

Quality Account 2022–23

Our quality performance,
initiatives and priorities



palliative,
neurological
and bereavement
support

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1.1 Welcome to our Quality Account for 2022–23

Joint statement from our Chief Executive and the Chair of Trustees

As we reflect on the past year and the progress we have made, we would like to take this opportunity to say what a privilege it is to support people through the most difficult times of their lives. Our dedicated specialist teams are there when it matters, delivering expert palliative, neurological and bereavement support to thousands of patients and their families. We are determined to provide high-quality care and take pride in putting our patients and service users at the heart of everything we do.



Our Chair of Trustees, Dr Rima Makarem, and Chief Executive, Heidi Travis

At Sue Ryder we are deeply committed to continually developing our care. This report is a chance for us to review the quality of our services and progress against our quality priorities for improvement during 2022–23. It is also a chance for us to look forward and set out our priorities for the year ahead.

Over the last three years, a lot has happened in the wider healthcare system – not least living with the Covid-19 pandemic. Despite this changing landscape, in 2022–23 we remained responsive and continued to evolve while focusing on our aims of providing more care for more people and influencing new models of care across the UK.

We set ourselves three quality priorities for improvement, concentrating on workforce redesign and clinical apprenticeships, service user participation (national forums and partnership working), and nutrition and hydration. You can read more about our progress in part two of this Quality Account.

Improving the landscape for care

An important focus for us has been engaging with the NHS's newly-formed Integrated Care Systems (ICSs). We see a future where everyone can access the quality of care they need, and we have been using our voice to make sure the needs of our patients and service users are heard within these new structures. This has included building relationships with the teams at the new Integrated Care Boards (ICBs) and inviting them to visit our services.

Growing our bereavement services

We have continued to develop our bereavement services so we can be there when it matters for more people. We expanded our national Sue Ryder Online Bereavement Support and gave more people help at a time when they needed it most. Our Online Bereavement Community – a place to talk to others who are grieving – reached the milestone of 20,000 members. We also launched two innovative digital services – our online self-help platform, Sue Ryder Grief Guide, and text message support service, Sue Ryder Grief Coach.

Additionally, we started rolling out new Sue Ryder Grief Kind Spaces, which are weekly drop-in sessions in local communities run by trained volunteers. They provide a safe and supportive space for people to come together and share their experiences of grief, giving access to peer-to-peer support and targeting the feelings of isolation so often linked to bereavement.

Our Grief Kind campaign, giving people the confidence and tools to support their friends, family and colleagues experiencing grief, has gone from strength to strength. In a bid to raise awareness and start conversations around grief, we released our first-ever television advert, narrated by acclaimed actor Richard E. Grant.

We also launched our thought-provoking Empty Chair initiative, which highlighted how lonely grieving can be, particularly at mealtimes. We installed an exhibit in Leeds city centre, using a dining table surrounded by empty chairs. Each empty seat was a powerful representation of someone who had died. The exhibit was also showcased in the House of Commons, which acted as a strong engagement opportunity to help strengthen our relationships with politicians and policy-makers.

Setting high standards

One of our key ambitions is to be an outstanding provider of care. It is important that we ensure our care stands up to the high-quality measures set for us nationally, as well as the high standards we set for ourselves. Two of our services were inspected during the year. We are proud to say Sue Ryder Leckhampton Court Hospice in Gloucestershire received a 'Good' rating overall from the Care Quality Commission (CQC), and Sue Ryder Neurological Care Centre Dee View Court in Aberdeen received 'Good' from the Scottish Care Inspectorate in areas such as its setting, supporting people's wellbeing and planning care and support. Of note, Sue Ryder Leckhampton Court Hospice achieved an 'Outstanding' rating for 'Caring'.

Reducing healthcare inequalities

We have been exploring the barriers faced by under-represented communities through our Health Inequalities project. Our aim is for our services to be accessible to people from all religions and cultures, and to ensure as many people as possible have their needs met at the end of their lives. A pilot project in Cambridgeshire saw us running Community Voices sessions at our hospice in Peterborough, attended by representatives from different communities. We discussed topics such as barriers to accessing palliative care and ideas for how Sue Ryder could better support people in the future.

Crucial learnings included the importance of creating strong relationships and taking the time to find out what matters to different communities. We will now build on this and look to roll out this project in other locations.

There when it matters

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, bereavement counsellors and carers give people the compassion and expert care they need to help them live the best life they possibly can.

Improving inclusivity

Equity, diversity and inclusion has once again been high on our agenda this past year, driving lasting change and building a more empowering culture across Sue Ryder. Key initiatives included the successful pilot of our Rainbow Badge scheme promoting a message of LGBTQ+ inclusion. This will be rolled out more widely later in 2023 and will give staff and volunteers the opportunity to complete training to wear rainbow badges at work. We also introduced our Inclusion Passport to help staff explore their needs and guide supportive conversations with line managers. Another important initiative was the launch of our first Race Equity Programme, which began with a piece of research called 'Know Your Truth'. We will use the findings to develop a meaningful action plan.

Becoming more sustainable

A significant focus has been working towards becoming a more sustainable organisation. We teamed up with a sustainability consultancy, Bioregional, to develop a plan to limit our environmental impact and reduce our carbon emissions. Some of the steps we have taken have included starting to swap our leased cars for electric vehicles and installing electric charging points at some of our healthcare settings.

At Sue Ryder Leckhampton Court Hospice, a doctor who had a placement with us calculated the hospice's carbon footprint. This study sparked the creation of the hospice's sustainability group. Actions to reduce emissions have included an initiative for using food grown by volunteers in allotments, installing LED lighting and introducing meat-free Mondays for staff.

As in 2021–22, this year's account will focus on the following:


- Our commitment to quality
- Our priorities for improvement for 2022–23
- Our progress against our priorities for improvement
- Our priorities for improvement for 2023–24
- Our indicators for quality in 2022–23.

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.

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



Dr Rima Makarem
Chair of Trustees



Heidi Travis
Chief Executive





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, bereavement counsellors and carers give people the compassion and expert care they need to help them live the best life they possibly can.

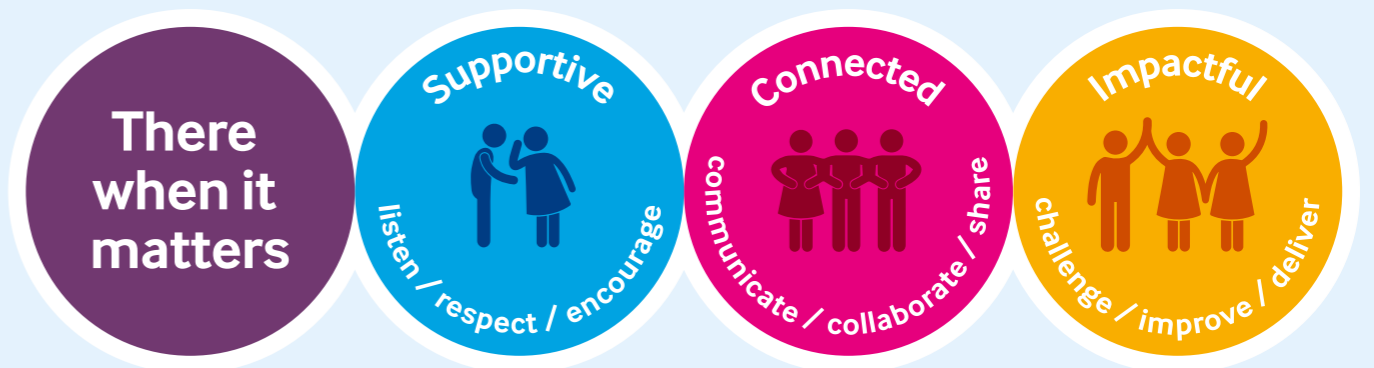
Our values

We operate with three organisational values, each incorporating three behaviours:

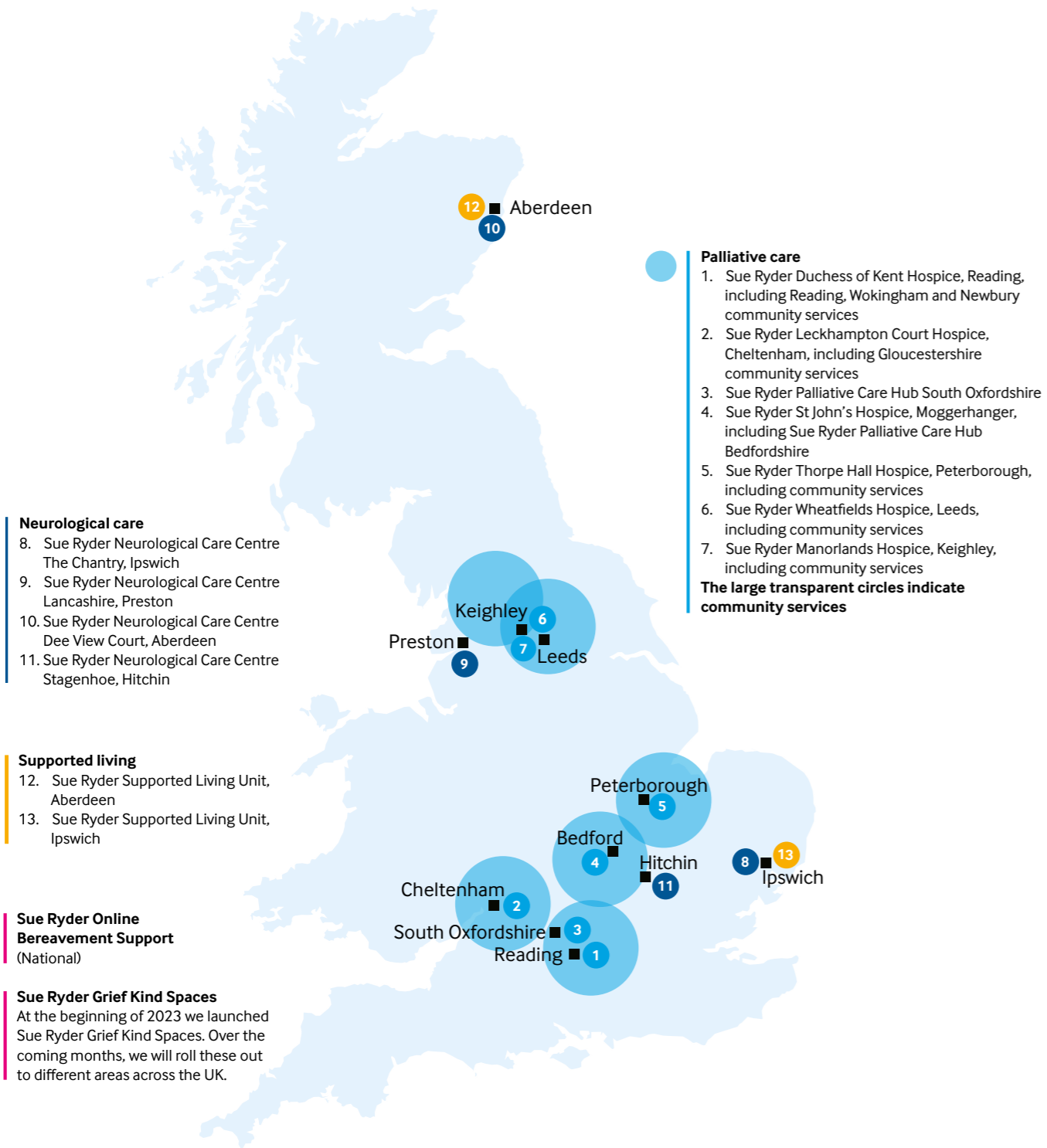
1. Supportive – listen/respect/encourage: We're here for people when it matters, and that includes each other. We encourage, inspire and help one another, and celebrate success.

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.



1.3 Our service map April 2022–March 2023



Please note this map is for guidance and is not true to scale



We aim to provide high-quality care

1.4 Putting our work in context

Entering 2022–23, the hospice sector was facing mounting challenges to sustain the levels and quality of care that we deliver. The lack of a sustainable funding solution, a deepening workforce crisis, and structural changes from Clinical Commissioning Groups (CCGs) to Integrated Care Systems (ICSs) threatened the sector's ability to deliver and develop care.

As a result, the formal introduction of ICSs in July 2022 has been a key focus for our Influencing team. The priority placed by an ICS on the delivery of palliative and end-of-life care (PEoLC), bereavement support and neurological care will impact the services and support available to people at develop engagement with key partners within each ICS. This has included meeting with the chairs and CEOs of Integrated Care Boards (ICBs) in areas where our services are located, to help ensure the ICBs recognise how important it is for their local populations to receive these types of care.

To support ICSs to deliver better end-of-life care and bereavement support, Sue Ryder led, in collaboration with colleagues across the PEoLC sector, the development of [Enablers for end-of-life care: Key recommendations for commissioning and delivering better end-of-life care within Integrated Care Systems \(ICSs\)](#)¹. We are working with the Department for Health and Social Care, NHS England, ICSs and others in the PEoLC sector to see these 'enablers' adopted.

As well as acting on changes in NHS structures, we have responded to a range of government and health stakeholder consultations that impact our patients, their families, our staff and services. This has included the Health and Social Care Select Committee's Inquiry into workforce; recruitment; training and retention; the Acquired Brain Injury Strategy Call for Evidence; the Hewitt Review - the oversight and governance of Integrated Care Systems (ICSs); and the National Suicide Prevention Plan.

The sustainability of the hospice sector has become even more uncertain in the face of the cost-of-living crisis. Rising costs of essentials such as energy, food and fuel have meant hospices are facing more than £100m in additional costs this year alone. Despite this picture, fewer than one in 10 hospices have received uplifts of more than 5% to their NHS contracts in the last year.

A real terms decrease in already limited statutory funding risks the continuity of existing services and leaves no room for extending care to meet growing demand. Seven in 10 hospices report that cost-of-living pressures are highly likely to result in reduced support being available to the wider health system, such as hospitals or care homes.

Existing recruitment and retention challenges have also been amplified by increased NHS pay awards, which charitable hospices have not been supported to match. As an organisation we have innovated to tackle workforce challenges wherever we can, and we've called on the government to ensure workforce planning includes providers of essential services like ours.

These challenges have been compounded by increasing demand for our services. In 2022, deaths in the UK were 9% above pre-pandemic levels, meaning thousands more people needed PEoLC and bereavement support. These figures are set to continue rising year on year.

These stark figures remind us why we have continued to focus on issues around bereavement support. In June 2022 we published an in-depth research report based on over 8,500 people's experiences of bereavement and grief. The report, [A better route through grief](#)², identified gaps and inequalities of access in bereavement support across the UK and provided evidenced recommendations for improving bereavement support. Launched in parliament with support from the Shadow Mental Health Minister, the findings and recommendations have been used to proactively engage with parliamentarians, policymakers and sector colleagues, and continues to form the basis of changes we will campaign for to improve the bereavement support landscape.

² Swords B, et al. A better route through grief: Support for people facing grief across the UK. Research commissioned by Sue Ryder and conducted by ClearView Research, 2022. [A better route through grief report.pdf \(sueyder.org\)](#)

Building on our bereavement work, in March 2023 we took our Empty Chair exhibit into parliament to raise awareness of bereavement and grief, and to create an opportunity to discuss with MPs and Peers about what more can be done to support people.

As we go into 2023–2024, our Influencing team will be focused on working with ICSs and the government to help tackle inequality in PEoLC and bereavement support. The team will also be focused on working with others in the sector to prepare for an upcoming General Election to ensure the needs of the sector and the communities who rely on us are heard.



¹ Sue Ryder et al. Enablers for end-of-life care: Key recommendations for commissioning and delivering better end-of-life care within Integrated Care Systems. Sue Ryder commissioned Traverse, 2022. [Key enablers for end-of-life care.pdf \(sueyder.org\)](#)

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

Specialist neurological care:

Specialist neurological care centres:

- 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 spiritual care
- Delivering individual programmes of care linked to personal goals and preferences

Hospice at Home:

- Domiciliary visits
- Medical and family support

Seven days a week Clinical Nurse Specialist (CNS) service:

- Community nurse prescribers
- Assessing, planning and co-ordinating care for people at home

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
- In-person and virtual counselling
- Information, advice and peer-to-peer support
- Online Bereavement Community: Forum to talk to others who are grieving, share feelings and support each other
- Online Bereavement Counselling Service: Free video counselling sessions delivered by professional counsellors (with an assessment session provided to assess suitability and level of need as well as providing signposting and grief literacy)

- Grief Guide: Online self-help platform providing expert information, advice and tools
- Grief Coach: Text message support service offering personalised grief support
- Grief Kind Spaces: In-person drop-in sessions led by trained volunteers in community settings
- Information pages to increase people's grief literacy and ability to learn to live with grief
- Range of bereavement-related training to external organisations
- Shout – our partnership with a text-based mental health crisis de-escalation service



Part two: Our priorities for improvement 2022–23

At Sue Ryder we remain continually focused on improving the quality of our care, as demonstrated in the achievements of our quality priorities. To support this, the way data on performance was used to inform improvements to care delivery was enhanced during 2022–23.

This has encouraged rich conversations about care quality. It has also allowed service leaders to triangulate factors that influence or affect care delivery, escalate concerns and share learnings 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 care across all Sue Ryder services.



2.1 Progress against our priorities for improvement 2022–23

In summary, our three performance improvement priorities for 2022–23 were:

Priority 1: Staff and service user safety

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 skills by increasing the number of staff succeeding on clinical apprenticeships.

Priority 2: Service user safety

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.

Priority 3: Clinical effectiveness

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.

2.2 Priority 1: Staff and service user safety

We said we would:

Workforce redesign and clinical apprenticeships – 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.

We did:

We have successfully rolled out the Trainee Assistant Practitioner Apprenticeship role within our palliative and end-of-life care services. We have developed a unique partnership agreement with the University of Lancashire (UCLan), making this a bespoke training programme to develop our healthcare/therapy assistants' knowledge, skills and competency within our specialist services. The Trainee Assistant Practitioner Apprenticeship is a two-year foundation degree course which provides development opportunities for our clinical workforce and bridges the gap between healthcare assistants and registered nurses/therapists.

The programme has been positively evaluated and we are now on our third cohort nationally. This programme allows the trainees one day a week out of the workplace to attend their academic studies at university. They are also allocated one day a week to spend time in clinical practice working alongside a registered nurse or therapist, so they are fully able to learn and gain

the required level of skill, knowledge and competency while incorporating the theoretical learning into their clinical practice.

We launched a pilot at Sue Ryder Thorpe Hall Hospice with the implementation of the palliative paramedic role. We have successfully recruited and inducted three palliative care paramedics within this service. The induction was an enhanced learning period over 10 weeks, including exposure to different members of the multidisciplinary team, robust training and development of clinical skills such as medicine management, wound care and catheterisation. The introduction of this role has proved to be incredibly positive, bringing a new skill set to the service. We are now planning to introduce this role at Sue Ryder Manorlands Hospice.

We have implemented the Advanced Clinical Practitioner (ACP) role at Sue Ryder Manorlands Hospice. The ACP leads the nurse-led beds (NLB) on the inpatient unit. The ACP carries out a full assessment on the patient based on the NLB criteria prior to admission. This is to ensure a safe admission and to establish any escalation priorities prior to admission. The ACP also supports the community clinical nurse specialists by collaborating in joint visits for more complex or deteriorating patients.

You can read about our Trainee Assistant Practitioner role in part three on page 74.

Case study

Paramedics have joined the palliative care team at Sue Ryder Thorpe Hall Hospice as part of a pilot project.

A qualified paramedic holds the position of Admissions and Discharge Co-ordinator at the hospice, while a second paramedic is currently working on the inpatient unit alongside the registered nurses.

The pilot has been led by Sue Ryder Thorpe Hall Hospice's Ward Manager Sophie, who says everyone benefits from the introduction of a new skill set to the team. She said: "The Admissions and Discharge Coordinator is doing home visits and assessments before patients come in which prevents any unnecessary admissions. It also helps us to keep people in their own homes if that is where they want to be.

"Our paramedics also bring different clinical and communications skills. They are used to working very autonomously and thinking on their feet and have a lot of knowledge around when it's appropriate to transfer patients and when to keep them at home. Equally I think they are enjoying having the multidisciplinary team around them."

The paramedics are expected to play a key role in the introduction of medically light beds at the hospice and will also rotate to the Hospice at Home service, managing palliative patients in their own homes.

Sophie added: "The first paramedic started in March 2022, and it's been a really positive change which has highlighted both how flexible the wider team is and how welcoming. It's something completely different but they have embraced it and appreciate the new skills that the paramedics bring. The paramedics are asking lots of questions and building relationships with the multidisciplinary team. It's been great to see the whole team develop as a result. Going forward we are hoping that we will be able to support the paramedics through the Advanced Clinical Practitioner training."



2.3 Priority 2: Service user safety

We said we would:

Service user participation: National forums and partnership working

– 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 experience and engagement 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.

We did:

Following a review, we identified that we needed to expand our offering of different ways we ask our service users for feedback. The new approach would include replying to text messages, using a QR code for instant feedback, online and paper surveys, and individual and

group face-to-face discussions. We have worked with external organisations to achieve this ambition. We will be implementing a new service user system later in 2023, which all our service users and their families will be able to access and use to provide feedback at the most convenient time for them.

We are working with The Yorkshire and Humber Improvement Academy on an evidence-based methodology to obtain detailed face-to-face interview-style feedback from patients and staff, celebrating the excellent care and service we provide and identifying areas for quality improvement. We are currently piloting this at one of our hospices and awaiting the results of the evaluation.

We have developed a new volunteer role for all our palliative and neurological care centres, which enables us to receive detailed feedback on the experience and engagement of our service users. Our new volunteers are being recruited at all centres and undergoing training for this specialised role. Co-production is a key ambition of our Service User Participation Strategy. We have developed a model that has been successfully used in a lived experience service user forum, to develop our online self-help platform Sue Ryder Grief Guide. You can read more about Grief Guide, which is available to the public, on the following page.

Case study

When we started developing Grief Guide, our new online self-help platform, a panel of service users was recruited to help shape what that service would look like.

Project lead, Eleanor, said: “I wanted to make sure we had service users at the centre of the process. We wanted to involve people who had a lived experience and make sure that we were creating a platform that would be helpful and grounded in real-life experience. Having the panel meant that we could sense check and gather feedback from service users at all stages of the project.

“We recruited the panel in summer 2021, starting with a ‘Register Your Interest’ webform. We also advertised on Sue Ryder’s Online Bereavement Community. We didn’t know what exactly we were going to be developing but we knew it was going to be bereavement focused and that we wanted to have those people with us. It was important to also make sure that the group reflected the diversity of our service users.”

The panel of 46 supported with the development, design, build, testing and feedback once the platform had launched. “We brought in members of the user panel to test the prototypes to make sure the user experience was as good as it could be. We also sent a lot of surveys which helped us make decisions around assumptions we were making.

“The panel also enabled us to narrow down our development priorities. We had lots of ideas so we asked the panel to prioritise which we should start with. The result was resoundingly in favour of the journaling tool. Six months later we launched the next tool, a virtual memory box, which was actually an idea from a panel member.”

The panel was consulted on key decisions such as the naming and branding of the site and some members even shared their own personal stories for publication. Eleanor said: “Everything that we have learned through developing Grief Guide has allowed us to take this approach forward with our other digital platforms and we are now recruiting a user panel to help us develop our Online Bereavement Community.”



2.4 Priority 3: Clinical effectiveness

We said we would:

Nutrition and hydration – 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.

We did:

Our staff in palliative care have identified that the national assessment tools have challenges when completing nutritional assessments for our palliative care patients. We have completed a literature search about nutrition and hydration assessment tools that are being used in palliative care.

Dorothy House Hospice Care has developed a validated nutritional tool for palliative and end-of-life patients. It has completed an evaluation of this tool with feedback from patients and families on its effectiveness.

We have piloted this new nutrition and hydration Patient Led Assessment of Nutritional Care (PLANC) screening tool in two of our hospices. This was completed by the nursing team when assessing 20 consecutive patients at each hospice, when they were admitted to the inpatient units for specialist palliative care. The nurses conducting this assessment completed an anonymous evaluation survey, focusing on the effectiveness of the tool to enable a robust care plan for that patient to be established, and the risk of malnutrition. The results from this evaluation told us the nursing team who completed the evaluation were very positive on the effectiveness of the tool.



Case study

This year Sue Ryder has piloted the use of the screening tool Patient Led Assessment of Nutritional Care (PLANC) in two inpatient units.

Sue Ryder hospices currently use the Malnutrition Universal Screening Tool (MUST) which is a five-step screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. It also includes management guidelines which can be used to develop a care plan. For our palliative patients we want to use an assessment tool which enables us to support our patients further with their individual nutritional needs too.

PLANC, developed by Dorothy House Hospice Care, assesses the needs of both patients and carers. The tool was developed with input from all stakeholders including members of the healthcare team, patients, carers and catering staff.

The tool has been piloted at Sue Ryder Wheatfields Hospice in Leeds and Sue Ryder Leckhampton Court Hospice in Gloucestershire during 2023 and the results are now being evaluated. Each hospice has used the tool for 20 consecutive admissions and then developed an appropriate care plan for patients and their nutritional needs based on the information received.

Natalie, Head of Clinical Services at Sue Ryder Wheatfields Hospice, said: “It has been fantastic to use a tool that actually focuses on what is important to the patient in relation to their nutrition and hydration, which is more often than not about quality of life and enjoyment of food and drink. We knew this anecdotally already, but trialling PLANC has given us the opportunity to document this in a more formalised way and develop care plans with the patients that address things that actually matter to them.”

“It has been fantastic to use a tool that actually focuses on what is important to the patient in relation to their nutrition and hydration, which is more often than not about quality of life and enjoyment of food and drink. We knew this anecdotally already, but trialling PLANC has given us the opportunity to document this in a more formalised way and develop care plans with the patients that address things that actually matter to them.”

2.5 Our Quality Priorities for April 2023–March 2024

Our Quality Priorities for 2023–2024 have been developed based on themes of clinical incidences, concerns, service user feedback and consultation with staff from across the organisation. We will continue to monitor and measure progress on the three 2022–23 performance improvement priorities.

Priority 1:

Priority for improvement: As part of the implementation of the Patient Safety Incident Response Framework (PSIRF) we will focus on the engagement and involvement of patients, families and staff following a patient safety incident. We will embed the role of Patient Safety Partners in our services and develop a programme of support to ensure all voices are heard.

How this will be monitored and measured: We will measure success as the implementation of a programme of support and how well patients, families and staff felt it enabled them to be involved. We will evaluate the number of Patient Safety Partners recruited and the impact their involvement has on the investigation and outcome of incidents.

Priority 2:

Priority for improvement: Following the successful implementation of e-prescribing in two of our hospices, we will enhance our medicines management further by implementing the system in another three of our hospices.

How this will be monitored and measured: Full implementation of e-prescribing in the hospices will be the initial measure of success. A longer-term measure will be the impact that the new process has on medicine incidents.

Priority 3:

Priority for improvement: To ensure the safety of our service users and protect them from injury, we will focus on the prevention and management of osteoporosis. We will review current risk assessment tools and develop a programme of education to improve staff knowledge in recognising those at risk.

How this will be monitored and measured: We will measure the effectiveness of risk assessment through audit and monitor the number of staff undertaking training. Staff improvement in knowledge will be evaluated. A longer-term measure will be the impact on service user incidents (e.g. falls with harm) where osteoporosis is a contributory factor.

Priority 4:

Priority for improvement: To ensure that the prevention and management of pressure ulcers at end of life achieves best practice. We will research current best practice and implement the findings. In addition, we will develop a programme of education to improve staff knowledge.

How this will be monitored and measured: We will measure through audit and deep dive how well services have implemented best practice. In terms of education, we will monitor the number of staff undertaking training and evaluate whether their knowledge has improved.



2.6 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 2022 to 31 March 2023, Sue Ryder provided NHS-funded community care services in our hospices and NHS-funded nursing care in all 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 neurological 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 2023 represents 60% of the total income generated from the provision of relevant health services by Sue Ryder for year ending March 2023. The statutory income received for palliative services was 44% and neurological services was 79% during the year (the total across both services being 60% for the period).

During the period from 1 April 2022 to 31 March 2023, 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 2022 to 31 March 2023. 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 2022 to 31 March 2023, 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:

- 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 5 patients at Sue Ryder during the financial year 2022–23 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 CQC has not taken enforcement action against Sue Ryder from 1 April 2022 to 31 March 2023. 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 2022 to 31 March 2023 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 (IG) toolkit as an 'NHS Business Partner'. The evidence submitted was based on self-assessment for attainment level two. Sue Ryder has completed the Data Security and Protection Toolkit (DSPT) self-assessment in June 2022 with all standards fully met.

Sue Ryder was not subject to the Audit Commission's payment by results clinical coding audit during the period 1 April 2022 to 31 March 2023.

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 2022 to 31 March 2023, 1,031 Sue Ryder patients died (1,016 in our palliative inpatient units and 15 in our neurological care homes). This comprised the following number of deaths which occurred in each quarter of that reporting period: 250 in the first quarter; 236 in the second quarter; 265 in the third quarter; and 280 in the fourth quarter. The deaths in our services were expected deaths, and by 31 March 2023, 0 case record reviews and 0 investigations have been carried out in relation to the deaths included above.





2.7 Indicators for quality

Safety

Number of incidents affecting service users – April 2022–March 2023

Service user incidents and harm	Neurological		Palliative	
	2021–22	2022–23	2021–22	2022–23
No. of incidents affecting service user/clinical incident	881	780	664	755
No. of incidents resulting in severe harm	1	6	2	0
Rate of incidents resulting in severe harm	0.1%	0.8%	0.3%	0

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 services through learning events and more widely to healthcare staff 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 2022–March 2023

There has been one inspection by the Care Quality Commission in 2022–23 to any of the Sue Ryder services in England.

July 2022 Sue Ryder Leckhampton Court Hospice Overall: Good

There has been one inspection by the Scottish Care Inspectorate 2022–23 to our Sue Ryder service in Scotland.

August 2022 Sue Ryder Neurological Care Centre Dee View Court Good in our setting, supporting people's wellbeing and planning care and support, and adequate in staffing and leadership. In May 2023 the Care Inspectorate completed an inspection and Sue Ryder Neurological Care Centre Dee View Court achieved Good in all areas

Effectiveness

Healthcare Associated Infections – April 2022–March 2023

Two cases of Clostridium Difficile were acquired within a Sue Ryder service and 0 cases acquired prior to the person being admitted to the service.

	Clostridium Difficile			
	2021–22		2022–23	
	SR	Out	SR	Out
Total	1	4	2	0
Rate per 100,000 occupied bed days	1.4	n/a	2.7	n/a

SR = Acquired within Sue Ryder
Out = Acquired external to the service

2.7 Indicators for quality (continued)

Formal complaints about care – April 2022–March 2023

	Complaints	Acknowledged within 3 days	%	Responded 20 days	%
Neurological	39	33	85%	33	85%
Palliative	15	14	93%	14	93%
Homecare	0	0	0	0	0
Total	54	47	87%	47	87%

	Complaints	Upheld	Not upheld	Partially upheld	Ongoing
Number	54	27	7	17	3
%		50%	13%	31%	6%

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 54 formal complaints about care during 2022–23 compared to 22 in 2021–22.

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, 87% 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 47 out of 54 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 discussed within local Quality Improvement Groups at individual services. Feedback and learning to the local teams regarding improvement measures is monitored locally.



2.7 Indicators for quality (continued)

We measure service user satisfaction in a number of ways, including real-time feedback surveys. The questions we ask relate to people's 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 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 2022–23

In our neurological care centres we support people with complex conditions, many of whom have communication difficulties and therefore are not able to respond to 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.

“ I love it here at Sue Ryder. I am able to remain independent and maintain my own routine. I like going for walks and looking round the gardens. ”

“ I am so happy my decision-making is still respected. I feel in control during my personal care which is important to me. ”

“ (Centre name) is a great place, the care teams are wonderful and look after my wife like she is royalty. I am truly really impressed with the service here and I want to thank all the teams, from housekeeping to catering and everyone in between, for all the hard work they do and the passion they have to make this a great home to be in. ”

“ I really enjoy my meals and drinks. I am offered choices of what I would like to eat and drink, and I am able to choose my meals and meal plan for the following day. I am given lots of variety of cuisines, and we have our regular favourites like fish and chips on a Friday. ”

“ Very happy and well thought about, I love that time is spent to tailor my care to me personally. ”

“ Sue Ryder has made a amazing difference to our family. ”



2.7 Indicators for quality (continued)

Palliative care 2022–23

- “The lovely courtyard gardens have been wonderful for my husband. He has been bedbound for 18 months so it has been a real treat for him to be taken outside in his bed to enjoy fresh air in the time he has left.”
- “The staff are excellent and do everything to make you feel safe and comfortable.”
- “How can you rate perfection! That is what I feel my care is. I can't thank them enough; the staff are all so kind.”



- “I trust and have confidence in all the staff caring for me. The unit is more than I could ever have hoped for. The staff are exceptional; they all need medals. They treat me as a person – not a number! They are professional and kind and made a difficult time for me easier.”
- “A wonderful facility, providing excellent care to the whole family. The staff, without exception, have shown exemplary care and compassion.”
- “Excellent, relaxing. Staff very knowledgeable and helpful. Everything is explained so we understand. Very clean and welcoming.”
- “To everyone whom I spoke to on the phone, to the caring men and women who came to our family home to help us at our most vulnerable. We had some laughs too but mostly we could be daughter and husband again.”

There when it matters

3.1 Bill's story

Bill, 56, was struck down by a rare neurological condition in May 2022. The sudden onset of Guillain–Barré Syndrome saw him admitted to intensive care with almost total paralysis and Bill, who works as a groundworker, feared he would not be able to walk unaided again.

Bill spent seven weeks in hospital supported by his wife, Joanna, but made limited progress in his rehabilitation until he was offered a place at Sue Ryder Neurological Care Centre The Chantry.

On arrival, Bill needed three members of staff to help him stand but progressed so quickly with the support of Sue Ryder's specialist rehabilitation team that he was ready to return home after just three weeks.

"The intensive physio was just what I needed and I was determined to make the most of the opportunity. I used the static bike for my legs and I also worked on building the muscles in my arms up. I also really worked on stairs, which was the biggest concern for me when I arrived. It was about building my confidence. Within a week of being at Sue Ryder I was able to manage the shallow steps up and down, and by the time I left I could walk up and down the steeper steps. The other thing I needed to do, which I found difficult, was learn to get myself up if I had a fall because my wife wouldn't be able to lift me.

"After being in the hospital for weeks, even just standing up was absolutely exhausting. The effort it took to get me upright would leave me wiped out, but the time with Sue Ryder has really given me my life back.

"With the intensive physio I had, I was able to walk with just a walking stick. The Sue Ryder occupational therapist organised for me to get a handrail fitted at home and the stairs have been no problem. I'm just trying to do a little bit more every day but I do fatigue really quickly so I have to be careful. I still get numbness and tingling in the joints, especially when I'm tired. I've just had to take stock and make some adjustments but hopefully I will continue to improve.

"The team at Sue Ryder were all lovely – I can't praise them enough. They are helping people in their darkest hours."



“The team at Sue Ryder were all lovely – I can't praise them enough. They are helping people in their darkest hours.”

There when it matters

3.2 Huddle up for Safer Healthcare (HUSH)

All of the inpatient units at our hospices recently received an outstanding achievement award from The Yorkshire and Humber Improvement Academy for continuing their excellent work in sustaining safety huddles.

A safety huddle is a short, daily multidisciplinary team gathering, including clinical and non-clinical members, lasting no longer than 10 minutes. The purpose of a huddle is to:

- Answer the question “which patients/residents am I concerned about today” (with regard to specific patient/resident safety issues, such as falls)
- Contribute to a plan of action that addresses concerns
- Carry out any actions the huddle has agreed to within the time specified.

The teams across all our hospices worked extremely hard to ensure they completed a daily safety huddle (including weekends) during challenging times. To achieve these awards, the teams also had to demonstrate that they would continue to complete a daily safety huddle and sustain this as much as possible.

This is the first time the teams have received this award from The Yorkshire and Humber Improvement Academy for sustaining safety huddles, as part of the Huddle up for Safer Healthcare programme (HUSH).

By working together in challenging circumstances to prioritise patient and service user safety, teams have clearly demonstrated our shared values: supportive, connected and impactful.



By working together in challenging circumstances to prioritise patient and service user safety, teams have clearly demonstrated our shared values: supportive, connected and impactful.

There when it matters

3.3 Jonathan's story

Jonathan, 53, was diagnosed with lung cancer in 2021 and referred to Sue Ryder Manorlands Hospice for support with symptom management in January 2022. Since then he has been supported by Community Nurse Specialist Lisa.

"The service and support from Sue Ryder Manorlands Hospice has been outstanding. Unfortunately the cancer has metastasised and it's pretty extensive. I'm stage 4. I'm in constant pain these days but Lisa helps me to manage that. She does regular welfare checks and comes out to see me at home periodically. She also arranged for me to see the Manorlands physio team. I had a broken bone which wasn't picked up from my scans. I was in a lot of pain and using a walking stick. The physio team came out to see me and they gave me some exercises to do. The hospital had said I was likely to be in pain for life but actually the exercises the physios gave me have removed that pain completely.

"The chemotherapy has also caused a lot of damage to my kidneys and Lisa was the first to pick that up, which meant I could speak to my GP and switch medications. I think Sue Ryder also provides that compassionate side of care. Speaking to someone like Lisa who knows what they are talking about is a massive support.

"Hospitals and oncologists are looking very specifically at your treatment and the progress of the cancer but not necessarily the holistic view of you as a patient. So the preparation for that next stage of the journey with all the different services available such as psychological support and the reassurance I get from Sue Ryder Manorlands Hospice is very valuable. You can't put it into words – it's not just the palliative care, it's everything else that comes with that.

"And it's not just about me, it's everyone else who is on that journey with me, my wife, my parents, my daughter. At the moment it's me driving things as an individual but I know that on the next stage of my journey, that relationship with the hospice will be even more important.

"I asked to have a visit so I could have a walk around and see the hospice because if I'm admitted I probably won't be in a position to look around and see where I am. I think by the time I need the hospice, as a family, we will be prepared. The hospice has just been such a great support to me."



“And it's not just about me, it's everyone else who is on that journey with me, my wife, my parents, my daughter. At the moment it's me driving things as an individual but I know that on the next stage of my journey, that relationship with the hospice will be even more important.”

There when it matters

3.4 Steve's story

Steve has played an active part in shaping and improving the environment he lives in since moving to Sue Ryder Neurological Care Centre Lancashire a year ago.

Steve, 66, was diagnosed with Alexander Disease four years ago. A rare genetic, degenerative neurological condition, it affects cognitive ability, memory and mobility. Steve said: "I noticed I had the sensation that I was leaning forward. My legs were getting heavy and my feet were scuffing along the floor. I kept asking questions but sometimes I would then ask the same question and I was starting to fall and trip. My wife and family were very worried."

Steve has provided feedback on what it was like to enter the Sue Ryder centre as a service user via the 15 Steps Challenge, a toolkit that explores healthcare settings through the eyes of patients and relatives.

He said: "There are a lot of non-verbal people here so I felt it was important to share my experience. You have to think of how you display information for a person who is stood up and also bear in mind somebody who uses a wheelchair. Above the sink there is a display of all the staff but if you are in a wheelchair, you can only read the lower section and the larger print."

"We have circular pillars here in the reception area. I have suggested a triangular sign that would go round the pillar which could be placed at a good height for wheelchair users. In a wheelchair you are about the width of two people and displays can take up a lot of space, so I thought it might be a way of avoiding that."

Steve, who has three grown-up daughters, has also contributed ideas to the project to improve the outdoor space at Sue Ryder Neurological Care Centre Lancashire. He said: "I noticed that the garden wasn't attracting any birds because there aren't many plants here for the insects. And I thought it would be good to have a circular path, perhaps split so you can vary your route and distances. I suggested a grassed area with a special surface that would work for wheelchairs, and also a windbreak and a sensory area."

"The team here opened the garden plans up for everyone to comment on and all sorts of people have made suggestions, from the clients to the rehab physios. There was a meeting with the architects and we were given two options to look at and choose from."

"The garden is great for two reasons. When you are inside looking outside and things are changing with the seasons, that's lovely and it's good for the mind. And getting outside for fresh air and exercise benefits everybody, both the people who live here and the people who come here for rehab."



“There are a lot of non-verbal people here so I felt it was important to share my experience. You have to think of how you display information for a person who is stood up and also bear in mind somebody who uses a wheelchair. Above the sink there is a display of all the staff but if you are in a wheelchair, you can only read the lower section and the larger print.”

There when it matters

3.5 Frailty

A pilot project which used the Clinical Frailty Score (CFS) to improve the assessment process for patients being referred to a hospice therapy team has been a resounding success.

The pilot was undertaken at Sue Ryder Thorpe Hall Hospice between April and July 2022, and the team is now looking at how they can implement the CFS into the service more widely to further improve patient outcomes.

Physiotherapist, Margretta, says: "During the pilot we collected three scores from 38 patients – how they were functioning two weeks prior, on the day of assessment, and two weeks after receiving a therapy input. What we found from the initial scores was that from assessment to post therapy, 26 patients' scores remained the same, eight indicated increased frailty, and four decreased frailty. We see that as a very positive outcome in a hospice environment."

Margretta explains: "By having honest conversations about frailty scores, it allows us to be clear about the scope for improvement. We had one lady whose frailty score went from 4 to 7, which was a very quick deterioration. Because she'd been functioning well two weeks previously, it was easier to have that conversation around managing her symptoms and the potential for regaining her previous levels of function. Another patient was really frail before admission, and she went home walking."

Since the pilot, the team have presented their findings to the Quality Improvement Group and started sharing the approach with the medical team at the service and in drop-in sessions on the inpatient unit. The next steps are to provide ongoing training regarding frailty, and to embed a culture of frailty awareness in the service. This will include using frailty outcome measures across the multidisciplinary team.

Occupational Therapist, Amanda, adds: "When we talk about frailty, we're breaking it down for patients and their families. We're saying, 'two weeks ago you were here, and now you're here'. It makes it easier for them to understand what we're trying to achieve and shows their improvement. When you're talking about frailty, it makes them feel like an individual and empowers them to discuss what really matters to them."

“When you're talking about frailty, it makes them feel like an individual and empowers them to discuss what really matters to them.”

There when it matters

3.6 Nurse-led beds

Sue Ryder Wheatfields Hospice has developed an innovative approach to nurse-led beds, allowing the service to provide expert care for a wider range of patients. Natalie, Head of Clinical Services, explains: “Essentially, it’s to increase the number of patients we can offer care to. We were finding that not all patients required the level of care provided by the specialist palliative care team. We secured funding for three nurse-led beds, allowing us to appoint clinical nurse specialists who can provide end-of-life care to patients who don’t require complex levels of symptom management.”

Natalie says that nurse-led beds allow the service to offer more choice to prospective patients about where they are cared for. “A lot of patients’ preferred place of death is a hospice, but we have to prioritise patients as they’re referred based on their level of need. If a patient is otherwise comfortable, they may previously have missed out on the offer of a bed due to capacity. This initiative has enabled us to open hospice availability to that group of patients. It helps us to meet patients’ preferences about where they die.”

Sue Ryder Wheatfields Hospice has three clinical nurse specialists who work on the inpatient unit across a seven-day period. Natalie says that as they work extended hours, this has helped with admissions. “It’s easier to get a patient admitted on the same day. We’ve tried to build the service around the needs of the patients, offering care to as many people as possible,” says Natalie. “Several have been supported to go through their non-medical prescribing qualification. It’s good for staff development and provides more opportunities for registered nurses.”

And the addition of these specialist members of staff has had a positive impact on the wider service. Natalie says: “With clinical-led specialists embedded in the inpatient unit team, they’re also able to help us with education and training. Prior to this project we didn’t have them working on the wards, only in the community. They are able to support junior staff, audit more senior nursing tasks, and pitch in when they’re needed. Doctors are there for advice in case a patient deteriorates. It’s nice to give people that reassurance.”

“ If a patient is otherwise comfortable, they may previously have missed out on the offer of a bed due to capacity. This initiative has enabled us to open hospice availability to that group of patients. It helps us to meet patients’ preferences about where they die.”

There when it matters

3.7 Patient Safety Incident Response Framework (PSIRF)

Sue Ryder's Quality and Governance Team is working towards introducing the [Patient Safety Incident Response Framework \(PSIRF\)](#) in line with NHS providers.

The organisation is examining data, including service user feedback, complaints and concerns, to help create a patient safety profile for each service. Sue Ryder is also working on a patient safety syllabus to roll out across the organisation, as well as mapping education and training needs and the tools to support this.

The introduction of the PSIRF will also see a change in how incidents are managed, ultimately linking Sue Ryder centres to other healthcare providers in their areas and enabling shared learnings.

Sue Ryder has been working with NHS England on how to embed the new framework in the independent sector. Sharon, Sue Ryder's Head of Nursing and Allied Health Professionals, said: "We have also been working closely with organisations such as Hospice UK, Marie Curie and the Integrated Care Boards.

"We want to make sure that both staff and service users are well supported where an incident has occurred, and the new framework will be about supporting staff and service users and engaging with them. It will enable us to deliver a much more joined-up response, working with Integrated Care Boards and other providers and should really benefit our community teams in particular.

"Things will be less prescriptive under the new framework and more service-led. It's going to drive quality improvement not only across Sue Ryder, but also across our service areas, where we will be able to learn from other organisations. We are already in a strong place due to the work that has been undertaken as part of Huddle Up for Safer Healthcare and the work to introduce a new safe staffing model, which continues our focus on safe staffing across our healthcare services."

“ Things will be less prescriptive under the new framework and more service-led. It's going to drive quality improvement not only across Sue Ryder, but also across our service areas, where we will be able to learn from other organisations.”

There when it matters

3.8 Sustainability

Sue Ryder continues to work towards becoming a more sustainable organisation, with staff and volunteers across the charity playing their part.

Sue Ryder has been working with a sustainability consultancy, Bioregional, to develop a plan to limit its environmental impact and has adopted their One Planet Living® approach, 'where people can live happily and healthily within the natural limits of the planet, leaving space for wildlife and wilderness'.

Sue Ryder's Environmental Sustainability stakeholder group, founded in 2021, has seen colleagues from across the charity, including trustees, working with Bioregional to develop a strategy to make Sue Ryder a more sustainable organisation, including limiting our carbon emissions.

Elsewhere, Sue Ryder is beginning to swap its leased cars for electric vehicles, as well as installing charging points at some of its healthcare settings. Dr Paul, Chief Medical Director and Consultant in Palliative Medicine, said: "At Sue Ryder Leckhampton Court Hospice, a medical student on placement with us (now Dr Kitt) was able to measure the hospice's carbon footprint. As part of the work, a survey was carried out with staff and volunteers, which identified that this was an important issue to them. As a result, Leckhampton Court now has a hospice sustainability group, which has led on an initiative for using food grown by volunteers in local allotments; the gradual rollout of LED lighting; and a campaign for staff to try 'meat free Mondays'."



“As a result, Sue Ryder Leckhampton Court Hospice now has a hospice sustainability group, which has led on an initiative for using food grown by volunteers in local allotments; the gradual rollout of LED lighting; and a campaign for staff to try 'meat free Mondays'.”

There when it matters

3.9 Making Sue Ryder a more open place to be

This year we have launched a number of key initiatives to improve Equity, Diversity and Inclusion and make our organisation a better place to work and volunteer.

Our Inclusion Passport is available to help colleagues explore their needs and guide honest and supportive conversations with line managers. The passport is there to help people thrive at work. If there is anything going on in their life that might require workplace adjustments, the Inclusion Passport can be used to start a conversation with their line manager about the support they may need to be their best at work.

We have also launched a new reporting tool to help us identify areas we need to improve. InChorus is an anonymous platform where staff and volunteers can flag non-inclusive behaviours seen or experienced in a Sue Ryder setting. The tool is accessible 24/7 from any device and will provide valuable insights into our culture at Sue Ryder.

We are proud to be launching the Rainbow Badge initiative at Sue Ryder in 2023. All staff and volunteers will have the opportunity to undertake training and make a pledge to wear rainbow badges at work. This is a strong visual symbol to LGBTQ+ people that "I am a good person to talk to about LGBTQ+ issues, and I will do my best to help you if you need it". Our rainbow badges are in the shape of a heart and display the Progress Pride flag colours.

A programme of masterclasses has also continued in the last year, giving staff the opportunity to learn more about topics ranging from faith at work, menopause and Black British history, to hidden disabilities, inclusive leadership and multigenerational workplaces.

And in January 2023, we launched our first-ever Race Equity Programme, led by independent culture change experts New Ways. The programme began with a piece of research called 'Know Your Truth', which included interviews with senior leaders, colleagues of colour and an all-staff survey. We are now taking the findings of 'Know Your Truth' and collaborating with New Ways to develop a meaningful action plan, setting out new initiatives and improvements to deliver better outcomes for colleagues of colour.

Billy, Sue Ryder's Diversity and Inclusion Manager, said: "A lot has been achieved in the last year. In addition to the above we have also changed the structure of our network groups to make them more effective and sustainable. We have been on a big data journey to make sure we are asking the right questions, in the right places. All this has been achieved with the support of our leaders and departments across Sue Ryder."



“A lot has been achieved in the last year ... We have been on a big data journey to make sure we are asking the right questions, in the right places. All this has been achieved with the support of our leaders and departments across Sue Ryder.”

There when it matters

3.10 Community Voices

Sue Ryder has spent the last year engaging with local communities in the Peterborough and Cambridgeshire area to understand and reduce the barriers to accessing palliative care.

Health Inequalities Project Lead, Safia, has been gathering valuable insights into what matters to different communities and developing ideas for how Sue Ryder can better support them in the future. Safia said: “Many local communities simply don’t know about the services available to them. For those who have had experience of our services, they know us for our inpatient care, and most are totally unaware of the role we play in offering care in the community.

“These are communities that may not have been listened to in the past. The feedback I have had from the communities I have spoken to – South Asian, African, Caribbean, Gypsy and Roma Traveller, the homeless, and communities in more rural parts of the county – is that they have been surveyed lots of times and people sound interested, but then they don’t hear back from anyone again.

“We don’t just want to have meaningful conversations, we want to work with these communities to have discussions around how we can break down these barriers together.”

A series of ‘Community Voices’ sessions were held at Sue Ryder Thorpe Hall Hospice in September and October 2022, with around 50 representatives from communities across Peterborough attending. Safia said: “We were delighted with the response we received. We welcomed representatives of the Caribbean Windrush generation, Muslim communities and minority Indian communities, as well as representatives from the Eastern European communities, organisations supporting the homeless and those supporting refugees and immigrants.

“We’ve already heard some really valuable insights into what’s important to these groups, and some ideas for how we can work together going forward. The enthusiasm for this project has been wonderful. Many of the individuals said to us during these sessions that they really value Sue Ryder for prioritising this project, and for taking the time to listen and be open to change, and they applaud the organisation for this approach.”

A second event is planned to present the initial findings of the project and discuss next steps. Attendees will also have the opportunity to meet staff from Sue Ryder’s inpatient and Hospice at Home services, as well as members of the fundraising and retail teams.

“ We don’t just want to have meaningful conversations, we want to work with these communities to have discussions around how we can break down these barriers together.”

There when it matters

3.11 Alex's story

Former police officer Alex, 44, was diagnosed with multiple sclerosis in 2012. After initially coming to Sue Ryder Neurological Care Centre Stagenhoe for respite care, he quickly decided it was the right place to be. He was recently a judge for Sue Ryder's Values in Practice (VIP) staff awards and staff facilitated a trip to Derby for the ceremony.

Alex was initially offered respite care at Sue Ryder Neurological Care Centre Stagenhoe after social services weren't able to work out a way to appropriately adapt his home to his needs. "After I'd been there for a month, social services asked if I'd like to live at Sue Ryder permanently, and I said, 'yes please!'"

"The first positive straight away was being able to interact with others through activities. Having my own space is amazing; I've got my own computer and internet. It allows me to go to places that I just wouldn't be able to otherwise. My son was also allowed to come and stay with me overnight before Covid hit. But now he's 17, and too tall for the bed!"

Alex has also been able to pursue his passion for music, particularly rock and heavy metal. "Staff came with me to Sonisphere festival. I got to rock out nicely! We also went to a Hayseed Dixie gig locally. I've seen them seven times now!"

Marlene, Practice Educator at Sue Ryder Neurological Care Centre Stagenhoe, recently supported Alex to attend Sue Ryder's VIP Awards ceremony in Derby, after he was invited to be one of the judges.

She said: "Alex loves going out, so I wanted to check we could attend and support him before telling him. We spoke to his physiotherapy team about him sitting in his chair all day. Our Head Physiotherapist did some special work with him, so he could do some exercises in his wheelchair while he was there."

All the preparations were worth it, as both Marlene and Alex had a rewarding experience at the event. "We absolutely loved it. It was a really nice trip. The venue was amazing, and they were so welcoming. Alex sat on the end of the row so he could talk to lots of new people. Seeing Alex chatting, laughing and happy made it all worthwhile for me. But he was so tired out from the day, that on the journey home he put his heavy metal music on full blast and then fell asleep! He woke up right at the end and said, 'well that trip wasn't too bad was it!'"

"Alex had such a wonderful time at the VIP Awards. He's still talking about it now. It made such a difference being able to get out, and to feel like a part of the wider Sue Ryder community."



“Staff came with me to Sonisphere festival. I got to rock out nicely! We also went to a Hayseed Dixie gig locally. I've seen them seven times now.”

There when it matters

3.12 Nutrition

At Sue Ryder we aim to provide personalised care and this includes our approach to nutrition. For example, residents at Sue Ryder Neurological Care Centre Stagenhoe are benefitting from a person-centred approach to their menus and tucking into fresh produce from the centre's vegetable garden at mealtimes.

Believing good nutrition is important for both physical and mental wellbeing, the kitchen staff, led by the Head Chef, Eve, take pride in ensuring each resident gets the right meal for them.

Practice Educator, Marlene, said: "When we are meeting families and residents for the first time, we will show them an example of that week's menu so they can see what is on offer, and people are encouraged to talk to the chef about their loved ones' likes or dislikes."

The kitchen team can fortify or puree meals depending on individual requirements and also cater for some very specific dietary requirements, including one resident who has a protein-free diet. Eve explained: "Fortifying a diet is not difficult because you can still cook the same meal as you are cooking everyone else. We have one particular resident who arrived very malnourished so we have been fortifying her diet over a period of time, giving her larger portions or adding cream and butter, and she has been really enjoying the food. The nutritionist came and couldn't believe how much of a positive change there had been.

"A specialist protein-free diet is much harder to cater for, but we threw ourselves into the challenge because that particular resident had been relying on lots of packet foods with little variety before she came here, so we wanted to give her something a bit different. She likes cakes so we have sourced egg and milk replacements for baking. We have also made special bread and pizza bases and lots of vegetable soups. Her family said they can't believe the variety of foods she has had since she arrived, which is really rewarding."

Residents also have input into what produce is grown in the centre's garden and enjoy seeing their choices served up in the form of nutritious meals such as courgette curry, beetroot cake and butternut squash soup. Eve said: "Mealtimes are such an important part of your day so we want to make sure people are really enjoying their food. We have a five-week rolling menu which changes through the seasons. We have a vegetarian option every day which is always popular. We have also implemented a new picture menu across all units."



“When we are meeting families and residents for the first time, we will show them an example of that week's menu so they can see what is on offer, and people are encouraged to talk to the chef about their loved ones' likes or dislikes.”

There when it matters

3.13 Tony's story

Tony, 77, was told four years ago by his doctor that he had only six months left to live. But after suffering multiple cardiac arrests and spending a week in a coma, Tony said: "I've been able to keep plodding on. I've been defying them all along!"

Due to his underlying heart condition, Tony received support from an occupational therapist from Sue Ryder Duchess of Kent Hospice to help him adapt his home to meet his needs. He was also referred by his GP to a peer support group provided as part of Sue Ryder's day services, after the physical restrictions of his illness left Tony feeling increasingly isolated. He explained: "It's just having somebody to talk to. It gets me out of the house and mixing with different people. I wouldn't be doing that otherwise, so it makes a huge difference."

When Tony first became ill, it came completely out of the blue. "I was rushed into hospital with heart failure. A few days beforehand I had nothing wrong with me. It happened with a bang. When I spoke to the doctors, they told me 'It's purely electrical. It's one of these things we don't understand'. I'm pacemaker dependent now – if the pacemaker stops, so would I."

Tony has been attending peer support groups at Sue Ryder's community services in Newbury for over four years. He said: "Because I live on my own, it gets me out and about, and I find it very helpful for my mental wellbeing. Sue Ryder staff arrange transport and come and fetch me. I use a walking stick to get downstairs and sit by the door and wait for them to pull up. It's quite frustrating – I used to be able to walk for miles, and now I can hardly get down the corridor. So, anything that gets me out and gives me something to do is really important."

As a former retail store manager used to being around lots of people, Tony finds the social aspect of the groups particularly beneficial. "I appreciate having people to talk to. For most of us it's more social. Some do arts and crafts, but I find it difficult to concentrate and my hands shake if I try and do anything fiddly, so I just like to chat. The facilitators running the group are very good, and I get on really well with all of them. They make everyone feel welcome."



“Because I live on my own, it gets me out and about, and I find it very helpful for my mental wellbeing. Sue Ryder staff arrange transport and come and fetch me. I use a walking stick to get downstairs and sit by the door and wait for them to pull up.”

There when it matters

3.14 Anita's story – A Box from Ben

A woman whose husband died from a rare form of cancer is now aiming to help other families capture precious memories of their loved ones before it's too late.

Anita's husband Ben was diagnosed with stage four lung cancer in January 2021. Ben spent the last three weeks of his life being cared for by the expert team at Sue Ryder Leckhampton Court Hospice before he died in July 2021.

Mother-of-three Anita, 39, said: "We weren't expecting that bombshell at the age of only 38. The consultant told us Ben had a very rare aggressive form of lung cancer, and it was incurable. So, we basically had a terminal diagnosis from the beginning."

Struggling to cope with the immediate aftermath of Ben's death, Anita came up with the idea of a "Box from Ben" to help prepare families like theirs for the death of a loved one. She said: "I wish I'd had a prompt from somebody to say, why don't we do these things? By the time it occurred to me, it was too late. It really hurt me. Me and the kids really needed those things – his voice, his handprints, his handwriting. That's how the box was created."

The box contains activities that families can do together including memory jars, writing letters and handprints. "I think it's imperative those left behind have something to hold onto. It's what you crave when you've lost someone. It's important to me that Ben's story is inside that box – it's not a generic thing, but something personal – it's come from a patient who has lost their life to a terminal illness. That's why I named it 'A Box from Ben'."

Anita donated 20 boxes to Sue Ryder Leckhampton Court Hospice, which are being given out to those that need them. The hospice "became home to us both," she said. "Ben said it was his 'holiday home', as the grounds are so beautiful it was always a nice place to spend time. The staff who cared for him throughout that time are the most amazing people and will always be part of our family. It will always be a special place to all of us who spent time with him there.

"It's great to hear the boxes are being used and are being useful to people. I've had to make something positive come out of it. I want to keep Ben's story out there so he didn't die for nothing – it means so much if his memory and story can make a difference to someone else's life."



“It's great to hear the boxes are being used and are being useful to people. I've had to make something positive come out of it. I want to keep Ben's story out there so he didn't die for nothing – it means so much if his memory and story can make a difference to someone else's life.”

There when it matters

3.15 Sue Ryder Grief Kind Spaces

Sue Ryder has launched Grief Kind Spaces where people can access free and informal peer-to-peer bereavement support to help tackle grief loneliness.

Debbie from Sue Ryder St John's Hospice is supporting the opening of the Milton Ernest Grief Kind Space in Bedfordshire. She shared her hope that the initiative would help reduce the isolation and loneliness felt by many people following a bereavement.

Debbie said: "Almost every home in the UK has, or will experience the loss of someone, but Sue Ryder's research* has found that 86% of people who had been bereaved said they felt alone in their grief.

"Our Grief Kind Space in Bedfordshire will offer a free, friendly, in-person drop-in session providing a safe, welcoming and supportive place for anyone who has been bereaved to share their experiences of grief, helping them to feel heard and less alone."

Further research by the charity revealed an acute need for more informal bereavement support, which paved the way for the creation of Grief Kind Spaces.

Debbie added: "Our research with over 8,500 bereaved people showed the importance of more community-based forms of support. I hope through our Grief Kind Space at Milton Ernest Garden Centre, along with more Grief Kind Spaces opening across the country this year, we can meet this unfulfilled need."

The Milton Ernest Grief Kind Space will be open every Thursday from 10am until 12 noon.

"Our Grief Kind Space will be welcoming, inclusive and open to anyone who is over 18 and has experienced a bereavement," said Debbie, "whether you want to attend regularly to connect with others in similar situations or drop in for a quick chat.

"You don't need to register and there's no need to book. You don't need to have received any support or care from Sue Ryder previously either. Just pop in to receive a warm welcome from our team of trained volunteers, who are there to listen if you have experienced any kind of loss at any time."

* Survey of 2,005 UK respondents (aged 16+) and 503 UK respondents (aged 16+) who have been bereaved, which was conducted 09.07.2021 - 13.07.2021

** Sue Ryder research 2021: 'A better route through grief: Support for people facing grief across the UK'



“Our Grief Kind Space will be welcoming, inclusive and open to anyone who is over 18 and has experienced a bereavement,” said Debbie, “whether you want to attend regularly to connect with others in similar situations or drop in for a quick chat.”

There when it matters

3.16 Person-centred activities

Ayesha is the Activities Supervisor at Sue Ryder Neurological Care Centre Dee View Court. She initially came on board as an activities assistant in October 2021, and when the supervisor position came up Ayesha says, “I knew it would be a perfect fit for me!” She has been in her senior role since December 2021, and has been focusing on creating a welcoming and person-centred environment at the service ever since. She says that despite some people’s preconceptions “life doesn’t stop when you come here; it goes onwards and upwards! If we can add some positivity and light along the way, then I’m happy.”

The past year has been a busy one for Sue Ryder Neurological Care Centre Dee View Court. Ayesha explains, “We have redecorated, making the space less clinical and more homely. We had meetings with residents where they chose the colours, and then made up mood boards of what residents had said and gave them to the decorators. The spaces were made entirely by them – the colours, patterns, designs and décor. They can look back and think ‘I picked that colour!’ It’s their home, and now it really feels like it. It’s colourful, bright, and anything but ordinary – you can see they’ve been involved the minute you walk through the door.”

The service is also continuing its popular Virtual Dee View travel days and Ayesha says they are “getting bigger and better”.

“We are building a beach for the next one, which should be interesting! We also have a new VR headset which we are starting to incorporate into the experience. If people want to go and visit somewhere on Google Earth, then they can go there virtually. Residents get so much out of it in terms of their emotional wellbeing, and the difference before and after is incredible.”

But Ayesha says that the highlight of the year for the residents so far was another activity with an international flavour. “Our Mardi Gras event was a real favourite. Each resident made a float which we attached to their chairs – one lady had bottles of gin on hers, and another had Rod Stewart! We all dressed in bright colours, feathers, and beads, then paraded around with music in the background. It was such a lovely day. Most of them have kept their floats and pinned them on their bedroom walls. Everyone got involved, even people who don’t normally – it was a real morale booster for the whole service.”



“Our Mardi Gras event was a real favourite. Each resident made a float which we attached to their chairs – one lady had bottles of gin on hers, and another had Rod Stewart! We all dressed in bright colours, feathers, and beads, then paraded around with music in the background. It was such a lovely day.”

There when it matters

3.17 Night respite care service for South Oxfordshire families

Sue Ryder Palliative Care Hub South Oxfordshire has launched a brand new around the clock service giving palliative care to patients at home at night.

A donation from the Anthony (Tony) Lane Foundation has allowed the charity to recruit new members into the Hospice at Home team to work between the hours of 10pm and 7am, offering patients and families greater flexibility and reassurance.

The Night Respite Care Service, launched in August 2022, provides support during patients' last days of life. It also supports early discharge from hospital, symptom management and relieving the pressure on carers. One family stated that the night service enabled them "to feel safe and get some much-needed rest" and another that it was "a relief and pleasure to see your smiling faces coming through the front door".

Between August 2022 and February 2023, 46 patients received night respite care totalling 109 nights, and 42% of patients receiving Hospice at Home care packages had received respite night care.

The service gives people access to trained professionals throughout the night to support even the most complex of needs, meaning patients can remain safe and cared for in their own homes. Sue Ryder healthcare assistants remain on duty throughout the night to provide care, support and reassurance if the patient wakes disorientated, requires a drink, is in pain and requires medication, or needs help changing sleeping position to alleviate pressure.

Sylvia, Head of Quality and Community Services at Sue Ryder Palliative Care Hub South Oxfordshire, said: "For families with a loved one who is dying, night-time can be an especially worrying and difficult time when they feel isolated or exhausted.

"Our new overnight service will ensure we can be there when it matters for our patients and their families no matter what time of day it is, providing them with the reassurance that their loved one is in the care of a skilled member of the Sue Ryder Hospice at Home team, while they can take some much-needed rest.

"This extension to our existing services, including Hospice at Home, crisis care, rapid response, specialist symptom management home assessments, day hospice, physiotherapy, occupational therapy, befriending services, family support and the palliative inpatient beds at Wallingford Community Hospital, means Sue Ryder is offering a more holistic wrap-around package of palliative care than ever before to local communities across South Oxfordshire."

Anna Burnside, Trustee of the Anthony (Tony) Lane Foundation, said: "Sue Ryder has provided essential services to the community of Henley and South Oxfordshire area for many decades and this ground-breaking initiative will ensure that this connection continues long into the future."



“ Sue Ryder has provided essential services to the community of Henley and South Oxfordshire area for many decades and this ground-breaking initiative will ensure that this connection continues long into the future.”

There when it matters

3.18 Research at Sue Ryder in 2022–2023

Sue Ryder participated in a variety of research in the past year. Research plays a vital role in discovering and informing the best possible evidence-based care for patients and service users, both at Sue Ryder and in the wider palliative, neurological and bereavement sectors. It is overseen by our Research Governance Group, made up of specialist staff with a range of expertise. Our National Clinical Research Lead also coordinates and develops activity.

Palliative care

MePFAC: Methylphenidate versus placebo for fatigue in advanced cancer: This study aimed to estimate the clinical effectiveness of methylphenidate versus placebo for cancer-related fatigue in patients receiving specialist palliative care.

The Impact of Bedside Ultrasound on Hospice Care – A Qualitative Study: This study involved interviews with healthcare professionals who work in hospices and use bedside ultrasound to learn how this tool has changed their practice.

Hospice Architecture in England: This project studied the architecture and design of hospices to broaden our understanding of how people experience palliative care environments.

Improving Inclusivity: Our Consultant in Palliative Medicine at Sue Ryder Wheatfields Hospice in Leeds, Dr Ellie, was awarded funding to develop research opportunities into the care of transgender populations in palliative care.

Bereavement

Our Head of Bereavement, Bianca, presented two abstracts at the [seventh Public Health Palliative Care Conference in Bruges, Belgium](#). Here is a summary:

Neumann B, et al. Equipping people to be Grief Kind (oral).

- Bianca spoke about our Grief Kind campaign. She said: “Sue Ryder created a national movement of grief-kindness to give people confidence to support grieving people.”
- She outlined key parts of the project, which included:
 - An email journey covering grief topics, practical tips and psychoeducation
 - A series of celebrity podcasts sharing bereavement experiences
 - Designing contemporary sympathy cards and sharing tips on what to write in them
 - Publicity in national and regional media and advertising on buses.

Neumann B, et al. Therapeutic outcome measure use in an online bereavement counselling service (OBSCS) (oral).

- Bianca spoke about how our Sue Ryder Online Bereavement Counselling Service had developed new measures to evidence its effectiveness and usefulness: “172 people were assessed using the Adult Attitude to Grief (AAG) scale (Machin, 2014) which determines the presence of overwhelmed feelings and controlled functioning, and the resilient capacity to balance these.”
- She summarised the results: “The majority (85.4%) reported a decrease (an improvement) in their score, although for 7.6% the score remained the same before and after. For a small number, 7.0%, the score increased. 69% of those who had reported suicidal ideation prior to counselling responded ‘No’ after counselling. People were also assessed using the Detection of Emotional Distress scale (DED). The majority, (82.7%), reported a decrease in their score (improvements), for some the score remained the same (7.9%) before and after. The score increased for 9.4%.”
- Bianca concluded: “Findings suggest that the Online Bereavement Counselling Service is an effective service for most clients. To understand how grief impacts people in today’s society, help normalise grief and perhaps challenge the existing focus on formal support, we need to explore the data further.”

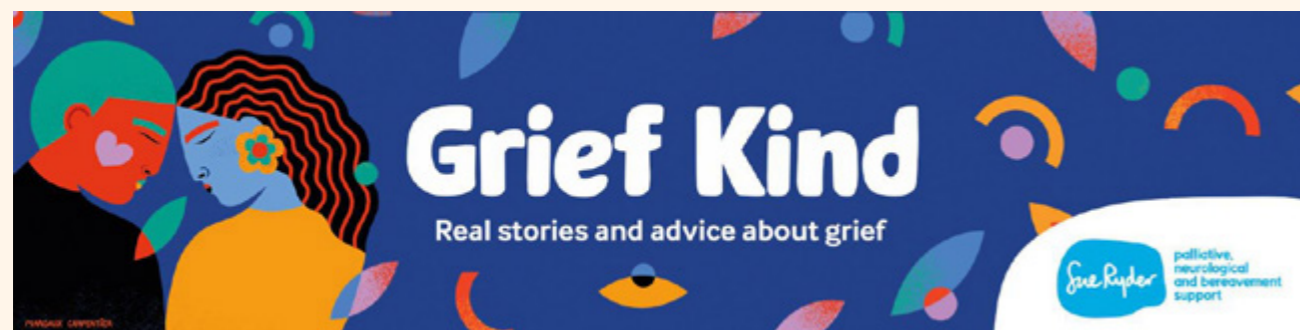
A better route through grief: We published an in-depth policy research report based on over 8,500 people’s experiences of bereavement and grief. It identified gaps and inequalities of access in bereavement support across the UK and provided evidenced recommendations for improvements. You can read more on page [15](#) (Swords B, et al. *A better route through grief: Support for people facing grief across the UK*. Research commissioned by Sue Ryder and conducted by ClearView Research, 2022).

Publications

Sue Ryder staff had their work published, including:

- **Journal of Pain and Symptom Management:** Our Chief Medical Director, Dr Paul, investigated how and why some patients take their strong opioid painkillers as unmeasured sips (Perkins P, et al. *Behaviours of patients who take their strong opioids as unmeasured ‘sips’*. *Journal of Pain and Symptom Management* 2022).
- **The British Medical Journal (BMJ Supportive & Palliative Care):** Dr Kitt, who had a placement at Sue Ryder Leckhampton Court Hospice in Gloucestershire, estimated the carbon footprint of a specialist palliative care unit (Dokal K, et al. *The carbon footprint of a hospice*. *BMJ Supportive & Palliative Care*, 2022).

If you would like to know more about our research or are interested in collaborating with us, please get in touch with our Clinical Research Lead, anne.parkinson@sue Ryder.org



There when it matters

3.19 Trainee Assistant Practitioner role

The role of a Trainee Assistant Practitioner Apprenticeship is being introduced in Sue Ryder's palliative and end-of-life services thanks to a unique training partnership with the University of Central Lancashire (UCLan).

The role has already been successfully implemented in Sue Ryder's neurological care centres and its introduction in palliative settings will bridge the gap between healthcare assistants and registered nurses, while also providing greater opportunities for staff development.

Louise, Head of Nursing and AHPs Workforce and Education at Sue Ryder, said: "We have worked with the University of Central Lancashire to develop this bespoke training for our palliative and end-of-life care (PEoLC) services. It's a two-year programme which we deliver in partnership with UCLan. We have experts in PEoLC from Sue Ryder who deliver a bespoke module on PEoLC to the trainee assistant practitioners, which makes it quite unique."

Currently on its third cohort, the Level 5 foundation degree apprenticeship programme enables staff to train as therapy or nursing assistant practitioners and opens up wider opportunities for career, knowledge and skill development.

Louise added: "We are really investing in our workforce. The Trainee Assistant Practitioner Apprenticeship programme allows the trainees one day a week doing academic studies at university – which they can attend face-to-face or virtually. They also are allocated one day a week where they will solely spend time in clinical practice working alongside a registered nurse or therapist, so they are fully able to learn and gain the required level of skill, knowledge and competency through assessment and sign off. We wanted them to be able to develop those extra skills and to have a mentor so that they can discuss the theoretical learning from university and incorporate this learning into their clinical practice.

"Upon qualifying as an assistant practitioner there is the option for them to top up to become a registered nurse or therapist via a two-year degree programme. Sue Ryder is invested in career development opportunities, and we want to ensure there are pathways in place for our clinical workforce who want to develop."

“ We wanted them to be able to develop those extra skills and to have a mentor so that they can discuss the theoretical learning from university and incorporate this learning into their clinical practice.”

Annexe 1: Commissioner feedback

Every year we share our draft national Quality Account with the local Integrated Care Systems (ICSs) 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 Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB)

BLMK ICB acknowledges receipt of the 2022–2023 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 ICB's Quality Committee and Performance, as part of developing our assurance statement.

The ICB 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 ICB has 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 ICB commends Sue Ryder on its continuing efforts to adapt to meet the increasing demands on services to support the residents of Bedfordshire, in a challenging financial climate over 2022–23.

The ICB welcomes the successful roll out of the Trainee Assistant Practitioner Apprenticeship role over 2022–23, offering development opportunities for the clinical workforce and innovatively offering opportunities for healthcare assistants for career progression.

The new feedback model for experience and engagement of service users has made good progress and it is positive to note that further development

will continue over 2023–24. The ICB acknowledges and agrees with the priority areas for 2023–24. In implementing the Patient Safety Incident Response Framework (PSIRF) focusing on engagement with service users, families and staff following a safety incident, the ICB looks forward to working closely with Sue Ryder to support system-wide response. The priorities align with the Integrated Care Systems vision.

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

The Sue Ryder Quality Account 2022–23 appropriately celebrates successes and recognises areas which are challenging.

As the Integrated Care System continues to adapt to meet the expectations of its responsibilities in serving the people of Bedfordshire, Luton and Milton Keynes, we look forward to further developing the relationship with Sue Ryder and other local hospices to find innovative solutions to an increasingly complex health and social care landscape.

The ICB recognises the ongoing challenges experienced by Sue Ryder to keep our local population and health workforce safe in the coming year. We hope that Sue Ryder finds these comments useful and the ongoing commitment by the ICB to support improvement of services over 2023–24.

Sarah Stanley
Chief Nursing Director
BLMK Integrated Care Board

NHS Bradford District and Craven Health Care Partnership

On behalf of NHS Bradford District and Craven Health Care Partnership (HCP) (WYICB), I appreciate the opportunity to feedback to Sue Ryder (Bradford) on its Quality Report for 2022–23. The Quality Account has been shared with key members across the HCP.

During 2022, there was continued impact of the Covid-19 virus with resultant challenges upon the health and care systems. Sue Ryder was responsive to these ongoing difficulties and continued to evolve while focussing on your aims of providing more care for more people and influencing new models of care across the UK.

Specific key achievements during the year include:

- An important focus was engaging with the NHS's newly formed Integrated Care Systems (ICSs).
- Expansion of the national Sue Ryder Online Bereavement Support.
- The roll out of the new Sue Ryder Grief Kind Spaces, which are weekly drop-in sessions in local communities run by trained volunteers.
- Exploration of the barriers faced by under-represented communities. The ambition is for services to be accessible to people from all religions and cultures, so that their needs are met at the end of their lives.

A review of 2022–2023 priorities

Priority 1: Staff and service user safety. Workforce redesign and clinical apprenticeships

- Successful roll out of the Trainee Assistant Practitioner Apprenticeship role within palliative and end-of-life care services.
- Established a partnership agreement with the University of Central Lancashire to develop a bespoke training programme to advance healthcare/therapy assistants' knowledge, skills, and competency.
- Implementation of the Advanced Clinical Practitioner (ACP) role at Sue Ryder Manorlands Hospice.

Priority 2: Service user safety. Service user participation

- All service users now have easier and accessible means to provide feedback.
- Feedback is used to inform service improvements and work collaboratively to improve safe care delivery.
- A new feedback approach developed: replying to text messages using a QR code for instant feedback; online and paper surveys; individual and group face-to-face discussions.

Priority 3. Clinical effectiveness.

Nutrition and hydration

- To ensure that all people in receipt of care, have access to optimal nutrition and hydration.
- A nutrition and hydration 'Patient Led Assessment of Nutritional Care' (PLANC) assessment tool has been piloted in two hospices. This has received positive results from the evaluation from the nursing teams.

Quality Priorities for 2023–2024 – I am pleased to see that your priorities have been developed based on themes of clinical incidences, concerns, service user feedback and consultation with staff from across the organisation.

- **1: Priority for improvement:** As part of the implementation of the Patient Safety Incident Response Framework (PSIRF) you will focus on the engagement and involvement of patients, families and staff following a patient safety incident.
- **2: Priority for improvement:** Following the successful implementation of e-prescribing in two of your hospices you will enhance your medicines management further by implementing the system in another three of your hospices.
- **3: Priority for improvement:** To ensure the safety of your service users and protect them from injury you will focus on the prevention and management of osteoporosis. By reviewing current risk assessment tools and developing a programme of education to improve staff knowledge in recognising those at risk.

Annexe 1: Commissioner feedback (continued)

- **4: Priority for improvement:** To ensure that the prevention and management of pressure ulcers at end of life achieves best practice. You will research current best practice and implement the findings. In addition, you will develop a programme of education to improve staff knowledge.

I agree with your priorities for 2023–24 and I am very encouraged to see that you have embedded patient safety as a key focus.

Regulatory action updates

- No CQC enforcement actions against Sue Ryder from 1 April 2022 to 31 March 2023.
- No serious incidents have been declared through the national StEIS portal concerning Sue Ryder in Bradford and Craven HCP during 2022–23.

The inclusion of the patients' stories, your focused work on how you receive feedback, and then how this informs your quality priorities, highlights Sue Ryder's commitment to patient safety and continuous quality improvement.

I confirm that the statements of assurance have been completed demonstrating achievements against the essential standards.

Finally, I am required to confirm that NHS Bradford Districts and Craven HCP (WYICB) has reviewed the Quality Account and believe that the information published provides a fair and accurate representation of Sue Ryder's quality initiatives and activities over the last year.

I would like to thank you and your staff for the achievements made in 2022–23 and your continued commitment to high-quality care delivery.

Nancy O'Neill
Chief Operating Officer
Bradford District Health and Care Partnership

Cambridgeshire & Peterborough Integrated Care Board

Cambridgeshire & Peterborough Integrated Care Board (ICB) has reviewed the Quality Account produced by Sue Ryder for 2022–23.

The quality account has been produced in relation to Sue Ryder as a national organisation. Sue Ryder Thorpe Hall Hospice is the hospice in Cambridgeshire and Peterborough and has been mentioned in relation to the national pilot projects they led on and the 'Community Voices' sessions they introduced.

Sue Ryder Thorpe Hall Hospice was identified to pilot the implementation of the palliative paramedic role. They successfully recruited and inducted three palliative care paramedics within this service, which has proved extremely positive and has brought a different perspective on what the hospice offers. Plans are in place to introduce the role in other hospices across the country.

The introduction of the Clinical Frailty Score (CFS) to improve the assessment process for patients being referred to a hospice therapy team was also piloted at Sue Ryder Thorpe Hall Hospice. The pilot has shown significant improvement in patient outcomes and so the team is looking at implementing the score into the wider service.

The hospice has introduced 'Community Voices' sessions that saw around 50 attendees from across communities in Peterborough. The sessions gave the hospice valuable insights into what these communities found important and plan to work together in the future. The success has been shared with other hospices across the system to expand the reach of the sessions.

On a local level the team at Sue Ryder Thorpe Hall Hospice have been significant contributors to the work of the Palliative and End-of-Life Care Board and the co-produced Palliative and End of Life Strategy. They have continued to offer the Hospice at Home services alongside system partners. Sue Ryder Thorpe Hall Hospice is also commended for the Empty Chair exhibit that highlights awareness of bereavement and grief. This exhibit was taken to parliament to promote the importance of bereavement within the government and integrated care system. It would be fantastic to see this initiative embedded in all Sue Ryder locations and beyond.

The relationship between Sue Ryder Thorpe Hall Hospice and General Practice is strong and there is lots of examples of joint working that could have been showcased in the report. We would encourage Sue Ryder Thorpe Hall Hospice to invite feedback from General Practitioners on how their services have added value for their patients and families.

Sue Ryder has a plan in place to implement the Patient Safety Incident Response Framework (PSIRF) across the organisation. Sue Ryder Thorpe Hall Hospice is engaged with the system-wide PSIRF implementation and has attended the governance workshop.

The organisation has introduced e-prescribing in two hospices with roll out across another three in progress. The aim is to have full implementation across all hospices and then audit to assess the impact on medicine incidents. We look forward to having this introduced at Sue Ryder Thorpe Hall Hospice.

Sue Ryder's formal research activity is relatively modest compared with larger centres but covers a good range of relevant areas and is strongly integrated with care and quality improvement. Staff took part in a range of research projects in palliative care and bereavement, resulting in outputs including two abstract conference presentations and two publications in peer-reviewed journals.

Subjects included the use of specific treatments, the design of hospices and carbon footprint of palliative care units. One clinical staff member was awarded funding to develop research opportunities into the palliative care of transgender populations and policy research was commissioned into experiences of bereavement and grief with recommendations for improvements to ensure proper access to support.

Although there is no national requirement for the hospice to carry out clinical audits, the hospice has completed monthly audits including the environment and hand hygiene which is highly commended.

Sue Ryder has detailed the new priorities for the current year 2023–2024, this important work continues to develop on the successes built in 2022–2023.

The extracts from staff, patients and their families throughout the report, really told the story of the care and services that Sue Ryder provide. The ICB would like to thank all the staff at Sue Ryder Thorpe Hall Hospice for their continued efforts and high-quality care offered to patients.

Overall Cambridgeshire & Peterborough ICB agree the Sue Ryder Quality Account is a true representation of quality at Sue Ryder Thorpe Hall Hospice during 2022–23.

Carol Anderson
Chief Nurse
Cambridgeshire & Peterborough ICB

Annexe 1: Commissioner feedback (continued)

Healthwatch Hertfordshire

Healthwatch Hertfordshire values the relationship it has with Sue Ryder and looks forward to continuing to work closely with the team in the future. We particularly wanted to express our thanks for their enthusiasm for a research project we are scoping about awareness of, attitudes towards and experiences of using hospice care among ethnically diverse communities. They were incredibly supportive of the work and very open to sharing ideas and discussing how they are looking to improve their cultural awareness as an organisation, as expressed in this Quality Account.

We also had a valuable meeting with their fantastic Health Inequalities Project Manager and have since been invited to visit their Sue Ryder Neurological Care Centre Stagenhoe. We are looking forward to further developing this partnership and supporting each other to achieve our mutual priorities in the future.

Healthwatch Suffolk

Yes I agree with all your priorities for 2023–2024.

Priority 1: Patient Safety Incident Response Framework

I see one of your priorities is to embed and implement the Patient Safety Incident Response Framework (PSIRF). I think this will see a more compassionate system focused response to patient safety incidents, and closer patient, family and staff engagement while reducing risk and associated harm.

Priority 2: Enhance medicine management by further implementing e-prescribing in three additional hospices

While I am not familiar with the way this works, I can only assume it increases patient safety, reduces administration errors, increases efficiency in obtaining discharge prescriptions and reduces the time spent by nursing staff in ordering drugs.

Priority 3: Focusing on prevention and management of osteoporosis

Improving staff knowledge and skills in recognising those at risk and protecting them from injury, is crucial in preventing more serious complicated conditions and having a negative impact on their health and wellbeing.

Priority 4: Preventing and managing pressure ulcers at end of life

Again, improving knowledge and skills of the staff will have a positive impact on service users.

Improving inclusivity/service user safety

There are several references to you mentioning feedback which you have made easy and accessible. I am really pleased to see you have implemented a variety of methods including text messages, QR codes, online and paper surveys and group face-to-face discussions. You are also using your voice to ensure the needs of your patients and service users are heard within the new ICS structures.

In relation to improving inclusivity I am delighted that through your healthcare inequality research you are creating collaborative partnerships with diverse communities, making you more accessible to people from all religions and cultures. In addition to this, I particularly like your Rainbow Badge scheme promoting a message of LGBTQ+ inclusion.

Service user safety

At Healthwatch Suffolk we understand the importance of co-production to ensure people are included and valued in the shape, design and delivery of health and social care services. It was uplifting to see you are working with external expert partners to establish a framework of co-production for all new service developments, and are establishing a pool of volunteers (experts by experience) to guide and advise you on your approach to improving patient safety.

Any other feedback

Your case studies were extremely powerful in highlighting people's personal journeys and achievements, and how Sue Ryder goes the extra mile to make things possible for them.

Sally Watson

Community and Engagement Manager
Healthwatch Suffolk

Sue Ryder's response to commissioner feedback:

Thank you very much for reviewing our Quality Account 2022–23. We appreciate and acknowledge all the feedback we have received.



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 Manorlands Hospice

The Quality Account shows realistic, meaningful and agreeable priorities.

It is encouraging to see included in the Quality Account document, how the workforce challenges are being addressed and that other models have been introduced and progressed – knowing how challenging this is, for all healthcare providers.

E-prescribing and the development is great to see its progression/roll out, knowing that this provides safer medicine management for all patients.

It is pleasing and encouraging to see that osteoporosis assessment, management and treatment is aligned to falls prevention and management.

It would be interesting to read/see how 'Duty of Candour' is addressed/explained and prioritised, and if a complaint is received is there a Patient Advice and Liaison Service (PALS) offered prior to a formal complaints response. Do Sue Ryder have a PALS service?

Hospice user group member, Sue Ryder Duchess of Kent Hospice

In terms of priorities for the coming year, you will see that there are a couple that I find underwhelming – further roll out of e-prescribing, and management of pressure ulcers. Given where we are with both, I would see them as routine actions rather than reportable priorities. If I had to suggest alternatives, I would perhaps suggest the initiative to increase connection with minority communities (and thus their use of the services) and action around prevention of all safety incidents.

I am pleased to see the positive effects of rethinking the roles needed with the introduction of nurse-led beds and paramedics – really good flexible thinking on approach to care.

Sue Ryder's response to service user feedback:

Thank you very much for reviewing our Quality Account 2022–23. We appreciate and acknowledge all the feedback we have received.





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 2022–23.
- 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 2022 to March 2023 – papers relating to quality reported over the period April 2022 to March 2023 – 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 on **26th June 2023** by trustees following the Health and Social Care Committee.

Chair of Trustees
26th June 2023

Heidi Travis
Heidi Travis
Chief Executive
26th June 2023

There when it matters

Sue Ryder supports people through the most difficult times of their lives. For 70 years our doctors, nurses, bereavement counsellors 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 need.

For more information about Sue Ryder

call: **0808 164 4572**

email: healthandsocialcare@sueryder.org

visit: sueryder.org

 /SueRyderNational

 @suerydercharity

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This document is available in alternative formats on request.

