



# Teesside Hospice

*It's the life we put into each day that counts*

## Quality Account 2017-18



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

Registered Charity No: 512875

### Mission Statement

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

## Quotes from patients and carers

*“Really too many people to mention, the Doctor and Nurse care is excellent, Social Worker went beyond anything I expected, Chef and Kitchen staff are brilliant and asked if there was any food I didn’t like and the Dietician made right choice every time. Occupational Therapy couldn’t have done more if asked – volunteers so polite and welcoming, Chaplaincy first time I’ve able to open my heart and feelings the way I did. I had one session of complementary therapy but would take full advantage if a longer stay was required, cleanliness 5 star and wonderful surroundings.”*

*“May I please take this chance to thank every single member of staff for the high standard of care. I was alone, vulnerable, in immense pain and you turned my feeling of no future into a feeling of just maybe I do have a future and that’s the biggest compliment I can give the hospice. So once again thank you. I’ll never forget the help you have all given me.”*

*“A safe environment to be able to talk about your problems.”*

*“The nurses & volunteers are brilliant & really helpful.”*

*“So nice to come and talk to people, for me it’s been a miracle, just to have support and be able to speak to someone. I can’t thank you enough for all your help.”*

*“The only time I can switch off in the whole week is when I am painting in here because I have to concentrate so much it stops my mind worrying.”*

*“Increased my mood since attending Drop In and increased my confidence.”*

## Statement from Chief Executive

Teesside Hospice is a local Charity based in Middlesbrough. We are committed to delivering the best possible experience for patients and their families. Through the Hospice's Consultant led multi professional team we aim to provide the highest standard of specialist palliative care we can achieve. We are dedicated to continuous improvement within the Specialist Palliative Care we deliver.

This Quality Account will hopefully demonstrate the level of commitment we have to deliver, review and improve the quality of the service we provide to patients and their families that access our services. We rely on the feedback from patients and families who use our services to continually evaluate and improve our services to the people of Teesside and beyond. The Care Quality Commission made an unannounced inspection to the Hospice in March 2016 and we received an overall rating of GOOD. It is pleasing to report that the hospice team have met all of the 2016/17 clinical aspirations and this document will highlight new clinical aspirations for the coming year.



The Board of Trustees continues to oversee the corporate governance of the organisation, with various sub committees having Trustee representation. Policy review and new documentation is developed with the inclusion of the appropriate management and staff.

The Council of Management have supported the hospice by funding a Development Fund which has allowed the introduction of service enhancement projects to enable the hospice to offer different services to our patients and families. Through the Development Fund, we have had the flexibility to review and offer different services provided in the Day Hospice. We have also recruited into two new clinical positions, an Out Reach Nurse Practitioner role which is match funded by Macmillan Cancer Support and an Admiral Nurse post, again match funded by Dementia UK. Both of these posts will support patients and families in the local community.

We receive 31% funding from the NHS but rely heavily on our Trading Company together with the very generous support of local businesses and supporters to make up the remaining 69% of the required funding. Legacy income is not a guaranteed source of income but is needed to ensure the hospice has vital reserves going forward. Throughout 2017/18 the Hospice has continued to ensure strong financial stability.

I would like to thank all staff, volunteers and supporters for their dedication in contributing to make our patients and families have the best experience of palliative care we can deliver. To the best of my knowledge the details within these accounts reflect an accurate and a fair representation of the quality of care provided by Teesside Hospice.

*Maureen Thompson*

**Maureen Thompson**  
**Chief Executive**

## Part 2

### Looking ahead: Key priorities for improvement for 2017/18

#### 2.1 Introduction

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

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

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

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

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



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

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



## **2.2 Improvement Aspirations**

### **Aspiration 1 - Patient Safety**

#### **Falls Prevention**

##### **Why choose this priority?**

Teesside Hospice is dedicated to promoting independence, privacy and dignity with all our patients whilst ensuring we support them in preventing falls during their time visiting the Day Hospice, the Lymphoedema clinic or staying within our Inpatient Unit (IPU).

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

##### **How would this be achieved?**

Hospice UK have introduced a new Falls Prevention Toolkit which will be implemented at Teesside Hospice to try and prevent or reduce the risks of falls and minimise the risk of falls for those patients identified as at risk.

We will ensure that evidence based practice is used in the prevention and management of falls therefore; an accurate risk assessment must be completed during the initial patient contact. Our nursing team must then ensure that the risks are mitigated through the use of appropriate control measures and detailed care plans.

We will audit our Falls Risk Assessment Tool against the NICE Risk Assessment Tool and ensure that we meet the criteria. The Physiotherapist will carry out regular audit of the care records and feedback the findings to the team.

We will appoint a Link Nurse to lead on falls prevention within IPU and this nurse will work closely with AHP's to try to prevent falls from occurring.

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

We will measure compliance through quarterly audits and analysis of our incident reporting prior to and after implementation of the new process.

## Aspiration 2 – Clinical Effectiveness

### Evaluation of New Outreach Nurse Posts

#### Why choose this priority?

This new initiative has been jointly funded by Macmillan Cancer Support and Teesside Hospice for the next 3 years. The objective is to improve the patient's journey from referral through to discharge and beyond.

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

Additionally when patients are ready for discharge we want to ensure that they are supported by the Hospice and the ONP will facilitate a safe and effective discharge in partnership and collaboration with the family, Allied Health Professionals, the nursing team and the medical team. When necessary the ONP will visit the patient at home post discharge to provide extra support and advice.

#### How will this be achieved?

The ONP are included in MDT meetings and ensure they are part of the decision-making process regarding referrals. They will work closely and liaise with the wider MDT within the local communities and the acute hospital setting to identify and assess patients prior to admission and support patients following discharge from the Hospice.

#### How will this be measured?

An evaluation tool is being developed which will record the patient's journey, the interventions that the ONP carry out, the professionals involved and the time saved for each professional. A patient satisfaction survey will also measure the impact of the ONP role. This evaluation will be reviewed periodically with Macmillan Cancer Support and it is hoped that if the outcomes are positive that ongoing funding for the post will be assured.



## **Aspiration 3 – Patient Experience**

### **Prevention of Pressure Ulcers**

#### **Patient safety aspiration:**

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

#### **Why choose this priority?**

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

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

#### **How will this be achieved?**

We will ensure that all nurses and Health Care Assistants have training in the prevention and management of pressure ulcers. We will develop a policy and adopt the wound dressing guidelines which are used at our local NHS Trust and ensure that these are accessible to all staff.

We will appoint a Link Nurse who will lead on pressure ulcer prevention and this will include developing a resource file for the MDT and meeting regularly with the tissue viability nursing team as part of multi-professional working. We will work closely and communicate with our patients and carers about pressure ulcer prevention to ensure they understand why we carry out the care we do every day.

We will ensure that an incident report form is completed for all patients who have a pressure ulcer, either developed prior to admission or acquired at THCF. We will ensure that all patients are risk assessed and that the care plan is developed and reviewed to meet the needs of the patient at all times.

We will review the mattresses we use and look to purchase new equipment as recommended by the Tissue Viability team to assist in the care of patients who have limited mobility.

## **How will it be measured?**

We will monitor the incident report forms and the number of pressure ulcers that develop at THCF. The Nurse Practitioners will review each incident and work alongside the nurses to ensure that the most appropriate action to prevent a pressure ulcer worsening is carried out. Each incident and individual case will be reviewed and discussed at monthly team meetings.

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

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

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

During the reporting period 2017/18 Teesside Hospice provided the following Specialist Palliative Care Services to the NHS:

- Inpatient Unit – 10 beds
- Day Hospice Services
- Specialist Community Lymphoedema Services
- Medical Out Patient Services
- Adult and Children's Bereavement Counselling Service

Teesside Hospice has reviewed all the data available to us in terms of the quality of care delivered. Activity data is provided to the Commissioners of services on a quarterly basis and is reviewed at quarterly meetings with the Commissioner, Chief Executive (CE) and Director of Patient Services (DPS).

The income generated by the NHS services reviewed by this quality account represents **31%** of the total income generated from the provision of NHS services by Teesside Hospice for 2017/18. This 31% represents only part of the funding required to provide services at Teesside Hospice.

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

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

During 2017/18, there were no national clinical audits and no national confidential enquiries covering NHS services relating to palliative care. Therefore, during that



period Teesside Hospice was not eligible to participate in any national clinical audits and national confidential enquiries.

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

### **c. Research**

The number of patients receiving NHS services provided by Teesside Hospice in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee was ZERO. There was no appropriate, national, ethically approved research studies in palliative care in which we could participate.

### **d. Commissioning for Quality and Innovation (CQUIN) Payment Framework**

2.5% of Teesside Hospice's NHS income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Teesside Hospice and the commissioning CCG. The improvement conditions that were agreed were:

#### **1. To implement and use the Outcome Assessment and Complexity Collaborative (OACC) at Teesside Hospice**

Health services and health care professionals are increasingly being 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 Cecily Saunders Institute collated a suite of outcome measures designed to demonstrate this difference for palliative care services.

An outcome measure captures a change in health status as a consequence of health care or interventions. This is different to the experience of care and relates more to how individual is respected and listened to.

Why introduce it at THCF?

- Achieve better results for patients and families
- Improve team working
- Drive quality improvement
- Provide evidence of impact of our service
- Inform commissioning
- Validated and reliable in Palliative Care population

At the end of 2016, the Consultant in Palliative Medicine and THCF Education Lead attended a 'Train the Trainers' event to enable them to support and champion the introduction of these measures at THCF.

The OACC measures include:

- Australia-modified Karnofsky Performance Status (AKPS)
- Phase of illness
- Integrated Palliative care Outcome Scale (IPOS)
- Views on care
- Barthel Index (Inpatients only)
- Carer measures

An action plan was written to track the implementation and evaluation of the introduction of OACC at the Hospice and this was monitored quarterly at Clinical Audit and Commissioning meetings. All of the required actions were delivered and the information produced has been shared at staff meetings, locality specialist palliative care events and at the Hospice Annual General Meeting. It is inspiring to be able to evidence the real difference hospice specialist palliative care makes and how this effects patient's symptom management and care at the end of their life.

## **2. The second CQUIN was to undertake a Lymphoedema Service Review and produce an Evaluation & Future Options Paper**

The Lymphoedema Specialist Service based at Teesside Hospice Care Foundation (THCF) has been providing a lymphoedema service for over 15 years and following the successful 'Any Qualified Provider' (AQP) process in 2012 became the sole provider in Tees. In 2017/18 the CCG awarded a one-year block contract for this specialist service whilst a service review was undertaken.

An internal business and clinical process review of the Specialist Lymphoedema Service commenced to ensure that THCF could continue to deliver a quality, cost effective and efficient service to patients and Commissioners.

The work was commenced with measuring the service against the tender and the service specification for 2016/2017. This was crucial as the change in the funding source from a tariff cost per patient to a block contract fuelled the need to look at THCF current service delivery regarding productivity and efficiency. A key objective was to work smarter with less, whilst maintaining a quality highly valued service.

Since April 2017 there have been some fundamental changes that will have a lasting impact on the service provision of lymphoedema whilst maintaining patient safety and a quality service within THCF. These being:

- Improved management of the clinic booking system, having a controlled approach over booking of appointments and reducing DNA's.
- New and improved patient documentation, to support a paper free system and better use of SystemOne.

- The introduction of LymQol, a patient outcome measuring tool for patients to complete on their first, 6 month and finally 12 month visit ready for discharge.
- Increased telephone consultations, to prevent patients attending clinic unnecessarily.
- Improved process for home visits with better joint working practices with District Nursing teams and Tissue Viability Nursing teams in the South Tees area.
- Improved stock control and spending on consumables, introducing stock check system for monthly monitoring and stock control.
- Specialist training has taken place with some of the DN's in the South Tees area.
- To try and address waiting times the service is introducing a new patient pre-assessment group (pilot) to be held every two weeks looking at the four corner stones of lymphoedema management. This will be a group activity prior to the one to one consultation, with the aim of reducing clinic time for first appointment and allowing more new patients to be seen. This attendance will also triage patients with suspected cellulitis in a managed way to the most appropriate service.
- Introducing Tripudio exercise classes, as an initiative that focuses on the fluid system of the body, to enhance a self-help care approach allowing patients to remain well in their own place of residence, reducing clinical appointment.

Several recommendations and areas for future work were identified and have been shared with Commissioners. THCF remains committed to deliver a cost effective, efficient and good quality lymphoedema service to patients, carers and Commissioners. This commitment has been illustrated with the investment of resources to carry out the review whilst maintaining a full service delivery. The specialist lymphoedema team have embraced the changes and the patient satisfaction survey highlights the excellent service delivered and how it is valued by patients and referrers.

The two CQuIN measures have been successfully achieved with full payment.

#### **e. The Care Quality Commission**

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

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

Teesside Hospice is registered with the following conditions:

- Services are provided for people over 18 years old
- The maximum of 10 patients may be accommodated overnight
- Notification in writing must be provided to the Care Quality Commission at least one month prior to providing treatment or services not detailed in the Statement of Purpose

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

#### **f. Data Quality**

Teesside Hospice did not submit records during 2017/18 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data. Teesside Hospice is not eligible to participate in the scheme.

#### **g. Information Governance Toolkit attainment levels**

Information Governance (IG) ensures necessary safeguards for, and appropriate use of patient and personal information; the IG toolkit is a system which allows NHS organisations and partners to assess themselves against Department of Health information governance policies and standards. The assessment is completed on an annual basis and provides an overall measure of the quality of data systems, standards and processes within an organisation. Teesside Hospice has successfully submitted its voluntary sector Information Governance Toolkit (IGT) self-assessment (Version 14.1) in March 2018 to the Health & Social Care Centre (HSCIC). Overall, the Teesside Hospice IGT score for 2017-18 was graded at 100% (Satisfactory), of the 20 requirements 1 was not relevant, and 19 achieved level 3.

The Information Governance Lead will be creating an action plan to ensure ongoing compliance in relation to the release of the re-designed toolkit renamed The Data Protection Security Toolkit (DPST). The requirements of the DPST are designed to encompass the National Data Guardians 10 data security standards.

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

Information governance is a core part of our mandatory training for all staff which ensures that everyone is aware of their responsibility for managing information in the correct way. In 2017/18 Teesside Hospice had no data breaches

#### **h. Clinical Coding Error Rate**

Clinical coding is 'the translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention, into a coded format' which is nationally and internationally recognised. Teesside Hospice was not subject to the 'Payment by Results' clinical coding audit by the Audit Commission during 2017/18.

#### **j. Duty of Candour**

Teesside Hospice has always adopted an open and honest approach to managing incidents involving the care and treatment of people in our care. We routinely report and review our complaints and incidents at the Clinical Governance and Risk, Health and Safety Committee. A new policy regarding Duty of Candour was written and adopted by our Board of Trustees in March 2018, reinforcing our commitment to being open and candid about any and all incidents involving the health, safety and clinical care of patients and their family. We will ensure that notification of incidents to patients and families occurs at the earliest possible opportunity.

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



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

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



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

## **I. NHS Staff Survey**

### **Engaging with Employees**

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



In July 17, 72 employees and 42 volunteers completed the survey. Feedback was collated from each survey application and reviewed at the Senior Management Team Meeting. The questionnaire was further rolled out in February 2018 with 52 staff and 7 volunteers responding. It is our intention to continue this process twice annually, we also ensure that we provide staff with survey results and action we are taking based on feedback.

## Part 3

### Review of Quality Performance

The quality improvements outlined in the 2016/17 Quality Account have all been satisfactorily achieved and in all areas continuous improvement is planned. The Board of Trustees has been in full support of the improvement areas over the past year and has received regular reports on progress. Services users have been consulted with where appropriate.

#### 3.1 Improvement Priority 1 (Patient Safety)

##### Development of the Nurse Practitioner Role at Teesside Hospice

Last year our organisation chose the development of a Nurse Practitioner Role as our aspiration for patient safety. The nurse practitioner role was created, following exploration of utilising the clinical skills of non-medical prescribers in the hospice setting. Initially we created 4 trainee nurse practitioner posts, 3 in the inpatient unit and 1 with in day hospice. Unfortunately the post holder in day care services left the organisation so the evaluation obtained relates to the inpatient setting.

Following the appointment of post holders, it was important to evaluate the role in order to see what impact they had had on patients, carers and staff. The Trainee Nurse Practitioners have now been in post for just over 1 year and during that time the role has continued to evolve.



The nurses have met regularly with senior nurse managers to discuss and reflect on the challenges and concerns that have been highlighted. In particular, the leadership role has been challenging and all post holders felt they needed extra support with regard to this. As a result the organisation has created a comprehensive leadership programme that all are now attending.

From a clinical point of view the nurses are continuing to use and develop their skills and experience, which in turn has improved the care and safety of patients. In

particular they participate in clinical governance, audit and review of reported incidents and near miss events. They have attended regular clinical education updates to increase their clinical expertise.

As well as feedback from the post holders themselves, it was important to get feedback from other clinical team members. We circulated a questionnaire to all multi-disciplinary team members (72% response rate), which specifically asked questions around the impact of the new role. These included the trainee nurse practitioner impact on their clinical practice, whether they felt it had improved patient safety, if the role had supported their education and learning needs, if they had bridged the communication gap between nurses, Drs and allied healthcare professional, it also asked for comments around any noticeable differences and how the role could be improved.

The information received was overall very positive. Especially pleasing were comments about improving patient safety around medication. The issues highlighted have been addressed and these include:

- Clarification of the role for all staff including leadership component.
- Need for increased nursing staff numbers in order for TNP to work effectively.
- Communication, which has been addressed by holding regular staff meetings.

Specific feedback from patients and carers has been considered but it was felt that it would be difficult for them to identify which element of their care could be attributed specifically to the nurse practitioner. Hospice patient and carer experience continues to be positive.

The creation of the nurse practitioner role has been successful in improving communication amongst healthcare professionals within the hospice clinical team and with the wider hospital and community team, improving the care of patients and support of family and carers.

The success of this role has been encouraging and as a result the organisation has supported the development of other innovative posts enhancing the support for patients at home and in hospital by Teesside Hospice.

## 3.2 Improvement Priority 2 (Clinical Effectiveness)

### Individualised care Plans

Personalised care planning is integral to the holistic process, focused on listening to patients to find out what is important to them and what support they need to achieve outcomes. It empowers patients, promotes independence and helps them to be actively involved in decisions about their care.

The initial stage of the project was to design the individualised care templates for use in the patient's electronic patient record. They contained the headings "*What I want to achieve*", "*What you can do to help me*" and "*Individualised nursing interventions*" which would allow the care delivered to be unique to the patients goals and preferences. Pre-set text had been included as a guide and an aid to completion of the templates. Education sessions were then held with nurses to demonstrate the new



individualised care plans and staff had access to ongoing support from key workers and a step by step guide to the process.

A baseline audit was conducted following introduction to establish current practice, this identified the need to have further development sessions with staff around personalising of care plans, specific to patient's needs, rather than traditional nursing goals and management. A re-audit of 20 patient's electronic records was completed following implementation of the development sessions on individualising care plans. The "*What I want to achieve*", "*What you can do to help me*" entries demonstrated there had been discussions with patients to identify goals and the support they required to achieve these. The nursing individualised interventions which has pre-set text that can be used, were more specific, but this evidence was variable across the records audited, where pre-sets had not been used those care plans demonstrated individualisation specific to the patient.



The results of the audit have been discussed with the nursing team, it was identified as an action moving forward to remove the pre-set options to ensure that the interventions are prescriptive to the individual patient, this engages the patient, therefore improving the quality of care and outcomes for our patients. Review and evaluation of this project is ongoing and monitored by the Data and Information Governance Lead and the Clinical Audit Group.

### **3.3 Improvement Priority 3 (Patient Experience)**

#### **Drop In Service**

The Drop In service has been running for sixty weeks (until the end of March 2018) and it has continued to be a success. Whilst attendance was low at times during the darker winter months and when we had the extreme weather during February an average of 12 people are attending per session. Drop In is being accessed by patients, carers and professionals and is serving several different purposes.



Since February 2017, we have had 732 people through the Drop In service, being divided into 393 patients (average of 6 per session), 329 Carers / family / friends (10 not registered) (average of 6 per session) and 10 Professionals.

Some patients are accessing the service who are already known to us however, the majority of these patients have brought their loved ones and this is bringing a new dimension to their care. Many carers are getting huge benefit from accessing complementary therapy, accessing the art room and just meeting other carers. The numbers of new people accessing the service continues to increase and it is now usual not to have new attendees.

A brief survey of attendees is undertaken at each session to identify who is accessing the service and whether they found it helpful. 99% of attendees found accessing the



Drop In service helpful with 1% not sure. 100% of people would recommend the Drop In service to family or friends if appropriate. When asked where or who would you have gone to if the Drop In service was not here, 12% would have gone to their GP, 25% would have accessed the District Nurse or Macmillan Nurse, 4% would have accessed their Specialist Nurse or Consultant and 34% of attendees would have gone nowhere. The remaining 25% of people who answered this question ticked other and stated they would access A&E, contact the Day Hospice or use family and friends.

On the basis of this feedback and the experiences of staff and volunteers the Drop In service is to be continued as an important aspect of Hospice services.

### **3.4 2017/18 Performance**

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

Patient satisfaction surveys in the form of questionnaires have been used at Teesside Hospice across the Inpatient Unit, Day Hospice and Lymphoedema Service for a number of years. Summaries of each survey are detailed below. An action plan to address appropriate areas for development is drafted by departments and monitored by the Clinical Audit Group.



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

There were 50 questionnaires distributed, and 43 returned resulting in an 86% return rate throughout 2017. There were 154 admissions to IPU from 1st Jan to 31st Dec 2017. Of these patients, it was documented 81 were not appropriate to give a questionnaire because they were either too unwell or had been admitted previously that year.

The results of the survey for 2017 remain very positive highlighting many aspects of care that are greatly valued by patients. Suggestions for improvements are actioned throughout the year. The numerous positive comments received from patients, once again reflects how they feel about the care they have received. Just a couple of comments received in the last quarter of 2017 are as follows:

*“Everything about my stay and treatment has been excellent.”*

*“Hospice staff gave sense of security and peace, nothing is too much trouble and make you feel listened to no matter what time of the day or night. The atmosphere is one of tranquillity no matter the level of medical care that is being delivered is done making sure that you understand and that any side effects are discussed and explained in full taking into consideration the level of understanding using language and terminology so no misconceptions can be later questioned. On the whole, the hospice & staff are the most selfless and caring staff I have encountered and this gives an atmosphere of peace, not only to patients and staff but also to the friends and families.”*

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

The Day Hospice Questionnaire has been designed to give patients the opportunity to state their opinion in a confidential manner, on the care they receive whilst attending Day Hospice. Every questionnaire received from January 2017 to December 2017 have been collated and reported upon. There were 65 questionnaires distributed and 63 returned resulting in a 97% response rate. There were 151 patients attended Day Hospice in 2017 and 65 questionnaires analysed which equals 43% of patient's views being captured. The patients who did not complete a questionnaire were either deemed inappropriate to complete one, did not attend regularly, declined to complete and were discharged or died before they had attended Day Hospice for 6 weeks.

The results of the survey remain very positive highlighting many aspects of care that are greatly valued by patients. Improvements are made throughout the year acting on feedback received from this survey.

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



*"Everyone goes out of their way to make you feel comfortable."*

*"Everything is superb as it is."*

*"Very pleased with all my care here."*

*"All elements of the service which is given to me is excellent."*

*"All staff treat me so well, makes me feel very at home."*

## **The Bereaved Carers Survey- Summary of Results**

From previous research, bereaved carers were found to be the most open to providing feedback on hospice facilities and services. Therefore, a questionnaire was devised as a way of evaluating services and increasing levels of user involvement.



The design of the questionnaire was discussed with a focus group, consisting of six bereaved carers and it was agreed that the 'tick box' format was the preferred format.

Two optional questions were added in order to gain more qualitative information, and one further question as to whether the carer was in need of counselling support. Questionnaires are posted out 8 weeks following the death of the patient – this was the advisory period given by members of the focus group.

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

- “What was the best thing about Teesside Hospice?”
- “Have you any thoughts that might help other patients and families using the hospice in the future?”

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

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

From January to December 2017 there were 90 deaths in IPU and 79 associated carers were sent questionnaires. Unfortunately, 7 questionnaires could not be sent out because patients did not have carer addresses on the system and therefore could not be sent a questionnaire and 4 were deemed as not appropriate to be sent out following advice given by the Social Worker. Consequently, 79 questionnaires were sent out in total and 24 completed questionnaires were returned = 30% return rate.

Overall, the results demonstrate an excellent standard of care with results from 12 questions showing an improvement on percentage scores from the previous year, 2 showing a slight decrease and 2 remaining the same. Once again 100% stated they

would recommend the service and the comments speak for themselves highlighting the excellent standard of care that is given to patients by all the staff team.

### **Key projects / outcomes**

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

#### **a. CQC Compliance / Evidence review**

Following education and training regarding CQC compliance from Green Maze in November 2016, a software programme called iBenchmark was purchased. Over the last 12 months key staff have been identified to work on updating and finding new evidence to demonstrate THCF compliance against the CQC 5 KLOE: Safe, Effective, Responsive, Caring & Well Led. This has proved to be quite a challenge and a time consuming process but will be an effective tool when complete. This work will be ongoing in 2018.

#### **b. Be in Charge Group for Heart Failure Patients**

A successful bid was made to the St James Foundation for a project to improve the quality of life for patients with Heart Failure and their families by combining the expert knowledge of Heart Failure specialists with our specialist skills in palliative care. In order to achieve this, we will adapt an existing Be in Charge programme to meet the specific needs of Heart Failure patients with the knowledgeable guidance of a GP with Specialist Interest. The programme is funded for 1 year and if it evaluates well will be absorbed into the generic BIC programmes currently delivered.

A carers group for families will run alongside the BIC group with each programme running for 6 weeks depending on the needs of the patients and will initially run twice a year. Unfortunately the secondary care Heart Failure team do not have the capacity to attend any of the groups but this project has already raised their awareness of our services.

#### **c. Patient Self Medication Review**

The issue of self-medication was raised by the CQC Inspector at the last inspection when it was felt that the default at THCF was not to offer this option to patients. An audit was undertaken by the Nurse Practitioner that revealed that in IPU there are only a few patients who are able to self-medicate. Whilst the audit was carried out on a small sample of patients it was felt that the findings were representative and demonstrated how few patients were capable of self-medicating. The audit recommended that self-medication would be appropriate for patients who are on a stable medication regime or those ready for discharge to manage their medication before they go home.



#### **d. Specialist Lymphoedema Education Accredited by the University of Teesside**

The Clinical Lead for the Lymphoedema Service has worked closely with representatives from the University of Teesside to develop and deliver advanced educational modules for practitioners - the only accredited specialist lymphoedema course in England.



The 1st module began in October 2017 and will end in January 2018. The aim is to support succession planning ensure sustainability of lymphoedema services at THCF and in the wider community.

## **The Board of Trustees Statement**

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

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

**This Quality Account was approved 30<sup>th</sup> May 2018**

**Signed**

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

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

**June 2018**

**Statement from NHS South Tees Clinical Commissioning Group (ST CCG) in respect of the Teesside Hospice Quality Account 2017/18**

The CCG welcomes the opportunity to review and comment on the Quality Account for Teesside Hospice for 2017/18 and would like to offer the following commentary. NHS South Tees Clinical Commissioning Group (CCG) is committed to commissioning high quality services from Teesside Hospice and take seriously their responsibility to ensure that patients' needs are met by the provision of safe, high quality services and that the views and expectations of patients, their families and the public are listened to and acted upon.

Overall the CCG feels that the Quality Account is presented in a meaningful way for both stakeholders and users and provides an accurate representation of the services delivered by the hospice during 2017/18.

The CCG recognises the hard work undertaken by the Hospice to drive quality improvements throughout the year and the three aspirations for 2017/18 are to be commended. Of particular note is the evaluation of the new Outreach Nurse posts, aimed at improving the patient's journey, from referral through to discharge, by working in partnership and collaboration with families, Allied Health professionals, the nursing team and the medical team.

The CCG also acknowledges and welcomes the patient safety aspirations aimed at the prevention and management of pressure ulcers and the adoption of a new Falls Prevention Toolkit.

The CCG congratulates the hospice on achieving the quality improvements outlined in the 2016/17 Quality Account. The evaluation of the Drop In Service introduced in February 2017 demonstrates the continued need to offer support to patients, carers and professionals and the CCG is pleased to note that on the basis of the feedback from all involved, the hospice will continue to run this service.

The successful development of the Nurse Practitioner Role has seen the creation of posts in both the inpatient unit and day hospice and evaluation of the inpatient role has highlighted the improving communication amongst healthcare professionals within the hospice clinical team and the wider hospital and community teams. In addition, the improving safety around medication demonstrates the impact of the role on improved patient safety.

The adoption of individualised care templates for use in the patient's electronic patient record recognises the importance of focusing on the individual needs of each patient and tailoring their care shaped to patient's goals and preferences.

The CCG commends the hospice for their pro-active approach to improving the quality of life for patients with heart failure and the adoption of the Be in Charge Programme via the St James Foundation and will be interested in the evaluation following the year's project.

The response rates to patient satisfaction surveys to both In Patient (IP) patients and Day Hospice patients were good, with very positive results that highlighted the many aspects of care that were appreciated and valued by patients.

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

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

**Amanda Hume**

**(Chief Officer)**

**27.06.18**



Thank you for sending us your Quality Account 2017-2018. We found it a very positive and interesting report, with clear reflections on practice and its ongoing development. We are very pleased to see that feedback from Staff, friends and family is given a great deal of focus, and would like to know if there are other mechanisms other than by survey that feedback can be given?

We would like to congratulate you on your continuous improvement, achievement of high standards and your patient and family satisfaction.

**Natasha Judge**

Healthwatch Development & Delivery Manager



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

In response to the question posed by Healthwatch Middlesbrough we can confirm that we have several mechanisms for feedback from patients, families and carers and these include suggestion boxes, focus groups and 1:1 feedback via the holistic assessment tool and also for families following a bereavement.