



Teesside
HOSPICE

Quality Account

2023-24

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Who we are

Our Vision

We are there for everybody who needs us. We want to change the way our society and healthcare systems care for people with a life limiting illness and ensure that local people get the very best care at the end of their life.

Our Mission

To complement other services by leading the development of new ways of working and delivering hospice care that meets the needs of those at the end of their life today and those in the future, whatever their needs might be.

Our Values

The Values that will shape the makeup of our team and the way we behave. Following a consultation process over the summer of 2023, the Board of Trustees agreed to small changes and refreshed our collective set of values to help us better reflect where we are and how we want to be seen as an organisation:

- Compassionate
- Skilled
- Trustworthy
- Accountable
- Principled



A Statement from our Chief Executive



As we look back on the last year it's been remarkable to see the difference the team at Teesside Hospice have continued to make to individuals and families affected by life limiting illness. Following the pandemic our core clinical services have retained their focus on delivering specialist-level palliative and end of life care and back to business 'as normal'. Our ambitions to help more people reduce the pain and distress they experience has led to new and innovative ways to reaching out into our community and opening up access to hospice care for those who might not previously have known about us.

We continue to engage in clinical and service developments, engaging in medical research, implementing new digital healthcare, and further developing the skills mix within our teams. Using our unique specialist skills and knowledge within the team deliver training outside the hospice, raise public awareness about death and dying in a timely and supportive way.

Of course, the year hasn't been without its challenges. We are noticing a change to the demographic of people who need our clinical services. More younger people, with increasingly complex conditions, are being admitted to our In-Patient Unit. These patients require more support, which is increasing pressure on our staff, but our wonderful team is coping admirably.

Recent legislative amendments to the Health and Care Act have made the commissioning of specialist palliative care a mandatory requirement which alongside explicit statutory guidance on how this should be funded has offered some hope that hospice care might be moving towards a more sustainable financial footing. Given the precarious nature of most hospices in the country and all of the hospices in Tees Valley, using these new opportunities to secure an improved funding arrangement that supports the delivery of specialist-level care local people need remains a high priority for the hospice.

Teesside Hospice wouldn't be able to function without the support of its wider partners across system. This year has seen further integration and even closer collaboration with our health partners at South Tees NHS and social care in Middlesbrough, Redcar and Cleveland. Additionally, closer co-operation within the hospice network itself continues to deliver opportunities to learn, share and collaborate in order to bring greater benefits for those we are here to serve.

This Quality Account showcases our achievements over the last year and ambitions for the next. Hospice Care is very much a team activity, and my thanks go to everybody who has contributed to our work this year. Partners, supporters, donors, funders, staff, volunteers - on the front line, back office, in retail and income generation and others still opening doors and championing the cause.

Thank you,

Mike Thornicroft
Chief Executive of Teesside Hospice

A Statement from the Board of Trustees

The Board of Trustees is fully committed to the provision of safe, caring, responsive, effective, and well-led services at Teesside Hospice.

The Hospice has a well-established clinical and corporate governance structure, with trustees playing an active part in ensuring that Teesside Hospice fulfils its mission, according to its charitable intentions and in ensuring that the organisation remains responsible and compliant in all areas of regulation, health and safety, employment law and other relevant legislation.

This Quality Account was approved.

Signed



Gary Whitehead
Chair, Board of Trustees of Teesside Hospice



Introduction

This document sets out how we continue to deliver high quality care for those with specialist palliative care needs and those approaching the end of their life. Our services are back to pre-pandemic levels offering a wider variety of services out in our communities beyond the walls of the hospice. This ensures we are reaching those who find it difficult to access our services centrally.

Teesside Hospice staff and volunteers have done an incredible job delivering high standards of care to those with a life limiting illness and supporting their loved ones. We are committed to widening access to our services working closely with colleagues in local hospitals and communities.

This Quality Account reviews the quality priorities we set out in our last publication and shares our priorities for the coming year.

Debbie Edwards

Director of Nursing & Quality of Teesside Hospice



About Teesside Hospice



Since its inception in 1982, Teesside Hospice Care Foundation (THCF) has provided a specialist palliative care service to enhance the quality of life of those suffering from any life limiting or life-threatening illnesses. Our hospice has a specialist palliative care multidisciplinary team and a team of volunteers who support patients and their carers in their illness journey.

The hospice's catchment area is predominately Middlesbrough, Redcar and Cleveland areas; however, due to the suspension of hospice care for inpatient care north of the Tees, Teesside Hospice has provided specialist palliative and end of life care for inpatients, community and wellbeing services plus complementary therapy for Stockton patients.

We work in partnership with the local NHS acute hospital and the community, along with specialist palliative care teams and primary care services to meet the needs of patients with a focus on complex pain and symptom control including emotional, spiritual and social support and end of life care.

Hospice Services

- Our 10-bedded inpatient unit care provides specialist care for patients with complex symptoms and end of life care.
- Wellbeing Services focuses on empowering those in our care to achieve their goals and improve their quality of life, using psychosocial and rehabilitative palliative care approaches. Offering one to one and group activities from the multidisciplinary team including complementary therapists.
- Community In-Reach Nurse we have received further funding for the third year from the Adult Social Care Discharge fund to support our in-reach project. The project is for an in-reach nurse from the hospice to work alongside colleagues from the acute trust to increase assessment and planning capacity with the Trust's Palliative Care.
- Teesside Hospice provides the Tees-wide specialist community lymphoedema service.
- Bereavement Counselling Service offers bereavement counselling for complex grief and trauma to adults and children and young people from the age of 7 years and up.

Safety and Statements of Assurance

(Formal statements required by the Department of Health)

Clinical Governance and Quality

As an organisation we have several ways of assessing ourselves against national quality standards including measuring and monitoring key performance indicators and targets. These are reported internally through the hospice governance structures, to our NHS commissioners and to Hospice UK for national benchmarking purposes.

The Care Quality Commission

Teesside Hospice is required to register with the Care Quality Commission. Current registration status is for the following regulated activities:

- Treatment of disease, disorder, or injury

Teesside Hospice is registered with the following conditions:

- Services are provided for people over 18 years old.
- The maximum of 10 patients may be accommodated overnight.

Teesside Hospice like all healthcare providers adhere to the standards set out by the Care Quality Commission that provides assurance on the services delivered based on the five domains of care safety, effective, caring, responsive and well led.

Since the pandemic the CQC have reviewed their ways of working and in 2021 announced a more streamlined way of assessing organisations offering a more timely and holistic assessment of care providers. Rather than offering a snapshot of a single point in time, their new strategy simplifies the process.

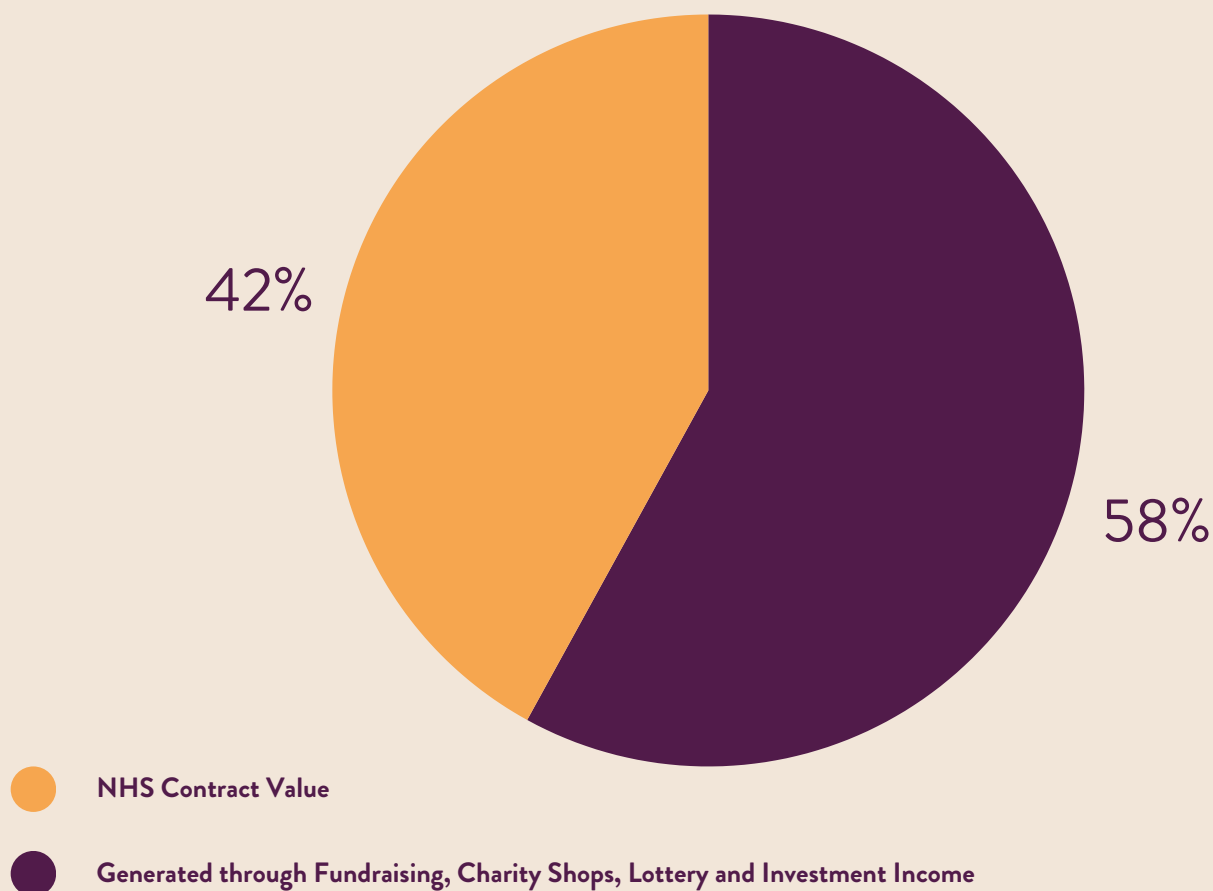
The CQC recognised that they needed to update their approach to manage risk and more flexibility to meet the challenges of a 'changing health and social care' sector. In practice this means moving to a new single assessment framework (previously three frameworks depending on the type of service, acute, community and social care) and moving away from relying solely on infrequent in-person inspections.

The focus is on promoting stronger learning and safety culture, improving the quality of care where it is needed most and addressing inequalities in healthcare.

All that said, Teesside Hospice's last site inspection was early 2016 therefore we expect an in-person assessment soon, as other hospices in the region have had site inspections in the last year. In preparation for this there is a systematic approach to maintaining and improving the quality of patient care throughout the hospice including patient and user feedback, a focus on education and training, use of performance frameworks, and a robust clinical audit programme. This provides assurance to our Board of Trustees of our compliance via the Quality and Performance Committee and sub committees.

Teesside Hospice has reviewed all the data available to us in terms of the quality of care delivered. Activity data is provided to the commissioners of services on a quarterly basis and is reviewed at quarterly contract meetings.

The current NHS contract value represents 42% of the total amount required to provide services at Teesside Hospice for 2023/2024. The remaining 58% of income is generated through fundraising, charity shops income, lottery activity and investment income. We are dependent on the generosity of the local community in sustaining the amount required.



Like all charities across the country cost of living crisis has hit donations and charity income generation significantly. That said even though Teesside Hospice serves one of the lowest income and high deprivation areas in the country our communities continue to support our work.

As an organisation we continually review our services to ensure they are safe, effective, and efficient, we have changed some aspects of service delivery by introducing new ways of working and skill mix to ensure we are making the most of every penny we spend.

Our Income Generation team works hard to promote hospice care across our community and secure funds to support service delivery.

Teesside Hospice continues to work with other local hospices and commissioners to deliver the national service specification for Specialist and End of Life Care and continue to campaign for fairer funding. Teesside Hospice Board of Trustees have approved the use of reserves to cover the shortfall in budgets should it be required.

Clinical Audit and Effectiveness

Clinical Audit is an essential part of the quality improvement programme within Teesside Hospice. In October, a Clinical Audit and Effectiveness Lead was appointed following the departure of the Clinical Practice Development Nurse. Part of this role is to lead and co-ordinate the hospice clinical and effectiveness program.

Teesside Hospice has a robust clinical audit programme which provides a methodological process for continuous monitoring and evaluation. The audit reports are presented and discussed at the quarterly Clinical Audit & Quality Improvement group meetings. The aim is to drive improvement across clinical practice and improve the quality of care for the patients and their families. For 2023/2024, a deep dive of selected audits will be performed to ensure that the best care is provided.

Research - CHELsea II Trial

Teesside Hospice is taking part in a cluster randomised trial of clinically assisted hydration in patients in the last days of life (CHELsea II) sponsored by the University of Surrey. The aim of this study is to test out the following hypothesis:

Clinically Assisted Hydration in the last days of life reduces the frequency of delirium (and the requirement for sedative medication), as a result of preservation of renal function, and prevention of build-up of drugs and toxins.

The duration of the project is 4 years, and we are currently in year 3 which is part of the recruitment phase over 18 – 24 months (October 2022 – September 2024). We are one of 80 UK sites, and we are aiming for 20 participants per site maximum with a sample size of 1600 projected. We are very excited to be part of this transformative study which has the potential to give evidence on a much-debated topic of care within Palliative Care for many years.

There were no national confidential enquiries covering NHS services relating to palliative care. Therefore, during that period Teesside Hospice was not eligible to participate in any national confidential enquiries.

Information Governance, Data Protection and Security Toolkit Attainment Levels

Information Governance (IG) ensures necessary safeguards for, and appropriate use of patient and personal information; The Data Protection and Security Toolkit (DPST) is an online self-assessment toolkit that has to be used by all organisations that have access to NHS Patient data and Clinical systems.

The requirements of the DPST are designed to encompass the National Data Guardians 10 data security standards. The assessment is completed on an annual basis and provides assurances that organisations are practicing good data security and personal information is handled correctly. Teesside Hospice has successfully submitted its Data Protection and Security Toolkit (DPST) in 2023 via the NHS Digital Portal. This year the submission date is the 30th June 2024.

Teesside Hospice has an information sharing agreement with South Tees NHS Trust, whereby we have a remote access provision to patient IT systems. We also store patient information securely on our own network and access patient information through the electronic patient record SystemOne.

Information Governance is a core part of our mandatory training for all staff which ensures that everyone is aware of their responsibility for managing information in the correct way. We have a Data Protection Officer who ensures that we are compliant with current guidance.

Clinical Coding Error Rate

Clinical coding is 'the translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention into a coded format which is nationally and internationally recognised. Teesside Hospice was not subject to the 'Payment by Results' clinical coding audit by the Audit Commission during 2023/2024.

Policies & Procedures

The hospice has a suite of policies and procedures (clinical, IPC, health and safety, human resources, financial) that are reviewed on a regular basis to reflect changes in national and local policy and evidenced based practice.

Duty of Candour

All health professionals have a duty to be open and honest with patients and their families in their care if something goes wrong with their treatment or care. Teesside Hospice has always adopted an open and honest approach to managing incidents involving the care and treatment of people in our care. We routinely report and review our complaints and incidents at the Quality and Performance Committee and Risk, Health and Safety Committee ensuring that recommendations are made to improve practice as necessary.

All incidents are analysed, and action is taken to ensure that any lessons learned or changes to systems and processes are shared with all staff to mitigate the risk of a reoccurrence. All reported incidents (clinical and non-clinical) are discussed, and risk rating agreed monthly by a senior multidisciplinary team including the Director of Nursing & Quality. The monthly incident report including actions is a standing agenda item on several meetings and committees, which in turn is shared at all clinical staff meetings ensuring full transparency and learning throughout the whole of the clinical team within Teesside Hospice.

Patient Safety

Teesside Hospice is committed to patient safety. The Risk Health and Safety Committee oversees the health and safety agenda, monitoring incidents and accidents and ensuring appropriate learning is shared through its membership to staff and volunteers in the organisation.

Patient Safety Incident Reporting Framework (PSIRF) is a new way of managing serious incidents (those meeting the national serious incident criteria). The hospice is working on the development of a PSIRF plan in collaboration with regional hospices and commissioners.

Infection Prevention Control (IPC)

The hospice IPC Team has supported an additional member of staff to complete the 'Advancing IPC in Clinical Practice' with the aim of developing their skills further to become a Deputy IPC Lead. The IPC team includes IPC champions in each department who continue to support IPC measures, supporting audit and practice.

IPC meetings are held quarterly with a 'champion' from each department attending the meeting. This group monitors all aspects of IPC activity including the IPC Action Plan. The Director of Nursing and Quality provides assurances to the Board of Trustees on all aspects of IPC on a quarterly basis and provides an annual report.

A Service Level Agreement (SLA) with local acute trust IPC team continues and enables timely advice, training, external audits, and support to the hospice throughout the year. The IPC Lead and Facilities Manager/Deputy IPC lead ensures that policies and procedures for IPC are implemented and cleanliness across the hospice is monitored.

The annual external environmental audit is undertaken by the IPC team from South Tees Foundation Trust as part of the Service Level Agreement. This latest environmental audit undertaken in September 2023 achieved excellent results showing an improvement from 99.3% to 100%. Regular audits and assessments are undertaken throughout the year to ensure all IPC standards are adhered to, and appropriate actions instigated.

The hospice has continued to adapt and amend its protocols in relation to Covid 19 and has had no significant surges or outbreaks. Routine Covid 19 testing has been discontinued in line with government guidance, however staff remain vigilant in recognising any potential cases. The latest and final briefing from His Majesty's Government (March 2024) has set out actions for the future in relation to COVID-19. Due to the high vaccination levels in the country, Covid 19 is to be managed in the same way as any other acute respiratory condition.

Priority Improvements



Looking Back at last year's priorities for improvement (2022/2023)

Teesside Hospice Care Foundation (THCF) Quality Account 2022/2023 set out three priorities to improve patient safety, patient experience, and clinical effectiveness across a range of services. The evaluations are as follows.

Improvement Priority 1 – Patient Safety

Electronic Prescribing and Medicines Administration (EPMA) Evaluation

The introduction of Electronic Prescribing and Medication Administration (EPMA) has been successfully implemented on our Inpatient unit. The initial project team received Train the Trainer training, set up the system configuration and medication formularies, created standard guides for staff and delivered staff training. Additional digital tablets were purchased to support the roll-out. A recent prescribing audit has demonstrated that safe and effective standards have been maintained. We will continue to monitor compliance through regular audit and incident reporting procedures.

Improvement Priority 2 - Clinical Effectiveness

Emergency Health Care Plans (EHCP) Evaluation

In 2023 we undertook an audit of Emergency Health Care Plans (EHCP) completed at Teesside Hospice. As part of this audit, we incorporated evaluations by community staff including Community nurses, General Practitioners and Ambulance staff to assess usefulness in practice of EHCPs. Positive findings included:

- Patient demographics and summaries of diagnoses were clear and thorough;
- Identified emergencies and instructions for all care settings were largely appropriate;
- 60% of EHCPs were rated as good or exceptional.

Some themes to further improve EHCPs were identified. These included:

- use of simple language
- individualisation of care plans
- potential use of flowcharts to make information more accessible.

Weekly multi-disciplinary team discussions identify patients who might benefit from completion of EHCP prior to discharge. Work is ongoing at Teesside Hospice and regionally to further improve consistency of EHCPs through use of standardised templates with clearer instructions for both carers and healthcare professionals and a standard set of contact details to support care in the community.

In addition, a Resuscitation Decision audit in December 2023 demonstrated regular review of DNACPR status. All patients and carers are given the opportunity to have discussions about DNACPR and advanced care planning decisions in a sensitive and timely manner. All discussions are documented in the patient record using the relevant SystemOne templates and effectively communicated to community and ambulance services on discharge. These audit findings demonstrate that this aspect of future care planning is being completed, documented, and shared effectively at Teesside Hospice.

Improvement Priority 3- Patient Experience

Quality Account - Ambition 3 Evaluation

Patient and Carer Experience

Teesside Hospice want to listen to our patients, families, and carers to understand what is important to them, to value their ideas and to learn when care does not meet their expectations. Having feedback from patients, service users and their carers is fundamental to the hospice's quality improvement framework.

There are long established mechanisms to gain feedback from patients, service users and carers using paper-based systems with each department having their own set of questions and approaches. All feedback is 'good' feedback whichever mechanism is used but having the capability to use digital platform would support a more timely and consistent approach.

To develop new approaches to gaining feedback from patients, service users and carers a time limited Patient and Carer Feedback Task and Finish group was established from all clinical departments within the hospice including:

- Inpatient Unit
- Wellbeing Centre & Complementary Therapy
- Counselling Services
- Lymphoedema
- Clinical Administration
- Carers lead

Feedback mechanisms from all departments were identified, which were in the main paper based and all asking a wide variety of questions which is expected given the range of services delivered.

Each department agreed the range of questions to be included in feedback mechanisms.

An agreed approach to collecting feedback was agreed by all departments using an accessible digital platform (Office 365) with the exception at that point the Lymphoedema department as they have long established routes to gain feedback not only from their services but also the effectiveness of the treatments given (Patient Reported Outcome Measures). Full transfer to digital processes online later in year.

Digital tablets were sourced for all departments for patients' carers and service users to use to give feedback and is collected after their episode of care.

We have implemented link practitioners in each department to review and update the forms and adjust as need, to ensure that this is individualised to patients, families, and people of Teesside. We ensure that we listen to people's voices, concerns, and comments.

This is collated monthly, reviewed, discussed in departmental team meetings, used as an element of performance monitoring, and presented to quality committees and Board of Trustees. Patient feedback is visible within clinical areas.

Patient and carer and service user experience measures are integral to the hospice quality assurance processes and is used to ensure services are effective and high quality, this data also identifies the need for quality improvement projects.

Patients, service users and their carers are instrumental in shaping and designing our future services and their views will be sought considering changes or reviewing services.

Established feedback mechanisms remain in place:

- suggestion boxes.
- sharing of thanks cards and letters.
- Bereaved carers forum.

Future Improvement Priorities for 2023/2024

Priority 1 – Patient Safety

Implementation of Patient Safety Incident Reporting Framework (PSIRF) Plan

Why choose this aspiration?

The NHS Patient Safety Strategy was published in 2019 (and updated 2021) setting out new approaches to continuously improve patient safety by building upon the existing foundations of having a patient safety culture and a patient safety system. The ambitious strategy sets out several actions to be implemented and delivered including the introduction of a new Patient Safety Incident Reporting Framework (PSIRF), which is a catalyst for change and as such it challenges us to think and respond differently when a patient safety incident occurs. PSIRF is a replacement for the NHS Serious Incident Framework.

The ethos of PSIRF is to promote learning and systematic improvement, moving away from the previous SI framework which focuses more on process than emphasising a culture of continuous improvement in patient safety.

PSIRF is designed to:

- Encourage compassionate engagement and involvement of those affected by patient safety incidents.
- Application of a range of system-based approaches to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents.
- Supportive oversight focussed on strengthening response system function and improvement.

Due to size the of hospices in comparison to NHS trusts and the patient safety incident profiles of hospices it has been agreed with the local Integrated Care Board (ICB) that North East hospices work collaboratively on providing a joint plan to deliver the national requirements.

How this will be achieved?

- Have a regionwide hospice PSIRF plan this will include the hospice patient safety incident profile and response plan.
- Develop and introduce Patient Safety Incident Investigations (PSII) and thematic reviews for the highest reported incidents.
- Identify training requirements, competencies, and capacity to lead PSII's across the hospice network in collaboration with NHS provider colleagues.

How will this be evaluated?

- The hospice will have a PSIRF plan that includes the hospices patient safety incident profile.
- The process for PSII's will be established and embedded within the hospice and reflected in the hospice policy. Learning from these will be widely shared as appropriate.
- Thematic review process for incidents will be established shared with the hospice staff and wider hospice community where appropriate.
- Involvement of patients and staff in the investigation of incidents will be established.
- Staff will be engaged in the process and receive awareness and training to the competency required for their specific role.

Priority 2 – Clinical Effectiveness

Single Nurse Administration of Controlled Drugs

Why choose this priority?

Single Nurse Administration of Controlled Drugs (SNACD) has been adopted by many organisations and has proved successful in promoting timely, responsive administration of medication, releasing time for Registered Nurses (RNs) to fulfil other duties, with no compromise in patient safety.

Adopting the electronic prescribing medication administration record at Teesside Hospice in the previous year has been implemented successfully however it has highlighted time required when two RN's are needed to administer controlled drugs. RN's and occasionally patients and relatives have raised concerns regarding delays in administering controlled drugs (CDs). RN's are open to exploring alternatives to enhancing patient care drug administration and concomitantly releasing RN;s time to care.

How will this be achieved?

Staff engagement to identify the benefits and challenges posed will be fundamental to the success of this initiative. A questionnaire will be used to establish RN's current thoughts re SNACD, with follow up meetings to promote discourse.

Learning from other hospices who have adopted SNACD will aid the development and delivery of a training programme, which will subsequently support the RN's to complete their SNACD competencies in clinical practice.

RN's will be supported throughout the above process by the sisters, clinical team leader and education lead who will ensure that each RN is provided with opportunities to discuss their progress and any concerns they may have. A final review on completion of competencies will be undertaken to ensure RN meets all the requisites of the role.

How will this be evaluated?

- Pre and post training questionnaire.
- Number of RN's who complete their competencies and become SNACD.
- Review of medication incidents pre and post SNACD.

Priority 3—Patient Experience

Nutrition & Hydration

Why choose this aspiration?

Adequate nutrition and hydration are a fundamental part of patient care. Optimising nutrition and hydration for patients with specialist palliative care is ensuring that it is right for the patient at their stage of life.

The aims of good nutrition and hydration is to:

- Provide strength to help individuals cope with the physical and mental demands of illness and treatment.
- Improve overall wellbeing and quality of life to support patients achieve their goals.
- Help to maintain a strong immune system and reduce the risk of infection.
- Increase tissue repair and wound healing.

In palliative care the focus of nutrition should be on improving quality of life and reducing any anxieties around food and eating. Illness, disease, and associated treatments can make huge demands on the body and, as a result, the recommendations for nutritional intake may be different to those for a person who is well.

Teesside Hospice has a track record of providing exceptional choice and high-quality nourishing food and drink to patients. We would like build upon existing good practice and promote further.

How will it be achieved?

- Review all aspects of patient's nutrition and hydration on offer at the hospice. This comprehensive evaluation will include:
- Update policies and procedures to ensure evidence-based practice is maintained.
- Review the current nutritional screening and risk assessment processes to ensure the patient is at the centre and involved in their assessment throughout their stay.
- Review current menus and choice involving patients and their carers, families, and staff.
- Introduce technological solutions for electronic meal ordering for patients.
- Recording and monitoring of patient's food and hydration intake is undertaken.
- Current staff and volunteer training and education programmes

How will it be evaluated?

- The outcome being the hospice meets and maintains all standards in relation to food and nutrition including impact on our environment, waste, and sustainability.
- Our catering team meets the diverse needs of our patients to support their physical health and improve their quality of life.
- Staff and volunteers receive regular high-quality training in nutritional and hydration care and patient support.
- Regular feedback from patients, carers, families and staff regarding nutrition and hydration will be received via the regular feedback mechanisms and audit. These will inform changes to practice where necessary.



Quality Performance Information

Patients and families encounter Teesside Hospice services in many ways. Patient numbers reflect individual people who access our services although many access more than one service over time.

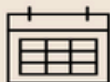
Performance Overview & Patient Experience



150 adult inpatient admissions & 167 episodes of care.



1564 face to face contacts for 216 patients supported in our Well-being centre.

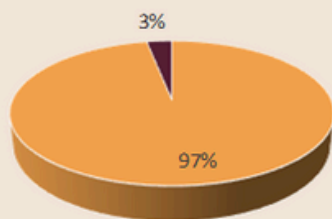


3642 contacts for 1422 patients supported through our Lymphoedema Service.



71 Children & Young people supported with 290 face to face counselling sessions.

Where patients who have accessed our services live.



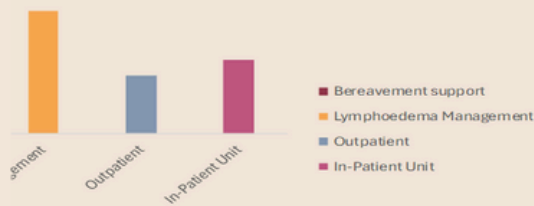
Tees Valley North Yorkshire

Patients diagnosis



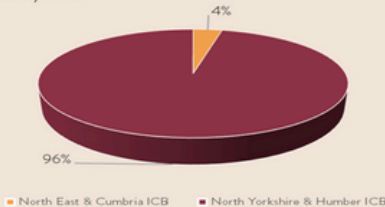
Cancer Non-cancer

Referrals by Service



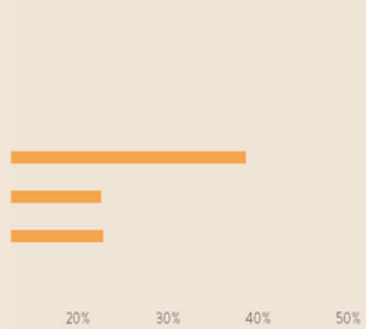
Number of Referrals
1722

Referrals by ICB

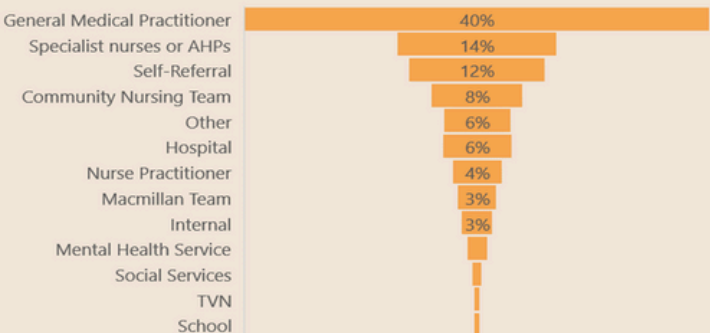


North East & Cumbria ICB North Yorkshire & Humber ICB

Age at Referral

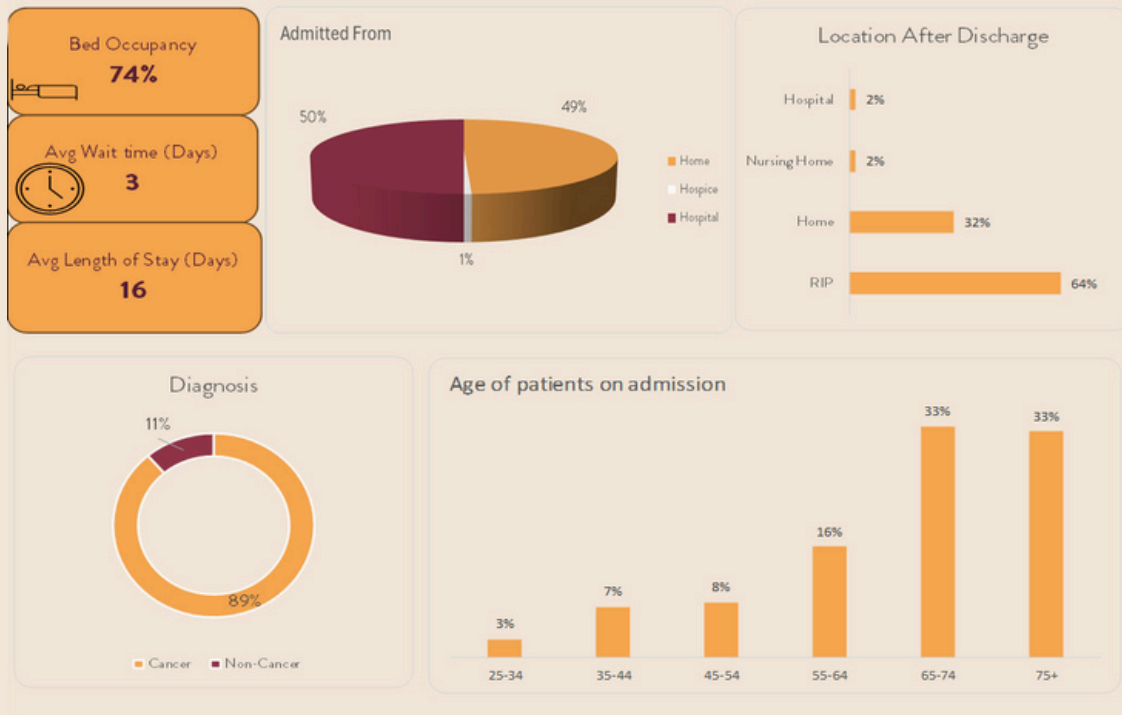


Source of Referrals

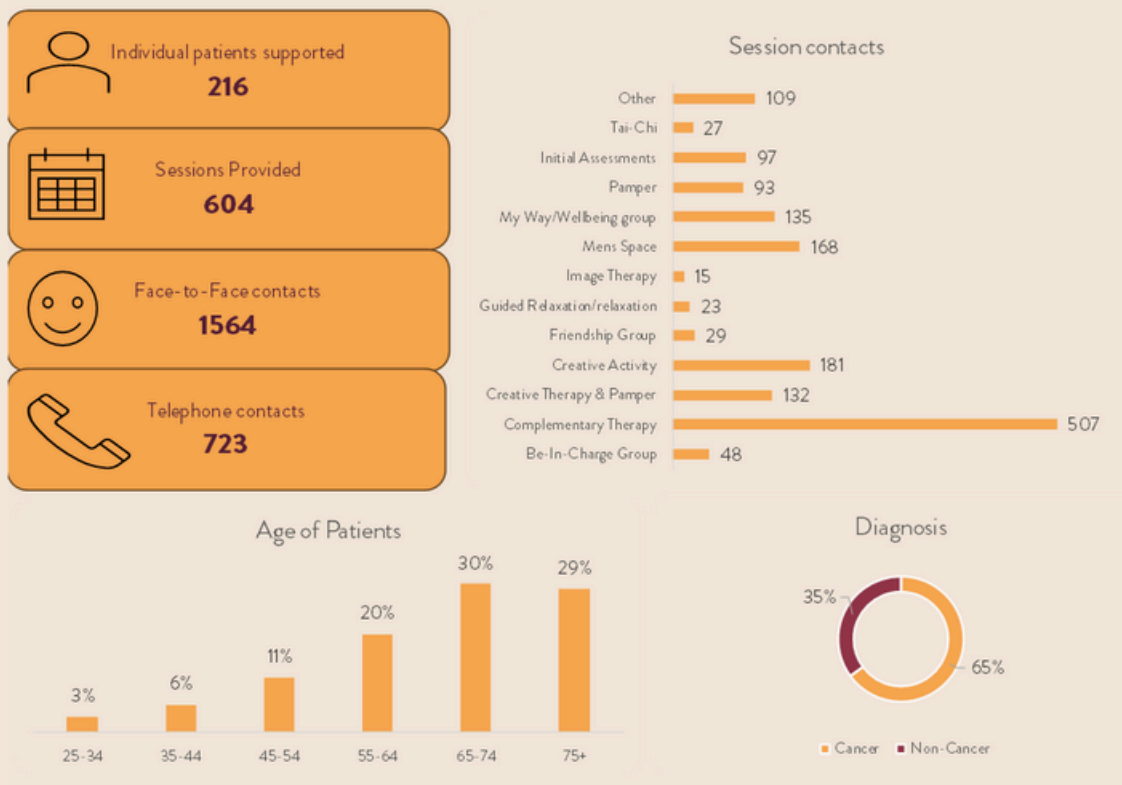


Quality Performance Information

InPatient Unit Overview

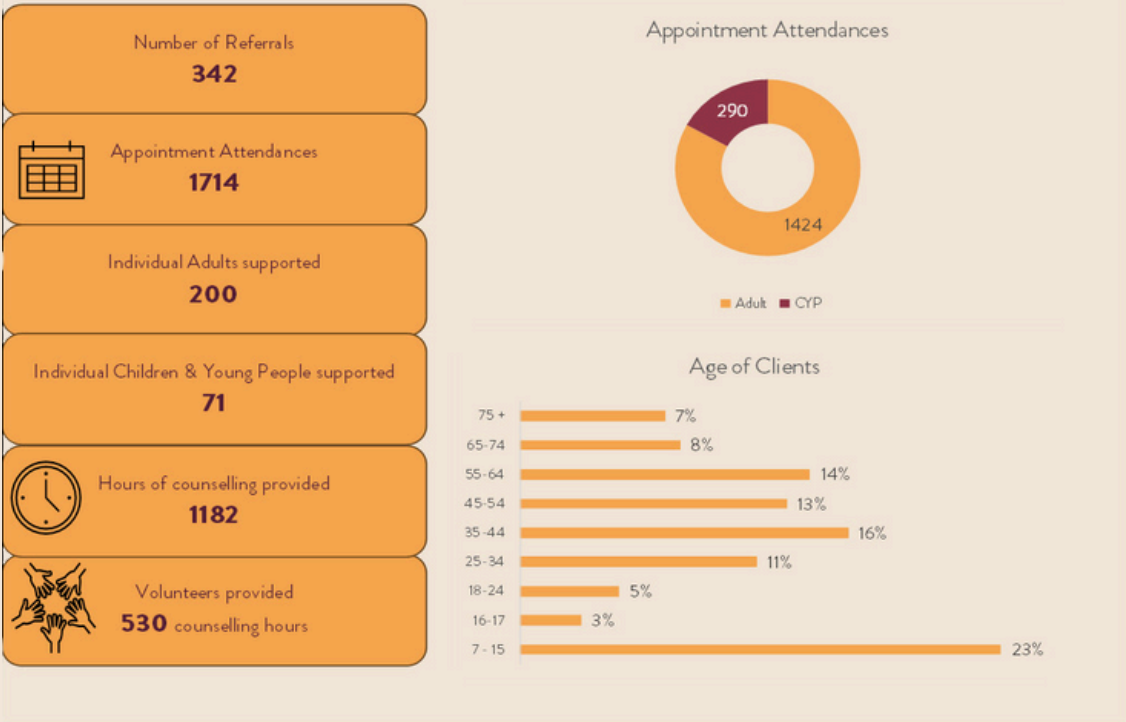


Well-Being Centre Overview

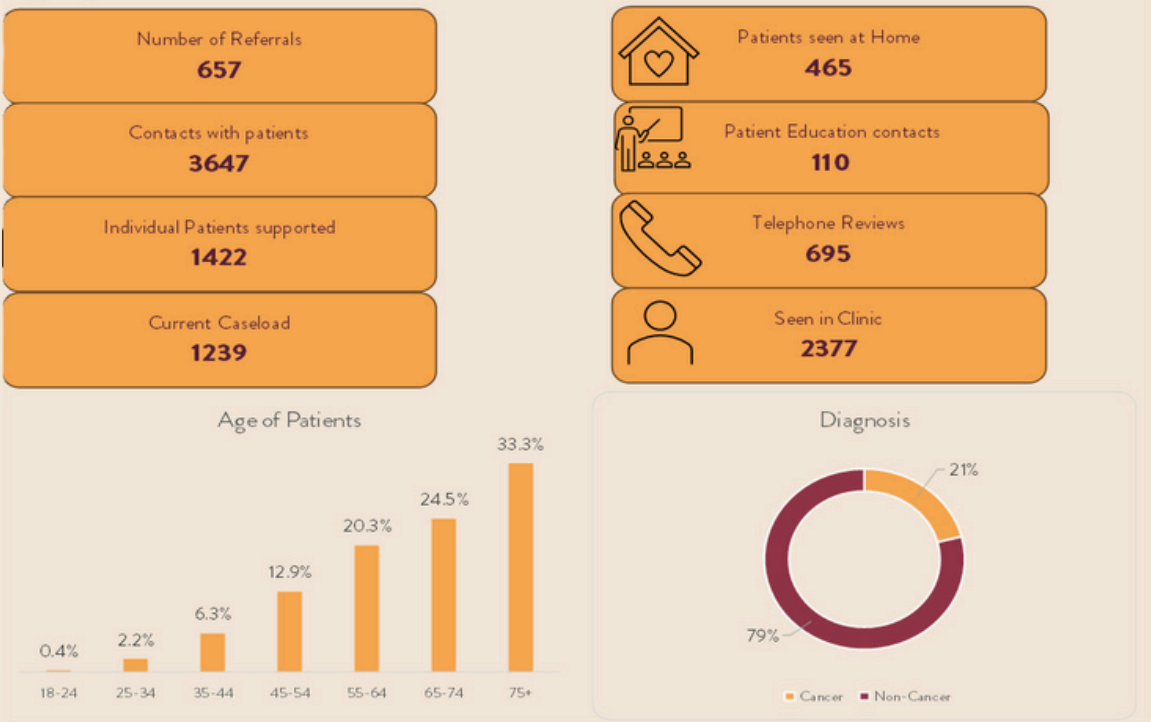


Quality Performance Information

Bereavement Counselling Overview



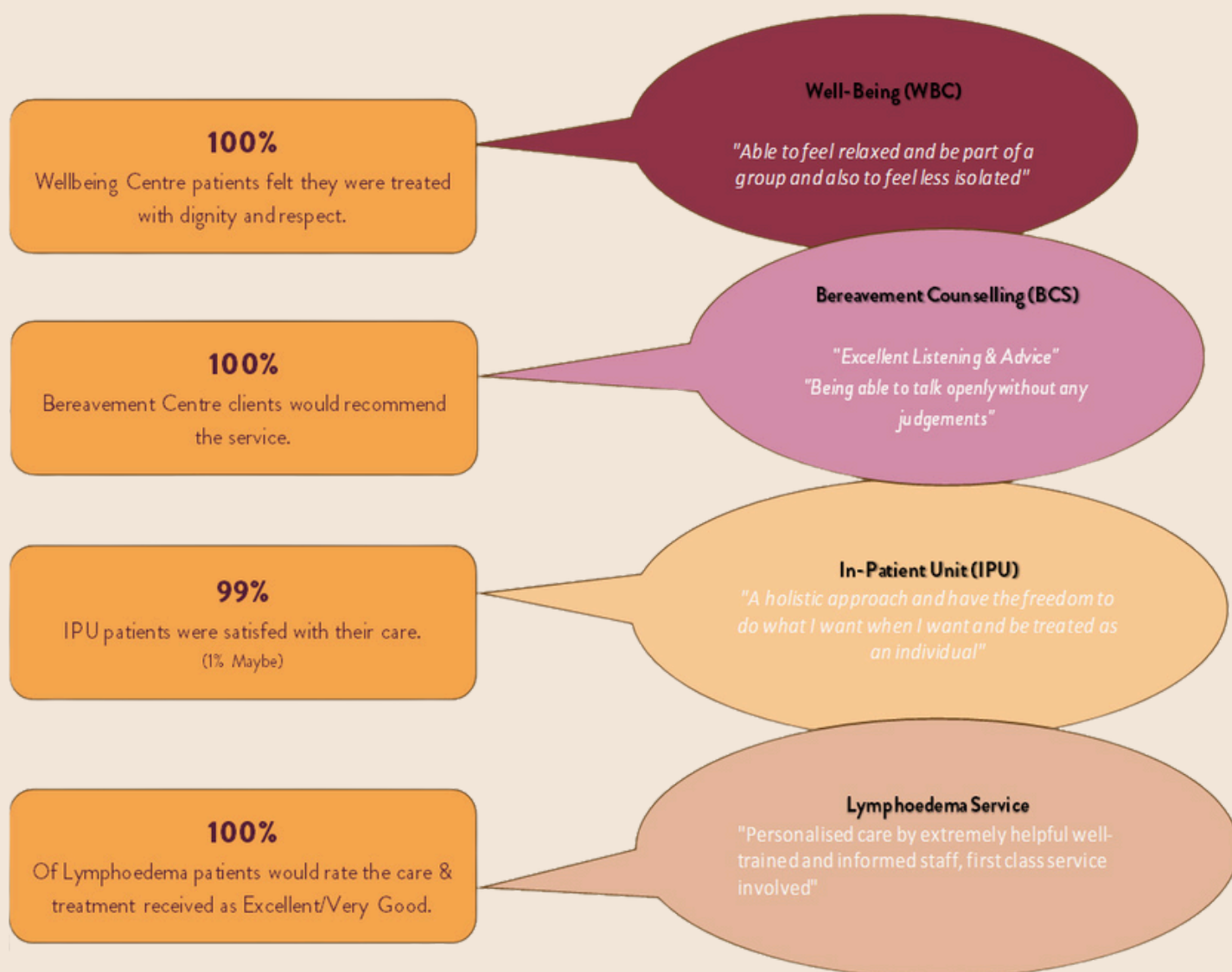
Lymphoedema Overview



Quality Performance Information

Patient Feedback

Feedback from our patients, families and friends is very important to us so that we can understand their personal experiences. They are at the centre of everything we do at the hospice. This enables the translation of user comments into real improvements. We use this feedback to continuously strive to improve the quality of our services. Feedback can be obtained via questionnaires, patient and carer groups, surveys, outcome reports, suggestions and comments and complaints and compliments. Throughout the year, there has been continuous evaluation of the services and any concerns have been addressed in a timely way. Examples of feedback are as follows:



Quality Performance Information

Caring for carers

The hospice provides a range of services for carers, including a Monthly Carers Support Group, a Monthly Care and Share Group as well as a selection of complementary therapies.

There is also a Bereavement Café which offers a relaxed space for anyone who has had a bereavement. Bereavement counsellors and volunteers from Teesside Hospice are on hand at each session to offer support, advice, and information. These are held twice a month.

During 2023, we reviewed the way in which we deliver services to support carers of patients diagnosed with a palliative condition. When patients access our Well-Being Centre for the first time, carers are also offered a well-being questionnaire to help them to identify their concerns. From this we have recognised that carers require a more individualised approach to meet their needs and as a result we have been more responsive and provided support in a timelier way.

The carer support group has also been reviewed and we now meet face-to-face twice per month. One of these sessions is a social group, which offers carers the opportunity to come together over a cuppa, this is called 'Care for a Coffee'. The second meeting aims to respond to carers' needs for information and learning, this session is called 'Care and Share'. Both groups are advertised on the hospice website with access codes via Teams for carers who prefer to join the group online should they wish.

A grant application to Middlesbrough Council was successful in December 2023, this enables us to plan ahead and will provide additional funds to increase the number of complementary therapy sessions we can offer to carers next year.



Quality Performance Information

Integrated Palliative Care Outcome Scale (IPOS)

Teesside Hospice is committed to measuring the impact we have on patients, their families and those who use our services. We use a variety of evidence-based tools to measure our effectiveness:

- IPOS: is a tool for global measurement of palliative care concerns, suitable for completion by patients and health care staff in various care settings,
- Phase of Illness is used to describe the distinct level of illness and care required including complexity.
- AKPS (Australia-modified Karnofsky Performance Scale) enables us to understand how independent someone is.

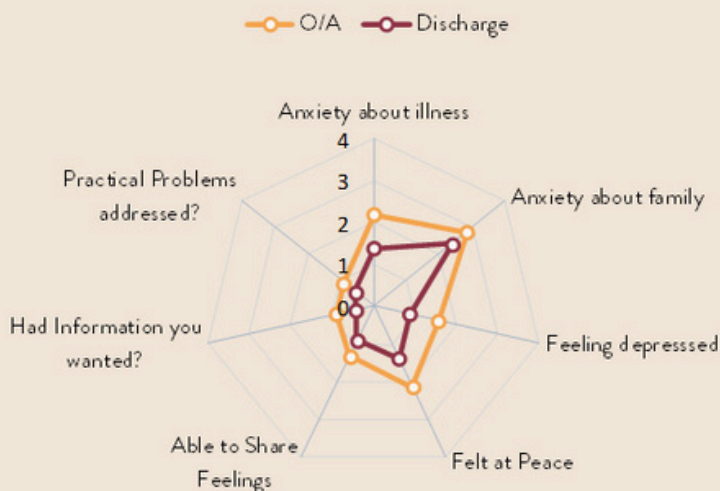
The data we have collected from April 23 - March 24 provides evidence of improvements in care involving both physical and psychological dimensions, despite the deteriorating condition and complexity of the patient. The data below represents patients cared for in our in-patient unit who completed an IPOS on admission (orange line) and discharge (dark purple).

The smaller dark purple line represents an improvement in the physical and psychological symptoms of patients.

Impact Measurement of Physical concerns for IPU discharged patients (Apr23-Mar24, n=48)



Impact Measurement of Psychological concerns for IPU discharged patients (Apr23-Mar24, n=48)



Quality Performance Information



Partnerships & Engagement

To keep updated and increase our collaboration with other hospices and palliative care services we are now connected to numerous networks, groups, and academic institutions.

There has been collaboration with Teesside University, planning & leading a Palliative Care Training Day for District Nurses and South Tees Hospitals Foundation Trust doing joint training on acute wards and community settings with the South Tees Palliative Care Education Lead to help raise awareness of Teesside Hospice services to the staff. We have also delivered several short lunchtime webinars available to all South Tees acute & community staff which has evaluated extremely well with 100% stating they learned something new about Teesside Hospice and were more likely to refer patients.

Teesside Hospice only exists with the wonderful support and interest of our local communities. Engaging with our communities to promote our work and what the Hospice offers is integral to our success, that said we acknowledge there is much more to do to ensure our services are there for those who need them, when they need them.

Our 13 charity shops are integral to our communities each providing a point of engagement to the Hospice. As a local independent charity, reliant on donations, we also highlight our ongoing need for support and the ways people can help. It is imperative we communicating our services at the Hospice and our events using a variety of media methods including the Hospice website, social media, newsletters, magazines and events to the public and our supporters.



The Live Well Centre
Dundas Shopping Centre
Dundas Street
Middlesbrough
TS1 1HR

Tel: 0800 118 1691

Text only: 07451 288789

Email: healthwatchsouthtees@pcp.uk.net

www.healthwatchmiddlesbrough.co.uk

www.healthwatchredcarandcleveland.co.uk

May 2024

Healthwatch South Tees comments:

Dear Debbie,

Healthwatch South Tees (the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland) response to Teesside Hospice Quality Account 2023-2024

Healthwatch South Tees is pleased to have the opportunity to again comment on the Teesside Hospice quality account which, for the most part, reflects the high standards of care the area has grown to expect from this particular healthcare institution. None-the-less, we would make the following comments, given below:

Who we are – Pg 2

A good and clear introduction that sets the tone for the rest of the document.

Safety and Statements of Assurance

Pg 8, Para 2

Teesside Hospice has reviewed all the data available to us in terms of quality of care delivered.

- What information was provided by this data? *(Teesside Hospice response – amended)*

Clinical Audit of Effectiveness

Pg 9, Para 6

Teesside Hospice has a robust clinical audit programme

- Could add here that some examples of what has been audited can be found later in this report (page 13). *(Teesside Hospice response – amended)*

Information Governance, Data Protection and Security Toolkit Attainment Levels

Pg 10, Para 2

Teesside Hospice has successfully submitted its Data Protection and Security Toolkit (DPST) in 2023.

- **Presumably, you have met the National Data Guardians 10 data security standards?** *(Teesside Hospice response – amended)*

Infection Prevention Control (IPC)

Pg 12

- **Good to see a section on infection prevention and control in this year's quality document. Also, good to see that the SLA with the local trust IPC team continues and this is surely demonstrated in the environmental audit results.**

Improvement Priority 2 – Clinical Effectiveness

Emergency Health Care Plans (EHCP) Evaluation

Pg 13, Para 6

In addition, the Resuscitation Decision audit in December 2023 demonstrated regular review of DNACPR status.

What does DNACPR stand for? *(Teesside Hospice response – amended)*

Improvement Priority 3 – Patient Experience

Emergency Health Care Plans (EHCP) Evaluation

Pg 14

Consideration for sharing relevant experiences for patients and carers with Healthwatch South Tees (HWST) to include in the community intelligence shared more widely to commissioners and other service deliverers. This would enable the sharing of good practice and ensure that feedback given by HWST better reflects the local population in particular regarding carers experiences.

Priority 3 – Patient Experience

How will it be achieved

Pg 18, Bullet point 6.

Recording and monitoring of patients' food and hydration intake is undertaken.

Do you keep a record of this for at least 72 hours to enable investigation of any GI illness which might occur (and be due to no fault of the hospice)?

(Teesside Hospice response – amended)

Quality Performance Information

Pg 19

Some of the graphics and text is difficult to read.

Quality Performance Information

Pg 20

- Some of the graphics are difficult to read.
- **The Wellbeing Centre Overview** the inclusion of this information is not clear. Is this a list of session contacts to highlight activities that are provided by Teesside Hospice, or have they attended them externally? Or is this where patients have been referred to or referred from?

Quality Performance Information

Pg 21

- **Some of the graphics and text is difficult to read.**

Integrated Palliative Care Outcome Scale (IPOS)

Pg 24

Impact Measurement of Psychological Concerns for IPU

- **Spelling error – Psychological?** *(Teesside Hospice response – amended)*
- **Otherwise, the data presented in these diagrams is very informative.**

Partnerships and Engagement

Pg 25, para 4.

It is imperative we communicating our services.

- **Spelling error – communicate?** *(Teesside Hospice response – amended)*

(Teesside Hospice response – regarding graphics not being easy to read, we have tried to sharpen the images so that data is easier to read)

Overall, a most informative report.

Kind Regards



Lisa Bosomworth

Healthwatch South Tees Project Lead

Teesside Hospice would like to thank Healthwatch South Tees for their response.



First floor, 14 Trinity Mews
North Ormesby Health Village
Middlesbrough
TS3 6AL

22 May 2024

Mrs Debbie Edwards
Director of Nursing & Quality Teesside Hospice
Via email to traceymurray@teessidehospice.co.uk

Dear Mrs Edwards

Response on behalf of NHS North East and North Cumbria Integrated Care Board for Teesside Hospice Quality Account 2023-24

North East and North Cumbria Integrated Care Board (NENC ICB) takes seriously their responsibility to ensure that the needs of patients are met with provision of safe, high-quality services, and therefore welcomes the opportunity to review and comment on the Quality Account for Teesside Hospice for 2023-24.

The ICB would like to commend Teesside Hospice for their preparations for a potential CQC visit which has involved maintaining and improving their quality of patient care, with a key focus on user feedback, education and training, and carrying out clinical audits.

The commissioners welcome the introduction of a Clinical Audit and Effectiveness Lead within the hospice to help support the clinical and effectiveness program, with the aim of improving clinical practice and the overall quality of care for patients and their families.

NENC ICB is encouraged to see details of the CHELsea II Trial, conducted by Teesside Hospice and sponsored by the University of Surrey, focusing on clinically assisted hydration in the patient's last days of life. The ICB is keen to see what the outcome of this trial will be following its completion in September 2024.

It is reassuring for the commissioners to see that Teesside Hospice maintains their policies and procedures in 2023-24, including clinical areas, health and safety, human resources, Duty of Candour, and financial. It is positive to see that Teesside Hospice is prioritising their development of a Patient Safety Incident Response Framework (PSIRF) plan in collaboration with regional hospices and commissioners.

The ICB congratulates Teesside Hospice in their efforts to achieve their priorities for improvement set out in 2022-23, including implementing an Electronic Prescribing and Medication Administration (EPMA) on the Inpatient Unit, and prioritising the evaluation of Emergency Health Care Plans (EHCP).

The patient/carer experience is paramount in any care setting, therefore the ICB is reassured to read the efforts Teesside Hospice has made in 2023-24 to improve this, with measures such as introducing feedback mechanisms in each department, implementing link practitioners in each

department, and collating the feedback results in departmental team meetings and quality committees.

NENC ICB is pleased to see the priorities for the hospice going into 2024-25 include implementation of a PSIRF plan, developing a Single Nurse Administration of Controlled Drugs (SNACD), and a focus on patient's nutrition and hydration. The ICB looks forward to reviewing how Teesside Hospice has achieved these goals in the coming year.

It is highly reassuring for the ICB to see the results of the patient feedback, and that 100% of people completing the feedback felt treated with dignity and respect, would recommend the Bereavement Centre, and would rate their care and treatment as excellent or very good. This is a clear reflection on the staff working within Teesside Hospice prioritising their patients, as well as offering compassion and understanding to the families and carers of those patients.

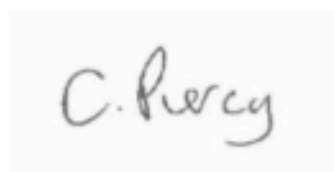
The ICB supports the introduction of the wellbeing questionnaire for carers which highlighted those carers requiring a more individualised approach to their needs, meaning the hospice is able to improve their support mechanisms. The ICB is also pleased to read that the carer support group frequency has been increased to twice per month as this service will offer invaluable support to carers.

NENC ICB is pleased to read that the hospice's grant application to Middlesbrough Council was successful in December 2023 meaning complementary therapy sessions for carers will increase for 2024-25.

It is reassuring for the ICB to read that Teesside Hospice continues to collaborate with Teesside University, South Tees Hospitals NHS Foundation Trust, South Tees acute and community staff, and South Tees Palliative Care Education Leads to help raise awareness of the services on offer by Teesside Hospice.

NENC ICB would like to thank Teesside Hospice for their continued efforts in providing an effective, safe, and high-quality service to their patients and carers, as well as for reflecting their achievements for 2023-24 in the Quality Account for this year. The ICB looks forward to continuing to work in partnership with Teesside Hospice to assure the quality of services commissioned in 2024-25

Yours sincerely,



Chris Piercy
Director of Nursing

North East and North Cumbria Integrated Care Board



Jeanette Scott
Director of Nursing

Teesside Hospice would like to thank NHS North East and North Cumbria Integrated Care Board for their response.

Name of organisation: Humber & North Yorkshire ICB

Feedback Statement from Humber & North Yorkshire Integrated Care Board

Please insert the amendments or additions for inclusion to the Quality Account below:

N/A

Please insert your statement to be published in the Quality Account verbatim below:

The Humber & North Yorkshire Integrated Care Board (ICB) welcomes the opportunity to review and comment on Teesside Hospice's Quality Report for 2023/24. We note the Quality Account provides an informative overview of the ongoing work across the last year in relation to the wide range of services provided at Teesside Hospice and we would like to take this opportunity to thank all the staff for their continued hard work and dedication. We are pleased to see the continued progress made with the delivery of research driven and evidence based high quality patient care that is evidenced within the review of the priority improvements over the last year (2023/24).

We note the Teesside Hospice "vision, mission and refreshed values" along with the continued engagement in clinical and service developments which are included in the Chief Executive's statement. The comment on the statutory guidance brought about by the amendment to the Health and Care Act is also noted and the ICB would like to take this opportunity to thank those involved in the work and who have contributed from Teesside hospice, to understand the Palliative and End of Life Care ICB position from a Humber and North Yorkshire perspective.

We acknowledge that 3% of the hospice services provided care to our North Yorkshire patients however note that overall, 64% of patients cared for on the in-patient unit were in the very last stages of life and, for those cared for within the hospice there was a very low rate of subsequent admission to hospital (2%) which is to be commended.

The ICB notes the amount of positive work undertaken in listening to and responding to patient and carer experiences with the achievement of 99% satisfaction for in-patient services and 100% across the well-being services, bereavement support and lymphoedema. The Account provides a helpful insight into the comprehensive range of methods that are used to gather information relating to patient and carer experience including the development of digital technology to aid this and we look forward to further updates throughout the coming year. The support to carers through the various forums outlined in the Account is reflective of Teesside hospice's approach in listening to people's experiences and we will look on with particular interest as the plan for supporting an offer of complementary therapies for carers is rolled out.

In terms of the achievements across 2023/2024 we note the development of continued collaborative working relationships with other partners including our Acute Trust partners, South Tees NHS Foundation Trust noting the delivery of joined up education and training to support our workforce.

We note and appreciate the detail provided in relation to the infrastructure to support excellent standards of Infection Prevention and Control and commend the hospice's approach in seeking specialist support from neighbouring Acute Trust partners to undertake their annual audit which has seen standards assessed as 100%.

We note the section which provides an overview of priority improvements across the 2023/2024 period particularly highlighting:

- The introduction of the Electronic Prescribing and Medicines Administration (EPMA) system for use on the hospice in-patient unit. It is good to see that audit has demonstrated safe and effective standards of practice and we look forward to updates on continued audit and compliance.
- The information set out in the Account describing the work in relation to Emergency Health Care Planning (EHCP). The System MDT approach to audit and evaluation of the quality and appropriateness of EHCP's is welcoming to see noting that 60% of EHCP's were rated as good or exceptional. The opportunity to share system-wide learning from where EHCP's were found to be of exceptional quality would be welcomed and we look forward to further updates on the planned improvement work
- As mentioned previously the inclusivity of how patients and carers are involved is to be applauded and in how feedback also shapes the hospice's Quality Improvement Framework.

Looking ahead to 2024/2025, as commissioning partners involved in how we support our system to achieve the implementation of the Patient Safety Incident Response Framework (PSIRF), we are interested to understand how Teesside Hospice have collaborated with partner hospices in the Northeast and Cumbria ICB footprint. As you move to delivery of the National Patient Safety Strategy, developing your PSIRF region wide Plan and Patient Safety Incident Profiles, we look forward to seeing the Plan and receiving progress updates against the Patient Safety Incident Profiles and evaluation results once fully implemented during 2024/2025.

We also note the excellent work undertaken to support nutrition and hydration in patients and welcome the opportunity to understand how this area of focus further progresses across the coming year.

The range of well-being services on offer to hospice patients is also to be commended. We also note that bereavement counselling and support services include support to children and young people with the highest percentage of support (23%) provided to 7 to 15-year-old children. Thank you for providing this valuable service to our children and young people.

We have welcomed the lymphoedema service provided for our NY patients and particularly welcome the flexible approach offered by Teesside hospice to reach patients outside of the clinic environment, for example, telephone support and home visits where appropriate, as well as taking an active role in providing patient education.

Teesside Hospice provides additional assurance that well established and good clinical and corporate governance processes are in place to further ensure safe, effective quality care that is compliant with regulatory requirements which has active oversight by the Hospice Board of Trustees.

The ICB agrees that the Quality Account is presented as a transparent picture of Teesside Hospice's achievements across 2023/2024 and we can confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Teesside Hospice and that the data and information contained in the report is accurate.

The Humber and North Yorkshire ICB would like to finally take the opportunity to thank colleagues at Teesside Hospice in continuing to work towards further improving the quality and safety of services available in order to provide excellent quality in palliative and end of life care as we move across 2024/2025.



Nikki Henderson, Senior Nursing, Quality and Clinical Governance Manager

Name/s:



Helen Hart, Deputy Place Nurse Director

North Yorkshire Health and Care Partnership

Humber and North Yorkshire ICB

Date:

21 May 2024

Teesside Hospice would like to thank NHS Humber & North Yorkshire Integrated Care Board for their response.