

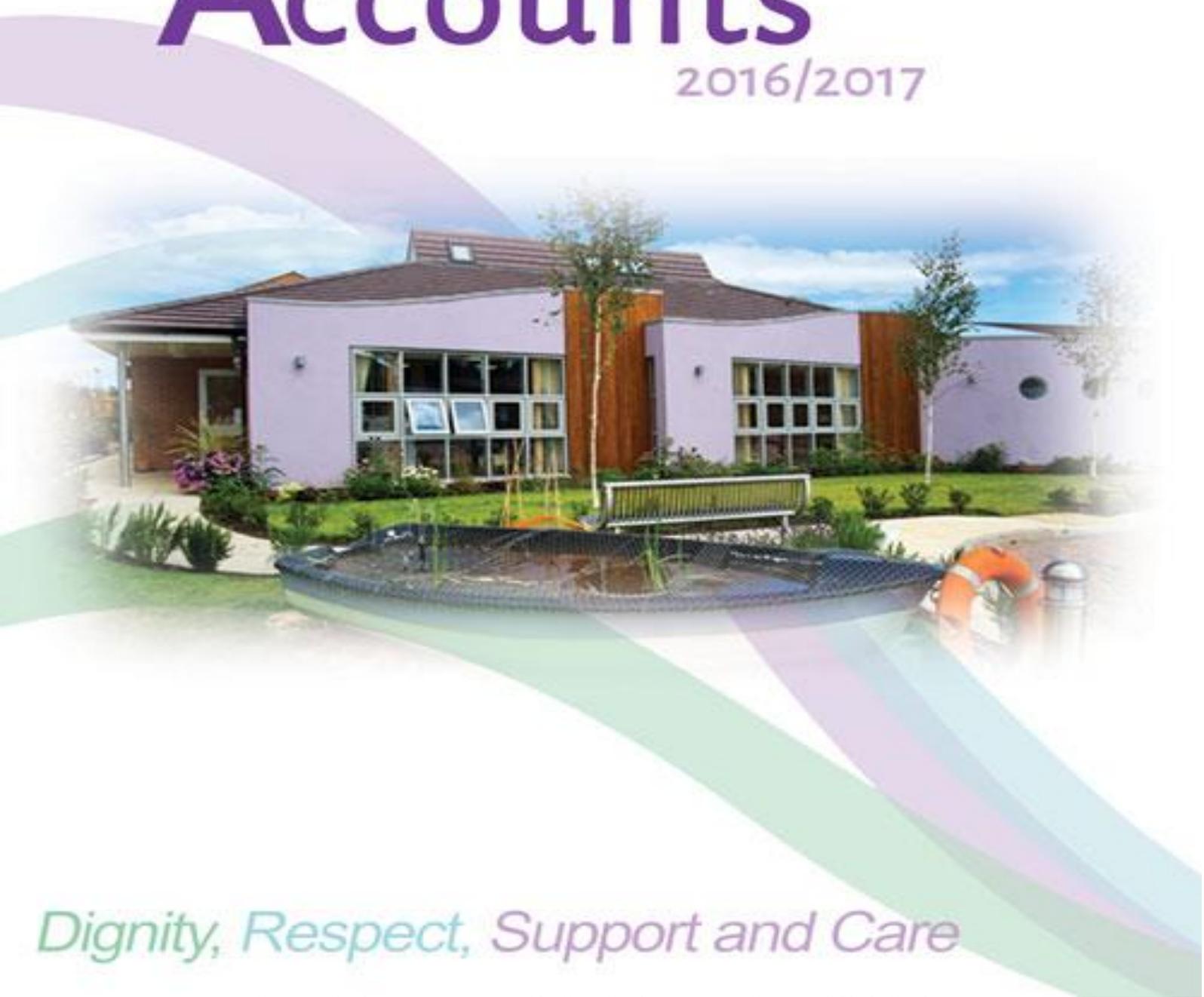
*Serving the communities of
Hartlepool & East Durham*



Alice House Hospice

Quality Accounts

2016/2017



Dignity, Respect, Support and Care

Hartlepool Hospice Ltd (known locally as Alice House Hospice and formerly Hartlepool & District Hospice)
is a charity within England and Wales registered with Charity Number: 510824.

Hartlepool Hospice Ltd is a company limited by guarantee and registered in England and Wales with Company Number: 1525658.

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

CHIEF EXECUTIVE'S STATEMENT

Alice House Hospice continues to provide high quality palliative care to the communities of Hartlepool & East Durham through a range of specialist and non-specialist services. With our expansion of our long term facility we are now the largest adult hospice in the North East of England.

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

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

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

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

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

Tracy Woodall
Chief Executive
May 2017

CHAIRMAN'S STATEMENT

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

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

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

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

Ray Priestman
Chair of Trustees
May 2017

2.1 INTRODUCTION

In 2016 the Hospice undertook a market research exercise to ascertain the views of the community around the name of the Hospice. It became apparent that many people thought that the Hospice was called Alice House Hospice, reflecting the name of the Hospice's founder Alice Bendle and the name of the building in which the Hospice is based. As a result, the Hospice's Board of Trustees decided to rebrand Hartlepool & District Hospice as Alice House Hospice from 1 October 2016.

Hospice services remain unchanged with only the name and logo changing, as shown below:



The Hospice now trades with the following legal statement: Hartlepool Hospice Ltd (known locally as Alice House Hospice and formerly Hartlepool & District Hospice) is a charity within England and Wales registered with Charity Number: 510824. Hartlepool Hospice Ltd is a company limited by guarantee and registered in England and Wales with Company Number: 1525658. Registered office: Alice House, Wells Avenue, Hartlepool, TS24 9DA.

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

The Hospice's clinical services are Consultant led and supported by a Multi-Disciplinary Team of professionals who provide patients with individualised care, whilst promoting and maintaining the best quality of life possible. Some of the professionals within the Multi-Disciplinary Team include: Consultant, Staff Grade Doctors, F2 Doctors, Specialist Registrar Trainees, GP Trainees, Nurse Practitioners, Sister, Registered Nurses, Senior Healthcare Assistants, Healthcare Assistants, Community Services Manager, Complementary Therapist, Occupational Therapist, Physiotherapist, Bereavement & Support Counsellors and Volunteers.

Alice House Hospice provides 16 inpatient beds, which consist of 8 specialist complex management, 7 long term nursing and 1 respite. A wider variety of inpatient services allows the Hospice to have an extended referral criteria, thereby supporting more patients in the local communities and providing greater choice around Preferred Place of Care (PPC).

The Hospice also offers community services including domiciliary care for patients in their own homes, regardless of diagnosis. This allows us to support a wider range of patients and their families in our local communities, enabling them to live in their own homes and maintain their independence. This also supports the opportunity for palliative patients to be introduced to hospice services at the earliest opportunity, allowing them to remain in control of choices around accessing services to support them.

Other community services include Day Hospice services, which continue to provide specialist clinical support in an outpatient environment to help control symptoms and provide effective treatment, alongside the provision of psychological and emotional support to improve wellbeing. The Hospice additionally provides Day Care services which support the social care needs of the local community, reducing isolation and offering a peer support approach, which are delivered in a relaxed, friendly environment in our purpose built Holistic Wellbeing Centre.

The Holistic & Wellbeing Centre also facilitates the provision of Counselling & Support Services, which provide bereavement and anticipatory grief counselling for both adults and children. The Hospice continues to run the Jo & Mya Project which was established in 2015. This gives local schools and teaching staff 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 provided wherever the patient requires it, even in their own home environment and is also available to the wider public.

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

The 24 Hour Helpline has been promoted during the recent Education Alliance Project which commenced in January 2017. The project is a collaborative alliance approach to palliative and end of life education across all care homes within Hartlepool & Stockton, involving the Mental Health Teams, the Falls Teams, North Tees & Hartlepool NHS Trust and Alice House Hospice. The aim of the project is to reduce hospital admissions from care homes and help patients achieve their Preferred Place of Care (PPC).

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

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

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

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

The 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 2016/17. The Hospice's Strategy for 2015 to 2020 continues to underpin our future priorities.

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

2.2 **FUTURE IMPROVEMENT ASPIRATIONS 2017/18**

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

2.2.1 **Priority 1 – Patient Safety**

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

2.2.1.1 **How the priority was identified**

Due to the increase in palliative care needs and the complexity and range of illnesses, outcome measurements have been created to improve the quality and efficiency of the delivery of palliative care. Health services and healthcare professionals are required to demonstrate that they meet the needs of individual patients and their families and that they do this in an effective and efficient way. To achieve this and to aim towards higher standards of care, the Hospice must be able to demonstrate measurable and positive outcomes. The measurements are required to be fit for purpose, capturing the range of palliative care services.

OACC (The Outcome Assessment and Complexity Collaborative) supports healthcare services and professionals to demonstrate that they meet the needs of their patients and families, both effectively and efficiently. Kings College in London devised the OACC specifically for specialist palliative care.

OACCs will allow the Hospice to monitor and measure the changes in a patient's health over time, which can also be described as a change in a patient's current and future health status. This data will reflect healthcare trends in addition to individual patient journeys and will support future funding.

2.2.1.2 How the priority will be achieved

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

To allow this partnership to progress and achieve maximum outcomes, the Hospice requires access to SystemOne. Please see Priority 2 below for further details on SystemOne.

2.2.1.3 How the priority will be measured

The OACCs measurements will be implemented in two stages. Stage One will comprise of 'Phase of Illness' and 'Australian Karnofsky Performance Status (AKPS)'. Stage Two will comprise of 'Integrated Palliative Care Outcome Scale' (IPOS) and 'Views on Care'.

The 'Phase of Illness' measurement is also referred to as the 'Palliative Care Phase Measure' and it describes the distinct stage that a patient is at during their illness. The phases are categorised on the patient and families' individual care needs. There are five phases described which include stable, unstable, deteriorating, dying and deceased.

The 'Australian Karnofsky Performance Status (AKPS)' measures the performance of the patient with a description measuring from 0-100% based on ability to conduct basic tasks. The theory suggests that the assessment should be done on admission and then as each 'Phase' changes and at discharge.

The 'Integrated Palliative Care Outcome Scale' (IPOS) measures physical, psychological, social and spiritual domains ensuring holistic care is applied and that the patients' concerns are addressed and identify areas unmet, information or practical needs that have not been dealt with.

The 'Views on Care' compliments the IPOS measure supporting patients to measure their own quality of life, their thoughts on the service they are accessing and their overall wellbeing.

Both Stage One and Stage Two will be implemented by the end of 2017 and following this data will be collected and analysed on a monthly basis and reported quarterly.

2.2.2 Priority 2 – Clinical Effectiveness

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

2.2.2.1 How the priority was identified

Referrals and admissions to the Hospice's Inpatient Unit are predominantly from the local NHS Trust. It takes up to 24-48 hours for the Hospice to gain access to information from patient records and this has proved increasingly difficult as paper based records have been scanned and replaced with electronic records, which the Hospice is unable to access electronically. The process at present requires the Hospice to submit a written request to the NHS Trust for access to each patient's record, which then requires managerial approval before the relevant information can be printed out and then collected by the Hospice from the NHS Trust. The delay in receiving patients' records results in repeat diagnostic tests (such as routine blood tests) duplicating costs, nursing time and delay in delivering treatment. The requested records only provide hospital information, which excludes other essential data from the patient's GP, Community Nursing Team and other clinical practitioners involved in the patient's care.

Accessing patient information within the Palliative Care Module in SystmOne would provide information in real time and would remove the need to traumatise patients and their families, at what is a very difficult and often time sensitive period, by asking them to repeat information and tests. Access would give information on special wishes, including advanced decisions and end-of-life preferences, which are pertinent to the care plan of the individual patient and the holistic care that the Hospice provides.

Access to SystmOne would enable the Hospice to admit patients during out-of-hours and at weekends by being able to access electronic patient information in order to make safe, informed decisions. The Hospice would achieve the following outcomes through access to the Palliative Care Module in SystmOne:

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

2.2.2.2 How the priority will be achieved

In March 2017 the Hospice commenced discussions with North Tees & Hartlepool NHS Trust regarding remote access to the Palliative Care Module of SystmOne. Both technical and governance systems and processes have been outlined by the Trust and the Hospice has demonstrated that it is able to meet compliance. In April 2017 the Hospice submitted a Caldicott Approval Form for consideration by the Trust and subject to approval, a Sharing Agreement will then be drawn-up between both organisations. The current projected timeframe for remote connection to SystmOne via the Trust is July 2017. Following connection staff training sessions will be held in both the use of SystmOne and information governance protocols.

2.2.2.3 How the priority will be measured

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

Access to SystmOne will enable patients to have more rapid access to Hospice services as information will be readily accessible, giving real time results such as blood test, diagnosis, professional input, etc. All outcomes will be reviewed and monitored through the MDS (Minimum Data Set) and contractual reporting.

2.2.3 Priority 3 – Patient Experience

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

2.2.3.1 How the priority was identified

The Hospice is currently reviewing its Day Hospice/Day Care provision, with a view to extending the range of services and the times available to access, including out-of-hours, evenings and weekends.

Hartlepool has a significantly high premature death rate for heart disease, stroke and cancer (Hartlepool Health & Wellbeing Strategy 2013-2018). It is essential more than ever to identify these individuals at the earliest opportunities to access support services and promote both survivorship and living well with chronic diagnosis (A Clear and Credible Plan for Commissioning Health Services, 2016-2017). Although we live in an aging population, we are also seeing more premature diagnosis and individuals living longer with the diagnosis as a result of advances in medicine.

Response is urgently required to address the 21st Century demands of health related illnesses and for services to fit the needs of the patient, giving choice and access to the right service at the right time. Being well aware of the pressures many individuals have once diagnosed, including finances and the need to continue working, the Hospice aims to address this need by providing a variety of innovative drop-in sessions out of core hours, which

enables individuals to access support around other commitments and allow them to maintain their identity and remain in control of their life.

The World Health Organisation highlights a need for shifting the focus from cure and illness to management, health needs and responsibilities to encompass a people centred approach to care. WHO 25/25 identifies the havoc that long term conditions play with individual's lives but also the impact it can have on communities, including deprivation and inequality. The Hospice's aim is to encourage people to support each other to become more independent through peer group support.

2.2.3.2 How the priority will be achieved

The Hospice collaborates in multi-agency working with GP Co-ordinators, Hartlepool Carers and community service providers to support patients accessing traditional social day care services and care in the community. However, we are unable to meet full demand due to only delivering these services during core hours. With the demand growing from younger people with cancer who are working and addressing the needs of older people through loneliness and isolation, we recognise the need to provide non-traditional innovative models of support. The variety of drop-in groups proposed demonstrates an understanding for the needs and demands Hartlepool GP's are facing, i.e. appointments and support. They will also allow the Co-ordinator options to meet the needs of a wider range of patients and illnesses and support them in reducing the demand on GP appointments for psychological support increasing survivorship, self-management and independence (The Kings Fund, Coordinated Care for People with Complex Chronic Conditions).

The Hospice believes that creating a variety of services out of core hours, i.e. evenings and weekends, will improve access to services. The menu of activities available will range from cancer support groups, altered body image, support with IT and services targeting both ladies and men such as a choir. However, the expansion of Day Hospice/Day Care provision cannot be delivered unless funding and resources are secured. The Hospice has submitted one bid application and is currently identifying further Trust grants.

2.2.3.3 How the priority will be measured

Measurement of outcomes will include:

- Number of attendances at each session.
- Number of referrals to other agencies.
- Number of volunteer hours provided.
- Satisfaction surveys.

Other qualitative data will include:

- Improvement to social isolation and loneliness facilitating the growth of informal peer support groups and making friends.
- Improved psychological health through mental stimulation of interacting with other people and in the case of cancer support, alleviating fears and gaining accurate and appropriate information and support.

- Improved respiratory function through singing which expands the lungs and also reduces anxiety. The choir will also promote friendships between participants as it becomes established.

2.3 **PROGRESS ON IMPROVEMENT PRIORITIES FOR 2016/17**

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

2.3.1 **Priority 1 – Patient Experience**

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

2.3.1.1 **What we have achieved**

The primary objective was to ensure that the Hospice's focus of a holistic model and assessment of individualised care was 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/Day Care services has suggested that the range of activities should be reviewed to reflect the current needs of the Hospice's local community.

The Hospice therefore created a working group, which focussed on all elements of Day Hospice/Day Care services including clinical intervention, environment, activities, support/staffing and promotion of services. The Hospice has re-evaluated activities provided during Day Hospice/Day Care sessions with the involvement of focus groups, including input from patients and their families.

A review of staffing was conducted to ensure that the co-ordination of activities was delivered by a team with the appropriate skillsets.

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

During this review period communication regarding the availability of activities was highlighted by the working group as an area requiring improvement. Subsequently open days have been delivered to encourage both service users and professional referrers to familiarise themselves with the full range of Day Hospice/Day Care services. Closer relationships have been developed with GP Co-ordinators to support patients accessing appropriate services for their health and social care needs.

2.3.1.2 **How we will continue to improve**

The Hospice will continue to strengthen relationships with external referrers and promote the Day Hospice/Day Care services.

Feedback will continue to be sought from service users to support future development and improvements.

A continuous review of activities available will be undertaken and advanced preparations made for planning future activities to ensure that service users know what to expect when they are visiting. It is anticipated that demand for the services will continue to grow as relationships are built between the Hospice and GP Co-ordinators and other healthcare professionals.

2.3.2 **Priority 2 – Clinical Effectiveness**

To implement a clinical review of staffing to ensure consistent and effective delivery of care.

2.3.2.1 **What we have achieved**

In October 2016, following full consultation with all clinical staff, a clinical restructure was implemented to improve the quality of service delivery. All inpatient beds, across two units, are now co-ordinated and managed by one Inpatient Manager who is supported by a Junior Sister. The Medical Team now benefit from a team of Nurse Practitioners who assess, diagnose, plan and implement care plans based on treatment for patients in conjunction with members of the Multi-Disciplinary Team. The Healthcare Assistants now rotate across all in-house and community services to ensure consistent delivery of excellent care regardless of where the patient has their care delivered.

The Hospice is innovative in developing staff roles and created the role of Senior Carer which works on the principles of the associate nurse and supports the registered nurses in carrying out holistic nursing assessments and care package development, particularly for long stay patients.

The Hospice prides itself on involving staff in managing change throughout the organisation. The Clinical Team participated in a change model (Theory of Change) to restructure and improve the delivery of care and subsequently further Clinical Development Days have been delivered to review and identify any further changes required.

2.3.2.2 **How we will continue to improve**

The new staff model complements the clinical services well as we have seen improvements in the consistency of the delivery of care to patients, regardless of the environment, i.e. inpatients, patient's own homes. However health and social care needs are constantly changing therefore reviewing that the staffing model remains fit for purpose requires monitoring and adapting appropriately.

Regular clinical staff meetings allow opportunities for staff to express their views and opinions around service development. There is also an opportunity for this to be discussed in regular contact meetings with their Line Manager.

Annual staff satisfaction surveys will allow staff to anonymously feedback their opinions. This ensures that staff are provided with a variety of options for being involved in feedback, which often results in service development.

An action plan will continue to be maintained by the Inpatient Manager, which will demonstrate improvements in the consistency and effectiveness of care delivery. 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.

2.3.3 Priority 3 – Patient Safety

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

2.3.3.1 What we have achieved

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.

Following a full procurement process, Lloyds Pharmacy were successful in securing the Hospice's contract for the supply of both stock and patients' own medications. The contract commenced on 1 September 2016, following a full review of all existing policies and procedures and development of Standard Operating Procedures (SOPs). These SOPs ensure the safety of patients and staff when handling, storing and administering medications and allows the Hospice to deliver a seamless service delivery without compromising patient care.

Lloyds Pharmacy provide support for stock management through a Pharmacist's Technician, who reviews all stock levels and identifies any concerns or issues on a weekly basis. Alongside of this, Lloyds Pharmacy also provide support from a Pharmacist in relation to auditing drug kardex's and prescriptions.

Since commencement of the contract, Lloyds Pharmacy have become a member of the Hospice's Medicines Management Group to ensure that governance and compliance is monitored and maintained.

2.3.3.2 How we will continue to improve

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

The agreement with Lloyds Pharmacy is still in its infancy, however to date the partnership working has been successful with no major incidents. Both parties are committed and proactive in ensuring that patients receive the appropriate medication within a realistic timeframe, allowing the Clinical Team to continue delivering excellent standards of care to patients.

2.4 MANDATORY STATEMENT OF ASSURANCE FROM THE BOARD

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

2.4.1 Review of Services

During the reporting period 2016/2017 Alice House Hospice provided the following services:

- 8 bedded Inpatient Unit for short term symptom management.
- 7 bedded Long Term Care Unit for residential nursing care.
- 1 Respite Bed.
- Community Domiciliary Care.
- Day Hospice designed around health care.
- Day Care designed around social care and wellbeing.
- Outpatient Clinics.
- Complementary Therapies.
- Counselling & Support Service.
- 24 hr Helpline.
- Physiotherapy.
- Occupational Therapy.
- Chaplaincy.

From April 2016 the services previously delivered by the Hospice's trading subsidiary (Alice House Care Agency) were transferred into the Hospice, namely the Long Term Care Unit, Respite Bed, Community Domiciliary Care and Day Care.

The income generated by the NHS services received in 2016/17 represents 24% of the total income generated from the provision of NHS services by Alice House Hospice for 2016/2017.

This means that the remaining 76% 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 2016/2017 1 national clinical audit and 0 national confidential enquiries covered NHS services that Alice House Hospice provides.

In November 2016 the Hospice was asked by the NHS Blood & Transport Service to participate in the 2016 National Comparative Audit of Red Blood Cell Transfusion in Hospices.

5 patients who accessed hospice services in September, October and November 2016 were used for the research. The purpose of the research is to understand how many patients have blood transfusions in the hospice setting. The information has been received, however the research is yet to be published.

In 2014 the Hospice participated in the Screening for Delirium in Specialist Palliative Care Inpatient Units: Perceptions and Outcomes (International Journal of Palliative Nursing, 2016, Vol 22, (9)). This audit research has been published during the last reporting period 2016/17.

The aim of the audit research was to assess the use of a short confusion assessment method within inpatient units for specialist palliative care. Alice House Hospice (formerly known as Hartlepool & District Hospice during the audit) was one of 5 participating hospices in the North East. There were a total of 63 staff surveyed and 298 patients screened. 79.4% of staff felt the screening was important and 59.3% felt the assessment method was not burdensome to complete. Results indicate that 40.7% felt it did not accurately reflected the patients who were being cared for.

For those patients who screened positive (20% of 298 patients) there was a range of malignant and intra-cerebral disease. Alongside of this, those patients whose results were positive had either an increased length of inpatient stay within the hospice or an increased mortality (66.7%).

To conclude, professionals agree that delirium screening is important in specialist palliative care units, however a confusion assessment method may not always be supported.

During 2016/2017 Alice House Hospice participated in 0% national clinical audits and 0% national confidential enquiries of the national clinical audit and national confidential enquiries as it was not eligible to do so.

2.4.3 Research

The number of patients receiving NHS services provided or sub contracted by Alice House Hospice in 2016/2017 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.

The establishment of a Multi-Disciplinary Clinical Research Group is a priority for 2017/18 to be able to demonstrate evidence based practice and lead best practice. One such research proposal is to explore the impact of long term palliative care on length of prognosis.

2.4.4 **CQUIN Payment Framework**

Alice House Hospice's income for 2016/2017 from HaST & DDES CCGs 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
- Spirituality

Durham Dales, Easington & Sedgefield CCG

- Safety Thermometer
- Spirituality

2.4.5 **Statement from Care Quality Commission**

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

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

Alice House Hospice is registered with the following conditions:

- To accommodate up to a maximum of 16 patients overnight.
- To provide a service for people over the age of 18 years old.
- The registered provider's regulated activity is managed by a Registered Manager.
- The provider location where regulated activity can be carried out is: Alice House, Wells Avenue, Hartlepool, TS24 9DA.

The Care Quality Commission has not taken any enforcement actions against Alice House Hospice during 2016/2017. 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. The formal report and rating from the inspection was received on 20 August 2015 and the Hospice received an overall rating of Good, as detailed below:

Domain	Rating	CQC Comments
Is the service safe?	GOOD	<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.
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.

Domain	Rating	CQC Comments
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

Alice House Hospice did not submit records during 2016/2017 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Although Alice House 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

The Hospice's Information Governance Assessment Report achieved an overall reporting score for 2016/2017 of 87% and was graded satisfactory. The score had increased from the previous year's score of 84%.

The Information Governance Group will take forward the action plan formed from the audit toolkit covering 2017/2018 to make further improvements and improve the level of compliance.

Compliance with the Information Governance Toolkit at a satisfactory level is one of the requirements for access to SystmOne, which is a priority for the Hospice in 2017/18.

2.4.8 Clinical Coding Error Rate

Alice House Hospice was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.

PART 3: REVIEW OF QUALITY PERFORMANCE

Alice House Hospice has considered the three domains of Patient Safety, Clinical Effectiveness and Patient, Carers, Staff and Volunteer Experience within these accounts during the reporting period of 2016/17.

3.1 PATIENT SAFETY

3.1.1 Medicines Safety

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

During the last audit period, the Hospice was 100% compliant. Recommendations from the Medicines Management Group, who reviewed the audit, included continuing to use the audit tool in practice.

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

3.2 CLINICAL EFFECTIVENESS

3.2.1 Review of Clinical Staff Structure

Following staff consultation in October 2016, the Hospice is beginning to see the positive impacts of having one dedicated Inpatient Manager across all inpatient services through the co-ordinated and consistent delivery of care by a range of healthcare professionals. This has also been effective due to the clinical development days and the leadership training investment which the Hospice has made available to all clinical staff, giving clarification around the expectations and standards the Hospice requires.

The rotational work of the Healthcare Assistants is supporting the smooth transition of patients from community services into the inpatient services, as the need arises and this ultimately supports patients with their psychological and emotional wellbeing.

All patients who access Hospice services are provided with the same level and standard of care regardless of the environment they are cared for in, for example in their own home or the Hospice.

Feedback suggests that patients who have accessed the Long Term Care Unit have outlived their original prognosis. Dr Alice Jordan, Hospice Consultant will be conducting an audit during 2017 which it is believed will demonstrate that quality care can improve life expectancy. This audit will be conducted and reported on in the Hospice's Quality Accounts for 2017/18.

3.2.2 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 (8 commissioned beds) performance measured against the NCPC Minimum Dataset.

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

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

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

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

3.2.3 Key Performance Indicators

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

3.2.3.1 NHS Hartlepool & Stockton-on-Tees CCG

Measure	Threshold	Performance Q1	Performance Q2	Performance Q3	Performance Q4
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%	40.7%	59.6%	73.2%	42.0%
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	100.0%	100%	100%	100%

3.2.3.2 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%	158.2%	40.7%	47.2%	67.8%
Proportion of people who state their preferred place of death and achieve it.	85%	100%	100%	100%	100%
% of Day Hospice/ Outpatients receiving a care plan.	100%	100%	100%	100%	100%
Time from Day Hospice/Outpatient referral to assessment.	>=90% within 7 days	100%	100%	100%	100%

3.2.4 Local Audits

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

change to best practice. Alice House Hospice ensures that the results of audits and the recommendations to improve practice are approved by the Clinical Governance Group and shared with all clinical staff.

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

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

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

3.2.5 Clinical Governance

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

3.3 PATIENT, CARER, STAFF & VOLUNTEER EXPERIENCE

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

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

- Day Hospice attendance increased during the year from 636 booked attendances to 708, which is an 11% increase.

- Day Care attendance increased during the year from 480 booked attendances to per session to 576, which is a 20% increase.

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

- Staff are excellent, they look after you properly and no task is too hard.
- Everyone is very friendly, very helpful and pleasant.
- Wonderful place to be every Wednesday.
- Staff and volunteers are very open, friendly and approachable.
- Love this place, it's getting to know people.
- Just all the staff in this Hospice are truly lovely people who cannot do enough for me and I thank them for all their help and support.
- The staff are wonderful to us all and I look forward to coming to the Hospice.
- When we were told there was a place in the Hospice for my husband it seemed quite daunting but arriving in this home from home paradise with all these angels we were and are so privileged for both my husband and myself to be cared for.
- It is very well run, I could not ask for more.
- All activities are well covered and good fun.
- I love the banter!
- Really enjoy being here, enjoy the social aspect of it.
- Companionship and entertainment – staff have built up my confidence with the help they have given to me.
- Literally changed my life. Before I was stuck in the house 24/7. Having somewhere to come with such wonderful staff who don't just care but understand me.
- I can be myself.
- Wonderful help with care and support.
- It's my only meal once a week – the food is excellent.
- It has been very good, it is good for my wife who gets a break, we both benefit.
- Nice pleasant atmosphere, relaxing.
- I like it, it has been a nice day.

3.3.2 Staff Experience

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

Staff participate in an annual staff satisfaction survey and a sample of feedback is shown in 3.3.4 below.

3.3.3 Sickness and Absences

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

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

STAFF SICKNESS RATES	Hospice % 2016/2017	Hospice Average Sickness Days per Year	NHS Average Sickness Days per Year
2,317 hours absence from 64,392 contracted hours across the Hospice	3.6%	6.35	9.5

3.3.4 Staff Satisfaction

An annual staff satisfaction survey is given to all staff members to complete. The survey reflects their work and home life balance and their experience as a Hospice employee. The returns during 2016/2017 demonstrated a high level of job satisfaction for staff and all recommendations that were made by staff have been fully explored, actioned and changes implemented where appropriate.

STAFF SATISFACTION SURVEY	2016		2017	
	0-4	5-10	0-4	5-10
Questions				
I am proud of the Hospice's reputation and public identity	0%	100%	0%	100%
My work is meaningful to me	0%	100%	0%	100%
My work is meaningful to the Hospice	0%	100%	0%	100%
I have someone at work to talk to if I am overwhelmed	2.5%	97.5%	2.8%	94.4%
I often go home really happy with the work I have done	0%	100%	2.8%	94.4%
I am satisfied with my job	5%	95%	0%	100%
My line manager's expectations are realistic	0%	100%	0%	100%
I have a good work life balance	12.5%	87.5%	8.3%	91.6%
If a friend or relative needed treatment, I would be happy with the standard of care provided by the Hospice	0%	100%	0%	100%

3.3.5 **Mandatory Training**

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

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

3.3.6 **Clinical Supervision**

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

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

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

3.3.7 **Board Development**

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

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

The Board has appointed four new Trustees in the year to strengthen the range of skills; two are clinical, one is a legal trustee and one is a marketing specialist.

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

3.3.8 **Volunteers' Experience**

There are 320 volunteers working throughout the organisation, 150 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:

- *June Ewen started volunteering for the Hospice after retiring from a busy training career in Organisational Development. She chose the Hospice as both her parents died of cancer in general surgical wards at a time*

when the Hospice facility was not available. She recognised the excellent service the Hospice provides and considered volunteering as a way of putting something back into her local community. June was initially apprehensive; seeing the Hospice so closely linked to death. However, as soon as she walked through the doors and into reception she felt an immediate, welcoming and embracing atmosphere and was greeted by the friendly face of the Hospice's Receptionist. June said, 'I get a great deal of self-satisfaction from volunteering and would say to anyone considering volunteering to do it, we all have something we can give back.'

- *'Thank you for giving me the opportunity to volunteer at the Hospice over the last year and a half. Your friendliness and constant reassurance made me feel instantly at ease and you have all helped me immensely in this time. I have gained insight and have learned a great deal in my time and I am hugely grateful for all of your support.'*
- *'I love volunteering for the Hospice, I feel like one of the team and no different from the employed staff. I get called on to do all sorts of different things, helping out at events, driving the van and manning the phones in the Warehouse. I love meeting people and always feel looked after, I am always included in meetings and social nights. I have a huge amount of pride in the shop, I get very competitive with the other shops.'*

3.3.9 Education & Training

Alice House Hospice are driving education and training forward and are committed to providing it both internally and externally. In 2014/2015 all staff had access to leadership training, which has continued into 2015/16 and 2016/17 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.

3.3.10 Awards

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

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

In 2016/17 the Hospice received a 5 Star Food Hygiene Rating from the Food Standards Agency of Hartlepool Borough Council.

3.3.11 Complaints

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

The Hospice maintains a Complaints Register and during 2016/17 there were no clinical complaints.

3.3.12 Other Comments from Partners & Stakeholders

A selection of comments received are listed below:

'To all the staff at Alice House Hospice, just to say a huge thank you for the wonderful care you gave to xxxx. You have made the most difficult of times a little easier knowing that xxxx was being looked after so wonderfully. All of the staff have been kind, caring and supportive not just to xxxx but to all of the family, so thank you again for the care given to xxxx. It is a great comfort to us all that she was comfortable and cared for in her final months.'

'To all the team, just a few words to express our sincere thanks to everybody for taking care of xxxx. xxxx was so relieved he could stay with you, his trust and the fact he felt so safe means so much to us as a family and made xxxx last two weeks much happier. The care, consideration and hard work you all do is exceptional. Thank you all so much from the bottom of our hearts.'

'We would like to thank you all for the amazing level of care and compassion and your professionalism. Our mam was loved and cherished and we miss her beyond belief. We know if mam had recovered and made it home she would have been so grateful and thankful to you all. You do an amazing job, please don't stop doing what you do. Thank you.'

'To all the staff at the Hospice, we would like to thank you for the care and compassion shown to xxxx in her final hours. She was able to fulfil her final wishes and we simply cannot thank you enough for your help. Your support to us as a family was outstanding and you helped us get through an extremely difficult and distressing time. Thank you again.'

'The family of xxxx would like to thank everyone for the care and support given to xxxx and themselves during his short stay with you at the Hospice. He finally got the peace and dignity that he deserved after such a long and difficult illness.'

'I would like to thank each and every one of you for your brilliant and caring care that you have given me and my family during my stay at the Hospice. You have given us all guidance and peace of mind for which we are thoroughly grateful'

'To all the amazing staff at Alice House Hospice, we cannot thank you enough for the way that you looked after xxxx, our dad and grandad. Whenever we visited, xxx would comment how wonderful you all were and we saw this ourselves, kind regards.'

'To all staff, doctors, domestics and kitchen staff, I just want to say a big thank you from the bottom of my heart for looking after my dad with such respect and dignity. We could not have asked for any better care. He was only in for a short time but it meant a lot to our family.'

'There are no words to express our gratitude to all of the staff involved in dad's care. The care and compassion he has been shown from each and every one of you has been amazing. We as a family have been involved in every step of the way, never feeling like we were in the way. Thank you so much.'

'Thank you to all the special staff who looked after xxxx. We all take great comfort from the fact his final days were calm and full of laughter and that is due to the amazing staff looking after him. The support given to us all made the shock of losing him so quickly a little easier to deal with. You all do a fantastic job. Thank you.'

'When you are at your lowest the staff make you feel at ease and give plenty of reassurance.'

'Thank you so much from the bottom of our heart for the outstanding love and care shown to our mam, we are extremely grateful for the wonderful support shown to all the family, making a difficult time bearable. You truly are angels with hearts of gold. God bless you all.'

'Just a little thank you to all the staff who looked after my dad. Although he was only with you a week, it made a very difficult time easier knowing he had great care in fabulous surroundings. You all do an amazing job, unfortunately it is only when you come to need the Hospice that you appreciate how wonderful it is. I hope the donations in lieu of flowers for dad help others to experience what we did. You simply are the best.'

'Dear Hospice staff, this is a thank you note on behalf of my family for the loving, decent and professional way you looked after mam during her final months. It was in stark contrast to the way mam was initially treated in Hospital. When mam was transferred to the Hospice we were taken back by your compassionate, loving and caring approach. Each and every one of you dedicated people in the Hospice deserves a medal and we cannot give you high enough praise. You are all such lovely people and you carry out your duties with such dignity and care it is very humbling.'

'To all at the Hospice, thank you so much for the medical and emotional support you gave my husband during his stay with you. His family are very thankful that he was able to die peacefully and with dignity. Donations were received at the funeral and everyone was pleased to make a donation to recognise the need for such a sensitive, professional charity at a time of greatest need.'

'The compassion and dignity shown has been amazing, second to none. The surroundings and facilities, for not only the patient but also the family, are superb. Knowing our loved one is in your hands makes all our lives so much better.'

'The kindness, compassion and warmth from the whole Hospice Team is so reassuring that panic begins to subside. This Hospice is a place of healing due to every person playing their part. Thank you.'

'When we were told there was a place in the Hospice for my husband it seemed quite daunting but arriving in this home from home paradise, with all these angels, we were and are so privileged for both my husband and myself to be cared for. Thank you from the bottom of our hearts.'

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 ALICE HOUSE HOSPICE QUALITY ACCOUNT 2016/17

The CCG welcomes the opportunity to review and comment on the Quality Account for Alice House Hospice for 2016/17 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 Alice House 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 very 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 2016/17 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 the implementation of a clinical review of staff. The implementation of a new system for safe and effective delivery of medication is also a commendable achievement. The CCG was also impressed with the governance arrangements around the medications process.

The Hospice has clearly worked towards meeting the KPIs set out by DDES CCG patients and has remained consistent through 2016/17. It is also pleasing to see that the Hospice recognises the need for innovation and improvement through research and audit.

The CCG would have liked to see some learning identified from incidents and complaints highlighted in the quality account for 2016/17.

DDES CCG would like to thank all the Hospice staff for the work throughout 2016/17 reflected in CQC inspection results and comments from service users and their families.

The CCG supports the improvement aspirations outlined in the Quality Account for 2017/18, specifically the focus on remote access to SystmOne as this can mean quicker referrals for patients and less impact on other NHS services.

The CCG looks forward to continuing to work in partnership with the Hospice to assure the quality of services commissioned in 2017/18.

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 Alice House Hospice's Quality Accounts.

Hartlepool's Borough Council's Health & Wellbeing Board continues to welcome the involvement of the Hospice's Chief Executive, as the designated representative for Hartlepool's Voluntary and Community Sector (VCS). Her inclusion as a Board member has helped ensure that the views and comments of the VCS are effectively represented, whilst bringing a new perspective to discussions and debate.

I commend the Hospice's actions in progressing its priority areas in 2016/17. I also support the Hospice's continued prioritisation of patient experience and clinical effectiveness and the identification of Patient Safety as its third (new) area for priority service improvement in 2017/18.'

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