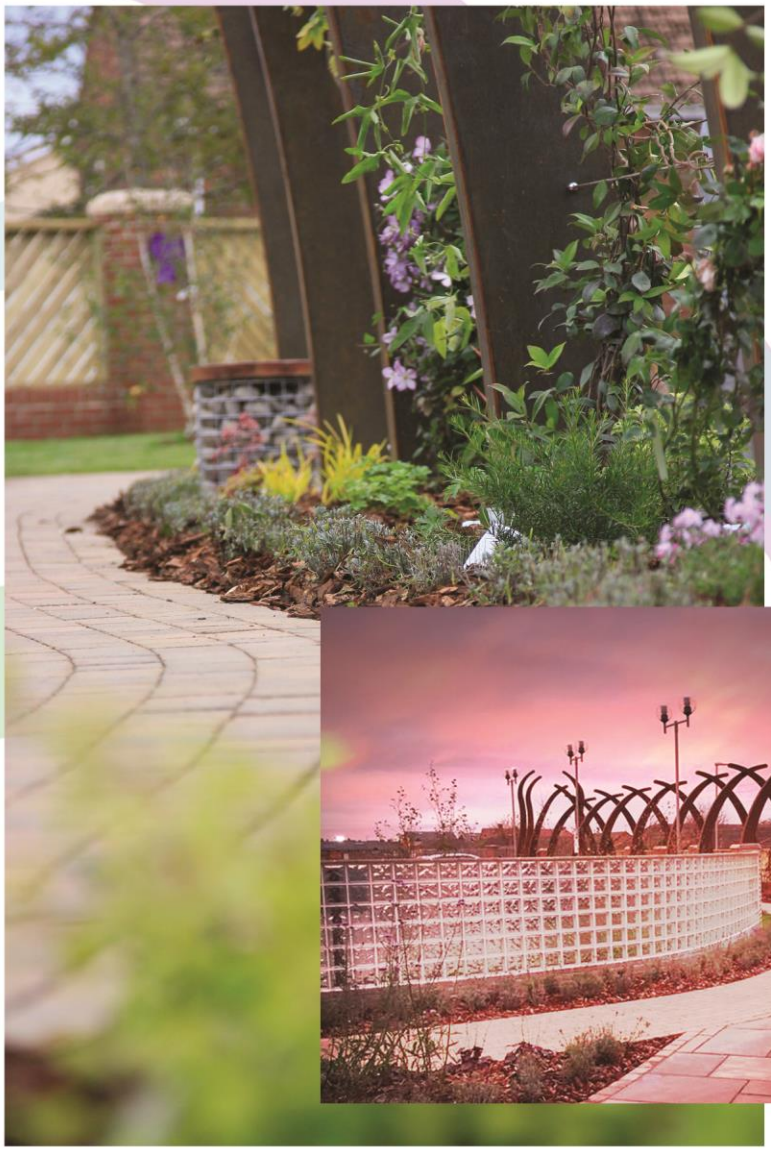
Serving the communities of Hartlepool & East Durham

Alice House Hospice

Quality Accounts

2017/2018

Dignity, Respect, Support and Care



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PART 1: STATEMENTS OF QUALITY FROM THE CHIEF EXECUTIVE AND CHAIRMAN

CHIEF EXECUTIVE'S STATEMENT

Alice House Hospice continues to provide high quality care to those affected by a palliative or life limiting illness within the communities of Hartlepool & East Durham. Through a range of specialist and non-specialist services, together with the further expansion of our long term care facility, we are now the largest adult hospice in the North East of England.

Our commitment to working interdependently and collaboratively holds strong to ensure that best practice and best value uphold all of our activities and that patients receive outstanding care regardless of the place of that care.

Our commitment to collaboration extends to our communities both in supporting people who support us and in supporting valuable employment opportunities, particularly through the route of volunteering.

We ensure our staff have appropriate stimulating training and development opportunities to enable them to be the best they can be in all of their endeavours and we are committed to equality of opportunity to all and this is reflected in our continued approach in leadership for all.

I am very proud of the exceptional commitment to high standards portrayed by every member of staff and the compassion that is shown to all service users and their families.

These Quality Accounts have been prepared taking into account the views of the Board of Trustees and service users.

Tracy Woodall
Chief Executive
May 2018

CHAIRMAN'S STATEMENT

Providing this statement for our Quality Accounts enables me to reflect on the last year with great pride. To be able to lead this organisation is both an honour and a privilege.

As Chairman, my role is to ensure that the Board of Trustees have all of the necessary information available to provide them with confidence that the Hospice's Senior Management Team deliver our strategic objectives. We are all fully satisfied that the transparency and inclusivity of the breadth of reporting to Trustees and the opportunity for all Trustees to be involved in the daily activities of the Hospice, provides us with the knowledge and evidence that this is a well-run organisation that firmly has the patients and public interest as a priority.

The success of the work we do is firmly reflected by the ever increasing support that our communities and the business sector give us, which enables our clinical teams to deliver the very best care wherever and whenever patients need it, by staff who are fully committed to giving everyone the best experience possible.

The Board would like me to extend our utmost gratitude to everyone who has supported the Hospice, either through individual donations or endeavour and to firmly commit our continued support to our communities.

Ray Priestman
Chair of Trustees
May 2018

PART 2: PRIORITIES FOR IMPROVEMENT 2018/19 AND MANDATORY STATEMENT OF ASSURANCE FROM THE BOARD

2.1 INTRODUCTION

The Hospice was established in 1980 as a local charity (Hartlepool Hospice Ltd) delivering specialist palliative care to individuals affected by life limiting illnesses within the local communities of Hartlepool (including Stockton-on-Tees) and East Durham.

The Hospice's clinical services are Consultant led and supported by a Multi-Disciplinary Team of professionals who provide patients with individualised care, whilst promoting and maintaining the best quality of life possible. Some of the professionals within the Multi-Disciplinary Team include: Consultant, Staff Grade Doctors, F2 Doctors, Specialist Registrar Trainees, GP Trainees, Nurse Practitioners, Matron, Registered Nurses, Senior Healthcare Assistants, Healthcare Assistants, Community Services Manager, Complementary Therapist, Occupational Therapist, Physiotherapist, Bereavement & Support Counsellors and Volunteers. During 2017/18 the Hospice introduced and recruited 4 Specialist Nurses in the areas of Heart Failure, Dementia, Respiratory and Education. The Specialist Nursing Team will develop services within the community to complement existing services, which have the potential to be based within the Holistic Wellbeing Centre depending upon demand.

The Hospice's Registered Manager applied to the Care Quality Commission to increase bed capacity from 16 to 18 beds, which was granted approval with effect from 6 March 2018. Funding for the conversion of the additional 2 bedrooms was received from two private donors who contributed £50,000 which was also Gift Aided, resulting in a further £12,500 towards the conversion (see Appendix 1). Alice House Hospice now provides 18 inpatient beds, which consist of 8 specialist complex management, 9 long term nursing and 1 respite. A wider variety of inpatient services allows the Hospice to have an extended referral criteria, thereby supporting more patients in the local communities and providing greater choice around Preferred Place of Care (PPC).

The Hospice also offers community services including domiciliary care for patients in their own homes, regardless of diagnosis, which is funded through Continuing Healthcare budgets. This allows us to support a wider range of patients and their families in our local communities, enabling them to live in their own homes and maintain their independence. This also supports the opportunity for palliative patients to be introduced to Hospice services at the earliest opportunity, allowing them to remain in control of choices around accessing services to support them. During 2017/18 the Hospice provided 7,435 visits (7,700 hours) of homecare support to 131 clients. This represents an increase of 5.1% (377 visits) on the previous year. During 2016/17 the Hospice delivered 7,058 visits to 179 clients. An analysis of the decrease in the number of clients (48) against an increase in visits (377) shows that as clients have died, new clients commencing the service have required increased packages of care due to their complexity.

Other community services include Day Hospice services, which continue to provide specialist clinical support in an outpatient environment to help control symptoms and provide effective treatment, alongside the provision of psychological and emotional support to improve wellbeing. This service forms part of the commissioning arrangements with both Hartlepool & Stockton CCG and Durham Dales, Easington & Sedgefield CCG. During 2017/18 the Commissioners highlighted that Day Hospice patients were using the service for symptom management considerably longer than the 6-8 week programme, with some patients exceeding 12 months. An analysis identified a gap in service provision, whereby there was nowhere suitable to discharge Day Hospice patients once they had completed the 6-8 week programme.

As a result of this the Hospice introduced a further social support Day Care service on Fridays and a Complex Social Day Care on Mondays, which commenced in March 2018. Current patients are funded through Continuing Healthcare budgets. The Complex Social Day Care needs to operate with 8 patients to cover costs and initially at the start of the service there were only 3 patients. The Hospice will absorb these costs in the interim and review the service in 3 and 6 months.

The Hospice also continues to provide Day Care services on Tuesday and Thursdays which support the social care needs of the local community, reducing isolation and offering a peer support approach. These are delivered in a relaxed, friendly environment in our purpose built Holistic Wellbeing Centre and can be funded through Continuing Healthcare, Local Authority, Personal Budgets/Direct Payments or Self-Funded.

The Holistic & Wellbeing Centre also facilitates the provision of Counselling & Support Services, which provide bereavement and anticipatory grief counselling for both adults and children. The Hospice continues to run the Jo & Mya Project which was established in 2015, however funding for this project ceased in 2017 and is currently funded through sponsored school activities for those participating in the project. This gives local schools and teaching staff support for dealing with bereaved children and encourages fundraising on behalf of the Hospice.

Other therapy support is also available, including Complementary Therapies, which are designed to offer relaxation and help to relieve symptoms. The therapies are used to complement the specialist medical and nursing care our patients may be receiving. This service is provided wherever the patient requires it, even in their own home environment and is also available to the wider public.

The Hospice continues to provide a 24 Hour Helpline which is supported by trained staff who can give clinical advice and support or signpost to other professionals if appropriate. The Helpline is available for the public and professionals and is not funded.

The 24 Hour Helpline has been promoted during the recent Education Alliance Project which commenced in January 2017. The project is a collaborative alliance approach to palliative and end of life education across all care homes within Hartlepool & Stockton, involving the Mental Health

Teams, the Falls Teams, North Tees & Hartlepool NHS Trust and Alice House Hospice. The aim of the project is to reduce hospital admissions from care homes and help patients achieve their Preferred Place of Care (PPC). During the period January-December 2017 the Hospice's Education Lead successfully delivered training and education to 57 care homes across both Stockton on Tees and Hartlepool. Further funding has been secured from the Education Alliance Project to deliver training during 2018/19 on End of Life Care and Advanced Care Planning to local care homes.

In January 2017 Alice House Hospice was awarded a substantial grant for the specific purpose of updating the grounds for patients and visitors so that they could enjoy a peaceful and calming outside space; to have time to reflect if they wish and to view some of the new remembrance features incorporated. Previously the front entrance did not have a pedestrian access and has been replaced with a 'guard of honour' style walkway. The old boundary wall with unsightly iron railings has been replaced with a new brick wall and fencing to give privacy in the garden. The under-used front garden has been landscaped to include a walkway, central bandstand, water feature and scented beds. The grounds of Alice House rely heavily on the time given by Volunteer Gardeners and the new landscaping will reduce the amount of maintenance required. To the rear of the site much needed additional patient and visitor car parking has been completed adjacent to the Holistic Wellbeing Centre (see Appendix 1).

NICE Guidelines (2004, Improving Supportive & Palliative Care for Adults with Cancer) state that providers should offer a range of services that meet the individual's physical, environmental, spiritual and social support and improve quality of life. The Hospice ensures that patients and their families receive excellent care from diagnosis to post bereavement, which is based around their holistic needs. This is achieved through a whole range of services for both cancer and non-cancer patients, promoting the philosophy of living life to the full.

It is the Hospice's Vision to ensure that, 'every person, to the last moment of their life has the right to dignity, respect, support and care' and our Mission is, 'to provide services that add value to life and make a difference to patients and their families'.

As the future of Hospice care evolves in the constantly changing health environment, we have developed positive and effective working relationships that ensure cross organisational integration and representation through different working groups, to identify pressures and inadequacies in the healthcare system and to generate innovative solutions to patient service problems.

Alice House Hospice is an integral partner in the Hospices North East; Transforming Care Together Collaborative, who take a partnership approach to addressing the ever increasing demands of service provision, education, training and workforce development. This collaboration demonstrates a region wide commitment to working in partnership to improve palliative and end of life care for all patients, regardless of demography or diagnosis. The Hospice is a member of the following collaborative groups:

- Chief Executives
- Executive Clinical Leads in Hospice & Palliative Care (ECLiPH)
- Education
- Marketing & Communications
- Human Resources
- Finance

The Quality Accounts will demonstrate the standard of service delivery and innovative practice implemented in partnership with the local Clinical Commissioning Groups (NHS Hartlepool & Stockton-on-Tees CCG and Durham, Dales, Easington & Sedgefield CCG) during 2017/18. The Hospice's Strategy for 2015 to 2020 continues to underpin our future priorities.

Please note that the Quality Accounts do not include non-clinical quality initiatives, such as fundraising, administration and finance.

2.2 FUTURE IMPROVEMENT ASPIRATIONS 2018/19

The Hospice has developed the following improvement aspirations with the involvement of service users including patients, their carers and volunteers and this is demonstrated within the three domains of quality; namely Patient Safety, Clinical Effectiveness and Patient Experience.

2.2.1 Priority 1 – Patient Safety

Reduce Clinical Staff Sickness Levels

2.2.1.1 How the priority was identified

Alice House Hospice has identified an increased trend in clinical staff sickness absences. During 2017/18 the overall sickness level for the Hospice was 3.77%, which comprised of 60.3% clinical staff and 39.7% non-clinical staff.

The Hospice has identified the following areas of concern:

- It can be difficult to cover clinical staff sickness at short notice. The Hospice utilises permanent and bank staff to cover periods of clinical staff sickness, however due to the number of bank staff available there is more flexibility with Senior Healthcare Assistants and Healthcare Assistants but less with Registered General Nurses.
- Periods of high sickness levels have resulted in the need to close some inpatient beds to ensure patient safety. This has resulted in declined referrals for patients wishing to use the service.
- High sickness levels affects the morale of staff who are having to work extra hours at short notice to maintain the service. This can also have the potential of causing staff burn out.

This issue is not unique to Alice House Hospice and in a recent report, “Employee Engagement, Sickness Absence and Agency Spend in NHS Trusts” (Kings Fund, 2018), there are clear associations between employee engagement and sickness absence.

2.2.1.2 How the priority will be achieved

Alice House Hospice will address clinical sickness levels through improving engagement with staff by displaying a performance table in prominent staffing areas, informing staff of the number of shift absences in a calendar month and what the cost of the absences has been to the Hospice. The cost of providing additional staff to cover the sickness will also be displayed.

The Hospice has consulted with other regional hospices regarding the issue of providing clinical cover at short notice due to staff sickness. As a result of this consultation the Hospice will be appointing a nursing agency who are able to supply all grades of qualified and experienced nursing and healthcare staff. The benefits of this include agency staff who are pre-vetted, insured and DBS checked. The Hospice will consult with contracted and bank staff first to cover staff sickness, however the nursing agency will be utilised when necessary to alleviate pressure from contracted staff.

Alice House Hospice take part in an Employee Assistance Programme to ensure employees have an independent source of support. The service can be used confidentially for family, financial, relationship, domestic abuse, insurance claims, consumer issues, debt, legal, stress, childcare, work, housing and drug and alcohol issues or concerns. Employees have the opportunity to talk to qualified counsellors and can receive on-line cognitive behavioural therapy. There is also an online portal available to employees containing unlimited access to emotional support and fitness videos, medical fact sheets, personal couching and health assessment areas.

All new staff will be allocated a "buddy", who will be an experienced member of staff who will act as a mentor and guide to the new starter. The new starter will shadow their buddy on a full shift pattern, working in all sectors of service provision.

Reflective practice session will be held on a quarterly basis, with interim sessions as the need arises from clinical incidents. Supervision will be reviewed to ensure that all clinical staff are supported to improve practice, develop both professionally and personally, and manage complex situations associated with the care and treatment of patients. Supervision is a method of supporting and developing competence by providing practitioners with the opportunity to meet either on a regular or ad hoc basis with an experienced colleague or peer to discuss, reflect and learn from their experiences in clinical practice.

All new staff continue to participate in leadership training skills, with the opportunity for 1:1 supervision with a Volunteer Occupational Development Consultant who provides techniques to change practice, support to steer concerns, guidance with time management and personal development.

2.2.1.3 **How the priority will be measured**

Outcome measures will be captured on the following and included in the bi-monthly report to Trustees and quarterly performance report to Commissioners:

- Clinical sickness levels will be collated by the HR Manager on a monthly basis and discussed with the Senior Manager Clinical Services. Data will include number of shifts covered, cost for staff on sick, cost of additional staff to cover sick and cost of agency staff (if used).
- The Employee Assistance Programme is confidential but data can be provided on the number of staff who have accessed the service. Staff will be surveyed on an annual basis to check that they are aware of the Employee Assistance Programme and know how to access it. The Employee Assistant Programme leaflet will be displayed prominently next to the monthly clinical staff sickness report and included within the regular staff communication briefings.
- All staff must be confirmed into post following a six month probationary period. During the six month probationary period appraisal for each new member of staff, both they and their mentor/buddy will be consulted to discuss their views on the process.

- Reflective practice sessions will be scheduled on a quarterly basis and attendance logged at each session. Supervision will be monitored through regular staff contact meeting, which are held on a quarterly basis.
- A register of staff participating in leadership training will be maintained.

2.2.2 Priority 2 – Clinical Effectiveness

To Raise Clinical Standards

2.2.2.1 How the priority was identified

Following a referral to the Adult Safeguarding Team regarding a patient who accessed the Hospice's Respite Service, a full investigation was conducted both internally and externally. The external investigation conducted by the Local Authority Adult Safeguarding Team concluded that there were no areas of concern. As a result of the Hospice's internal investigation the following areas for improvement were identified:

- Inconsistent approach to completing documentation.
- Inconsistent standardisation of documentation.

2.2.2.2 How the priority will be achieved

The Senior Nursing Team will implement the following actions during 2017/18:

- Documentation training for all HCA's, SHCA's, RGN's to establish a standardised set of documentation.
- The introduction of a Model of Care Sub Group.
- Daily audit by the Co-ordinator of 2 random sets of patient notes.
- Introduction of intentional roundings, which take place at hourly intervals throughout the day and two hourly during the night.
- The introduction of an in-house Care Standards Certificate to HCA's and SHCA's which focuses on 15 individual standards as follows:

  - Standard 1 Understanding Your Role
  - Standard 2 Your Personal Development
  - Standard 3 Duty of Care
  - Standard 4 Equality and Diversity
  - Standard 5 Person Centred Values
  - Standard 6 Communication
  - Standard 7 Privacy and Dignity
  - Standard 8 Fluids and Nutrition
  - Standard 9 Mental Health, Dementia and Learning Difficulties
  - Standard 10 Safeguarding Adults
  - Standard 11 Safeguarding Children
  - Standard12 Basic Life Support
  - Standard13 Health and Safety
  - Standard14 Handling Information
  - Standard15 Infection Prevention and Control

2.2.2.3 How the priority will be measured

Outcome measures will be captured on the following and included in the bi-monthly report to Trustees and quarterly performance report to Commissioners:

- Clinical observations.
- Reduction in clinical incidents.
- SSKIN Care Bundle overseen by RGN's.
- Completion of Care Standards Certificate by SHCAs and HCAs.
- Results of documentation audits in all service areas.
- Monitoring of training records and evaluations by staff completing documentation training.
- The monitoring of staff who have completed the Care Standards Certificate who are then signed off by the Registered Manager.

2.2.3 Priority 3 – Patient Experience

To Develop and Deliver a Carer Focused Informal Support Group for Carers and Ex-Carers

2.2.3.1 How the priority was identified

Following the introduction of the new Bistro facility in Alice House Hospice, a small group of carers and ex-carers have expressed that they have found the informal Bistro environment a positive safe space to meet other carers and ex-carers both on a social and a peer support basis. This reduces isolation for the carer and carers have expressed that it would be useful for new carers to the environment to receive peer led support.

NHS England/Patient Experience Team (2016) in 'An Integrated Approach to Identifying and Assessing Carer Health and Wellbeing', addresses changes to the way in which carers' health and wellbeing needs are identified, assessed and supported as a result of changes introduced by the Care Act 2014 and the Children and Families Act 2014. This document provides a resource to help promote working together between adult social care services, NHS commissioners and providers and third sector organisations that support carers of all ages, with a specific focus on developing an integrated approach to the identification, assessment and support of carers and their families across health and social care.

The Care Act 2014 introduces a number of reforms to the way that care and support for adults with care needs are met. The Act makes provision for all carers, including young carers and older carers. This "whole system" approach bestows a duty of co-operation on local authorities and all agencies involved in public care. Relevant partners of a local authority include any NHS-funded service who have a duty to co-operate.

The integrated approach to identifying and assessing carer health and wellbeing needs rests on a number of supporting principles:

Principle 1 Support the identification, recognition and registration of carers.

Principle 2 Carers will have their support needs assessed and will receive an integrated package of support in order to maintain and/or improve their physical and mental health.

Principle 3 Carers will be empowered to make choices about their caring role and access appropriate services and support for them and for the person they look after.

Principle 4 The staff of partners to this agreement will be aware of the needs of carers and of their value to our communities.

Principle 5 Carers will be supported by information sharing between health, social care, carer support organisations and other partners to this agreement.

Principle 6 Carers will be respected and listened to as expert care partners and will be actively involved in care planning, shared decision-making and reviewing services.

Principle 7 The support needs of carers who are more vulnerable or at key transition points are identified early, including recognition of additional support needs of bereaved carers.

2.2.3.2 **How the priority will be achieved**

Alice House Hospice will build partnerships with Hartlepool Carers who are an independent charity contracted through Hartlepool Borough Council to provide information, advice and guidance to informal carers. The service will give carers who access Alice House Hospice introduction to carer groups of all conditions, training, peer support and financial guidance, as well as using the Outcome Star for Carers to conduct a comprehensive assessment of the individual needs of the carer. This service also gives carers the gateway to information and attendance to the local Multi-Agency Carers Strategy Group.

Bereavement Counselling services will be offered to family carers at approximately one month following the death of a patient who has accessed services at Alice House Hospice.

A rolling programme of carer training will be delivered by Alice House Hospice to support carers with numerous aspects of caring such as barriers to caring, coping strategies, medicine management, moving and handling skills, information on carers rights, mindfulness techniques and a providers market stall event who provide different services to carers.

A monthly peer support group with guest speakers or a social element to help carers who are feeling socially isolated and to give carers the opportunity to contribute to the planning and reviewing of services.

2.2.3.3 **How the priority will be measured**

- Alice House Hospice will record the number of referrals made to Hartlepool Carers.
- A record of bereavement counselling and number of sessions attended will be included in management reports.
- A record of guest speakers, social events for carers.
- Service carers satisfaction surveys.

2.3 PROGRESS ON IMPROVEMENT PRIORITIES FOR 2017/18

The quality improvement priorities for the previous year are reported on below.

2.3.1 Priority 1 – Patient Safety

Implementing OACCs to demonstrate that the Hospice supports the needs of patients and their families, both effectively and efficiently.

2.3.1.1 What we have achieved

OACC (The Outcome Assessment and Complexity Collaborative) supports healthcare services and professionals to demonstrate that they meet the needs of their patients and families, both effectively and efficiently. Kings College in London devised the OACC specifically for specialist palliative care. OACC was set as the Hospice's 2017/18 CQUIN by Durham Dales, Easington & Sedgefield Clinical Commissioning Group.

The Hospice has been working in partnership with North Tees & Hartlepool NHS Trust's Palliative Care Team in a collaborative approach through the Outcome Assessment & Complexity Collaborative in Specialist Palliative Care Task & Finish Group. The purpose of this group is to establish and integrate the collection of outcome measures and patient complexity data within the specialist palliative care environment. This is to ensure that a universal approach is adopted to ensure consistency, regardless of the provider. The data will identify areas for development in relation to both support for patients and service provision.

Following staff training, the Hospice participated in a pilot project in January/February 2018 to gather data for Stage One ('Phase of Illness' and 'Australian Karnofsky Performance Status - AKPS)'.

2.3.1.2 How we will continue to improve

A pilot for Stage Two ('Integrated Palliative Care Outcome Scale' (IPOS) and 'Views on Care') will be implement in September 2018.

The Hospice achieved connection to the Palliative Care Module of SystmOne at the end of March 2018; this includes a template for gathering the data for OACCs.

2.3.2 Priority 2 – Clinical Effectiveness

To implement remote access to SystmOne to improve the efficiency of service delivery.

2.3.2.1 What we have achieved

For a number of years it has become increasingly difficult and time consuming for the Hospice to gain access to medical records as they have been converted from paper to electronic format. Access to SystmOne will enable patients to have more rapid access to Hospice services as

information is readily accessible, giving real time results such as blood test, diagnosis, professional input, etc. Access gives information on special wishes, including advanced decisions and end-of-life preferences, which are pertinent to the care plan of the individual patient and the holistic care that the Hospice provides. Outcomes include:

- Quicker and faster decisions on referrals and admissions.
- Quicker time to start of treatment, which will benefit patients.
- Reduce cost on repeating diagnostic tests through access to laboratory results in patient records.
- Reduce nursing time on having to request duplicate information from patients, thereby reducing any further distress to patients/family.
- Reduction in NHS Trust admissions through ability to admit out-of-hours.
- Ability to access patient records will facilitate the delivery of an integrated care pathway.

In March 2017 the Hospice commenced discussions with North Tees & Hartlepool NHS Trust regarding remote access to the Palliative Care Module of SystmOne via a Sharing Agreement. Following Caldicott approval in May 2017, the Hospice was supported by the Trust's SystmOne Administrator to complete the business mapping/change process and training of the Hospice's super users in February 2018. The Hospice gained connection to the Palliative Care Module of SystmOne on 29 March 2018.

2.3.2.2 **How we will continue to improve**

Training for the remainder of clinical staff will take place during the first quarter of 2018/19.

Achievement of the outcomes will be measured on a monthly basis, i.e. reduction in NHS admissions through number of Hospice admissions during out-of-hours, which will be reported to HaST and DDES CCGs on a quarterly basis through Contract, Quality & Performance Reports.

2.3.3 **Priority 3 – Patient Experience**

To increase Day Hospice/Day Care service choices for activities delivered out of core hours, improving both health and wellbeing.

2.3.3.1 **What we have achieved**

It was the Hospice's aspiration to create a variety of Day Hospice/Day Care services out of core hours, i.e. evenings and weekends, in order to improve access to services. However, the creation of out of core hour's services has not been achieved due to unsuccessful funding applications.

The Hospice received a grant from the Big Lottery towards funding Day Hospice activities, which is being facilitated through Equal Arts and HenPower. The Hospice entered into a HenPower Project with HenPower and at the beginning of October 2017 took delivery of 4 hens (see Appendix 1). HenPower has been working with the Hospice on the practicalities of keeping hens and providing creative approaches to care provision through

this project in order to improve the health and wellbeing of Day Hospice/Day Care patients.

One of the innovative ways in which the Hospice has addressed improved access to these services has been in the recruitment of 4 Specialist Nurses who are networking with external providers to identify unmet need. They will complement rather than replicate services which are already available and will run their own clinics. The Specialist Nurses cover the following areas:

- **Dementia**
  The Specialist Nurse has built local links with care home providers, local dementia collaborative (an application has been made to Dementia Friendly Hartlepool and John's Campaign to work towards becoming a dementia friendly organisation) and Sandwell Park Hospital (an NHS adult mental health provider for older people) and has started to deliver Namaste Care (making life meaningful for people with very advanced dementia) within these settings.

- **Respiratory**
  The Specialist Nurse's role has been to open up accessible Hospice care to patients with respiratory illness through integrated working with community services and external partners. Relationships have been developed with the respiratory, CBT and district nursing teams. A mapping exercise will be conducted to explore hospital discharge and how support can be enhanced within the community and Hospice settings.

- **Heart Failure**
  The Specialist Nurse's role has been to open up accessible Hospice care to patients with heart failure through integrated working with our community services and external partners. One of the gaps in service which has been identified is the provision of sub cutaneous Furosemide within the community setting, which would reduce hospital admissions. The specialist role will introduce the patient to Hospice services at an earlier date, whereby the later transition from outpatient to inpatient becomes a natural progression by reducing the patient's anxiety.

- **Education**
  During 2017/18 the Specialist Nurse delivered training and education on End of Life Care to 58 care homes across both Stockton-on-Tees and Hartlepool. The purpose of the training is to embed seamless care across all care homes within the area and improve the patients' experience. During 2018/19 the Hospice will be delivering training on End of Life Care and Advanced Care Planning to local care homes.

2.3.3.2 **How we will continue to improve**

The Hospice will continue to submit funding applications for the provision of Day Hospice/Day Care services out of core hours, i.e. evenings and weekends, in order to improve access to services.

The Specialist Nurses will continue to network in order to achieve the following outcomes:

- To provide specialist knowledge, advice and training to the palliative care team within their area of expertise.
- Work as part of the specialist nursing team to advance knowledge and expertise in specific disease pathways.
- Improve standards of patient care through evidence based practice and research and participation in local and national audits.
- To provide creative access opportunities through in-house and outreach programmes (e.g. clinics or support groups).
- Work with external providers e.g. the Acute Trust and care homes to support palliative care training and education as required through specific projects.

2.4 MANDATORY STATEMENT OF ASSURANCE FROM THE BOARD

The following statements must be provided within the Quality Accounts by all providers. Many of these statements are not directly applicable to specialist palliative care providers including Alice House Hospice, therefore explanations of what these mean are given.

2.4.1 Review of Services

During the reporting period 2017/2018 Alice House Hospice provided the following services:

- 8 bedded Inpatient Unit for short term symptom management and end of life care.
- 7 bedded Long Term Care Unit for residential nursing care, increased to 9 beds from March 2018.
- 1 Respite Bed.
- Community Domiciliary Care.
- Day Hospice designed around symptom management, health and social care.
- Day Care designed around social care and wellbeing.
- Complex Social Day Care.
- Outpatient Clinics.
- Complementary Therapies.
- Counselling & Support Service.
- 24 hr Helpline.
- Physiotherapy.
- Occupational Therapy.
- Chaplaincy.

The income generated by the NHS services received in 2017/18 represents 18.4% of the total income generated from the provision of NHS services by Alice House Hospice for 2017/2018.

This means that the remaining 81.6% of the overall costs of service delivery is fundraised by the Hospice from voluntary charitable donations, legacies, Hospice shops, Hospice lottery, events and community fundraising.

2.4.2 Participation in Clinical Audit

During 2017/2018 0 national clinical audits and 0 national confidential enquiries covered NHS services that Alice House Hospice provides.

During 2017/2018 Alice House Hospice participated in 0% national clinical audits and 0% national confidential enquiries of the national clinical audit and national confidential enquiries as it was not eligible to do so.

2.4.3 Research

The number of patients receiving NHS services provided or sub contracted by Alice House Hospice in 2017/2018 that were recruited during that period to participate in research approved by a research ethics committee was 0.

During 2017/18 the establishment of a Multi-Disciplinary Clinical Research Group was a priority to be able to demonstrate evidence based practice and lead best practice. One such research proposal was to explore the impact of long term palliative care on length of prognosis. An audit was conducted by the Hospice's Consultant in September 2017 on patients within the Long Term Care Unit, with the following findings:

- Most patients die within 4 months (and many in the first few weeks).
- A small but notable group completely outlive their prognosis.
- Moving frail patients will mean that some will deteriorate more quickly than expected (which is well established in research) but there is a cohort that completely outlive their prognosis.

The Consultant plans to write-up the findings for submission to a journal.

2.4.4 CQUIN Payment Framework

Alice House Hospice's income for 2017/2018 from Durham Dales, Easington & Sedgefield Clinical Commissioning Group was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

The Hospice completed the following CQUIN indicator, which represented 2.5% of the overall contract value:

Durham Dales, Easington & Sedgefield CCG

- The Outcome Assessment and Complexity Collaborative (OACC)

2.4.5 Statement from Care Quality Commission

Alice House Hospice is required to register with the Care Quality Commission and it is currently registered to carry out the following regulated activities:

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.
- Accommodation for persons who require nursing or personal care.

Alice House Hospice is registered with the following conditions:

- To accommodate up to a maximum of 18 patients overnight.
- To provide a service for people over the age of 18 years old.
- The registered provider's regulated activity is managed by a Registered Manager.
- The provider location where regulated activity can be carried out is: Alice House, Wells Avenue, Hartlepool, TS24 9DA.

The Care Quality Commission has not taken any enforcement actions against Alice House Hospice during 2017/2018. There have been no special reviews or investigations carried out by the Care Quality Commission during this reporting period.

The Hospice's last inspection by the Care Quality Commission was unannounced and carried out on 23 March 2015. The formal report and

rating from the inspection was received on 20 August 2015 and the Hospice received an overall rating of Good, as detailed below:

Domain	Rating	CQC Comments
Is the service safe?	GOOD	• People and family members told us the Hospice was a safe place to stay. • Staff demonstrated a good understanding of safeguarding adults and whistle blowing. • There were enough skilled, experienced and knowledgeable staff to meet people's needs in a timely manner. • The Hospice was well maintained and clean.
Is the service effective?	GOOD	• The provider had invested in providing leadership training to all staff within the organisation. • The registered provider delivered a dynamic training programme for staff which evolved to meet changing priorities. • People described how staff went out of their way to meet their meal preferences. People gave us positive feedback about the meals the Hospice provided. • The provider was empowering people to self-manage their health conditions through running a unique innovative pilot 'breathlessness programme.'
Is the service caring?	OUTSTANDING	• People received excellent care from kind, compassionate and caring staff who listened to them. • We viewed numerous compliments praising the registered provider and staff for their kindness and support through difficult times. • Care was planned around what was important to each person. • We observed kindness and respect between the staff and people. People were treated with dignity and respect. • The provider had a strong focus on supporting people with their social and psychological wellbeing. • People could access social and therapeutic support in the bright and modern Holistic Wellbeing Centre.
Is the service responsive?	GOOD	• People who used the service were actively in control of the care and treatment they received. • Care plans identified specific interventions based on people's particular priorities. • Staff also discussed with people their plans for the future including their preferred place of care and preferences for their future care needs. • People were encouraged to remain as independent as possible and continue doing their everyday things as much as possible. • People said they were listened to and staff responded to their wishes.

Domain	Rating	CQC Comments
Is the service well-led?	GOOD	• All of the managers and staff spoke passionately and enthusiastically about the Hospice. • Patients and family members also spoke positively about the service. • The service was forward thinking, creative and modern and continually looked for opportunities to learn and improve practice. • There were excellent examples of innovative practice. • The audits were effective in identifying areas for improvement and ensuring action was taken to improve the service. • The provider was pro-active about sharing good practice to improve care for people at the end of their lives.

2.4.6 Data Quality

Alice House Hospice was not eligible and therefore did not submit records during 2017/2018 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

The Hospice has submitted quarterly Contract, Quality & Performance Reports to the Commissioners during 2017/18. These contain service updates, patient activity datasets (quarter position and trends), key performance indicators (KPI), local quality requirements (LQR) reporting, patient safety, patient/carer experience, clinical effectiveness, CQUIN and assurance (Workforce Assurance, Care Quality Commission, Commissioner Visits and Quality Accounts Progress Update).

2.4.7 Information Governance Toolkit Attainment

The Hospice's Information Governance Assessment Report achieved an overall reporting score for 2017/2018 of 92% and was graded satisfactory. The score had increased from the previous year's score of 87%.

The Information Governance Group will take forward the action plan formed from the audit toolkit covering 2018/2019 to make further improvements and improve the level of compliance.

2.4.8 Clinical Coding Error Rate

Alice House Hospice was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.

PART 3: REVIEW OF QUALITY PERFORMANCE

Alice House Hospice has considered the three domains of Patient Safety, Clinical Effectiveness and Patient, Carers, Staff and Volunteer Experience within these accounts during the reporting period of 2017/18.

3.1 PATIENT SAFETY

3.1.1 Medicines Safety

In 2015 the Hospice implemented a reconciliation tool to ensure safe prescribing and delivery of medication. The tool allows the professional to accurately check patients' medications by cross-referencing drug kardex's produced by Hospice Prescribers alongside summary care records from GP surgeries or Hospital discharge letters. The medications reconciliation check form must be completed for every admission by a Nurse Specialist, Nurse Prescriber, Pharmacist or a Doctor.

In June 2017 the audit for medicines reconciliation was presented to the Clinical Governance Group and achieved 100% compliance. Recommendations from the Medicines Management Group, who reviewed the audit, included continuing to use the audit tool in practice.

The Hospice have a service agreement with Lloyds Pharmacy who supply both stock and patients' own medication. The service agreement also ensures that a Pharmacist attends the Hospice on a weekly basis to monitor and audit prescriptions and drug kardex's for patients accessing inpatient services. All information obtained during this period is fed back to the Medicines Management Group, of which the Pharmacist from Lloyds Pharmacy is a member, which reports directly to the Clinical Governance Group.

3.2 CLINICAL EFFECTIVENESS

In July 2017 the Hospice appointed a new Senior Manager Clinical Services.

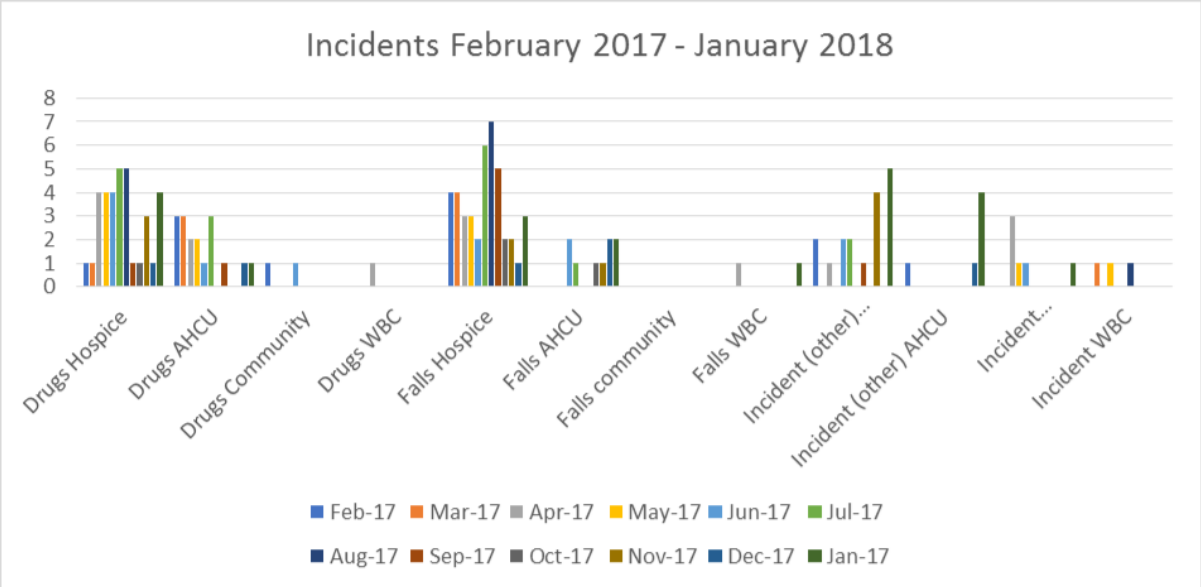
3.2.1 Patient Incident and Safety Audit

The aims and objectives of the audit were:

- To distinguish if improvements have been made since the previous audit.
- To identify gaps in the provision ensuring improvement.
- To emphasise areas of good practice and reporting procedures.
- To make recommendations on how to continuously improve practice and provision.
- To ensure that patient incidents and safety matters are recorded honestly and accurately to ensure robust procedures are timely implemented.
- To actively research comparable services to identify best practice and service improvements regarding data stratifications.

This audit evaluated all clinical incidents that were reported from February 2017 to January 2018. It examined the frequency, cause and effect of drug errors, patient falls and other incidents that had been reported in the 12-month period. It also highlighted the severity of the incidents. Statistics from this period were compared to those captured during the previous audit period to demonstrate where variation had occurred. It identified if reporting procedures had improved, if incidents had reduced and if the recommendations that were made had been implemented. It identified where practice and procedures had been unsuccessful in meeting compliance and the actions that were required.

The table that follows establishes the annual clinical incidents which were reported between February 2017 and January 2018. It must be highlighted that these incidents took place within all of Alice House Hospice's services including Inpatient Services (end of life, symptom management, respite, long term care), Day Hospice/Day Care and Community. There was a total of 139 incidents during the period 1 February 2017 to 31 January 2018. This shows an increase of 29.9% since the last audit (October 2015 to October 2016). The breakdown is as follows:



3.2.1.1 **Drug Incidents**

There was a total of 54 drug incidents during the period across all services as opposed to the previous year where there were 55 in total. These drug incidents include near misses, unintended drug incidents that resulted in potential or actual harm of a patient, dispensing issues from dispensing organisation, prescribing and administration errors.

During the audit period there was no drug incidents in the category of severe or above. When reviewing the incident forms, it has highlighted that many of the recorded incidents were avoidable and environmental factors may have played a part in the errors such as how busy the inpatient units were, human error and time restraints. In the avoidable incidents, reflective practice meetings and improvement in practice have been implemented to demonstrate the lessons learned. When each investigation is conducted the NHS decision making tool from the National Patient Safety Agency is adopted to help guide with the outcome for each individual investigation involving medication errors and whether it was a system failure or not.

A review of the drug incidents highlights that staff are continuing to take collective responsibility in being transparent in practice and addressing issues and potential risk areas. This can be seen in staff reporting issues relating to dispensing issues from pharmacy and prescribing issues. When staff are completing the incident forms they use reflective practice to help identify the problem and how it could have been corrected and the effects to the patient. As an organisation, staff are encouraged to identify areas of improvement within their own working and how the organisation can also improve.

Reporting of incidents is very efficient as staff are aware of the issues that need to be reported and do this as soon as possible. They are aware of who they need to report the issues to and where to place the incident form. This is evidenced by the number of forms completed as staff are very effective and promote prompt reporting.

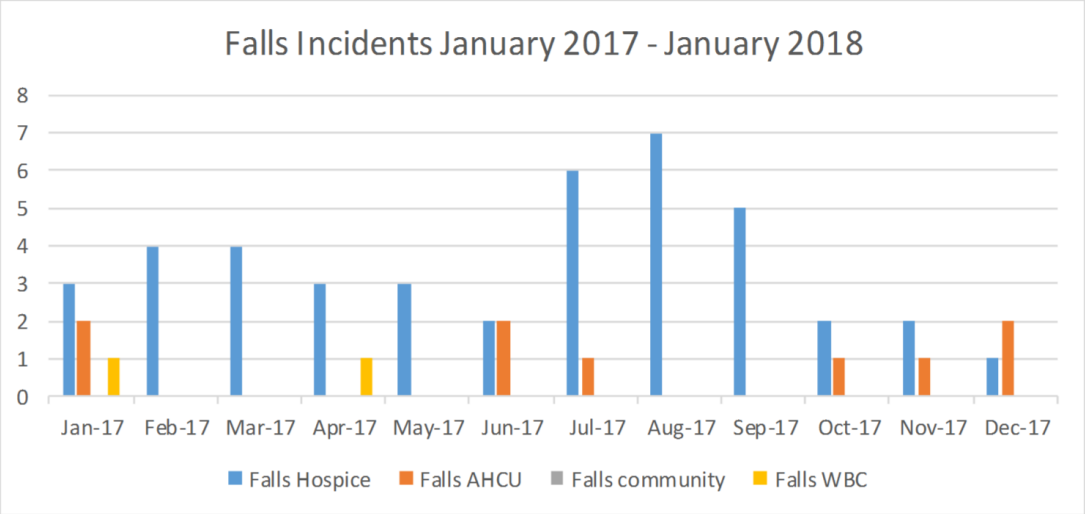
The Hospice over the last few years has seen an increase in the complexity of patients which are cared for. This means more complex drugs are used and at times complex delivery of the drug is required, which can increase the risk of drug errors. Within this the number of drugs a patient takes has increased especially when it comes to controlled drugs. As an organisation this year after researching and looking at other hospices it was decided that Oramorph 10mg/5mls would no longer be classed as a controlled drug. Oramorph 10mg/5mls can now be be given by one RGN/SHCA as a regular drug. This has proven to be more time efficient, very low risk and has improved staff available for patient care.

Out of the 54 drug errors that were identified in the audit period it was identified that 13 were smashed vials, natural wastage/over usage, pharmacy provider issues and non-signing of medicine kardex. These incidents were very low risk to patients and as noted no harm occurred to patients. It is imperative that staff continue to report all potential risks to management to ensure the high level of care and safety to patients and staff.

It also allows for investigation to make sure that there is no other course that could be taken to ensure safety.

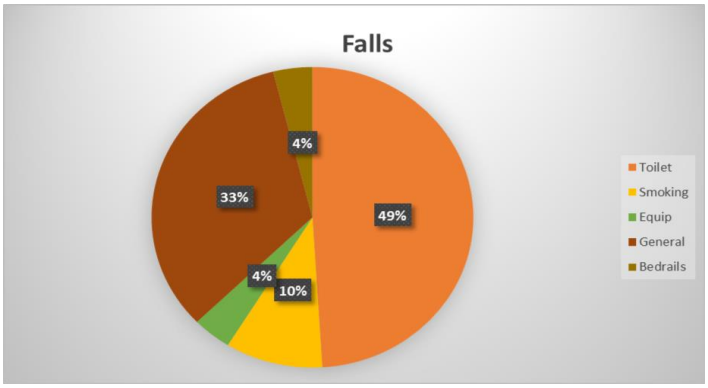
3.2.1.2 Falls Incidents

There was a total of 53 falls incidents during the period across all services as opposed to the previous year's audit where there were 41 in total. These incidents include patients who are extremely independent and wish to maintain their dignity and independence; as a result they have had multiple falls, which could be the reasons for the 29.2% increase in reported falls. The breakdown is on the chart below:

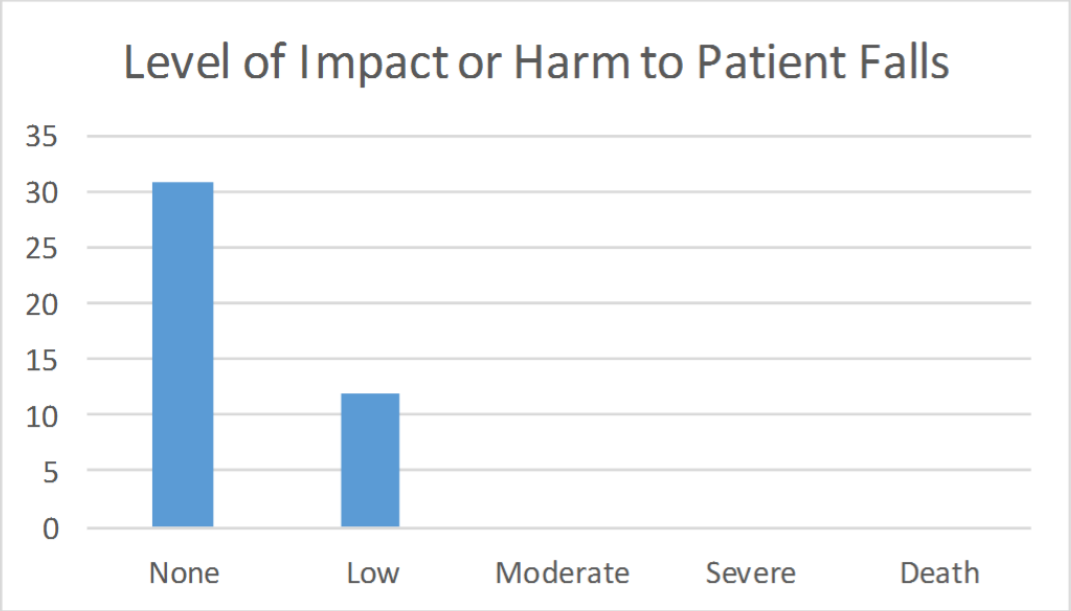


The Hospice acknowledge that many patients wish to remain independent for as long as possible and this is promoted within the service because if a patient's independence is reduced their quality of life is also diminished. During this audit period it was noted that we had multiple patients trying to maintain their independence which resulted in recurrent falls even with all possible safety mechanisms in place.

The pie chart below shows that 49% of all falls that have taken place are as a result of the patient wanting to use the bathroom independently. General falls at 33% included incidents such as patients slipping from recliner chairs, falling in rooms when trying to go outside and on standing up. 10% of all falls could be linked to patients going outside for cigarettes. 4% was linked to the use of bedrails but in both cases the bedrails were assessed correctly at the time, but the patient's cognition changed causing the falls. 4% was linked to equipment including the nurse call system that apparently did not work but on testing did not appear to have any issues.



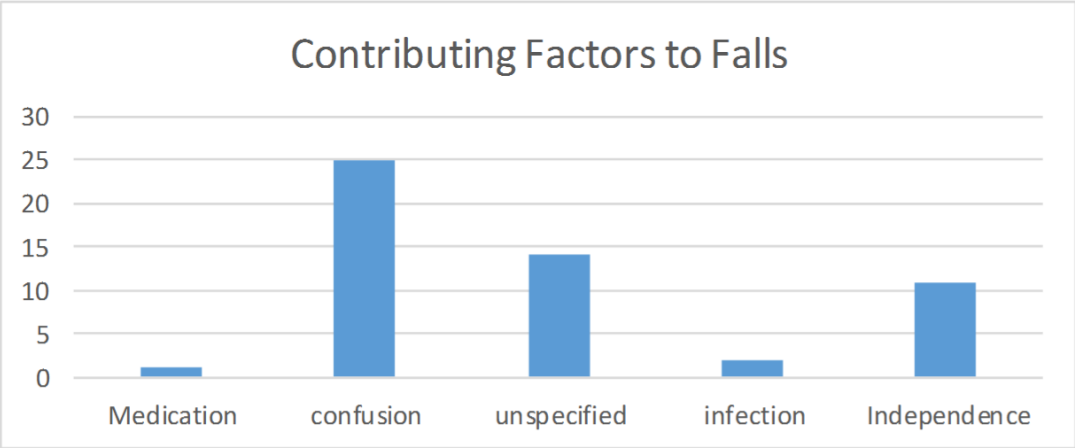
The chart below demonstrates the level of harm patients were caused in the event of a fall. 31 patient falls did not result in any harm or injury and it was highlighted the majority were the same patients falling recurrently due to their independence. 12 patient falls were graded as a low impact. Included in this grading are skin tears, bumps and bruising which are superficial and needing minor medical intervention. There were no fall incidents that came in the moderate, severe or death category.



It is imperative for the Hospice to understand if there were any contributing factors to each fall that occurs or if it was a simple accident. Any way of minimising the chance of further falls happening need to be considered both on an individual basis and organisationally. This needs to be done for each patient who accesses the services provided. The changes implemented need to be documented and individual care plans are required and should be updated with current plans of care and any equipment that may be required such as sensor mats etc.

A falls analysis is completed for each patient that falls within the organisation. The falls analysis determines what changes are required to the care plans and highlights any risk assessments that may be required. It also helps to identify when and if other professionals should be involved such as physiotherapists and occupational therapists.

When looking at the contributing factors it was highlighted that confusion in patients caused 25 of all the falls. Due to the patients the Hospice cares for confusion is a regular side effect noted from a patient's disease progression and medications used to elevate other more troublesome symptoms. Bearing this in mind it can be hard to determine when a patient is in the beginning stages of confusion and some patients can experience fluctuating confusion. Therefore, it can be difficult to know what support a patient may need when these symptoms manifest. Also, referrals the Hospice receives do not always contain the patient's capacity so it can be hard to know what is needed until the patient arrives at the Hospice.



Unspecified falls came to 14 which highlights that as an organisation we need to improve upon reporting the causes of falls in order to be able to reduce the risks of further falls. Independence was the next largest cause of falls at 11. This is the hardest type of fall to minimise due to patients wanting to maintain independence and the Hospice aiming to promote this. Also, patients who are independent can also be confused so it can be very hard to minimise their falls risk.

Analysing this year's audit results in comparison to the last audit there is a marked increase in the number of falls noted but it has highlighted the falls were highly linked to confused independent patients who have complex needs and with patients tending to spend longer in the Hospice due to their complex needs.

3.2.1.3 **Other Incidents**

The Hospice collates information for all clinical incidents under the 'other' categories. These incidents are those that do not involve drug incidents or falls. During this reporting period there were a total of 32. This is an increase of 166.6% on the previous audit but this is related to pressure sores which are now included in the incident reporting. This includes any pressure sore that is identified either on admission or develops whilst the patient is in the Hospice. This is due to an incident that occurred and best practice guidance for reporting pressure sores.

3.2.1.4 **Audit Recommendations**

- Annual medication training.
- All staff to be up-to-date with the Medicine Management Policy.
- Continue to report CD discrepancies including natural wastage.
- Continue to provide education and supervision around safe administration of medication.
- Continue to explore how we can encourage patients to request assistance when mobilising to help reduce risk of falls.
- Continue to complete intentional rounding's and monitor on next year's audit for falls incidence.
- Continue to complete all incident forms to a high standard with additional information such as care plans and kardex's etc.
- Clinical Governance Group to make any additional recommendations.

3.2.2 Hospice Performance against National Council for Palliative Care Minimum Dataset

The table below shows the Hospice's Inpatient Unit (8 commissioned beds) performance measured against the NCPC Minimum Dataset.

INPATIENT UNIT	Total 01/04/12 to 31/03/13	Total 01/04/13 to 31/03/14	Total 01/04/14 to 31/03/15	Total 01/04/15 to 31/03/16	Total 01/04/16 to 31/03/17	Total 01/04/17 To 31/03/18	* National Median
Admissions	239	242	231	227	217	167	-
First Admission	181	179	180	185	180	137	-
% Bed Occupancy	71.4%	76.7%	80.2%	78.1%	68.9%	66.5%	78.6%
Average Length of Stay (Days)	8.5	9.2	10.1	10.0	9.3	11.6	14.1
% Died	43.7%	42.1%	42.2%	33.9%	43.1%	50.3%	59.2%
% Discharges	56.3%	57.9%	57.8%	66.1%	56.9%	49.7%	40.8%
Cancer %	90.0%	88.0%	87.0%	84.1%	89.9%	88.0%	79.6%
Non Cancer %	10.0%	12.0%	13.0%	15.9%	10.1%	12.0%	14.7%
Not Known %	0%	0%	0%	0%	0%	0%	5.7%

**** (National Median data extracted from The National Council for Palliative Care, MDS Report 2014/15)***

The data reflects that the Hospice remains below the national average length of stay. The Hospice continues to support patients to achieve their Preferred Place of Care (PPC), which is demonstrated through a higher than national average discharge rate and a lower than national average Hospice death rate.

The Hospice has seen a significant increase in the complexity and demand of patients referred to the Inpatient services, which has required increased medical and nursing intervention.

3.2.3 Key Performance Indicators

The Hospice submits quarterly reports on Key Performance Indicators to meet contractual requirements with NHS Hartlepool & Stockton-on-Tees CCG and Durham Dales, Easington & Sedgefield CCG. A summary of the performance data for the accounting period can be seen below.

3.2.3.1 **NHS Hartlepool & Stockton-on-Tees CCG**

Measure	Threshold	Performance Q1	Performance Q2	Performance Q3	Performance Q4	Comments
Number of Inpatients who have been OFFERED an ACP/Deciding Rights.	90%	100%	100%	78.9%	70.0%	Variance due to patients admitted at end of life.
Number of Inpatients RECEIVING an ACP/Deciding Rights.	90%	100%	100%	78.9%	70.0%	Variance due to patients admitted at end of life.
Inpatient bed availability.	95%	75.6%	93.8%	70.8%	92.8%	Variance due to beds held and major improvement works to en-suite facilities.
Inpatient bed occupancy.	85%	50.6%	83.4%	48.8%	51.9%	Variance due to patient complexity/ dependency levels.
Proportion of people who state their preferred place of death and achieve it.	85%	100%	100%	100%	100%	
% of Day Hospice/ Outpatients receiving a care plan.	100%	100%	100%	100%	100%	
Time from Day Hospice/Outpatient referral to assessment.	>=90% within 7 days	100%	100%	100%	100%	

3.2.3.2 **Durham Dales, Easington & Sedgefield CCG**

Measure	Threshold	Performance Q1	Performance Q2	Performance Q3	Performance Q4	Comments
Number of Inpatients who have been OFFERED an ACP/Deciding Rights.	90%	100%	100%	100%	91.7%	Variance due to patients admitted at end of life.
Number of Inpatients RECEIVING an ACP/Deciding Rights.	90%	100%	100%	100%	91.7%	Variance due to patients admitted at end of life.
Inpatient bed availability.	95%	100%	99.4%	100%	91.7%	Variance due to beds held and major improvement works to en-suite facilities.
Inpatient bed occupancy.	85%	101.0%	73.2%	125.0%	121.8%	
Proportion of people who state their preferred place of death and achieve it.	85%	100%	100%	100%	100%	
% of Day Hospice/ Outpatients receiving a care plan.	100%	100%	100%	100%	100%	
Time from Day Hospice/Outpatient referral to assessment.	>=90% within 7 days	100%	100%	100%	100%	

3.2.4 **Local Audits**

The Hospice has a Clinical Audit Sub Group who ensure that current clinical issues and practices are explored and audited. Nationally agreed organisational audit tools, such as Hospice UK, are used to support the Hospice in capturing the appropriate detail to benchmark its expectations of the services it delivers. The audits support and monitor the quality of these services and also identify where there are areas for improvement and change to best practice. Alice House Hospice ensures that the results of audits and the recommendations to improve practice are approved by the Clinical Governance Group and shared with all clinical staff.

All clinical audits are reviewed and monitored by the Clinical Audit Sub Group via an action plan to demonstrate a 360 degree approach to improving practice. The following clinical audits are conducted at the Hospice:

- Inpatient Respite
- Tissue Viability
- Infection Control
- Controlled Drug Audit of Prescribing
- Prescribing of Medications Documentation
- Incident Reporting (including Falls, Drug Errors, etc.)
- Oral Hygiene
- Controlled Drugs and Controlled Drugs Register
- Patient Experience
- Resuscitation Status (A Deciding Right Initiative)
- Care for the Dying Patient Document
- Consent to Treatment
- Hospice Helpline
- Bedrails
- FP10 Prescription Pads
- Thromboprophylaxis
- Homecare Patient/Domiciliary Experience Audit
- Documentation Audit
- Completion of Referral Forms
- Clinical Environments
- Medicines Reconciliation

The Hospice continues to review its auditing processes and ensures that audits are conducted for an appropriate purpose and that evidence is provided to quantify the quality of the services delivered.

3.2.5 **Clinical Governance**

The Clinical Governance Group steer the quality of clinical services within the Hospice and the framework allows us to demonstrate safe, effective and patient led services by a well led group of multi professionals. The Clinical Governance Group reports to the Board of Trustees and covers all aspects of patient related care.

3.3 PATIENT, CARER, STAFF & VOLUNTEER EXPERIENCE

3.3.1 Increased Choices for Patients around Day Hospice/Day Care Services

A menu of activities was created to ensure that a wide range of options are available, taking into account the preference of individuals. Activity levels are detailed below:

- *Day Hospice attendance decreased during the year from 554 booked attendances to 361, which is a 21.8% decrease.
- Day Care attendance increased during the year from 480 booked attendances to 576, which is a 20% increase.

*During 2017/18 the Commissioners highlighted that Day Hospice patients were using the service for symptom management considerably longer than the 6-8 week programme, with some patients exceeding 12 months. An analysis identified a gap in service provision, whereby there was nowhere suitable to discharge Day Hospice patients once they had completed the 6-8 week programme. As a result of this the Hospice introduced a further social support Day Care service on Fridays and a Complex Social Day Care on Mondays, which commenced in March 2018. Current patients are funded through Continuing Healthcare budgets. The Complex Social Day Care needs to operate with 8 patients to cover costs and initially at the start of the service there are only 3 patients. The Hospice will absorb these costs in the interim and review the service in 3 and 6 months.

The Hospice also continues to provide Day Care services on Tuesday and Thursdays which support the social care needs of the local community, reducing isolation and offering a peer support approach. These are delivered in a relaxed, friendly environment in our purpose built Holistic Wellbeing Centre and can be funded through Continuing Healthcare, Local Authority, Personal Budgets/Direct Payments or Self-Funded.

Feedback from patients attending Day Hospice/Day Care services includes:

- Staff in the Hospice are wonderful.
- Wonderful staff, excellent conditions, nothing at all a trouble to any of the staff. It is a marvelous place to come. Thank you so much.
- I am very happy with the level of support and also the excellent attitude of the staff.
- Friendly staff, homely atmosphere, excellent services and facilities, happy place.
- Very sorry time here has come to an end and looking forward to coming in on a social day.
- Unsure if I would like it at first but best decision I have made coming here.
- For a while now I have been a Wednesday guest at Alice House Day Hospice. I just want to say thank you to Alice House and the staff. Their care, understanding and above all, non-judgemental approach have been just what I needed to help me re-gain my self-confidence and help me to plant my feet back firmly on the ground. I have considered attending the Thursday group but have decided, that at present my cancers are quite stable and at the moment I am not ready to take up a place when others needier could make better use of it. I will miss, xxxx, xxxx, xxxx, xxxx and

xxxx. Not to forget the volunteers and my namesake xxx. The driver aka the singing, dancing policeman! All always welcomed me with cheery banter and a genuine consensus for my well-being. Please accept the unclosed as a token of my respect for the vital work Alice House Hospice does. I once described you as a life-line for me. Sometime in the future I may need to return to Alice House, having already experienced the care etc. I wouldn't have qualms about returning especially to sample the wonderful food served up by the catering staff! May I wish you all every success for the future.

3.3.2 Staff Experience

Alice House Hospice are committed to the welfare of its staff. The National Quality Board (NQB) Report 'how to ensure the right people, with the right skills, are in the right place at the right time' (published 19 November 2013) and the Government's commitments set out in 'Hard Truths' (see also 'Hard Truths Commitments Regarding the Publishing of Staffing Data', NHS England and Care Quality Commission) form the basis for the Hospice's Workforce Assurance Report which is prepared and submitted to Commissioners on a six-monthly basis. The Workforce Assurance Report focuses on sickness and absences, training, education and appraisals.

3.3.3 Sickness and Absences

Staff sickness is minimised through effective management, providing support to staff to keep healthy and ensuring that their wellbeing is maintained. Staff that are identified as having significantly high episodes of sickness are monitored closely via sickness review meetings. They remain under review until they are six months clear of any episodes of sickness. This is to ensure that casual sickness remains at a minimum but also to ensure staff have a pathway to access support which may prevent further episodes of sickness.

Staff are given access to an Employee Assistance Programme offering counselling advice and Westfield Health which offers a range of private health benefits, along with regular contact meetings with their Line Manager.

STAFF SICKNESS RATES	Hospice % 2017/2018	NHS Average Sickness
5,316 hours absence from 141,036 contracted hours across the Hospice.	3.77%	4.25%

As 60.3% of the sickness was attributable to clinical staff, the Hospice has identified reducing sickness in the clinical area as a priority area for 2018/19.

3.3.4 Staff Satisfaction

An annual staff satisfaction survey is given to all staff members to complete. The survey reflects their work and home life balance and their experience as a Hospice employee.

3.3.5 **Mandatory Training**

All staff are required to undertake mandatory training to ensure the safe and effective delivery of care. The Human Resources Department manage all staff inductions and annual training to meet compliance with the Care Quality Commission and regulatory legislation. Mandatory training includes:

- Fire Training
- Health & Safety
- Infection Control
- Food Hygiene
- Emergency First Aid
- Equality & Diversity
- Moving & Handling
- Safeguarding
- Adult Abuse
- Clinical Manual Handling
- Lone Worker
- Bereavement

3.3.6 **Clinical Supervision**

The Hospice facilitated leadership training for all Hospice staff during 2014/2015, which continued throughout 2015/16, 2016/17 and 2017/18 for new staff. Staff were also offered the opportunity for 1:1 supervision with a Volunteer Occupational Development Consultant who provides techniques to change practice, support to steer concerns, guidance with time management and personal development.

It is standard practice for clinical staff to receive clinical supervision from their Line Manager but there are also opportunities for specialist practitioners to have prescribing supervision. Any staff that may require additional support in practice are supported with on the job clinical supervision. External supervision is provided for specific roles such as Counsellors.

The Hospice routinely provide reflective practice sessions for clinical and supporting staff. The topics are identified by the team and recommendations agreed in how to improve service delivery and clinical practice.

3.3.7 **Board Development**

The Hospice holds a public Annual General Meeting, which takes place every September. This is delivered by the Chair of Trustees in partnership with the Board of Trustees and the Senior Management Team. This gives the opportunity to present to the public and Hospice employees, volunteers and stakeholders a reflection of the previous financial year and future aspirations for service improvements.

The Board of Trustees undertake annual re-election to ensure that they remain appropriate panel members and provide a range of skills and expertise. The vote is agreed at the Annual General Meeting by the Hospice Members.

The Board of Trustees bring a range of skills to the Hospice including specialist areas in finance, accounting, legal, clinical, marketing, local authority and corporate.

The Hospice has a well-structured and strong Senior Management Team who complement and support the Chief Executive to steer services in a positive direction.

The following roles are in place within the Hospice to ensure regulatory compliance is achieved:

- Chief Executive
- Deputy Chief Executive
- Registered Manager (Care Quality Commission)
- Accountable Officer (Care Quality Commission)
- Nominated Individual (Care Quality Commission)
- Responsible Individual
- Caldicott Guardian
- Senior Information Risk Owner
- Safeguarding & Prevent Lead
- Child Sexual Abuse & Exploitation Lead
- Mental Capacity & Deprivation of Liberty Lead
- Information Governance Lead
- Freedom to Speak Up Guardian

3.3.8 **Volunteers' Experience**

There are 210 volunteers working throughout the organisation, 30 of which work within the clinical areas; namely Inpatient Unit, Long Term Care Unit Day Hospice, Day Care, Counselling, Catering & Housekeeping, Reception/Administration, Gardening and Driving.

All volunteers are required to attend an induction in the area they will be working. They are also required to undertake mandatory training which supports them and ensures that safety is maintained when conducting their role. All volunteers are expected to abide by the Hospice's Policies and Procedures and implement the Hospice's Vision, Mission, Values and Strategic Objectives.

The Hospice engages with other voluntary organisations that assist unemployed people to develop skills to support them back into employment.

Income generation departments depend heavily on the support of volunteers to secure events, raise awareness and increase resources to support patients and their families to receive the high quality care which the Hospice is renowned for. The Hospice is highly appreciative of its volunteer support and ensures that they are made aware of the results of their hard work.

Extracts from the annual volunteers survey is detailed below:

VOLUNTEER SATISFACTION SURVEY	2017/18		
Questions	**0-4**	**5-10**	**Actions**
I am encouraged to voice my ideas and suggestions about how to improve things at Alice House Hospice.	**1.8%**	**98.2%**	Staff/Volunteer notice boards have been introduced in communal areas where suggestions can be left.
Are you aware of who your Line Manager (s) is/ are?			Yes: 98.2% Not Sure: 1.8%
If yes, could you confidently approach them if you had an issue?			Yes: 100%
Do you feel valued as part of the team by your Line Manager?	**1.8%**	**98.2%**	All volunteers to be asked on an individual basis how their line manager could make them feel more valued.
Do you feel valued as part of the team by the rest of your team?	**1.8%**	**98.2%**	All employees to be made aware of the role and contribution of volunteers within their departments.
Would you recommend Alice House Hospice as a care provider to family and friends?		**100%**	
Would you recommend Alice House Hospice as an employer?		**100%**	
Do you receive sufficient Training/ Development to do your role?		**100%**	

Volunteers identified the following main benefits of volunteering:

Benefits of Volunteering	**No Responses (max 57)**
Supporting a local charity.	**54**
A sense of achievement.	**43**
Using your skills and experience.	**38**
Learning new skills.	**44**
Enhancing your CV.	**29**
Gaining work experience.	**31**
Filling a gap between paid work or using time well after retiring.	**28**
Building confidence and self-esteem.	**37**
Social life and making new friends.	**36**
Feeling useful.	**49**

Volunteers identified the following personal qualities which they thought was essential for volunteers at the Hospice:

- Teamwork, cheerful, honesty, trustworthy, polite, listening, hardworking, helpful to customers and colleagues, friendly, big smile, sympathetic, caring, willing to help, sociable, good communication, supportive, patience, reliable, approachable, outgoing, respectful, empathy, commitment, dedication, confident, positive attitude, cooperative, and respect.

3.3.9 **Education & Training**

Alice House Hospice are driving education and training forward and are committed to providing it both internally and externally. In 2014/2015 all staff had access to leadership training, which has continued throughout 2015/16, 2016/17 and 2017/18 for new staff. Clinical staff attend two rolling programmes of clinical education on an annual basis. The Hospice has invested in government agenda items such as advanced training in safeguarding for clinical staff.

The Hospice participated in the Education Alliance Project which commenced in January 2017. The project is a collaborative alliance approach to palliative and end of life education across all care homes within Hartlepool & Stockton, involving the Mental Health Teams, the Falls Teams, North Tees & Hartlepool NHS Trust and Alice House Hospice. The aim of the project is to reduce hospital admissions from care homes and help patients achieve their Preferred Place of Care (PPC). During the period January-December 2017 the Hospice's Education Lead successfully delivered training and education to 57 care homes across both Stockton on Tees and Hartlepool. Further funding has been secured from the Education Alliance Project to deliver training during 2018/19 on End of Life Care and Advanced Care Planning to local care homes.

It is paramount that the Hospice continues to explore new opportunities to increase knowledge of the future of health and hospice care. The Hospice is currently represented on the following steering groups:

- Specialist Palliative Multi-Disciplinary Team, North Tees & Hartlepool NHS Trust
- Health & Wellbeing Board (representing voluntary sector), NHS Hartlepool & Stockton-on-Tees CCG
- Controlled Drug Local Intelligence Network (CDLIN), NHS North of England Commissioning Support
- End of Life & Palliative Care Group, Durham Dales, Easington & Sedgefield CCG
- Palliative Care Transformation & Locality Group, NHS Hartlepool & Stockton-on-Tees CCG
- Independent Registered Managers' Group, North East Cancer Network
- Journal Club
- Outcome Assessment & Complexity Collaborative (OACC) Specialist Palliative Care Task & Finish Group (chaired by North Tees & Hartlepool NHS Foundation Trust).
- Northern Regional Palliative Care Physicians Group.
- Speciality Training Committee.

As a Consultant led specialist palliative care unit, we offer training and support to Foundation Doctors. We also provide placements for Specialist Registrar Trainees who are training to become Consultants in Palliative Care and offer placements to GP Trainees who require additional experience in caring for patients with a palliative diagnosis. This continues to support the Hospice in promoting its services to potential referrers and builds on partnership working.

3.3.10 **Awards**

The Hospice feels that it is vital that staff are rewarded for their efforts and especially when they have achieved a personal professional achievement. These achievements are noted at the Hospice's Annual General Meeting. Staff vote annually for their colleagues to be recognised for their achievements and awards are given to two members of staff at the Annual General Meeting, one clinical and one non-clinical member of staff.

The Chief Executive's award is also presented at the Annual General Meeting. This award reflects a drive to changing practice within the organisation and innovation for service delivery.

In 2016/17 the Hospice received a 5 Star Food Hygiene Rating from the Food Standards Agency of Hartlepool Borough Council. During 2017/18 the Hospice recognised the limitations of the kitchen opening hours and the need to pre-order meals, which did not meet the needs of patients' visitors and their families. Following extensive kitchen refurbishment works, a new Bistro/Café was opened at the beginning of March 2018 with extended opening hours from 7.00 a.m. to 7.00 p.m., seven days a week. The menu was also expanded to include a varied selection of home cooked meals, breakfast options, paninis, jacket potatoes with a wide range of fillings, salads and cakes alongside healthy smoothies, milkshakes and 'bean to cup' speciality coffees. The Bistro/Café is also open to the general public and the menu choices and quality of produce, all of which is locally sourced, has proved extremely successful and popular.

3.3.11 **Complaints**

Alice House Hospice seeks feedback from service users, staff and stakeholders. This feedback supports the Hospice in shaping its services and implementing changes where they are deemed appropriate. Service users are made aware of how to log a formal complaint through a variety of means such as the Hospice's Complaints Policy & Procedure which is included in all Patient & Visitors' Information Files and the Compliments, Comments & Concerns Leaflet which is displayed in all public areas. The Hospice's complaints literature also advertises external stakeholders such as the local Clinical Commissioning Groups, Care Quality Commission and Local Authorities who can be approached with any concerns in relation to the Hospice.

The Hospice maintains a Complaints Register and during 2017/18 there were 2 clinical complaints.

Brief Details of Incident	Outcome
A Safeguarding Alert was raised when it was alleged a patient had been discharged from the Hospice's Respite Service with Grade 4 pressure damage (later assessed as Grade 3).	A full investigation was conducted both internally and externally. The external investigation conducted by the Local Authority Adult Safeguarding Team concluded that there were no areas of concern. As a result of the Hospice's internal investigation the following areas for improvement were identified: • Inconsistent approach to completing documentation. • Inconsistent standardisation of documentation. The following actions were agreed and implementation commenced: • Documentation training for all HCA's, SHCA's, RGN's to establish a standardised set of documentation. • The introduction of a Model of Care Sub Group. • Daily audit by the Co-ordinator of 2 random sets of patient notes. • Introduction of intentional roundings, which take place at hourly intervals throughout the day and two hourly during the night. • The introduction of an in-house Care Standards Certificate to HCA's and SHCA's which focuses on 15 individual standards.
Incident related to a community patient using the Hospice's Homecare Service. Due to extreme weather conditions, all Homecare clients were contacted to cancel all non-essential calls. The Health & Safety at Work Act 1974, Section 2, requires the Hospice to ensure, so far as reasonably practicable, the health, safety and welfare at work of all Hospice employees. On the day in question, the road conditions were extremely poor due to heavy snow and members of staff were finding it extremely difficult to attend calls, with one being involved in an accident as a result of the weather. A decision was therefore made to only attend essential calls. Unfortunately, due to a breakdown in communication, the complainant misunderstood the telephone call to cancel the Homecare visit that day and later telephone the Hospice to state that their call had been missed.	Following an investigation, a learning outcome was implemented to ensure that if there was ever a need to cancel non-essential calls, then this would be communicated via telephone and then immediately followed-up with an email confirming the details; where clients do not have access to emails this would be followed-up with a second telephone call to act as a reminder.

3.3.12 **Other Comments from Partners & Stakeholders**

A selection of comments received are listed below:

'Thank you so much for looking after xxxx as well as you did for the short period she was with you we really appreciate it. Also making xxxx so comfortable in her final days. It really was home away from home.'

'Dear all, thank you for making my lovely mother's last three weeks of life so dignified and content. You are all amazing people who care. xxxx and I will be eternally grateful to you all for the exceptional level of care she received. Equally, I would like to thank you for the support offered to myself and family at this emotionally difficult time. I am a different person from the experience and it's taught me about death and how it is actually a part of life. I wish you all well and long may the Hospice continue. Many thanks.'

'We just wanted to say thank you for helping us all to build such precious memories during xxxx's final few days. I knew how special Alice House Hospice was from when I lost my sister xxxx and my recent experience has only made me value this amazing place even more. All staff and volunteers whatever their roles are truly special people.'

'To everyone at Alice House Hospice who cared for our Dad recently; thank you for the care, compassion, love, dignity and humour shown at this very difficult time. Much love from xxxx and xxxx'

'A – amazing, L – love, I – inspiring, C – cute, E – elegant, H – happy, O – outstanding, U – unique, S – sweet, E – enchanting, H – happy, O- outstanding, S – stunning, P – perfect, I – intelligent, C – caring, E – excellent.'

'My dad spent the last few weeks of his life in your Hospice and I can honestly say that I could never repay you for what you did for him, the level of care and love you gave my dad, our family and friends was second to none. At the time my dad was first admitted it was to treat excess calcium in his blood, he was in a bad way but we were hopeful of getting him better with the treatment, he was quite poorly for about a week but then after that he was really well and the dad I knew and loved was back. We spent every afternoon together had loads of laughs and managed to say everything that needed saying. Unfortunately he went downhill quickly and we lost him. The compassion your staff showed that day was so touching they were genuinely sad that he died and had some lovely things to say about him. I will support the Hospice for the rest of my life, I've already set up a tribute fund which so far has £362 in it, we will keep adding to this, I've also joined the Hospice Lottery. You gave me precious time with my dad and I will never forget it. Thank you, the Hospice and everyone involved with it are amazing!'

'Thank you so much for the wonderful care you have taken of my Dad xxxx. I shall never forget the kindness and patience that you all displayed each and every day. You are all amazing and compassionate, warm and funny. All our love and best wishes, xxxx'

'To all at Alice House, we have said it before and we want to say it again. Thank you, thank you, thank you for all the excellent care that was given to xxxx. Amazing place with amazing staff, doing an excellent job. Thank you so much from all of his family.'

'A huge thank you to all staff at Alice House, you made the last week of my sister's life the best they could have been. For that myself and my family are truly grateful. Lots of love to you all, forever grateful xxxx.'

'To all of the staff involved with the care of xxxx (and his family.) Nurses, Doctors, Domestic staff and volunteers. Thank you so much for everything you have done for him. His last few weeks were so much better for being in your care. The service you provide to our community is wonderful. You should all be very proud. Thanks again. From his sister xxxx and family.'

'To 'The Whole Team'. Heartfelt gratitude and thanks for the superb care given to xxxx. Your kindness and care from the whole team for the short time that xxxx stayed at Alice House. Thank you for looking after the family following xxxx's passing. God bless, xxxx and family.'

'To all the staff who looked after xxxx and myself. You all have been so brill. I couldn't have asked for anything else. Doctors, Nurses, Kitchen Staff, Cleaners. I am going to miss seeing you all. xxxx said it was better than a hotel. I will be back to see my garden. He looked beautiful for the last time he was my xxxx again. I will end now but I will be back. Love xxxx

'Just a thank you for the care and compassion you all showed my brother xxxx for the short time he spent at the Hospice. You all made his final weeks bearable for both him and his family. He felt safe in your care and happy. You are worth your weight in gold. A big big thank you from the bottom of my heart.'

'To all staff at Alice House Hospice, our family wishes to thank you for your kindness and support. We are humbled by the care and compassion shown to xxxx and ourselves at Alice House. xxxx's passing was one of love and peace. We thank you for making this last memory of her one of dignity and grace. Thank you for the incredible care and love shown to our mum xxxx and indeed all of us. You wrapped us all up and carried us through each day, giving us your strength when we had lost ours. Each and every one of you are a credit to the name of Alice House and what it stands for. We will never forget your kindness.'

'Hi, don't ask me why, but I suddenly felt an urge to send an email to say thanks once again – my mam spent her final days staying in the hospice on Hutton Road in the mid-1990s, and I still have good memories of visits there and the care and love she was receiving. xxxx.'

'Just a few words to express our deep, sincere gratitude for all the care and attention that everyone at Alice House Hospice gave xxxx during her last difficult days. From the moment xxxx arrived, we as a family felt the warmth, care and respect from all of the staff and volunteers in Alice House. Simply put, we don't know how we would have got through those difficult times without your tremendous support. xxxx is finally at peace and we take great comfort in that her last days were spent in Alice House Hospice. With immense thanks, from xxxx's family.'

'Somehow just saying thank you doesn't seem like enough. But I hope you know how much your thoughtfulness has meant to me and my family. I never realised that there was so many wonderful caring people in the world and myself and my family thank you for caring for my husband xxxx and being so supportive to us all. Keep up your good work.'

'I would like to thank everyone at Alice House Hospice for the care they gave xxxx, xxxx spent 18 days at the Hospice. At first he was very apprehensive about going into the Hospice. He settled down really quickly and the day prior to him passing on he referred to the clinical team as his team of angels. Both xxxx and I have to agree with this statement. You have all been amazing thank you.'

'No card could be big enough or warm enough to express my love for you all. Doctors, Nurses, Kitchen staff, Cleaners and in fact all who were there to help cheer my brother up and see to his care and making sure his wife and daughters needs were met. My remarkable brother xxxx had a long hard road to travel and your care made it easier. Thank you xxxx.'

'To everyone at Alice House Hospice. Thank you one and all for the care you provided xxxx during her time with you. On many occasions she told us about how friendly and helpful you all were. The time and dedication each one of you showed is incredible and you should all be very proud of your work ethic. We are all glad she was able to live out her last few days in this amazing facility.'

'Myself and xxxx would like to say a massive thank you for helping xxxx. Your advice and support has been amazing. xxxx and our family are grateful for your help. Just wish we did it sooner. xxxx has raised some money for the hospice as a thank you. Hope it helps. Thank you for your amazing help!'

'To all of the staff at Alice House Hospice, we would like to thank you all for your care and kindness towards xxxx. It meant so much to his family that he was looked after so well and in such good hands. You all do such an amazing job and go above and beyond. We would also like to thank you for your support towards all of the family. We had the opportunity to spend some quality time with xxxx/dad in Alice House Hospice and have some wonderful memories to keep with us forever. You are truly amazing people and Alice House is and exceptional service. From the bottom of our hearts and all our love from xxxx's family.'

'To all the wonderful staff at Alice House Hospice. We will never be able to thank you enough for the wonderful care and attention you gave to our beloved dad and husband in the last week of his life. Although we are devastated that he has gone, it is a great comfort to us knowing that he went peacefully and didn't suffer. You are all truly special people and to us you are worth your weight in gold. All our love, the family of xxxx.'

'To all at Alice House. I cannot put into words how grateful and thankful to you all for giving my husband the care, compassion and respect in his last 4 days of his life. Your care from the cleaners, to the nurses, to the doctors and consultants comes second to none. He got his wish to go peaceful and pain free. Thank you all again.'

'Thanks a million! Because just one thank you isn't enough!' … To everyone involved in the care of my husband. Kind regards, xxxx'

3.4 SUPPORTING STATEMENTS FROM PARTNERS & STAKEHOLDERS

Supporting statements are being sought from the following partners and stakeholders and will be included in the Quality Accounts when they are received:

- NHS Hartlepool & Stockton-on-Tees CCG
- Durham Dales, Easington & Sedgefield CCG
- NHS Hartlepool & Stockton-on-Tees CCG's Health & Wellbeing Board (representing voluntary sector)
- Healthwatch
- Hartlepool Borough Council
- Durham County Council

3.4.1 Supporting Statement from Durham Dales, Easington & Sedgefield CCG

NHS
North Durham
Clinical Commissioning Group

NHS
Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Statement from North Durham, Durham Dales, Easington, Sedgefield and Darlington Clinical Commissioning Groups, for Alice House Hospice Quality Account 2017/18.

The CCG welcomes the opportunity to review and comment on the Quality Account for Alice House Hospice for 2017/18 and would like to offer the following commentary:

As commissioners North Durham CCG and Durham Dales, Easington and Sedgefield CCG are committed to commissioning high quality services from the Alice House Hospice.

Overall, the CCGs felt that the report was very well presented and written in a meaningful way for both stakeholders and users. The report provides an accurate representation of the services provided during 2017/18 within the Hospice.

The CCGs recognise the significant work that the Hospice has undertaken to drive quality improvements throughout the year, particularly in relation to the implementation of access to SystmOne. The outcomes which have been highlighted in the quality account evidence how successful this implementation has been.
The Hospice has clearly worked towards meeting the KPIs set out by CCG patients and has remained consistent through 2017/18. It is also pleasing to see that the Hospice recognises the need for innovation and improvement through research and audit.

The CCGs were pleased to see some learning identified from incidents and complaints highlighted in the quality account for 2017/18.

The CCG supports the priority areas for 2018/19 identified as: Reducing clinical staff sickness levels, raising clinical standards and developing a carer focused support group.

The CCG looks forward to continuing to work in partnership with the Hospice to assure the quality of services commissioned in 2018/19.

Gillian Findley
Director of Nursing/Nurse Advisor
NHS North Durham and DDES CCGs

3.4.2 Supporting Statement from NHS Hartlepool & Stockton-on-Tees CCG's Health & Wellbeing Board, Hartlepool Borough Council and Healthwatch

On behalf of the Health & Wellbeing Board, Hartlepool Borough Council and Healthwatch, I appreciate the opportunity to provide a statement, for inclusion within Alice House Hospice's Quality Accounts.

Hartlepool Borough Council's Health and Wellbeing Board continues to welcome the involvement of the Hospice's Chief Executive, as the designated representative for Hartlepool's Voluntary and Community Sector (VCS). Through her place on the Board, she has helped influence the shape and content of Hartlepool's refreshed Joint Health and Wellbeing Strategy (2018-2015), within which the importance of the VCS as an essential partner in the future delivery of services to achieve improved outcomes and reduced health inequalities is fully endorsed.

In addition to this, we are fully supportive of the Hospice's continued prioritisation of patient experience and clinical effectiveness and the identification of Patient Safety as its areas for priority service improvement in 2018/19.

Christopher Akers-Belcher
Leader of Hartlepool Borough Council and
Chair of the Health & Wellbeing Board

APPENDIX 1

Bedroom Conversion Works on Long Term Care Unit

Garden Improvement Works

Car Park Improvement Works

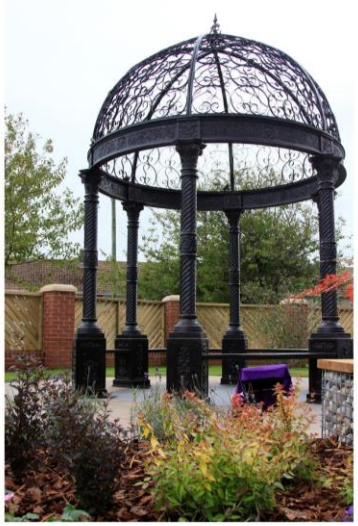
HenPower Project

Before: Patient Lounge Area

After: New Patient Bedroom (one of two)

Before: Garden to the front of Alice House

After: New Garden Areas to the front of Alice House



Before: Waste Ground Area to rear of Alice House

After: New Parking Area to rear of Alice House

HenPower Project with Day Hospice/Day Care Patients