St Barnabas House | Chestnut Tree House | Martlets

Research Newsletter

Issue 3, Autumn/Winter 2024

Welcome to the third issue of the Southern Hospice Group Research Newsletter. Our biannual newsletters allow us to share our research activity and related developments at all our hospices - St Barnabas House, Chestnut Tree House and Martlets.

2024 has been a year of huge change for all three hospices. This issue features a farewell message from our outgoing Research Lead, reflections on our progress over the past year and findings from a study St Barnabas House previously took part in.

We always welcome suggestions and feedback, so if you would like to see something added to the newsletter, please let us know via research@stbh.org.uk

Thank you for all your support

This year, St Barnabas House and Chestnut Tree House hospices have been involved in 8 diverse research projects. All projects had the common aim of learning more in order to improve care or quality of life, whether that be by refining a tool for children with life-limiting illnesses to better communicate what's important to them, working to enable recently diagnosed patients and their families to access the financial support they're entitled to, or understanding how people with advanced cancer might be supported to maintain their mobility and independence.

Without the kindness and generosity of our colleagues, trustees, supporters, public representatives and of course patients and families, this wouldn't have been possible. We would like to say thank you to everyone involved in research at the hospices this year, whether directly or as a supporter.

A special thank you from our outgoing Research Lead

We are sadly saying goodbye to our Research Lead, Dr Jo Bayly, at the end of this year. She had some words to share with everyone she has worked with:

“It has been a privilege working with everyone over the last four and a half years. When I came into post, the Trustees and Senior Management Team had a vision to turn St Barnabas House and Chestnut Tree House into more Research Active Hospices as it’s recognised that research active health care providers deliver higher quality care.

The two hospice organisations have made tremendous progress towards this. Over the last four and a half years, our increased capacity and capability has enabled us to be involved in 7 qualitative studies, 9 survey studies, 1 longitudinal observational study, 1 registry study, a programme of three studies to develop and validate an outcome measure for children and young people receiving palliative care and one large multi-centre randomised controlled trial.

In addition, we have supported the introduction of robust outcome measurement within the Living Well service, Heart Failure CPCT service and the IPU. This work to embed outcome measurement into routine practice is ongoing, but I’m confident it will be completed with the ongoing support of the quality, education and research teams.

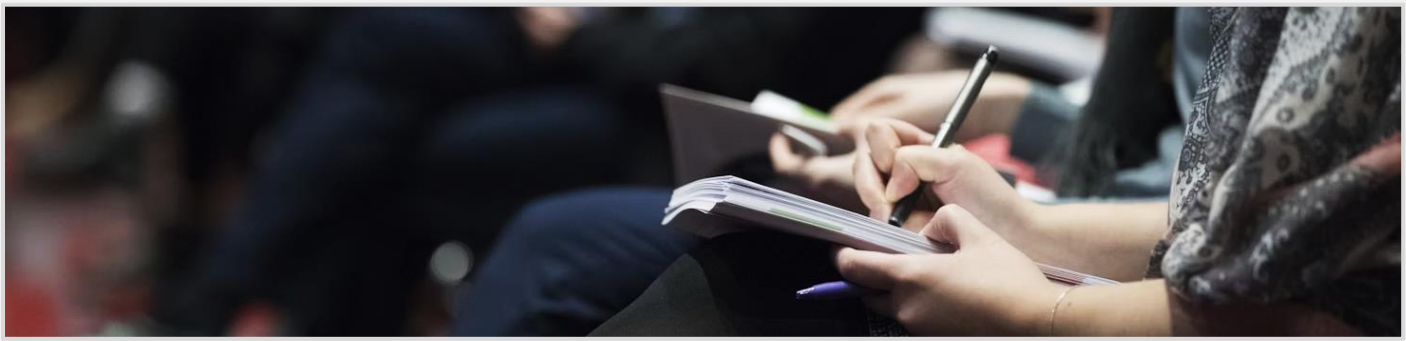
I’ll be continuing in my role as Research Fellow at King’s College London and will keep in touch. I’ll make sure to recommend St Barnabas, Martlets and Chestnut Tree House as sites for future research led by the Cicely Saunders Institute and hope to work with many of you again in the future when you join our studies.

Keep in touch!”
joanne.bayly@kcl.ac.uk

The year ahead…

While 2024 saw the hospices take part in a variety of studies, the new year is shaping up to be just as exciting. Already there are new research projects and collaborations underway. More will be shared in the newsletter in due course.

Following the merger, we are working together to update and strengthen our research processes across the hospices in line with our overarching care strategy. The focus continues to be on how we can develop, improve and provide the best quality care for our patients and families. We will explore new ways in which we can draw upon, synthesise and communicate current evidence to support our Education, Quality and Clinical teams at St Barnabas House, Martlets and Chestnut Tree House hospices.



Recent presentations and conferences

Hospice UK National Conference 2024
Glasgow, November 26th-28th

Jess Featherbe (IPU Sister at Martlets), Lucy Ashton (Living Well Manager at St Barnabas) and Holly Price (Lead Therapist at St Barnabas) attended this year's Hospice UK Annual Conference and presented posters.

Jess's poster was titled 'A Person-centred Approach to the Investigation of Medication Incidents Using Human Factors Tool – An Audit' and was co-authored by Ana Da Silva Vicente and Judy Leage.

Lucy and Holly's poster was titled 'Living well with frailty: Piloting a frailty wellbeing programme for hospice outpatients' and was co-authored by Phoebe Cooper and Dr Jo Bayly.

To see larger versions of the posters, scroll to the end/turn to the back of the issue to read them in full!

UK Oncology Nursing Society (UKONS) Annual Conference 2024
Manchester, November 15th-16th

Our new Chief of Nursing and Care, Lisa Barrott, presented at the UKONS Annual Conference in November. Lisa highlighted the importance of research in nursing and looked at barriers to engagement.

Lisa said, "I was privileged to be invited to co-present at this year's UKONS conference on Inclusivity in Research. The focus of the session was the importance of research to the nursing profession, while acknowledging the challenges faced by the profession when it comes to engagement.

I was presenting with the co-chair of the UK Early Career Researchers in Cancer (ECRC), Dr Harshani Green - we are promoting the UK ECRC to all professionals who support patients with cancer, at whatever stage of their cancer journey, as a fantastic forum to get support with engaging with research, on whatever level is suitable for you."

For more information on the UK Early Career Researchers in Cancer: www.ukecrc.co.uk & the UK Oncology Nursing Society: www.ukons.org

Upcoming events

Webinars

Jan 22nd 15:00 – Professional Nursing Competencies: Paving the Way for Improved Patient Outcomes and Practice
Global Palliative Nursing Network | Free
For: Nurses working in palliative care
Scan the QR code or follow this link to register: GPNN Events

Feb 18th 9:30-12:30 - Evidence and Impact (Palliative Care)
The Royal Society of Medicine | £6-22 dependent on membership
For: Medical trainees, junior doctors, nurses, AHPs and senior clinicians
Scan the QR code or follow this link to register: Evidence and Impact

Public & Community Involvement and Engagement (PCIE) Group Meetings

Thurs 3rd April 2025 - 16:30-18:00 - PCIE Meeting

Thurs 25th Sept 2025 - 16:30-18:00 - PCIE Annual Meeting

If you are a researcher and would be interested in discussing your project with our PCIE group, please email research@stbh.org.uk with a brief introduction and summary of your project/proposed project at least one month prior to your preferred meeting date.

If you are a member of the public with lived experience of palliative care and wider health services and would be willing to inform and provide feedback on our research activity, please email us at the above address for more information on the group.

Conferences

Marie Curie Research into Practice Conference 2025
Tues 11th - Fri 14th Feb | Online | **FREE**
Open to all interested in palliative and end of life care research
Scan the QR code or follow this link to register: Marie Curie

Palliative Care Congress 2025
Thurs 20th – Fri 21st March | Belfast | Prices: Palliative Care Congress 2025

Together for Short Lives – Built to Last: Towards a Strong, Sustainable Future
Wed 7th – Thurs 8th May | Manchester | Prices: Conference 2025 - TfSL

European Association of Palliative Care Congress
Thurs 29th – Sat 31st May | Helsinki, Finland | Prices: EAPC 19th World Congress

Recommended reading

Community out-of-hours palliative care – 'It's a patchwork of services': A qualitative study exploring care provision

https://doi.org/10.1177/02692163241302671

From 2021 to 2022, clinical colleagues, patients and families receiving care from **St Barnabas House participated** in the Out of Hours study. This study mapped the different models of Out of Hours (OOH) community palliative care provision across the UK and compared patients' and carers' experiences of these different models of OOH care.

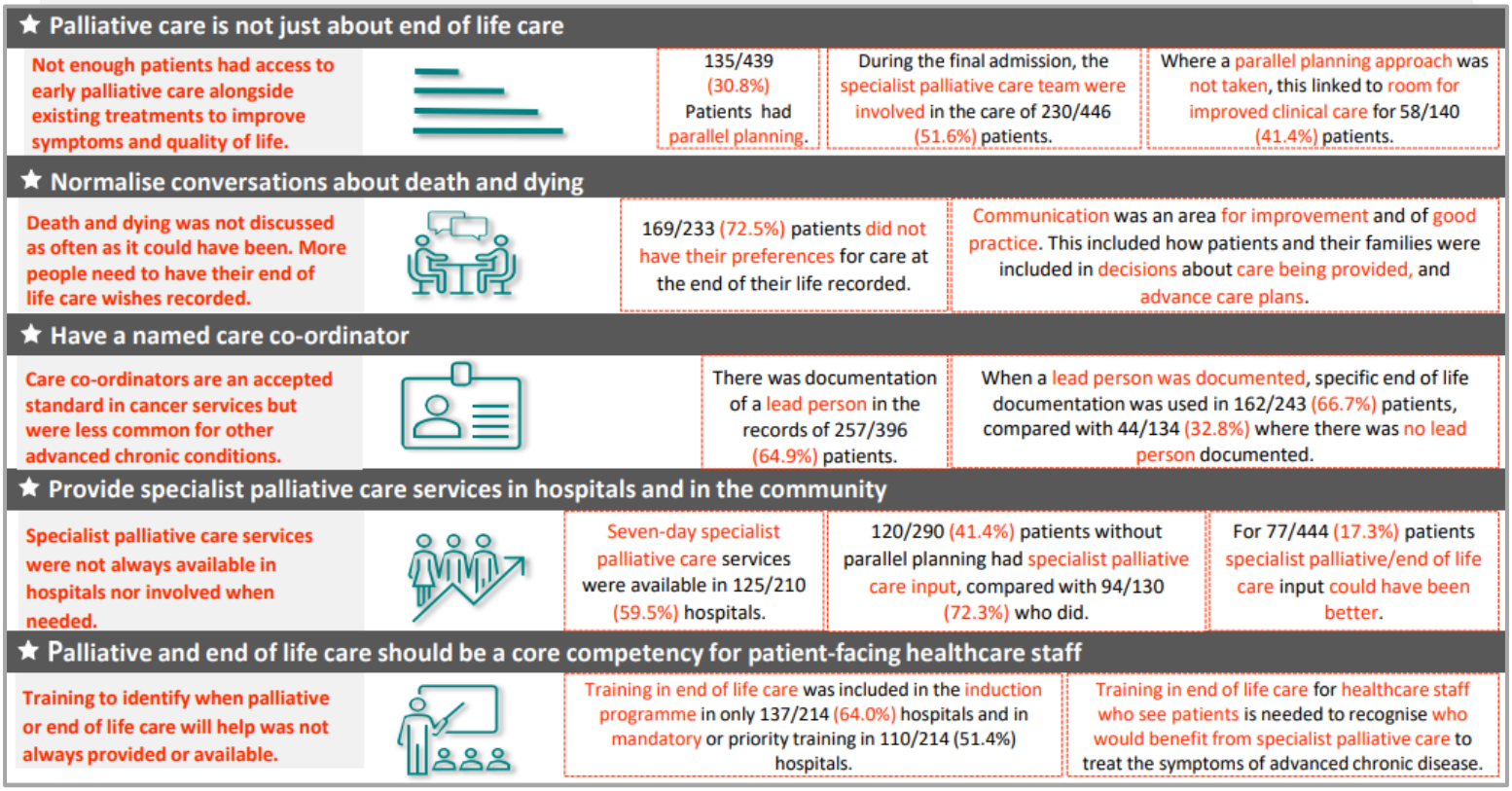
The findings show that patient outcomes are improved when out-of-hours care is integrated (between specialist palliative and generalist community teams), and nursing and specialist advisory care is available 24/7. A single point of contact and coordination, effective communication, good working relationships and ease of contact between the teams and services involved in out-of-hours care – including access to shared patient records – were key to providing good out-of-hours care.

End of Life Care report from the National Confidential Enquiry into Patient Outcome and Death

www.ncepod.org.uk/2024eolc.html

"Each year over 600,000 people die in the United Kingdom and many of these deaths occur in hospital, despite the majority of people saying that they would prefer not to die there. Approximately 70% of people die from long-term health conditions that often follow a predictable course, with death anticipated well in advance of the event. The annual number of deaths in the United Kingdom is predicted to rise to 736,000 by mid-2035. Therefore, the provision of care at the end of life must meet the needs of the population.

The quality of care provided towards the end of life for adults with a diagnosis of dementia, heart failure, lung cancer or liver disease were reviewed. Data included 701 clinician questionnaires and the assessment of 350 sets of case notes. In addition, organisational data were kindly supplied by the National Audit of Care at the End of Life (NACEL)."



Thank you for your interest in research at St Barnabas House, Martlets and Chestnut Tree House hospices. Happy holidays - we hope you have a restful festive break!

research@stbh.org.uk

Martlets
life-changing hospice care

A PERSON-CENTRED APPROACH TO THE INVESTIGATION OF MEDICATION INCIDENTS USING HUMAN FACTORS TOOL - AN AUDIT

APRIL 2022 → MARCH 2023

1. BACKGROUND

The National Patient Safety Agency estimates **850,000** adverse incidents and errors occur annually in the National Health System (1). Each incident/error has consequences to patients and people in their lives, and staff involved (2,3).

In January 2022, Martlets' inpatient unit (IPU) introduced Human Factors (HF) into our incident reporting system to:

- **Facilitate in-depth analysis of incidents**
- **Understand the causes of these incidents**
- **Foster a psychologically safe culture for staff**

2. AIM

To gain insight into the human factors of accidents and incidents, relating to medication, to identify areas for improvement and support for both patients and staff.

3. METHODS

We looked at accidents and incidents relating to medication on our inpatient unit (as a pilot before including Community teams) between April 2022 and March 2023. Mixed methods approach.

Training
The Sisters from our inpatient unit and Nurse Development and Quality Lead were trained in Human Factors.

System update
We adapted Dirty Dozen (Dupont, 1997) (1,2) which identifies the 12 most common human factors that can lead to human errors and added to our reporting system (Sentinel – Vantage).

Meetings
Human factors were integrated on monthly clinical risk meeting where adverse incidents and errors are reviewed, and actions identified to improve our practice.

QUANTITATIVE DATA

Surveys
Surveys were sent to investigators, registered nurses, and assistant practitioners.

The surveys were divided amongst investigators and staff involved in investigation process.

QUALITATIVE DATA

Examinations
Three incidents were selected randomly each month*. An auditor looked at each record to answer the following questions:

- Were human factors identified?
- Which human factors were identified?
- Was the investigator able to identify what happened and why?
- Was learning identified?
- What was the impact on Staff?

*36 accidents and incidents were examined during audit, 64% of total records.

AUTHORS

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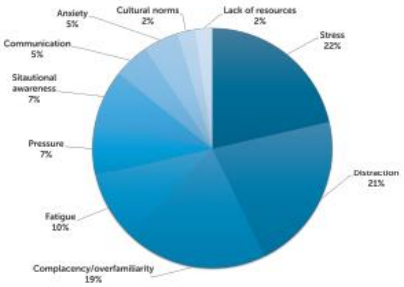
4. KEY FINDINGS

QUANTITATIVE DATA

In 23 cases out of 36 records, specific human factors were identified.
In most cases, more than one human factor was identified.

The most common human factors involved in medication incidents:



QUALITATIVE DATA

Staff impact following a medication incident:

Comments from investigators, staff and reporters involved

"I think HF has been insightful with the further exploration/investigations with incident forms. I feel it has opened conversations with people involved in the incidents and allowed people to feel more comfortable with their discussion and vulnerability without feeling blamed or at fault."

"It would be helpful to look more in-depth and try to connect further with staff wellbeing. It would be good to develop further training on the use of human factors within Martlets as part of investigation process."

"It takes away the punitive aspect and supports a culture of sharing, understanding, and improving patient safety. It is awful when you make a mistake and to be able to really investigate what and why it has happened made the process more human and kinder. It also helps identify strategies to improve and prevent future incidents."

SURVEY QUESTIONS

Survey questions for IPU RN's, Drs and AP's

- What is your understanding of Human Factors?
- Over the last year have you been involved in a medication incident?
- If yes: what was the impact of the follow up discussion?
- Any other comments about the use of Human Factors when exploring medication incidents?

Survey questions for investigators

- Have you had Human Factors training?
- Have you used human factors when investigating Medication incidents?
- How confident do you feel about using the Human Factors tool when investigating medical incidents (1 not confident - 10 fully confident)
- What would be helpful to develop your confidence in using the Human Factors tool?
- Any other comments on the use of Human Factors?

5. CONCLUSION

The themes that have emerged support the need for ongoing development of robust measures to support staff wellbeing and a person-centred culture. Research published by the Society of Occupational Medicine found that 40% of nurses reported 'often' or 'always' feeling burned out at work, according to a 2022 NHS workforce survey in England (4 RCN 2023).

Since the Human Factors tool was introduced into investigations of incidents, specifically medication incidents, qualitative data gathered demonstrates that it has been beneficial for both investigators and reporters.

There has been a change of attitudes where incidents are 'explored' rather than 'investigated' which can be perceived as punitive. This approach supports the focus on learning from incidents as well as focussing on staff wellbeing when incidents occur and the impact of staff wellbeing plays in preventing incidents whilst improving patient safety.

Our findings are aligned with 'Patient Safety Incident Response Framework' (PSIRF) principles we are implementing (5).

6. ACTIONS & NEXT STEPS

- Embedding a person-centred culture (staff and patients)
- Resilience based clinical supervision
- 121s
- Debriefs
- Reflections
- Ward meetings
- Training - trauma informed practice, human factors, communication (using RSBC model), nursing leadership and patient safety (PSIRF)

Option added to our reporting system in 2024

Certain events can have a significant impact on us. Whilst the investigator will provide timely feedback, if you feel the need for support sooner, please select 'Yes' and we'll aim to involve one of the line managers within the next 48 hours.

Yes

References

1. National Patient Safety Agency. [online] 2022 [Accessed 10 May 2022]. Available from: About the NPSA – NPSA Work and worker health in the post-pandemic world: a public health perspective (thelancet.com)
2. Care Quality Commission. Opening the door to change NHS safety culture and the need for transformation. [online]. 2018 December [Accessed 10 May 2022]. Available from: 20181224_openingthedoor_report.pdf (cqc.org.uk)
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4. Royal College of Nursing. Safer staffing and breaks – what nurses really need to reduce burnout. [online]. 2023 August [Accessed 13 May 2024] Available from: Burnout at work: nurses share their views on how to reduce it (rcni.com)
5. https://www.england.nhs.uk/patient-safety/patient-safety-insight/incident-response-framework/. NHS England: updated 9 November 2023

Living well with frailty: Piloting a frailty wellbeing programme for hospice outpatients

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Background

People with frailty approaching end of life rarely access hospice services[1,2] yet symptoms and concerns impact daily activities and quality of life. Prognostic uncertainty limits opportunity for advance care planning (ACP) conversations[3]. Hospice UK funding enabled the development and evaluation of a Frailty Wellbeing Programme (FWP) using a quality improvement approach to support moderately frail people to self-manage symptoms and start thinking about future care.

Aims

To evaluate the accessibility and effectiveness of a new programme for moderately frail people, incorporating palliative rehabilitation.

Methods

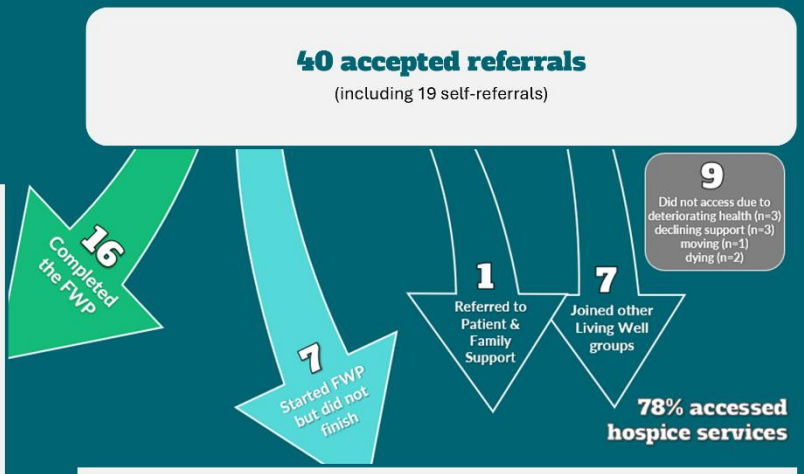
A multi-disciplinary group designed a six-week FWP to address unmet needs alongside an evaluation plan with PPI input. Referral sources include GPs, frailty leads, and social prescribers. To increase reach, online self-referral is advertised and encouraged. To access the FWP, patients first attend a physiotherapist assessment. Process measures, the Integrated Palliative Care Outcome Scale (IPOS) and 12-item World Health Organisation Disability Schedule 2.0 (WHODAS) are completed at assessment and on completion of the FWP.

Results

The project is ongoing. Since October 2023, 43 referrals have been received (n19 self-referrals). Of the 43 referrals, 3 were not eligible. 40 patients were assessed. Of those, 16 completed the FWP, 7 started the programme but did not finish, 7 attended other groups, 1 was referred to Patient & Family Support, 9 did not attend due to: deteriorating health (n=3); declining support (n=3); moving away (n=1); death (n=2). IPOS and WHODAS data will be analysed at project completion.

Of the 16 people who completed the FWP, 10 returned for exercise interventions, 3 went on to join an activity group (baking, gardening, and writing) and 3 were discharged back to their GP. 5 attendees booked ACP appointments. Attendees provided feedback:

> **"We both felt lighter."**
> **"All sessions were very helpful, especially the exercises."**



Following completion of the FWP (n=16)...

- **10** continued receiving physiotherapy (9 in Living Well groups, 1 at home)
- **3** joined Living Well activity programmes (baking, gardening and writing)
- **3** discharged back to their GP
- **5** of the above patients visited the hospice to discuss advance care planning

Following non-completion of the FWP (n=7)...

- **2** admitted to hospital
- **1** restarted FWP later
- **1** remained under the care of hospice community team
- **1** had home physiotherapy (provided by the hospice)
- **1** discharged back to GP
- **1** died

Conclusion

The FWP enables moderately frail people to access group support and/or hospice services. Outcomes suggest a positive impact. Organisational awareness of frailty support has grown.

The grant for this project was awarded by Hospice UK as part of their Extending Frailty Care programme, which has been kindly funded via the Kirby Laing Foundation.

References

1. Hospice UK. *Equality in Hospice and End of Life Care: Challenges and change.* [Internet] Hospice UK; 2021 [cited 2024 April 23]. Available from: https://www.hospiceuk.org/publications-and-resources/equality-hospice-and-end-life-care-challenges-and-change
2. Tobin, J., Rogers, A., Winterburn, I., et al. Hospice care access inequalities: a systematic review and narrative synthesis. *BMJ Supportive & Palliative Care.* 2020;12:142-151
3. Combes, S., Nicholson, C.J., Gillett, K., Norton, C. Implementing advance care planning with community-dwelling frail elders requires a system-wide approach: An integrative review applying a behaviour change model. *Palliative Medicine.* 2019;33(7):743-756.

www.stbh.org.uk Registered charity number 256789 November 2024

St Barnabas House Hospice Care