

Quality Accounts



2022 - 2023



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PART 1: INTRODUCTION

STATEMENT FROM OUR CHIEF EXECUTIVE

I am delighted to present this Quality Account for Springhill Hospice.

The last year has probably been the most challenging in the charity's history. Inflation and the resulting cost of living crisis had a severe impact on Springhill Hospice. A combination of spiraling costs and a reduction in donations meant we hit a £1.1million deficit in January 2023. A combination of hard work from the team and a generous legacy meant we ended the financial year with only half that deficit. Future years are looking equally as challenging in terms of income and we are looking at a range of ideas as well as lobbying government and decision-makers at a Greater Manchester level for a fairer funding model.

Despite every challenge thrown our way, the consistency and quality of care in every department has remained exceptionally high. Feedback from patients and loved ones alike continues to make me incredibly proud. Our new quality and development pilot has looked at everything from the quality of catering to the renaming of the chapel to be inclusive for everyone.

This Quality Account is intended to demonstrate to all who read it, that our Hospice provides a high-quality service, where patients and their loved ones will receive the very best standards of care possible. I confirm that to the best of my knowledge, the information contained within this Quality Account is a true and accurate reflection of quality at Springhill Hospice.

I would like to thank every single supporter of the Hospice for continuing to support us through various means, even when times are tough.

Finally, it is a privilege to work alongside such a dedicated team of staff, trustees, and volunteers and I would like to thank each and every one of them for their outstanding contribution.



Sam Wells
Chief Executive



STATEMENT FROM OUR CHAIRMAN OF BOARD OF TRUSTEES

Quality of service to the patients and families that we serve has always been at the heart of Springhill and this remains the highest priority for the Board of Trustees, and all the staff and volunteers here at the Hospice.

Everything we do is underpinned by a robust and well-organised Governance structure, which enables us to continually monitor and review our services, to ensure that staff keep up-to-date and maintain their professional standards.

During all of my time as a Trustee and more recently as the Chair, I am immensely proud of the work that is carried out by everyone here; who continue to go above and beyond to maintain the highest possible standards of patient care, sometimes in very difficult circumstances; despite the challenging financial position as we recover from the pandemic and restart our fundraising work. We are very grateful to HospiceUK, NHSE, our local CCG, and of course, our incredible community who continue to support us and have thus enabled our work to continue.

I would also like to recognise the outstanding contribution of our volunteers, without whom the Hospice could not function.

As you read our Quality Account, I hope like me, you will appreciate the care that is taken to provide the best possible quality of services to our patients and their loved ones.

A handwritten signature in black ink that reads "Lesley Mort". The signature is written in a cursive, flowing style.

Lesley Mort
Chair of Board of Trustees



ABOUT US

Springhill Hospice provides specialist palliative care services to adults with life-limiting illnesses and emotional and psychological support for their loved ones. Hospice services include a 16-bed Inpatient Unit, where patients are admitted for symptom management and end-of-life care; Day Therapies where patients can access psychological, complementary and creative therapies, Counselling and Bereavement services and a 24 hour specialist palliative care advice line for patients, families and healthcare professionals.

We also offer Specialist Palliative Care and End-of-Life Community Services consisting of a Clinical Specialist led Medical service, Specialist Nursing service, Hospice at Home service for patients at the end of life, a Night Sitting Service, Physiotherapy, Social Work, Counselling and Spiritual Support. In addition, our Education Unit offers funded palliative and end of life training for any health and social care staff in HMR.

Springhill Hospice serves the population of Heywood, Middleton and Rochdale, (HMR), a total population of approximately 242,000 people. In addition people who live outside the borough but have an HMR GP. There are also agreements with other local NHS Integrated Care Partnerships (ICP) for people who live in some neighbouring boroughs, to access our services.

OUR COMMITMENTS

As a specialist palliative care unit, Springhill Hospice:

1. We provide the highest standard of physical, psychological, emotional and spiritual care for patients with life limiting illnesses and their loved ones.
2. We offer support, advice and care for patients from the first contact to the end of their lives, according to their wishes.
3. We offer continuing support and care to bereaved loved ones.
4. We encourage patients to make informed choices and maintain independence and control, whilst respecting privacy and dignity.
5. We personalise our care for individual needs and preferences respecting all cultural and personal beliefs.
6. We strive to educate and empower all those involved in delivering palliative and end of life care.
7. We communicate sensitively and honestly at all times.
8. We continuously listen, review and improve our services to meet the evolving needs of our community.



Rochdale

Littleborough
& Pennine

Heywood

Middleton

Our Vision

Every adult in HMR with a life limiting condition is supported to live and die well, according to their wishes.

Our Mission

Making Every Moment Count:

Working collaboratively to provide the highest standards of physical, psychological and spiritual care to our patients and those who love them.

Our Values

We **welcome** everyone from our culturally diverse community

We take **care** of our patients, their loved ones and one another

We **support** our patients to find joy wherever possible

We **encourage** positivity

We treat everyone with dignity and **respect**

We are creative and **strive** to reach our potential



 Springhill Hospice
Rochdale
KAMAN CHEUNG
COMPLEMENTARY THERAPY

PART 2: PRIORITIES FOR IMPROVEMENT

Springhill Hospice is fully compliant with the Care Quality Commission Fundamental Standards and with the Health and Social Care Act, 2008. As such, the Board did not have any areas of shortfall to include in its priorities for improvement for 2022-23.

PROGRESS ON PRIORITIES FOR IMPROVEMENT 2021/22

Progress Priority 1: Recruit and Retain the best staff by being the best employer we can be.

We formed an executive management team (EMT) to focus on the long-term strategic direction of the organisation. Whilst the Operational Management Team focuses on operational issues, the aim of the EMT is to focus on long term development and sustainability. Recruitment and retention of high-quality staff is a key priority for EMT and we have begun a process of development. We have formed a staff wellbeing group to look at ways we can improve the wellbeing of our staff. We trained seven Mental Health First Aiders and encourage staff to seek help if their mental health is affected. We have begun a process of biannual staff and volunteer surveys (alternate years) where we feed back to staff and volunteers on themes they have identified and how we can address these. We have developed clinical competencies for staff development on the ward and offer ongoing support and training in clinical practice. We held our first open day to inform those with an interest in working or volunteering with us. Volunteers form such an important part of the Springhill team and we developed a Volunteer Development Group to continually develop the experience of volunteers; the group recruited two volunteer representatives to ensure the volunteer voice is heard. All managers received in depth HR training to ensure consistency in our approach to staff. Finally, we held a series of consultation events with staff and volunteers to explain our financial position. Although we have struggled financially, we recognised that staff are also struggling with the cost of living crisis and were able to award a £2k pay rise across the board which resulted in our remaining as a Real Living Wage employer and those on the bottom of the salary scale receiving a higher percentage pay rise.

Priority 2: Improve efficiency by embracing and investing in digital transformation so we can help more people

We recognised that we needed to embrace digital technology to be the most efficient organisation we could be. We began by setting up a Digital Transformation Group to consult with staff about their needs and concerns. We moved to a new IT Provider with much faster response times and upgraded to a new server to ensure staff are working as efficiently as possible. All managers have received training in Staffcare which is now being used to record working patterns, approve leave and inform payroll. We moved iCare to a cloud-based system meaning patient notes can be updated anywhere and again improves efficiency for patient care.

Priority 3: Raise our profile and challenge the perception of Hospices so our community know we are here for them

We recognised that some parts of the community weren't aware of or misunderstand what the hospice has to offer and we have made a real effort to let the whole community know we are here for them. We now have a Community Engagement Officer whose role is to go into the community, in particular parts of the community who have been underrepresented in accessing patient care, to raise awareness. We have continued to engage with community groups about Hospice services and Hospice awareness via our education unit. We organised our first ever open day to raise awareness of our services, jobs and volunteering opportunities. We have made great strides in ensuring the clinical teams are working more closely with Fundraising to share stories and images of the Hospice to challenge perception.

We knew that patients with dementia were particularly underrepresented in being referred for hospice services. We were successful in a bid to fund a two-year pilot and managed to recruit a Dementia Specialist Nurse and develop a drop-in service and day therapies sessions.

The Hospice was funded towards the end of the year to provide discharge to assess beds to facilitate hospital discharges of patient with life-limiting diagnoses in order to help ease pressures on the secondary care sites. These also help change the perception of the hospice in the community in terms of discharges.

Priority 4: Develop our financial sustainability so we have more control over our future

2022/23 had such a negative impact on hospice finances, we had to expedite all our plans to ensure we did not cut services to patients. We continued working closely with other GM Hospices to influence the GM ICB for improved core funding of medical and clinical services. We worked with Hospice UK to influence the government for improved core funding of Hospices

We developed a retail strategy and learned from other Hospices who have had more success in their retail operations. We began exploring opportunities to income generate from our Education Unit. We developed an investment strategy and appointed an experienced fund manager to develop an investment portfolio. We launched a new website which is developing functionality to set up regular giving. We continued working with Manchester MBA students to look at business models for a potential new build prior to developing a capital appeal. We were honest with staff about our financial position and held a series of consultation events to garner ideas for income generation. Finally, we created a new retail and fundraising strategy and launched a major individual giving campaign with video.

Priority 5: Continually consult and innovate so our services respond quickly to the changing needs of our community

Our aim is to continually consult and develop our services to meet the ever-changing needs of our community. To this end we launched a Quality Development & Innovation pilot in October 2022 which looks at everything from the quality of the food to the renaming of the chapel. We formed a ward bereavement group to improve care of loved ones after a patient's death. We continually consult with patients and families about their experience of our care and use all the feedback to continually improve our services.

Priority 6: Become more environmentally friendly and play our part in reducing our carbon emissions

We recognise the need for global action in the fight against climate change and want to play our part in it. We began by creating an Environment Group which meets twice a year to look at opportunities and ideas for reducing our carbon emissions. We worked with Rochdale Council to look at the potential for a solar farm. We launched an employee bike scheme. We began exploring opportunities for electric vehicles. We improved our recycling operations at all Springhill premises. We encouraged staff to reduce energy usage by switching off items from standby / switching off lights and radiators when not in the office etc. We grew more of our own produce. We offered telephone consultations where appropriate. We continued to promote the environmental benefits of our charity shops



FUTURE PRIORITY FOR IMPROVEMENTS 2023/24

The Board and Executive Management Team have worked to develop a new Five Year Strategy from 2022/27 and identified several key priorities for 2023/24.

Future Planning Priority 1: Recruit and Retain the best staff by being the best employer we can be

We will continue our work on staff wellbeing and are creating a hub of wellbeing resources for staff. We are developing our induction and appraisal processes so that staff feel armed with the knowledge and skills to carry out their roles effectively. We are working with the wider healthcare system in HMR to engage in some joined up recruitment events. We are looking into signing up to the Good Employment Charter and will actively seek out external advice and resources to help us move forward.

Future Planning Priority 2: Improve efficiency by embracing and investing in digital transformation so we can help more people

We are moving to a digital system called Vantage for incident reporting, compliance, HR and volunteers management during 2023 and will continue to look at other areas of work which we can digitise. We are working to bring all sites including retail, education and fundraising onto one system with one server and one IT provider to enable consistency and allow us to have an intranet. The next stage after this will be to upgrade all the telephones to VOIP technology enabling us to put queries through to the appropriate departments and creating a better experience for our callers. We will look to move to electronic patient notes on the Inpatient unit and in counselling. We will continue to meet as a group to get staff feedback on digital transformation. We will launch virtual reality for patients which has been effective in reducing pain.

Future Planning Priority 3: Raise our profile and challenge the perception of Hospices so our community know we are here for them

We will continue our community roadshows and community Day Therapies model. We will work closely with the wider healthcare setting via the LCO (Local Care Organisation) to raise awareness of the hospice and the services it provides. We will look to expand our education offer to include courses on 'identifying a palliative patient' and 'difficult conversations'. We will work with the LCO on the end of life care priority of the business plan for HMR. The hospice CEO will chair the End of Life Care Think Tank and look at need across the borough. Springhill will continue to share patient stories and images of a diverse range of patients via social media, mainstream media and our website. We will focus on equality, diversity and inclusion, developing our own strategy, and monitor performance against our targets.

Future Planning Priority 4: Develop our financial sustainability so we have more control over our future

We will focus on a wide range of activities to generate income and spread any risk. We will particularly focus on developing our retail portfolio. We will sell three retail premises in areas of reduced footfall and look to open a range of new outlets in targeted areas. We will work with the NCA (Northern Care Alliance) to explore additional services which the hospice could offer such as programmed investigations and chemotherapy. We will look to expand our education unit to generate income from training. We will explore the possibility of accepting medical students at Springhill which should generate a net contribution to the hospice as well as help to achieve Priority 3. We will focus our fundraising efforts in areas where there is a good return on investment. We will restructure to ensure we are working as efficiently as possible and reducing costs wherever possible.

Future Planning Priority 5: Continually consult and innovate so our services respond quickly to the changing needs of our Community

We will continue our quality and innovation work to consult with patients, loved ones, staff, volunteers and the wider community on a range of topics. We will be data led and work with the wider healthcare system to try and ensure our referrals reflect community need. We will focus on patient care across our services and continue to innovate and learn from other innovators in the sector.

Future Planning Priority 6: Become more environmentally friendly and play our part in reducing our carbon emissions

We will explore the possibility of solar panels on the roof and potentially installing battery and car charging points. We will then look to change our community service vehicles to electric. This would help to achieve priority 4 at the same time. We will continue to explore smaller ways to reduce our carbon footprint including rewilding some of our grounds, growing more of our own produce and potentially introducing some beehives to the grounds.

PART 3: REVIEW OF QUALITY PERFORMANCE

STATEMENTS OF ASSURANCE

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers.

REVIEW OF SERVICES

During 2022/23, Springhill Hospice provided the following services to palliative care patients and their carers and families:

- Inpatient services
- Day Therapy services
- Out Patient services
- Psychological & Supportive Care services including Counselling service and Bereavement service
- Community Specialist Palliative Care Medical and Nursing services
- Community Physiotherapy, Counselling and Spiritual Care services
- Hospice at Home service
- Night sitting service
- Bereavement service
- 24-hour Advice Line service

Springhill Hospice has reviewed all the data available on the quality of care in all of these services.

Springhill Hospice Specialist Palliative Care and End of Life integrated Community Service receives 100% funding from Heywood, Middleton and Rochdale Integrated Care Partnership. The service is currently subject to a Standard NHS Contract for 3 years to March 2025.

For other Hospice services, the income generated by a variety of contracts and agreements with the NHS represents 24.7% of the total income generated to enable the provision of these services by Springhill Hospice. The remaining funds were generated through fundraising and the Hospice's own subsidiary companies working with the local community.

OUR ACTIVITY IN NUMBERS

Inpatient Unit	01/04/2022 - 31/03/2023	01/04/2021 - 31/03/2022
No of admissions	291	241
No of discharges	72	102
No of deaths at the Hospice	213	136

Day Therapies	01/04/2022 - 31/03/2023	01/04/2021 - 31/03/2022
No of telephone contacts	60	105
No of virtual (video) contacts	0	383
Wellbeing sessions (f-2-f)	775	124
Dementia Group*	101	0
Dementia Drop-In*	16	0
Carers' Group*	24	0

*Dementia and Carers' services commenced in 2022

Hospice at Home	01/04/2022 - 31/03/2023	01/04/2021 - 31/03/2022
No of patients/ families referred	274	290
No of H@H visits	1815	2110

Specialist Community Service	01/04/2022 - 31/03/2023	01/04/2021 - 31/03/2022
No of patients referred	734	629
Doctor visits	177	254
Specialist Nurse visits	3051	2549
SPC Assistant Practitioner visits	631	389
Physiotherapy & Rehabilitation visits	414	656
Counsellor visits	14	28
Current caseload / 'on hold'	282/104	250/79

Night Sitting Service	01/04/2022 - 31/03/2023	01/04/2021 - 31/03/2022
No of referrals	39	20
No of Hospice night sits	353	395

24-Hour SPC Advice Line	01/04/2022 - 31/03/2023	01/04/2021 - 31/03/2022
No of calls received	157	57

PSYCHOLOGICAL SERVICES

Bereavement Service	01/04/2022 - 31/03/2023	01/04/2021 - 31/03/2022
No of referrals to Bereavement Services	136	129
No of Bereavement telephone consultations	291	799
No of Bereavement face to face consultations	539	202
No of of Bereavement video consultations	36	101
Counselling Service	01/04/2022 - 31/03/2023	01/04/2021 - 31/03/2022
No of referrals to Counselling Services	99	70
No of patient telephone/video consultations	172	259
No of patient face to face consultations	128	23
No of family telephone/video consultations	16	73
No of family face to face consultations	81	7



Welcome

Springhill Hospice
Barnsley
LYNDA COLEMAN
PALLIATIVE ASSISTANT
PRACTITIONER

Springhill Hospice
Barnsley
01776 542000

If you'd prefer return to
Springhill Hospice
Barnsley
RANDBURGH, LEANINGTON
SLEIGH
© Barnsley Council - 01776 542000

SERVICE DEVELOPMENTS

Dementia Care

We recognised an increasing number of patients referred to the hospice for palliative care with a diagnosis of Dementia and we didn't have the specialist skill set to manage them as well as patients with other conditions. Following a successful grant application from Barclays 100 x 100 Community fund we secured funding for a Dementia Care Project which enabled us to appoint a Dementia Specialist nurse and part time bereavement counsellor. Margaret joined the team in April 2022 with a wealth of mental health knowledge and years of experience, in particular Dementia. Stacey was an existing member of the counselling team and was able to increase her hours to support this project.

Margaret works alongside staff in all the existing Hospice services; IPU, community and especially in Day therapies to support patients with Dementia and support very experienced staff in palliative care better manage individuals with cognitive impairment and unpredictable behaviours.

We have 3 different sessions available in Day therapies to meet the needs at different stages of their condition. 2 days a week, patients in the earlier stage of their Dementia attend for a few hours and can participate in activities, it's an opportunity to get to know the person to create part of their life story book or advanced care planning work, socialise with other people, enjoy a meal and also allows some respite for their carer. This is open to anyone with any palliative diagnosis. On 1 day, those with more advanced disease attend, however this is exclusively for those affected by Dementia. Similar activities are available but tailored to engage individuals and maintain their interest. In addition, we offer a monthly drop in session where patients, carers or professionals come to find out more about the services and the support available. We recognise we may not be the right support and can signpost to other organisations. Its entirely person centred. We have used feedback to create the service to date and met the referral needs.

Margaret works very closely with the community specialist palliative care nurses, this may be joint visits to optimise our specialist input or a visit by Margaret alone to introduce ourselves gently without overwhelming patients. Our community assistant practitioner sees many patients in care homes and working alongside Margaret has developed her knowledge enabling her to further support care home staff to recognise when their condition is deteriorating and approaching end of life.

Ultimately having staff with specialist skills on site enables them to support patients on the Inpatient unit and work alongside the clinical team developing their knowledge and confidence to better manage patients with Dementia.

A large part of Margaret's role is educating others and has been able to provide some informative training sessions with our education team which we would like to develop further.

Hospice at Home Service

Our Hospice at home team is very established, providing end of life care to patients and their loved ones in their own home in the last days of life. The team has developed closer working relationships with the community/district nurses. Regular meetings with the managers to share good practice, discuss challenges that staff have faced and have resulted in working together to find effective solutions. The team have looked at different ways of working to ensure the most effective communication channels provide the support at the right time to enhance the patients and families experience.

The staff who provide Hospice at home service are the same staff who work on the Inpatient unit. This provides them with a wealth of knowledge and skills however working in the community is very different, they have to work more autonomously and directly with several partner organisations. We recognised that not all staff had received the same induction coupled with a changing workforce and practices in the community through Covid sometimes resulted in disjointed care or negative feedback from families. The Community Quality and Development lead is an experienced Community Specialist palliative care nurse and met with all the Hospice at home staff. Informed by both teams of the challenges faced, she identified areas of development and provide more consistency for patients. The culmination of this was delivery of a training session. This allowed time in which she could explain how things differ, able to use realistic scenarios to inform and guide staff in how to manage them so that we have a more consistent approach. Staff are implementing these changes an communication has increased and further developed an open relationship whenever issues are identified and addressed immediately, preventing impact on patients care or experience.

We continue to receive feedback from families and respond to these, so they also influence changes in practice to ensure that where possible, we provide the best possible care and highest standards to make a very emotional and challenging time a little easier.

Quality, Development and Innovation Project

In October 2022, we implemented a Quality, Development and Innovation project; initially a 2-year project, where the Quality & Development Lead will work alongside managers, focusing on quality issues across the organisation. Main elements of this role include:

1. Care Quality Commission – ensuring compliance
2. Feedback from Patients and Families
3. Engagement with Staff & Volunteers
4. Identifying key areas for improvement and development
5. Supporting staff development
6. Supporting clinical initiatives
7. Learning from Incidents, Suggestions & Complaints

From October 2022, we have achieved the following:

- CQC-style inspection undertaken on the IPU. Recommendations for improvement submitted to Operational Management Team and Board of Trustees.
- Continuing to collect feedback from patients & families. Ensure we celebrate the positive and respond to any areas of concern
- 'Your Words Matter' flyers included in patient welcome packs on IPU. To encourage patients and families to share their experiences
- Deaf Awareness training delivered November 2022 – January 2023, as part of our efforts to ensure inclusivity in access to services
- Development of Bereavement Group and Patient Experience Group on the Inpatient unit – improvement in Bereavement support to families on the unit
- Development and implementation of Patient Welcome Pack on IPU
- Engagement with Staff & Volunteers - Survey monkey questionnaires:
 - Hospice Refurbishment survey
 - Catering Services survey – Service, Quality & Presentation
 - Volunteers Satisfaction survey
 - Hospice Chapel – Use and resources
 - Retail Staff survey – Communication preferences
 - Hospice Staff survey – developed – to be sent out July 2023
- Link nurses and Quality Champions – developed and implemented on Inpatient Unit
- Staff Development – ensuring training in key areas identified on Inpatient Unit – Oral Hygiene, Dementia, Tissue Viability, Moving & Handling, Bereavement support, Infection Control, Spiritual Care, Medicines Management
- Compliance with Mandatory training – reports to managers re engagement and attendance
- Clinical Competencies. Supported IPU Sister to implement
- Supporting Ward Sister to ensure appropriate and supportive induction of new staff employed on the Inpatient Unit
- Learning from Incidents & Complaints – supporting managers to respond appropriately
- The impact and value of the role will continue to be monitored and evaluated throughout the duration of the project.





RESEARCH

Springhill Hospice has not participated in any research studies in 2022/23

PARTICIPATION IN CLINICAL AUDITS

Springhill Hospice has not participated in any national or regional Clinical Audits in 2022/23.

During 2022/23 there were no national clinical audits or national confidential enquiries covering NHS services relating to palliative care. Springhill Hospice only provides palliative care services.

During 2022/23 Springhill Hospice undertook an internal programme of audits across the organisation. Audit tools are developed to measure compliance with Hospice policy and Standard Operational Procedures, which in turn reflect our commitment to ensure compliance with the Care Quality Commission Fundamental Standards.

Clinical Audit

Audit	Compliance	Findings	Learning & Action
Clinical documentation (community)	87%	PPC/PPD and ACP evidence of discussion not recorded. Some other minor omissions in records.	Few areas that continue to require improvement particularly ACP not being completed and PPC/PPD in.
Falls	100%	All standards met.	
Management of medicines (Disposal)	100%	All standards met.	
Management of medicines (Administration – IPU)	100%	All standards met.	

Management of medicines (Nurse prescribing)	100%	All standards met.	
DNACPR (IPU)	64%	Some elements of documentation incomplete.	Despite adapting a recognised DNACPR tool, realise it doesn't reflect how we record on the forms. Need to redesign the tool as the discussion are occurring and forms are evident in files.
Clinical documentation (IPU)	89%	3 patients records had 3 missing pieces of evidence.	Results discussed at team meeting, documentation group working on reviewing all nursing documentation.
Infection Prevention and Control	67%	Limited evidence of cleaning on schedules on IPU. PPE not always in place as previous audit.	IPU Sisters Immediately reviewed cleaning schedules to reflect activity know =n to have occurred. Review of practice with IPU Sister, cleaning staff/manager to ensure standardised practice. PPE locations discussed and reinstated post changes during Covid-19
Management of medicines (Ordering and Receipt of medication)	92%	System change which wasn't reflected in the audit. All other standards met	Amend the audit tool.
Counselling documentation	77%	Paper records very good, omissions were in electronic records.	Counsellors to ensure all details are recorded and review the standard to ensure accurate reflection of requirements.

HR

Audit	Compliance	Findings	Learning & Action
Absence from work	95%	Identified gaps in documentation rather than major failing in procedures	Highlights benefit of online system and further line manager training.
Professional registration	100%	All standards met.	
Volunteer recruitment	100%	All standards met.	
Education training & development	100%	All standards met.	

Risk Management

Audit	Compliance	Findings	Learning & Action
Fire safety	90%	Omission of completed induction forms for new starters to show procedures explained. Not all staff ad completed mandatory training as its part of a 3-year rolling programme.	Ensure staff aware of procedures and forms completed.
Maintenance of medical and clinical equipment	100%	All standards met.	
Drug error management	58% June 2022 66% Jan 2023	Evidence showed that staff were identifying, managing appropriately, however their documentation was inconsistent. Less inconsistency.	New checklist created for staff to follow to ensure the necessary record keeping was completed as per policy. Re audit in 6 months. Small number of drug errors. New electronic incident management system to be introduced and will include requirements so any gaps flagged to line manager.
Donated stock	100%	All standards met.	

DATA QUALITY

Springhill Hospice has processes in place to ensure that information is managed appropriately with regard to confidentiality and privacy of individuals, in line with statutory requirements including, but not limited to, the Data Protection Act 1998 and General Data Protection Regulation (GDPR) 2018.

The Hospice ensures that records are retained for the required statutory periods, including health records, employment records and financial records.

Springhill Hospice uses the iCare patient information system. This records medical, demographic and statistical information which is shared between professionals involved in the patient's care and used to evaluate services. All clinical staff have access to, and contribute to, the system. iCare is also used to collate patient data in terms of reports for our Commissioners and other relevant bodies.

The Hospice completes the annual the NHS Data Security and Protection Toolkit self-assessment to provide assurance that we are practicing good data security and that personal information is handled correctly. For the 2022/23 submission the Hospice met all the mandatory requirements.

All staff undertake training in Information Management & Confidentiality and GDPR. There are robust policies and procedures in place for Information Governance and Information Management and Security for staff to outline their responsibilities and action to take in the case if a data breach. The Hospice developed a "Data Breach Register" where any incidents are reviewed monthly at the Risk Management sub group.

Springhill Hospice is not required to and did not submit records during 2022/23 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. Springhill Hospice was not subject to Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

Compliance with Statutory Requirements:

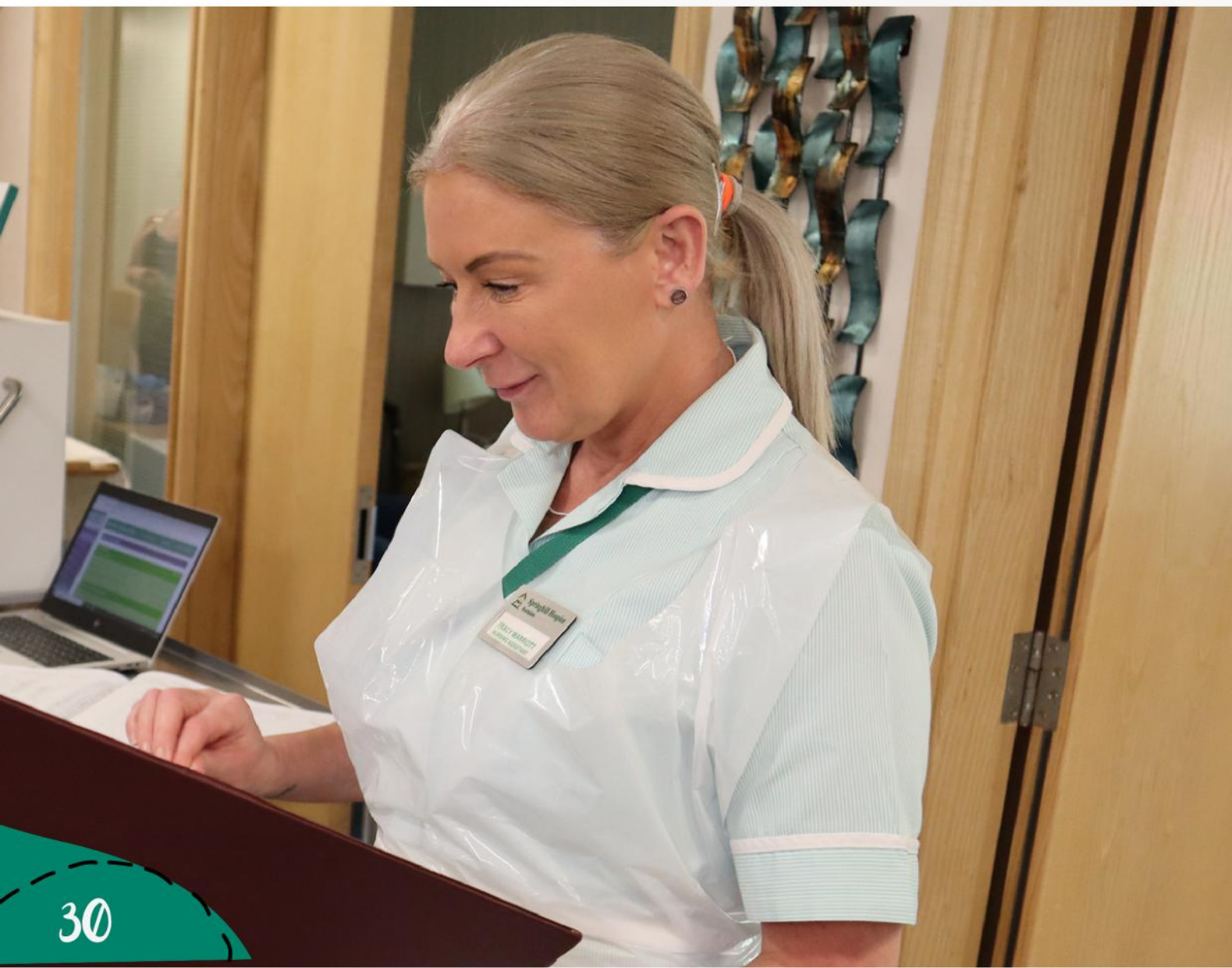
- Care Quality Commission
- Data Protection Act 1998
- General Data Protection Regulation (GDPR) 2018
- Records Management Code of Practice for Health and Social Care 2016
- The Public Records Act 1958
- Access to Health Records Act 1990 (with regard to information held about patients who are deceased)
- Caldicott Committee Report (December 1997)
- The Hospice undertakes annual audits of documentation and information management and security to ensure data integrity.

LEARNING FROM CLINICAL INCIDENTS

Springhill Hospice encourages an open approach to reporting all incidents, both clinical and non-clinical. All incidents are reported, investigated and managed immediately and incident reports subsequently collated and reported through the Hospice Risk Management sub-committee and Governance Committee. All incidents are categorised according to the incident area and level of risk. Where the incident involves a patient fall, this will then be subject to a risk assessment and appropriate action taken. Any significant injury will be reported appropriately to the Care Quality Commission as a statutory notification and reported to the Health and Safety Executive (RIDDOR) as appropriate. All incidents relating to controlled drugs will be reported by the Hospice Accountable officer for Controlled Drugs (AO) to the Accountable Officer of the ICP via the Local Intelligence Network.

Reported incidents are often the catalyst for change, both in clinical practice and in policy.

The following incidents were reported in 2022/23. (See next page.)



Clinical incidents		2022/23	2021/22 Last report
A1	Directly affects patient either by action or omission	17	16
A2	Potential to affect patient	36	27
A3	No potential to affect patient	13	6
Falls & injuries			
B1	Significant injury - patient	1	1
B2	Minor injury	30	15
B3	No injury sustained	26	19
Other incidents			
C1	Direct affect to individual/organisation i.e. theft, damage	6	7
C2	Potential to affect individual/organisation	11	16
C3	No potential risk identified	3	1
Drug incidents			
D1	Directly affects patient either by action or omission	6	8
D2	Potentially to affect patient	33	46
D3	No potential risk to patient but deviation from policy	131	47
Pressure ulcers			
P1	Hospice acquired pressure under ulcer	1	1
P2	Community/hospital acquired pressure ulcer identified on admission	5	5
Total number of reported incidents		319	241

Members of the Risk Management Sub Committee meet monthly and perform trend analysis when reviewing previous incidents.

Due to Covid-19, the ward had a lower occupancy rate for part of the year which may contribute to the reduced number of some incidents. Whilst there has been a reduction in some of these since the last report, these figures demonstrate an increase of drug related incidents within the D3 category. This is attributed to 2 main reasons:

1. Small stock balance discrepancies. We monitor and measure our stock on a daily basis. Any variation between the recorded and actual medication balance is reported as an incident. The Director of Clinical Services sees all these incidences and as the Controlled drug accountable officer, reports any concerns or trends and has a responsibility to reports certain incidents externally. Almost all of these are variances of less than 5% (liquid medicines) and this is expected as part of the measuring and administration process so accepted as normal practice. We identified that staff were not always measuring stocks as they should have so increased more frequent measuring has identified more but much smaller discrepancies. .
2. The other issue since we have had increased IPU bed occupancy is that staff have not always been able to undertake the medication stock checks as they have prioritised patient care and safety. These checks have occurred within 24 hours as per policy requirement. We are currently reviewing our practices to see if we need to measure as frequently as we do as this will also affect stock balances and allow a review of some of the routine practices undertaken.

We meet regularly with the visiting pharmacist who conducts external quality assurance audits. There have been a small number of drug errors and none of the incidences caused any detriment to the patients. 2 drug related incidences reported via the NHS controlled drug reporting website have not required any further investigation. Recognising deviations from policy and despite reminding staff of the correct procedure, we felt we needed to review how we managed these incidences. We introduced a reflection form that staff complete following a drug error. This is to identify any learning opportunities for the individual but also to consider any extrinsic factors which need to be addressed in the daily management of the IPU. These are discussed with the line manager and an action plan implemented according to need.

COMPLAINTS, CONCERNS, COMMENTS AND SUGGESTIONS

Springhill Hospice encourages feedback in a variety of ways from patients, families, staff, volunteers and visitors.

Comments/suggestions boxes are available in the Reception area, Inpatient Unit and Day Therapies.

Comments and suggestions are reported through the Operational Management Team meetings.

Feedback from patients and families is also encouraged through a variety of feedback cards, satisfaction surveys and questionnaires, reported through the Clinical Standards sub-group and Governance Committee.

We welcome suggestions to improve the service and care that we provide. There are times when the service is not as our patients or families expect and any complaints received are taken extremely seriously. Complaints are thoroughly investigated and a response to the complainant made in writing, in person or over the telephone depending on their preferences. Springhill Hospice has a clear policy to ensure complaints are managed in a timely manner and this is monitored through biennial audit. Managing complaints received is seen as an opportunity to consider and review the quality of services we provide and can often be a catalyst for change.

The Hospice received 3 complaints in 2022/23.

3 non-clinical complaint

One was from a member of the public who believed a lottery canvasser was abusive to them. They are an external company and was investigated and refresher training was recommended.

An anonymous complaint had been made from a member of the public who was unhappy that a service user was receiving goods from the hospice. Unable to investigate as had no detail and the patient is able to purchase goods from our shops.

A volunteer was unhappy as they didn't receive an invite to the service awards as due her 25-year badge. Appeared to be an administrative error and the CEO met with her to explain and present her badge and a letter thanks for her many years of dedication to the Hospice.

2 complaints resolved within the required timeframe (2 weeks) and the anonymous one was unable to be investigated.



STAFF TRAINING

Springhill Hospice is committed to the ongoing education and development of staff in order to ensure services are delivered in a safe, effective manner to the highest possible standard.

Training and education, including mandatory training is delivered in a way that is meaningful and best suited to the learning needs of the individual staff member.

Mandatory Training

We have continued to deliver our mandatory training using an online training package, over a 3-year rolling programme. Each year staff have to complete a number of modules to refresh their knowledge.

For the period of January - December 2022, an overall attainment level of 96% has been achieved.

In 2022, all staff were required to complete the following core modules:

- GDPR (or GDPR Awareness – depending on role)
- Safeguarding Adults
- Preventing Radicalisation
- Customer Care
- COSHH
- Hand Hygiene
- Clinical staff:
 - In addition, clinical staff were required to undertake the following:
 - Records management
 - Dementia Awareness
 - Privacy & Dignity
 - Fluids & Nutrition
 - Moving & Handling (practical)

Qualified Doctors, Nurses, Assistant Practitioners and Nursing Associates were required to undertake face to face Safeguarding training (a requirement of registration). 100% attendance at this training

All clinical staff also attended Basic Life Support training

Non-clinical staff:

In addition to the core modules, other non-clinical staff groups have undertaken the following training, relevant to role:

- Waste Management
- Manual Handling
- Performance Management
- First Aid
- Appraisee/Appraisers
- Stress Awareness
- Absence Management
- Complaints

Continuing professional development and further training

Springhill Hospice remains committed to ensuring Hospice staff continue to develop their knowledge and skills to perform their roles more effectively. We have a wealth of experience within the team who provide teaching and learning opportunities to other staff groups on a range of subjects.

A number of staff have undertaken additional training and gained recognised qualifications. All our Senior Doctors have achieved post-graduate qualifications in Palliative Medicine. Our Community Specialist Hospice Doctor successfully achieved a Post graduate diploma in pain management. The course concentrated on chronic pain management and why our usual analgesia can be ineffective. It looked at various causes for chronic pain and the best way of managing these. Because our cancer patients are living longer with cancer it is suggested that we should manage these patients more like chronic pain than cancer pain patients. With the greater knowledge, she feels more equipped to explain my decisions to patients and has been able to engage our psychological support and physio team in accepting appropriate patients for chronic pain management purposes. She has provided teaching sessions to the team on chronic pain management which disseminates the learning further and highlights other management strategies or generate peer discussion when struggling to know how to best manage.

6 members of our nursing team are non-medical prescribers. 5 members of staff have completed their Foundation level degree and are now in post as Assistant Practitioners; 3 on the Inpatient unit, 1 as a support worker working alongside the Specialist Palliative Care nurses and Dementia Specialist Nurse and 1 who works both with the community team and on the Inpatient unit with the physiotherapist focusing on rehabilitation.

A member of the Inpatient Unit team has successfully completed her training and is now employed as a Registered Nursing Associate. Another member of the team is currently undertaking the training programme.

Staff are encouraged to undertake external training or conferences which they disseminate to colleagues for the benefit of the wider team and patients in our care.

SAFEGUARDING

In accordance with the requirements of the NHS Standard Contract, Springhill Hospice submitted the Safeguarding self-assessment to HMR ICP Safeguarding Team, demonstrating compliance across all areas in January 2023.

In addition, in April 2022, we submitted the Section 11 Safeguarding self-assessment toolkit to Rochdale Borough Safeguarding Adults Board (RBSAB), demonstrating compliance across all areas and subsequently attended RBSAB Challenge Panel in April 2022.

All Hospice staff have received training in respect of Safeguarding Vulnerable Adults, Mental Capacity and Deprivation of Liberty Safeguarding. All Trustees are in the process of completing the Safeguarding Adults level 2 online training module.

In 2019, as part of the self-assessment review discussion, the Safeguarding panel identified that in line with Adult Safeguarding: Roles and Competencies for Health Care Staff (August 2018) staff need face to face training every 3 years. We were initially unable to meet this requirement due to restrictions relating the Covid-19 Pandemic and therefore continued with online training. Post-pandemic, in 2022, face to face Safeguarding training occurred for all our clinical qualified staff.

GOALS AGREED WITH COMMISSIONERS

Under the terms of the NHS Standard Contract, Springhill Hospice income in from the NHS is conditional on achieving identified Key Performance Indicators (KPIs) relating to activity and quality standards agreed with Commissioners and is also conditional on evidence of achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

This year the Commissioners have agreed specific KPI's and the Hospice continues to submit quarterly reports on quality and activity data.

WHAT OTHERS SAY ABOUT SPRINGHILL HOSPICE

Statements from the CQC

Springhill Hospice is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken enforcement action against Springhill Hospice during 2022/2023.

Springhill Hospice has not participated in any special reviews or investigations by the CQC during the reporting period. In October the former Director of Clinical Services retired from the post and in order to be the CQC Registered Manager of an organisation, the incoming appointee underwent a Fit person interview to ensure they were aware of the regulatory requirements and suitably met the CQC criteria. This was successful and Angie Anderson was recognised as the Registered Manager.

Due to Covid-19, the way that the CQC has inspected organisations had to change to respect Covid restrictions. Springhill Hospice has not been inspected since 2016 and our overall rating has remained unchanged. However, we have continued to engage with our CQC inspector when required and provided specified evidence by way of an engagement meeting in December 2022 and a Direct Monitoring Call in February 2023. These involved a virtual engagement meeting to discuss the content of the self-assessments and provide assurance of a safe, effective, caring, responsive and well led organisation. This doesn't change our overall rating. The CQC are changing the way that they regulate organisations to prioritise areas where there is evidence that people are at risk of harm.

Therefore, our last routine inspection by the Care Quality Commission was in June 2016 with a formal report on 22 December 2016 and is available on Springhill Hospice and CQC websites. From this inspection the Care Quality Commission issued Springhill Hospice with the following overall rating for the services provided:

Overall Good Read overall summary	Safe	Requires improvement ●
	Effective	Outstanding ☆
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

Is the service safe?

All areas of the Hospice were secure, well maintained and accessible for people with limited mobility. In addition, good infection control procedures were in place, making it a safe environment for people to live and work in.

Sufficient, suitably, qualified and competent staff that had been safely recruited were available at all times to meet people's needs. Suitable arrangements were in place to help safeguard people from abuse.

Medicines were not always given as prescribed, appropriate systems were not in place for the management of medicines requiring refrigeration and relevant information to enable staff to administer 'when required' medicine safely was not in place.

Is the service effective?

Staff were passionate about the need to spread awareness and knowledge of end of life care by introducing an innovative and creative programme of training for staff caring for people in care homes. The education provided by the Hospice also extended to other professionals in the community caring for people with a life-limiting illness; helping to ensure the best possible care for people and for their families.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). People were involved in making decisions about all aspects of their treatment and care.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met. People were supported to eat and drink and maintain a balanced diet.

Is the service caring?

People told us they received the care they needed when they needed it and that staff were knowledgeable and committed. People spoke highly of the kindness and caring attitude of the staff. People were cared for with the utmost compassion, kindness, dignity and respect.

People were supported at the end of their life to have a comfortable, dignified and pain free death. The nursing and medical staff showed they were highly skilled in pain and symptom control and provided outstanding end of life care.

Is the service responsive?

The care records showed people were involved in the assessment of their needs. A person's preferred place of care at all stages of their illness and the arrangements in the event of their death was documented.

Staff were skilled in recognising when a person was in the last days of life and were able to provide the appropriate care.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

The service had a manager in post who was registered with the CQC.

Clear lines of accountability and effective methods of communication were in place to ensure people received the best possible service. Systems were in place to monitor the quality of the service provided to help ensure that people received safe, effective care and support.

Accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

In the absence of an on-site inspection since 2016 and, with this in mind, we decided to undertake a CQC-style inspection of our own. We are currently trialling a pilot 'Quality, Development and Innovation' project, looking at the quality of everything we do and how we can improve the experience of patients and families. As part of this project, the Quality and Development Lead developed a template for inspection which incorporates all areas which would be examined by CQC inspectors on a site visit. The internal inspection team visited the Inpatient unit, unannounced, for two days. The key questions asked about the service were:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

From the inspection of the Hospice Inpatient Unit and supporting services over this two-day period the internal team were confident that all key quality areas within the scope of this inspection were fully met. They were of the opinion that patients under the care of the Hospice are supported in a safe and caring environment by staff who are passionate about the care they deliver.

Some recommendations for improvement have been made but, had this been a formal inspection, we believe there were no areas of significant concern. This inspection forms only part of the Hospice's quality and monitoring process. Annual audits of key areas will continue to be undertaken and remedial action taken, where required.

We recognised the value of the exercise, so that in the absence of an on-site CQC inspection we intend to repeat this exercise to report developments and achievements and that key elements of this inspection could, and should, be applied to other clinical areas i.e. Day Therapies and Community services.



STATEMENTS FROM OTHERS WE WORK WITH

I have worked as a community dementia adviser for the past 9 years and throughout this time I felt that end of life care and support for people living with dementia was overlooked which frequently caused me frustration and emotional turmoil.

When I became aware that Springhill had recruited Margaret Diggle as a dementia nurse specialist to say I was overjoyed is an understatement. Having worked alongside Margaret in her previous role at the Memory Clinic I knew that she was the perfect person for this new role as her passion for dementia care and support has always been exemplary.

Since starting in her role Margaret and I have worked collaboratively on many occasions to make a positive difference for people living with dementia and their carers. Margaret listened when I said that there was a significant lack of day care support for people living with dementia and within weeks of commencing her new role a dementia day therapy group had been set up at the hospice and referrals were welcomed into the safe dementia friendly space she had created. This soon led to the creation of a monthly dementia carers support group, this provides an opportunity for carers to feel valued and listened to as well as providing them with education on supporting loved ones living with dementia. Feedback from carers I support is heart warming with everyone saying how wonderful the service, all this has been made possible due to the drive, determination, and commitment of Margaret.

Margaret treats everyone with kindness, dignity, love, and total respect. She goes above and beyond to ensure that patients wishes are respected and a person centred approach to care is delivered.

I have referred numerous patients/carers to Margaret and the newly formed dementia service at Springhill, each referral has been actioned in a timely manner and patients can not speak highly enough of the support they have received. As a dementia adviser I have been included regarding patient outcomes and my input has always been valued. There have been occasions where I have been able to do joint home visits with Margaret to ensure the best possible outcomes are always achieved.

Prior to the appointment of Margaret Diggle, I had very little connection with the hospice and believe that many of my service users were inappropriately admitted to hospital or placed into other care settings to receive end of life care. The ability to now refer to the hospice dementia specialist nurse has enabled many of my service users to remain at home for end-of-life care support, allowing them to pass away surrounded by their loved ones in a dignified and peaceful way.

I have been a nurse for over thirty years and can honestly say that Margaret is an honour to work alongside, she not only cares but she fights for what is needed, therefore in summary I believe the appointment of Margaret Diggle and the improvement in dementia support has been a valuable contribution to Springhill Hospice and I look forward to our continued collaboration to ensure that patients can:-

LIVE WELL WITH DEMENTIA AND DIE WELL FROM DEMENTIA

Julie Mann

Dementia Adviser

Alzheimer's Society



I work with the nursing and care homes in the Rochdale area to support them with both quality assurance and quality improvement. The close links I have with the Hospice Community Team and the hospice education centre mean I am able to signpost carers to the hospice for clinical support and training. This helps to improve the quality of care that people in the residential setting are getting at the end of their life.

Regular meetings are held with the colleagues from the hospice services to discuss any concerns around quality and safeguarding within the care providers. This can then be dealt with and support offered in a timely way helping providers learn from incidents and improve the quality of care.

My role within the Quality and Safeguarding team also involves working with colleagues when monitoring and reviewing the care of people living in their own home. This can involve system wide approaches and the Hospice teams are a significant part of our local health and care system in Rochdale.

Trish Garvey

Quality Improvement Nurse

NHS GM ICB (HMR)

Rochdale



WHAT OUR PATIENTS AND FAMILIES SAY ABOUT SPRINGHILL HOSPICE

Springhill Hospice's feedback programme is designed to elicit information about the care and services received by patients and families from their individual perspective. A variety of feedback cards have been developed to capture the experience of patients and their relatives and friends, across the Inpatient unit, Day Therapies unit and community service settings. The cards, based on the concept of the 'family and friends test' have been designed to be easy to complete and to capture, from the perspective of the patient or family member ... "What did we do well?" and "What could we do better?"

Our patients and their families

Thank you for all your help. I wouldn't have been able to fulfill my mum's wish to spend her last days in her own home without you. Your service is so important. It made all the difference for us.

Hospice at home patient's child

You gave our father a peaceful and dignified passing. Thank you, I don't know what I would have done without them.

Hospice at home patient's child

They helped my husband die with dignity and peace.
Amazing service delivering compassionate care, thank you from the bottom of my heart.

Hospice at home patient's wife

We would like to thank you all for the care and dignity you gave to my husband whilst he was in the hospice. We couldn't have asked for anything more than you gave to us as a family and especially to my husband. You all go above and beyond your duties and nothing is too much trouble. My husband received what we feel was the best of the best care while he was with you. You kept us informed of everything you did for him and with great care. Our hearts have been touched by all of you by the care you show to all your patients and their families. You are "angels" sent to do this special role and we will never be able to thank you enough.

Wife of Inpatient Unit patient

The staff have been amazing. They have been here when I needed them the most. It was very reassuring to be able to contact the hospice telephone number for advice when the nurse was unavailable out of hours. The specialist doctor listened carefully to my symptoms and acted quickly to resolve my problems. I was followed up to make sure I was ok. The specialist nurse was very helpful in getting my pain under control, providing help & support when needed - within a short time of asking for help. Nothing is too much trouble.

SPC Community Service patient

Thank you to all of you for caring for my sister and helping us as a family to give her a painless and peaceful end of life. I was overwhelmed by the love, care and respect you showed to my sister during her end of life care. You are all special people. I am at peace with my sisters' demise because of the care you all gave.

Sister of Inpatient Unit Patient



Whilst we value positive feedback, we also accept that we can learn from some patients/families experiences who were not happy with our service or offer comments in order to improve others experiences. Where possible, this is brought to the attention of individuals for them to consider and it is presented to our Clinical Standards group.

We had a bad experience with a member of staff. She had been instructed to start injectable meds by the GP but refused based on her own opinions. My nanna was then left ALL weekend without any pain relief.

The Hospice at home nurse on duty was reluctant to give injectable medications. The management plan was to administer oral medication whilst the patient was able to take medication this way. The Quality & development lead contacted the lady to discuss the experience and has not received a response.

Please ensure the correct details are on the system for the relatives.

Some next of kin details were missing in some patient's records, despite reminders to staff of the importance of it; This information enables us to invite them for bereavement counselling, to the service of remembrance, and also for our fundraising database, so it is essential that they are accurate. We commissioned a report from our patient management system provider and each month, a member of the admin team checks any missing details and advises the key worker to prompt them to add any missing data at an earlier stage, so not left until someone's death. This has significantly reduced the number of families that we cannot make contact with.



STAFF AND VOLUNTEERS SURVEY

Springhill Hospice endeavours to provide a high standard of treatment and care to patients and families who access our services. We continually ask for feedback from patients and families, in a variety of ways, in respect of the provision of services to ensure consistently high standards and identification of areas where we could improve.

We are, in addition, mindful of the fact that services are only as good as the people who deliver them; our staff who have been carefully selected for their skills, knowledge and experience; and our volunteers who bring a wealth of knowledge, experience and commitment and who give of their time freely to support the work of the Hospice.

As an employer, Springhill Hospice recognises the importance of having a team of staff and volunteers who feel supported and valued. We strive to ensure our staff and volunteers receive the training, supervision, support and the resources they need in order for them to fulfil their roles.

We hope that staff and volunteers feel able to come to us if they experience any difficulties in the workplace or if they have any concerns, suggestions or comments to make about their roles and the services we provide. Our staff and volunteers, here at Springhill, are integral to the services we provide, and with this in mind we want to ensure they feel they have a voice.

In February 2023, Springhill Hospice took part in the Birdsong Charity Consulting Hospice Volunteer survey.

24 volunteers responded which was a low return rate. The report summary was shared with the volunteers and reviewed as an organisation where some actions were identified; communication preferences, induction process differs across departments and need to introduce some consistency. We plan to review these to ensure that they have all been addressed.

We have conducted a number of internal surveys which staff and volunteers are able to contribute towards; catering service, Inpatient unit refurbishment and chapel/reflection room which has offered some positive feedback and great ideas which we can implement.





www.springhill.org.uk



Springhill Hospice



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