



Teesside
HOSPICE

Quality Account

2020-2021

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 2020 - 2021

“The care and personal service giving to you at any time, being not just a patient but an individual, a person in your own right. Helping you to accept what’s coming with dignity.”

“The MDT team were exceptional in their feedback I was extremely well informed, as were my family. Thank you”

“We had a lovely evening made possible for us so that my bed could be wheeled into the day care ward on the evening, had a family memorable evening together That was going beyond the care needed. Thank you from the bottom of my heart xx”

“The staff are amazing, so helpful and kind, I have been treated with a lot of respect and care. The doctors are very informative, helpful and I feel they care. It’s fabulous you can have pets and visitors

stay overnight, as its very comforting and you don't feel alone. It's a very home from home environment."

"My experience of Teesside Hospice has been a 100% positive experience, The staff are always helpful and has put myself in a position where I feel that I can progress with my treatment without the worry that I had before. I would recommend your services in the highest regard."

*"Although only in for a short period of time toward the end of life, the care given to *** and support to myself was outstanding and greatly appreciated."*

"As my wife was only at the hospice about 48hrs and myself about 24hrs before her passing I can only comment on that short time and will say I was treated with the utmost kindness, compassion and understanding and cannot praise them highly enough and are a credit to the hospice."

"Everything was amazing while my mam was in the hospice. The care given until she passed away was exceptional. We can't thank you all for your support throughout."

"Excellent support at a very difficult time for my family and late husband. Despite restrictions due to covid 19 all members of staff showed compassion and care."

"From Dad attending Day care to Dad being in IPU, Dad and ourselves as his family received the most wonderful care from everyone at the hospice. We all felt exceptionally supported and Dad was treated respectfully, compassionately and with dignity. Without the care and support of the hospice, we don't know how we would have coped with dad dying. From walking in the Hospice doors for the first time. It felt like getting a "big hug" from everyone in the hospice family. People cared, they offered a shoulder to cry on & they listened. You are all amazing."

"I cannot fault the experience we both shared during our stay with you. You treated my husband with great respect and did everything you could to help me during and after my husbands' illness."

Foreword from Chief Executive

Like most healthcare providers, our work this year has been overshadowed by Covid-19 and our drive to adapt to the changing needs of our population and system. I've been proud of the hospice response – from staffing, PPE and vaccines through to service redesign, IPC protocols and supporting system partners the team have reassessed priorities, acted effectively at pace ensuring all our services have remained accessible whilst maintaining quality, keeping our staff safe and specialist level palliative and end of life care remaining available throughout the crisis.

The crisis has allowed us to test our resilience plans, quality and governance structures and I am pleased that on reflection all have served us well.

Alongside Covid-19, the planned transformation of services has continued. With the appointment of Deborah Edwards as an experienced and well connected Director of Nursing and Quality we continue to reshape our services to focus on people who need specialist level support. We have worked well with partners to ensure that despite their own Covid-19 related difficulties we remain well integrated into the local health and social care system. A comprehensive review of our bereavement and counselling services has seen a significant change with complex grief and trauma now being the primary focus of our work. Our Teesside wide Lymphoedema service has managed growing demand by introducing new ways of working and our Wellbeing Service has taken learning from our experiences during Covid-19 to introduce different ways of supporting those who need our care. A comprehensive review of our inpatient unit will take place this year as we learn more about how our local CCG and ICS will implement the new commissioning guidance for specialist level inpatient services.

If fully implemented, this new guidance brings huge potential for the hospice and those who need our care by removing the historic NHS deficits in inpatient funding and allow us to use the charitable donations we receive to develop new enhanced services that will allow people with terminal illnesses live their lives as well as possible, for as long as possible. We look forward to working closely with our partners across the system to make this happen.



We know that we are unable to meet the demand for palliative and end of life care alone. Covid-19 has shown us what we can do if we work differently and whilst the plans we highlight in this report are ambitious we will be renewing our efforts this year to further enhance the quality of our work by integrating, sharing and collaborating with our partners across the system.

A handwritten signature in black ink, appearing to read 'David Smith', written over a horizontal line.

David Smith, Chief Executive

1. Introduction

This past year has been one of the most challenging for everyone but in particular, health and social care providers. Our approach to the Covid-19 pandemic has not only been clinically led but has been a whole organisational effort. The steps put in place has meant our staff have, and continue to be ready to support our local health and social care community should we be needed. We have managed to keep the site free from outbreaks of Covid-19 infection, which is due to the vigilance of staff from all areas of the hospice.

Despite national lockdowns the hospice has remained operational to deliver high quality services. Our inpatient unit has remained fully open; the Lymphoedema service although initially reduced the services offered, following risk assessments for both staff and patients, the service resumed clinical activity in the summer; Bereavement Counselling and the Wellbeing Service utilised digital platforms to continue to support patients and their families.

In spite of the challenges, we have managed to maintain the high standards of care delivery we are known for by being flexible and responsive.

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

Part 2

2.1 Looking ahead: Key priorities for improvement for 2021/2022

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 Counselling service offers bereavement counselling for complex grief and trauma to adults and children and young people from the age of 7 years and up.

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, along with 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.

The Wellbeing Centre has been closed to face-to-face contact throughout the pandemic with the focus being on virtual support of patients and their loved ones through a variety of ways such as Peer Support Groups & relaxation sessions on zoom and one to one telephone or video calls to

assess and support our patients. The team are in the process of transforming into the Wellbeing Centre at Teesside Hospice with the plan to start opening the new services slowly to face-to-face over the summer of 2021. The new wellbeing service will focus on enhancing life, empowering our patients to achieve their goals and involving them in decisions about their current and future care. By focussing on their wellbeing and seeing the patient and not the illness, we aim to help them re-engage with their lives and give more quality time with their families and loved ones.

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.

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 in all departments 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. We have a suggestion box for visitor and patients, reviewed each day to provide us with live feedback so we can take action at the earliest opportunity. Furthermore, we also have a Bereaved Carers User Forum annually where bereaved carers of In-patient Unit patients are invited back to share their views and feedback on their experiences. We meet once or twice, depending on whether a follow up session is required. We have found this to be an excellent source of feedback because they no longer have any connection to the hospice, they can be truly honest. As the attendees of the group change each year, it guarantees the group is relevant and valuable, as those attending have experienced the hospice services within the last 12 months. As well as asking for general feedback and ideas, we regularly use this group to help us review some of our literature or discuss any new ideas we have for the services we deliver. The last group we ran was early 2020 and we have been unable to run one this year due Covid restrictions but we aim to invite people once safe to do so.

Caring for carers

Our carers support group was previously held here at the hospice, however we appreciate that caring through the pandemic has brought significant challenges in caring for a loved one. As a result, we now offer a 'virtual' carer's group which we run on a weekly basis via Zoom meetings, supporting the Wellbeing Centre and our In-patient service, plus community referrals if appropriate. This has been shown to work extremely well for many carers as they can attend without having to leave their loved one. 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.

Teesside Hospice like all healthcare providers adhere to the standards set out by the Care Quality Commission that provides assurance on the services delivered based on the five domains of care listed below:

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

The organisation has had announced and unannounced visits from the Care Quality Commission (CQC) in the past and was expected to have a full assessment in 2020. However due to the global pandemic, this has not been possible. Whilst it has been impossible to have this assessment, the hospice has regular contact and discussions with the CQC relationship manager and undergone a Transitional Monitoring Approach (TMA) assessment in February 2021, from which we received very positive feedback on the way we work and deliver our services. Despite not having physical inspections from external bodies, we continue to review and assess our services using our comprehensive audit programme to assure our Board of Trustees of our compliance 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 organisations 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 clinical leadership of the hospice has changed in the past year with the appointment of a new Director of Nursing and Quality who is the registered manager and accountable Controlled Drugs Officer.



2.2 Improvement Aspirations for 2021/2022

Aspiration 1 – Patient Safety

Response of Teesside Hospice to relaxation of Covid 19 Pandemic

Why choose this priority?

Teesside Hospice has continued to provide services throughout the period of the current pandemic, including accepting patients who are Covid positive. This has ensured that the people of Teesside have had access to much needed Complex Symptom Management and End of Life Care. The In - Patient Unit has remained open and other services including Day Hospice (Wellbeing Centre), Lymphoedema and Bereavement Counselling have been delivered virtually. Our Outreach Nurse practitioner has been able to visit patients in their own home when other community services have not.

Patient safety remains a high priority for Teesside Hospice. Over the last year, the safety of visitors and staff has also been the focus of ensuring the organisation is a safe place to visit or as a work place.

The Covid 19 pandemic has had a significant impact on the way that hospice services are delivered.

Practically, this has included, reducing the footfall into the building, developing new ways of entering and leaving the building, accessing and using personal protective equipment, sanitising stations and new signage.

Safety of patients is paramount, so staff and visitor testing has been introduced and patient testing carried out when appropriate.

Staff have positively engaged with the national roll out of the Covid vaccination program.

As the numbers of Covid infections fall, the adult population get vaccinated and there is relaxation of restrictions amongst the public, we have a duty to patients and their families to ensure we respond appropriately to these restrictions.

We have kept patients, visitors and staff safe over the last year, so as we move forward it is imperative that our approach to relaxation of restrictions is safe, proportionate and compassionate, remembering that most of our patients have a limited life expectancy.

We need to be mindful that at any time numbers can increase again depending on the emergence of new variants and wintertime peaks.

How will this be achieved?

The organisation will continue to adapt to the continual changing situation with regard to Covid 19.

Teesside Hospice leadership team will continue to evaluate and adhere to government guidance, disseminating information and new processes throughout all the service areas.

The Hospice Infection Prevention and Control Group will continue to be held regularly, with Covid 19 being a regular agenda item.

The organisation will provide appropriate PPE to all staff, volunteers and visitors as required and review its use over the coming year in line with government guidance.

As restrictions are relaxed, we will review our visitor numbers and introduce timely and safe return of our usual visitor numbers.

We hope to gradually re-introduce face-to-face patient contact via our day services with continuous evaluation and ensuring patient safety.

Resumption of the in house education sessions, some of which have been postponed during the pandemic. These will include topics relating to IPC but also Palliative Care topics, to ensure the learning needs of staff are being addressed.

The Hospice will actively engage in any new vaccination program including potential 'top up' Covid vaccinations and Flu vaccination program

How will this be evaluated?

All incidents relating to Covid 19 will be reported, including any positive tests amongst staff and patients. These will be reviewed at the monthly incident report meetings.

Patient and carer feedback will be reviewed contemporaneously for any Covid 19 related comments and responded to appropriately.

As face-to-face patient contact resumes in our Wellbeing Centre, Lymphoedema and Bereavement Counselling services, regular evaluation and adaptation of the services will be undertaken.

In house education sessions will resume initially in a blended learning format and cover specific topics relating to Covid 19 and infection prevention control. These sessions will be evaluated.

Data will be collected on numbers of staff that receive vaccinations such as flu and potential top up Covid 19.

A comprehensive annual environmental audit will be carried out by the Infection Prevention Control Team from local hospital trust.

Aspiration 2 – Clinical Effectiveness

Pain Assessment & Management

Why choose this priority?

As a Specialist Palliative Care unit, Teesside Hospice receives many referrals for patients with uncontrolled and challenging pain. It is critical that we assess and manage pain effectively to ensure people can get on with living their lives focusing on what is most important to them. A wide range of approaches are required to manage pain effectively including medications, non-pharmacological interventions and psychological support. A significant number of patients require opioid medications to effectively manage their pain. Patient safety and ensuring that any side effects related to medication are kept to a minimum is of paramount importance to patient experience and outcomes. It is also important that we follow evidence based practice and national guidance such as recommendations from The National Institute for Health and Care Excellence (NICE) regarding use of Opioid medication.

We already have good data in relation to pain management and outcomes for patients but we want to review and evaluate all aspects of pain assessment and management to identify any areas for further improvement.

How would this be achieved?

All patients referred to Teesside Hospice have a thorough multi-professional holistic assessment of their needs. This includes detailed assessment of pain using validated pain scores. Management plans are developed with individual patients and regularly re-evaluated. We have recently revised our nursing care plans to ensure that they are more effectively individualised and will be re-auditing

these over the coming 12 months. We have also recently completed an initial base line audit looking at our pain assessment and management. We have developed an action plan which we will be implementing and re-auditing over the next 12 months. We will continue to practice evidence based prescribing of analgesics and appropriate use of non-pharmacological approaches. We will continue to monitor effectiveness of our pain management through regular recording of Integrated Palliative Care Outcome Scale (IPOS) for individual patients.

In respect of our nursing team we will ensure patient safety through the regular assessment of our RNs who will complete a range of medicine management competencies including a medicine workbook with drug calculations. In the event of any medication incidents, our RNs complete a written reflection and would be reassessed to ensure competence. Our nursing team also discuss any incidents in team meetings as well as RN study days to ensure learning from them continues to improve practice.

How will this be evaluated?

We plan to complete a number of audits of relevance to this aspiration over the next 12 months. These include re-audit of pain audit, individualised care plan audit, psychological needs audit and ongoing medication prescribing and controlled drugs medication audits.

In addition to using IPOS data to assess individual patient outcomes, we will also review aggregated data regarding pain management to evaluate how effective we are in managing pain for the population that we provide care for.

Patient experience questionnaires will provide further information which will support evaluation of this aspiration regarding pain management

We will continue to record and rigorously review any medication incidents ensuring that any relevant learning is appropriately communicated to all appropriate members of staff.

Aspiration 3 - Patient Experience

Remote Virtual Working

Why choose this priority?

This aspiration of virtual working to become a permanent part of the care we deliver along with face to face care was agreed to ensure we are accessible to more patients and their families.

During the recent Covid19 pandemic, the hospice had to re-think how they can support patients who are unable to come into the building. Initially this was done solely via telephone but gradually throughout the year we have increased our support to patients virtually through a variety of video communication devices for either 1-1 support or group sessions. During this time, we have begun

to realise the potential for this style of communication and how it can be equally as beneficial as face to face in certain circumstances.

The plan is to incorporate virtual working permanently alongside our face to face services within the Wellbeing Centre, Lymphoedema Clinic and Bereavement Counselling Department. This new way of working will strengthen the support we have previously given allowing us to support potentially more patients and their families plus giving people an option of what style of care would be appropriate for their particular situation.

How will this be achieved?

The Wellbeing Centre is currently re-designing the whole service and are creating a timetable of groups and support activities for patients and their loved ones. Within this, we have decided to plan for Relaxation Groups, Mindfulness Programmes and some Peer Support Groups to be permanently run through Zoom. We will also continue to do some outpatient appointments virtually using a video consultation system for patients who would prefer this or would find the journey into the hospice too difficult. It would also allow us to review patients virtually who cannot attend sessions due to a deterioration in their condition.



The aim of providing virtual support permanently would be to expand the accessibility of the hospice services to ensure patients could access some support regardless of whether they were able to attend in person or not. Certain programmes of support such as Relaxation and Mindfulness would potentially be more beneficial using Zoom, as patients would hopefully be more relaxed when at home in their own bed or chair and would not have to endure the hassle of travel to and from the hospice which may defeat the relaxation exercise they attended for.

The Lymphoedema Clinic have successfully ran education groups to empower patients to take control and take ownership of their condition. These groups had to be ran via Zoom during the pandemic which was very effective for many people. They have decided to run a virtual education group on an evening to accommodate those attendees who work during the day and would find it difficult to attend in person.

How will this be evaluated?

The facilitator of the Relaxation and Mindfulness sessions will ask attendees to complete a Measure Yourself Concerns and Wellbeing (MYCaW) questionnaire prior to the session commencing and post session, to assess the benefit of each individual session. These results will be evaluated at the

end of each course and a report written. The peer support groups will be asked to complete an evaluation form to establish how beneficial they have found the group and if they have encountered any issues or obstacles with it being delivered virtually.

The number of patients attending and the retention of the patients in each of the programmes and groups will be monitored and reported on. Future programmes and groups will be adapted where possible in light of the feedback to ensure they are as effective as possible in supporting the patients who attend.

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 2020/2021 Teesside Hospice provided the following Specialist Palliative Care Services to the NHS:

- Inpatient Unit – 10 beds
- Wellbeing Centre (WBC@TH)
- 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 2020/2021, we were involved in the VTE (Venous Thromboembolism) National Data Capture which took place on 25th February 2021. We are currently taking part in a patient safety project ran by Hospice UK, Analysing Falls within Hospice Care for 2021/2022. We are still awaiting results of the VTE project. There were no national confidential enquiries covering NHS services relating to palliative care. Therefore, during that period Teesside Hospice was not eligible to participate in any national confidential enquiries.

c. Commissioning for Quality and Innovation (CQUIN) Payment Framework

During 2020/2021 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

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. We are due another inspection but due to the current pandemic this has not been possible and therefore we have undergone a Transitional Monitoring Approach (TMA) assessment in February 2021, where we received very positive feedback on our service delivery and manner of working.

f. Data Quality

Teesside Hospice did not submit records during 2020/2021 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 (DPST) is an online self-assessment toolkit that has to be used by all organisations that have access to NHS Patient data and Clinical systems. The requirements of the DPST are designed to encompass the National Data Guardians 10 data security standards. The assessment is completed on an annual basis and provides assurances that organisations are practicing good data security and that personal information is handled correctly. Teesside Hospice has successfully submitted its Data Protection and Security Toolkit (DPST) in 2020 via the NHS Digital Portal. Evidence was submitted for the 56 mandatory items and all 42 assertion standards were met. Due to the pandemic, the submission date for last year was delayed by NHS digital from 30th March to 30th September 2020. This year the submission date has been put back to the 30th June 2021.

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

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

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 2020/2021.

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. All

incidents both clinical and non-clinical reported are discussed and risk rating agreed on a monthly basis by the senior multidisciplinary team with the Director of Nursing & Quality to ensure actions are taken in a timely manner, and there is full agreement with the decisions made. The monthly incident report of all incidents and their actions is tabled a standing agenda item on the Clinical Care Steering Group and Heads of Department meetings, and 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' (2013-2014 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. Patient Safety

Teesside Hospice is committed to patient safety. 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 a Friends and Family survey in February 2020 and again in December 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 the Friends & Family test 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 December 2020, 100% of both staff and 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', 97.06% of staff and 92% of volunteers said they would recommend this.

The feedback received from staff and volunteers identified Teesside Hospice as a caring and compassionate place to work, stating hard working, dedicated and professional staff. There were over 60 positive comments indicating that the service has good leadership, is supportive, professional, friendly and rewarding place to work providing excellent care. A few quotes:

- *It's a privilege to work in such a lovely environment. Also to give the best care and treatment , plus getting other services within the hospice to allow the person to live how they want to while at the end of life.*
- *I felt valued and appreciated.*
- *This is by far the most rewarding place I have had the fortune to work in, as a member of staff and a previous volunteer.*
- *I would recommend people to volunteer as it is a vital place to continue running. I have met some amazing people both employees and volunteers. (Volunteer)*

It was pleasing to note that the responses about the care we provide had over 70 positive comments with themes of 'excellent' and 'passionate team' being identified. Some of the quotes from staff and volunteers are:

- *High quality holistic individualised care delivered by skilled, committed and compassionate team.*
- *It is a specialist unit that offers impeccable care that cannot be offered elsewhere. the staff are amazing, caring and have a wealth of experience to deal with a very vulnerable and specific group of patients*
- *The hospice has a very good reputation in the community and I always wanted to volunteer in some capacity. Now I volunteer I feel I can make a contribution in a positive way. (Volunteer)*
- *The Hospice cared for my late wife in her last days with skill, care and dignity.*

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 with pay being the main point for consideration along with improved communication. Moving forward, a Pay Review Group has been set up to look at how we can address some of the feedback and we are reviewing the purpose of our Communication Champions initiative to look at how communication and organisational understanding can be further improved particularly as things return to 'normal' post the Covid pandemic.

Part 3

Review of Quality Performance

Teesside Hospice Care Foundation (THCF) Quality Account 2019/2020 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: Controlled Drugs Administration**
- **Aspiration 2: - Clinical Effectiveness: Lymphoedema Education Groups**
- **Aspiration 3: - Patient Experience: Neurological Day**

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

Controlled Drugs Administration

Medicines management has been a key a focus for all staff and multiple strategies have been utilised to drive and support improvement in the safety of all medicines management with a particular focus on Controlled Drugs. Key to this has been segregating the Controlled Drugs Policy from the Medicines Management Policy with clear, precise ‘Standard Operating Procedures’ for all staff to follow that are readily available for reference when ordering, storing, prescribing, administrating and destroying Controlled Drugs.

Training and ongoing assessment of medicines management has been incorporated into the mandatory RN training days to upskill nurses and assess competency. Use of medication

workbooks that are tailored to maintain and improving knowledge of medications will continue to be part of RN competencies.

All medication incidents are reflected upon and analysed to identify and minimise a reoccurrence, with full participation of the whole team. Improvements in practice and preventative measures suggested by the team have been implemented and this is clearly demonstrated by the 30% reduction in the overall medication incidents for 2020/2021. All medication incidents are discussed at the monthly Incident Report Group meeting, to ensure lessons are learnt and procedures adapted to continuously improve practice further from an organisation point of view.

Regular audits of the administration of medication, prescribing of medication and controlled drugs have demonstrated ongoing improvement and compliance with standards. These audits are embedded into practice and shared on a routine basis with the wider team.

3.2 Improvement Priority 2: Clinical Effectiveness

Lymphoedema Education Groups

The Lymphoedema Education Group was set up to encourage patients to control lymphoedema by daily self-management. The group aims to increase the understanding of what causes lymphoedema, the treatment for it and information on the possible complications. It started in July 2019, an audit was completed in December 2019, providing evidence that this was an extremely valuable service for patients.

Unfortunately, when the national lockdown started in March 2020, the group had to be cancelled and did not run for 3 months, as patients were not being seen face-to-face in the clinic. When clinic appointments resumed, group work was not appropriate so it was decided that we would try to run the group virtually. Initially patients who had not accessed this service were invited to attend the virtual meetings, their email address was recorded and a Zoom meeting was organised.

The very first session did not run smoothly, many patients had not used Zoom before and did not know how to access it online. We resolved this by doing a step-by-step guide for downloading Zoom which made it much more accessible. The leaflets that were needed during the sessions, were sent out by post with the step-by-step guide and the appointment letter containing dates and times of the sessions. I updated the presentation that was used to reflect the virtual group and videos were recorded for skin care technique and patient self-care activities, as I was unable to demonstrate these techniques during the Zoom meeting.

An audit of the Virtual Lymphoedema Education Group was completed in December 2020 and overall feedback was very positive, although a few comments reflected that they would prefer a face to face group as it would be more personal.

In the future, as restrictions due to covid19 are lifted, the Education Group is likely to return to face-to-face sessions, but patients will be offered the choice of this or a virtual group. It has also been noted that as the group is during working hours, that people are unable to access it so we would like to offer a virtual group meeting on an evening.

Covid19 has changed the way that the Lymphoedema Education Group has been presented but, going forward, it has offered more choice for patients to access a very valuable service.



3.3 Improvement Priority 3: Patient Experience

Neurological Day

In recognition of one of the hospice's strategic aims which is to reach out and "help more people", our plan for the Neurological Day was to reach the wider community focusing on those living with life limiting neurological conditions who can benefit from our care.

Historically Teesside Hospice has provided nursing care, support and interventions to those with Motor Neurone Disease (MND) and other neurological conditions. Having reviewed our work in this area, it was agreed to develop a wider nurse led service to reach more people with neurological conditions who would benefit. This service development would complement the existing services available locally and not duplicate.

The aspiration of the service was to be nurse led and focussed primarily on the total wellbeing of those living with a varied range of neurological conditions including Motor Neurone Disease (MND), Progressive Supranuclear Palsy (PSP), Parkinson's disease (PD), and Multiple System

Atrophy (MSA) and give support to those caring for them. Our overall aim is to empower patients, and giving them the tools that will enable them to live their best lives every day. At the same time building up strong links with the neurological speciality teams who are keen to support this service development.

Our plans for this service had to shift and change radically due to the covid19 global pandemic, and adapt to new ways of working using digital platforms, in order for this service to continue to support our neurological patients. This has been conducted by weekly phone calls and setting up a support service offering reassurance to our socially isolated now shielding patients.

We have offered face to face consultations using digital technology where appropriate, and linked in with our complementary therapy service to deliver relaxation sessions, and create personalised programmes for our patients who are experiencing increased anxiety.

We have linked in to our Carers group, and signposted both our patients and their carers, which has been of great benefit.

We had regular contact with the patient's specialist neurological teams at James Cook updating them and highlighting any issues or concerns expressed during our contact time.

Going Forward

We plan to continue with the virtual service until it is safe to invite patients back into the Wellbeing Service at the hospice. This will be undertaken following the strict guidelines for infection prevention and control, risk assessments and national guidance to ensure the safety of patients.

3.4 2020/2021 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 65 questionnaires distributed, and 64 returned resulting in a 98% return rate. There were 171 admissions to IPU from 1st Jan to 31st Dec 2020. Of these patients, it was documented 92 were not able to complete a questionnaire because they were either too unwell, declined, been admitted previously that year or discharged prior to being given one.

The results of the survey for 2020 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 2020 are as follows:

Patient feedback

“All staff were super helpful and my anxiety passed very quickly once admitted, nurses gave excellent care. Julie social worker really helped while I spent time in the hospice.”

“Aspects of my condition have been explained exceptionally well. Some doctors and nurses seen to go above and beyond to meet my wishes and ensure I am happy and comfortable.”

“Every staff member I have had contact with has been very caring and understanding meeting all my dad’s care and pain needs I thank you for this.”

“Everything is excellent.”

“Happy with the time and dedication staff put into their work, the respectful way you are treated as an individual, something that is totally lost within the NHS due to the demands and targets set that take priority over care and compassion.”

“How do you improve on excellence already in place.”

“I was so happy with every single bit of care, I cannot give the hospice or team anymore praise if I tried, I’ve loved being here, nothing at all was any trouble, every member of staff is a credit to the hospice.”

“My experience of Teesside Hospice has been a 100% positive experience, The staff are always helpful and has put myself in a position where I feel that I can progress with my treatment without the worry that I had before. I would recommend your services in the highest regard.”

“My initial reaction when told I was going into the hospice was horror. I have had the most amazing experience and have felt in control of my care and listened to. You are all amazing angels.”

“My stay here at the hospice was impeccable in every way. I cannot pick a single fault and have learnt a lot whilst managing my condition. My family were involved every step of the way, I wouldn’t hesitate to come back if needed and would not be nearly as anxious. Thank you for everything MDT Team.”

The Day Hospice Patients Satisfaction Surveys - 2020

The Day Hospice Questionnaire was designed to give patients the opportunity to state their opinion in a confidential manner, on the care they receive whilst attending Day Hospice. Questionnaires were only distributed between January and mid-March 2021 prior to the national lockdown and therefore only received 9 questionnaires but these have been collated and reported upon. We did however start sending a survey via email later in the year and received 13 replies

The results of both surveys remain very positive, highlighting many aspects of care that are greatly valued by patients. 100% patients felt they were satisfied with their experience of care during their attendance at Day Hospice or the virtual Wellbeing Centre and 96% would definitely recommend our service to a member of their family or friends and 4% would possibly.

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

“Amazing place with amazing people”

“The hospice have helped me a great deal they have been vital for my wellbeing as I have been so down lost and very stressed at times without them I really don't know what I would have done. They are fantastic.”

“I had no support from GP but the staff nurse at hospice was amazing. She put everything into place for me as I didn't know who to turn to. Can't praise her enough.”

“Before my husband died he attended the day centre. This was extremely beneficial for him but also for me as his carer. It gave me time when I could relax a little knowing he was safe and well looked after. Before going into the hospice I was able to access the support and expertise of the nursing staff via video call which proved very helpful.”

“Very happy with my phone calls and feel very comfortable discussing anything”

“Extremely happy with device, don't know what I would do without it. Very caring people.”

“I am very grateful for the support I don't know how I would of managed without the help and support it makes all the difference. Thank you.”

“Very happy, its helped my mental well-being as I get to see & speak to people I have grown to know & trust. Staff & other patients. The group is definitely a lifeline for me.”

“Very helpful I have a phone call the last 3,weeks the sister is such a wonderful person she has helped me so much. I look forward to meeting everyone.”

“Extremely happy with support from everyone, when could visit centre once a week. The centre Dr was very helpful taking time out to explain things clearly to me. Still getting as much support with 'virtual' group. Always look forward to weekly group session on Zoom and the help, especially with them getting my Dr to come out to see me. Well done everybody, shame we can't meet up in person.”

“All very friendly and welcoming lovely place and staff xx”

“All staff volunteer and drivers are wonderful. They put me at ease went into private room to discuss medical issues with Doctor and explained anything I asked about in detail. The various therapies ie foot massage, hairdressing, relaxation and crafts have been a real help and meeting different people in similar situations are good to talk too. The food is delicious. Overall, I really look forward to coming to the Teesside Hospice”

“Happy with care you given me, content with joining in but quite shy at first - got to get to know other people”

“Tricia the nurse was fantastic nothing was too much trouble she helped with my anxiety and nerves”

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 initially 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. These questionnaires are reviewed by the bereaved carers user forum annually which consists of bereaved carers whose loved ones have died in the hospice over the last 12 – 18 months, 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 2020 to December 2020 there were 87 deaths in IPU and 72 associated carers were sent questionnaires. 23 completed questionnaires were returned = 32% return rate. The results identified 100% carers rated the nursing care as excellent and 94% 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 were satisfied with their experience of care and 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 2020 from the bereaved carer's questionnaire:-

“A sad time for me and my wife but you were totally brilliant in the care and support in my wife's final days. Cannot thank you enough, brilliant staff.”

“All I can say is that the doctors and staff could not have been better with the care, treatment and the dignity they gave to Myself and all the family thank you all so much.”

“My experience with the hospice when my wife was admitted was a very caring compassionate journey. Lovely staff, thank you.”

“My late brother was in your wonderful care for about the last 3 weeks of his life. He was overjoyed to be in there and it made me and my family very happy to see him get the best care in his end of life.”

“I had only good experiences at the hospice. The treatment and care given to my mum was thoughtful, respectful and sensitive. The effort made to include her in care-decisions made a big difference to her quality of life in those final weeks.”

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. 84 questionnaires were returned between January 2020 to December 2020 and these have been collated and reported upon.

Results

Of the 85 responses, 84 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 94% patients felt the privacy and setting of the rooms were excellent or very good and 6% stated acceptable. 90% of patients rated the flexibility of the service to meet their needs as either excellent or good and 94% 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

- *Very personal one to one, understood my needs and my problem legs, also helped me with the way I felt about body confidence*
- *I was treated with kindness, understanding, professional, friendliness and help at all times.*
- *Nothing was too much trouble and the staff made sure I understood everything. They are brilliant.*
- *Couldn't have been better, in my experience. I was given all the information required to take care of my condition, despite the crazy times we are living in.*
- *Staff very helpful and explained all treatment, make me feel at ease and very relaxed. 'Terrific staff!' Thank you.*
- *They made me feel like a person not just a number. I could ask a question and not feel silly. They all were very kind*
- *The understanding of what exactly was wrong with my legs and how to help myself to cope and improve them.*
- *Practitioners caring and knowledgeable - gave advice with clarity and patience.*

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 94% 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. Lymphoedema and Tissue Viability Nurse (TVN) complex clinic.

Within the Lymphoedema clinic we work closely with TVN and District Nurses (DN). District Nurses manage patients in the community with lower limb wounds, if wound management and standard compression advice is required they will refer to TVN.

Some patients will have lymphoedema and associated lower limbs wounds, which can be difficult to manage, they may require specialist bandaging techniques due oedema, shape distortion and area of the wound, such as the dorsum of the foot and toes. Application of correct compression promotes healing and compliance as the bandage will feel comfortable.

Lower limb wounds are a complex health issue as they cause pain, odour and exudate which reduces mobility and affects the patients quality of life.

In order for patients to be assessed in a timely manner and correct treatment implemented as soon as possible collaborative working within a complex clinic was initiated. Referrals are from DN to either TVN or the Lymphoedema clinic and allocated to the complex clinic if appropriate. A joint home visit is arranged with DN, TVN and Lymphoedema practitioner therefore the patient receives a comprehensive assessment and treatment plan. This home visit is also an opportunity for teaching bandaging skills to DNs. It is however a learning experience for all involved as we all learn from other health professionals.

This clinic is proving to be successful as we are seeing a marked improvement in slow to heal wounds which has a significant impact on the patients quality of life and DNs caseload. Patients report an improvement in pain and mobility. They are fitted with a suitable compression garment when the wound has healed which will prevent future skin breakdown and allow them to manage Lymphoedema independently.

b. Transformation from Day Hospice to Wellbeing Centre at Teesside Hospice

The current global pandemic caused Day Hospice to shut its doors to face-to-face patient care overnight. We had to completely change the way we worked to a virtual service, which we achieved successfully through 1-1 appointments either using telephone or using a virtual platform plus various virtual groups for peer support, self-help techniques, exercise, art and relaxation. This dramatic change in service delivery meant it was the perfect time to introduce the new service, which we had been planning for a long time. We transformed the previous Day Hospice service into the Wellbeing Centre at Teesside Hospice and we have planned a timetable ready to be slowly introduced over the year as restrictions ease. The new wellbeing service will focus on enhancing life, empowering our patients to achieve their goals and involving them in decisions about their current and future care. By focussing on their wellbeing and seeing them and not the illness we aim to help them reengage with their lives and give them more quality time with their families and loved ones.

c. Wellbeing Centre supported Specialist Palliative Care Team (SPC) with Initial Assessments

The Covid19 pandemic has caused a huge burden on all health care systems. Patients were only admitted to hospital when absolutely necessary and discharged potentially quicker than prior to the pandemic which caused a huge burden on community professionals including the Specialist Palliative Care (SPC) teams. In order to help reduce the number of patients on the Community SPC teams waiting list, an agreement was made that the Wellbeing Centre nurses would do some initial assessments over the telephone for the team. For a number of months, the SPC team would review their waiting list and send us their referrals for patients they felt may be appropriate for our service with the agreement we would re-refer the patient back if we deemed it appropriate. This meant SPC team saved valuable time by sending us certain referrals direct without their team assessing the patient. This worked very well initially and helped reduce the SPC waiting list considerably. This agreement is still in place but has not been required for a number of months.

d. General review of all services with Teesside Hospice

Whilst services have continued to at the hospice throughout the pandemic we have had to adapt and approached our how we work in different ways, for example using digital platforms to support our patients and their carers. This time has allowed us to take some time to take a look at what we deliver and how we deliver our high quality services.

Teesside Hospice like every other organisation must ensure we are spending the money we receive from donations and the public sector wisely and make certain every penny counts. To this end a full programme of services reviews and redesign is underway:

- **Re-design of Bereavement Counselling services at Teesside Hospice which included:-**
 - Re-focusing of counselling activity on complex grief and trauma
 - Referrals and initial triage assessment to be completed via online platform

- Mixed mode delivery of counselling to include face to face, telephone and video links ups
- Review and streamlining of service administration resulting in the creation of a new post of Bereavement Services Co-ordinator and the loss of three administrative posts
- Re-branding and modernisation of reception area

Wellbeing Service at Teesside Hospice

A review of the day services has been undertaken with the outcome being a shift from a traditional day hospice to a more empowering psychosocial model to give patients and their carers the tools and techniques to manage the symptoms and their illness both physically and psychologically to live their lives as well as they can and be in control. There are still elements from the traditional day service model in place example drop in services (by appointment) and outpatient appointments to respond to the needs of patients.

e. New focus on staff wellbeing

Staff wellbeing is of the utmost importance to us at Teesside Hospice as our staff as our major asset. Staff wellbeing in all its forms contributes to good outcomes of care and patient experience; a healthier and more inclusive culture; raised staff morale and engagement. We are reviewing our approach to staff wellbeing to offer a multifaceted approach both internally and externally.

f. Introduction of Covid Safe Working

In early March 2020 when it was evident that we would be potentially be going in to a national pandemic, we took action to ensure that all hospice users and the service would be sustainable and safe. Extensive changes have been made to the hospice layout/environment including

- Separate entry to the hospice for patients / visitors / lymphoedema clinic patients, enabling patient rooms to be accessed from individual outside doors. New patients are transported directly into their room.
- Doorbell installed at IPU/Lymphoedema entrance for visitors.
- All visitors are required to wear PPE and a 'Visitor Station' has been set up outside of each room, under cover to provide 'sign in' information and PPE.
- Reduced visiting, which is reviewed regularly
- Communal visitor areas in hospice not in use.
- Signage around the building is in place to remind staff and volunteers about social distancing, capacity indicators on the door of rooms in accordance with guidance
- Masks to be worn at all times in all areas of hospice.
- Designated times and places for staff rest breaks.

- Additional hand sanitizer units installed throughout hospice
- Ensured all soft furnishing replaced with IPC standard wipe clean surfaces.
- After use outpatient rooms and surfaces are cleaned using chlorine solution using 1:1000 and disposable clothes.
- Following discharge patient's rooms are isolated for 36 hours to air and conduct a deep terminal clean of the room. "I am clean" notices are placed on door on completion.
- Day to Day cleaning of patient room's limits number of housekeeping staff accessing bedrooms, any Covid positive patient's rooms are cleaned last. Only minimal equipment is taken in to room and cleaned upon removal. Clothes are placed in soluble bags, waste is double bagged and the housekeeper changes uniform on completion.
- Sheets and towel are placed in designated cupboards when washed to stop foot flow through the laundry and a sealed laundry bin is place at the entrance to the laundry for all used uninform.
- Coffee shop closed at start of Pandemic.
- Wellbeing / Counselling providing a virtual service.
- Patient transport vehicle for IPU only and cleaned after each use.
- Changes made to services, including safety messages due to Covid-19 are communicated to patients/families prior to referral/admission, through partner healthcare organisations who refer into our service and by using our social media channels.
- Telephone call to patient/care home prior to home visit to complete Covid-19 check list. PPE worn for home visit

Initial supplies of PPE at the start of the pandemic were challenging but we always had supplies, this was supported through local community donations, previous suppliers and our local CCG for cleaning and PPE products.

- Since May 2020 we have had a good supply of PPE from the Hospice UK push pallet system, which is collected weekly from St Cuthbert's Hospice.
- We have a designated PPE store, so that we can monitor use of PPE and ensure there are no shortages.
- Each entrance to the hospice has a PPE station.
- We conduct weekly PCR testing of staff/volunteers via courier, with arrangements for postal testing if needed.
- We conduct LFT testing of visitors
- PCR testing of patients on admission

g. Policies & Procedures

There are currently 34 clinical procedures/guidelines and 47 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 Pol 21 Clinical Photography Policy
- C Pro 17 AccuRx Standard Operation Procedure
- HR Pol 17 Redundancy Policy

The Board of Trustees Statement

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

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

This Quality Account was approved

Signed



Elaine Criddle

Chair, Board of Trustees of Teesside Hospice Care Foundation

May 2021

Response on behalf of NHS Tees Valley Clinical Commissioning Group (CCG) in respect of Teesside Hospice Quality Account 2020-2021



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

Teesside Hospice Quality Account 2020-21 Response on behalf of NHS Tees Valley Clinical Commissioning Group (CCG)

Tees Valley Clinical Commissioning Group (CCG) welcomes the opportunity to review and comment on the Quality Account for Teesside Hospice for 2020-21 and would like to offer the following commentary:

Tees Valley CCG 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.

The CCG welcomes Deborah Edwards as Director of Nursing & Quality.

The CCG is reassured to see such positive feedback from patients and carers during the period of 2020-21; it is a reflection on the staff at Teesside Hospice who demonstrate that patient care, dignity, and respect is of paramount importance, as well as kindness, compassion and understanding to the families and carers of the patients. It is also encouraging to see that through surveys, 100% of patients, staff and volunteers would recommend Teesside Hospice to their own friends and family if they needed care or treatment. The results of the Bereaved Carers Survey is reassuring with 100% of bereaved carers stating they were satisfied with their experience.

The CCG appreciates that 2020-21 has been overshadowed by the Covid-19 pandemic and is pleased to see that Teesside Hospice have kept their services accessible whilst maintaining quality and keeping their staff safe, delivering end of life care despite the difficulties during the pandemic. It is reassuring to read that Teesside Hospice is offering a virtual carer's group during the pandemic

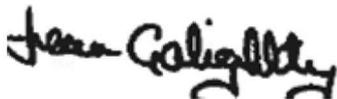
The CCG is pleased to note that Teesside Hospice received positive feedback during their Transitional Monitoring Approach (TMA) assessment in February 2021 regarding the delivery of their services and manner of working.

The CCG supports the Hospice with the three aspirations for Clinical Quality in 2021-22 including patient safety, clinical effectiveness, patient experience and looks forward to seeing the evaluations of this work in the coming year. The CCG is delighted that Teesside Hospice satisfactorily achieved their aspirations for 2019-20 in the same key areas.

The Commissioners welcome the changes to ways of working during the Covid-19 pandemic, including 1:1 appointments via telephone or virtual platforms and the transformation of the Day Hospice service into a Wellbeing Centre. The CCG recognises that the last 18 months have been unprecedented and is reassured to see how well Teesside Hospice has managed during this time. The CCG is pleased to see that Teesside Hospice has focused on staff wellbeing throughout these difficult times.

The CCG would like to thank Teesside Hospice for their continued efforts during the Covid-19 pandemic and for reflecting their achievements in the Quality Account 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 Teesside Hospice to assure the quality of services commissioned in 2020-21.

Yours sincerely,

A handwritten signature in black ink that reads "Jean Golightly". The signature is written in a cursive, slightly slanted style.

Jean Golightly
Director of Nursing & Quality
Tees Valley Clinical Commissioning Group

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



Due to other commitments, Healthwatch South Tees have not been able to provide comments to Teesside Hospice Quality Account for 2020-2021.