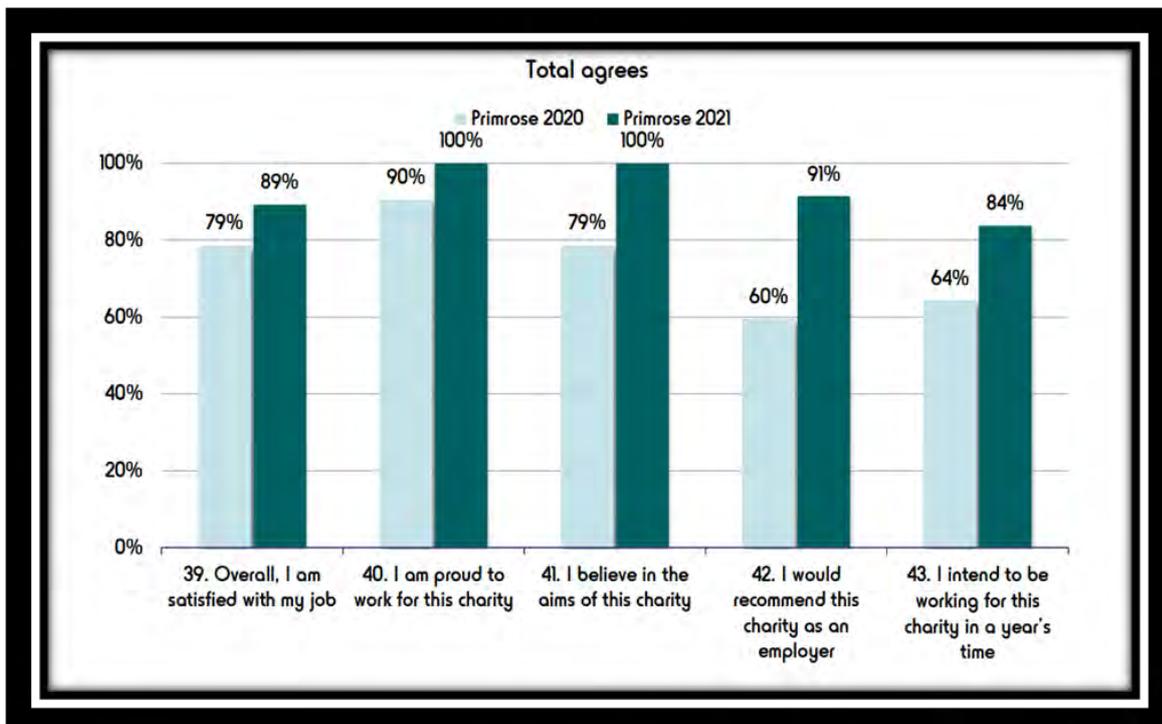
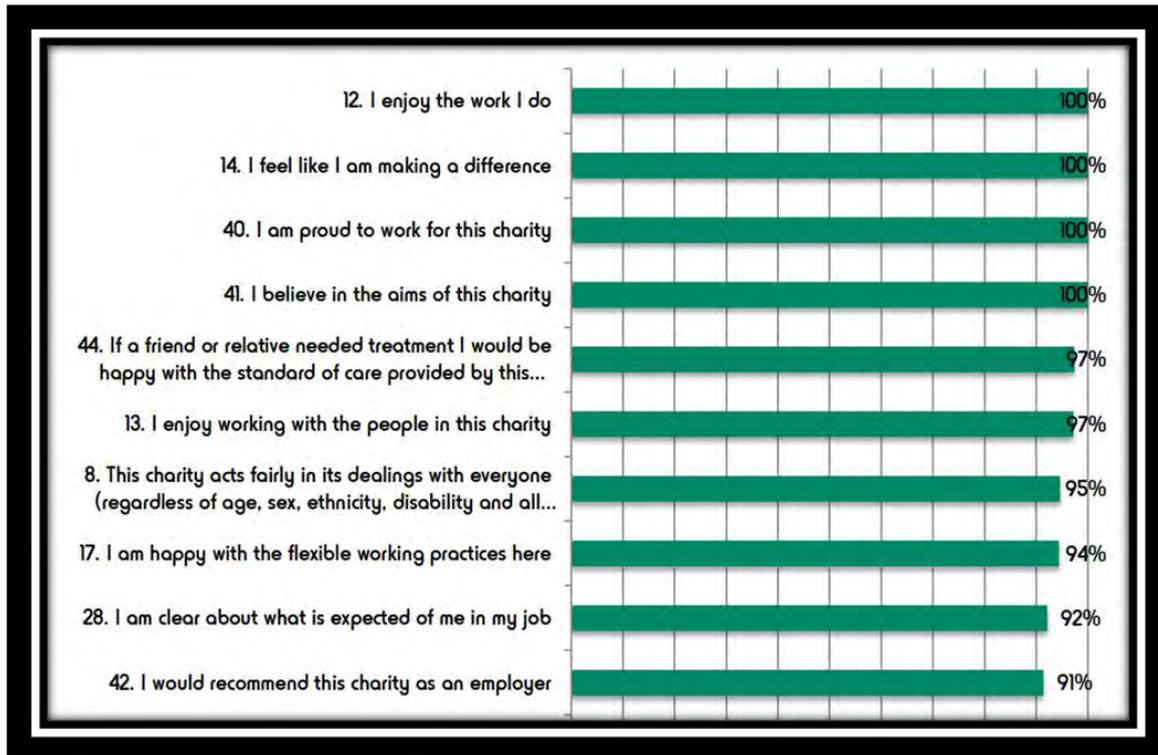
The hospice has become an essential part of my treatment, the opportunity to be able to talk to others and staff to answer any worries, also to have a place that I don't have to be positive if I don't want to.

I really appreciate the Wellbeing service. My life is a lot richer for it. For the first time I feel I can get involved in projects talk with others that are valuable to me.

Everything provided by OT has been much quicker than I could have expected or would have had elsewhere and I am very grateful.

Staff

During 2021-22 a staff survey was conducted by an independent organisation, Birdsong. 38 staff surveys were returned (78% response rate.) Examples of the feedback received are detailed below along with a comparison to the results in 2020-21: -



The hospice showed improvement in many areas compared to the 2020 survey and also benchmarked favourably with other hospices.

Annexe

Our draft Quality Account was shared with NHS Herefordshire and Worcestershire CCG, Healthwatch Worcestershire and the Health Overview and Scrutiny Committee.

The following comments were received from Healthwatch Worcestershire and NHS Herefordshire and Worcestershire CCG:

NHS Herefordshire and Worcestershire CCG response to Primrose Hospice and Family Support Centre

A significant component of the work undertaken by NHS Herefordshire and Worcestershire CCG, involves the quality assurance of health services provided for the population of Worcestershire. This includes steps to assure the public of the content included within this Quality Account.

During 2021-2022 services provided by Primrose Hospice and Family Support Centre have once again been dominated by Coronavirus. However, the service has played its part in supporting this community through the challenges of the pandemic with a resolve to maintain services; and deliver care and compassion to anyone who requires their support; maintaining a determined focus on all aspects of safety and quality across their services.

The services have not been inspected by the Care Quality Commission (CQC) as originally planned due to Covid. However, the CQC, after reviewing their data and following their process of Dynamic Monitoring Activity, has determined that Primrose Hospice is very low risk and has therefore decided not to reassess Primrose Hospice at this time.

The “Good” rating across all 5 CQC domains is therefore still valid, and this is now recognised on the CQC Website.

The Primrose Hospice vision is: *To provide the best possible care and support to anyone in our catchment area who requires our services, ensuring choice and empowerment for every individual* and is at the heart of their Quality Account Priorities for 2021-2022.

Planned Priority Improvements for 2022-23:

- Improvement Priority 1: To implement a new clinical IT System (EMIS) across all our services ensuring that the solution drives integration of services both internally and externally and improves safety and efficiency.
- Improvement Priority 2 To increase utilisation of our services by increasing awareness of our services across the wider healthcare community. We will focus on promoting our services to NHS providers who care for people at end of life and primary care networks.
- Improvement Priority 3 To ensure that our Family Support Services and Clinical Care Services work collectively to ensure the optimal holistic care and support for individuals and families.

The Pandemic impacted on Primrose Hospice fully achieving their planned improvements for 2020-2021; there were 3 planned priority improvements set for 2021/2022. These priorities were set prior to the COVID-19 pandemic and clearly this outbreak has dominated the year. For

2021/22. Priority 1 was achieved fully, priority 2 was hindered by pandemic but is re-framed for 2022/23 in new priority 2 and we have already seen improvement since the reduction in restrictions due to covid. Priority 3 was not achieved as intended and has been reviewed as it did not benefit many patients and potentially introduced additional clinical risks if full patient record could not be accessed. The integration of services and holistic care for patients and their families is a more beneficial focus for Primrose this year.

During 2021/22 Primrose Hospice have been re-accredited by the British Association for Counselling and Psychotherapy (BACP). Accreditation by BACP recognises achievement of high standards of knowledge, expertise, and developments in counselling services and we are one of only five hospices nationally that have this recognition.

The Hospice always works hard to deliver the highest possible standards of care to patients and families. During the year there were no formal complaints made regarding their clinical services. Last year 82 expressions of thanks or compliments about their staff and care services were documented. Several examples are highlighted in the Quality Account and an example is detailed below:

"I want to thank you for everything you've done for me over these past months. I'm unbelievably happy with where I am and where my life is headed and it's all thanks to you. I understand my grief and I'm okay with it no, you've been amazing, and I couldn't ask for better.

During 2021-22 a staff survey was conducted by an independent organisation, Birdsong. 38 staff surveys were returned (78% response rate.) The hospice showed improvement in many areas compared to the 2020 survey and also benchmarked favourably with other hospices.

Based on existing assurance processes adopted and the information made available to us throughout the year, we believe this Quality Account provides a representative and balanced perspective of the quality of healthcare provided by Primrose Hospice and Family Support Centre.

On behalf of NHS Herefordshire and Worcestershire Clinical Commissioning Group.



Health Overview and Scrutiny Committee Response:

On behalf of Councillor Brandon Clayton, Chairman of Worcestershire Health Overview and Scrutiny Committee:

The Worcestershire Health Overview and Scrutiny Committee (HOSC) welcomes receipt of the 2021-22 draft Quality Account for Primrose Hospice. The HOSC has had no engagement with the Hospice over the last 12 months and is therefore unable to provide a meaningful response to their draft Quality Account.

Healthwatch Worcestershire Response to the Quality Account of Primrose Hospice 2021-2022 received on 27 April 2022 and approved at HWW's Public Board Meeting on 26 May 2022.

Healthwatch Worcestershire [HWW] has a statutory role as the champion for those who use publicly funded health and care services in the county. This involves ensuring that the experiences and views of patients, carers and the public are used to influence how organisations, such as Primrose Hospice provide services.

We have used national Healthwatch England guidance to form the response below to the draft Quality Account 2021-22 for Primrose Hospice.

1. Do the priorities of the provider reflect the priorities of the population?

Healthwatch Worcestershire acknowledge the ongoing challenges presented by the COVID-19 pandemic and the aftermath. From the Primrose Quality Accounts, it appears that the Hospice adapted well to providing services during the pandemic.

The Improvement Priorities for 2022/23 are - to implement EMIS across all services, increase awareness of services to increase utilisation of services and finally to ensure that the Family and Clinical Support Services work collectively to ensure the optimal holistic care and support of individuals and families. All of which will benefit the communities of people the Hospice serves.

2. Are there any important issues missed?

Healthwatch Worcestershire are not aware of any important issues missed however It would be useful for information to be included about patient feedback methodology and findings for 2021/22.

In relation to data capture, we note gender is limited to male/female and would encourage the opportunity for people to self-identify by widening the options to include Trans Male/Trans Female and Non-Binary.

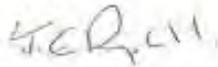
3. Has the provider demonstrated that they have involved patients and the public in the production of the Quality Account?

The involvement of patients and the public in the development of this Quality Account is not clear although HWW does acknowledge that this has continued to be particularly challenging during 2021/22.

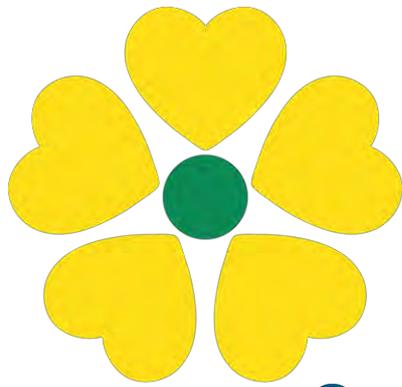
4. Is the Quality Account clearly presented for patients and the public?

Healthwatch Worcestershire appreciate the challenges that arise from the technical requirements of the Quality Accounts and that some of the statements required do not apply to Hospice Services.

Given those restrictions Healthwatch Worcestershire believe the Quality Account is clearly presented for patients and the public. However, Primrose Hospice could consider producing an Easy Read version of the Quality Account in an accessible format.



Jo Ringshall
Chair
Healthwatch Worcestershire



primrose
hospice

Care Compassion Community

St. Godwalds Road, Bromsgrove, B60 3BW

Tel:01527 871051

Email: info@primrosehospice.org

Web: www.primrosehospice.org

Company registration number 2211941

Registered charity number 700272