



Teesside
HOSPICE

Quality Account

2019-2020

Our Vision is that 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 is 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.

The Values that will shape the makeup of our team and the way we behave:
Compassionate, Skilled, Trustworthy, Ethical, Accountable, Integrity

Quality Matters to us

At the centre of everything we do is the patient and their family or carer, therefore it feels appropriate to begin our Quality Account by capturing some of the feedback that we have received throughout the past year which illustrates the difference we make for the people that use our services.

Quotes from patients and carers during 2019 - 2020

“Every interaction was full of kindness and respect and each member of staff genuinely wanted to help and make things better for me. I can’t thank you all enough for looking after me.”

“Everyone has been so kind and considerate to me whilst allowing me to keep my self-respect and dignity. Nothing seems to be too much trouble and staff always have a smile and a few words. All the people in here are doing a marvellous job and can’t thank them enough. I was very pleased with the care & attention from all of the staff, everyone went that extra mile for me. They make you feel more at ease. Nothing was too much for any of the staff to do, which made me feel better in myself. I didn’t think there was such caring, wonderful people in the community. It would be a nicer world altogether if there was more people like this.”

“The staff in hospice are excellent, they always there when I need them. The hospice is always spotless, nothing is too hard for any of our staff to do. Excellent care and emotional support from everyone. Thank you to you all.”

“Attitude of nurses and carers is fantastic. Nothing is too much trouble, made to feel at home due to this attitude.”

“From the moment I walked in I felt so very welcome and I am very pleased with the support and care I have received. I always go away on a positive note every time.”



“Made to feel really welcome. Arranged for me to see social worker, occupational therapist. Nothing was too much trouble. Went out their way to make sure you felt at ease and able to discuss your fears and concerns for the future. I found it truly inspirational experience.”

“The staff are amazing, very attentive to needs. Spend time with you. Always offer support, such a wonderful service so many good activities. Good food, very clean and friendly. Not a sad place like I thought it would be, the staff make it a happy place.”

“From start to finish my nurse treated me with dignity and understanding as my lymphoedema come at a difficult time for me, my husband developed secondary cancer and she helped me through that too. He had end of life care at the hospice.”

“Thank you to medical staff, and clerical staff - phone for taxi for me etc, and volunteers who served tea in the café. All good teamwork. Well done, you are doing a very worthwhile job and I wish you well as you continue to serve other people who need your care and empathy.”

“The very first day we came to the hospice Mum and I no longer felt alone with our worries of illness. We thought they were true angels, everyone made us feel safe and we could live and enjoy life again. We were no longer on our own with the cancer, it was like it was no longer there.”

“All the staff from Doctors to cleaners were very good, kind, thoughtful & considerate. I could not have asked for better care for my husband and when I stayed with him I was very well looked after. Both of us felt very “safe” in the hospice.”

Foreword from Chief Executive

Writing the introduction to this Quality Account whilst in the early phase of responding to the Covid-19 pandemic brings home very clearly why we need robust operations that are flexible and well integrated into the wider healthcare system.

During 2019/2020, Teesside Hospice began a transformation journey that will take us through the coming years to become not only a superb provider of palliative care services, but also a sustainable charity that is more closely aligned to the needs of our beneficiaries and add real value to the work of our partners. We started this work with an open consultation with our stakeholders, from there developed an ambitious strategy and to support its delivery, initiated a bottom up review of our governance that resulted in a streamlined and focussed framework offering scrutiny and assurances on all of our critical areas of operation. The year also saw planned changes of senior personnel with both our Chair and Director of Patient Services

retiring and a new Chair, Elaine Criddle being appointed by the Board, alongside a new Director of Nursing and Quality, Michelle Larkin, starting in post at the end of 2019. Trustee recruitment this year allowed us to strengthen the Board's expertise in clinical, communications, workforce, business development and finance.

The coming year will be an unusual one by any standards. With the healthcare system focussing on Covid-19, long term social distancing and potential changes to our revenue streams, it's more important than ever that we remain flexible and ready to adapt to the changing environment. Despite these unprecedented times and pressures, it has been reassuring to see our focus on quality of care remain at the very forefront of our delivery. Safe, Caring, Responsive, Effective and Well-Led have not just been standards to aspire to, they have been the core foundations upon which we have delivered our work.



David Smith
Chief Executive



1. Introduction

The arrival of the new Chief Executive Officer in late 2018 brought a refreshed vision and mission for the hospice with four key overarching strategic aims:

- **Deliver essential services**
- **Help more people**
- **Empower our community**
- **Be the best**

To support the achievement of these aims there are the corporate objectives which have been developed and set for the senior team, some of which have influenced the three key aspirations within this year's Quality Account.

It sets out how we will achieve our vision, values and strategic aims by sustaining safe, effective patient care.

A new Clinical director has also brought a fresh focus and renewed energy in driving forward quality improvement within the hospice with a continued drive to improve patient outcomes, work through boundaries to collaborative working with all agencies and looking at new ways to deliver services.

Teesside Hospice always strives to deliver excellent, much needed services to the local people and its success depends on the delivery of safe, responsive and effective care and how valued we are by the people that need us. This account sets out how we monitor the care we provide, seek assurances that we provide high standards of care and outlines three aspirations that support our delivery of the strategic aims.

Part 2

2.1 Looking ahead: Key priorities for improvement for 2020/2021

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.

Our Bereavement and Counselling service are a skilled team who can offer anticipatory counselling and bereavement counselling support to patients and families. Additionally, we have a Forget Me Not counselling service for children, aged 7 years and above who have endured a bereavement.

The Hospice's catchment area is predominately Middlesbrough, Redcar and Cleveland areas; however, we are also commissioned by the local NHS to provide a Tees-wide specialist community lymphoedema service.

We work in partnership with the local NHS acute hospital and the community which specialist palliative care teams and primary care services to meet the needs of patients with a focus on pain and symptom control which includes end of life care.

Within our day hospice service working collaboratively enables a joined up approach in the relief of complex symptoms with regard to physical, social, psychological and spiritual aspects of patient and family care, thus enabling people to remain at home and independent for as long as possible.



When there is a need, the patients are admitted to our inpatient unit for management of complex symptoms and taking a multi-disciplinary team approach, maintains the focus on discharge as early as possible, either back home or to another care setting, with the objective of improving the quality of life. The introduction of our Outreach Nurse Practitioner has enabled us to offer support to patients which allows them to remain in their home or care environment for longer.

As a hospice, we offer patients and their families our inpatient unit as a preferred place to die and we provide excellent safe end of life care and support to those who need and want our input.

Patient satisfaction

Patient feedback is important to us so that we can continuously review our services and improve on what is available. An annual patient survey is undertaken and feedback is managed by the Clinical Audit & Quality Improvement Group. The outcome of the survey is shared widely within the organisation at the Quality and Performance Committee, Board of Trustees and summaries of the survey are shared in each department to inform patients, their families and other visitors to the organisation of the outcome of the survey. Furthermore, we have a suggestion box for visitor and patients to provide us with live feedback that this is reviewed each day and take action at the earliest opportunity.

Caring for carers

A carer support programme is available alongside the Day Hospice and in patient 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.

Clinical Governance and Quality Performance

Throughout the year we capture and report on key performance indicators both for our own Quality and Performance targets and for the commissioners who we have NHS contracts with. Additionally, we submit our performance to Hospice UK to ensure we are part of national benchmarking with key indicators.

In September 2018, Teesside Hospice received an announced Commissioner Assurance Visit (CAV), which assessed the quality of care delivered based on the five domains of care as assessed by the Care Quality Commission, as listed below:

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

The findings from the visit awarded the service with the highest accolade of good. The Care Quality Commission inspection last took place in 2016 with an overall rating of good. A positive introductory meeting took place with our lead inspector in October 2019 and we have successfully completed the application for the newly appointed Director of Nursing and Quality to be the registered manager and accountable Controlled Drugs Officer. At the time of writing this report, there is no imminent expectation of a CQC inspection, however the whole team monitor compliance through our governance arrangements.

We monitor the quality of care that is provided across the organisation via the Quality and Performance Committee and the sub committees. 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 Nursing & Quality, the Associate Specialist in Palliative Medicine and the chair of the Clinical Audit and Quality Improvement Group and representatives from the Board of Trustees.

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 a performance framework, and a robust Clinical Audit programme.

The recent review and improvement of the governance arrangements outlined have served to strengthen our assurances of excellent care across the clinical services.

2.2 Improvement Aspirations for 2020/21

Aspiration 1 – Patient safety

Controlled Drugs Administration

Why choose this priority?

This aspiration has been agreed to support the delivery of one of our strategic aim *to be the best*.

Patient safety is a top priority within any health care setting and Teesside Hospice is no different, with medicine management being one of the key areas to focus on. Our medicine management is a system of processes and behaviours that support the way that medicines are safely used by patients in the hospice. Getting medicine use “right” has the potential to not only improve patient outcomes but also contribute to patient safety. The organisation has developed safe and secure procedures for ordering, storage, prescribing, administration and disposal of Controlled Drugs (CD) medication in accordance with The Controlled Drugs (Supervision of Management and Use) Regulations 2013 legislation and the Department of Health’s Independent Health Care National Minimum Standards Regulations Standards.



Everyone can make errors, no matter how well trained and motivated they are. However, in a health care environment the consequences of such medication errors can be severe. National analysis of accidents and incidents shows that human factors, job factors and organisational factors all contribute to all incidents and here at Teesside, it is important for us to look at can be done to minimise medication incidents or errors. During 2019, it was observed that there was a gradual increase in minor medication incidents with many of these involved controlled drugs.

In light of this, CD administration has been chosen as our safety aspiration to ensure Teesside Hospice does everything possible to improve the performance influencing factors and reduce the number of medication incidents.

How would this be achieved?

In order to ensure the hospice as an organisation is not contributing to these errors in anyway, it is paramount the hospice's processes and procedures on medicine management are as clear and effective as possible. A number of Standard Operating Procedures will be developed and implemented on all procedures connected to Controlled Drugs such as the ordering, storage, prescribing, administration and destruction of Controlled Drugs.

A Controlled Drug Policy will also be developed and implemented separating Controlled Drugs from the current Medicines Management Policy. These documents will be written in accordance with the Controlled Drugs (Supervision of Management and Use) Regulations 2013, the safe use of and management of controlled drugs (National Institute of Clinical Excellence) 2015, Standards for Medicines Management: Royal Pharmaceutical Society Competency Framework for all Prescribers and Safer Management of CDs: Guidance on SOP for CDs, DoH 2007, plus other relevant legislation.

The medication policy and procedures will be available electronically and as hard copies in the treatment rooms. This will be done to improve the clarity and ease of use of the medication policies and to ensure all staff have specific evidence-based instructions which are clear and easy to follow.

There will be an increase in medication audit activity across the hospice and this will be reviewed and reported at the Clinical Audit and Quality Improvement Group bi-monthly.

There will be a focus on medication safety during the education sessions at the mandatory RN study days and through open forum education sessions attended by the Medical staff and other clinical staff.

All medication incidents will require all clinicians involved to reflect on the incident and record actions to prevent a reoccurrence. Most importantly, an incident review group will be set up to analyse incidents to identify the factors involved and look at how improvements to organisational factors can be made to support patient safety.

How will this be evaluated?

- All education sessions will be evaluated to ensure understanding and learning has taken place which will impact practice.

- Audits will be regularly undertaken and actioned to ensure safe administration of Controlled Drugs and compliance on implementing the policy and Standard Operating Procedures using the following audits:-
 - Administration of Medication
 - Prescribing of medication
 - Controlled Drugs Audit

The results of the audits should drive forward improvements to organisational processes and procedures as necessary and subsequent audits showing better compliance with standards.

- Medication Incidents will continue to be closely monitored, actioned and reported on quarterly with the expected aim of either a reduction in the number of avoidable and similar medication incidents over the year or the numbers to remain static.

Aspiration 2 – Clinical Effectiveness

Lymphoedema Education Groups

Why choose this priority?

This aspiration has been set to support the delivery of the strategic aim *to empower our community*.

Lymphoedema is a progressive, chronic condition that affects a significant number of people and can have a harmful effect on a patient's physical and psychosocial health. The Lymphoedema Framework International Consensus Document - Best Practice for the Management of Lymphoedema (2006) states that patients and carers should have early, active involvement in the management of their lymphoedema and that successful management relies on patients playing an active role.

During the past few years, the demand on the Lymphoedema Clinic has increased substantially, currently with an average of 50 new patient referrals each month. When patients attend their initial assessment appointments, the priorities of the lymphoedema practitioner are the history of the swelling, assessment and staging, limb and hosiery measurements and an individualised treatment plan so time limitations of the clinic can hinder the education of patient self-management of their lymphoedema. This, along with patients being overwhelmed with their diagnosis, the knowledge that they have a chronic condition and the process of attending the clinic, is not conducive towards them fully comprehending the information they have been given. A cornerstone of lymphoedema management is the importance of self-care however the clinical team recognised that patients needed more time to take in the information on how to self-manage their condition in a way that they would feel comfortable and supported along with other people who also have lymphoedema.

It was also identified that current lymphoedema patients, with a more complex treatment plan, would benefit from receiving additional information that would expand on their knowledge base and so gain more understanding of lymphoedema.

The aim being to motivate patients to play an active role in their lymphoedema management, doing this by providing the rationale behind their treatment plans, reiterating the importance of self-management by providing knowledge and information on possible complications and how to deal with them, so empowering patients to take more control.

How will this be achieved?

The clinical team will introduce new patient pathways to the service.

When a patient is diagnosed with mild to moderate lymphoedema or lipoedema at their initial assessment, and if it is appropriate for them, they will be placed on the pathway that involves attending the Lymphoedema Education Group.

The patients with more complex treatment plans, as they attend their review appointments, will be offered a place on the group.

This consists of a group of 10 to 12 patients who attend for a programme of 3 sessions, each one lasting approximately 1 ½ hours.

The topics of the sessions are

Week 1 – What is Lymphoedema, Skin Care and Cellulitis

Week 2 – Compression, Exercise and Patient Activities

Week 3 – Management of a Chronic Condition

These topics are delivered in the form of a power point presentation by a lymphoedema practitioner with some practical demonstrations involved.

As this programme is designed for knowledge sharing with patients, each session is presented in a relaxed format, allowing time for the patients to express and share past experiences with the rest of the group and patients are actively encouraged to ask questions of the practitioner throughout each session.

How will this be evaluated?

The facilitator will ask the attendees to complete a questionnaire at the beginning of the sessions to ascertain their knowledge on the information to be covered. At the end of the programme a questionnaire will be given to the patients to measure if their knowledge has improved. The information will be collated, any constructive comments will be encouraged and noted and, if appropriate, acted on.

The number of patients attending and the retention of the patients over each of the 3 programmes will be monitored and reported on.

Future sessions should be influenced by any additional information the patients have highlighted in the questionnaire, as these sessions are to empower patients to take control and ownership of their condition.

Aspiration 3 - Patient Experience

Neurological Day

Why choose this priority?

This aspiration has been agreed as one of the hospice strategic aims is to *Help More People*. Underpinning that is an objective for the hospice to develop a wider need led service that reaches more people with neurological conditions who can benefit from our care through the development of strategic partnership.

The hospice provides support and nursing intervention for patients living with neurological conditions such as Motor Neurone Disease (MND) and Parkinson's Disease and has done so for many years. However, due to the varied and complex needs of this group of patients, it has become more challenging within the Day Hospice setting to address the specific care needs and symptom management required. In light of this, it was agreed that a dedicated day hospice service would operate working alongside the specialist neurological team from the local acute hospital, James Cook University Hospital.



Through our partnership working, the hospice has become increasingly aware there are many unaddressed needs of these patients in the community which was confirmed by the MND & Parkinson's Specialist Nurses. Through working collaboratively with the specialist nurses, it was felt by all professionals involved that the hospice would be the ideal place to provide a separate neurological session aiming to meet certain specified needs of these patients which may not currently be being met with current services that are provided within the hospice or the region. The specified needs agreed would be a focus within these sessions on providing creative and complementary therapies aimed at improving quality of life and self-esteem.

This new service will strengthen the partnership working with the PD and MND specialist teams and lead to the sharing of knowledge and experience which will help develop the knowledge and skills within all areas. Additionally, this will create a more streamlined service for patients and carers who move between hospice and NHS specialist services.



How will this be achieved?

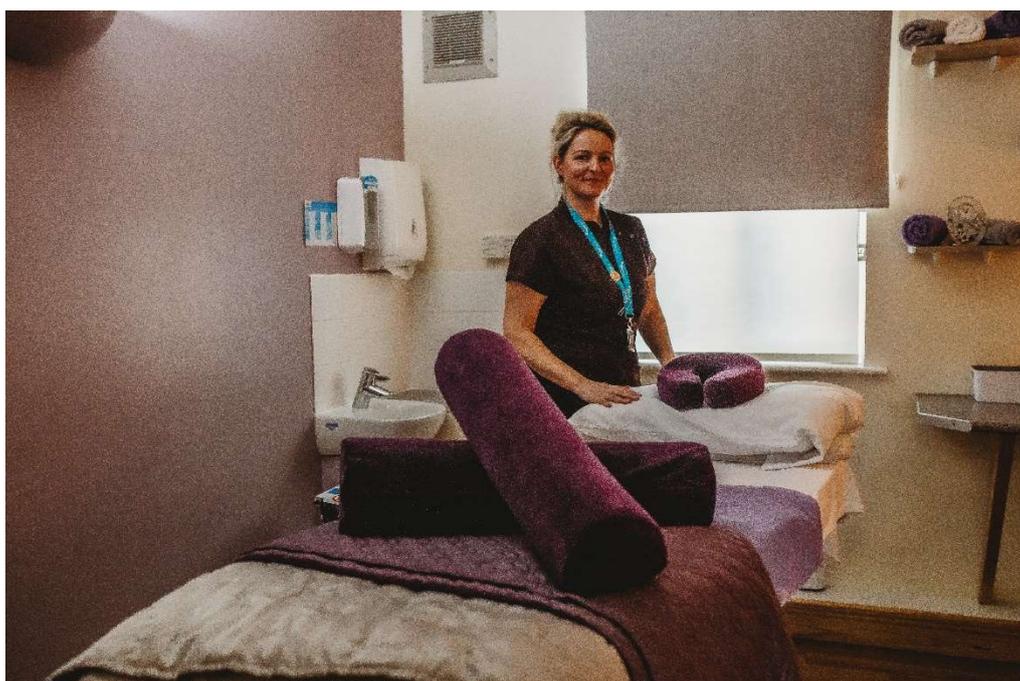
A nurse led neurological day will take place each Monday to provide practical support, advice and resources for the patient and their carer, which will accept patients with either advanced Parkinson's Disease or Motor Neurone Disease. A referral criteria and process will be agreed and implemented with referrals coming initially from the PD and MND Specialist Nurse only.

The patients will be offered weekly attendance over a 12 week period and will then be signposted to the most appropriate service in partnership with a discharge process and the MDT working across organisations.

The neurological day will be varied depending on the group of patients attending. The session will allow a whole person-centred approach to care, delivered by a team of professionals skilled at delivering a pure holistic approach making it a beneficial and valuable session for the patient. This session may include-

- An opportunity for patients to have an introduction to hospice services, to build a rapport with the hospice team but also other patients who are experiencing similar issues.
- An opportunity for SPC/MND/PD specialist teams to assess and manage patients care needs jointly offering a more seamless service.
- A thorough assessment of their needs, taking time to look at their needs holistically.
- Activities based on maintaining gross motor and fine motor skills as well as utilising their cognitive ability to support the patient's independence for as long as possible.
- An opportunity to be supported to discuss future wishes, Advanced Care Planning appropriate to their needs.
- Nursing care will be provided so that patients with more advanced MND and PD are not excluded from the sessions.
- Access to Complementary Therapies within a group setting and as individual, deciding treatment on an individual needs basis.
- Access to Creative Therapies that are achievable and therapeutic.

Due to the recognised varied symptoms and needs of this patient group, it is clear that support from several professionals/specialities will be required. Each week the key professional facilitating the sessions will include nurses with a special interest in neurological conditions, a Creative Therapist and a Complementary Therapist.



The session will also provide care interventions to patients, therefore other members of the team and volunteers will be in attendance. A member of the specialist MND and PD team from the region will be in attendance on a minimum of monthly basis or as need arises. Other members of the multidisciplinary team will support the group each week as required which may include Occupational Therapist, Physiotherapist, Chaplain and Social Worker.

How will this be evaluated?

All patients who attend will be asked to complete a user friendly patient evaluation survey. Patients will also be asked to complete an outcome scale designed to meet the specific aims of this neurological day admission and prior to discharge to assess the benefit of the service.

Each patient's specialist nurse will be asked to complete a simple questionnaire following discharge or death of a patient, to state from their point of the view the benefits the patient and carer received from attending.

A carer's questionnaire following a patient discharge will be used to assess the benefits they felt as a carer and those of their loved one from their perspective.

The number of referrals, patients who attended and the retention of these patients will be recorded and reported upon.

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 2019/2020 Teesside Hospice provided the following Specialist Palliative Care Services to the NHS:

- Inpatient Unit – 10 beds
- Day Hospice Services
- Specialist Community Lymphoedema Services
- Medical Outpatient 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 Nursing & Quality.

The income generated by the NHS services reviewed by this quality account represents **30%** of the total income generated from the provision of NHS services by Teesside Hospice for 2019/2020. This 30% represents only part of the funding required to provide services at Teesside Hospice.

The remaining **70%** 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 mainly funded from charitable funds.

b. Participation in Clinical Audit

During 2019/2020, 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 annual audit programme. The clinical audit programme is delivered throughout the year with each audit report being presented at the bimonthly Clinical Audit & 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 2019/2020 there were no CQUIN projects agreed between Teesside Hospice and Tees Clinical Commissioning group.

d. Key Performance Indicators (KPI)

There is a suite of KPI set by the Commissioners as part of the Local Quality Requirement (LQR). These have been agreed and are submitted quarterly with meetings with the Commissioners taking place. Furthermore, there are KPI set by the Board of Trustees that are monitored through the governance committees, including safety, effectiveness and experience of those who use our services.

e. 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. The areas for improvement were addressed immediately and the senior management team monitor compliance with the fundamental standards throughout the year.

f. Data Quality

Teesside Hospice did not submit records during 2019/2020 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.

g. 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 2020 via the NHS Digital Portal. Evidence was submitted for the 56 mandatory items and all 42 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.

Teesside Hospice successfully implemented its General Data Protection Regulation (GDPR) processes in 2018 and we have a Data Protection Officer to lead on these issues.

h. 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 2019/20.

i. 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 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 and any changes to systems and processes are shared with the all staff to mitigate the risk of a reoccurrence. This year we have commenced an Incident Review monthly meeting, where the senior leadership team analyse all incidents with the Director of Nursing & Quality to ensure actions are taken in a timely manner and there is full agreement with the decisions made. A monthly incident report of all incidents and their actions is then shared at all clinical staff meetings ensuring full transparency and learning throughout the whole of the clinical team within Teesside Hospice.

Additionally, 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).

The Duty of Candour policy is followed and included within our incident reporting process thus 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.

j. 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 and 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.

k. NHS Staff Survey - Engaging with Employees

Staff and Volunteer Voice at Teesside Hospice

We conducted one staff Friends and Family test during 2019 in June and this was repeated in February 2020. 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 previous years and in line with that used in the NHS which was designed in order to give staff and volunteers 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 through regular staff meetings, communication champions meetings and an open door policy by the senior management team.

In February 2020, 94% of staff and 100% of volunteers would recommend Teesside Hospice to friends and family if they needed care or treatment.

When asked 'how likely are you to recommend Teesside Hospice to friends and family as a place to work', 73% of staff and 85% of volunteers said they would recommend this.



The feedback received from staff and volunteers identified Teesside Hospice as a fantastic place to work, stating great people and excellent care. There were over 40 positive comments indicating that the service has good leadership, is supportive, professional, friendly and rewarding place to work providing excellent care. A couple of quotes:

- *Teesside Hospice is a forward thinking organisation which welcomes input from its staff and I believe values the contribution each and every person offers.*
- *The atmosphere and the staff are fantastic*

- *Calming and friendly environment with excellent caring staff (Volunteer)*

It was pleasing to note that the responses about the care we provide also had over 40 positive comments with themes of excellent and lovely team being identified. Some of the quotes from staff and volunteers are:

- *Special place – caring environment- very rewarding – just love it*
- *Extremely high quality care.*
- *Working here gives me a ‘feel good’ feeling (volunteer)*

The excellent support for both patients and families was identified as something to be proud of, as was the reputation of Teesside Hospice. As with all surveys, there were issues for the management team to consider for improvement including the pay structure, communication and feedback and management support. Moving forward, the Chief Executive Officer has sent an email to all staff inviting individuals to come forward and explain their comments and share ideas on what else we can do to support them.

The Communication Champions initiative, launched in 2017, continues to provide a platform for departmental representatives to promote communication across the organisation. Additionally, it helps encourage an increased level of understanding of organisational wide activity and this group will be used to encourage staff to bring ideas as well as concerns to the CEO.

During 2019, the new Chief Executive sent out a detailed survey to assist in his understanding of the priorities for staff, volunteers and services. This was then followed up with a further survey later last year to assist with the formulation of improved vision and values which has been used to set out the new vision and values for the hospice.

Part 3

Review of Quality Performance

Teesside Hospice Care Foundation (THCF) Quality Account 2018/19 set out three aspirations 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: Anticipatory prescribing**
- **Aspiration 2: - Clinical Effectiveness – Evaluation of the Admiral Nurse Role**
- **Aspiration 3: - Patient Experience – Evaluation of the Creative Therapy Role**

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

Anticipatory prescribing

Anticipatory Prescribing was chosen as the Safety Aspiration Improvement for Teesside Hospice Care Foundation (THCF) in the Quality Account 2018/2019. Following the publication of the Gosport Report in 2018, which highlighted the use of inappropriate high dose prescribing of anticipatory medication causing many deaths, it was decided to review our use of anticipatory prescribing. The report commented on the fact that there was ‘no routine monitoring of safe and effective prescribing.’

Prescribing anticipatory medication is common within Palliative Care settings in order to ensure patients receive medication promptly for distressing symptoms. Although it is important to prescribe on an individual patient basis there are some symptoms that can be anticipated, and some anticipatory medications can be prescribed safely. THCF medical and non-medical prescribers use national and local guidelines on Symptom Management to support their prescribing.

In order to review the safe prescribing of anticipatory medication at Teesside Hospice, an audit was carried out specifically looking at anticipatory prescribing. The standards used within the audit, were developed using our own Medicines Management Policy and NICE Guidance on the Safe Use and Management of Controlled Drugs.

The results of the audit were good and these have been shared with the clinical team, and in particular the medical and non-medical prescribers. Areas where there was room for improvement have been discussed and an action plan created. In particular, we have reviewed our current medication prescribing documentation and made alterations, which will ensure even clearer instruction for prescribed anticipatory medications.

Teesside Hospice has systems in place for reporting medication incidents, both near misses and actual. It encourages an open and transparent culture for all incident reporting in order to learn from such incidents. Medication incidents, (including anticipatory medication) are investigated by the clinical team promptly and any learning disseminated from these reviews.

All Patient Satisfaction Surveys and Bereaved Carers Questionnaires are reviewed regularly to ensure that any concerns around prescribing medication are addressed.

Safe and effective prescribing of all medication is a priority at Teesside Hospice and we will continue to regularly audit and monitor anticipatory prescribing as part of our Clinical Audit and Quality Improvement Programme.

3.2 Improvement Priority 2: Clinical Effectiveness

Evaluation of the Admiral Nurse Role

In recognition of the NICE guidelines (2018) stating patients with dementia should have the same access to palliative care service as others, a decision was made to establish a fixed term pilot scheme in the hope that funding for the longer term could be secured. The Hospice agreed to jointly fund and host an Admiral Nurse post on a 2 year fixed term contract, in collaboration with Dementia UK to support patients living with dementia, their family and carers and professionals, specifically those people with advanced dementia.

An Admiral Nurse was appointed, and it was decided the service would be divided into two elements; casework with families affected by dementia and a focus on service development and education with Teesside Hospice staff and the wider local health and social care community.

Casework

Since taking up post and establishing a referral process, the Admiral Nursing service has received 64 referrals from health and social care colleagues in the local area. The top two primary reasons for families being referred into the admiral nurse service were:

- High levels of distress/change in presentation of the person with dementia
- Family carer needing support around end of life issues

Within a 12-month period the post holder carried out face to face visits and telephone calls to support those on the caseload. Examples of interventions included providing person centred information and support and offering practical advice to manage problems. Supporting carers' interaction with other professionals, helping to explain and navigate the healthcare and funding systems, providing psychological and emotional support, identifying and explaining last week's / days of life and supporting families through end of life care and beyond, offering bereavement support.

Families reported that the Admiral Nurse was able to offer support which was different from that of other professionals. The ability to provide sufficient time to develop a trusting relationship with families enabled them to discuss their concerns more fully which many families found valuable.

Staff at Teesside Hospice also had access to the Admiral Nurse to support patients attending either as inpatients or via Day Hospice. In this capacity, she was also able to support families where the person accessing services at Teesside Hospice was the main carer of a person living with dementia.

Service Development and raising Awareness:

The Admiral Nurse delivered several internal dementia awareness sessions and delirium awareness training to staff, including full day study sessions, two Open Forum education sessions for clinical staff, training as part of the RN and HCA study days and one to the Teesside Hospice retail staff.

The aim of the training was to increase staff awareness of the effects of dementia on the person diagnosed and the family members who support them. A “Virtual Dementia Experience” was used on each of the study days to help staff recognise distressed responses and how to address these in practice. These days evaluated very well with attendees reporting that they would change their practice as a result. Teesside Hospice also hosted the MELISSA bus as a training session to raise awareness of delirium further.

External training was also provided to carers groups again to raise awareness on dementia and share some insight on how to respond to behaviour that present when a person is living with dementia.

Due to the training and awareness of the needs of dementia patients and their families the Admiral Nurse delivered, the team are now much more equipped to deliver palliative care to meet the specific needs of this group of palliative patients. The hospice has also made changes to the environment and facilities where possible in line with the latest evidence to ensure we can support patients living with dementia effectively.

Although the Admiral Nurse role has made a positive difference for people who live with dementia and there has been an increase in knowledge for the staff, unfortunately the hospice has been unable to secure external funding to continue with this pilot on a permanent basis therefore this role will no longer be available beyond April 2020. However, we remain committed to providing palliative care to people suffering from dementia and supporting them and their families.

3.3 Improvement Priority 3: Patient Experience

Evaluation of the Creative Therapy role

In 2018/2019 Quality Account we chose the development of a new Creative Therapist role as our improvement priority for patient experience due to the growing amount of evidence that art can support people struggling emotionally to cope with illness and the effects illness is having on their life. This coincided with an awareness within the hospice of an increased number of patients with complex psychological needs which could be supported through this work. This new role has been created and has been an overwhelming success.



When the Creative Therapist joined the hospice, the overarching objective was to offer patients the opportunity to engage in creative therapy including the use of art to support their emotional needs in order to cope with illness and their overall wellbeing, which will increase their coping skills, resilience and additionally support the wellbeing of their families and carers.

As the Creative Therapist developed in the role, it became evident that there were a number of opportunities across the hospice to use more varied sessions in a more therapeutic way. The therapist employed is a qualified counsellor, and although not working in this capacity, is obviously able to use her valuable transferable skills in this role. Some of the sessions now available had not been initially considered, however the sessions have been introduced and evaluated greatly.

The Creative Therapy sessions

Day Hospice session: Within the traditional day hospice session, the Creative Therapist has been providing sessions to patients for a number of issues such as distraction from pain, anxiety, low mood and depression, body image, and emotional support. Using a creative medium has supported patients to express themselves emotionally, distract them from pain, lift their mood and lower their levels of anxiety. Ongoing sessions whilst in day hospice has helped patients develop a set of tools to self-manage these issues at home.

Neurological day sessions: During this session, the Creative Therapist has been working alongside patients with Motor Neurone Disease and Parkinson's disease using materials such as clay, watercolours, finger painting and non-verbal art expression. With both MND and Parkinson's patients, this way of working helps them with their fine motor skills, it can distract from involuntary

shaking, pain and discomfort, muscle weakness and muscle cramps and support communication problems.

Life story clinic: Our life experiences shape us as individuals, so life story work allows the patient to review their past life events and build a personal biography. It is used to help the person understand their past experiences and how they have coped with events in their life. It has helped patients share their stories and enhanced their sense of identity. Life Story work encourages better communication and an understanding of the person's needs and wishes. This can inform their care and ensure that it is provided in a positive and person-centered way. During this session, many patients created memory boxes for their loved ones incorporating the life story work they have undertaken. This service is offered to Day Hospice patients on a weekly basis.

Drop-in: During the Day Hospice Drop-In, the Creative Therapist runs a session which supports with distraction from pain and emotional issues. It provides a safe place to talk over any worries and engage with other patients. It helps to encourage patients to find an interest they can use at home to help distract from overwhelming anxiety or low mood.

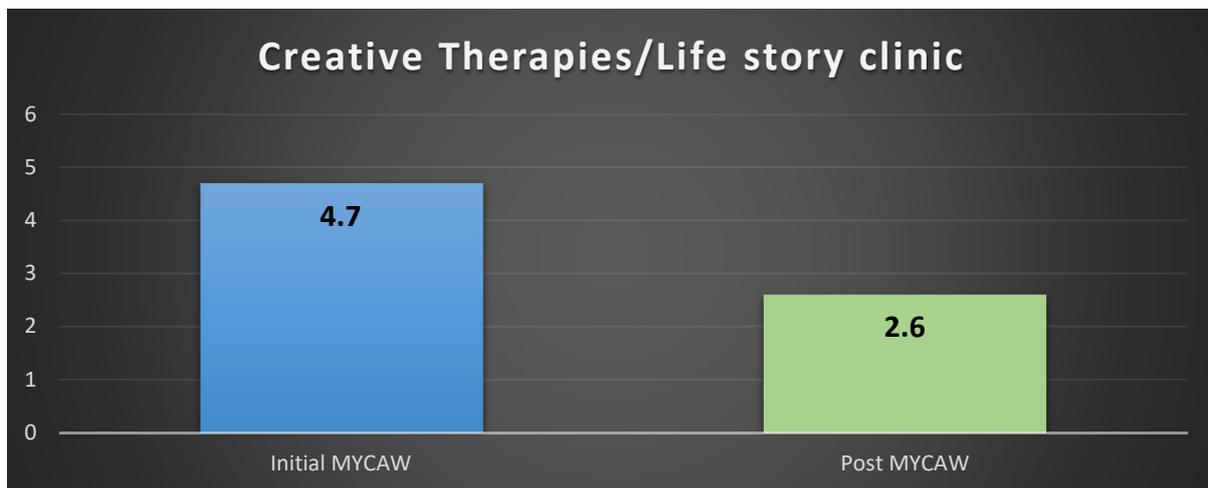
One-to-One work: On some occasions, patients have required one-to-one support due to high levels of anxiety/low mood causing them to have difficulty engaging in group work, so this is now a recognised part of the Creative Therapist's role.

IPU life story: The Creative Therapist role now includes providing life story work for patients who are nursed on the inpatient unit, who can have very advanced illness and be much more frail and weak. The Creative Therapist needs to work at a fast and sensitive way, to provide the patient with ideas, materials and support to pull together a personal biography in a short space of time.

Creative Therapies within the inpatient unit: The Creative Therapist provides an afternoon session on IPU for patients to engage in some craft activity. This helps the patients to focus on an enjoyable activity allowing them to distract from their symptoms.

Measuring the impact of the role: The creative therapy role has evaluated extremely well, demonstrating how successful and valuable the role has been in supporting patients and carers. A MYCAW (Measure Yourself Concerns and Wellbeing) evaluation tool along with an initial and follow up questionnaire and a feedback form have been used to evaluate this service. 33 patients completed a patient reported outcome measure called MYCAW, pre and post accessing the creative therapy service resulting in quantitative data.

Patients identified a number of different concerns on the MYCAW outcome measure such as anxiety, isolation, drowsiness, distraction to name a few.



The average pre session MYCAW was 4.7 and the average post session MYCAW was 2.6

The average change in MYCAW score for concerns was -2.1 (A negative result correlates the improvement in concerns). A change of 1.5 or more is considered to be significant. The range of change in symptoms score was -1 to -5

The initial and follow up assessment questionnaires following a period of support through creative therapies or life story clinic, identified 92% patients had a reduction in their anxiety and 8% stayed the same. 83% patients had improvement in their low mood and 17% remained the same. 25% patients stated they had less feelings of anger following involvement in creative therapies. Overall, the initial and follow up assessment questionnaire demonstrated 92% patients when asked to score out of 10 their experience of creative therapies and life story (0 being no use and 10 being extremely useful) stated between 7 – 9 and 100% identified a positive impact on their emotions and found it a useful distraction therapy.

Patients also completed a short qualitative data feedback form which included 2 questions. Here are a selection of the quotes patients wrote answering these questions: -

1. Have you found creative therapies helpful?

- *“Creative therapies have been the best distraction from life events that are often difficult to deal with. There is always something new and creative for us to become engrossed in. The group is run with sensitivity and humour, which creates a very supportive atmosphere. I have appreciated every session for the distance it puts between the distraction it provides and my reality. It has also helped with my depression.”*
- *“Yes..... I was feeling pretty low but now coming here has put joy in my heart. Thank you.”*
- *“Yes I have it, so helping me to cope with my emotions and all the stress I am going through at the moment.”*
- *“Yes it has made me feel at ease and helped with stress that I may have had that day.”*
- *“A good patient therapist who has taught us a lot of creative skills. It has made me a lot more confident. I have learnt so much that I have practiced skills at home!”*

- *“Very helpful, I have never been very artistic or creative, apart from knitting, so being helped to think of ideas to do myself is marvellous. Previously, I could only think of leaving letters which I find hard to express my feelings.”*
- *“I absolutely love coming to the creative day care, I also love coming to the life story, it’s really helpful and it helps me take my mind off some of my pain. Also meeting other people who are in similar situations and that helps me also.”*

2. Please comment on anything you were happy or unhappy with about the service.

- *“I am very happy with’s leadership of the group. She is sensitive, caring & insightful. This sets a safe atmosphere for group members to share their thoughts if they so wish. I am happy being around other people in the group. At home I am usually isolated and lonely. I am happy with the variety of creative therapies used which help to keep me engrossed. Really I am happy with everything about this group. It has made an important and positive difference to my life. Thank you.*
- *“This service helps you to lose yourself in an activity and to be carefree for a while.”*
- *“All happy, plenty of time to learn skills, no rushing. Therapist very easy person to get on with, great personality. She makes it easy to learn, plenty of craft pieces to use!.... All in all, very happy with the service that I have used.”*
- *Creative Therapist “is fabulous and helps by giving you ideas when making things like memory boxes. Also you get to do different things like pebble painting, making jewellery. She has an amazing mind full of ideas and she also is happy and smiling all of the time....”*
- *“The service has helped to relieve stress because I have been able to focus on creative therapies. **** has also helped with ideas but also made time listen to my problems that I may have had which has helped. I have really enjoyed my time in the craft room, I would really recommend to anyone”.*

Summary & future work

There has been a variety of evaluations given to patients and all of them have demonstrated the positive impact this service has had on our patients. The large reduction in MYCAW scores and the initial and follow up questionnaires have identified how effective this service has been in reducing the psychological and emotional effect of a patient’s illness by helping them to reduce high levels of stress and provide them with some distraction from their problems. There are some wonderful comments demonstrating the importance this service has had on individuals. The aspiration to introduce creative therapies into the hospice has been a fantastic success and will be involved in the new programmes of support Day Hospice is planning as its ongoing review of services to provide more specific and focused support on a sessional basis rather than tradition day care. This will include a session to support patients struggling with symptoms of anxiety/breathlessness and a session for patients with low mood/fatigue.

3.4 2019/2020 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 Clinical Audit & Quality Improvement Group.

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

There were 67 questionnaires distributed, and 53 returned resulting in a 79% return rate. There were 180 admissions to IPU from 1st Jan to 31st Dec 2019. Of these patients, it was documented 115 were not able to complete a questionnaire because they were either too unwell, been admitted previously that year or discharged prior to being given one.

The results of the survey for 2019 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 2019 are as follows:

Patient feedback

“Everyone has been so kind and considerate to me whilst allowing me to keep my self-respect and dignity. Nothing seems to be too much trouble and staff always have a smile and a few words. All the people in here are doing a marvellous job and can’t thank them enough”

“I was very happy with the service I received from the staff I was never unhappy with the service food, staff or anything at Teesside Hospice The dr’s explained everything & then covered it again for visitors etc. & then the most important part listened to any questions we had. There was never a rush to get you out. The only improvement would be to make it bigger/more beds/more staff, but if you increased the size would you be able to find enough nurses, Drs, auxiliary, etc. etc. to staff it to the same quality?”

“I’m sorry I can’t put it down in writing how pleased I am with my stay and the result of my treatment far extend my expectations. Thank you from the bottom of my heart”

“Overall service was excellent”

“Response time for all sections of MDT have been so quick. They have kept us updated at every stage. They all seem genuinely keen to make a difference to improve & to make us feels safe & welcome. We feel like we are all in a better place - not just the patient. Our family would gladly recommend accessing support from you.”

“The kindness of all staff is to be commended. The care and attention has been wonderful”

“The staff were fantastic”

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 2019 to December 2019 have been collated and reported upon. There were 47 questionnaires distributed and 46 returned resulting in a 98% response rate. There were 108 patients attended traditional Day Hospice in 2019 and 46 questionnaires analysed which equals 43% of patient’s views being captured.

When taking into account patients who were deemed in appropriate to complete one, did not attend regularly, declined to complete and died or discharged before they had attended Day Hospice for 6 weeks, then 54% patients were given the questionnaire where possible, leaving 46% (39) who were not given that opportunity. Although this is an improvement on last year we are continuing to review 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. There has been an increase in standard for more than half the questions comparing to last year’s results identifying improvements. 100% patients felt their care, treatment and support needs were met during their attendance at Day Hospice and 98% 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

“My stay at the hospice was brilliant, the care I received was 100%, and the attention to detail was out of this world. They thought of everything, all round it was excellent”

“The staff are amazing, very attentive to needs. Spend time with you. Always offer support, such a wonderful service so many good activities. Good food, very clean and friendly. Not a sad place like I thought it would be, the staff make it a happy place”

“Totally satisfied with all the help and support I have had while I’ve have been here. I know I would have suffered especially mentally had it not been for the hospice. They have helped with all the problems I’ve had”

“All is very good like having a second family love them all x”

“Everyone here goes out of their way to make you feel cared for”

“Everybody seems friendly, laughing also able to discuss your condition without it being horrid”

“I came to drop in at first, I was anxious but on leaving I felt happy to come to day care. Staff made me feel at ease I love coming to day care”

“I have enjoyed all my time in the hospice. The staff are always there to help me if I am worried about upcoming treatment”

“I am very happy with the support from the staff and the care I receive from staff and I have made friends. It makes me forget my problems for the afternoon so I would not change anything”

“The staff are wonderful, professional and volunteers”

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. These questionnaires are reviewed by the bereaved carer’s user forum every year to ensure they remain relevant and appropriate.



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 Nursing & Quality to enable the appropriate professional to respond to any issues or concerns raised.

Data analysis and the report have been written by the Lead Nurse for Audit. Every questionnaire that was received within this time was analysed and reported upon.

Results

From January 2019 to December 2019 there were 107 deaths in IPU and 72 associated carers were sent questionnaires. 27 completed questionnaires were returned = 37.5 % return rate. The

results identified 100% carers rated the nursing and medical care as excellent and 93% stating the standard of all staff and areas as excellent or good.

Summary

Overall, the results demonstrate an excellent standard of care within the In Patient Unit with 100% bereaved carers stating they would definitely recommend the service with the comments once again being complimentary and demonstrating our services are highly valued.

A selection of the numerous comments received in 2019 from the bereaved carer's questionnaire:-

"I cannot thank the hospice enough for all the work and support they offered to my mum and the family at the time she needed it most. The whole service was outstanding with no negative comments at all. Thank you, always!"

"Everything was perfect, the staff are unbelievable in the care that they give"

"Nothing was too much trouble for the Doctor and staff – nursing and catering. Doctor would always listen and you didn't feel in a hurry. He had time for you and reassured calmly and gently. Thankyou"

"Everything and everyone was so caring, understanding and showed empathy towards my brother and looked after my mother and I. He had dignity right up until he passes away. Very happy with the care given"

"The hospice gave my husband the best care I could have wished for. He felt "safe" in the hospice knowing he only had a few weeks left before he passed away. The staff were amazing"

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 2019 to December 2019 has been collated and reported upon. There were 251 patients discharged with the majority being sent a questionnaire with their discharge letter and 77 questionnaires returned resulting in an approximate 31% response rate.

Results

Of the 77 responses, 76 patients (99%) 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 one.

The results illustrated 92% of patients rated the flexibility of the service to meet their needs as either excellent or good and 97% of patients rated the care and treatment of 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

“All staff including Admin, volunteers and nursing are totally committed to ensuring your care and treatment are carried out very professionally.”

“Staff were very caring, good at communication, friendly and knew their job, very willing to answer questions”

“Explained thoroughly, individualised, caring, knowledge of nurses, excellent leaflets/information.”

“More knowledge gained about my condition and how I can help myself to manage my condition.”

“Kindness, gentleness and patience. Welcoming atmosphere, not intimidating, very calming. Everything explained about condition and planned treatment. Opportunity to ask questions and time given to answer them.”

Summary

Overall, the results of the survey remain very positive highlighting many aspects of care that are greatly valued by patients. The data told us that 97% of patients stated the service was excellent or very good and 99% 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 Quality and Performance Committee (Q&PC) and its sub groups have been actively working on a number of projects and initiatives. These include:

a. Prison Education

During 2019 Teesside Hospice were commissioned by G4S to deliver a selected education for the North East prison service. In joint collaboration a comprehensive programme of education was

agreed with a focus on supporting the HMP service to deliver the requirements of the Dying Well in Custody Charter.

Teesside Hospice multidisciplinary team delivered two education and training courses in November 2019, each course was 3 days duration for registered nurses across the North East prison service. The sessions were evaluated really well, and created income generation for the hospice.

Due to success of this innovative project, the hospice were commissioned to deliver a further training programme for Health Care Assistant staff within the North East Prison service. This course was held in February 2020 over 2 days and this again was a great success, evaluating extremely well. We have developed an excellent working relationship with HMP service and there is a plan to work with them in the future.

b. Bereavement & Counselling Service joint research project

Teesside Hospice Bereavement and Counselling Service are currently in a joint research project with York St John University. Dr. John Wilson is the author of the Attitudes to Grief Evaluation Scale (AGES) which is the first ever counselling evaluation tool developed specifically for bereavement counselling. We are piloting the scale by using it at the beginning and end of an episode of bereavement counselling for adults. This is a fascinating and innovative project for the hospice to be involved with, as there are no other scales in either US or Europe. We are delighted to be involved as joint owners of this research project alongside York St John University and are excited to see the findings from this research project once completed.

c. Ageing Better

Ageing Better Middlesbrough agreed to come into the hospice to explain to staff what they provide in the community which our patients could benefit from. There was learning from both sides on how each organisation strives to support the people of Middlesbrough. Following this meeting, a partnership has been established to use Teesside Hospice to host some of Ageing Better's advertised activity sessions. Through this collaboration, we not only hope to gain increased access to these groups for our patients in a familiar and supported environment but also advertise Teesside Hospice services to the ageing population of Middlesbrough to increase education of our role and services plus dismiss the myth that hospices are only for the very last days or weeks of life. There have been 2 sessions planned to be held in Teesside Hospice in the summer term and if successful we hope to hold more later in the year.

d. Foot Care Practitioner

There has been an increasing demand across the hospice from patients requesting and highlighting a need for foot care. Patients are regularly raising concerns about the long waiting lists in the

community and asking us for advice and contacts for foot care specialists. It is well recognised that this can have an impact on the quality of life of patients and more so on patients that we see at the hospice that are struggling to cope with other difficulties caused by their illness. Foot care issues can increase pain/discomfort, can add to mobility difficulties and increase the risk of falls, as well as reduce independence, file & cut nails and removal of callus, corns and hard skin plus many others.

In order to address this need, a member of staff enrolled on a distance learning programme – ‘Foot Health as a Profession’ which has led to her achieving a Diploma in Foot Health. She is now qualified to work as a Foot Care Practitioner and has been doing so within Teesside Hospice. Although this has not led to a chiropodist role, the Foot Health Practitioner is qualified to carry out many foot care procedures which will benefit our patients immensely such as file and cut of nails and removal of callus, corns and hard skin plus many other beneficial procedures.

e. Care pathways for Lymphoedema patients

The commissioners for Lymphoedema set a target stating all patients who were referred with mild – moderate lymphoedema should be discharged within 12 months. To ensure this target is met by the hospice whilst following best practice, a patient pathway was developed for mild to moderate lymphoedema patients which included aspects such as effective education to improve self-care and the measurement and fitting of specialist hosiery. A pathway was also developed for complex lymphoedema patients who would need intensive treatments. All patients are now given an initial assessment and then placed on an appropriate pathway.

f. Ensuring CQC Compliance

This last year the Hospice has continued to focus on maintaining the CQC fundamental standards of care at all times. Neighbouring organisations have shared their CQC inspection results and we have listened to their report of what went well and when there was concerns raised, what let their organisation down. The lessons learned were taken very seriously and have been shared across the organisation. There is a Clinical Care Steering group which meets regularly and the CQC key lines of enquiry are a central focus of the meeting.

g. Policies & Procedures

There are currently 35 clinical procedures/guidelines and 20 clinical policies. In the last 12 months all clinical procedures/guidelines and clinical policies that were due for review have gone through this process and been approved at committee level.

New policies/procedures include:

- C Pro. 23 Footcare Therapy Guidelines
- C Pol 13 Controlled Drug Policy (separated from Medicines Management Policy)
- C Pro 14 Nutrition & Hydration Guidelines
- C Pol 14 Information Sharing Policy
- C Pol 20 Safeguarding Privacy and Dignity
- C Pro 35 Discharge Procedure
- C Pro 17 Admiral Nurse SOP
- R Pol 6 Medical Gases 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

Signed

Elaine Criddle

Chair, Board of Trustees of Teesside Hospice Care Foundation

October 2020

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 2019-2020.

We acknowledge the positive patient experience of the new creative therapy role and the support given to bereaved carers. We also look forward to seeing the results of the patient feedback from being supported in the new day hospice service in next years' Quality Accounts report.

From a Healthwatch perspective, we feel that patient experience is the most important aspect of any service evaluation 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. There continues to be some excellent work being delivered within this service.

September 2020

Response on behalf of NHS Tees Valley Clinical Commissioning Group (CCG) in respect of Teesside Hospice Quality Account 2019-2020

Tees Valley CCG welcomes the opportunity to review and comment on the Quality Account for Teesside Hospice for 2019-2020 and would like to offer the following commentary:

NHS Tees Valley Clinical Commissioning Group is committed to commissioning high quality services from Teesside Hospice and take seriously their responsibility to ensure that the needs of patients 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.

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 2019-2020.

The CCG welcomes Elaine Criddle to the role of Chair of Teesside Hospice and Michelle Larkin to the roles of Director of Nursing & Quality and Registered Manager & Accountable Controlled Drugs Officer.

The Hospice's achievement of the three aspirations set in 2018-2019 around improving patient safety through the review of anticipatory medication; improving clinical effectiveness through the evaluation of the Admiral Nurse role; and improving patient experience through the Creative Therapy role are commended by the CCG. The provision of the Creative Therapy Role has clearly been a huge success and has provided a number of opportunities across the Hospice to use more varied sessions in a therapeutic way. The CCG also notes that the additional transferable skills brought by the creative therapist have been used to create sessions which had not initially been considered and that "Creative Therapies" are being planned into the programme of support offered by the Day Hospice.

The CCG supports the Hospice with the three aspirations for 2020-2021 identified as: Patient Safety; Controlled Drugs Administration; Clinical Effectiveness; Lymphoedema Education Groups; Patient Experience and a Neurological Day.

The wealth of positive comments from service users and their families provides testament to the care being delivered by the Hospice Team. It is also pleasing to note the feedback received from staff and volunteers who have recognised the Hospice as a great place to work. These comments indicate that the service has good leadership, is supportive, professional and friendly. The hospice is noted to be a rewarding place to work providing excellent care. It is reassuring to note that the Chief Executive Officer has invited staff to expand on and share ideas on what can be done to improve pay structure and communication issues.

The CCG recognises the work undertaken during 2019-2020 around the key projects/outcomes and initiatives including:

- prison education
- bereavement
- counselling services
- ageing better
- foot care practitioner
- care pathways for lymphoedema patients
- ensuring CQC compliance
- reviewing the Hospice's policies and procedures

In terms of the increasing demand across the Hospice from patients requesting a need for foot care, the CCG acknowledges the commitment by the Hospice member of staff who enrolled on a distance learning programme leading to her achieving a Diploma in Foot Health and enabling her to work as a foot care practitioner within the Hospice.

Finally, the CCG would like to offer congratulations to Teesside Hospice on all of the achievements outlined in the Quality Account which we believe accurately reflects the Hospice 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 2020-2021.

Yours sincerely,



Jean Golightly
Director of Nursing and Quality
NHS Tees Valley Clinical Commissioning Group

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