

Quality Accounts

2015/2016



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

CHIEF EXECUTIVE'S STATEMENT

Hartlepool & District Hospice continues to provide high quality palliative care to the communities of Hartlepool & East Durham through a range of specialist and non-specialist services.

We remain committed to working interdependently with both commissioners and other providers to ensure that these communities receive care in the place most appropriate to them by professionals qualified to meet their individual needs, which include in the Hospice's short or long term inpatient units, or the community, or our day care and outpatient facilities.

Family Therapies have been particularly innovative and have delivered a programme supporting schools to work more effectively with bereaved children, including recognising anticipatory grief. This programme has received excellent feedback and will support many families to cope without counselling referral, which will reduce the demand on counselling services.

We continue to invest in the local employment market through the expansion of Home Care Services and have developed excellent working links with the Adult Education College to ensure all of our care assistants are supported educationally to further ensure our patients receive appropriately qualified carers.

Training opportunities also continue to be provided for medical staff and trainee nurses who ultimately contribute to uplifting the standards of palliative care across the region, including a comprehensive leadership development programme to enhance professionalism and accountability.

These quality accounts have been prepared taking into account the views of the Board of Trustees and Service Users.

Tracy Woodall
Chief Executive
May 2016

CHAIRMAN'S STATEMENT

It gives me great pride to endorse the Quality Accounts for Hartlepool & District Hospice after another year of providing Outstanding Care for our Service Users and their families.

After an excellent Care Quality Commission inspection, it is clear that whilst we continue to expand and grow our services to meet the needs of more of the population our determination and dedication to providing high quality, dignified and compassionate care does not falter.

The Hospice works proactively with partners in the wider health economy to ensure that as many service users and their families benefit from the range of support services on offer and the Board of Trustees are particularly pleased with the impact of relationship with local schools, which supports teachers to support families facing bereavement.

As always the Board of Trustees would like to extend its gratitude to the individuals, businesses and organisations who unreservedly support us to ensure the continuation of this amazing organisation.

Ray Priestman
Chair of Trustees
May 2016

2.1 INTRODUCTION

Hartlepool & District Hospice was established in 1980 as a local charity delivering specialist palliative care to individuals affected by life limiting illnesses within the local communities of Hartlepool and East Durham. The Hospice is Consultant led and supported by a Multi-Disciplinary Team of professionals who provide patients with individualised care, whilst promoting and maintaining the best quality of life possible.

Hartlepool & District Hospice provides a specialist Inpatient Unit which addresses the complex needs and symptoms of patients with a life limiting illness. During 2014/15 the inpatient services were increased from 10 beds to 16, introducing additional long term beds which provide facilities for patients once their symptoms are stable, facilitating independence.

The Hospice also offers community services including domiciliary care for patients in their own homes, regardless of diagnosis. This allows us to support a wider range of patients and their families in our local community, enabling them to live in their own homes and maintain their independence.

Other community services include Day Hospice services, which continue to provide specialist clinical support in an outpatient environment to help control symptoms and give effective treatment, alongside of providing psychological and emotional support to improve wellbeing. The Hospice also provides Day Services that meet the social care needs of the local community, which are delivered in a relaxed, friendly environment in our purpose build Holistic Wellbeing Centre.

The Holistic & Wellbeing Centre is also equipped to provide Counselling & Support Services, which provide bereavement and anticipatory grief counselling for both adults and children. During 2015 the Jo & Mya Project was established, giving local schools support for dealing with bereaved children.

Other therapy support is also available, including Complementary Therapies which are designed to offer relaxation and help to relieve symptoms. The therapies are used to complement the specialist medical and nursing care our patients may be receiving. This service is offered both in the Holistic & Wellbeing Centre and in the patient's home environment.

The Hospice continues to provide a 24 Hour Helpline which is supported by trained staff who can give clinical advice and support or signpost to other professionals if appropriate. The Helpline is available for the public and professionals.

NICE Guidelines 2004 (Improving Supportive & Palliative Care for Adults with Cancer) state that providers should offer a range of services that meet the individual's physical, environmental, spiritual and social support and

improve quality of life. The Hospice ensures that patients and their families receive excellent care from diagnosis to post bereavement which is based around their holistic needs. This is achieved through a whole range of services for both cancer and non-cancer patients, promoting the philosophy of living life to the full.

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

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

The Quality Accounts will demonstrate the standard of service delivery and innovative practice implemented in partnership with the local Clinical Commissioning Groups (NHS Hartlepool & Stockton-on-Tees CCG and Durham, Dales, Easington & Sedgefield CCG) during 2015/16. The Hospice's Strategy for 2015 to 2018 continues to underpin our future priorities.

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

2.2 **FUTURE IMPROVEMENT ASPIRATIONS 2016/17**

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

2.2.1 **Priority 1 – Patient Experience**

To increase choices for patients around Day Care services, improving both health and wellbeing.

2.2.1.1 **How the priority was identified**

Over the past few years traditional Hospice Day Care services have changed in their dynamics and now have a joint focus on achieving both health and wellbeing for individuals accessing the services. It is essential that the Hospice's focus of a holistic model and assessment of individualised care is maintained and that the service and activities reflect the needs of patients. We are living in an ageing population and patients with a life limiting illness are living longer, which has increased the demand for clinical intervention and support with social stimulation and prevention of isolation. Previous feedback from patients accessing Day Hospice services has suggested that the range of activities should be reviewed to reflect the current needs of the Hospice's local community.

2.2.1.2 How the priority will be achieved

The Hospice will create a working group which will focus on all elements of Day Care services, including clinical intervention, environment, activities, support/staffing and promotion of services. The working group will comprise of Day Care patients via the User Involvement Group, staff and volunteers. Networking with key stakeholders will also be conducted, alongside of research into external services which reflect the Hospice's holistic model and deliver innovative practice with beneficial outcomes. A lead member of staff will be identified to ensure that the working group achieve their actions within set deadlines and that an action plan is maintained and reported to the Clinical Governance Group.

2.2.1.3 How the priority will be measured

Current patients will be asked to complete a satisfaction survey which will include a series of questions designed to identify if the Day Care services have improved and met their expectations. It is expected that there will be an increase in demand for Day Care services following the review and improvements to services. This demand will be monitored during 2016/17.

2.2.2 Priority 2 – Clinical Effectiveness

To implement outcomes from clinical review of staffing across inpatient services to ensure consistent and effective delivery of care.

2.2.2.1 How the priority was identified

During 2015/16 the Hospice increased its inpatient bed capacity from 10 to 16, introducing long term beds alongside the traditional short term symptom management beds. Long and short term beds are currently managed by separate teams, however following a full clinical review in March 2016 evidence suggests that a one team approach would provide a more consistent and effective delivery of care across the inpatient services.

2.2.2.2 How the priority will be achieved

All inpatient beds will be considered as one inpatient service. The Senior Nursing structure will be revised alongside of all other Healthcare professionals, ensuring adherence to the National Quality Board (NQB) Report 'how to ensure the right people, with the right skills, are in the right place at the right time' (published 19 November 2013). All clinical job descriptions will be revised, as will the organisational structure, alongside of patient complexity, demand and need. An action plan will be maintained by the Inpatient Unit Manager, which will demonstrate improvements in the consistency and effectiveness of care delivery.

2.2.2.3 How the priority will be measured

The action plan will identify key milestones regarding the restructure of the clinical team and these will be closely monitored and reported to the Clinical Governance Group and Senior Management Team.

2.2.3 Priority 3 – Patient Safety

To implement a new system for a safe and effective delivery of receiving and dispensing medications.

2.2.3.1 How the priority was identified

In September 2014 the Hospice received notification that the local NHS Trust could no longer supply stock medication due to changing legislation regarding the Wholesalers Licence. During 2015/16 the Hospice worked alongside NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group to identify an alternative supplier and agree funding to ensure the safe and effective delivery of receiving and dispensing medications.

2.2.3.2 How the priority will be achieved

Hartlepool & District Hospice will be working with their new supplier of medications, Lloyds Pharmacy. New and existing policies will be created and reviewed to ensure that safe and effective process and systems are implemented. Guidelines will also be updated to reflect new methods of working, with the remit of achieving better patient outcomes.

2.2.3.3 How the priority will be measured

The Medicines Management Group, which reports to the Clinical Governance Group, will be responsible for monitoring and governing the effectiveness and safety of the new service delivery for medications. Any concerns or incidents will be brought to the attention of the Registered Manager and actions formulated to reduce further risk. A quarterly audit will be conducted to identify areas for improvement and changes to practice, which will be conducted in consultation with Lloyds Pharmacy.

2.3 PROGRESS ON IMPROVEMENT PRIORITIES FOR 2015/16

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

2.3.1 Priority 1 – Patient Safety (Quality Domain: Patient Safety, Clinical Effectiveness)

To improve the standards of medicine safety.

2.3.1.1 What we have achieved

Patient safety is high on the government and local commissioning partners' agendas. The Hospice undertook the CQUIN indicator for medicine safety during 2015/16 which, based on an analysis of clinical incidents, was identified as an area to improve best practice.

The Hospice ensured that reconciliation of medications was carried out within 24 hours of a patient being admitted. This included a formal checking process, utilising a reconciliation tool to cross reference the patient's

medication. The reconciliation tool performed three separate checks, which minimised the risk of any medication errors. It also ensured that the patient received the correct medications prior to being admitted, if appropriate and that they were prescribed at the correct dose.

Improvements were also made around obtaining a patient's allergy status and this was documented appropriately. There was also a commitment to a reduction of omitted doses of medication, including medicine optimisation. Evidence confirmed that improvements were made after a medicines reconciliation audit was conducted and 100% compliance achieved.

2.3.1.2 **How we will continue to improve**

As part of the Clinical Commissioning agreements for 2016/17, it has been agreed to continue with the CQUIN Medicines Optimisation key performance indicators and therefore the medicines reconciliation tool will continue to be utilised in the clinical areas within the Hospice and audited on a quarterly basis to ensure that 100% compliance is maintained. Changes to the pharmacy supplier following new legislation regarding the Wholesalers Licence (see Item 2.2.3 above) will also be incorporated to minimise risk. Governance will be achieved through bi-monthly reporting to the Hospice's Medicines Management Group, which reports directly to the Clinical Governance Group. Quarterly reports will also be submitted to the Commissioners through the Contract, Quality & Performance Report.

2.3.2 **Priority 2 – Clinical Effectiveness** **(Quality Domain: Patient Safety, Clinical Effectiveness)**

To create a sustainable programme of clinical best practice through the introduction of LINK Nurses.

2.3.2.1 **What we have achieved**

As a small independent Hospice, it is vital that we ensure our clinical staff maintain a sound knowledge and understanding of clinical best practice to deliver a high standard of quality care. It is not only the responsibility of the organisation but also of individual professionals under their Code of Professional Conduct to ensure the safe and effective delivery of care. The Hospice is committed to ensuring best practice in all clinical activities by keeping up-to-date with current guidelines and changes in clinical management within palliative care.

A LINK Nurse framework was developed, which identified professionals who had expressed an interest in a speciality and a formal link to specialist team members. Each member of the Nursing Team became a LINK professional for a specific area, which fell under the three areas of clinical tasks, interventions and healthcare advancements. These included areas such as catheterisation, dressings and tissue viability, chemotherapy or advancements in illness progression such as motor neuron disease. The LINK professional was required to communicate with other external healthcare professionals to seek updates, advice and support where required. The LINK professional was expected to research areas to improve practice and share information within the Clinical Team. This was

demonstrated through creating a resource file, presenting findings at the Clinical Governance Group or conducting short teaching sessions.

A matrix of LINK professionals was created which was supported by an action plan and monitored by a Clinical Manager. The matrix was updated in each quarter to identify any changes in practice and to ensure that evidence had been communicated with the appropriate professionals and minuted with the appropriate governance group. The matrix was utilised when conducting the individual LINK professional's contact meetings and appraisals to ensure that they were achieving their objectives. The LINK professionals' matrix became a regular item on the Clinical Governance Agenda to ensure that all recommendations for improvements in best practice were discussed, agreed and reviewed.

2.3.2.2 How we will continue to improve

The LINK professional's allocation and matrix will continue to be implemented during 2016/17. The last year has demonstrated that staff have taken responsibility for their individual LINK areas, which has resulted in identifying areas for change in practice due to changing guidelines, ensuring that best practice is maintained.

2.3.3 Priority 3 – Patient Experience (Quality Domain: Patient Experience, Patient Safety, Clinical Effectiveness)

To improve the Hospice journey for dementia patients.

2.3.3.1 What we have achieved

Dementia continues to be high on the government agenda, with only 42% of the estimated 670,000 people in England affected by dementia being formally diagnosed. The Hospice recognises that dementia is a palliative diagnosis and with the increase in diagnosis, alongside of other palliative diseases, it is essential that our service delivery reflects best practice and current research to maintain high standards of care to patients who may have a diagnosis of dementia.

The Hospice acknowledges its responsibility in supporting the community to identify patients with undiagnosed dementia to ensure that they receive the appropriate care and treatment that both they and their families require. It is also essential that staff are trained to identify the difference between when patients are cognitively impaired from other causes, including delirium and depression.

The Hospice appreciates that there is a requirement to improve knowledge around dementia care and promote Hospice services that support patients with a dementia illness.

At the beginning of 2014, the Hospice implemented the dementia screening tool into practice to find, assess, investigate and refer (FAIR) all patients who accessed Hospice services, excluding anyone who already had a formal

diagnosis of dementia. This has continued to be implemented throughout 2015/16.

The Hospice appointed a Lead Nurse for Dementia who co-ordinated mandatory training sessions for all clinical staff through the rolling programme of clinical education on the care and assessment of potential and actual dementia patients. It is anticipated that all clinical staff will have achieved a minimum qualification in dementia at level 3 by August 2016. The Hospice also provided signposting and guidance information for carers of patients diagnosed with dementia.

To ensure that the Hospice increased the awareness of dementia being a palliative diagnosis, Hospice staff networked with other providers, professionals, stakeholders and external networking forums. Education was also provided to referrers around the appropriateness of patients with dementia accessing a range of Hospice services.

To ensure that the Hospice continued to achieve this priority, quarterly reporting took place as part of the CQUIN indicator for Dementia to NHS Hartlepool & Stockton-on-Tees Clinical Commissioning Group and Durham Dales, Easington and Sedgefield Clinical Commissioning Group. Progress was measured and monitored against an agreed action plan with both CCG's. Evidence was also supported through monthly dementia audits.

Feedback was assessed from carers of patients with dementia to measure the level of support they received through a short questionnaire. This identified whether they had been given the Hospice leaflet on supporting a patient with dementia.

The Hospice audited and recorded the amount of patients who accessed Hospice services with a formal diagnosis of dementia. This helped to identify if there had been an improvement in the level of referrals received to care for patients with a dementia diagnosis and at what stage during their diagnosis we began providing care for them. This enabled us to identify if the individual with a diagnosis of dementia was accessing Hospice services for dementia or another primary palliative diagnosis. This again helped us to shape our services to meet the needs of our local communities in relation to caring for patients with a dementia diagnosis.

2.3.3.3 How will we continue to improve

The Hospice feels that it is essential we continue to screen patients for dementia to help identify early diagnosis and to ensure that patients and their families receive early intervention. Therefore, the Hospice will continue with the CQUIN indicator for Dementia, auditing it on a quarterly basis and providing updates and an action plan to the Commissioners through the quarterly Contract, Quality & Performance Report.

2.4 MANDATORY STATEMENT OF ASSURANCE FROM THE BOARD

The following statements must be provided within the Quality Accounts by all providers. Many of these statements are not directly applicable to specialist

palliative care providers including Hartlepool & District Hospice, therefore explanations of what these mean are given.

2.4.1 Review of Services

During the reporting period 2015/2016 Hartlepool & District Hospice provided the following services to the NHS:

- 8 Bedded Inpatient Unit for short term symptom management
- Day Hospice designed around healthcare
- Outpatient Clinics
- Complementary Therapies
- Counselling Support Service
- 24 hr Helpline
- Physiotherapy
- Occupational Therapy
- Chaplaincy

In addition to the above, the Hospice also operated the following services through its trading subsidiary, Alice House Care Agency:

- 8 Bedded Inpatient Unit for long term and respite care
- Day Care designed around wellbeing
- Community Domiciliary Care
- Complementary Therapies

From April 2016 the services delivered by the Hospice's trading subsidiary will be transferred into the Hospice.

The income generated by the NHS services received in 2015/16 represents 23% of the total income generated from the provision of NHS services by Hartlepool & District Hospice for 2015/2016.

This means that the remaining 78% of the overall costs of service delivery is fundraised by the Hospice from voluntary charitable donations, legacies, Hospice shops, Hospice lottery, events and community fundraising.

2.4.2 Participation in Clinical Audit

During 2015/2016 0 national clinical audits and 0 national confidential enquiries covered NHS services that Hartlepool & District Hospice provides.

During 2015/2016 Hartlepool & District Hospice participated in 0% national clinical audits and 0% national confidential enquiries of the national clinical audit and national confidential enquiries as it was not eligible to do so.

2.4.3 Research

The number of patients receiving NHS services provided or sub contracted by Hartlepool & District Hospice in 2014/2015 that were recruited during that period to participate in research approved by a research ethics committee was 0.

The Chief Executive Officer is undertaking a PhD at Sunderland University with the thesis focus of creating transformational change through the use of a Theory of Change Model. Ethical approval was sought and granted from the Board of Trustees on the basis that no patients were used in the study and that it was systems focused research.

2.4.4 **CQUIN Payment Framework**

Hartlepool & District Hospice's income for 2015/2016 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

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

NHS Hartlepool & Stockton-on-Tees CCG

- Safety Thermometer
- Dementia & Delirium
- Medicines Optimisation

Durham Dales, Easington & Sedgefield CCG

- Safety Thermometer
- Dementia & Delirium
- Medicines Optimisation

2.4.5 **Statement from Care Quality Commission**

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

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

The Hospice's trading subsidiary, Alice House Care Agency, is required to register with the Care Quality Commission and it is currently registered to carry out the following regulated activities:

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.
- Personal care.

Hartlepool & District Hospice is registered with the following conditions:

- To accommodate up to a maximum of 10 patients overnight.
- To provide a service for people over the age of 18 years old.
- The registered provider's regulated activity is managed by a Registered Manager.
- The provider location where regulated activity can be carried out is: Alice House, Wells Avenue, Hartlepool, TS24 9DA.

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- To accommodate up to a maximum of 10 patients overnight.
- To provide a service for people over the age of 18 years old.

- The registered provider's regulated activity is managed by a Registered Manager.
- The provider location where regulated activity can be carried out is: Alice House, Wells Avenue, Hartlepool, TS24 9DA.

The Care Quality Commission has not taken any enforcement actions against Hartlepool & District Hospice during 2015/2016. There have been no special reviews or investigations carried out by the Care Quality Commission during this reporting period.

The Hospice received an unannounced inspection by the Care Quality Commission on 23 March 2015. At the time of preparing the Quality Accounts for 2014/15, the Hospice was waiting to receive the formal report and rating from the inspection. This was received on 20 August 2015 and the Hospice received an overall rating of Good, as detailed below:

Domain	Rating	CQC Comments
Is the service safe?	GOOD	<ul style="list-style-type: none"> • People and family members told us the Hospice was a safe place to stay. • Staff demonstrated a good understanding of safeguarding adults and whistle blowing. • There were enough skilled, experienced and knowledgeable staff to meet people's needs in a timely manner. • The Hospice was well maintained and clean.
Is the service effective?	GOOD	<ul style="list-style-type: none"> • The provider had invested in providing leadership training to all staff within the organisation. • The registered provider delivered a dynamic training programme for staff which evolved to meet changing priorities. • People described how staff went out of their way to meet their meal preferences. People gave us positive feedback about the meals the Hospice provided. • The provider was empowering people to self-manage their health conditions through running a unique innovative pilot 'breathlessness programme.'
Is the service caring?	OUTSTANDING	<ul style="list-style-type: none"> • People received excellent care from kind, compassionate and caring staff who listened to them. • We viewed numerous compliments praising the registered provider and staff for their kindness and support through difficult times. • Care was planned around what was important to each person. • We observed kindness and respect between the staff and people. People were treated with dignity and respect. • The provider had a strong focus on supporting people with their social and psychological wellbeing. • People could access social and therapeutic support in the bright and modern Holistic Wellbeing Centre.

Domain	Rating	CQC Comments
Is the service responsive?	GOOD	<ul style="list-style-type: none"> • People who used the service were actively in control of the care and treatment they received. • Care plans identified specific interventions based on people's particular priorities. • Staff also discussed with people their plans for the future including their preferred place of care and preferences for their future care needs. • People were encouraged to remain as independent as possible and continue doing their everyday things as much as possible. • People said they were listened to and staff responded to their wishes.
Is the service well-led?	GOOD	<ul style="list-style-type: none"> • All of the managers and staff spoke passionately and enthusiastically about the Hospice. • Patients and family members also spoke positively about the service. • The service was forward thinking, creative and modern and continually looked for opportunities to learn and improve practice. • There were excellent examples of innovative practice. • The audits were effective in identifying areas for improvement and ensuring action was taken to improve the service. • The provider was pro-active about sharing good practice to improve care for people at the end of their lives.

2.4.6 Data Quality

Hartlepool & District Hospice did not submit records during 2015/2016 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Although Hartlepool & District Hospice was not eligible to participate in the above scheme, the Hospice continues to participate in the National Council for Palliative Care Minimum Dataset.

2.4.7 Information Governance Toolkit Attainment

Hartlepool & District Hospice's Information Governance Assessment Report achieved and overall reporting score for 2015/2016 of 84% and was graded satisfactory. The score had increased from the previous year's score of 80%.

The Information Governance Group will take forward the action plan formed from the audit toolkit covering 2015/2016 to make further improvements and improve the level of compliance.

2.4.8 Clinical Coding Error Rate

Hartlepool & District Hospice was not subject to the Payment by Results clinical coding audit during 2015/2016 by the Audit Commission.

PART 3: REVIEW OF QUALITY PERFORMANCE

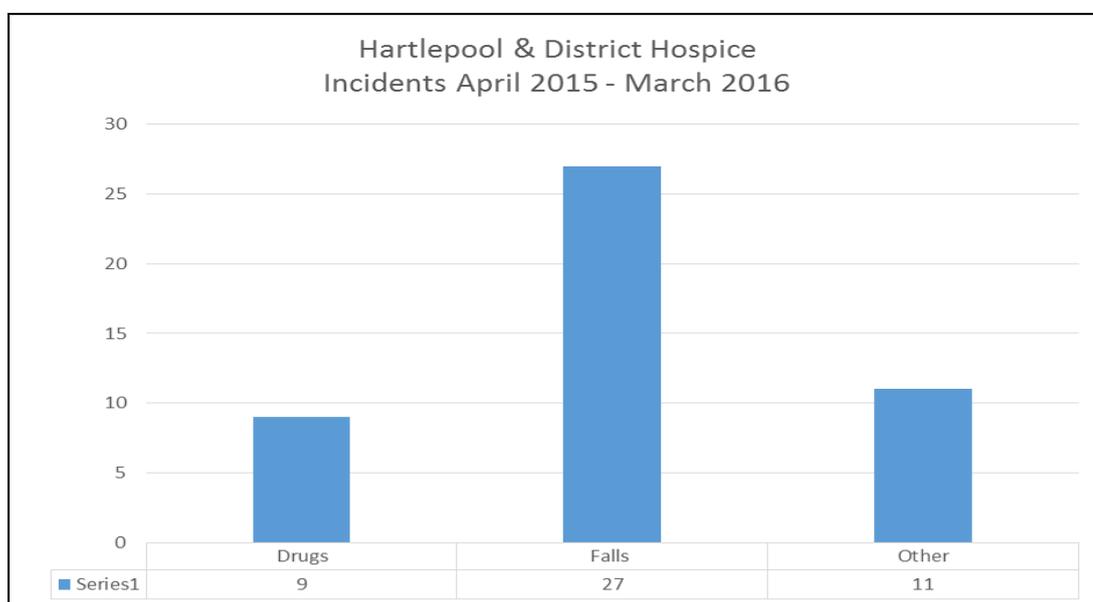
Hartlepool & District Hospice has considered the three domains of Patient Safety, Clinical Effectiveness and Patient, Carers, Staff and Volunteer Experience within these accounts during the reporting period of 2015/2016.

3.1 PATIENT SAFETY

3.1.1 Incident Report and Risk Assessment

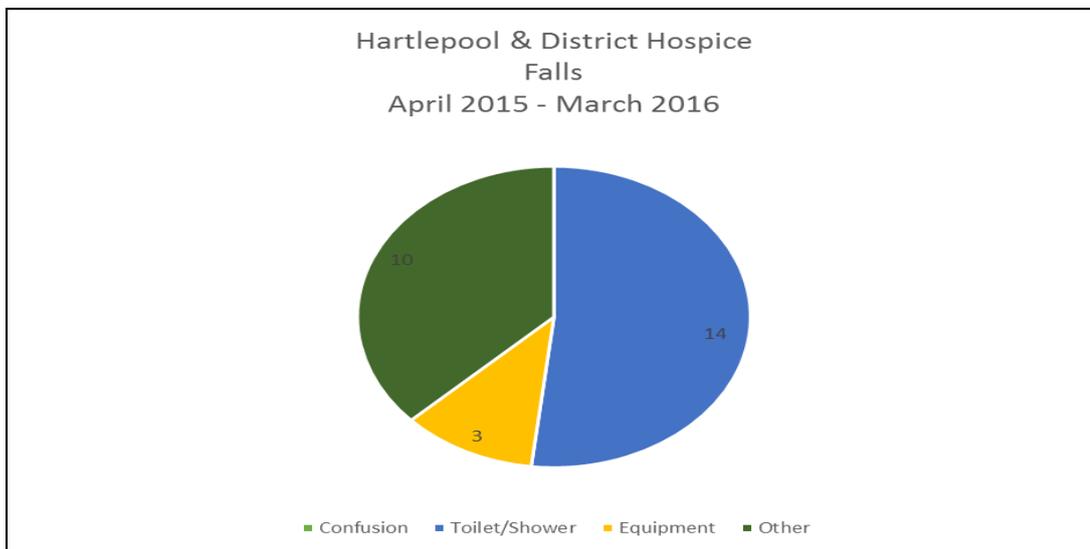
Hartlepool & District Hospice have clear policies and procedures in place to ensure that incidents are reported in an appropriate manner and that all incidents reported result in lessons being learnt and practice improved. The Hospice staff are committed to reporting any incidents, including near misses. Risk assessments are conducted to minimise the event of an incident occurring and to maintain the safety of both patients and staff.

The table below shows that there were a total of 47 clinical incidents in 2015/2016. These ranged from falls/patient safety, drug errors and near misses. Staff at the Hospice practice in a transparent manner and ensure that all incidents or potential incidents are reported to improve the quality of the services we deliver. None of the incidents reported during this period resulted in a patient coming to serious harm.



3.1.1.1 Falls

The pie chart below demonstrates the falls which took place when patients were trying to independently use the toilet/shower facilities, where equipment was involved or where patients may have been confused and potentially contributed towards the fall taking place.



The Hospice has invested in falls prevention equipment to support patients and staff in the avoidance of a fall taking place. This includes chair and bed alarm pads which will alert staff if a patient is trying to mobilise and may require some assistance.

3.1.1.2 Pressure Ulcers/Damage

In 2014/2015 Hartlepool & District Hospice completed the CQUIN indicator to improve pressure ulcers/damage. Although pressure ulcers/damage was not a CQUIN indicator for 2015/16, the Hospice has continued to collate and audit data to ensure standards of practise are maintained and continue to be improved. The risk assessment documentation continues to be appropriate and all information collated is reported to the Clinical Risk Management Group which reports directly to the Clinical Governance Group.

3.1.1.3 Infection Control

During 2015/2016 there were 0 acquired Hospice infections, however the Hospice cared for 2 patients who had a Hospital acquired infection. These were acquired prior to admission to the Hospice and infection control measures were implemented to prevent further cross-infection and to ensure that the patients received high standards of care.

The Hospice receives six-monthly infection control inspections from an external NHS Trust professional via a service level agreement. Audit findings and recommendations for improvement in practice are managed by the Clinical Risk Group.

Audit Area	Compliance
Environment	94%
Hand Hygiene	91%
Standard Precautions	100%

Comments received from the audits include:

- The Hospice was well maintained, clean and fresh.
- Barrier nursing was in place for one patient and all appropriate supplies were available.

- Good provision of cleaning, hand hygiene and PPE supplies.
- Excellent record keeping and cleaning schedules.

3.1.1.4 Safety Thermometer

During 2015/2016 the Hospice submitted monthly submissions for the Safety Thermometer to the Health and Social Care Information Centre. The Safety Thermometer is a mandatory CQUIN Indicator which takes a 'snapshot' measure of pre-determined domains across the clinical area on a set day each month.

3.2 CLINICAL EFFECTIVENESS

3.2.1 Hospice Performance against National Council for Palliative Care Minimum Dataset

The Hospice collates statistical information on patient activity for inclusion in the National Council for Palliative Care's Minimum Dataset, which enables comparison of local data to the national average. The table below shows the Hospice's Inpatient Unit performance measured against the NCCP Minimum Dataset.

INPATIENT UNIT	Total 01/04/12 to 31/03/13	Total 01/04/13 to 31/03/14	Total 01/04/2014 to 31/03/15	Total 01/04/2015 to 31/03/16	* National Median
Admissions	239	242	231	227	-
First Admission	181	179	180	185	-
% Bed Occupancy	71.4%	76.7%	80.2%	78.1%	74-78%
Average Length of Stay (Days)	8.5	9.2	10.1	10.0	13.7
% Died	43.7%	42.1%	42.2%	33.9%	56.3%
% Discharges	56.3%	57.9%	57.8%	66.1%	43.7%
Cancer %	90.0%	88.0%	87.0%	84.1%	84.0%
Non Cancer %	10.0%	12.0%	13.0%	15.9%	14.0%
Not Known %	0%	0%	0%	0%	2.0%

**(National Median data extracted from The National Council for Palliative Care, MDS Report 2013/14)*

The data reflects that the Hospice remains below the national average length of stay. The Hospice continues to support patients to achieve their Preferred Place of Care (PPC) which is demonstrated through a higher than national average discharge rate and a lower than national average Hospice death rate. Cancer and non-cancer diagnosis continue to remain in line with the national average.

3.2.2 Key Performance Indicators

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

3.2.2.1 NHS Hartlepool & Stockton-on-Tees CCG

Measure	Threshold	Performance Q1	Performance Q2	Performance Q3	Performance Q4
Time from Inpatient referral to decision to admit/not to admit.	90% within 2 hours	100%	100%	100%	100%
Number of Inpatients who have been OFFERED an ACP/Deciding Rights.	90%	100%	100%	100%	100%
Number of Inpatients RECEIVING an ACP/Deciding Rights.	90%	100%	100%	100%	100%
Inpatient bed availability.	95%	100%	100%	100%	100%
Inpatient bed occupancy.	85%	88.6%	84.4%	47.2%	70.8%
Proportion of people who state their preferred place of death and achieve it.	85%	100%	100%	100%	100%
% of Day Hospice/ Outpatients receiving a care plan.	100%	100%	100%	100%	100%
Time from Day Hospice/Outpatient referral to assessment.	>=90% within 7 days	40.0%	100%	100%	100%

3.2.2.2 Durham Dales, Easington & Sedgefield CCG

Measure	Threshold	Performance Q1	Performance Q2	Performance Q3	Performance Q4
Time from Inpatient referral to decision to admit/not to admit.	90% within 2 hours	100%	100%	100%	100%
Number of Inpatients who have been OFFERED an ACP/Deciding Rights.	90%	88.9%	100%	100%	100%
Number of Inpatients who RECEIVED an ACP/Deciding Rights.	90%	88.9%	100%	100%	100%
Inpatient bed availability.	100%	100%	100%	100%	100%
Inpatient bed occupancy.	85%	56.6%	63.5%	97.8%	43.4%
Proportion of people who state their preferred place of death and achieve it.	85%	100%	100%	100%	100%
% of Day Hospice/ Outpatients receiving a care plan.	100%	100%	100%	100%	100%
Time from Day Hospice/Outpatient referral to assessment.	>=90% within 7 days	100%	100%	100%	100%

3.2.3 Local Audits

The Hospice has an Audit Sub Group who ensure that current clinical issues and practices are explored and audited. Nationally agreed organisational audit tools, such as Hospice UK, are used to support the Hospice in capturing the appropriate detail to benchmark its expectations of the services it delivers. The audits support and monitor the quality of these services and also identify where there are areas for improvement and change to best

practice. Hartlepool & District Hospice ensures that the results of audits and the recommendations to improve practice are approved by the Clinical Governance Group and shared with all clinical staff.

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

- Pressure Ulcers
- Diagnostic Assessment Tools for Anxiety and Depression
- Infection Control (Internal and External)
- Hand Hygiene
- Referral to Hospice Services
- Medicine Management
- Controlled Drugs and Controlled Drugs Register
- FP10
- Patient Experience
- Clinical Incidents
- Oral Hygiene
- Falls
- Bedrails
- Deciding Right
- Consent to Treatment
- Hospice Helpline
- Thromboprophylaxis
- Documentation
- Care of the Dying Document

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

3.2.4 Clinical Governance

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

3.3 PATIENT, CARER, STAFF & VOLUNTEER EXPERIENCE

3.3.1 Staff Experience

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

The Workforce Assurance Report focuses on sickness and absences, training, education and appraisals.

3.3.2 Sickness and Absences

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

STAFF SICKNESS RATES	Hospice % 2015/2016	Hospice Average Sickness Days per Year	NHS Average Sickness Days per Year
2163 hours absence from 66,260 contracted hours across the Hospice	3.26%	5.9	9.5

3.3.3 Staff Satisfaction

An annual staff satisfaction survey is given to all staff members to complete. The survey reflects their work and home life balance and their experience as a Hospice employee. The returns during 2015/2016 demonstrated a high level of job satisfaction for staff (100%) and all recommendations that were made by staff have been fully explored, actioned and changes implemented where appropriate.

3.3.4 Mandatory Training

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

3.3.5 Clinical Supervision

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

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

3.3.6 Board Development

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

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

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

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

- Chief Executive
- Deputy Chief Executive
- Registered Manager (Care Quality Commission)
- Accountable Officer (Care Quality Commission)
- Nominated Individual (Care Quality Commission)
- Responsible Individual
- Caldicott Guardian
- Senior Risk Information Officer
- Accountable Emergency Officer
- Safeguarding & Prevent Lead
- Information Governance Lead
- Mental Capacity & Deprivation of Liberty Lead

3.3.7 Volunteers' Experience

There are 325 volunteers working throughout the organisation, 116 of which work within the clinical areas; namely Inpatient Unit, Day Hospice, Counselling, Catering & Housekeeping, Reception/Administration, Gardening and Driving.

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

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

Income generation departments depend heavily on the support of volunteers to secure events, raise awareness and increase resources to support

patients and their families to receive the high quality care which the Hospice is renowned for. The Hospice is highly appreciative of its volunteer support and ensures that they are made aware of the results of their hard work.

Feedback from volunteers includes the following comments:

“I had worked in cafes in the past so volunteering in the kitchen was an obvious choice for me and I started 4 years ago. As soon as I started I was made to feel comfortable and part of the team, I soon started to feel like I’d been here for years!”

“A good friend of mine came into the Inpatient Unit and my first thought was that it would be a place full of doom and gloom. I couldn’t have been more wrong and I was completely taken aback at how wonderful a place it is. My friend was taken into a lovely room, the staff were friendly and welcoming and the atmosphere was one of warmth and love. It was after this that I decided to apply to become a volunteer. At first I worked in the shops because I had worked in retail for many years, however, I wanted to work in the Hospice with the patients so I was asked if I would like to volunteer in Day Hospice; I jumped at the chance. I look forward to coming in every week; the Holistic Wellbeing Centre is a marvellous place, full of warmth and love and there is always a variety of people from all walks of life.”

3.3.8 Education & Training

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

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

- Specialist Palliative Multi-Disciplinary Team, North Tees & Hartlepool NHS Trust
- Health & Wellbeing Board (representing voluntary sector), NHS Hartlepool & Stockton-on-Tees CCG
- Controlled Drug Local Intelligence Network (CDLIN), NHS North of England Commissioning Support
- Hospice Review Meetings (Durham Area), NHS North of England Commissioning Support
- End of Life & Palliative Care Group, Durham Dales, Easington & Sedgfield CCG
- Palliative Care Transformation & Locality Group, NHS Hartlepool & Stockton-on-Tees CCG
- Independent Registered Managers’ Group, North East Cancer Network
- Senior Nurse Leaders Network, NHS North of England Commissioning Support
- Journal Club

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

3.3.9 Awards

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

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

In 2015/16 the Hospice received a 5 Star Food Hygiene Rating from the Food Standards Agency of Hartlepool Borough Council.

3.3.10 Complaints

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

The Hospice maintains a Complaints Register and during 2015/16 there were no clinical complaints.

3.3.11 Other Comments from Partners & Stakeholders

A selection of comments received are listed below:

'The Hospice helped me come to terms with my illness and the staff were so helpful to my husband and family, also the staff at the Unit are very kind, caring and thoughtful.'

'All the members of staff in the Hospice were very caring, they could not do enough for me, they have all looked after me extremely well.'

'No words can describe how well you all looked after my lovely wife.'

'Thank you so much for all the care that was given to xxxx. It wasn't only a job it was above and beyond a job. I couldn't fault the loving care you gave to mam without if we wouldn't have coped. Thank you from the bottom of our hearts.'

'Thank you for looking after xxxx and helping him pass with dignity from his grateful family.'

'The family of the late xxxx would like to thank you all for taking care of him during the last few weeks of his life. xxxx did nothing extraordinary in his life, he wasn't famous or climbed Mount Everest, just a down to earth family man from a colliery village. He could be stubborn at times and sometimes thought he knew best but once you got to know him he was a genuine honest person, what you saw is what you got and the care, attention and kindness and especially patience from all the staff was a great help to us all. It gave us peace of mind knowing how well he was looked after and he told us that himself. He told everyone, even left a letter saying how excellent everyone was throughout his illness. Once again thank you all very much.'

'Wishing to thank you all for the kindness you gave to me for the short stay I had with you. Thank you.'

'Whilst sorting documents I found the letter herewith. I decided to send it just as it is. We as a family are grateful for all you did for xxx and I am particularly thankful for the facilities I was given at the end, also for the advice and comfort so freely given. Thank you. With the best regards to all the staff.'

'To all staff at Alice House Hospice, thank you for the care and support you have all given my mum love from xxx PS xxx came home after the Hospice and told me how much she was well looked after and the fun days she had with all patients and members of staff. You couldn't wish for a better caring, supportive service. I am very grateful for your help thank you so much.'

'Thank you for your fantastic support and care you gave to my mam xxx. The care you gave to my mam was amazing with your continued support to help her through her last weeks. All your staff have a heart of gold and you are all an asset to the Hospice. We can't thank you enough for all the care and attention you gave our mam. You are all amazing. We greatly appreciate all the care you gave to our mam.'

'To all staff at Hartlepool Hospice. Thank you for restoring our family's faith in health care professionals and for making xxxx passing a calm experience. The Hospice is a beautiful, calming and ethereal place to be xxxx stay in room 9 was everything we expected it to be and more. With all our thanks and gratitude.'

*'A big thank you from xxxx and family to all the staff who cared so wonderfully for xxxx during his stay in Hartlepool Hospice. You also included the family in your caring and we were made very welcome when we visited. xxxx spoke often of how well he was treated.
Thanks again xxxx and family.'*

3.4 **SUPPORTING STATEMENTS FROM PARTNERS & STAKEHOLDERS**

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

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

3.4.1 Supporting Statement from Durham Dales, Easington & Sedgefield CCG



Durham Dales, Easington and Sedgefield Clinical Commissioning Group

Statement from Durham Dales, Easington & Sedgefield Clinical Commissioning Groups, for the Hartlepool and District Hospice Quality Account 2015/16.

The CCG welcomes the opportunity to review and comment on the Quality Account for the Hartlepool and District Hospice for 2015/16 and would like to offer the following commentary.

As commissioners Durham Dales, Easington and Sedgefield Clinical Commissioning

Groups (DDES CCG) are committed to commissioning high quality services from the Hartlepool and District 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 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 users and the report provides an accurate representation of the services provided during 2015/16 within the Hospice.

The CCG recognises the significant work that the Hospice has undertaken to drive quality improvements throughout the year, particularly in relation to improving standards of medication safety and the improvements in the provision of clinical supervision to support staff in the delivery of high quality care. The CCG would also like to acknowledge the commitment from the Hospice Staff in achieving the Commissioning for Quality and Innovation goals agreed with the CCG for 2015/16.

The Hospice has clearly worked towards meeting the KPIs set out by DDES CCG patients and has remained consistent through 2015/16. It is also pleasing to see that the Hospice recognises the need to reward the hard work and commitment the staff and volunteers deliver to the patients. DDES CCG would also like to congratulate all involved in achieving a 5 star food hygiene rating in 2015/16.

The CCG supports the improvement aspirations outlined in the Quality Account for 2016/17, specifically the focus on increasing choices for patients around Day Care Services which will improve health and wellbeing of users. It is also encouraging to see a focus on the implementation for a safe and effective delivery of receiving and dispensing medication.

The CCG looks forward to continuing to work in partnership with the Hospice to assure the quality of services commissioned in 2016/17.



Gillian Findley
Director of Nursing/Nurse Advisor
DDES CCG

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

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

As Chair of Hartlepool Borough Council's Health and Wellbeing Board, I welcome the role of the Hospice's Chief Executive on the Board. Her presence has ensured that the views and comments of the Voluntary and Community Sector are effectively represented whilst bringing a new perspective to discussions and debate.

I support the Hospices continued prioritisation of patient experience, clinical effectiveness and patient safety as service improvement areas for 2016/17 and commend their actions in progressing them in 2015/16.

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