Quality Account 2021–22
Our quality performance, initiatives and priorities
Our team at Sue Ryder Leckhampton Court Hospice stand united during the Covid-19 pandemic.
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This Quality Account reports on the financial year April 2021 to March 2022. Opposite page: Sue Ryder is there when it matters for our patients and service users.
Part one: Our commitment to quality

1.1 Welcome to our Quality Account for 2021–22

Joint statement from our Chief Executive and the Chair of Trustees

At Sue Ryder we support people through the most difficult times of their lives. Whether that’s a terminal illness, the loss of a loved one or a neurological condition—we’re there when it matters. Our doctors, nurses and carers give people the compassion and expert care they need to help them live the best life they possibly can.

With our patients and service users at the heart of everything we do, we are committed to continuously developing and improving our care. The following pages summarise our services and review our progress against our quality priorities for improvement. You can also read stories from some of the people we have supported and our dedicated staff.

2021–22 was the fourth year of our five-year strategy. We continued to focus on our aims of providing more care for more people and influencing new models of care across the UK. Our services were delivered against the backdrop of the ongoing coronavirus (Covid-19) pandemic, and we carried on innovating and adapting to ensure that while responsive, quality remained high. For example, we continued to extend our use of technology to provide virtual care when needed and trialled a Virtual Ward, offering holistic palliative care in people’s homes without the need for admission.

We set ourselves four quality priorities for improvement, concentrating on clinical effectiveness and service user and staff safety. Progress included rolling out the Huddle up for Safer Healthcare (HUSH) model to all of our hospices and some neurological care centres, and introducing safety huddles with a focus on reducing incidence of falls.

We continued to work on our Safe Staffing project, striving for best practice to make sure we have the most appropriate staff with the correct skills, in the right place at the right time. We also implemented training with our clinical teams to raise awareness of frailty, focusing on early identification of those at risk and how we can mitigate harm.

Our Online Bereavement Support continued to grow and help more people who are grieving. Our flexible and easy-to-access virtual services include video counselling, a community space where people can talk and share experiences, and resource pages full of bereavement advice and information.

Ultimately, one of our key ambitions is to be an outstanding provider of care. That is why it is important for us to ensure that this care stands up not only to the high-quality measures set for us nationally, but to the high standards that we set for ourselves. During the last year, despite managing the complexities and challenges of the pandemic, two of our services were inspected by the Care Quality Commission (CQC) and we were proud to see both receiving a ‘Good’ rating overall. Of note, Sue Ryder Neurological Care Centre Lancashire achieved an ‘Outstanding’ rating for ‘Effective’ care.

The people we support are integral to everything we do, and so another of our focuses has been service user participation. We want to ensure people have the chance to be heard and can shape what we do. We aim to use real-time feedback, taken directly from those we care for, to drive quality improvement. We have also created participation groups across many of our services, so service users can come together and give us their feedback. Additionally, we are rolling out training to our staff to increase understanding of service user participation and empower them to bring it into their everyday interactions.

We have made progress in educating and developing our workforce. Staff from across the organisation came together for an insightful Achieving Clinical Excellence (ACE) Conference Series, shining a spotlight on how our skills and experience are helping others. A wide range of speakers, from outside professionals to our own staff, shared their expertise on topics such as quality improvement, rehabilitation and multidisciplinary team working.

Equality, diversity and inclusion are important to us and we have made great strides in improving our culture and making Sue Ryder a safe, supportive and open workplace. In 2021–22, this included online masterclasses and learning sessions for staff and volunteers on topics such as fostering an inclusive workplace, and launching new menopause and trans and non-binary policies.

We are passionate about a future where everyone can access the quality of care they need and deserve. We are equally passionate about supporting and ensuring our staff and volunteers continue to deliver incredible care and support, so we as an organisation always achieve excellent quality care. During the past year we have lobbied the government and worked with stakeholders to improve the landscape for palliative, neurological and bereavement care. This included attending Conservative and Labour party conferences where we gained support from MPs for our #FundHospiceCare campaign, which raised awareness of the need for sustainable funding for the hospice sector.

As in 2020–21, this year’s account will focus on the following:

• Our commitment to quality
• Our priorities for improvement for 2021–22
• Our progress against our priorities for improvement
• Our priorities for improvement for 2022–23
• Our indicators for quality in 2021–22.

As Chief Executive and Chair of Trustees, we are assured through consistent monitoring and reporting that, to the best of our knowledge, the information in this document is accurate.

Thank you for your interest in Sue Ryder. To find out more about our work and how you can support us further, please visit sueryder.org.

Dr Rima Makarem
Chair of Trustees

Heidi Travis
Chief Executive

“With our patients and service users at the heart of everything we do, we are committed to continuously developing and improving our care.”
1.2 Our vision, mission and values

At Sue Ryder, we are passionate about giving people the quality of care they deserve.

Our vision
We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality of care they deserve.

Our mission
Sue Ryder supports people through the most difficult times of their lives. Whether that’s a terminal illness, the loss of a loved one or a neurological condition – we’re there when it matters. Our doctors, nurses and carers give people the compassionate and expert care they need to help them live the best life they possibly can.

Our values
Our values are designed to help us to work together as effectively as possible, ensuring everyone is focused on the collective ambition set out in our five-year strategy to provide more care for more people and how their individual contribution can help us to achieve it.

There are three values each incorporating three behaviours:

1. Supportive – listen/respect/encourage:
We’re here for people when it matters, and that includes each other. We encourage, inspire and help one another, and celebrate success.

2. Connected – communicate/collaborate/share:
When we work together, we can achieve so much more for the people we support. We respect that everyone at Sue Ryder plays a vital part in delivering quality care.

3. Impactful – challenge/improve/deliver:
We find new and inspiring ways to positively impact the people we support – from small gestures to big breakthroughs. This proactive attitude drives us forward to achieve our ambitions and transform lives.

Our Sue Ryder Nurses during the Covid-19 pandemic.
Part one: Our commitment to quality

1.3 Our service map April 2021–March 2022

14. Sue Ryder Supported Living Unit, Aberdeen
15. Sue Ryder Supported Living Unit, Ipswich
16. Sue Ryder Supported Living Unit, Lancashire

1. Supported living

14. Sue Ryder Supported Living Unit, Aberdeen
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16. Sue Ryder Supported Living Unit, Lancashire

1.3 Our service map April 2021–March 2022

1.4 Putting our work in context

Over the past year we have lobbied the government and worked with stakeholders to improve the landscape for palliative, neurological and bereavement care, taking account of the ongoing challenges caused by a second year of living with Covid-19. This has included:

- Securing legislative change within the Health and Care Bill to make it possible for people to access specialist end-of-life care wherever they live
- Drawing on the experiences of our specialist care teams to respond to consultations on issues Covid-19 has caused in care pathways and how the government and the NHS could mitigate these
- Working with NHS and charity partners on Universal Principles for Advance Care Planning guidelines
- Continuing to support the Neurological Alliance and Community Rehab Alliance to make sure patients can access person-centred, high-quality, joined-up care
- Continuing our campaign to grant people the right to two weeks of paid bereavement leave, as well as lending our expertise to organisations such as ACAS to help employers better support employees through a bereavement.

However, we have also had a renewed focus on two overarching issues that must be addressed to ensure that we – as a sector – can always be there for those who need us: workforce and funding.

The expert care delivered by our Sue Ryder teams underpins all that we do as an organisation. We have been working in collaboration with others in the sector to secure legislative commitments for an ongoing whole sector approach to future workforce planning in line with population projections. This will help tackle health and care staff shortages across the entire system; while the end-of-life care sector is not fully funded by the NHS our teams are a vital part of frontline healthcare in the UK.

The lack of a sustainable funding package for our sector threatens hospice services. This was true before the pandemic and has been exacerbated since the pandemic struck and traditional forms of fundraising have struggled to go ahead. At Sue Ryder, we believe every person who needs specialist end-of-life care should be able to access it. That’s why we took our campaign to #FundHospiceCare to the Labour and Conservative party conferences this year, where we met with Ministers and Shadow Ministers responsible for the statutory funding of our sector and called on them to put this right.

Covid-19 has shaken the health system in a way that we haven’t seen in living memory. As a result, our Influencing team has been reviewing all areas of our work with the aim of understanding what the new landscape is for palliative, neurological and bereavement care. We will use the results of this review to provide new evidence and insights in 2022–23 to ensure people can access the right care at the right time.

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1.5 Our core services and national service offer for palliative care and specialist neurological care

Specialist neurological care:
- Post-acute rehabilitation
- Slow stream rehabilitation
- Complex disability management
- Support for people with cognitive impairment and behavioural needs
- Non-invasive ventilation and tracheostomy care
- Neuro-palliative care
- Therapeutic support such as physiotherapy, occupational therapy and psychological support
- Providing social and recreational activities that enhance wellbeing and quality of life

Supported living:
- Link to centres
- Link to step up/step down

Neuro community services:
- Care at home
- Self-management and preventative programmes
- Specialist day services

Palliative care:
- Inpatient services:
  - 24/7 admissions through a range of access points and inclusive of under-represented communities
  - Beds managed by a specialist medical and nursing team
  - Offering physiotherapy, occupational therapy, complementary therapies, social workers and chaplaincy
  - Delivering individual programmes of care linked to personal goals and preferences

Hospice at Home:
- Domiciliary visits
- Medical and family support

Day therapy:
- Delivering flexible, responsive ‘packages of care’ tailored to individual need, including virtual/remote support
- Outpatients
- Specific clinics, ‘drop-in’ visits
- Long-term conditions programmes
- Medical outpatients with interventions

Patient co-ordination:
- Palliative care co-ordination
- Delivering co-ordinated and seamless access and transition through all services and settings
- Hospital and care home in-reach service

Carer and family support:
- Bereavement, spiritual and social
- Providing access to psychology

24-hour co-ordinated palliative care advice:
- Signposting advice and guidance
- Support for individuals to signpost to the appropriate service
- Rapid response and crisis support

Befriending:
- Maximised by the use of volunteers

Bereavement services:
- Development of a ‘best practice’ bereavement model
- Providing transition for young adults
- In-person and virtual counselling
- Information, advice and peer-to-peer support

1.6 Responding to Covid-19

During this reporting period, Sue Ryder has cared for people with suspected or confirmed Covid-19. We continued with our critical response, ensuring all of our services were prepared to mitigate the key risks. This was managed and supported by the major incident management team.

We continued our focus on Infection Prevention and Control (IPC) practices and completed monthly audits. In addition, we reviewed quarterly IPC risk assessments to ensure focus on existing risks are managed and new risks are identified and mitigated. Our Quality and Governance team also completed an IPC support visit for each service. We constantly reviewed the government guidance and implemented any changes in a timely manner with regular communication with the operational and clinical teams. IPC training for all the teams continues with regular refresher training being provided.

We reviewed business continuity plans regularly regarding supply disruption for medical and non-medical supplies, disruption due to significant staff shortages and loss of income and increased costs. Situational reporting continued with internal monitoring and external reporting to the Local Resilience Forums, Clinical Commissioning Groups and regulators. Daily reporting continued which enabled specific focus and support for outbreak situations, challenges with consumables and medical supplies. We ensured our care environments were safe for staff and the people in our care.

The flow of visitors to all our centres has been restricted at certain times in accordance with government guidance. This has been necessary to protect the vulnerable people in our care but has been incredibly difficult for all the teams. We have fully utilised video and telephone calls for all our service users to keep in touch with their loved ones. When government guidance has allowed, we have fully supported face-to-face visits for all the people we care for. This has included testing all our visitors and supporting them to wear the Personal Protective Equipment (PPE) required.

Our staff continued to work from home where this was possible. Any staff absence was supported by bank staff and staff redeployed and suitably trained. We have continued to assess staff wellbeing throughout with regular staff surveys, debrief sessions, wellbeing information and manager support. We are implementing ongoing wellbeing plans for all our healthcare teams.

We are continuing to develop new innovations in how we provide care during this time. Our clinical teams are adapting their therapeutic approach to ensure service continuity by providing virtual support to more people receiving care at home, including the development of Virtual Wards. Our day service provision has continued to be provided virtually with key programmes such as breathlessness and fatigue management. We have worked with many service users to develop these programmes and continue to improve them through their feedback, ensuring the quality of our services remains high and responsive to need. The governance of care quality has continued during all this time as per our usual processes.
It might sound strange but I actually get more job satisfaction from palliative care than I ever did as a midwife.

Nicola’s story

When Nicola found herself hospitalised with Covid-19, just a few weeks after the death of her brother at Sue Ryder Wheatfields Hospice, it was a life-changing experience. After recuperating at home, the recently retired midwife spotted an advert for Sue Ryder and decided the time was right to fulfil a long-held ambition to work in palliative care.

Nicola, who had originally trained and worked as a nurse, said: “Having Covid-19 makes you reflect on your life and coming together with my brother’s experience at Wheatfields, it made me feel that I wanted to give something back.

“I got Covid-19 at the end of March 2020 and was hospitalised for about a week which wasn’t a nice experience. Once I got home, I spent a month in the garden recuperating and I got bored stiff and that’s when I saw the Sue Ryder job advertised.”

Nicola applied for the role of Nursing Assistant at Sue Ryder Palliative Care Hub South Oxfordshire and has been part of the Hospice at Home team, caring for patients in their own homes, since June 2020. She said: “When my brother was nursed at Sue Ryder Wheatfields Hospice, it made me realise what a lovely job palliative care is – to be able to provide that reassurance for patients and families in their final weeks.

“I’m glad I have been working through the pandemic. It has got me out and about and people so appreciate it when you are there. We are wearing full Personal Protective Equipment (PPE) and social distancing and we also make sure there is good ventilation in the rooms, but the care we give hasn’t changed. I work with a great team, they are incredibly caring and compassionate. It might sound strange but I actually get more job satisfaction from palliative care than I ever did as a midwife.”
1.6 Responding to Covid-19

Kirsty’s story

Complementary therapist, Kirsty, has described working through the pandemic as the ‘most challenging’ time she has spent at Sue Ryder Manorlands Hospice.

“My kind of therapy is very practical and hands on so it’s been a real eye-opener to see what can be achieved virtually. Obviously, some patients prefer to see you in person, but the virtual sessions have been invaluable. It has helped us to keep in contact with our patients and that’s been important when people have been so isolated and not able to go out.”

The complementary therapy team has offered one-to-one virtual sessions for patients and carers on hand massage, acupressure, mindfulness and hypnotherapy.

“A lot of people have difficulty sleeping and mindfulness and hypnotherapy can provide them with some tools that they can then use themselves when there is no one else there.”

Kirsty has continued to see inpatients at the hospice for massage, aromatherapy and reflexology sessions. She said: “Touch is so important. When people get diagnosed with an illness, they sometimes say that people don’t touch them anymore and that lack of contact has been even more of an issue with the pandemic.”

She has also focused more on supporting colleagues working through the pandemic, introducing weekly staff yoga and mindfulness sessions online and compiling a staff feel-good playlist. Kirsty instigated a staff sleep study which has since been rolled out to carers via the hospice’s virtual day service. She said: “We have staff members who work nights so it can be difficult for them to establish a good bedtime routine. I developed a questionnaire to gather information from staff about their sleep and bedtime routine. They rate their sleep and then review it after a month of using the sleep hygiene guidance and remedies.”

Kirsty and her colleague Amy, a clinical hypnotherapist, have also established a six-week, self-care and resilience workshop for their colleagues. “It looks at how Covid-19 has impacted your relationship with your work, how it has affected how you do your job and how we can build resilience to cope with the changes and challenges.

“I feel really pleased that we have achieved what we have. It’s been the most challenging time but I’m proud we have done all we can to make the service as good as it can be.”
As a team we have really embraced this new blended way of working and reaching our patients and it has been incredible to see how we have managed to reach out to our patients outside the hospice. In January 2021, we saw 37 community patients and in January 2022 we saw 118 community patients.

Everyone brings something different to the team so there are lots of strengths but I think our community service is probably the thing we are most proud of. We want to be delivering more care to more people and it feels like we are achieving that.

1.6 Responding to Covid-19

Our Therapies Team at Sue Ryder Leckhampton Court Hospice

Despite the many challenges presented by the Covid-19 pandemic, our Therapies Team at Sue Ryder Leckhampton Court Hospice has been able to adapt and evolve to deliver more care to more people.

Therapies Team Leader, Becky, explains how lockdown led to the development of a whole new Community Therapies Service. She said: “I’m really proud of the team. I think they have been incredibly resilient through the toughest couple of years. They continue to demonstrate great flexibility and commitment to delivering a responsive specialist service. Despite everything, we now have a new community service which is thriving and valued. This has grown out of the Covid-19 situation and the necessary changes to how our Day Hospice has been able to reach our patients.

“In May 2020, following the closure of our Day Hospice building, we realised that the needs of our patients in the community were no longer being met. In one week, we had 129 different phone calls from people in the community asking for help and support so it quickly became clear we were going to need to fill that gap for our patients. Since then, it has grown and become a really valued part of the community.

“We have also set up virtual exercise sessions which are run by Jo, our Therapies Assistant, and are an amazing way to keep in touch with our patients. Jo can also flag if a patient’s condition is changing and we have managed to prevent some unnecessary admissions in this way and support patients at home. We have also set up a breathlessness service.

“We are really starting to build relationships outside of the hospice with the acute trusts and with our community colleagues – GPs, Clinical Nurse Specialist (CNS) teams and oncology – and we have also got a great new relationship with our own Hospice at Home team where I think we are really adding value.”

Despite being a small team with the equivalent of just 3.5 full time staff members, the Therapies Team, which includes both physiotherapists and occupational therapists, has continued to make a big impact through 2021–22.

Becky added: “As a team we have really embraced this new blended way of working and reaching our patients and it has been incredible to see how we have managed to reach out to our patients outside the hospice. In January 2021, we saw 37 community patients and in January 2022 we saw 118 community patients.

“Everyone brings something different to the team so there are lots of strengths but I think our community service is probably the thing we are most proud of. We want to be delivering more care to more people and it feels like we are achieving that.”
Part two: Our priorities for improvement 2021–22

At Sue Ryder we are continually focused on improving the quality of our care as demonstrated in our achievements of our quality priorities. To support us with this, the way data on performance has been used to inform improvements to care delivery has been improved during 2021–22.

This has encouraged rich conversations about care quality and has allowed service leaders to triangulate factors that influence or affect care delivery, escalate concerns and share learning from their quality improvement activities. Services now see integrated quality reports monthly with information (key performance indicators) about harm free care, activity such as length of stay, staffing and leadership. This detail is then aggregated to provide senior leaders and Trustees with oversight of key aspects of regulated care across all Sue Ryder services.

2.1 Progress against our priorities for improvement 2021–22

Our priorities for 2021–22 were:

Priority 1: Service user safety
Priority for improvement: To continue our commitment to ensure that service users are kept free from harm, we will extend the implementation of the HUSH (Huddle up for Safer Healthcare) model to support the reduction of falls. In addition to the two hospices currently using the model, we will implement it further in another hospice and two neurological care centres.

Priority 2: Clinical effectiveness
Priority for improvement: To improve the effectiveness of our pharmacy governance, following an external review of our current practices, we will implement the recommendations of the review through a task and finish group.

Priority 3: Service user and staff safety
Priority for improvement: To continue progress with a Safe Staffing project to ensure safe and effective care by having the right numbers of nursing staff with the right skills and knowledge in the right place. Following a successful pilot testing the application of the dependency acuity tool, developed by Dr Keith Hurst, each of the six Sue Ryder Hospice inpatient units will complete two data collection periods. Data will be analysed by an expert in the field of healthcare workforce and safe staffing, leading to a final report by January 2022.

Priority 4: Clinical effectiveness
Priority for improvement: To enhance the care and reduce harm across our palliative and neurological services, we will implement frailty training and education with our clinical teams to ensure early identification of those at risk and provide clinical support and management as identified to mitigate harm.
2.2 Priority 1 – Service user safety

We said we would:

**HUSH programme** – To continue our commitment to ensure that service users are kept free from harm we will extend the implementation of the HUSH (Huddle up for Safer Healthcare) model to support the reduction of falls. In addition to the two hospices currently using the model we will implement it further in another hospice and two neurological care centres.

**How this will be monitored and measured:**

- All identified services will have received introductory training by September 2021
- All identified services will have completed a cultural survey and completed benchmark data collection by the end of October 2021
- All identified services will be actively using the HUSH model by the end of December 2021
- The success of the HUSH programme will be actively using the model with the exception of one hospice, teams have completed a safety culture survey. The surveys have produced some reassuring results showing that our teams are dedicated to providing high standards of safe care, but also highlighting they are determined to continue improving their services to be the best they can be.

A success of the programme is how it brings together clinical and support staff to work together on improving the safety of patients, something which is reflected in the good survey results we are seeing.

Hospices are monitoring the number of days between falls and are awarded certificates for reaching specific milestones: bronze, 15 days; silver, 20 days; gold, 40 days; and platinum, 60 days. Certificates are being awarded regularly, particularly bronze and silver, but gold and platinum have also been awarded, which is a significant achievement for those services. Next steps are to build on these successes to ensure that best practice is shared and we see a sustainable reduction in falls.

**We did:**

We exceeded our ambitions and have introduced the concept of the HUSH programme to all inpatient units in our hospices and in two neurological care centres. We are actively using the model with the exception of two neurological care centres, with services now confidently embedding safety huddles in most cases, over the seven-day working week. Although huddles are being used in our neurological care centres, one centre is focusing on medicines incidents and another on a combined safety huddle, rather than falls.

We have collected and analysed falls benchmarking data from each of our hospices, and with the exception of one hospice, teams have completed a safety culture survey. The surveys have produced some reassuring results showing that our teams are dedicated to providing high standards of safe care, but also highlighting they are determined to continue improving their services to be the best they can be.

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To achieve this we will be training a further five coaches to continue to embed the HUSH programme across our organisation.

Case study

Ward Clerk, Jo, has been leading the daily safety huddle at Sue Ryder Manorlands Hospice since it was introduced in early 2020. Within weeks the pandemic had hit but the team still managed to successfully embed the huddles – with a focus on falls prevention – in their daily practice.

Jo said: “We hold our huddle at midday and a staff member of each team attends. All of our patients are considered to be a falls risk, so we tend to discuss patients who we think are at greatest risk that day. Then we look at what needs to be in place to try and reduce the risk, whether that’s a movement monitor, falls mat or even non-slip socks.”

Huddles are usually attended by a doctor, a nurse, a healthcare assistant, a member of the domestic team, a physiotherapist, occupational therapist and someone from the catering team, all of whom play a part in monitoring patient safety at the hospice.

Jo said: “We managed to continue the huddles through the outbreak of Covid-19 and at one point we went around 60 days without a fall. I think it’s been great for the team. It brings everyone together. Everybody stands during the huddle so everybody is equal. We are all aiming for the same outcome. There have been benefits for both patients and staff, the staff feel valued in their opinions and ideas and the patients are at a reduced risk as everyone is focused on ensuring they don’t fall.”

At Sue Ryder Leckhampton Court Hospice, the falls prevention safety huddles were introduced in September 2021. Ward Manager, Mari, said: “We delayed introducing the safety huddles because of the pandemic but there have been lots of positives. Everyone has something different to bring to the table. There is no hierarchy in the safety huddles and people feel empowered to speak up and have those conversations now. I think it has raised awareness throughout the whole team.

“Going forward one of my key priorities is to inject more into the huddles. We have a really good team who are really focused on achieving better outcomes for our patients but one of the challenges we face is that there is not one time that suits everybody. We don’t want to lose that multidisciplinary approach so we do need people to attend the huddle and engage with it.

“The huddle is now established Monday to Friday and at the end of 2021 we marked our longest run of days without falls, so there is a lot to celebrate.”
2.3 Priority 2 – Clinical effectiveness

We said we would:

**Pharmacy governance** – To improve the effectiveness of our pharmacy governance, following an external review of our current practices, we will implement the recommendations of the review through a task and finish group.

How this will be monitored and measured:

- Sue Ryder will ensure central senior pharmacy support is provided to enhance governance processes, pharmacy query escalation and implement quality improvement initiatives by June 2021
- All services’ pharmacy agreements will be reviewed and amended to ensure a consistent high-quality service where risks and gaps are mitigated by December 2021
- A review of the external market to identify the appropriate electronic administration chart system for our neurological services by January 2022.

We did:

Following our initial pharmacy governance audit which was conducted by an external provider, Midlands and Lancashire Commissioning Support Unit, in 2019, a number of recommendations were provided to enhance our current governance framework.

The first of these recommendations was to ensure a central pharmacy support is established to enhance and support local service level pharmacy provision. This role will focus on working with all the clinical teams across our palliative and neurological services, to implement pharmacy quality improvements projects. This central role was established in May 2021 and is a key member of the healthcare team. They provide support to resolve complex pharmacy queries, enhance local processes and procedures, and complete on-site pharmacy visits.

Each of our palliative and neurological care centres has a service level agreement (SLA) with their local pharmacy provider, which could be their local acute Trust or a community pharmacy. Each has established separate SLAs for this service provision. Our central pharmacist is reviewing all of these SLAs to ensure all providers are delivering a high-quality, responsive service. Within this review, a risk and gap analysis will be performed so that we can mitigate and resolve these.

A key improvement project is to implement an electronic medicines administration chart system for our neurological care centres. Following an external review of the current market we have worked with all our neurological colleagues and identified a system that meets our clinical and operational requirements. The implementation plans have been established with key dates set for training all the teams on the new system, together with a transition plan.

Case study

Sue Ryder has been working closely with NHS Midlands and Lancashire Commissioning Support Unit (CSU) to drive improvements in pharmacy governance across the organisation.

Representatives from the CSU visited Sue Ryder Thorpe Hall Hospice and Sue Ryder Neurological Care Centre Stagenhoe in August 2020, allowing them to assess the processes in place in both the palliative and neurological sides of the organisation. Their subsequent report made several recommendations, including the need for an improved approach to medicines management meetings and the introduction of a central pharmacist to provide more senior support.

As a result, Sue Ryder has introduced regular medicines management meetings with senior pharmacy support, allowing for the discussion of medicines queries and the sharing of best practice. Dr Kirsty Kirk, Head of Clinical Services at Sue Ryder Neurological Care Centre The Chantry, said the introduction of a central pharmacist management meetings — also attended by the local GP, appliance nurse specialist and pharmacist — had been extremely useful.

She added: “We are able to explore any medicines incidents and develop practice to mitigate any identified risks, including methods for weighing and measuring controlled drugs. In addition, we are able to work together with the key stakeholders on other quality improvement initiatives such as eMAR (electronic Medicines Administration Record) implementation, proxy access for medication ordering, and SystmOne access. Through networking in this meeting, we have also been able to access additional training, such as that provided by the appliance nurse specialist team.”

Helen Atkinson, a senior pharmacist from the CSU, has been working with Sue Ryder’s clinical teams to create new medicines management policies for palliative and neurological settings which include local adaptations to reflect local practices.

The CSU has since carried out further visits to the pharmacy team at Sue Ryder Wheatfields Hospice in Leeds and Sue Ryder Neurological Care Centre Lancashire in Preston, to observe the processes in place. Sue Ryder is currently testing a new approach of using a pharmacy technician to support the management of the medicines process at Lancashire.

Rob Hebdon, Senior Medicines Optimisation Lead, NHS Midlands and Lancashire Commissioning Support Unit, said: “It’s been a really open and transparent partnership and we’ve been welcomed at every site. We feel that we are listened to and Sue Ryder takes our comments on board.

“Sue Ryder has a real desire to develop and improve and isn’t scared to try new things. We feel valued as a partner and I’m really proud of the work that we have done together.”

Sue Ryder Chief Medical Director, Dr Paul Perkins, said: “It was great to work with people with such knowledge and expertise. The work was conducted efficiently and feedback from staff at our hospices and neurological care centres was positive with regards to interactions with the team. We were provided with a final report which outlined the good things, but also where we could improve. Helen and Rob were a pleasure to work with.”
2.4 Priority 3 – Service user and staff safety

We said we would:

**Safe staffing** – To continue the progress with a Safe Staffing project to ensure safe and effective care, by having the right numbers of nursing staff with the right skills and knowledge in the right place. Following a successful pilot testing the application of the dependency acuity tool, developed by Dr Keith Hurst, each of the six Sue Ryder Hospice inpatient units completed two data collection periods. Data will be analysed by an expert in the field of healthcare workforce and safe staffing, leading to a final report by January 2022.

How this will be monitored and measured:
The Safe Staffing project has a steering group which maintains oversight and sign off of the project plans and monitors and measures progress against the plans. The group was regularly updated on progress, milestones and findings.

We did:

This priority was achieved. We wanted to obtain a comprehensive picture of safe staffing across our hospices. We followed the recommendations by NHS Improvement in the ‘Developing Workforce Safeguards’ (2018) guidance which advocates a triangulated approach to setting and reviewing nursing and care staff establishments. Sue Ryder is an organisation that strives to embed a best practice approach to ensure we have the right staff with the right skills in the right place at the right time, and we will continue to monitor this against patient and staff outcomes and feedback, as well as comparing ourselves with peers. Following the pilot, we have collected two months’ acuity and dependency data, staff and patient surveys and have collated patient outcome data for the same time points. The data was analysed, triangulated and inputted into formal reports in December 2021 with the support of an expert in the field of healthcare workforce and safe staffing.

The primary findings were presented during individual hospice dissemination meetings. Staff were then given an appropriate amount of time to digest the information and questions were emailed to ward managers to ascertain other factors impacting on services, and gather their professional judgement of the findings. The findings suggested that although the total number of Bands 1–8 (registered nurses and nursing assistants) on the inpatient unit met requirements, the triangulated approach identified a different skill mix with a slightly greater number of registered nurses was required on the units.

The project’s first phase has concluded and a baseline annual recommended establishment for each of the services was produced by January 2022. We plan to repeat the triangulated data collection approach in the financial year 2022–23 and continue to review and monitor our staffing establishment.

Opposite page: A service user working with a Sue Ryder physiotherapist during a neurorehabilitation session at Sue Ryder Neurological Care Centre Lancashire
2.5 Priority 4 – Clinical effectiveness

We said we would:

Frailty – To enhance the care and reduce harm across our palliative and neurological services, we will implement frailty training and education with our clinical teams to ensure early identification of those at risk and provide clinical support and management as identified to mitigate harm.

How this will be monitored and measured:
All multidisciplinary teams will receive training and education to raise awareness of frailty by January 2022.

We did:

Receiving effective training regarding frailty is key for all our clinical teams. The implementation of this training began in November 2021 and so the benefit of this priority continues to be part of our mandatory training portfolio going forward. The specific training focuses on the identification of the people who we care for who are at risk and discusses how the clinician is able to help them through planned care and through regular multidisciplinary review. In four months, we achieved 71% compliance with a total of 710 staff in our multidisciplinary teams having completed the training.

The feedback from the training has been very positive from the clinical teams. Following this training, a number of the teams have completed further research to review some of the different validated assessment tools available, to pilot them at their centre.

In addition, an evaluation of the frailty training is being collated to identify the next steps to continue to embed this learning. The initial recommendation was to enhance this training further through face-to-face case scenario discussions with the multidisciplinary teams on a regular basis.

Case study

Sue Ryder launched a new programme of frailty training in September 2021. Louise Paramel, Head of Nursing and Allied Health Professions (AHPs) Workforce and Education at Sue Ryder, is responsible for ensuring that the workforce is highly skilled and educated to provide safe and high-quality care to service users across the organisation.

Louise said: “As our Quality Priority, we have implemented a new training package which is mandatory for all our clinical healthcare workforce, this includes completing the level one frailty module on the e-learning for health training platform. The aim is to achieve 95% compliance in this training across the clinical healthcare workforce by the end of March 2022. In terms of impact, this will raise awareness and help staff in recognising signs of frailty, such as reduced muscle strength and fatigue and support patients in mobility and the prevention of falls.”

Louise explained that the next steps for consolidating this training will be in the creation of virtual training via the education calendar for the clinical healthcare workforce, with more in-depth, face-to-face training. “Our Clinical Effectiveness and Engagement Group has recognised that this awareness training has been a great benefit to both staff and patients in the workplace; we now plan to roll out an assessment tool to monitor effectiveness and the impact on patient outcomes.”

Margretta Davies, a physiotherapist at Sue Ryder Thorpe Hall Hospice, has been working towards piloting a Clinical Frailty Scale monitoring tool. This will be a holistic assessment, which can be carried out by various members of the team.

Margretta said: “Patient symptoms can often escalate quite quickly before coming into Sue Ryder Thorpe Hall Hospice, therefore carers and families may also be asked to reflect on how patients were functioning previously to help complete the Clinical Frailty Score. During the patient’s initial assessment with the therapy team two Clinical Frailty Scores will be ascertained: firstly, to reflect how the patient was functioning two weeks prior to admission, and secondly how the patient is functioning on the day of initial assessment.”

The Clinical Frailty Score will then be collected again two weeks after receiving therapy or prior to discharge, to see how the patient is functioning after treatment. Margretta added: “Once symptoms are better managed, patients who are less frail are able to get home without too complex a care package.”

The pilot project will run for twelve weeks from March, and evaluation information will be shared and presented at the Quality Improvement Group meeting in June 2022.

“"Our Clinical Effectiveness and Engagement Group have recognised that this awareness training has been a great benefit to both staff and patients in the workplace; we now plan to roll out an assessment tool to monitor effectiveness and the impact on patient outcomes.""
2.6 Our Quality Priorities for April 2022–March 2023

Our Quality Priorities for 2022–2023 have been developed based on themes of clinical incidences, concerns, service user feedback and consultation with staff from across the organisation.

**Priority 1: Staff and service user safety**  
Workforce Redesign and Clinical Apprenticeships

**Priority for improvement:** To ensure we have a flexible, responsive clinical workforce, fit for the future, with the right skills and knowledge to meet the needs of the population we serve.

We will enable this by expanding our workforce model to accommodate new or alternative roles such as Nursing Associates, Paramedics and Advanced Clinical Practitioners.

We will enable our existing and valued staff to develop and expand their skillset by increasing the number of staff succeeding on clinical apprenticeships.

**How this will be monitored and measured:** We will measure success as an increase in the number of clinical apprenticeship roles in our services and the integration of new roles in the workforce at our pilot sites. Ongoing evaluation will ensure the effectiveness of the induction and training programme enabling it to be adapted where necessary. The impact of the roles will be based on feedback from both staff and service users throughout the pilot.

**Priority 2: Service user safety**  
Service user participation: National forums and partnership working

**Priority for improvement:** To provide all our service users with easier and accessible means to provide feedback to inform our service improvements and work collaboratively to improve the safety of our care.

We will do this by creating key working partnerships with our diverse communities to understand how we can support their palliative care needs and improve their access to care as they need it. We will work with external expert partners to establish a framework of co-production for all our new service developments.

We will develop volunteer roles so that experts by experience will guide and advise our approach to improving patient safety.

**How this will be monitored and measured:** We will measure success as the establishment of working partnerships with our communities resulting in key recommendations to be implemented by our services to improve access. We will have a framework to ensure co-production of future service development. We will have recruited volunteer roles for expert and experience in all our services. We will increase month by month the real-time feedback we receive on our experience of care survey, and where appropriate our friends and family test, achieving 60% of our palliative occupancy each month by the end of the year. In our neurological services we will ensure we receive regular feedback, at least monthly, from a minimum of 60% of our service users (or their representatives) on their overall experience of care.
2.6 Our Quality Priorities for April 2022–March 2023 (continued)

Priority 3: Clinical effectiveness
Nutrition and Hydration

Priority for improvement: To ensure that all the people in our care receive optimal nutrition and hydration.

Maintaining levels of nutrition and hydration for the people we care for is achieved through regular assessment, individualised care planning and delivery.

We will do this by reviewing our current practice including assessment tools used in the delivery and the monitoring of care.

We will pilot an alternative evidence-based assessment tool to evaluate its effectiveness in meeting the needs of palliative patients. The new tool will be piloted in at least two of our hospices.

How this will be monitored and measured: We will complete an evaluation of the new assessment tool based on a comparison of the compliance scoring, quality of the care plans and feedback from staff, patients and families. The outcome will inform the decision on which tool best supports the care of palliative patients.
2.7 Statements of assurance

This section contains the mandatory statements of assurance required of all providers of NHS-funded care within their Quality Account. The information provided is relevant to the services Sue Ryder provides.

During the period of this report, 1 April 2021 to 31 March 2022, Sue Ryder provided NHS-funded community care services in our hospices and some care centres and NHS-funded nursing care in most of our centres. Sue Ryder had six adult inpatient units within hospices, seven day hospices, two Hospice at Home services, four community nursing services, and four care homes with nursing (three in England and one in Scotland). In addition to these services, we also delivered care within two supported living services.

Sue Ryder has reviewed all the data available to it on the quality of care in all of the above services.

The income generated by the relevant health services reviewed in the year ending March 2022 represents 69% of the total income generated from the provision of relevant health services by Sue Ryder for the year ending March 2022. The statutory income received for palliative services was 48% and neurological services was 92% during the year (the total across both services being 69% for the period).

During the period from 1 April 2021 to 31 March 2022, there were no national clinical audits or national confidential enquiries covering the NHS services that Sue Ryder provides.

The reports of 0 national clinical audits were reviewed by the provider from 1 April 2021 to 31 March 2022. While the mainstay of national audits is directed at the hospital setting, Sue Ryder acknowledges the benefit of learning from the wider health and social care sector. Our Chief Medical Director will be reviewing relevant national audits and sharing learning across the organisation.

Sue Ryder sets an annual core audit programme that runs from April to March each year. The core audit programme is risk-driven, and for hospices and neurological care centres includes record keeping, medicines management, falls prevention, manual handling, pressure ulcer assessment and management and infection prevention and control (including environmental and hand hygiene audits).

The reports of 11 local clinical audits plus monthly audits for Infection Prevention and Control were reviewed from 1 April 2021 to 31 March 2022, with high compliance observed across the board. As a result of the audit programme Sue Ryder intends to take the following actions to improve the quality of healthcare provided:

- Enhanced face-to-face training for staff regarding case coding for Adult Safeguarding
- Facilitate shared learning and spread of best practice across the organisation with the development of specialist interest groups in: falls prevention, medicines management, safeguarding and pressure ulcer care.

We recruited 14 patients at Sue Ryder during the financial year 2021–22 to participate in research approved by a research ethics committee within the National Research Ethics Service.

Sue Ryder is required to register with the Care Quality Commission and the Scottish Care Inspectorate. Conditions of registration include the management by an individual who is registered as a manager in respect of that activity at all locations and maximum number of beds for its services in the following regulated activities:

- Accommodation for people who require nursing or personal care
- Personal care
- Treatment of disease, disorder or injury.

The Care Quality Commission (CQC) has not taken enforcement action against Sue Ryder from 1 April 2021 to 31 March 2022. Sue Ryder has not participated in any special reviews or investigations by the CQC during the reporting period.

Sue Ryder was not required to submit records during the period from 1 April 2021 to 31 March 2022 to the secondary uses service for inclusion in the hospital episode statistics.

Previously Sue Ryder has submitted evidence based on self-assessment information for quality and records management, assessed using the Information Governance 0G toolkit as a ‘NHS Business Partner’. The evidence submitted was based on self-assessment for attainment level two. All organisations that have access to NHS patient data and systems are now required to publish a Data Security and Protection Toolkit (DSPT) self-assessment to provide assurance that they are processing good data security and that personal information is handled correctly. Sue Ryder has completed an assessment during year ending March 2022 with all standards fully met except for the compliance for mandatory training achievement; we have a detailed action plan in place to address this.

Sue Ryder was not subject to the Audit Commission’s payment by results clinical coding audit during the period 1 April 2021 to 31 March 2022.

Sue Ryder will be taking appropriate actions to improve data quality through:

- Increased awareness in the importance of reporting
- Implementation of integrated quality and improvement reporting training, including how to use our documentation templates
- Identifying trends through a balanced scorecard reporting system
- ‘Learning for safety’ memos for when systems and processes change.

During the period 1 April 2021 to 31 March 2022, 819 Sue Ryder patients died (800 in our palliative inpatient units and 19 in our neurological care homes). This comprised the following number of deaths which occurred in each quarter of that reporting period: 223 in the first quarter; 177 in the second quarter; 239 in the third quarter; 180 in the fourth quarter.

The deaths in our services were expected deaths, and by 31 March 2022, 0 case record reviews and 0 investigations have been carried out in relation to the deaths included above.

In response to findings in the Gosport report, the following declaration identifies how staff are guided to raise concerns and speak up if they have concerns over quality of care, patient safety or bullying and harassment within the organisation.

Staff are guided to follow guidance in a revised Whistleblowing (Raising Concerns) Policy and approach their line manager in the first instance where appropriate: continued over...
### 2.7 Statements of assurance (continued)

- Scrutiny on restraint reduction practice
- A desk top analysis of Care Plan reviews
- Establish Ethical Forum care of discussion within multidisciplinary teams about the complex ethical decisions
- A deep dive into incidents and staff experience to highlight the degree to which Sue Ryder staff are affected by racial abuse by the people in our care and any gaps in support required
- A review of the theory into the impact of racial abuse against staff to enable a deeper understanding of the issue.

### 2.8 Indicators for quality

#### Safety

**Number of incidents affecting service users – April 2021–March 2022**

<table>
<thead>
<tr>
<th>Service user incidents and harm</th>
<th>Neurological</th>
<th>Palliative</th>
<th>Homecare</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of incidents affecting service user/clinical incident*</td>
<td>1097</td>
<td>881</td>
<td>817</td>
</tr>
<tr>
<td>No. of incidents resulting in severe harm</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Rate of incidents resulting in severe harm</td>
<td>0.09%</td>
<td>0.1%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

*Note: Severe harm relates to those recorded on Datix as ‘permanent or long-term harm’

All the incidents resulting in harm underwent a serious incident investigation with an investigation panel. The findings and lessons learned from these were shared with the service through a learning event and wider to Healthcare through professional forums. The themes for learning are:

- Improved communication within the multidisciplinary teams
- Identified areas for further training regarding specific processes.

#### Regulatory inspection results – April 2021–March 2022

There have been two inspections by the Care Quality Commission in 2021–22 to any of the Sue Ryder services in England.

**October 2021**

- Sue Ryder Neurological Care Centre Lancashire: Overall Good
- Sue Ryder Thorpe Hall Hospice: Achieved Outstanding in Effective

There have been no inspections by the Scottish Care Inspectorate in 2021–22 to Sue Ryder services in Scotland.

#### Effectiveness

**Healthcare Associated Infections – April 2021–March 2022**

One case of Clostridium Difficile was acquired within a Sue Ryder service and 4 cases acquired prior to the person being admitted to the service.

<table>
<thead>
<tr>
<th>Clostridium Difficile</th>
<th>2020–21</th>
<th>2021–22</th>
</tr>
</thead>
<tbody>
<tr>
<td>SR</td>
<td>Out</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rate per 100,000 occupied bed days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>SR</td>
<td>Out</td>
</tr>
<tr>
<td>Rate per 100,000 occupied bed days</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.7</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*SR = Acquired within Sue Ryder
Out = Acquired external to the service*
2.8 Indicators for quality

Formal complaints about care – April 2021–March 2022

<table>
<thead>
<tr>
<th>Service</th>
<th>Complaints</th>
<th>Acknowledged 3 days</th>
<th>%</th>
<th>Responded 20 days</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurological</td>
<td>11</td>
<td>9</td>
<td>82%</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Palliative</td>
<td>10</td>
<td>10</td>
<td>100%</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Home Care</td>
<td>1</td>
<td>1</td>
<td>100%</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>20</td>
<td>91%</td>
<td>19</td>
<td>86%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Complaints</th>
<th>Upheld</th>
<th>Not upheld</th>
<th>Partially upheld</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>22</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>%</td>
<td>27%</td>
<td>41%</td>
<td>32%</td>
</tr>
</tbody>
</table>

We define a formal complaint as ‘an expression of discontent to which a response is required’. With reference to our complaints policy, the complaint is considered formal when it is received orally, in writing or electronically and cannot be resolved within 24 hours of receipt.

There were 22 formal complaints about care during 2021–2022.

The target in the complaints policy for the initial holding response to complaints is three working days. Where the complaint was initially received by a service, and where the complaint was by a named complainant, 91% were acknowledged within the timescale.

The target in the complaints policy for the final written response to a complaint is 20 working days. However, the policy does acknowledge that in some instances this is not possible. This would usually be where the investigation is complex. In these cases, all services aim to maintain contact with the complainant, giving a report of progress and in all cases sending a holding reply within 20 working days. Of those complaints where the complainant requested a formal response, in 19 out of 22 instances the 20 working day target was met. Where the target time was not met, the complainant was in all cases sent a holding letter to explain the delay.

The themes from complaints are very important. They help us to learn and to improve the overall experience for individuals using our services. The number of complaints across all service areas is low, but we have reviewed those received and the following themes have been identified (please note there may be multiple issues in one complaint):

- Communication
- Staff behaviours
- Care quality.

All complaints are raised within local Quality Improvement Groups at individual services. Feedback and learning to the local teams regarding improvement measures is monitored locally.
2.8 Indicators for quality

We use a number of ways to measure service user satisfaction including real-time feedback surveys. The questions we ask relate to their experience of the care and support they receive, how well they are treated by us and whether they would recommend our services to others if they needed similar care and treatment. Relatives of those people using our services are also encouraged to provide feedback particularly for service users with complex conditions or who may have communication difficulties.

Neurological care 2021–22

In our neurological centres we support people with complex conditions, many of whom have communication difficulties and therefore are not able to respond to the survey questions. To increase service user feedback, we have introduced a survey for relatives to complete on their behalf. We will be reviewing other ways to support our service users to have their say.

“Overall very happy with the service and visits going very well. Feel very welcomed. Very pleased with activities, communication and changes made to recreational therapy.”

“This is the best place my wife can be, the care and treatment is exceptional.”

“Good staff, lovely food, likes his environment, thinks his bedroom is decent, happy with his day to day living.”

“Everything is going well. I enjoy spending time with other residents doing things I enjoy. I can be myself and have company.”

“Family member very happy with the current activities available to residents. Feels like the resident is well looked after and is engaged with and supported to do nice things.”

“There is nowhere better that delivers this standard of care.”
2.8 Indicators for quality

Palliative care 2021–22

“I am considered and asked my opinion before any treatment or future plans are made which ensures that my privacy and dignity are maintained. This also allows the staff to know what my feelings and wishes are."

“Excellent care given to our daughter and mother. Cannot thank the team enough for easing the pain and making us as welcome and comfortable as possible. We won’t forget your patience and kindness."

“Can’t thank you enough you made a difference to the last ten days of her life. Everyone was so kind and professional and knew exactly what was happening and when things needed to be done."

“The fact I am in the picture and everyone talks to me and explains things has made me feel much better."

“...extremely friendly and helpful, (staff) introduce themselves and call me by my first name which means a lot.”
2.8 Indicators for quality

Homecare 2021–22

“First class service from all the carers, nothing is too much trouble. Carers have helped me through the Covid pandemic and put a smile on my face.”

“Carers always have PPE on and have made me feel very safe throughout Covid. I know the carers have been sanitising their hands as well and I cannot fault them through this pandemic they have been brilliant.”

“Very friendly and supportive staff in all aspects of my needs and help that I ask for.”

“First class service from all the carers, nothing is too much trouble. Carers have helped me through the Covid pandemic and put a smile on my face.”
There when it matters

3.1 Hannah’s story

Hannah’s dad, Martin, was diagnosed with a brain tumour in November 2020. His family looked after him at home in the final weeks of his life with the support of Sue Ryder Wheatfields Hospice. Martin died on January 18, 2021, aged 55.

Hannah, 21, was recently invited to take part in a Sue Ryder virtual focus group with other young people who have lost a loved one. Their discussion around the bereavement support that is currently available to them and the types of support they would like to see has informed the development of new content and information for young people on the Sue Ryder website.

“I was anxious before the call because I was worried I would get really upset, but it was just so good to be a part of it. It was just a couple of hours and there were only a few of us. It was so nice to hear other people’s experiences and listen to people who have felt what I am feeling.”

The group was facilitated by Sue Ryder’s Head of Bereavement Services and topics ranged from sharing personal experiences, to discussing the support currently available to young people, and even how grief is portrayed in television dramas and soap operas.

Hannah said: “We were asked to come up with three things that we think need to be done to help young people who are grieving. It was a really open and honest group and I felt so comfortable talking about my experiences. I came off the call feeling really positive and knowing that you can carry on and it’s ok to have bad days.”

Since Martin’s death, Hannah has focused on finishing university and starting work. She said: “I promised dad that I wouldn’t let him down and he said he would always have my back no matter where he is, which gave me the motivation to carry on and finish my degree. I want to be a play therapist and I would really love to help children and young people who are grieving.”
3.2 Sue’s story

In 2021–22, Sue Ryder Neurological Care Centre Lancashire implemented the Collaborate Project. It aims to enhance the approach to care and rehabilitation, to provide coordinated, high-quality services and to optimise outcomes and experiences for every client in the centre. Former service user, Sue, explains the difference it made to the care she received.

In June 2021, Sue, who has multiple sclerosis, experienced a large amount of damage to her spine, resulting in the loss of the use of her legs, and she spent fourteen weeks at Sue Ryder Neurological Care Centre Lancashire with the Rehabilitation Team.

Sue says: “My carers used to come in and do everything, but with the Collaborate Project, some of the rehab team would come in for the morning as well. They would help with showering and dressing, and do some warming up exercises to loosen my limbs, and get me to help with rolling over and lifting my legs. I felt it worked well, as both sides of the organisation got to know how the other worked. It was good from the carer’s side, as the rehab team were showing them exercises that would help them with their work in the long run, and explain what they were doing, and why they were doing it. And equally, the carers could show the rehab team how they were carrying out washing and personal care, and show them easier ways to move patients. Carers work very closely with service users, spending time with them all day every day, so they know what eases the pain, and what exacerbates the pain.”

Sue also noticed some issues with the project, which she was able to point out to staff along the way. “Patients aren’t always able to verbalise what they want, but the patient voice in the process was a very important part of the project. I’m able to advocate and put the patient voice across for those that can’t!”

Sue attended the most recent Quality Visit meeting at the centre on Zoom, to give her feedback on the pilot. “I attended to be the patient’s voice, from the perspective of actually receiving care as part of the Collaborate Project. I felt valued at the meeting, and I could have spoken for an hour! At the end when everyone in the room was asked for comments, they all made particular thanks to myself, and said they’d found it very interesting. I felt they’d listened, and instigated change accordingly.”
3.3 Anne’s story

Anne’s husband, Don, was diagnosed with oesophageal cancer five years ago. After his death in November 2020, aged 65, Anne actively looked for resources that might help her and when she came across Sue Ryder’s Online Bereavement Counselling, she decided to give it a try.

“I was really pleased for two reasons: one of them was that my counsellor was superb but also it was the process of booking that I found very empowering. You are given access to the counsellor’s diary so you can book your session for when you would like it. It was just having some agency, I had never come across that before. I used to go to the office upstairs and set myself up for the counselling sessions and, I think because I did the sessions in my own home, they remain very vivid for me.”

Anne said the six free counselling sessions gave her an opportunity to talk without feeling like she was burdening friends and family.

“Having somewhere where I felt I could just say, ‘this is my grief and this is hard’ was really useful. I’m quite a stoical person but it was great to just have some space that felt like mine.

“One of my friends had said that I would need to plan to live a different life and I think I used the counselling to help me with that and what that life might look like. When someone dies it’s not just about that person dying, it’s about your own life and the lives of your family. I have two grown-up children and when you lose a partner you lose the person who you talk to about your children. The counselling was a great opportunity for me to self-reflect.

“Grief doesn’t get better but it gets different. The kids and I came up with the idea of honouring Don, and I think for me to try and live a life that I enjoy and a life that’s productive is in some ways also honouring Don.”
3.4 Trish’s story

Trish, 69, suffered a life-threatening brain haemorrhage in March 2019 which left her unable to walk or talk and affected her short-term memory. Following a long stay in hospital and numerous operations Trish was discharged home, but in November 2020 she was hospitalised again following a fall. Trish went to Sue Ryder Neurological Care Centre The Chantry for rehabilitation and made steady progress under the team’s expert care. She has recently been discharged to a nursing home.

Trish and Chris, her husband of 35 years, had recently returned from a trip to Spain in their motor home when she was taken ill. An air ambulance was called when Chris found his wife unconscious on the floor one evening and she was rushed to hospital. Although it was initially thought the mother-of-two wouldn’t survive she pulled through.

Chris said: “Trish went to The Chantry at the end of April 2021 and they have made huge progress since she has been there. The Chantry is making a remarkable difference.

“Trish and I used to run a company together. We retired four or five years ago but you just never know what’s around the corner. They can’t explain why these things happen.”

Chris’s sister Ann, a former nurse, has also been supporting the family throughout Trish’s illness. She said: “Trish has been through hell and high water so we were thrilled when Sue Ryder said they felt they could help her. We had a goal-setting meeting with The Chantry on Zoom and I couldn’t believe it when I saw that Trish was there too – I nearly cried. The team just said, ‘Trish is the most important person at this meeting’, and that’s what you want to hear.

“I don’t believe in miracles but they are certainly working a miracle there. It’s really quite incredible the progress she has made. With post-traumatic head injury there is often a fatigue which The Chantry is managing really well. Trish is having speech and language therapy and physio and she can walk a few steps again with help. We cannot thank Sue Ryder enough for what they have done. We can’t believe the difference.”

‘Trish has been through hell and high water so we were thrilled when Sue Ryder said they felt they could help her. We had a goal-setting meeting with The Chantry on Zoom and I couldn’t believe it when I saw that Trish was there too – I nearly cried. The team just said, ‘Trish is the most important person at this meeting’, and that’s what you want to hear.’"
There when it matters

3.5 Michelle’s story

Michelle organised her very own ‘Walk to Remember’ in support of Sue Ryder St John’s Hospice, after staff cared for her father David at the end of his life.

Michelle and her daughters, Stacie and Jess, raised more than £500 with their walk in October 2021. She said: “I wanted to do something because of what Sue Ryder did for us as a family. After Dad was diagnosed with prostate cancer Mum cared for him for four years, but when Dad’s health rapidly went downhill, we needed support to keep him at home where he wanted to be. We reached out to Sue Ryder and they were there.”

David died in February 2021 and received care at home from Sue Ryder St John’s Palliative Care Hub.

“The team at the Sue Ryder St John’s Palliative Care Hub literally got everything in place. They got a hospital bed delivered in two to three days and we had carers in straight away, and we had regular phone calls to see how we were doing too.

“I don’t know what we would have done without their support. Dad was so poorly and he couldn’t move but he was adamant he was not going to hospital. His wishes were to stay at home and Sue Ryder helped us achieve that.

“Every single member of staff who came in was amazing. It was like we had known them forever and they looked after Dad like they were looking after their own Dad. You don’t expect other people to care for your loved ones like you do.”

Michelle’s family has also set up an online donation page in David’s memory, which has raised more than £1,000 for Sue Ryder. She said: “No one knows how much you need support like this until it happens, and Sue Ryder continues to be there for us when we need it. I would love someone else to have the care that my Dad did.”

‘Mum cared for him for four years, but when Dad’s health rapidly went downhill, we needed support to keep him at home where he wanted to be. We reached out to Sue Ryder and they were there.’
3.6 Rachel’s story

Rachel is a member of the Service User Group at Sue Ryder Duchess of Kent Hospice. She and her fellow group members have been involved in helping maintain and improve the hospice in numerous ways, ensuring that service users’ voices are at the heart of everything we do. Rachel is also a member of Sue Ryder’s national Service User Participation Steering Group.

Rachel’s husband, Jim, was looked after at the hospice after he was diagnosed with terminal cancer in March 2018 and died in December of the same year. “The expert care Jim received makes me want to help other people have the positive experience we had. I pushed Jim in for his first stay in a wheelchair but he was able to walk out. They made him feel good, and helped him enjoy his interests. At the end, we were so grateful the hospice took practical stuff away from us and looked after us all as a family.”

There are currently five in the group, which was founded in 2008: inaugural members, Nigel and Angela, plus Rachel, Ashley and John. Rachel says the aim is to “try and help other people have the positive experience you’ve had, through monitoring hospice care and being a sounding board for staff suggestions.”

The group aims to meet every two months, although Covid-19 has meant they now use a hybrid mixture of in-person and virtual attendance. Working from home during lockdown provided Rachel with the experience and flexibility to take part in online meetings on behalf of the group.

Over the years, members have been involved in projects ranging from writing and editing information materials for patients; securing an internet connection for patients and visitors to the hospice; and even supplying photographs for the walls of patient rooms.

Ultimately, Rachel says, staff want to know “how does it feel as a service user” and the group is driven by a “desire to support the people who supported us.”
There when it matters

3.7 Elaine’s story

Elaine sustained a serious brain injury after falling into a diabetic coma in June 2018 and was left struggling to walk and communicate. A mother of two grown-up sons, she spent 19 months in hospital but still needed round-the-clock care. Although just 63, Elaine’s family feared her only option would be a nursing home until they heard about Sue Ryder Neurological Care Centre Dee View Court.

Elaine’s family was initially told her condition could improve and, with the help of physiotherapy, she did start to regain some mobility. “We thought she would still be Elaine and would be able to come home,” her sister Alison said. “It was only when we got to the neuro rehab unit that we were told that that level of improvement wasn’t possible.”

It was at this time that Elaine’s family first heard about Sue Ryder Neurological Care Centre Dee View Court. The building project to extend the centre had not yet started but they felt it was the right place for Elaine. Alison said: “From the minute we walked in we could feel the life in the place and we knew that was where we wanted Elaine to go.”

Elaine finally moved into one of the new bedrooms at Sue Ryder Neurological Care Centre Dee View Court in February 2020. Alison said: “We literally had about five weeks at Dee View before lockdown but we knew we were leaving her in a safe space.” Elaine’s other sister, Isabel, said: “Sue Ryder is wonderful! I can only describe it as like being surrounded by new family members. With Covid and lockdown we were able to know for sure that she was being very well cared for by people who actually do understand the full picture.”

Elaine’s husband, Neil, added: “All I want is for Elaine is to be happy, well looked after and most importantly safe.”

“Sue Ryder is wonderful! I can only describe it as like being surrounded by new family members. With Covid and lockdown we were able to know for sure that she was being very well cared for by people who actually do understand the full picture.”
3.8 Sue Ryder Fourways Supported Living service

At our Fourways Supported Living service in Ipswich, Sue Ryder provides care and support to four tenants. Community Services Operations Manager, Alana Page, said: “We have a big focus on person-centred support, and treating each tenant as an individual.”

The Sue Ryder team recently worked with long-term tenant, Jane, to build a new wheelchair-accessible pond so she could enjoy time in the garden.

There was previously a small pond outside, but Jane struggled to see into it due to her wheelchair, and eventually it was filled in as it had become overgrown. Jane, who has lived at Sue Ryder Fourways Supported Living for 12 years, said: “Staff found out I was interested in wildlife and suggested we work together on something related to this. I saw the pond, and thought, ‘that looks like a project!’ With the old pond, I wasn’t able to feed the fish, but now there’s an area at the right level for me.”

The new pond has made a huge difference to Jane and her fellow tenants. “It does make a difference. I always had animals, and liked watching them. I hadn’t done much with fish before, so it has been interesting to find out more!” says Jane. “I spend quality time there.”

During the Covid-19 pandemic, tenants have been spending more time at home than usual, so the pond has been therapeutic, and great for getting people outside. Jane said: “It’s very beautiful and relaxing. I’ve been to the pond even in the rain and snow.”

Alana said that projects such as the pond are “about us helping people achieve a normal way of life. People have a voice even though they’re in full-time care.”

Support Worker, Leon Palmer, described the pond as a “rolling project.” He said: “Jane chooses what to add. Currently we’re changing the plants around the pond, and also adding a gazebo for shade during the summer.”

Jane added: “A pond is a very special place. It’s a unique ecosystem. It’s so important, as it allows us to try different things and have new experiences. And it never stays the same – there’s something different every time you look at it!”
3.9 Abbie’s story

“My first job was as an intensive care nurse. I then moved into cardiology before going on to be a Practice Educator for radiology and cardiac Cath Labs. I started learning about and teaching a human factors approach, which looks at teamwork, tasks and human performance; how errors can occur in highly complex environments; and how systems can be put in place to trap errors and improve safety for patients.

“It was around then that my beloved dad was diagnosed with motor neurone disease (MND). Unfortunately, he wasn’t able to receive any specialist care in Cornwall and he deteriorated very quickly, losing his ability to swallow and speak. He passed away nine months later and my family were devastated.

“Looking back, it was clear to the family that there were quite a few issues with the care he received, mostly stemming from the fact that expert care wasn’t available. We spoke to the hospital about this and I decided to offer a series of lectures speaking to staff, from consultants to housekeeping, about MND and how a human factors approach to his care would have averted many of the errors. I was very determined that my lecture was impactful and that going forward, future patients would receive much better support.

“In my Practice Educator role at Sue Ryder Neurological Care Centre Dee View Court, I have been teaching using a human factors approach since day one, looking at how certain factors influence how we behave, realising that we can’t rely on humans not to make mistakes, and putting processes and systems in place to trap an error before it occurs. I am also responsible for staff induction, monitoring training and making sure that our staff are fully aware of the condition that each of our service users is living with and the difficulties they face and that a clear bespoke action plan for each individual is developed. The care delivered at our centre is very person-centred and tailored for each individual, which in turn makes it safe.

“My dad’s experience really does fuel my practice every day in making sure the residents at Sue Ryder Neurological Care Centre Dee View Court receive the best possible care, and that the staff are supported in their practice.”
3.10 Ruth’s story

Ruth has worked at Sue Ryder Neurological Care Centre Stagenhoe for more than 30 years. Now a Unit Lead, she works closely with people with Huntington’s disease.

“There is nothing run-of-the-mill about working at Stagenhoe. Each day is different and I have the chance to care for people and gain experience in neurological conditions that I hadn’t really come across in my previous roles.

“When I first started here, the centre was predominantly focused on caring for people with Huntington’s disease, and the unit I lead is still mostly people with the condition. There is no predictability when you are working with people who have Huntington’s disease, no two days are the same. Some people need a lot of clinical care which we obviously provide but there are also people whose physical behaviour is affected. Historically, there has been a lot of misunderstanding and stigma surrounding those with the condition and a lot of this stemmed from the type of behaviours that someone with Huntington’s disease can exhibit. Here at the centre, we have the knowledge and expertise to make sure everyone gets the help they need. It can be challenging but it is very rewarding and a sense of humour certainly helps.

“People who come and work for us might not be specialists when they arrive, but it is great to see them develop skills and learn how to care for people with complex neurological conditions. Communication with the service users is also something that new colleagues can find challenging at first, but often after just a few weeks they will have learnt a great deal about how to communicate with someone who is non-verbal, which is great to see.

“Often people assume that the centre will just be full of elderly people, but that is absolutely not the case. Sue Ryder Neurological Care Centre Stagenhoe is definitely not ‘just a care home.’”
There when it matters

3.11 Equality, Diversity and Inclusion at Sue Ryder

Since our Equality, Diversity and Inclusion Group was formed in June 2020, lots of exciting things have happened to improve our culture and make Sue Ryder a safe and more open place to be.

These changes will benefit our staff, volunteers and the people we support by increasing both awareness of what equality, diversity and inclusion actually means, and understanding that everyone is unique and has a different lived experience.

By ensuring minority communities are heard and represented across Sue Ryder, we will improve the diversity of our workforce and help the charity to appeal to a wider population, supporting our ambition to provide more care for more people.

The last year has seen some significant achievements including the delivery of virtual masterclasses on a range of topics, as well as online learning sessions to enhance understanding of Pride Month, Black History Month, International Day of People with Disabilities and International Women’s Day.

Our Sue Ryder shops have withdrawn references to gender from fashion barcodes and children’s clothing labels. We have removed the personal information of people applying for staff and volunteer roles from the application process to reduce unconscious bias and ensure that everyone is evaluated solely on their skills and experience. And we have recently created and launched new policies including our menopause policy and our trans and non-binary policy.

Sue Ryder’s Diversity and Inclusion Manager, Billy Cole, who started in January 2022, said there was a real appetite for change at the charity. Billy added: “I’m really grateful for all of the Equality, Diversity and Inclusion (ED&I) work that has happened so far and to everyone who has brought me ideas and suggestions. My goal for 2022 is for ED&I to become more embedded in our different teams across Sue Ryder – we need this work to be everyone’s responsibility. ED&I is a never-ending journey and I’m very pleased to be part of that journey at Sue Ryder!”
3.12 Our Virtual Ward, Sue Ryder Wheatfields Hospice

Sue Ryder Wheatfields Hospice launched a pilot of its Virtual Ward service in April 2021, aiming to manage more patients with complex and acute needs in the community and put patient choice at the heart of the decision-making process.

Dr Emily Curran, Consultant in Palliative Medicine at Sue Ryder Wheatfields Hospice, said: “We noticed that even pre-Covid-19, the complexity of the patients being cared for in the community was increasing and I think Covid-19 amplified that. More patients wanted to stay at home and we wanted to make sure we were providing the same opportunities to those patients to access specialist care, as patients coming into the inpatient unit (IPU).”

With two Virtual Wards already established in Leeds, the Sue Ryder Wheatfields Hospice team had seen the impact such a service could have. Dr Curran said: “The Virtual Ward fits nicely between our community service and the inpatient unit. We now feel more confident about referring patients on the IPU back into the community, if their preference is to be cared for at home and we are better able to support our community team.”

The service also enables the hospice to provide ongoing multidisciplinary input for patients being discharged from the IPU, and to coordinate procedures for patients, either in their own home or at the hospice. Dr Curran said: “The Virtual Ward fits nicely between our community service and the inpatient unit. We now feel more confident about referring patients on the IPU back into the community, if their preference is to be cared for at home and we are better able to support our community team.”

The six-month pilot saw 36 patient ‘admissions’ with an average stay of seven days. The preferred place of care was maintained in 34 cases and the preferred place of death in 12 of 14 cases. The Virtual Ward facilitated the early IPU discharge of eight patients and no patients were admitted to acute hospitals.

Going forward the team will be working with other healthcare providers on a city-wide approach to Virtual Wards. There are plans for an Advanced Care Practitioner to coordinate the Wheatfields service and referrals will be opened up to Leeds Teaching Hospitals’ specialist palliative care team.

Benefits of Sue Ryder Specialist Palliative Care Virtual Wards

- Patients receive support quickly, from healthcare professionals with the expertise to meet their needs
- Patients and those close to them have a point of contact 24/7
- Patients’ families have urgent support during a crisis
- Hospital admissions can be avoided
- Hospice inpatient unit beds are available for those whose preferred place of care is the inpatient unit
- Reduction of reliance on community healthcare teams and GPs when a patient is in crisis
- Patients’ preferred place of care and death are supported.
There when it matters

3.13 Our Achieving Clinical Excellence series

During our Achieving Excellence Conference (ACE) series, a wide range of professionals shared their expertise to aid our continued pursuit of excellence. The conference, held in June 2021, had three key goals aligned to our three organisational values of **Supportive**, **Connected** and **Impactful**:

1. To shine a spotlight on our collective expertise and how our skills and experience are helping others, both inside and outside of Sue Ryder (Supportive)
2. To share best practice and encourage collaboration across all teams (Connected)
3. To celebrate our excellent work and recognise the many ways we are making a positive difference to the people we care for (Impactful).

There were seven sessions in the virtual series covering topics including Advanced Practice and Sharing our Expertise; Multidisciplinary Team (MDT) Working; Quality Improvement: Rehabilitation; Palliative Medicine Today; Equality and Diversity; and Looking After Ourselves and Each Other. Each event featured inspiring and insightful presentations given by Sue Ryder colleagues from across our palliative and neurological services. We also welcomed keynote speakers from other organisations to a number of the sessions.

Although the sessions were primarily aimed at healthcare staff, colleagues from across the organisation also benefited. Sue Ryder’s Head of Learning and Organisational Development, Kate Horne, said: “I found attending ACE as a non-healthcare professional an incredibly impactful experience. It allowed me to gain a better understanding of what our centre teams have faced, not only during the pandemic, but also on a daily basis. It clearly demonstrated to me what a fantastic team of dedicated professionals we have working at Sue Ryder.”
There when it matters

3.14 #Hello, my name is...

A well established national initiative to improve communication between healthcare staff and patients has been successfully piloted at Sue Ryder Duchess of Kent Hospice.

#Hello, my name is... is a campaign for more compassionate care. It aims to ensure that patients always know who is caring for them by encouraging staff to introduce themselves each time they enter a patient’s room.

The initiative was the idea of Dr Kate Granger, a consultant geriatrician and cancer patient, who was concerned by the poor communication she encountered as a hospital inpatient and decided to start a campaign to encourage and remind healthcare staff about the importance of introductions. #Hello, my name is... also saw the introduction of clearer name badges to aid people with dementia and visual impairments.

Abby Pearson, Quality Improvement Manager for Sue Ryder Duchess of Kent Hospice, Berkshire, and Sue Ryder Palliative Care Hub South Oxfordshire, said: “Lots of organisations who are really focused on quality and patient experience have adopted this. At Sue Ryder we see a lot of people who have visual disturbance, we’re dealing with people with neurological conditions and dementia so it made sense to introduce #Hello, my name is...”

In October 2021, an initial survey was shared with staff in the West Berkshire area and an audit was carried out which found patients didn’t always know the name of the person caring for them. Abby said: “We introduced the badges in December 2021. I shared a video about the campaign with staff and once the initiative was underway we redid the survey and the audit. 100% of staff are now familiar with the campaign, including non-healthcare staff.

“When we did the second audit on the ward, we found that 100% of staff now introduce themselves to patients and 90% of service users felt that they knew who was caring for them so it really does show a huge improvement.

“There have been many barriers to communication during Covid-19, including masks over faces and aprons covering badges and I think that has made this initiative even more important. I hope it will now roll out across all Sue Ryder services, both palliative and neurological.”
Annexe 1: Commissioner feedback

Every year we share our draft national Quality Account with the local Clinical Commissioning Groups and local Healthwatch for all our services asking for their feedback and areas for improvement. We would like to share their feedback with you.

NHS Bradford District and Craven CCG

Thank you for sharing the Quality Account report with me. I have had a chance now to read it in full, and as always I am bowled over by the content.

Sue Ryder’s continued commitment to quality of care, patient dignity, equality and respect and staff development and safety is seriously impressive, especially in the grip of the pandemic and the many challenges it has brought over the past couple of years.

The HUSH process, reducing falls sounds wonderful but the impact felt by everyone who touches an area of the system is as though they were looking after their own loved one.

Thank you for recognising their hard work. We look forward to continuing to work with you in the coming year.

Bedfordshire, Luton and Milton Keynes Clinical Commissioning Collaborative (BLMK)

BLMK Commissioning Collaborative acknowledges receipt of the 2021–22 Quality Account from Sue Ryder. The Quality Account was shared with BLMK’s Executive Directors, Contract, Performance and Quality Teams and systematically reviewed by key members of the CCG’s Quality Committee & Performance, as part of developing our assurance statement.

The CCG has been working closely with Sue Ryder, who deliver hospice inpatient and community services within Bedfordshire, during the year to gain assurance on the delivery of safe and effective services. In line with the NHS (Quality Accounts) Regulations, BLMK CCG have reviewed the information contained within the Sue Ryder Quality Account and checked this against data sources, where this is available to us as part of our existing monitoring discussions and confirm this to be accurate.

BLMK CCG would like to commend Sue Ryder on their efforts to manage and support patients and staff through the ongoing and relentless challenges of the Covid-19 response over 2021–22.

The CCG agrees that the three priority areas for 2022–23 of staff and service user safety, service user safety and clinical effectiveness are appropriate. The description within the priority areas outlines the expectation over the next year.

Progress within the identified priorities for improvement 2021–22 show that Sue Ryder exceeded their ambitions by introducing the HUSH programme to all hospice inpatient units. The CCG is pleased to note that teams are dedicated to high standards of care and wish to continue to improve their services.

The ongoing quality improvement of the central pharmacy support to enhance and support local service level pharmacy provision is welcomed, we look forward to hearing future improvements relating to high-quality and responsive services.

Sue Ryder’s commitment to ensure safe and effective care with development of the dependency acuity tool, auditing and continued analysis is to be commended.

The CCG is assured to read that effective frailty training is being implemented and the recommendation is to enhance the training through face-to-face discussions on a regular basis.

We recognise the significant demand on the Bedfordshire Sue Ryder services and the commitment to improve the landscape for palliative and bereavement care. We are appreciative of the continued efforts undertaken to meet patient demand, endearing to provide a positive patient experience. BLMK CCG will continue to work collaboratively with Sue Ryder to support these endeavours.

Sue Ryder Quality Account 2021–22 appropriately celebrates successes and recognises areas which are challenging.

As the CCG moves into the Integrated Care system, we look forward to working increasingly closely with Sue Ryder in the improvement of patient safety in their efforts to improve quality and patient experience.

As Strategic Commissioners and System Partners we recognise the challenging period we have been in and acknowledge the ongoing commitment from Sue Ryder to keep our local population and health workforce safe in the coming year. We look forward to working with Sue Ryder across our Integrated Care system in 2022–23.

Anne Murray
Chief Nurse/Executive Director Nursing and Quality
BLMK Commissioning Collaborative

Sue Ryder response:

Thank you for your feedback on our National Quality Account 2021–22. Thank you for your feedback regarding the frailty training. Our focus is to build on this with face-to-face training incorporating case studies for further multidisciplinary discussion which will continue to embed learning. This year has continued to be challenging managing Covid-19. The excellent team at Sue Ryder St John’s Hospice has continued to support patients and families through this difficult time. We look forward to working across our Integrated Care system in 2022–23.

Berkshire West Clinical Commissioning Group

Berkshire West Clinical Commissioning Group (CCG) welcomes the opportunity to comment on Sue Ryder’s Quality Account 2021–22. The Quality Account 2021–22 provides information across a wide range of quality measures and gives a comprehensive view of quality of care and upcoming priorities undertaken during the reporting period. The CCG is satisfied that the document gives an overall accurate account and analysis on the quality of services provided.

Looking back over 2021–22, we recognise that the impact of Covid-19 from March 2020 has continued throughout the reporting period. During Covid-19, Sue Ryder continued to care for people that rely on their services despite the challenging demands of the pandemic. Despite visitor restrictions in accordance...
Annexe 1: Commissioner feedback

with governed guidance it is acknowledged that Sue Ryder have transformed the way they do this by using telephone calls for service users to remain in touch with their families. We appreciate that staffing levels have remained a challenge at times and acknowledge the continuous support Sue Ryder have provided to support staff wellbeing for all healthcare plans.

The CCG acknowledges and welcomes the improvements from the previous year focusing on service user and staff safety and notes good progress with the roll out of the Huddle up for Safer Healthcare (HUSH) model to all hospices and some neurological care centres.

Looking forward to 2022–23, we are satisfied that Workforce Redesign and Clinical Apprenticeships is a priority for improvement including creating key working partnerships with our diverse communities. We welcome the commitment to maintain levels of nutrition and hydration for the people that are cared for using evidence-based assessment tools. We agree these are appropriate priorities for improving patient safety, staff experience and clinical effectiveness. The CCG is pleased that Sue Ryder will implement frailty training and education across the clinical teams to improve learning and identify those service users at risk.

Debbie Simmons
Interim Chief Nurse
Berkshire West Clinical Commission Group

Sue Ryder response:
Thank you for your feedback on our National Quality Account 2021–22. This year has continued to be challenging managing Covid-19. We are pleased that you agree and support our Quality Priorities for the coming year. The excellent team at Sue Ryder Duchess of Kent Hospice has continued to support patients, families and staff through this difficult time. We look forward to working with you in 2022–23.

North East Essex CCG

The CCG agreed with your priority areas for the coming year.

Impressed with the rebuilding of communication/relationships between health and social care inclusive of wider Alliance stakeholders following the pandemic.

Sue Ryder have a consistent desire to work with stakeholders and deliver the right outcomes for people using a ‘One Team’ approach taking a professional and engaging approach with a willingness to listen to ideas and work with the wider system.

Sue Ryder response:
Thank you for your feedback on our National Quality Account 2021–22. Thank you for your positive feedback regarding the excellent team at Sue Ryder Neurological Care Centre The Chantry. We look forward to working with you in the coming year.
Annexe 2: Service user feedback

Every year we share our draft national Quality Account with our service users asking for their feedback and areas for improvement. We would like to share their feedback with you.

Service user, Sue Ryder Leckhampton Court Hospice

Thanks for sharing the draft report and the notes about what you would like feedback on.

What a fascinating read and so thoughtfully and informatively prepared!

The priority areas are clearly set out and seem totally in line with what I understand Sue Ryder hospices aim to achieve. I see you as experts in compassionate care, dignified end of life programmes and excellence in clinical care. I don’t have anything to add really as I totally trust Sue Ryder organisations in identifying and fulfilling the commitment to your priority areas!

Really pleased to read case studies as this always brings a very human touch to understanding how your services have an impact. I particularly liked the stories of staff and how their role translates across their own lives, their patients and their colleagues. As a complementary therapist I was pleased to see the story of Kirsty and how her support was taken online during the pandemic to ensure patients received support from home and that she also set up programmes of support for staff.

I was really interested to read about the neurological services you offer and the case study of Trish who received support and now lives in a nursing home. My own experience of a relative with terminal cancer passing away at Sue Ryder Leckhampton Court Hospice meant I thought you just provided palliative care. It was really interesting to read other stories about neurological care and supported living. I am even more in awe of the wonderful services you offer to such a wide range of users.

The report is so thorough! I started reading it expecting everything to support my own experience of a Sue Ryder hospice which was amazing care for my Mum and for us. It was a surprise to see that 22 families have made complaints about care and I felt sad to hear that was their experience. At the same time, I can also imagine how the anticipatory grief of losing a loved one can affect communication and perspective so I don’t see the word ‘complaint’ as a bad thing. I think it’s good to know there is always room for improvement and that a service is keen to hear all feedback. 22 complaints compared to the thousands of people helped is a small number, I’m sure.

The process of responding to complaints sounds robust with 100% responded to in 3 days and further investigation within 20 for 91% of families. My only thought, which is not a criticism, is that response times are there to reduce emotional stress for everyone and even if a full answer can’t be given, I would think 100% of clients being responded to within the 20 days would be important to aim for. I hope that doesn’t sound harsh and I know there will have been valid reasons why that target was not met for a couple of clients. I’ve seen from my own experience of working within NHS complaints that regular communication, even if it takes a bit longer to resolve the issue, is better than a patient’s family feeling ignored or uncared for. I hesitated whether to share this thought but do think if work has been done to sign off policies for expected standards it’s important to uphold them in even the small details (lay people only see numbers otherwise – the 9% of people who felt let down versus the 91% who received the response within the timeframe expected). It feels so sensitive because these complaints probably relate to people who are no longer alive and it will have changed their families’ whole experience of their passing or care. I can’t imagine how I would have felt if Mum’s care had felt below standard.

Sue Ryder response:

Thank you for your feedback on our National Quality Account 2021–22. It is very important that we receive feedback from the people who use our services. Thank you for your comments regarding the management of our complaints. As you have said, it is critical that we constantly strive to ensure regular communications with every patient and family member who makes a complaint. We use all our learning from complaints to continually improve our services.

Service user, Sue Ryder Manorlands Hospice

The Priority areas are addressing a need highlighted in concerns, feedback, incidences etc – in that instance they all appear to address the issues, I do not feel qualified to comment further on those.

Coming from a non-medical background, I particularly found the work around person centeredness, both service users and families, really interesting. I really like the ‘Hello, my name is...’ It’s a much more personal interaction, especially as stated, with the addition of face masks currently.

The adaption to online services during Covid-19 has led to continuing online services, such as the virtual support group for bereaved young people and the online bereavement counselling. This progression, which may have been forced initially, is obviously reaping benefits and connecting people in different ways than pre-Covid-19 and many more people are now more comfortable connecting remotely.

Also, the befriending service, if Covid-19 taught us anything, it was the importance of human interaction in our lives. I work part-time as a care provider of older people in their homes, and I see first-hand the important role that we play in their day-to-day life – even often than not, it is the companionship that they appreciate the most. I can only imagine the benefits of the befriending service in this instance.

The level of service user participation and the training of staff, so this becomes second nature, is really pleasing to me. The feedback to staff on how it feels to be a service user at Sue Ryder Duchess of Kent Hospice, seems a really simple notion, but it will provide an invaluable insight to the full experience of the service users, both good and bad.

I very much liked the fact that personal information is removed from application forms for staff and volunteers to promote equality, diversity and inclusion and reduce unconscious bias.

Sue Ryder response:

Thank you for your feedback on our National Quality Account 2021–22. It is very important that we receive feedback from the people who use our services. We are very pleased to hear your encouraging words about the importance of service user participation.

Service user, Sue Ryder Manorlands Hospice

I have read through the report and it’s great to see that despite the impact of Covid-19, objectives have still been met. It is clear that there is good vision about the way forward and feel it covers all that I would expect to see.

I agree the priority areas. In general, it’s good to see the adaptability of the plan where face-to-face has not always been possible – a very “can do” attitude.
Annexe 2: Service user feedback (continued)

Comments – I appreciate this is just a draft but
minor points (only in my opinion):
• Would it be good to add April 2021–March 2022, I
initially thought it was end of calendar year when
assessing what had been achieved
• Joint Statement – I would have found it easier if the
4 priority areas were more clearly signposted
• Safe Staffing – What was the outcome of the Jan
2022 report?
• Regulatory Inspection – Sue Ryder Neurological
Care – Was the outcome Good/effective or
outstanding?
• Anne’s Story 3.3 – Typo – “it was just having
some (agency)”
• Need to standardise font type etc.

Sue Ryder response:
Thank you for your feedback on our National Quality
Account 2021–22. It is very important that we receive
feedback from the people who use our services. Our
priority on service user participation, we will be
inviting to comment on previously short-listed topics, or
whether they had a voice in actually generating them.

Priority 1: Staff and service user safety
It is good to see that the service is being developed to
adapt to the needs of both staff and service users, as
well as the changing models of service, matching what
is happening in Primary Care. Investment in staff is the
linchpin for success.

Service users are mentioned as giving feedback, but
it would be more reassuring to involve them further
upstream to shape what would be acceptable for
patients and their families and carers. Also to identify
barriers and enablers. If this is happening, it deserves
high profile!

The READY study might be informative. It looks at
paramedics in primary practice and may give some
insight into different models – also to what matters to
patients, families and carers.

Priority 2: Service user safety
The patient and their family/carcers are at the heart of
this, so it is important that feedback opportunities are
tailored sensitively to the varying situations of patients.
Genuine co-production will be a key factor. I am pleased
to see that this approach will be used and, in particular,
with diverse communities. Extending volunteer roles to
facilitate experts by experience taking on an advisory
role is a positive move. I am sure you will offer training.
Would you consider remuneration in recognition of the
increased responsibility?

Priority 3: Nutrition and hydration
Has this arisen from an evaluation of service and/
or feedback? Or is it solely a part of the continuing
system of review? It would be helpful to have a brief
description of the new tool and what makes it different
from the existing ones and therefore worth piloting.

Sue Ryder response:
Thank you for your feedback on our National Quality
Account 2021–22. It is very important that we receive
feedback from the people who use our services.

Service users were asked to provide feedback on the
quality priorities through service user groups, residents’
forums and by reviewing the Quality Account. We will be
involving service users in the feedback and helping us to
shape our new models of care and new roles.

Thank you for your feedback on the READY research
study which we will review alongside other studies
for this role and utilise the learning from this. For
our priority on service user participation, we will be
providing ongoing training and support for all our new
volunteers including how we will recognise their critical
contribution. For our nutrition and hydration priority,
this has arisen from staff feedback following a detailed
analysis of local and national quality initiatives. We will
include more information regarding the assessment tool
in our future Quality Account.

Service user, Sue Ryder
Thorpe Hall Hospice
I have just finished reading this very impressive
Account and find it a very honest and detailed account
of several Sue Ryder locations, duties, performance
and responsibilities. There is nothing that I could
suggest, other than my profound support to the draft.

Sue Ryder response:
Thank you for your feedback on our National Quality
Account 2021–22. It is very important that we receive
feedback from the people who use our services. Thank
you for your continued support for Sue Ryder.

Service user, Sue Ryder
Thorpe Hall Hospice
Well, that is quite a tome. I found it to be very precise
and covered all areas very well.

Yes, it has my full support.

Sue Ryder response:
Thank you for your feedback on our National Quality
Account 2021–22. It is very important that we receive
feedback from the people who use our services and
thank you for your continued support.

Service user Hospice group,
Sue Ryder Duchess of Kent Hospice
The topics are fine in themselves but I would see an
absolute priority as ensuring effective recruitment and
retention of high-quality user-facing staff. This may be
helped by workforce redesign but the KPIs should be
a percentage of maximum capacity achieved at each
facility and user satisfaction.

The report would benefit from being less corporate
and with reduced jargon – what does ‘triangulated’
mean? The individuals’ stories are fine and nice to read,
but I think fewer would be better – having so many
is distracting from the key messages on progress.
In discussing last year’s priorities there are areas,
unsurprisingly, where the results of introducing a change
are not yet available. It is important that those results are
also reported in future, even where they may arise from
an initiative from a few years back. And that leads to my
main issue – I would like to see discussion (and graphs
and other stats) on ongoing, year-on-year progress (and
the opposite where it occurs), not just a summary of
what was introduced last year.

Sue Ryder response:
Thank you for your feedback on our National Quality
Account 2021–22. It is very important that we receive
feedback from the people who use our services. Our
highest priority is to ensure effective recruitment and
retention of high-quality staff. Thank you for
your feedback regarding our case studies and we will
continue to report in the future regarding progress and
achievement on our current quality initiatives.

Service user, Sue Ryder
Neurological Care Centre Dee
View Court
The areas of priorities were good and covered all bases
within the centre and helped them feel safe knowing
this is a priority.

They felt reassured to see the service user and staff
safety area was considered as this ensures nurses and
all staff are well trained and feel confident in their roles.
Annexe 2: Service user feedback

They discussed the huddle meeting between departments and said they like the idea because it is reassuring that no information is missed.

**Sue Ryder response:**
Thank you for your feedback on our National Quality Account 2021–22. It is very important that we receive feedback from the people who use our services. We are very pleased that you agree and support our quality priorities in the coming year and how this provides you with reassurance.

**Service user, Sue Ryder Neurological Care Centre Stagenhoe**

All service users that reviewed our Quality Account and quality priorities agreed with the priority areas.

I think expanding workforce model to create new roles will provide a better ‘care net’ so no-one slips through any gaps. I have always appreciated Sue Ryder giving us the opportunity to give feedback and I think making this more accessible will help improve the service. A new assessment tool for food and drink will help personalise the menu to each individual which will provide a better quality choice selection.

I like the idea of expanding the workforce and bringing in new roles. I’m always happy to give feedback where necessary. I like the idea of the new job roles as these will serve a good purpose here at Sue Ryder.

I think having new job roles will create more work which is always good. Assessing us for our food and drink regularly will help promote my likes and dislikes.

**Sue Ryder response:**
Thank you for your feedback on our National Quality Account 2021–22. It is very important that we receive feedback from the people who use our services. We are very pleased that you agree with our quality priority areas for the coming year.

**Service user, Sue Ryder Neurological Care Centre The Chantry**

All service users that reviewed our Quality Account and quality priorities agreed with the priority areas.

Will be good having new job roles to add to the staff we already have who are very good.

(We agree with) all of them, but it is good that staffing is being worked on. New job roles will make sure things run better. Assessing us for our food and drink regularly will help keep a variety of good food.

**Sue Ryder response:**
Thank you for your feedback on our National Quality Account 2021–22. It is very important that we receive feedback from the people who use our services. We are very pleased that you agree with our quality priority areas for the coming year.
Annexe 3: Final statement

This final statement provides assurance that Sue Ryder has fulfilled the legal requirements set out under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations.

Sue Ryder are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year. In preparing the Quality Account, we are required to take steps to satisfy ourselves that:

- The content of the Quality Account meets the requirements set out in the NHS Improvement and supporting guidance 2021–22

- The content of the Quality Account is not inconsistent with internal and external sources of information including:
  - relevant committee minutes and papers for the period April 2021 to March 2022
  - papers relating to quality reported over the period April 2021 to March 2022
  - feedback from commissioners

- The Quality Account presents a balanced picture of Sue Ryder’s performance over the period covered

- The performance information reported in the Quality Account is reliable and accurate

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice

- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review

- The Quality Account has been prepared in accordance with the Quality Accounts regulations.

The Quality Account was approved by Trustees at the Health and Social Care Sub-committee on 22 June 2022.

Dr Rima Makarem  Heidi Travis
Chair of Trustees  Chief Executive
22 June 2022  22 June 2022
Our Sue Ryder Nurses during the Covid-19 pandemic.
There when it matters

Sue Ryder supports people through the most difficult times of their lives. For over 65 years our doctors, nurses and carers have given people the compassion and expert care they need to help them live the best life they possibly can.

We take the time to understand what’s important to people and give them choice and control over their care. This might be providing care for someone at the end of their life, in our hospices or at home. Or helping someone manage their grief when they’ve lost a loved one. Or providing specialist care, rehabilitation or support to someone with a neurological condition.

We want to provide more care for more people when it really matters. We see a future where our palliative and neurological care reaches more communities; where we can help more people begin to cope with bereavement; and where everyone can access the quality of care they deserve.

For more information about Sue Ryder

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visit: sueryder.org

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This document is available in alternative formats on request.