St Teresa's Hospice

The Darlington & District Hospice Movement

Registered Charity No 518394

Quality Account for the Year 2017 – 2018

Part 1 - Chief Executive's Statement

I am pleased to present the Quality Account for St Teresa's Hospice 2017-2018, which looks back on the progress we have made during the past year, and also outlines our future aspirations to improve services for patients and families.

- The Darlington & District Hospice Movement, also known as St Teresa's Hospice is an independent charity (registered number 518394) and is a company limited by guarantee (registered number 2080756).

- The Board of Trustees is responsible for the over-all governance of the Charity.

- Our Strategic Management Team is comprised of 4 Senior Managers, led by the Chief Executive Officer i.e.: CEO, Head of Care, Finance Director, and Head of Workforce Development.

We have a strong focus on quality in the organisation and within our Hospice Team we employ a Data & Quality Manager.

We have invested in the expertise of an external consultant, regarding Clinical Governance and Quality Assurance.

We work in a collaborative culture, ensuring that we develop our workforce, integrate with other relevant agencies, and that we never lose sight that our Hospice belongs to local people, without whom, we simply would not be able to continue our vital services.

Our Hospice is proud to be involved in the ongoing development of Hospices North East (HNE) – a collaboration between 10 Hospices with a shared vision to ensure that the people of the North East receive outstanding Hospice care and support. All the Hospices involved remain independently run, but HNE has a developing network of groups of representatives who meet together to share best practice, in Education, in HR, in Fundraising & Marketing, and of course in Care Services. In its early days, this collaboration, led by the CEOs of the 10 Hospices, has already secured support from Macmillan to help develop the model.

St Teresa's Hospice strategic plan – "Our 2020 Vision" (available on our website) illustrates how we will continue to strive to achieve excellence in palliative and end of life care, to achieve the highest governance standards and to work to extend reach to our growing and diverse patient population.

During the accounting period, we undertook a Fundamental Review – this covered all departments in the Hospice, and provided the opportunity to:

- highlight / resolve any inefficiencies; review constraints; make improvements;
- review our volunteer model;
- review how we support our workforce.

Actions from the Fundamental Review include a forward-looking aspiration to extend our reach to offer more support for Dementia patients and new clinic support for MND patients.

We have also re-designed our volunteer induction and training programme, and the staff appraisal system has had an overhaul to make it more relevant.

The Board of Trustees has new aims for its development and we have re-structured our HR and Workforce Development department.

We are aware of the new reporting requirement regarding learning from deaths and have recently developed a new policy. Our policy sets out the guiding principles for the Hospice to adopt the principles of "Learning from Deaths" and working towards the highest standards of mortality governance.

I am responsible for the production of this Quality Account[1], which is compiled with input from our service leaders throughout the Hospice, led by our Head of Care.

To the best of my knowledge, the information reported in this Quality Account is accurate and is a fair representation of the quality of care services provided by St Teresa's Hospice.

Finally, each year I take this opportunity to express heartfelt appreciation to everyone in our Hospice family. Our work is made possible through an effective, eclectic mix of staff and volunteers, and I sincerely thank all of the people in our "One Hospice" team and our supporters in the wider community.

Jane Bradshaw, Chief Executive Officer

Read the 2020 Vision online at:
www.darlingtonhospice.org.uk

[1] Regulations state that Quality Accounts must be published by June 30 each year following the end of the accounting period. By publishing our Quality Account on NHS Choices, the Darlington & District Hospice Movement has fulfilled our statutory duty to submit it to the Secretary of State.

Part 2 - Priorities for Improvement 2018/19 and Mandatory Statement of Assurance from the Board

2.1 Introduction

All of the work that St Teresa's Hospice does is inspired by the needs of people affected by a palliative or life limiting illness. This includes patients themselves, their loved ones referred to throughout the remainder of the document as carers, and the general public who may look to us for support around Public Health issues associated with palliative care.

But we are not complacent and strive not only to maintain our exceptionally high standards today but to keep moving forwards, to reach as many people as possible and by being innovative and developing our services so that we can meet needs in the future of an ever-changing population demographic, but also to keep apace of the changes in the commissioning landscape.

We measure our performance internally using key performance indicators, soft intelligence and patient feedback, we also measure ourselves against other providers using local and national benchmarks, and in turn, we are measured by our commissioning colleagues and the Care Quality Commission. The Hospice has worked hard over recent years embedding a culture of continuous service improvement.

Our Clinical Governance work plan follows the RCNs 5 themes:

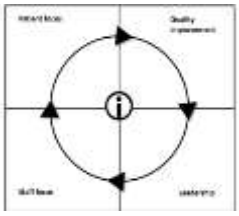
- **Patient focus** - how services are based on patient needs
- **Information focus** - how information is used (information governance)
- **Quality improvement** - how standards are reviewed and attained
- Staff focus
- Leadership

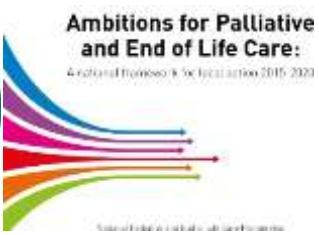
Combined as "**Workforce Focus**"

The themes in the plan are based on evidence-based best practice and influenced in particular by:

- Clinical Governance 5 Key Themes about healthcare quality (RCN)
- 6 C's of Nursing from Compassion in Care (NHS England)
- 6 Ambitions for Palliative and End of Life Care (The National Palliative and End of Life Care Partnership)
- The Care Act 2014
- The essential regulations as set by the Care Quality Commission

The quality improvements outlined in this account pertain only to clinical care and relevant support services necessary to provide care. The report does not take into account fundraising and administrative functions of the organisation however it is important to note that separate quality initiatives are deployed in these non-clinical areas.





2.2 Future Improvement Aspirations for 2018-2019

The following improvement aspirations have been developed with staff teams and people who use our services including patients, carers and volunteers, and are detailed across the domains of patient safety, patient experience and clinical effectiveness.

2.2.1 Improvement Aspiration 1 - Developing our User Involvement Strategy

Quality Domain: Clinical Effectiveness, Patient Experience

How was this aspiration identified?

As part of our Fundamental Review, we audited the scope for stakeholders to be involved in the ongoing development of the Hospice, to have a voice in the care we provide, and to be engaged in future direction.
St Teresa's Hospice came into being because a member of the public alerted people, via local media, to the lack of home support for people suffering from life-limiting illness. We are proud that our services have been built up over the years, according to patient and carer need. We are anxious not to lose sight of our roots and, by promoting a culture of involvement, we want to ensure that community participation forms part of our day-to-day planning processes and also longer-term developments. We have named this project *One Hospice, One Voice* and it will only be deliverable with the participation of the broad spectrum of individuals and organisations in our community, reflecting how the Hospice came into being in the first place.

Aims of the project:

- **Encourage:**
  - active participation in the planning and delivery of care
  - all personnel to make patient focus and involvement intrinsic to their day to day work
  - all personnel to consider stakeholder involvement in the wider sense
- **Communicate:**
  - to ensure we keep service users informed and involved in developing and improving services
  - to continue to improve communication with all stakeholders
  - to ensure that where service change is proposed, we identify and consider people who may be affected by proposed changes and provide them with information
  - we raise awareness by involving our stakeholders
- **Strengthen:**
  - our continuous improvement ethos
  - ensure Hospice systems and processes support participation in the planning, development and delivery of services
  - involve all stakeholders in forward plans to ensure sustainability of services

How will it be achieved, monitored and measured?

During 2018-2019, a task and finish group recruited inter-departmentally will organise stakeholder surveys and focus meetings with:

- Patients & carers
- Staff
- Volunteers
- Representatives from our universe of donors and supporters

An outline strategy will be produced by the end of Quarter 3 and then shared with stakeholder representatives for comment. By the end of Quarter 4, the strategy will be published and individuals tasked with championing it and developing any relevant action plans. To ensure it is embedded, *One Hospice One Voice* will be a standing agenda item for the Board, SMT and General Management Meetings.

2.2.2 IMPROVEMENT ASPIRATION 2 - EXTENDING REACH

Quality Domain: Clinical Effectiveness, Patient Experience

How was this aspiration identified?

Our 2020 Vision described the Hospice's ambition to extend its reach by scoping hard to reach groups to address potential inequalities in service provision.

How will it be achieved?

- We will explore how we can improve/become involved in the care needs of adults with a learning disability who have a palliative diagnosis;
- We will formalise, consult on and publish our dementia strategy, identifying champions in the organisation to implement it.
- We will work to engage with organisations which support homeless people, in order to gauge need and offer support where we can.

How will it be monitored and measured?

- The Clinical Governance work plan identifies the above work streams and the lead staff responsible for progressing them.
- The lead staff will report to the Clinical Governance subcommittee according to agreed deadlines.
- A progress report will be presented to the Board of Trustees by the end of the yr 2018-19.

2.2.3 IMPROVEMENT ASPIRATION 3 - BOARD DEVELOPMENT

Quality Domain: Clinical Effectiveness, Patient Safety, Patient Experience

How was this aspiration identified?

In our Fundamental Review, the Trustees worked with the Hospice Chairman to identify goals for quality improvement in the Board. The Trustees wanted to explore how they may be most useful to the organisation and whether we are meeting all of our good governance responsibilities to provide effective, safe services with the patients at the heart of everything we do.

How will it be achieved?

A Trustees and Senior Managers' away day will be held, focussed on:

- The Board and Senior Management in partnership
- Good governance
- Looking ahead (the next 10 years)

How will it be monitored and measured?

A report from the day will generate an action plan, progress against which will be reviewed at Board Meetings from July.

The Chairman and CEO will be responsible for driving the improvement plan.

2.3 Progress on Improvement Aspirations for 2017-2018

The purpose of the Quality Account is not only to set out future improvement aspirations, but also to evidence achievements on aspirations for improvement from the previous year.

In last year's report, we set out 5 aspirations for improvements for our services. All aspirations were specifically selected as they would directly impact on the care our patients and carers received, through improving patient safety, clinical effectiveness or the patient's experience.

Improvement Aspiration 1; 2017-18
To fully implement "Community Hospices in Partnership"

Status: achieved

Through a collaboration between Hambleton Richmondshire and Whitby Clinical Commission Group (HRWCCG), Herriot Hospice Homecare, and St Teresa's Hospice, a partnership was finalised with agreed protocols, and designated responsibilities.

Following a period of recruitment, induction and training, the pilot commenced on 1st April 2017.

The data sets were agreed and monthly operational meetings allowed for review of data which was presented at quarterly partnership meetings and also to HRWCCG's operational group for the South Tees locality, attended by members of the wider multi-disciplinary team.

A coordinated approach at various levels was key in the delivery of care. St Teresa's Hospice worked closely as part of the partnership agreement with Herriot Hospice Homecare to ensure high quality holistic care which was delivered in the patient's own home often in very rural localities. St Teresa's Hospice had specific responsibility to shape and deliver the induction and ongoing training programme.

A full evaluation of the pilot was conducted in Quarter 4. The evaluation identified the areas of excellent practice and the need for ongoing provision of this service.

The evaluation also highlighted that, due to the considerable distances covered in this largely rural area, a single provider, based in North Yorkshire, would be more efficient operationally.

The project was put out to tender by HRWCCG at the end of the pilot scheme, at which point St Teresa's Hospice withdrew having completed the pilot phase.

It was our privilege to be instrumental in shaping the service specification and staff support to provide this vital care, and we wish Herriot Hospice Homecare every success in the future.

This project demonstrates the importance of collaboration to get new services off the ground, using existing expertise and support. We hope to be involved in similar projects in the future.

Improvement Aspiration 2; 2017-18
Improving End of Life Care in Darlington Nursing (Care) Homes

Status: achieved

The objective of this aspiration was to improve standards of care of patients at end of life who reside in care homes in Darlington through education and training. An important benefit of this programme was to inform the nursing home staff of the breadth of services that St Teresa's Hospice provides particularly the community services, to encourage them to use this resource.

A steering group was formed with defined terms of reference and a plan with agreed timelines. A work plan was the framework to ensure a coordinated approach, in the planning and delivery of the education.

Nursing homes in Darlington were approached and invited to an open day to share the proposed training schedule and contents and also to request feedback on requirements that they may wish to be included.

We decided to offer a pilot scheme for two nursing homes to allow for detailed evaluation and ensure we were meeting the needs of the staff in an effective way, which would facilitate a positive learning experience.

Experienced senior staff at the Hospice delivered a bespoke training package over a period of 6 weeks.

The training was designed following feedback from care home staff, care home managers and the staff delivering the training. This allowed for full evaluation planning for the next phase to be rolled out to other care homes in the area.

Feedback has been excellent and there is now an established, ongoing dialogue with the pilot homes. This collaboration helps to ensure patients in the nursing homes receive high quality care with the emphasis on preventing avoidable hospital admissions and extends the Hospice's reach in line with our Strategic Plan.

Improvement Aspiration 3; 2017-18
To Implement OACC (Outcomes and Complexity Collaborative)

Status: achieved

The implementation of OACC has provided a consistent and reliable method of assessing outcomes for patients and also providing the Hospice with accurate data on activity; this will allow the monitoring of trends and identifying any training requirements needed for staff.

A task and finish group was formed and a work plan generated to ensure a coordinated approach to this project. Individuals were allocated responsibilities with agreed timelines and the task and finish group met on a regular basis to ensure that actions were completed.

The in-patient unit was the department used in the pilot phase; this was evaluated and allowed for any necessary changes, prior to roll out to Day Hospice and Community Hospice.

Staff were supported well by the trainers and the team leads who acted as champions throughout the organisation, and very quickly the OACC suite has become embedded in practice in all clinical departments.

As a Hospice we use SystmOne, an electronic patient record; it was important to be able to generate user-friendly reports on individual patient outcomes from the SystmOne records. We discovered that this was not easily achievable and, after researching the problem, we purchased bespoke software (LHIT) which has proved to be both accurate and time-effective.

The benefits have been immense for patients. The broad range of assessment tools ensure a holistic and individual approach to their care. Outcomes data is shared in the weekly multi-disciplinary team meeting (MDT); because this is based on outcomes as seen by the patient, this provides a new dimension and perspective to ensure patients remain at the heart of everything we do.

Management plans can be updated/developed/changed using this vital source of information; it is also used in discharge planning for those who have become stable.

The task and finish group continues to monitor progress.

Improvement Aspiration 4; 2017-18

To use data to ensure that we are reaching all patients who may benefit from Hospice services

Status: achieved

St Teresa's Hospice recognises that high quality data and review are essential to ensure improved patient safety and to provide the Board of Trustees and the CCGs with assurances of high quality, safe care. During the accounting period we made data quality a high priority.

The table below shows improvements and outcomes from the data review project.

Improvement	Outcomes
The Hospice now attends the locality palliative and end of life steering group.	This has enabled the sharing of data to compare with other organisations regionally and identify where improvement can be made.
Integrated approach with the palliative care teams within CDDFT	Regular contact at a weekly MDT combined with CDDFT[2] palliative team has facilitated referrals to Hospice services. Hospice's community teams have engaged with CDDFT community teams and also the Accident and Emergency department to help prevent avoidable hospital admission.
Head of Care reviews data that has been presented by the End of Life Care Intelligence Network	This has allowed for specific patient groups and the health care professionals to be targeted for input by the Hospice to ensure good understanding of our services. The Hospice's service promotion group plans service promotion activity based on the data.
A fundamental review of all clinical areas	This was an in-depth review of data for all Hospice departments, including a review of referrals to services. It helped to identify external healthcare professionals who were under-referring.
The regular data quality meeting with the service leads	This promotes discussion and action planning between all the team leads to understand the data and improve on referral rates; it also identifies any changes needed to service delivery.
The Implementation of OACC [3]	OACC is now firmly embedded in practice and the data is helpful at a clinical level for individual patients but also from an organisational level as another method of monitoring and measuring efficacy of care.
Data Review with Darlington GPs	The Hospice facilitates a bi monthly meeting for the GP palliative leads in Darlington. Data review now forms part of this agenda to ensure that the Hospice's services are being used to full advantage.
GDPR	The Finance Director, and The Data Quality & Assurance Manager have ensured that the Hospice is fully compliant in the new GDPR regulations. A task and finish group is focussed on providing organisation-wide audit and information.

[2] CDDFT – The County Durham & Darlington Foundation Trust

[3] Health services and health care professionals are required to demonstrate that they meet the needs of individual patients and their families, and that they do this in an effective and efficient way. To achieve this, and to strive towards higher standards of care, services and staff must be able to show that they are making a measurable and positive difference to patients and families receiving their care. The Outcome Assessment and Complexity Collaborative (OACC) has collated a suite of fit-for-purpose measures designed to capture and demonstrate this difference for palliative care services. These measures can be used to improve team working, drive quality improvement, deliver evidence on the impact of services, inform commissioning and, most importantly, achieve better results for patients and families.

Improvement Aspiration 5; 2017-18

To prepare for the proposed changes in assessment and inspection (Care Quality Commission)

Status: achieved

Background:

St Teresa's Hospice produces two work plans that are necessary to plan clinical services and monitor progress in line with service delivery:

- The clinical governance work plan
- The CQC baseline assessment

These 2 high level documents, which dovetail to give assurances of good governance, are supported by specific action plans prepared by the clinical leads, providing a reference framework to ensure a consistent and well-organised approach.

Improvements in year:

During the year, we re-structured the management framework for these 2 plans – i.e.

- The Strategic Management Team identified clinical leads for all areas
- Clinical Leads are responsible for specific action plans and report back to SMT on a quarterly basis.
- SMT report in turn to Clinical Governance subcommittee and the Board of Trustees.

A baseline survey has been conducted, led by the Head of Care (Registered Manager) working with the CEO to assess the Hospice against all aspects of the proposed new CQC regulations for Hospice, and to address any gaps in provision that may require attention.

St Teresa's Hospice has the highest of regard for the CQC and share the plan and the purpose with all staff groups; this promotes a whole hospice approach to ensure compliance and preparation for any future inspections.

2.4 Mandatory Statement of Assurance from the Board

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

2.4.1 Review of Services

During the accounting period 2017-2018 St Teresa's Hospice, Darlington provided the following services to the NHS:

- 6 Bedded In Patient Unit
- Day Hospice Service
- Day Hospice Satellite
- Hospice at Home
- Rapid Response Service
- Lymphoedema Services
- Family Support (including welfare benefits)
- Complementary Therapies

During the accounting period 2017-2018 St Teresa's Hospice, provided or sub contracted 7 NHS services (no funding received for Complementary Therapies). The Hospice has reviewed all the data available to them on the quality of these NHS Services.

The income generated by the NHS services reviewed in 2017-2018 represents 100 per cent of the total income generated from the provision of NHS services by St Teresa's Hospice, Darlington for 2017-2018. The income generated represents approximately 30% of the overall costs of running these services.

What this means:

St Teresa's Hospice is an independent Charity which provides all services free of charge. The income generated from the NHS (Darlington Clinical Commissioning Group and Hambleton, Richmondshire and Whitby Clinical Commissioning Group) in 2017-2018 represents approximately 30% of the overall costs of service delivery, with the remaining income to fund our services from voluntary charitable donations, legacies, Hospice shops, the One Wish Lottery, events and community fundraising.

St Teresa's Hospice for the accounting period 2017-2018 signed an NHS contract with Darlington CCG, Durham Dales Easington & Sedgefield CCG (DDES) and Hambleton, Richmondshire and Whitby CCG; similar arrangements are in place for 2018/19.

2.4.2 Participation in Clinical Audit

During 2017-2018, no national clinical audits or confidential enquiries covered NHS services provided by St Teresa's Hospice.

During 2017-2018 St Teresa's Hospice participated in no national clinical audit and no confidential enquiries of the national clinical audits and national confidential enquiries.

The number of national clinical audits and national confidential enquiries that St Teresa's Hospice was eligible to participate in during 2017-2018 was nil.

The national audits and national confidential enquiries that St Teresa's Hospice participated in, for which data collection was completed during 2017-2018 was nil as St Teresa's Hospice was not eligible to participate.

What this means:

St Teresa's Hospice as a provider of palliative care was not eligible to participate in any national audit or confidential enquiries as these have not pertained to palliative care during the accounting period.

St Teresa's Hospice has not reviewed any national or local audits during 2017-2018 and therefore has no actions to implement.

2.4.3 RESEARCH

The number of patients receiving NHS services provided or sub-contracted by St Teresa's Hospice in 2017-2018 that were recruited during that period to participate in research approved by an ethics committee was nil. There were no appropriate, nationally, ethically approved research studies in palliative care in which St Teresa's Hospice could participate.

2.4.4 CQUIN PAYMENT FRAMEWORK

Darlington CCG St Teresa's Hospice NHS income in 2017-2018 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQuIN) payment framework for 2 elements within the contract (over a period of 2 yrs). The 2 CQuINS represented 2.5% of the overall contract value. The objectives for both CQuINS were achieved for year 1, and full year 1 payment is anticipated.

Hambleton, Richmondshire and Whitby - St Teresa's Hospice NHS income in 2017-2018 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

2.4.5 STATEMENT FOR THE CARE QUALITY COMMISSION

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

- Diagnostic and screening procedures
- Treatment of Disease, disorder or injury
- Personal Care

St Teresa's Hospice is registered with the following conditions:

- Services are provided for people over 18 years old

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

St Teresa's Hospice is subject to periodic and unplanned reviews by the Care Quality Commission (CQC), the last on-site inspection was in May 2016. St Teresa's Hospice was fully compliant with all the essential standards of Quality and Safety as set out in the Care Quality Commission registration and the Health and Social Care Act. The CQC rates providers and the Hospice received an overall rating of **Good**. This means that all of the Hospice services are attaining a high standard across all 5 key lines of enquiry: Are services safe? Are services effective? Are services caring? Are services responsive? Are services well-led?
The CQC has not taken any enforcement action during 2017-2018 and St Teresa's Hospice has not participated in any special reviews or investigations by the CQC in this time period. The Hospice will baseline current activity against new CQC regulations as they are published, and produce a development plan as necessary, for any new inspection framework.

2.4.6 DATA QUALITY

St Teresa's Hospice did not submit records during 2017-2018 to the Secondary Users Service for inclusion in the Hospital Episode Statistics. However, the Hospice has effective data recording, reporting, monitoring and evaluation processes in place internally.

What this means:

St Teresa's Hospice is not eligible to participate in the scheme. In the absence of this we have our own system in place to collect and monitor data through the electronic patient information system, SystmOne. St Teresa's Hospice historically has submitted data to the National Minimum Dataset for Specialist Palliative Care Services collected by the National Council for Palliative Care (NCPC) on an annual basis. However, during 2016/2017 NCPC ceased to collect the data. Hospice UK has taken on the responsibility, therefore, data will continue to be submitted in the same format to a different organisation but enabling national benchmarking. At the time of writing we are awaiting the first report collated by Hospice UK. In addition, a clinical dataset is also under development, to which St Teresa's Hospice will contribute.

2.4.7 INFORMATION GOVERNANCE TOOLKIT ATTAINMENT

St Teresa's Hospice participated in completion of the Information Governance Toolkit in 2017-2018, the outcome was satisfactory, with improvements made since last year's audit. An action plan for improvements for the forthcoming year has been developed and is timetabled for review on an annual basis.

2.4.8 CLINICAL CODING ERROR RATE

St Teresa's Hospice was not subject to the Payment by Results clinical coding audit during 2017-2018 by the audit commission.

2.4.9 LEARNING AND INVESTIGATION FROM PATIENT DEATHS

This has been incorporated into the internal annual Clinical Governance Work plan to explore how the National Mortality Care Record Review Programme is relevant to the Hospice and any necessary mechanisms for identifying, reviewing and learning from deaths, and reporting to the Board.

The Hospice has developed a new policy the aim of which is to adopt best practice whilst also recognising that death is an inevitable outcome for many patients; it is expected and is unavoidable and the Hospice aims to provide "A Good Death". This policy sets out the guiding principles for the Hospice to adopt the principles of "Learning from Deaths" and working towards the highest standards of mortality governance. The Hospice aims to develop and implement a standardised way of reviewing case records of adults who have died, to improve understanding and learning from problems associated with mortality and to share best practice.

Part 3 - Review of Quality Performance 2017-2018

The review of Quality at St Teresa's Hospice can be considered across the three domains of Patient Safety, Clinical Effectiveness and Patient, Staff and Volunteer Experience. The following information provides information on these areas during the accounting period 2017-2018.

3.1 Patient Safety

Patient safety is of the highest importance at St Teresa's Hospice. The Clinical Governance subcommittee, reporting directly into the Board of Trustees, monitors patient safety in the organisation. There is also a patient safety group, whose entire remit is to ensure patient safety and investigate any clinical incidents and to ensure that learning from incidents is embedded into every day practice. A clinical risk register, and an annual development plan for clinical governance development are in place and are monitored at the Clinical Governance Subcommittee, which the Medicines Management group also reports into.

3.1.1 Safe Staffing

The right person, in the right job, in the right place at the right time is essential to ensure patient safety. Staffing levels are monitored constantly and a bi-annual staffing report is produced for the Board of Trustees which focuses on transparency, capacity and capability and actual and planned staffing levels which are further triangulated with occupancy and incidents. Clinical supervision and informal debrief is regular practice with staff in all departments. There is also a comprehensive education programme, both mandatory and optional to ensure staff are highly skilled.

In addition, staff well-being is a high priority. Following on from the focus on resilience at our Staff Workshop last year, a series of mindfulness workshops has been held by the Family Support Team. This will be followed up in the current year (2018-19) with training on Conflict Resolution and Recognising Boundaries.

St Teresa's Hospice is involved in recruitment processes for a Palliative Consultant in both North & South Durham. This will greatly enhance patient safety in the region. At the time of writing this report, we are optimistic that 2 appointments will be made.

3.1.2 Safeguarding and Deprivation of Liberty Safeguards

All clinical and non-clinical staff have had training appropriate to their role.

There were no Safeguarding incidents in the accounting period.

There was one application for DoLs order in the accounting period.

The Hospice has adopted the new guidance issued in March 2017, and acknowledges that a new proposed system Liberty Protection Scheme, will be introduced.

3.1.3 Duty of Candour Implementation

St Teresa's Hospice has a Duty of Candour policy in place and training in the application of the policy now forms part of the rolling education programme.

In 2017-18, one SIRI (see Incident Reporting below) was relevant to the Duty of Candour legislation.

3.1.4 Risk Assessments

Risk assessments are carried out as part of everyday practice with patients and organisationally. They are in place in clinical areas, such as falls assessments, nutritional screening and skin integrity to name only a few. Risk

assessments are also in place to address health and safety hazards in all areas of the organisation, such as COSHH risk assessments. The Hospice is also engaged with the National Patient Safety agency and appropriately cascades and monitors implementation of any National Patient Safety Alerts.

3.1.5 INCIDENT REPORTING

Incident reporting is carried out as routine, and there is a culture of "Learning not blaming" when incidents do occur. Root Cause Analysis is carried out following an incident, and learning is firmly embedded as necessary.

For the period 1st April 2017 - 31st March 2018 there were no Never Events.

1 SIRI (Serious Incident Requiring Investigation) occurred during the accounting period.

During the accounting period, In Patient Unit incidents were reported via Safeguard System (incidents involving NHS Staff on the In-Patient Unit) up to and including January 31st 2018.

From January, 2018 the NHS staff formerly seconded came into the Hospice's direct employment; therefore, after this time, St Teresa's One Hospice incident reporting system was adopted throughout, to enhance internal governance processes.

All incident reports are reviewed and monitored by the Clinical Governance subcommittee to ensure high quality incident investigation, action planning, and learning from outcomes.

Table 1 Demonstrating Clinical Incidents during Accounting Period 2017-2018

Clinical Incidents 2017-2018	No:
Slips, trips, falls and accidents - patients	7
Slips, trips, falls and accidents – staff and volunteers	0
Pressure ulcers	1
Drug error (administration to patient)	2
Incidents relating to medication	11
Other clinical incidents	15
Other non-clinical incidents	2
Never Events	0
Information Governance	2
Serious Incident Requiring Investigation (SIRI)	1

Safety Thermometer

Prior to the accounting period 2017-2018, the Hospice submitted data to the National Safety Thermometer. After discussion with our Commissioners, the Hospice decided to stop submitting as this report was not relevant to the Hospice setting in terms of identifying any meaningful trends. Our focus transferred to developing the outcomes framework. Our incidents in the Hospice are logged and trends are monitored closely. Strong focus has been placed on training clinical and other staff in investigation skills and root cause analysis.

3.2 Clinical Effectiveness

Many components contribute to demonstrating clinical effectiveness including quantitative data, key performance indicators, audit and an overarching, strong clinical governance steer. Data collection at St Teresa's Hospice has developed significantly over recent years due to the installation of SystmOne patient information system. All departments are now paper light except IPU (paper systems are reduced, however are still necessary for Medication Charts and some patient held information such as DNACPR forms).

Hospice Performance against National Council for Palliative Care (NCPC) Minimum Dataset

The Hospice historically has collected statistical information on activity and submitted this to the National Council for Palliative Care for inclusion in a National Minimum Dataset (MDS). This allows comparison of local data, to the national average for similar sized Hospices. NCPC no longer produce the MDS and we are awaiting a decision from Hospice UK if they are going to provide this data in the future. The following table displays performance of St Teresa's Hospice to the National MDS for 2015/16, which is the most recent data available.

Comparison of St Teresa's Hospice to the National Minimum Dataset

Area	St Teresa's Hospice 2014/2015	St Teresa's Hospice 2015/2016	St Teresa's Hospice 2016/2017	St Teresa's Hospice 2017/2018	Nat'l Minimum Data Set 2015/2016
In Patient Services					
Total number of Patients Admitted	106	118	113	145	170
Average Bed Occupancy	62%	74%	81%	80%	77%
Cancer Diagnosis (%)	83%	93%	86%	90%	89%
Non Cancer Diagnosis (%)	17%	7%	14%	10%	11%
Average length of stay (days)	12	13	15	11	12
Died in Hospice (%)	63%	68%	75%	70%	61%
Day Hospice					
Total number of Patients treated	129	159	142	153	247
Number of New Patients	81	115	113	108	157
Total Days available places	3240	3020	3060	2920	3663
Total Places attended	1578	1687	1609	1767	2015
Total Places booked DNA and CNA	637	592	582	664	658
Average length of care (days)*	226	194	205	183	129
Cancer Diagnosis (%)	64%	52%	45%	49%	60%
Non-Cancer Diagnosis (%)	36%	48%	55%	51%	40%
Community Hospice (Combined Rapid Response and Hospice at Home)[4]					
Total Number of Patients treated	119	104	318	354	No comparative data
Patients died at Home (%) (achieving PPC)	95%	94%	78%	94%	
Cancer Diagnosis (%)	78%	64%	52%	56%	
Non-Cancer Diagnosis (%)	22%	36%	48%	44%	

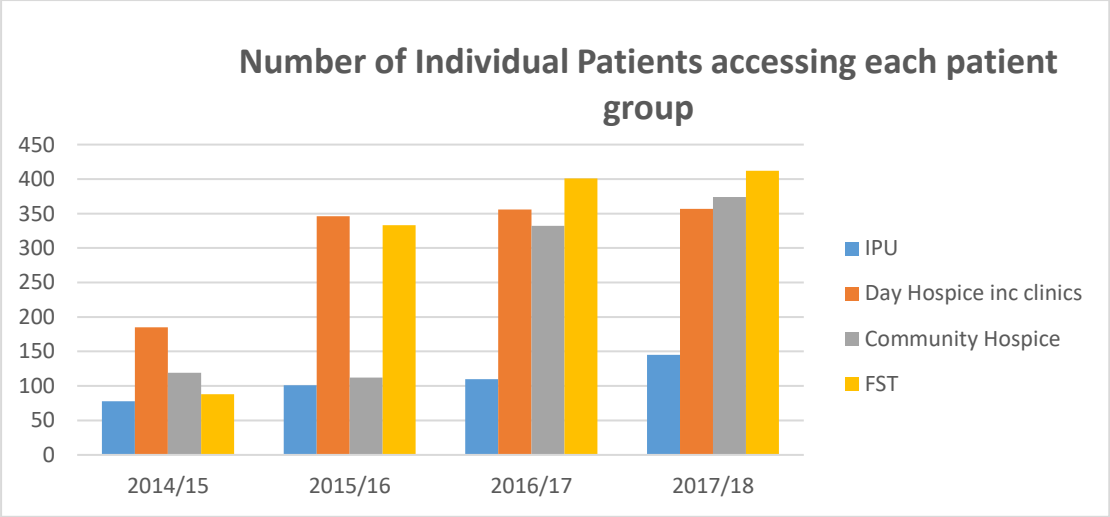
*Day Hospice CHOICES Programme only

[4] NB: previous data only reported Hospice at Home

3.3 Summary of Service Performance for 2017-2018:

- There were 229 referrals to our In Patient Unit, with 145 patients being admitted, equating to 1562 Bed Days
- There were 144 new referrals to our Choices Programme, ensuring 126 patients benefitted from the programme
- Hospice at Home received 104 new referrals, and delivered 1076 hours of care in the home
- Rapid Response received 427 new referrals, and delivered 3051 patient contacts in the home
- The Volunteer Visitor service received 26 new referrals and now has 19 trained volunteers
- Lymphoedema had 82 new referrals and treated 179 individual patients
- 2652 Complementary Therapy appointments were attended by patients accessing day hospice, as out patients or as part of the holistic treatment while they were in IPU
- 1927 Physiotherapy interventions for patients accessing Day Hospice, as out patients or as part of the holistic treatment while they were in IPU
- Our specialist clinics in Neurology, Heart Failure and Respiratory saw a combined total of 61 patients
- The Family Support Team had 421 new referrals and were able to see 412 people across the year, for counselling as patient or carer and for specialised Bereavement counselling

We have continued to promote our services to our referrers with a view to increase as outlined in our Strategic Plan, referrals from the Hospital Palliative Ward have increased by 42% from the previous year and GP referrals by 81%



3.4 Additional Notes [by Service]:

3.4.1 In Patient Unit

Table 1 – illustrates sources referring to the Hospice In Patient Unit:

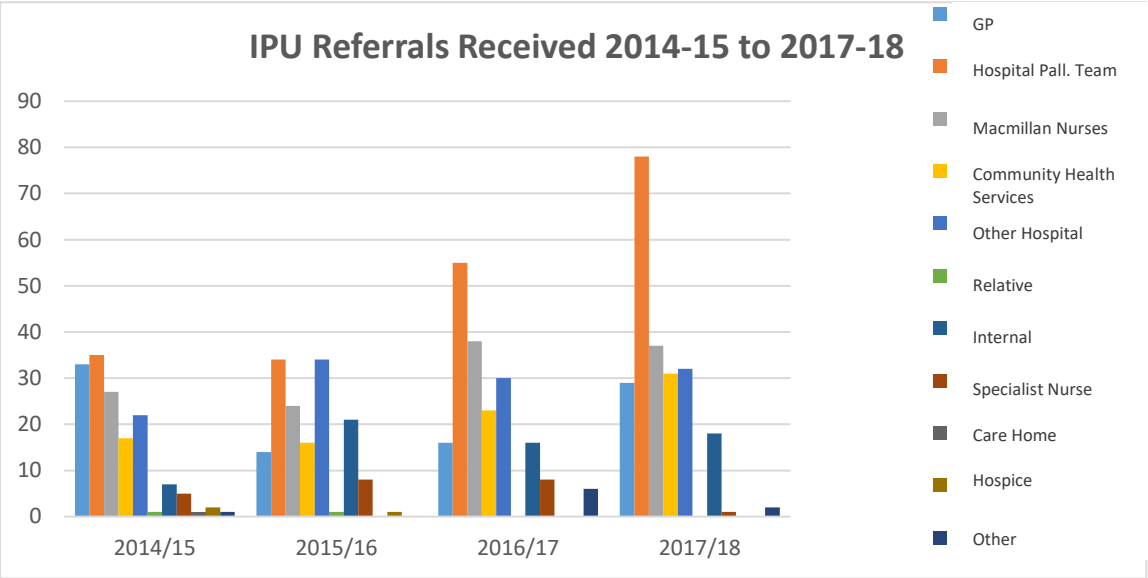
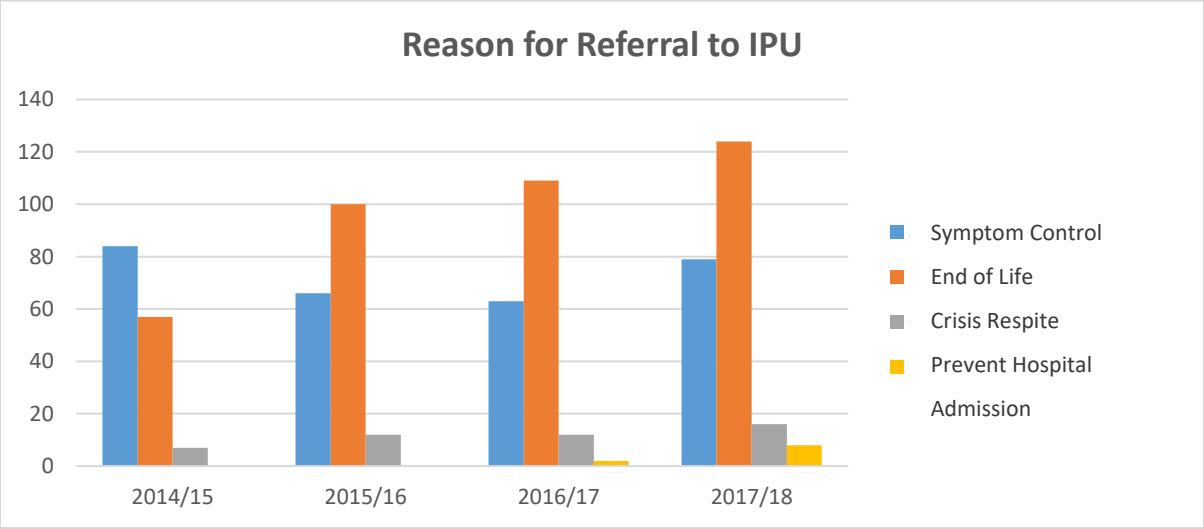


Table 2 Illustrates reason for referral:



3.4.2 DAY HOSPICE "CHOICES" PROGRAMME

Table 1 – illustrates growth in percentage of available appointments booked

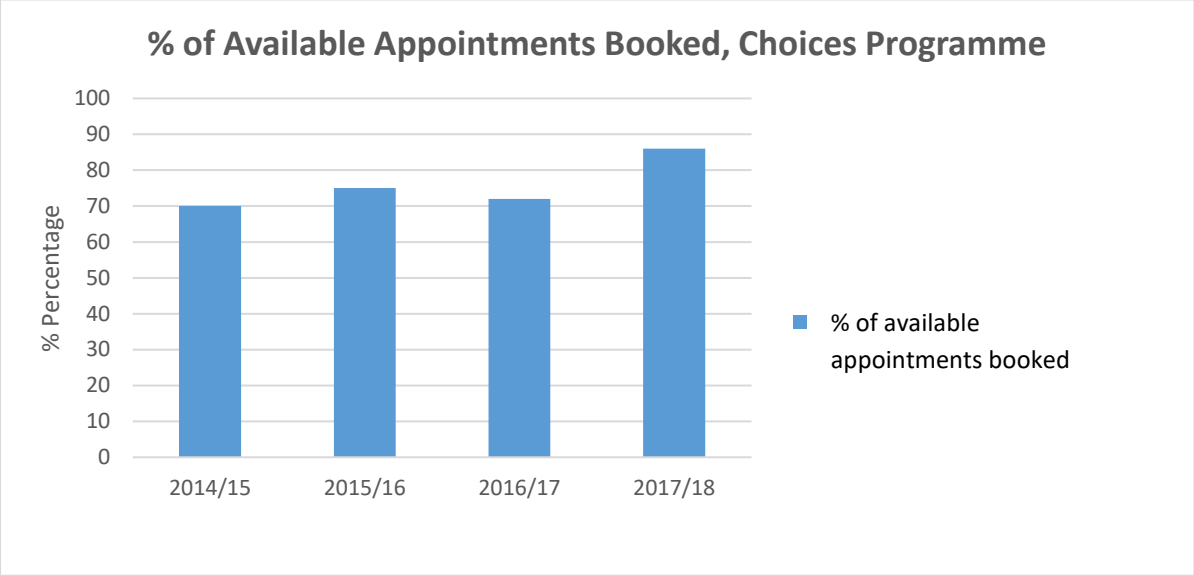
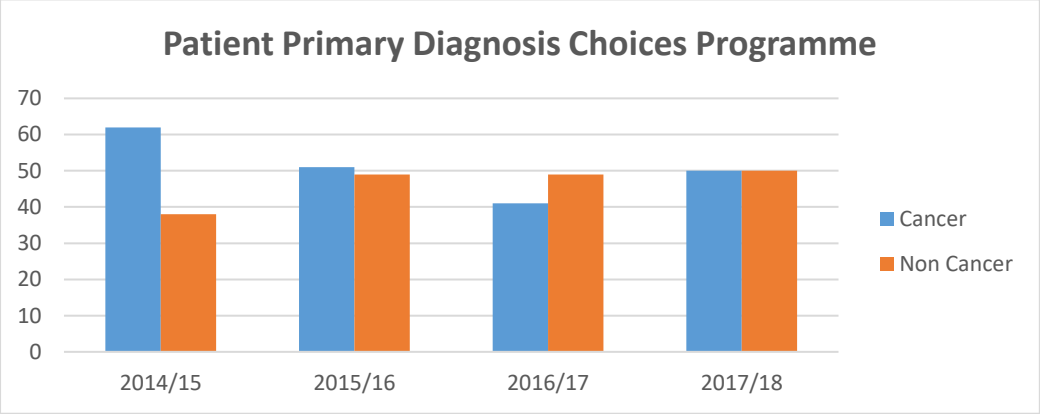
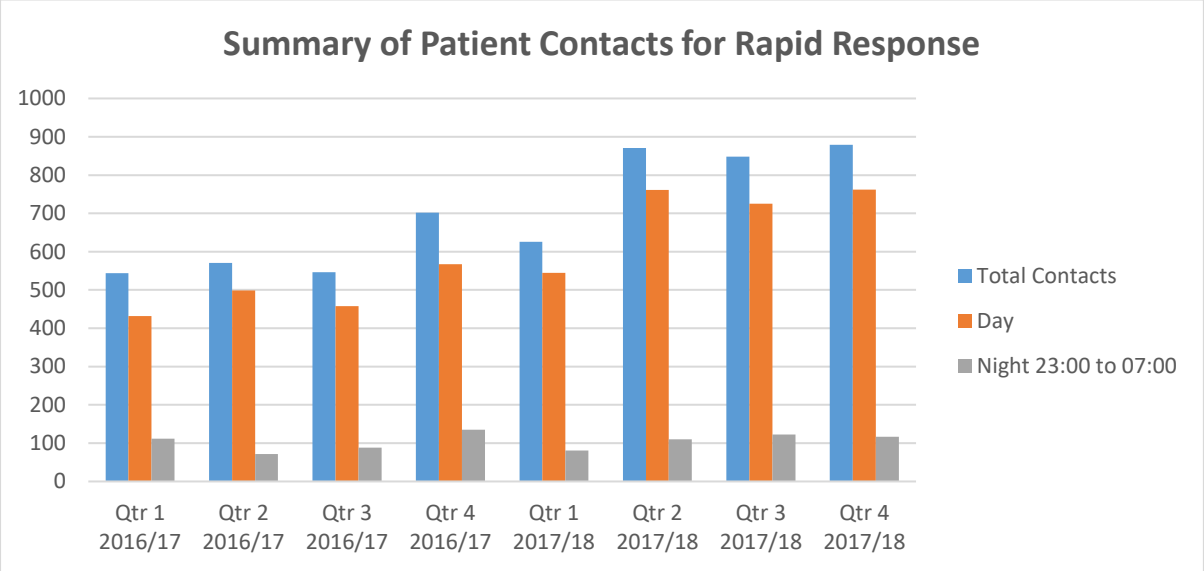


Table 2 illustrates Reach - to cancer and non-cancer patients:



3.4.3 COMMUNITY HOSPICE - RAPID RESPONSE SERVICE

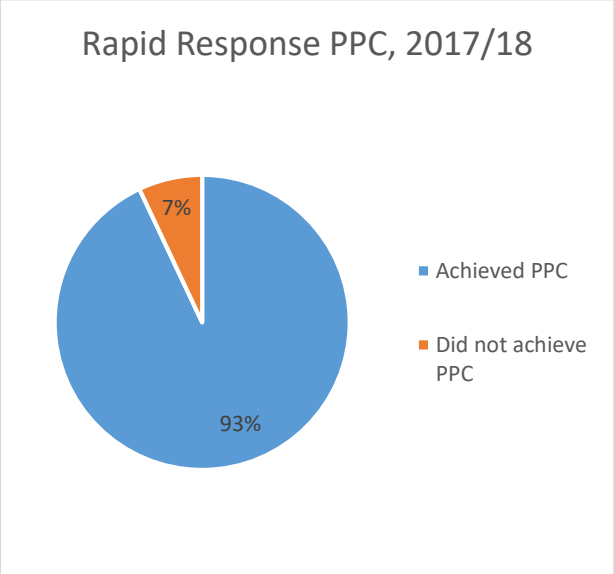
Table 1 illustrates the growth in RRS contacts

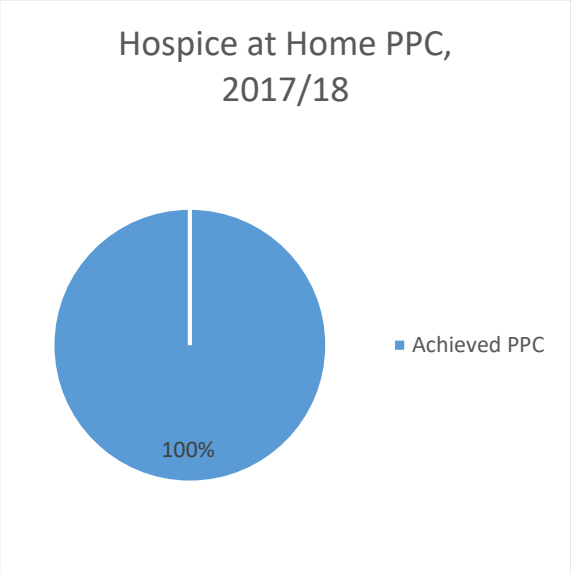


The graph above demonstrates the growth of the Rapid Response service. The period from 23:00hrs to 07:00 hrs remains quiet, which is in line with the national picture of 24/7 services. A possible reason is that the breadth of the Hospice's community services during the day time ensures the patient is managed and well-supported so night time is a more restful phase.

3.4.4 COMMUNITY HOSPICE – PREFERRED PLACE OF CARE – RAPID RESPONSE AND HOSPICE AT HOME SERVICES:

Achievement of **Preferred Place of Care** continues to improve with our Community Services, the 7% who did not achieve their PPC died in their place of residence

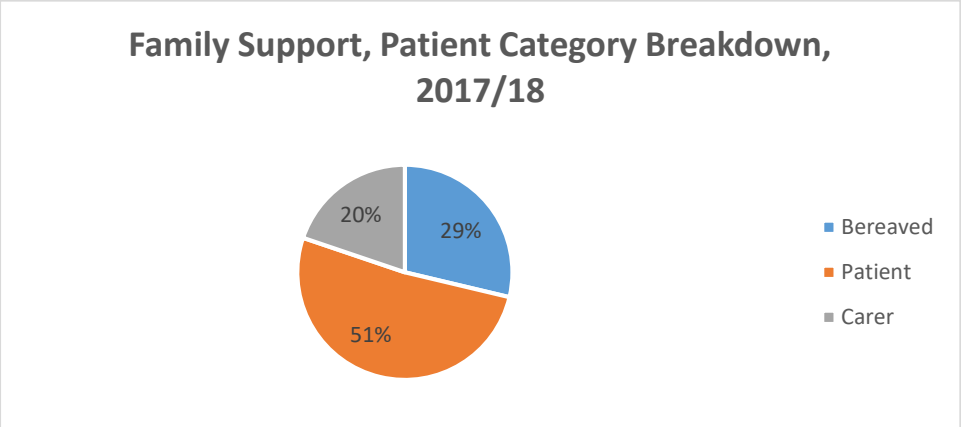




3.4.5 FAMILY SUPPORT SERVICE

Family Support Service benefitted 412 patients/carers this year.

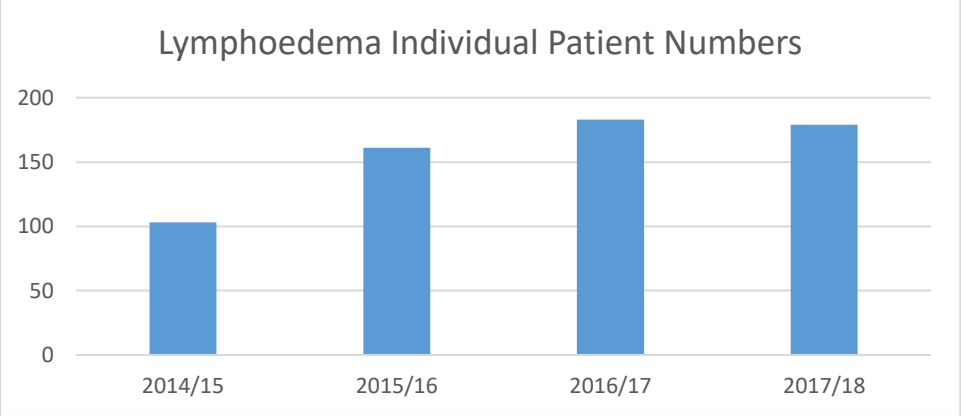
Table 1 illustrates the percentage of Family Support patients accessing each service



3.4.6 LYMPHOEDEMA SERVICE

436 lymphoedema appointments were attended in 2017-2018

Table 1 illustrates the number of patients on the caseload yr on yr between 2014-15 and 2017-18.



3.4.7 ACUPUNCTURE

Patients are asked to rate their symptoms on Initial Assessment and then again at Review. This is a summary of the ratings at their latest review compared to their ratings at Initial Assessment:

- 48 Patients filled in a review questionnaire
- 26 patients had a Cancer Diagnosis (see table 1)
- Of those 14 reported a primary symptom as “Hot Flushes”, they reported an average of 38% improvement of their symptoms (table 2)
- Their secondary symptom as “Problems with Sleep”, 46% average improvement
- There were 7 other patients who recorded a primary symptom of “Hot Flushes”, 35% average improvement

Table 1 illustrates diagnosis for acupuncture patients

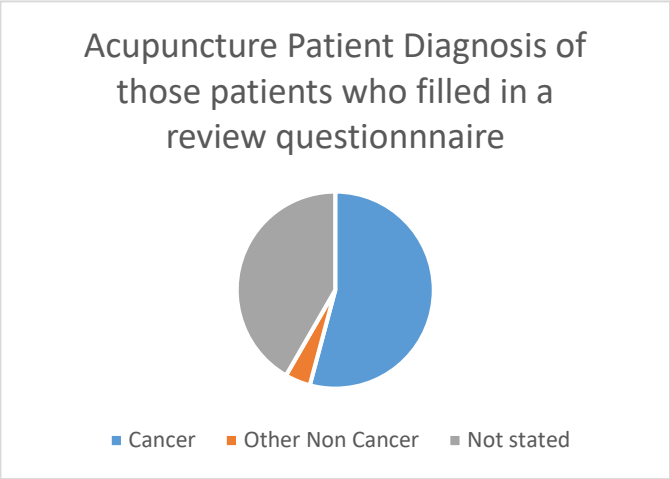
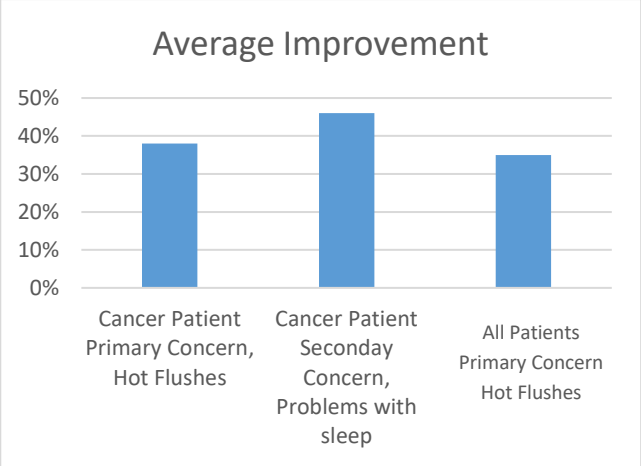


Table 2 illustrates av improvement acupuncture patients



3.4.8 CLINICAL AUDIT

To ensure high quality of services, audit is vitally important.

Following development of our annual audit programme in 2016-17, the Hospice's Audit Sub Group continues to take responsibility for identifying Audit training for staff and monitoring the audit programme.

The audit programme incorporates nationally agreed formats such as Hospice UK audit tools and also locally developed audit tools.

For audits undertaken, action plans for improvement are developed, and monitored by the clinical governance subcommittee; this enables us to monitor quality and make improvements where needed.

All clinical staff are encouraged to participate in at least 1 audit per annum and audit is on every staff meeting agenda. The audit programme for the forthcoming year will focus on both patient outcomes and processes.

3.5 2017/18 Patient, Carer, Staff and Volunteer Experience

3.5.1 STAFF EXPERIENCE

Staff experience is measured in three ways:

1. Accurate monitoring, reporting and review of sickness levels
2. Confidential annual staff experience survey
3. Line management support including 1:1 contact meetings and the annual Appraisal process.

3.5.2 HOSPICE STAFF SICKNESS LEVELS

The sickness rate for 2017/18 was 7% (i.e. 7% of contractual working hours were taken as sickness absence). This rate is high in comparison with previous years, however this is largely due to a number of unavoidable long-term absences. In February 2018 a new absence management policy was introduced, which allows for better and fairer management of short-term absences, using return to work meetings, trigger points and informal/formal reviews, and also a more consistent approach to managing long-term absences. This will hopefully result in an improvement in figures in 2018/19.

3.5.3 LINE MANAGEMENT AND APPRAISAL

The Hospice ensures all staff regularly meet with their line manager for contact meetings and have an annual appraisal. 77% of eligible staff received an annual appraisal during 2017/2018. The Hospice management also operates a vital open door policy. Personal Improvement Plans are put in place as appropriate.

3.5.4 CLINICAL SUPERVISION

All patient and client-facing staff are offered the opportunity to partake in clinical supervision and this is a firmly established practice. Clinical supervision provision also extends to administrative and operational staff in relevant roles, recognising that they can also have potentially distressing conversations with patients and their families, and are regularly exposed to information regarding patients' conditions. Informal de-briefs often take place with the Nurse Consultant so that learning can occur and staff have the opportunity to review their care delivery. Clinical supervision is vitally important and its efficacy is regularly checked with all participants to ensure that the service is both helping build resilience for the participants and meeting the organisation's need for a healthy workforce.

3.5.5 BOARD DEVELOPMENT

The Hospice Board of Trustees is a strong Board providing effective leadership.

The Hospice has an established management structure in place with a Chief Executive Officer with delegated responsibility from the Board who is supported by a Finance Director, Head of Care and Head of Workforce Development.

The following officers are also in place:

- Registered Manager with the Care Quality Commission (Head of Care)
- Anti-fraud officer (Hospice Trustee)
- Caldicott Guardian, (CEO) responsible for safeguarding patient information
- Freedom to Speak Up Guardian (Senior Manager)
- 2 Privacy officers(CEO and Senior Clinical Services Administrator)
- Accountable Emergency Officer (Trustee)
- Prevent Lead (CEO)
- Accountable Officer for medications, (Head of Workforce Development)

3.5.6 VOLUNTEER EXPERIENCE

Volunteers make a vital contribution to the Hospice, and continue to undertake roles within: the In Patient Unit, Day Hospice, Driving service, Complementary Therapies, Volunteer Visiting Service, Reception, Gardening, Finance, Admin and Retail. The new Workforce Development Officer took up post in June 2017 after a three month gap in service following the retirement of the Volunteer Coordinator.

The volunteer database was updated to remove many records of people no longer volunteering, and a new, more accurate database was created. The current number of active volunteers is 406, with 62 having joined the hospice in 2017 – 18. The Volunteer application form has been updated to include parental consent for under 18 year olds, and new systems have been put in place to standardise volunteer recruitment across the Hospice's shops.

Volunteer training continues to be a high priority, with all volunteers attending a two day induction at the outset. Subsequently, they update mandatory training (Fire Safety, Safeguarding, Equality and Diversity) when required, and role specific training (Boundaries, Infection Control, Food Hygiene, Moving and Handling) on an annual basis. Two events have been held as part of the Hospice's Volunteer Recognition: the annual long-service awards, and a Wine, Canapés and Strawberries "thank you" evening in June 2017.

3.5.7 EDUCATION AND TRAINING

The Head of Workforce Development is responsible for all Hospice mandatory and non-mandatory education, and in 2017 continued to develop an organisation-wide education strategy.

The Hospice has identified 6 key themes in our Education Programme.

All mandatory training has been mapped onto the UK Core skills framework. New initiatives, and statutory guidance, (for example, NICE Guidance) is added into training on an ongoing basis.

Induction - The Hospice continues to develop our induction programme. At the time of writing this report, role specific core competencies are being reviewed throughout the organisation.

Medicines Management- During 2017 the mandatory workbook has been revised, all staff nurses complete this during induction. Bi-Annual drug calculations tests are mandatory for all clinical staff.

Student placements - GPs access the Hospice for palliative care placements whilst completing the Diploma in Palliative Medicine, and medical, nursing and social work students are present throughout the year. Sports therapy students also access placements at the Hospice.

Clinical staff team meetings have been extended to include mandatory training and all clinical team meetings have been synchronised to aid this process.

The Family Support Team continued to run an extensive programme of training which this year included a session on LGBT Equality at end of life and boundaries and endings, there is a continuous programme of personal development and supervision. The FST also continue to support schools as requested.

Safeguarding was reviewed for all staff this year and a programme of education was developed with Darlington Borough Council safeguarding lead. We have developed a strategy and safeguarding team including posters and awareness. Prevent training is now included in Induction for all staff and volunteers.

We have included mandatory training on Conflict Resolution for this year.

We have developed E-Elca eLearning on Information Governance and hope to increase mandatory training and the use of eLearning where appropriate.

Education Collaborative- St Teresa's Hospice is a key member of the Hospices North East Collaboration. The HNE Education group meets quarterly; its remit is to develop education in Palliative and End of Life Care for member organisations and to share resources to promote learning.

3.5.8 AWARDS AND COMPLAINTS

For some years, the Hospice has carried the 'two ticks' positive about disability symbol, which is awarded to employers who have made commitments to employ, keep and develop the abilities of disabled staff (renewed annually on submission of return). During the accounting period, the Hospice was re-assessed under the new Disability Confident Employer scheme when we maintained our accreditation.

The Hospice is registered with the new Fundraising Regulator to ensure compliance with the law and best fundraising practices.

During the accounting period the Hospice was once again awarded the 5-star Food Hygiene Award by Environmental Health.

The Hospice receives many letters of thanks and recommendations from patients and families which are celebrated with staff teams.

Complaints are seen by the Hospice as an integral part of service improvement as they provide valuable feedback about the quality of service we are providing. Complaints are rarely received. In the accounting period 2017-18 no formal patient complaints were received. The Hospice has a Complaints Process and Complaints are encouraged to help us improve.

3.5.9 PATIENT AND SERVICE USER SATISFACTION

St Teresa's Hospice continues to invest significant time in exploring patient and service user experience. Our Questionnaires are designed to elicit information to enable continuous service improvement.

User feedback has been sought in a variety of ways, including the following:

- Patient Questionnaires
- Carer Questionnaires
- Semi-Structured Interviews
- Focus Groups
- Suggestion Boxes
- Use of patient outcome measures e.g. MYCAW

Additional, volunteered information is also recorded from comments, thank you cards, letters and feedback on the Hospice website.

A trained Hospice Trustee (former senior nurse) now attends our Carers Group enabling Face to Face contact.

All comments are discussed at the monthly Strategic Management meeting, and a "What you said, what we did" ongoing report has been developed, which is published on the Hospice Intranet and left in key reception and waiting areas.

3.5.10 PATIENT FEEDBACK

Relatives often send in comments about care that they have received at the Hospice, below are some examples of these comments:

In Patient Unit

> ***"The staff have been superb in their care for my terminally ill mother. They have preserved her dignity and treated her with humour and respect. They are incredibly caring and professional."***
>
> ***"Knowing we had a bed for my mam at a time when we desperately needed the help and support was massively reassuring. Thank you to all."***
>
> ***"Friendly staff (very), rooms are lovely, comfortable and feel like I am home from home, faultless."***
>
> ***"My mam was able to die with dignity with a lovely lady holding her hand, sadly I was minutes late but xxxx was there and she wasn't alone. Myself and my family want to say a big thank you to all the dedicated staff at St Teresa's."***

Family Support Team

> ***"Definitely felt welcomed which helped initial nerves. The result of the counselling was more than I could have expected and has sent me and the right path for the future."***
>
> ***"Talking to somebody other than family I could say how I really felt and made me realise that I should not feel guilty if happy and laughing. XXXXX was a HAPPY man always had a smile on his face, thank you very much."***
>
> ***"The whole course of counselling I had from the volunteer counsellor was of enormous benefit and was what I needed at the time. The support and care given to me was brilliant. Very kind, compassionate and thoughtful. Thank you!"***
>
> ***"I feel everyone treats me like a family member. I have learnt a lot on how to deal with my illness. Staff in all departments are great and caring. Thank you all!"***

Day Hospice

> ***"Caring attitude of all carers, welcoming nature of everyone. Help from staff to do things I was unable to do myself."***
>
> ***"I like coming to St Teresa's as it gives my wife a break, I also enjoy craft activities, the 3 therapies which are beneficial to me. It's a lovely meeting place to have a chat with fellow patients and share our experiences."***
>
> ***"Friendly, professional, caring. Always ready to help and support. Range of activities with lunch. A full ad comprehensive day each week. Many thanks to all of the staff for their continued care. A great team."***
>
> ***"Mum enjoyed attending the Day Hospice for a short time before she died at home in February. We were particularly touched by the warmth and friendliness with which mum and our family were welcomed and made to feel safe."***

Rapid Response/Community

> ***"Having XXXXX discharged on a Saturday, I could not believe how quickly the support at home was in place. I was impressed at how well the Hospice Team worked with the District Nurses to provide seamless support. I think we are so lucky in Darlington to have such a fantastic service and such a friendly, supportive team."***
>
> ***"I cannot fault the respect that they showed my husband when dealing with his personal care even after he passed away."***

"The service we received was wonderful. The nurses were caring, efficient and although asked to regularly attend, never showed any signs of impatient or judgement of the patient not wanting traditional treatment or hospitalisation. This made an unbearable situation more bearable. Both in the caring for the patient and for the carer, they were totally committed and we are so grateful for this."

"I owe the hospice and their staff a debt of gratitude. With their help and support I was able to care for my husband at home within a family environment. The girls also took time to talk to my 18 year old granddaughter who wanted to and was able to be with her "very, very, very" best friend when he died. I could not have wished for anymore. XXXX died peacefully and with dignity. Many thanks."

Lymphoedema

"I just think they do a brilliant job and have helped me a lot to improve my way of life, thanking them for the guidance."

"It was very depressing to have fat ankles all the time. Now that is not the case, I am very grateful for the help I've been given."

"Staff, receptionist, appointment secretaries, as well as the specialist nurses who are always very helpful."

"It's nice knowing there is help there as the doctors do not have an understanding of it."

Complementary Therapy

"Having an appointment makes me make time for myself and think about myself, thank you."

"Being welcomed, calm atmosphere. Time for myself."

"A feeling of being welcomed warmly by my therapist and taking interest in me and my wellbeing. A very peaceful place to be, to think and drift away in thought."

"I find the acupuncture very helpful with my hot flushes and tiredness. I definitely feel a decline if I miss an appointment or have to have an extended period without a session."

3.6 Our Quality Partnerships

The Hospice actively seeks effective partnership-working with other organisations to enhance patient care and improve "reach".

During 2017-18 St Teresa's Hospice was engaged in 3 partnership projects as follows:

1. **Rapid Response Service for Darlington CCG, supported by Marie Curie**
    a. The Rapid Response Service, which is provided for Darlington CCG by the Hospice, received support in the form of a grant from Marie Curie towards the over-all costs. The Hospice also benefited from quality partnership meetings with Marie Curie.
2. **Physiotherapy service provided with support from Macmillan Cancer Support**
    a. Macmillan continued to provide education and support to the Hospice's Macmillan physiotherapist and assistant.
    b. Macmillan have supported the Hospice to develop the new post of Day Hospice Manager; Tarja Teitto Tuckett was appointed in August 2017.
3. **Community Hospices in Partnership project with HRW CCG and Herriot Hospice Home Care:**
    a. Working with Herriot Hospice Homecare at the request of HRW CCG (North Yorks) the Hospice has helped to create a new personal care service for palliative and end of life patients in North Yorkshire.

3.7 Comments from Partners & Stakeholders

3.7.1 HEALTH & PARTNERSHIPS SCRUTINY COMMITTEE

Health and Partnerships Scrutiny Committee

Response to St. Teresa's Hospice Quality Accounts 2017/18

Health and Partnerships Scrutiny Committee is happy to respond to the Quality Accounts which are comprehensive and well written so as to be easily understood by the public.

Members are pleased to note the inclusion of comments and stories from patients and carers which confirm the excellent standard of care provided by staff and volunteers across all Hospice services.

Future Improvement/Aspirations for 2018/19:

Developing User Involvement Strategy

Members of Health and Partnerships Scrutiny Committee welcome this aspiration linking the past and the history of the Hospice with future development. We are pleased to note the aims of One Hospice: One Voice encouraging the active involvement of patients, carers, staff, volunteers and stakeholders in the planning and delivery of care, making patient focus an intrinsic part of the day-to-day work of all personnel and improved communication. This will further strengthen the ethos of continual development of St Teresa's Hospice.

Extending Reach

Scrutiny Committee fully supports this aspiration. One of the aims of Health and Partnerships Scrutiny Committee is to address health inequalities. We are therefore very pleased to note the ambition to scope the care and support needs of hard to reach groups and would be interested in how this work progresses.

Board Development

Scrutiny Committee is pleased to note that following the Fundamental Review, the Trustees reflected on their roles and activities and their partnership with Senior Management with a view to developing an Action Plan.

Progress on Aspirations 2017/18:

The Committee has considered the evidence presented in respect of the Aspirations for 2017/18 and has made the following comments:-

To Fully Implement the Community Hospices in Partnership

The evaluation of the pilot scheme which started in April 2017 identified areas of best practice and the ongoing need for a home-based service. However in the largely rural area of North Yorkshire it was highlighted that a single provider would be more effective. Nevertheless, St Teresa's played an important role in shaping the continuing provision of this vital care and is to be commended on this good example of collaboration to improve services.

continued…/

Improving End of Life Care in Care Homes

We are very pleased to note the outcome of the pilot schemes with two nursing homes and the excellent feedback. Again this is a good example of collaborative working to provide better care and to reduce hospital admissions. We hope this success will enable the scheme to be rolled out to other nursing homes in the area.

To Implement Outcomes and Complexity Collaborative (OACC)

Although in order to achieve this aspiration the Hospice had to purchase a bespoke software system it has proved to be of great benefit as the data provided is, from the point of view of the patient, reinforcing that the patient is at the centre of all activity.

To Use Data to Ensure that we are Reaching All Patients who may Benefit from Hospice Services

St Teresa's Hospice is to be congratulated on achieving this aspiration ensuring high quality data to inform, assure and share information with stakeholders.

To Prepare for Proposed Changes in Assessment and Inspection

St Teresa's Hospice is to be commended on the hard work during the past year to ensure that this aspiration was achieved.

Members of Health and Partnerships Scrutiny Committee appreciate the excellent services and the care and support provided by St Teresa's Hospice to patients, families and carers during times of great difficulty. We support their ambition to continually improve services for these people.

St Teresa's is held in very high regard as is evidenced by the comments in the Patient Feedback and by residents across the town.

The Hospice has a good record on effective Partnership Working and Scrutiny Committee looks forward to working with the Hospice for advice and support on its future agenda items and Work Programme.

Councillor Wendy Newall,

Chair, Health and Partnerships Scrutiny Committee

3.7.2 DARLINGTON CLINICAL COMMISSIONING GROUP

NHS
Darlington
Clinical Commissioning Group

Statement from Darlington Clinical Commissioning Group for St Teresa's Hospice Quality Account 2017/18.

Darlington Clinical Commissioning Group (CCG) welcomes the opportunity to review and comment on the Quality Account for St Teresa's hospice for 2017/18 and would like to offer the following commentary.

As commissioners, Darlington CCG is committed to commissioning high quality services from St Teresa's Hospice and takes seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients and the public are listened to and acted upon.

Overall the CCG felt that the report was well written and presented in a meaningful way for both stakeholders and service users. To the best of the CCG's knowledge this provides an accurate representation of the service provided by the Hospice during 2017/18.

The CCG recognises the work that the Hospice has undertaken during 2017/18 in regards to improving end of life care in Darlington nursing homes. It is encouraging that the feedback following this project has been so positive.

The improvement aspiration achieved in 2017/18 regarding high quality data is very commendable and the CCG appreciates that high quality data is essential in both communication and providing patients with high quality and safe care.

The CCG are further assured by the work undertaken to prepare for assessment and inspection from Care Quality Commission (CQC) it is refreshing to see preparation being considered for these visits to ensure that the Hospice can give assurance to external inspections.

It is encouraging to see learning from incidents and a good incident reporting culture embodied at St Teresa's. The CCG were also pleased to read the positive comments from relatives and patients.

The CCG welcomes the continued compliance with the commissioning for quality and innovation (CQUIN) schemes agreed with ourselves throughout 2018/19.

The CCG acknowledge the specific priorities set out for continued improvement in 2018/19 especially around development of user strategy and the extending reach project.

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

Diane Murphy

Director of Nursing and Quality
Darlington CCG

3.7.3 HAMBLETON, RICHMONDSHIRE & WHITBY CLINICAL COMMISSIONING GROUP:

Gill Collinson - Chief Nurse - Hambleton Richmondshire and Whitby CCG:

"Once again St Teresa's can be seen in this year's Quality Account to focus on quality as a key cornerstone of the excellent services that they deliver"

3.7.4 MACMILLAN CANCER SUPPORT:

Kay Dover - Macmillan Partnership Quality Lead:

"Macmillan Cancer Support has worked in successful Partnership with St Teresa's Hospice for many years, and we are delighted to be able to support innovation, training and education to enhance patient care".

3.8 Supporting Statements St Teresa's Hospice Quality Account 2017/18

THE BOARD OF TRUSTEES STATEMENT

On behalf of the Board of Trustees of St Teresa's Hospice, I am pleased to endorse our Quality Account report for 2017-18.

It is our mission to strive to deliver complete holistic care, offered free of charge, in the patient's chosen environment to those in our community with palliative and end of life care needs.

Last year, as part of our "2020 Vision" and in pursuit of our goal to constantly build on and improve what we do, we committed to undertake a Fundamental Review of all services and operations throughout all departments of our organisation.

This detailed, critical and reflective process, ably supervised by our Chief Executive Officer and her Strategic Management Team was undertaken with enthusiasm, honesty and openness by all participants and scrutinised every area of our endeavours in great detail. All involved are to be commended for their sterling efforts and commitment to the process over many weeks and months.

The process has resulted in the implementation of many changes, some subtle others more obvious. These changes, many of which are described in detail in this document, have in turn furthered our efforts to provide excellent clinical care, good governance and to extend our reach in ways that are tangible and measurable.

Dr Harry Byrne

Chair of Trustees

3.9 Endorsement by Senior Directors

We the undersigned confirm this Quality Account as a true and accurate assessment of the standards at St Teresa's Hospice:

Dr Harry Byrne
Hon Chair Board of Trustees

Jane Bradshaw,
Chief Executive Officer

St Teresa's Hospice
Giving to life

Reg. Charity No: 518394

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