



## Quality Account 2018/19



### Mission Statement

Teesside Hospice Care Foundation (THCF) is committed to enhancing the quality of life of those suffering from a life limiting illness, offering specialist palliative care and support to patients and their carers in the belief that each person is entitled to dignity and choice within the best provision of care.

**Teesside Hospice, 1 Northgate Road, Linthorpe, Middlesbrough, TS5 5NW**

Registered Charity No: 512875

## Quotes from patients and carers during 2018 - 2019

*“Thank you so much for all the sensitive care and individual attention that you all showed towards my mother and me during our time in the hospice. We could not have managed without your expertise to help out during the difficult painful periods. I cannot conceive of how difficult and harrowing it would have been to have tried to care for her at home during those closing days. I am extremely and eternally grateful for your vital support at this most difficult time and also for the uplifting, life enhancing and validating environment your whole team have created for enabling people make the most of their last days on earth. God bless all of you.*”

*“To all the doctors, nurses, health care assistants and everyone who work at Teesside Hospice. We want to say a massive thank you for caring for our mama and for making her feel safe for the 15 weeks she was with you and also looking after all of her family, nothing was ever too much trouble. You all do an amazing job and every single one of you is dedicated to each and every patient. Mam made many good friends with you all and shared many laughs - you helped her through her pain even though that was tough at times. There was no other place we would want our mam to be cared for other than Teesside Hospice you truly are all amazing. Thank you from the bottom of our hearts.”*



*“Information - this was the first time I have had everything explained to me about my condition. My treatment was prompt and made a great difference to my life. - Lymphoedema Service.”*

*“To all the staff at Teesside Hospice, we just want to say a huge, huge thank you for all you did for dad and us. Dad came to the hospice stressed, in pain and agitated and you gave us back the dad we know. As a family we've been through the worst time in our lives losing mum and dad within 5 weeks, far too soon and you've helped us in every way possible. You ensured dad made his goal of making mums funeral. We take some comfort knowing they are back together.”*

*“Thank you does not seem enough for the marvellous care shown to our dad at Teesside Hospice. You're wonderful. Everyone was so kind, caring compassionate and professional we will be eternally grateful all our love and thanks again.”*

*“To each and every one of you at Teesside Hospice. A very special place with very special staff. Thank you so much for all the kindness you showed us both.”*

*“To everyone at the Inpatient Unit at Teesside Hospice, what a special place and what an amazing set of people you are! It's hard to put into words how grateful we are for what you did for my dad in his last days. You allowed him to live out his last days with dignity and comfort and without worry. He loved his Jacuzzi baths and aromatherapy massages and felt very special. He enjoyed the peace and tranquillity of the gardens and watching the stars at night. It was so comforting for me and his family to know that he was so well looked after every need physically and mentally. You do an amazing job. Thank you.”*



## Statement from Chief Executive

Established in 1982, Teesside Hospice is a charity working in partnership with the NHS and wider system delivering specialist palliative care, end of life care, day hospice activities, lymphoedema care and counselling services across Teesside and parts of North Yorkshire. Our priority is to look after people, their families and carers who have complex or multiple needs and to provide specialist support and expertise in end of life. In addition, we provide specialist advice and support to other professionals on palliative and end of life care, offer specialised education and training and undertake research across our areas of work.

Our Board of Trustees have close regard to our governing document to ensure our strategies and resources are focused on helping people from all parts of our community, their wider family and continues into bereavement support when needed.

Our services are available free of charge to the people who need them. We are grateful for the financial support we receive from the NHS via South Tees Clinical Commissioning Group which accounts for 31% of our income. The remainder of our income comes from our income generation activities: community fundraising, lottery, retail ventures and legacy donations. Our community care about Teesside Hospice and we in return are deeply thankful for their generous donations and support in whatever form that take.

This year has been one of change and development. My predecessor, Maureen Thompson, retired in the summer and I joined the hospice in December 2018. I am grateful to our trustees, volunteers, staff and partners for their warm welcome during my induction and have been extremely impressed by the standards of care, levels of compassion and professionalism across all of our services. Teesside Hospice is a long established and much cherished charity that I feel both proud and privileged to be leading during the next phase of its development.

Over the past year, we have invested in our clinical teams by introducing new Nurse Practitioner posts, an Admiral Nurse role, extended the capacity within our counselling service and introduced additional complementary therapies. We have renewed and refreshed parts of our infrastructure and estate and reached out beyond the hospice to learn and share with colleagues across the North East as part of the Hospice North East Collaborative. As part of this work, Teesside Hospice is hosting a new post on behalf of the collaborative coordinating education and learning activities across our part of the North Eastern region.



We have made a significant investment this year in the purchase of land adjacent to the hospice. The demolition of the existing buildings has been safely completed and the site is now cleared and ready for development. This is an exciting opportunity for us that will allow us to review and refresh our strategic plans to ensure both the ongoing provision and future development are both financially sustainable and bring added value to the wider system. The beginning of 2019 saw the start of this process with wide scale consultations with our stakeholders creating the opportunity for fresh conversations and strengthened engagement with systems partners in our future plans.

In 2016, we received a rating of 'Good' from the Care Quality Commission. We are expecting a fresh inspection imminently and the team continue to work hard to improve our systems and prepare for an 'Outstanding' result next time around.

While we do everything we can to ensure our patients' needs are met, we recognise that we cannot do this without the support of many partner organisations. We work closely with local NHS commissioners and providers, Teesside University, our Local Authorities, Macmillan Cancer Support and Dementia UK and with many other voluntary sector care providers to deliver better-integrated services and care models.

I remain extremely grateful to the staff and volunteers who have embraced the changes we have been through this year and remained focused on the standards of high quality care to which we aspire. We could not achieve all that we do without the commitment and dedication of our staff and our volunteers, all of whom contribute so actively to help us achieve our mission to serve the people of Teesside.

I am responsible for the preparation of this report and its contents. It has been developed by the Director of Patient Services in conjunction with senior clinical and non-clinical staff and shared with the Chair of the Board of Trustees before being distributed to Middlesbrough Healthwatch and South Tees Clinical Commissioning Group. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by Teesside Hospice.

A handwritten signature in black ink, appearing to read 'David Smith', with a circular flourish at the start.

David Smith  
Chief Executive

## Part 2

### Looking ahead: Key priorities for improvement for 2019/20

#### 2.1 Introduction

Teesside Hospice Care Foundation (THCF) was established in 1982 as a specialist palliative care centre to enhance the quality of life of those suffering from life limiting illnesses. It offers Consultant led specialist palliative care and support to patients and their carers.

The Hospice's catchment area is predominately Middlesbrough, Redcar and Cleveland areas however, we are also contracted to provide a Tees wide specialist community lymphoedema service.

Our aim is to provide the relief of complex symptoms with regard to physical, social, psychological and spiritual aspects of patient and family care, thus enabling them to return home or to another care environment. The majority of care to patients, families and carers focuses upon pain and symptom control and end of life care.



An annual patient survey is undertaken and managed by the Quality Improvement Group. The outcome of the survey is shared with the Clinical Governance Committee, Board of Trustees and summaries of the survey are displayed as posters in each department to inform patients, their families and other visitors to the organisation of the outcome of the survey.

A carer support programme is established alongside the Day Hospice service. We have an established history of patient and carer involvement with their views being sought prior to specific changes or service developments and also improvements being made as a result of their ongoing feedback.

In March 2016, Teesside Hospice received an unannounced inspection by the Care Quality Commission (CQC) following the submission of our Provider Information Return (PIR). Our immediate feedback was very positive and we received an overall rating of GOOD.

Teesside Hospice monitors the quality of care that is provided across the organisation via its Clinical Governance Committee. The importance of providing quality care is underlined by the membership of the committee, which includes the organisation's most senior clinicians, the Director of Patient Services and representatives from the Board of Trustees.

## 2.2 Improvement Aspirations for 2019/20

### Aspiration 1 – Patient safety

#### Anticipatory prescribing

##### Why choose this priority?

In the 2018 Gosport Report it was acknowledged that at least 450 people are thought to have died after the administration of inappropriately high doses of opioids over a 12 year period, due to an institutionalised regime of prescribing and administering “*dangerous doses*” of a hazardous combination of medication not clinically indicated or justified.

Although this occurred in a very different setting to THCF, what happened at Gosport was mainly due to there being no routine monitoring of safe and effective prescribing. This must never be repeated, and here at THCF, we need to ensure that all our prescribing is safe and effective, especially in relation to our anticipatory prescribing.

Anticipatory prescribing is designed to enable prompt symptom relief at whatever time the patient develops distressing symptoms, and is based on the premise that although each patient is an individual with individual needs many acute events during the palliative period can be predicted and management measures put in place in advance.

##### How would this be achieved?

We will ensure that our anticipatory prescribing is safe and effective by following both local and national guidelines and ensure that we meet the criteria. The medical team and pharmacist will carry out regular audit of the care records and feedback the findings to the team. We will also provide ongoing education and training to all clinical staff.

##### How will this be evaluated?

We will measure compliance through yearly audits and analysis of our incident reporting prior to and after implementation of the new process. Feedback from our inpatient unit patient survey and bereaved relative questionnaire will also be used to identify any areas of concern.



## Aspiration 2 – Clinical Effectiveness

### Evaluation of the Admiral Nurse Role

#### Why choose this priority?

Specialist palliative care was traditionally focused on care of people dying from cancer although it was recognised over 10 years ago in the End of Life Care Strategy 2018 that all people regardless of their diagnosis have a right to expect quality palliative care. National Institute Clinical Excellence (NICE) states we should ensure people with dementia have the same access to palliative care services as others.

Teesside Hospice recognises that dementia is a palliative condition and during 2018 in collaboration with Dementia UK appointed an Admiral Nurse to support the person living with dementia, their family and carers and professionals, specifically those people with advanced dementia. The hospice provides a needs led service and wants to support as many local people as possible to ensure they benefit from hospice care and support, this includes people with a diagnosis of dementia.



#### How will this be achieved?

There will be some in house training for Teesside Hospice staff including Dementia Awareness sessions and some bite sized training sessions for professionals to deal with more practical problems based on best practice. There will be support for any people living with dementia who access either IPU or Day Hospice services. The Admiral Nurse will work within individual care homes to support best practice through training and support family members who are caring for people living with dementia.



The key role of the Admiral Nurse is to support carers and people with dementia in the later stages of dementia by working together with families to provide one to one support, expert guidance and practical solutions for day to day living. The Admiral Nurse will accept referrals from people living with the later stages of dementia, including those approaching the end of their life in the Middlesbrough, Redcar and Cleveland area. The role will also provide support to carers to assist in the management of the transition towards end of life care.

### **How will this be evaluated?**

We will assess the knowledge base of our staff with a questionnaire at the beginning of the project as this will enable the Admiral Nurse to recognise the training needs across the organisation and tailor the training.

An operational policy for the role will be developed and agreed. In collaboration with Dementia UK there will be a steering group established to monitor the work and impact of the role.

An evaluation tool will be agreed in partnership to measure the following:

- How many families are being reached by the Admiral Nurse service
- What kind of support do they receive?
- Responsiveness of the Admiral Nurse
- Where are referrals into the service coming from?
- What is carers' experience of the service?
- What impact has the service had on carer distress?
- Are families supported to make preparations for clients' end of life (Implementing an Advanced Care Plan and knowledge of preferred place of death)

## Aspiration 3 - Patient Experience

### Evaluation of the Creative Therapy role

#### Why choose this priority?

There is a growing amount of evidence that Art can support people struggling emotionally to cope with illness and the effects illness is having on their life. It has been noted that within the hospice there has been an increasing complexity of psychological needs expressed by patients attending the hospice. In response to these needs a pilot service introducing regular creative therapy sessions is planned to support patients and their carers when they are accessing hospice services.

Following a review of the day hospice in 2018 including feedback from patients, carers and professionals, there are plans to move away from a traditional day hospice to providing services on a sessional basis. This format should encourage patients with complex psychological issues, who are reluctant to come to hospice services to access this type of support. Accessing the creative therapy service will also provide an opportunity for patients and carers to be introduced to the hospice.

Research has indicated that introducing Art as a therapy can support a range of problems such as anxiety, depression, loss of identity, low self-esteem, and body image issues. These are problems experienced by a large majority of patients accessing hospice services and/or any patients struggling to cope with a life limiting illness.

We recognise the need to be innovative in our approach to care, in order to meet the needs of the increased demands for the service, but also to offer more choice in what kind of services we offer to patients.



**How will this be achieved?**

A Creative Therapist will be employed on a fixed term contract to establish creative therapies for patients at Teesside Hospice.

The Therapist will work within the Day Hospice and patients and carers can be referred to sessions from the day hospice and the inpatient unit.

During an individual assessment the needs of the patient will be identified and if the art therapy sessions will be of benefit to a patient then this supportive service will be offered to patients.

There will be the establishment of a life story and memory box session which will support patients who wish to create memories for their family.

The creative therapist will work with the occupational therapist to explore innovative ways to support patients through art work.

**How will this be evaluated?**

An evaluation of the sessions will be carried out and patient feedback will be collated.

The patient satisfaction survey will include questions about the creative therapy work.

Attendance at the sessions will be monitored and it is hoped that the patient satisfaction survey will demonstrate that the patients and families have found the sessions supportive and helpful in managing their distress and anxiety.

## **2.3 Statements of Assurance from the Board - (Formal statements required by the Department of Health)**

The following are statements under various headings that all providers of NHS healthcare services must include in their Quality Account, even though many of the statements are not directly applicable to Teesside Hospice.

### **a. Review of Services**

During the reporting period 2018/19 Teesside Hospice provided the following Specialist Palliative Care Services to the NHS:

- Inpatient Unit – 10 beds
- Day Hospice Services
- Specialist Community Lymphoedema Services
- Medical Out Patient Services
- Bereavement Counselling Service

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 meetings with the Commissioner, Director of Finance and Director of Patient Services (DPS).

The income generated by the NHS services reviewed by this quality account represents **31%** of the total income generated from the provision of NHS services by Teesside Hospice for 2018/19. This 31% represents only part of the funding required to provide services at Teesside Hospice.

The remaining **69%** of income is generated through fundraising, charity shops income, lottery activity and investment income and we are dependent on the generosity of the local community in sustaining this income. The NHS contract means that all services delivered by Teesside Hospice are partly funded by the NHS and partly funded from charitable funds.

### **b. Participation in Clinical Audit**

During 2018/19, there were no national clinical audits and 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 clinical audits and national confidential enquiries.

However, Teesside Hospice has an extensive clinical audit programme. The clinical audit programme is delivered throughout the year with each audit report being presented at the bi monthly Quality Improvement group. An action plan is developed to address any improvements that are required.

### **c. Commissioning for Quality and Innovation (CQuIN) Payment Framework**

During 2018/19 there were no CQuIN projects agreed between Teesside Hospice and South Tees Clinical Commissioning group.



#### **d. The Care Quality Commission**

Teesside Hospice is required to register with the Care Quality Commission and its current registration status is for the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely

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
- Notification in writing must be provided to the Care Quality Commission at least one month prior to providing treatment or services not detailed in the Statement of Purpose

The last unannounced routine inspection of Teesside Hospice took place on 16th March 2016. Our immediate feedback was very positive and we received an overall rating of GOOD for our service. A small number of areas for improvement were highlighted e.g. a system to ensure that all fire points were tested as regularly as each other and these were easily addressed. No areas were rated as inadequate.

#### **e. Data Quality**

Teesside Hospice did not submit records during 2018/19 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data. Teesside Hospice is not eligible to participate in the scheme.

#### **f. 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 (DSPT) replaced the IG Toolkit from April 2018. The DSPT 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 that personal information is handled correctly. Teesside Hospice has successfully submitted its Data Protection and Security Toolkit (DSPT) in March 2018 via the NHS Digital Portal. Evidence was submitted for the 70 mandatory items and all 38 assertion standards were met.

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.

General Data Protection Regulation (GDPR) is the new legal framework in the EU that replaced the EU Data Protection Directive and became law from the 25th May 2018. It is designed to modernise laws and protect the personal information of individuals. The UK government created the Data Protection Act 2018 which replaced the DPA 1998 and is an almost exact copy of the GDPR. The GDPR identifies 6 principles which are seen as an overview of organisations most important duties in complying with the regulation. At Teesside Hospice a compliance plan was developed to ensure that we are compliant with the new regulations.

#### **g. 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 2018/19.

#### **h. Duty of Candour**

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 Clinical Governance 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 and any changes to systems and processes are shared with the all staff to mitigate the risk of a reoccurrence.

A new policy regarding Duty of Candour was written and adopted by our Board of Trustees in March 2018, reinforcing our commitment to being open and candid about any and all incidents involving the health, safety and clinical care of patients and their family. We will ensure that notification of incidents to patients and families occurs at the earliest possible opportunity.

In addition the hospice recognises that it is a requirement under the NHS Standard Contract issued by the NHS Commissioning Board, to ensure that patients/their families are told about 'patient safety incidents that affect them, receive appropriate apologies, are kept informed of investigations, and are supported to deal with the consequences' (2013-14 NHS standard Contract, Technical Guidance).

#### **i. Sign Up to Safety Campaign**

Whilst the Sign Up to Safety Campaign is not directly applicable to independent hospices, Teesside Hospice is committed to the principles of patient safety and as part of demonstrating our commitment a poster is displayed at our Reception that includes the safety pledges and was signed by numerous members of our staff. The Risk Health & Safety Committee oversees the health & safety agenda, monitoring incidents and

accidents and ensuring appropriate learning is shared through its membership to staff and volunteers in the organisation.

## **j. NHS Staff Survey - Engaging with Employees**

### **Staff and Volunteer Voice at Teesside Hospice**

We conducted two staff Friends and Family tests during 2018 in February and October. This survey looks at how likely our staff and volunteers are to recommend Teesside Hospice as a place for care and as a place to work and is in line with our work and thinking around continually improving things for our patients and the people who work for us. The tool we used was the same as in 2017 and in line with that used in the NHS which was designed in order to give staff a further voice in giving feedback on their place of work.

Research has shown a relationship between staff engagement and individual and organisational outcome measures, such as staff absenteeism and turnover, patient satisfaction and mortality; and safety measures, including infection rates. The more engaged staff members are, the better the outcomes for patients and the organisation in general. We continue to give priority to strengthening the staff voice, as well as the patient voice.

The feedback in October 2018 showed that 100% of both staff and volunteers would recommend Teesside Hospice to friends and family if they needed care or treatment. There was a small drop in the number of staff who would recommend Teesside Hospice as a place to work from 67% in July 2017 to 64.6% in October 2018 although there was a significant increase in volunteers answering the same question with an increase from 74% to 94% of volunteers saying they would recommend Teesside Hospice as a place to work.

The feedback received from staff and volunteers identified Teesside Hospice as a calming and peaceful place, providing excellent standards and quality of person centred care; treating patients, their loved ones and each other with understanding, empathy and respect. Areas which were identified for us to consider for improvement included communication, part-time working opportunities and management support. In order to ensure our staff feel listened to, feedback around the outcomes of the test were communicated via posters, organisational email and a forum.

In response to previous feedback, the role of Deputy Director of Patient Services and the development of the Nurse Practitioner Role were launched in 2017 to strengthen the support for clinical staff members and further align to the organisational ethos of aiming to be 'A Great Place to Work'. These initiatives appear to have helped in improving the feedback scores relating to communication and management support overall and this will continue to be a focus.

In addition, the Communication Champions initiative was launched in 2017 to provide departmental ambassadors for communication across the organisation, promote an increased level of understanding of organisational wide activity as well as helping to develop effective communication systems. Feedback suggests that the Communications Champions initiative has increased levels of understanding and trust

across the organisation and work is underway to explore an internal communication platform to help support further improvement.

Teesside Hospice remains committed to the staff Friends and Family test as an ongoing measure to support feedback within the organisation, however, there was no survey in spring 2019. This decision was taken due to the new Chief Executive sending detailed surveys early in the year to assist in his understanding of the priorities for staff, volunteers and services. It is anticipated that a friends and family test will be sent later in 2019 to compare against previous results and continue to provide a feedback voice for staff and volunteers.

The NHS staff survey does not include Teesside Hospice employed staff. However, we have an internal measure to support engagement and help gain insightful feedback on our services from frontline staff members. In July 2017 we introduced the Staff Friends and Family Feedback questionnaire. The survey was undertaken with a vision that all staff and volunteers should have the opportunity to feedback their views on their organisation at least once per year and help to promote a culture where staff have the opportunity and confidence to speak up and the views of staff are increasingly heard and acted upon.





## Part 3

### Review of Quality Performance

Teesside Hospice Care Foundation (THCF) Quality Account 2017/18 set out three aspirations for 2018/19 to improve patient safety, patient experience and clinical effectiveness across a range of services. Setting these aspirations means that we are focused on continuously improving the quality of care delivered to patients, families and carers.

The aspirations were:

- **Aspiration 1: - Patient Safety: Falls Prevention**
- **Aspiration 2: - Clinical Effectiveness – Evaluation of the Outreach Nurse Practitioner Role**
- **Aspiration 3: - Patient Experience – Prevention of Pressure Ulcers**

The aspirations have all been satisfactorily achieved and there is ongoing intervention and effort to ensure these improvements are maintained.

### 3.1 Improvement Priority 1 – Patient Safety

#### Falls Prevention

The Falls Prevention aspiration – *we aim to offer care to prevent falls which is based on the best clinical evidence available.*

Last year Teesside Hospice chose falls prevention as a patient safety aspiration and our physiotherapist has taken the lead in the achievement of this aspiration. The Nurse Practitioners working within the inpatient unit (IPU) have ensured that all the information from audit and from the multi-disciplinary team (MDT) meetings in relation to falls assessment and risk is fed back to the team. We are dedicated to promoting the independence, privacy and dignity of our patients whilst ensuring that we support them in preventing falls during their time here.

The most recent statistics published by the NHS Commissioning Board identified slips, trips and falls as the highest category of patient related incidents. Additionally, we are working with Hospice UK and their Clinical Benchmarking Programme to enable Teesside Hospice to compare our information on falls with other Hospices, helping to provide assurance as to the effectiveness of our existing care and to identify areas where we can improve.

Over the last year there has been an increased amount of attention with all members of the MDT to improve the assessment of our patients and to ensure that when there is a patient at risk of a fall this is identified and there is an individualised care plan developed to prevent a fall.

Patients within IPU will have a falls risk assessment (Fall Prevention Tool) completed within 24 hours of an admission and following this an individualised care plan is formulated. This ensures that identified risks are mitigated as much as possible. The

risk assessment is reviewed at least every seven days or sooner if an incident or a change occurs. If a patient does have a fall then a review of the risk assessment takes place and the care plan is amended in partnership with the patient and where appropriate their family.

### **Audit activity**

To ensure that the hospice is working with the best available evidence the physiotherapist carried out an audit of the hospice Falls Prevention Tool against NICE CG 161 – Falls: Preventing falls in older people admitted to hospital. This has given us confidence that our falls assessment tool is comprehensive and recognises the main factors involved in inpatient falls.

An audit of the care records within IPU was carried out using 16 patient records for the year to check that the falls assessment has been completed within the required timescale of 24 hours following admission and to confirm that there is an individualised care plan in place. Information from the audit was fed back to the nurse practitioners and then filtered down to the nursing staff at staff meetings and during bi annual RGN training days.

This audit was discussed at the Quality Improvement group which provided reassurance that the hospice is providing the right quality of care to prevent falls within the hospice.

### **Multi-disciplinary approach**

Additionally as falls prevention requires a multi-disciplinary approach each individual patient has their 'Falls risk' profile discussed at the weekly MDT meeting. This approach has highlighted that the prevention of falls is everybody's responsibility and the MDT seek information to ensure that a patient has had the risk of fall identified, a detailed care plan is in place and that any further measures to prevent a fall or the reoccurrence of a fall are identified. This ensures that any missing data can be rectified and any additional care/action plans can be implemented in a timely way.

### **Have we achieved the aspiration?**

Audit has shown that falls care plans are completed within the agreed timeframe of 24 hours and are also re-evaluated within the agreed timeframe of 7 days.

An initial baseline audit at the start of the year illustrated that we needed to improve our documentation in 8 areas of the Falls Prevention Tool. Following the presentation of the audit data, subsequent audit has shown that only 2 areas needed improved documentation. The audit action plan, the MDT discussions and improved education with the nursing team has resulted in improved practice and a recent audit now shows that we are completing our falls tool more comprehensively.

**Table 1** shows the number of falls on the In-Patient Unit (IPU) from April 2018 to March 2019. Number of falls have remained comparable for the two six month periods

**Table 1: Number of Falls on the IPU April 2018 – March 2019**

Month	Number of Falls	Level of harm	Risk assessment reviewed and Care plan in place	Number of Falls per 6 Month Period
April	0	N/A	0	10
May	2	low	2	
June	2	low	2	
July	3	low	3	
August	2	low	2	
September	1	low	1	
October	7	low	7	12
November	2	low	2	
December	0	N/A	0	
January	1	low	1	
February	0	N/A	0	
March	2	low	2	

### **Hospice UK Clinical Benchmark**

Throughout the year our falls incidents data has been sent to Hospice UK. The incident report form has now been improved so that we can capture the level of harm more readily. The number of falls per occupied bed day at the hospice during the last year compares favourably with other hospices. The category of injury records the level of injury resulting from the fall. The category is recorded as follows:

- No harm – patient found on the fall with no sign of injury. No additional observation required.
- Low harm – patient has minor graze/bruising and requires first aid and additional observation
- Moderate harm – a fall within IPU that results in A&E attendance
- Severe harm – fall causes permanent disability
- Death – directly attributed to the fall.

**All falls related incidents within the hospice during 2018 -2019 were recorded as low as each incident resulted in additional observations for a patient.**

### **Future work: what else needs to happen?**

- An example of a Falls Prevention Tool will be completed and placed into the care plan file at the nursing station for the nursing staff to refer to. This will act as a prompt to the detail of what needs to be included within a patients care plan.
- Ongoing audit data will be disseminated to the nurse practitioners and nursing staff to highlight areas where we need to improve our documentation.

- Nursing staff will be better supported by Allied Health Professional (AHP) staff to comprehensively complete the falls care plan. AHP staff are actively working towards assisting in the completion of the Fall Prevention Tool where they can.
- The Falls Prevention Tool will be edited to reduce replication of information and to ensure that the information required is absolutely essential. Wording will be changed to make the tool easier to follow and more prompts will be visible in the margins. This is currently underway and has had involvement by both AHP and nursing staff.
- Following retirement of the Link Nurse for falls prevention a new Link Nurse will be appointed. This will promote greater sharing of audit information and the Link Nurse will be better placed to champion good practice on the inpatient unit.
- We will continue to monitor the numbers of falls on the IPU using incident reporting systems to ensure that there is no upwards trend in the number of falls.

### **3.2 Improvement Priority 2: Clinical Effectiveness**

#### **Evaluation of the Outreach Nurse Practitioner posts**

This initiative commenced in 2018 and is jointly funded by Macmillan Cancer Support and Teesside Hospice for 3 years. The overarching objective is to improve the patient's journey from referral through to discharge and beyond.

With a limited resource of 10 beds, we need to ensure that the referrals we receive are appropriate and that we can reach the right people at the right time and that we are able to offer the best care and treatment to patients in a timely way. The Outreach Nurse Practitioner (ONP) is an essential member of the multi-disciplinary team (MDT), taking referrals and through liaison with other professionals and home visits, they will assess the patients, support them at home when required and ensure that admission to THCF occurs at the most appropriate time.

Additionally when patients are ready for discharge, this is supported by the Hospice with the ONP facilitating a safe and effective discharge in partnership and collaboration with the family, Allied Health Professionals (AHP's), the nursing team, the medical team and the wider specialist palliative care (SPC) team. When necessary the ONP will visit the patient at home post discharge to provide extra support and advice.

The role has been successfully integrated within the MDT here at the hospice and in specialist palliative care with consistent attendance and contribution at the weekly locality MDT meetings.

The ONP also attends the weekly community SPC team briefing meeting which enables discussion, update of information about current patients and identification of those suitable for hospice services.

During these meeting patients who have been reluctant to access hospice services have been identified and home visits by the ONP have been arranged to introduce



hospice services in the comfort of their own home, to provide information to patient and family members about the services available.

Furthermore, the ONP contributes to the weekly hospice MDT and is involved in discussions and coordination of appropriate follow up care for those patients who are being discharged from the hospice in patient unit. This follow up may be through day hospice services or community home visits.



### **Case studies:**

The following case studies provide an indication of how well this aspiration has been achieved.

**Patient 1:** *Decided during the ward round that she would like to go home to die today. The patient was fast tracked by the ONP, urgent equipment and referrals were sent to district nursing and community specialist palliative care teams, the patient was discharged home later that day as she wished and was followed up at home by ONP.*

*This patient had complex pain which had been troublesome to manage as the patient was not on “routine” end of life drugs. It was negotiated to keep the bed at the hospice for a few days until the ONP was confident that the discharge was successful and that patient, family and community teams were happy to carry on with care. Joint visits were carried out with district nursing staff and daily visits by ONP were carried out until the community SPCT could visit, the patient was then handed over into their care*

**Patient 2:** *Discharged from IPU as requested by the patient and family however, the patient presented with complex symptoms. The ONP followed up with home visits initially post discharge and liaised with the Day Hospice team so that attendance for ongoing review of symptoms could be closely monitored. The patient subsequently*

*missed attendance at the Day Hospice, so the ONP followed the patient up to ensure ongoing care was provided.*

**Patient 3:** *The ONP followed up at home following discharge from IPU as his wish was to die at home in his own bed. The ONP arranged a joint visit with the community nursing staff to ensure that his wishes were communicated effectively. To offer the community staff support in his ongoing care, including his medication regime.*

**Patient 4:** *Patient attended the Hospice Drop In service and was reluctant to link in with any services. The ONP met the patient and reviewed jointly with medical staff on a number of occasions. Once the patient was too unwell to attend the Drop In service this was highlighted by staff and the ONP arranged home visits to assess and monitor symptoms. When symptoms became more difficult to manage at home admission to IPU was arranged for end of life care.*

**Patient 5:** *Was referred for IPU admission however reason for referral was not clear so a home visit was arranged to assess the patient. The patient was in a care home, had no complex symptoms and his care needs were being met at that time, so a plan was made with patient and staff from care home to review the patient's condition weekly and monitor development of any symptoms and to involve the district nursing team to arrange appropriate pressure relieving equipment, all parties involved were happy with this plan. The patient died peacefully in the care home, with the support of the hospice.*

### **Additional measures of success**

Data has been collated by the ONP which illustrates that's the role has saved time for other members of the community and primary care team due to the intervention of the ONP.

When referrals arrive at hospice for IPU admission with limited information. The statistics illustrate that the ONP role has saved many hours of time for the nursing staff on IPU which has freed up more time to care for our patients and their families.

Home visits are carried out to assess the appropriateness of referral, a number of patients assessed are not always suitable for IPU and can be managed in alternative places of care, and these patients are if necessary reviewed on a regular basis by the ONP.

The ONP has attended meetings with the community district nursing teams to raise the profile of the hospice and the service and support we can provide to both patients and nursing teams. This is an ongoing process with further meetings arranged.

### **Waiting time for beds within IPU**

There have been occasions when the hospice has had to activate a waiting list owing to all 10 beds being occupied. At one point there were 9 referrals awaiting admission therefore the ONP contacted each of the referrers and informed them of the situation at the hospice. Referrals were prioritised by the ONP according to need through discussion with nursing and medical staff.

Additionally other local hospices were contacted to ascertain if they could assist with referrals. An individual and appropriate plan of action was developed for every patient on the list, which included the ONP visiting patients at home, referral to the Day Hospice and symptoms monitored until a bed became available. In partnership with the community palliative care team other patients at home were reviewed and monitored until hospice beds became available.

### **Measuring the impact of the role**

A questionnaire was sent out to the multidisciplinary team within the organisation to try and capture the evaluation of the role within the hospice.

The following questions were asked:

- What impact has the ONP had on your clinical practice?
- Do you feel that the role has improved patient care and safety?
- What impact has the ONP had on bridging the gap between the medical and nursing and AHP team?
- What difference have you noticed since the implementation of the ONP role?
- What difference has the role made with referrals and admissions?
- What difference has the role made to discharges?
- What difference has the presence of ONP made to the Day Hospice team?
- What impact has the role of the ONP had on bridging the gap between hospice and wider MDT (SPCT)?
- What difference has the ONP role made to the patients overall journey from referral to discharge?

The questionnaires were anonymous and were returned in sealed box.

### **Response rate**

There was a response rate of 64% to the questionnaire and the responses indicated a wide cross section of staff, across IPU and Day Hospice services. Nurse practitioners, RGN, HCA, doctors, admin staff, allied health professionals had replied.

### **Analysis**

The responses to the questionnaires provided a large amount of rich qualitative information and it was important to analyse the information collected, so that the impact of the role could be assessed. Using thematic analysis to analyse the data seemed a sensible way to accurately capture the data and record whether the aspirations set out in the Quality Account had been realised.

### **The findings**

Key themes emerged from the data

- Significant difference in prioritising referrals and admissions, ensuring appropriateness of referrals, signposting to the most appropriate service
- Supportive, giving staff members more time to concentrate on their own role
- More information about the patient prior to admission, improved communication and streamlined referrals

- Safer, supported discharges
- More routine involvement with discharges, particularly with family/carers

## Future work

The case studies and feedback from the questionnaires illustrate that the Outreach Nurse practitioner has had a positive impact on the admissions and discharges from the hospice. The role has ensured that timely appropriate patients are admitted on a needs basis and that when requested a discharge can be expedited safely. There has also been a positive impact on the day hospice services with follow up home visit when necessary. There is further work to develop this role in the future.

- In order to develop the service further the ONP will continue working closely within all services at the hospice, particularly Day Hospice and IPU.
- To identify patients earlier and become more involved within the discharge planning process working closely with staff from IPU, Day Hospice and the community teams
- To maintain close working relationships with the hospital and community Specialist Palliative Care Teams, and strive to create closer working links within the community nursing teams to provide hospice services to more patients and continue to try to reach patients who have been reluctant to access hospice services.

## 3.3 Improvement Priority 3: Patient Experience

### Prevention of pressure ulcers (PU)

*We take every measure we can to prevent the development of pressure ulcers and when they do occur we will ensure that a care plan is in place and reviewed regularly.*

#### Why did we choose this priority?

It is believed that pressure ulcers can be prevented when the right interventions are utilised by staff, individuals and their carers'. Additionally, pressure ulcers represent a major burden of sickness and reduced quality of life for individuals, their carers' and families (Department of Health & Social Care 2018). This is especially important to the Hospice team who work with patients and families already living with life limiting illness, therefore, we want to prevent any further harm to patients in our care.

According to the NHS Safety Thermometer (2016) there are an estimated 110,000 newly acquired pressure ulcers developing each year in the NHS. This has a direct impact on patients at the Hospice as most of them will have spent time within a hospital setting prior to being admitted here. Also, there is a concern that nurses may be under reporting pressure ulcer damage, whether it is present on admission or acquired whilst staying in the Inpatient Unit.



## **PU prevention within the hospice prior to 2018**

At the beginning of the project the following was apparent:

- A PU policy was required as pressure ulcer prevention and management as well as wound dressing guidelines were unclear resulting in a lack of continuity of care for patients with pressure ulcers/wounds.
- The lack of clarity on wound care resulted in ineffective care planning
- Incident Report Forms (IRF's) were not always being completed leading to a lack of strategic insight into the number of occurrences of pressure ulcers and the actions needed to be taken to reduce or prevent pressure ulcers.
- There was no one taking the lead for PU prevention, so it was decided to appoint a link practitioner who could address the above challenges and take things forward including review of best practice, drafting appropriate guidance and ensuring education and training was provided to the MDT.

### **Implementing evidence based practice on PU management within a hospice setting.**

Evidence regarding PU at end of life was reviewed. Research had been done by a group of international professionals in the field of tissue viability. SCALE (Skin Care at Life's End, Final Consensus Statement, 2009) concluded that as a person dies so does their skin so can pressure ulcers ever be really prevented. However, this is limited research, and tissue viability specialists believe that pressure ulcers can be prevented when the right interventions are utilised by nursing staff, individuals and their carers'. This is especially important to the hospice team who work with patients and families who already living with life limiting illness and often are approaching the end stage of their life and we want to prevent further harm to patients in our care.

### **Have we achieved this priority?**

To achieve this improvement priority there has been a great deal of work undertaken with the MDT:

- The updated pressure ulcer prevention and management policy has been shared with the MDT.
- Training in tissue viability has been provided for RGNs and HCAs which will be repeated annually.
- There is a patient information leaflet highlighting the risks of PU and how to prevent them which is given to all patients on admission.
- All patients are assessed within 6 hours of admission for their risk of developing PU and both the Braden and nutritional scores are documented on the care record and reviewed weekly.
- Care plans and risk assessment templates, (SKINS and Pressure ulcer prevention) have been added to the care record to give the nursing staff the tools to assess the patients' level of risk from admission and plan accordingly.
- Patients and their families are given information about their individual risk and why we need to do interventions if a PU is present.
- Investment in the use of preventative equipment such as airwave mattresses and the Toto system has been made.

- Nursing staff are completing IRFs for patients who develop PU and this information is shared with the MDT.
- A resource file has been developed so nursing staff have easy access to the policy and wound care guidelines. Other information is stored in this file including research and feedback from Hospice UK re metrics for recording pressure ulcer occurrence.
- Posters have been displayed in patient rooms and on the main corridor to highlight the importance of SKINS to staff, patients and families.
- The link Nurse for pressure Ulcer prevention at the Hospice presented the work we had completed at a link practitioner study day at Beamish Hall Hotel arranged through the Hospice Education Collaborative. This has created new links with other hospices across the North East who want to share ideas and improve care.

### **How have we measured our success?**

All pressure damage from category one upwards (1 - 4, unstageable and deep tissue injury) is recorded on an Incident Report Form (IRF) and investigated by the nurse practitioner to ensure that every measure was taken to prevent skin damage including effective care planning. At every team meeting we discuss the IRFs so staff are aware of our clinical incidents and what we can do to improve pressure ulcer prevention. Additionally a quarterly analysis of pressure ulcer occurrence with improvements to care delivery outlined is presented to the Clinical Governance Committee.

### **Audit activity**

A recent audit done at the end of February highlighted further areas for improvements and further teaching sessions are planned in the future.

### **Future work: Areas of development**

- More teaching sessions and awareness of SKINS planned during 2019
- The PU status and management PU for an individual patient is now part of the handover on every shift to raise awareness and encourage a MDT approach.
- Changes have been made to SystmOne to ensure that risk assessments are carried out in a more timely way.
- Posters on SKINS are now more visual. Also small laminated pocket sized reminders for nursing staff highlighting SKINS have been provided.
- Nursing staff to ensure patients at risk or that have pressure ulcers receive appropriate education including providing an information leaflet.
- A Patient Comfort Appeal was launched to raise funds for new beds with high level of pressure protection.
- An additional link practitioner role to prevent PU on IPU needs to be identified to lead this important aspect of care.
- To continue to audit care plans to ensure they are fit for purpose and also re audit pressure ulcer prevention to see if improvements have been made.
- In the future link practitioners to attend national conferences on improving pressure ulcer care including for end of life patients.

## Summary

This work has ultimately improved patient care by re-educating our nursing team and ensuring our care is evidence based. We are using new equipment to help in the prevention of pressure ulcers and have an up to date policy. When patients are admitted to IPU they will be assessed on a regular basis and preventative strategies will be put in place. All patients with pressure ulcers will be managed as per wound care guidelines and all care will be documented on the care record. All incidents concerning PU are reported on an Incident Report Form and assurance is provided that there is an updated wound care plan in place for these patients. We commit to learn from any incidents in order to improve patient care.

### 3.4 2017/18 Performance

#### a. What patients and families say about the services they receive?

Patient satisfaction surveys in the form of questionnaires have been used for many years at Teesside Hospice including the Inpatient Unit, Day Hospice, Bereaved Carers and the Lymphoedema Service.

Summaries of each survey are detailed below. An action plan to address appropriate areas for development is drafted by departments and monitored by the Quality Improvement Group.

#### **The In Patient (IPU) Patients Satisfaction Survey - Summary of Results**

There were 63 questionnaires distributed, and 50 returned resulting in a 79% return rate throughout 2018. There were 145 admissions to IPU from 1st Jan to 31st Dec 2018. Of these patients, it was documented 75 were not able to complete a questionnaire because they were either too unwell, declined or had been admitted previously that year.

The results of the survey for 2018 remain extremely positive highlighting many aspects of care that are greatly valued by patients. 100% patients stated they would definitely recommend our service to a member of their family or friends and felt their care, treatment and support needs have been met during their admission.

Suggestions for improvements are actioned throughout the year. The numerous positive comments received from patients, once again reflects how they feel about the care they have received. Just a few of the comments received in 2018 are as follows:

#### Patient feedback

*"The entire staff we dealt with at Teesside Hospice always gave above board service. They were also very, very supportive and helpful with all our needs and demands. A big THANK you to all the team!"*

*"The general attitude and behaviour of every member of staff in the hospice lead to an atmosphere of peacefulness and reassurance. You feel that everyone is there for you and your wellbeing is of paramount importance"*

*“Everyone in the hospice are 1st class from the cleaners to the doctors. Nothing was any trouble to them”*

*“The care and support we have received has been exceptional”*

*“I felt secure, safe in knowing my illness was in great and professional hands that my needs were going to be dealt with in a caring and loving manner”*

### **The Day Hospice Patients Satisfaction Survey - Summary of Results**

The Day Hospice Questionnaire has been designed to give patients the opportunity to state their opinion in a confidential manner, on the care they receive whilst attending Day Hospice. Every questionnaire received from January 2018 to December 2018 have been collated and reported upon. There were 22 questionnaires distributed and 21 returned resulting in a 95% response rate. There were 92 patients attended Day Hospice in 2018 and 21 questionnaires analysed which equals 23% of patient's views being captured. 78% patients who did not complete a questionnaire were either unable to complete one, did not attend regularly, declined to complete and were discharged or died before they had attended Day Hospice for 6 weeks. We are currently reviewing the distribution process to ensure more patients get the opportunity to complete a survey

The results of the survey remain very positive highlighting many aspects of care that are greatly valued by patients. Improvements are made throughout the year acting on feedback received from this survey. 100% patients felt their care, treatment and support needs were met during their attendance at Day Hospice and 90% would definitely recommend our service to a member of their family or friends.



As part of the survey, our patients and their carers are asked to comment on anything they feel will be helpful. There are numerous quotes, some of the most recent are included below which describe the care that is provided and the gratitude the patients feel towards Teesside Hospice. Some of the comments are:

### Patient feedback

*"Happy with staff, friendly, co-operative and assist at all times when required. Volunteer assistance very good. ALL ARE ANGELS"*

*"I find it very welcoming coming to the hospice made by staff and other patients "*

*"Nothing I suggest could make any difference to this happy crew you have already. Everyone is so nice, made me feel right at home only wish my stay could have been longer"*

*"I'm very happy with everything concerning the day centre in my mind nothing needs improving"*

*"The general atmosphere is welcoming and friendly. The other service users become good friends. I would strongly recommend this valuable service"*

### **The Bereaved Carers Survey**

From previous research, bereaved carers were found to be the most open to providing feedback on hospice facilities and services. Therefore, a questionnaire was devised as a way of evaluating services and increasing levels of user involvement. The design of the questionnaire was discussed with a focus group, consisting of six bereaved carers and it was agreed that the 'tick box' format was the preferred design.

Two optional questions were added in order to gain more qualitative information, and one further question as to whether the carer was in need of counselling support.

### Methodology

Questionnaires are posted out 8 weeks following the death of the patient – this was the advisory period given by members of the focus group.

Questionnaires were answered using a Likert scale, covering 16 areas of hospice services, with two additional qualitative questions:



- “Please tell us about your experience of the Hospice, both good and bad.
- Have you any suggestions about how we could improve our services to help other patients and families using the hospice in the future?

Questionnaires were returned to the Director of Patient Services to enable the appropriate professional to respond to any issues or concerns raised.

Data analysis has been carried out by the Medical Secretary and the report written by the Audit & Education Facilitator. Every questionnaire that was received within this time was audited.

### Results

From January 2018 to December 2018 there were 96 deaths in IPU and 69 associated carers were sent questionnaires. 28 completed questionnaires were returned = 41% return rate (an improvement on 30% from the previous year).

### Summary

Overall, the results demonstrate an excellent standard of care was experienced with all but one questionnaire stating either excellent or good care. The data told us that 97% bereaved carers stated they would definitely recommend the service with the comments once again being complementary and services being highly valued.

## **Lymphoedema Satisfaction Survey**

The Lymphoedema Discharge Questionnaire is sent to patients when they are discharged from the service and invites them to state their views in a confidential manner, on the waiting time, the flexibility of the service, the setting and the care they received whilst attending the lymphoedema service. Every questionnaire received from January 2018 to December 2018 has been collated and reported upon. There were 105 patients discharged and sent a questionnaire with their discharge letter and 49 questionnaires returned resulting in a 47% response rate.

### Results

Of the 49 responses, 47 patients (96%) reported that they were seen promptly or within acceptable time and the actual number of patients who felt the wait was delayed following referral was two.

The results illustrated 98% of patients found the service flexible in meeting their needs and 100% of patients rated the lymphoedema service as excellent or very good.

As part of the survey our patients are asked to comment on what they found to be most helpful. There are numerous quotes, some of the most recent are included below which demonstrate how valued the lymphoedema service is to patients.



## Patient feedback

*“Condition and treatment fully explained.”*

*“Relieved being told what it was and how with treatment I was able to keep it from getting worse. Been shown the stockings and how to do the care and treatment each day. Regularly crossed my legs but now aware of complications to condition”.*

*“Having lymphoedema explained, given the instructions on how to massage. Also having the correct arm sleeve”.*

*“The staff explained everything about my condition to me very well and the care and support you have given me has been truly amazing”.*

## Summary

Overall, the results demonstrate an excellent standard of care was experienced with all but two questionnaires stating either excellent or very good. The data told us that 100% of patients stated the service was excellent or very good and 100% of patients would recommend this service.

Patient and carer feedback is very important to Teesside Hospice as it helps us to know that the care, support and treatment is of a high standard and if there are areas we hear about that are unacceptable we will take action to continuously improve our services.

## **Key projects / outcomes**

In the last 12 months the Clinical Governance Committee (CGC) and its sub groups have been actively working on a number of projects and initiatives. These include:

### **a. GDPR Compliance**

The General Data Protection Regulation (GDPR) came into effect on 25<sup>th</sup> May 2018 to replace the Data Protection Act. Our Data and IG Lead, lead the process at THCF by building a compliance plan. This included mapping data across the organisation, reviewing, updating and changing processes and ensuring consent to share is in place. A clear desk audit has been undertaken and an action plan implemented and monitored by the Quality Improvement Group.

### **b. Development Fund Committee**

Clinical influence, knowledge and skills are highly regarded by the Development Fund Committee. Representatives of the CGC are key members and have been leading new developments. This year the focus was on consolidation of projects such as the Drop In Service and implementation of the Outreach Nurse Practitioner role and the Admiral (Dementia) Nurse role. It also saw the development of the Bereavement Café in partnership with Aging Better Middlesbrough from July 2018.

### **c. Nurse Verification of Expected Death**

Historically, when a patient died as an expected outcome of palliative care, it was the role of the doctor to formally verify that death had occurred, prior to relatives contacting

the Funeral Director. However, there is no legal requirement for the doctor to attend to verify that death has occurred. The only legal requirement is to issue a death certificate stating the cause of death. With the emphasis on the provision of the right care at the right time, by the right member of the multidisciplinary team, it is appropriate for a RGN to be able to formally verify the expected death of their patients.

The Nursing and Midwifery Council (NMC, 2015) and Royal College of Nursing (RCN, 2015) advice states that RGN undertaking this responsibility should have received appropriate training and evaluation of their competency and must be aware of their accountability when performing this role. RGN should also be trained and aware in the use of the 'Caring for the Dying Patient' documentation.

The CGC ensured that an appropriate evidence based policy was written (C Pol. 19), ratified by the Board of Trustees and implemented into practice after RGN's were provided with education, training, competence assessment and support.

#### **d. Ensuring CQC Compliance**

Whilst this is regarded a key function of the CGC there have been significant challenges this year in the Hospices North East Collaborative with the voluntary suspension of the license to practice by a partner hospice in September 2018. The lessons learned were taken very seriously and have been shared across the organisation.

We also had an announced Commissioner Assurance visit in September 2018 which was welcomed. Of the 31 standards, 27 were achieved and classified as good and 4 required minor actions. These actions were all achieved quickly and the action plan was monitored by the CGC.

#### **e. Policies & Procedures**

There are currently 25 clinical procedures/guidelines and 20 clinical policies. In the last 12 months 9 clinical procedures/guidelines and 14 clinical policies were due for review and have gone through this process. New policies include:

- C Pol. 17 Pressure Ulcer Prevention and Management
- C Pol. 19 Nurse Verification of Expected Death in Adults Policy

## **The Board of Trustees Statement**

The Board of Trustees is fully committed to the provision of a high quality service at Teesside Hospice.

The Hospice has a well-established clinical and corporate governance structure, with members of the Board 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 CQC registration, health and safety, employment law and other relevant legislation.

**This Quality Account was approved 30<sup>th</sup> May 2019**

**Signed**

A handwritten signature in black ink, appearing to read 'Brian Footitt', with a stylized flourish at the end.

**Professor Brian Footitt OBE, Chairman, Board of Trustees of Teesside Hospice Care Foundation**



Healthwatch South Tees (the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland) is happy with the response to our comments regarding the Teesside Hospice Quality Accounts 2018-2019.

We are particularly looking forward to seeing the results of the staff and volunteer survey as this aligns with the values and principles of Healthwatch, listening to community and patient voice to inform the development of services to ensure they meet need.

This information will help to influence our local priority of long-term health conditions as it is an area of focus for our workplan 2019-2020. There's some excellent work being delivered within this service.

**Lisa Bosomworth**

Development and Delivery Manager  
Healthwatch South Tees

21/06/2019

June 2019

**Statement from NHS South Tees Clinical Commissioning Group (CCG) in respect of the Teesside Hospice Quality Account 2018/19**

The CCG welcomes the opportunity to review and comment on the Quality Account for Teesside Hospice for 2018/19 and would like to offer the following commentary.

NHS South Tees Clinical Commissioning Group is committed to commissioning high quality services from Teesside Hospice and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients, their families and the public are listened to and acted upon. The CCG welcomes David Smith to the role of Chief Executive of Teesside Hospice and acknowledges the contributions made by his predecessor, Maureen Thompson.

Overall the CCG feels that the Quality Account is presented in a meaningful way for both stakeholders and users and provides an accurate representation of the services delivered by the hospice during 2018/19.

The CCG recognises the hard work undertaken by the Hospice to drive quality improvements throughout the year and the three aspirations for 2019/20 are to be commended. The CCG welcomes the aspiration to ensure that anticipatory prescribing is safe and effective and notes that this will be monitored through regular auditing of care records and analysis of incident reporting, with ongoing education and training provided to all clinical staff.

The CCG commends the hospice for supporting those living with dementia through the role of the Admiral Nurse and the impact that that role will have on families, carers and the hospice through one to one support, expert guidance and training.

It is noted that the Hospice will be employing a Creative Therapist to establish creative therapies for patients at Teesside Hospice and will be working with the occupational therapist to explore ways of supporting patients through art work. The CCG will be interested in the evaluation of this service through the patient satisfaction surveys.

The CCG congratulates the hospice on achieving the quality improvements outlined in the 2018/19 Quality Account and notes the ongoing interventions and efforts to ensure that these improvements are maintained. The development of the Falls Prevention Tool demonstrates the need to carrying out a falls risk assessment within 24 hours of admission with an individualised care plan put in place to mitigate risk, as well as a review within 7 days. It is noted that ongoing work will refine the tool; audit data to improve documentation, and a new Link Nurse will be recruited to promote sharing of audit information and good practice on the inpatient unit.

The evaluation of the Outreach Nurse Practitioner post introduced in 2018 demonstrates the importance of this role in assessing patients prior to admission, ensuring admissions

to the IPU are appropriate and timely, with good information about the patient assisting communication and admission. The benefits of supporting safer discharges through this role are also noted.

The focus on prevention of pressure ulcers during 2018/19 has resulted in the appointment of a Pressure Ulcer link nurse; an updated pressure ulcer prevention & management policy; training in tissue viability provided to RGNs & HCAs, patients being assessed within 6 hours of admission; care plans & risk assessment templates being added to care records, investment made into preventative equipment and incidents relating to pressure ulcers reported and monitored. The work providing information to patients and families about pressure ulcers and their prevention is also noted.

Finally, the CCG would like to offer congratulations to Teesside Hospice on the achievements outlined in this report which we believe accurately reflects the hospice's commitment to deliver a high quality, patient centred service.

The CCG looks forward to continuing to work in partnership with the Hospice to assure the quality of services commissioned in 2019/20.

**Jean Golightly, Director of Nursing and Quality**  
**South Tees Clinical Commissioning Group**  
**14/06/2019**

Teesside Hospice would like to thank South Tees CCG and Healthwatch Middlesbrough for their responses.