

Serving the communities of
Hartlepool & East Durham



Alice House Hospice

Quality Account

2021/2022

Dignity, Respect, Support and Care



OUR VISION

Every person, to the last moment of their life, has the right to dignity, respect, support and care.

OUR MISSION

To provide services that add value to life and make a difference to patients and their families.

OUR VALUES

We value each person as an individual.

The patient is at the heart of all of our activities.

We believe in the importance of celebrating life and relationships.

We will demonstrate integrity and professionalism at all times.

We will be modern and progressive and seek out new opportunities to develop our services.

We will strive to be the best we can and encourage staff and volunteers to actively seek opportunities for personal growth and development.

We will exercise responsible financial management to ensure long-term sustainability.

OUR PATIENT CHARTER - Hospice Care Will:

Respect your dignity, privacy and freedom of choice.

Involve you and your family when possible in the decision making of your care, adopting an open and honest approach. Supporting those decisions to fulfil your wishes wherever possible.

Provide a Multi-Disciplinary Team with the appropriate skills to meet your ongoing needs.

Work collaboratively with other service providers and professionals involved in your care to ensure you receive the help you need when you need it.

Support you to live as well as you can for as long as you can.

Provide a holistic and individual approach when delivering care and support to you and your family.

Provide support not only to you but to those that are important to you as you approach the end of your life and during their bereavement.

Encourage your involvement in service development by making suggestions as to how we can improve on the services we provide.

OUR STAFF CHARTER - Hospice Staff Will:

Be brave and challenging to ensure the best possible service for our users, carers and community.

Take ownership for delivery on our commitments.

Work hard to deliver our goals and to understand how our behaviours and attitudes affect that delivery.

Treat people how they want to be treated.

Look for ways to do our jobs better and push at the boundaries of professional practice to improve our service.

Be honest and open and mean what we say.

Ensure our leaders provide clear direction, space for us to do our jobs, constructive feedback and support and challenge us where necessary.

Do the right thing regardless of personal interest.

Act as role models for Hospice values.

Own what we do, take responsibility for our actions and learn from our mistakes.

Challenge systems that don't work and take responsibility for finding solutions.

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

CHIEF EXECUTIVE'S STATEMENT

At the end of last year, I said we were in for a challenging year and that has held true. As always though, Alice House has risen to the challenge and supported our communities more and more. Here are some of the ways we achieved this:

- Clinical services have been incredibly busy supporting not only our communities of Hartlepool and East Durham but also the people of Stockton as the inpatient beds there have been closed most of the last 2 years. This has placed significant pressure on our brilliant Clinical Team who have covered colleagues with COVID-19 and have continued to sacrifice personal time to care for patients. We have been able to thank our staff with an improved rewards structure and shift pattern to remain a competitive employer.
- I am proud to say that our exceptional cleaning and catering standards gained us a 5 Star Rating with both the NHS National Standards of Healthcare Cleanliness and the Food Standards Agency Food Hygiene Rating. We have worked tirelessly with the Local Authority and Public Health to keep our patients, staff and families safe during this second year of COVID-19.
- Our Therapeutic & Bereavement Services are starting to really see the negative mental and physical health impacts of COVID-19 and are highly sought after. We are also supporting the Acute Trust with holistic services for their staff to help them be able to cope with the stresses and strains of work and life. These services are available to our business partners also to keep a healthy workforce. It is amazing how good acupuncture is for ladies of a certain age.

Alice House relies on the goodwill and support of our communities and we believe in giving back, here is how we achieved this last year:

- We became a gateway employer for the Government's Kickstart Programme and not only have we been able to provide 93 young people with placements, we also made 10 offers of employment. We supported other hospices to take placements by acting as the gateway employer for smaller numbers of staff.
- The standard of organisation, professionalism and support from the Management Team and staff for this project has been phenomenal and many young people have had meaningful positive work experience through the Hospice which will hopefully translate into supporters over the years.
- NEVRlabs, has been an integral part of this programme and the business and young people have developed together creating a place where people can have fun, be supported and educated and raise money for the Hospice at the same time. From teambuilding to PTSD refugee awareness, NEVRlabs is a state of the art facility for the town attracting visitors from outside the region and creating jobs for our young people.

Alice House recognises that as the world changes we have to change with it and we are committed to working hard this year with other Tees Valley palliative care provider partners to ensure that people get the right care, in the right place, when they need it and that we are appropriately funded to achieve this or more palliative care beds will be lost from the system and we welcome working with the CCG/ICS to achieve this.

Tracy Woodall, Chief Executive, June 2022

CHAIRMAN'S STATEMENT

As Chair of the Board of Trustees, I am confident that these Quality Accounts are prepared with a high degree of accuracy and professionalism by the Hospice.

The Board of Trustees are proud of our Hospice and the work we perform. We are also proud of the people who make it great, the volunteers, staff, patients, visitors, businesses and community supporters. We all work together to do the best for our community.

The Board of Trustees is particularly proud of the Hospice teams who have supported so many young people to improve their prospects for employment through our placements. To those young people who are now on their career path with us, we welcome you and look forward to seeing you grow.

The Board of Trustees would like to thank everybody who has supported us, in any way, especially those who give their time free and we would like to acknowledge the loss of a very valued fundraising volunteer and member of our Hospice family, Gillian Holbrook who died suddenly. During the year we also lost a former Trustee, Martin Levinson. Martin served on the Board for many years and was a valued member of the Hospice family. Both will be very sadly missed by us all.

As our Chief Executive identifies, we are fully committed to developing and delivering sustainable palliative care services across Tees Valley to ensure that those who need it are able to access the care and support they require.

Ray Priestman
Chair of Trustees
June 2022

PART 2: FUTURE IMPROVEMENT PRIORITIES 2022/2023 AND MANDATORY STATEMENT OF ASSURANCE FROM THE BOARD

2.1 INTRODUCTION

2.1.1 History

“To you all! What can I say about the care my lovely dad has received from each and every one of you during his last days? You are all amazing people and I take my hat off to you all for working with patients and their families during really tough times. Whether you are the smiling face on the reception desk, the cleaner, the cook, the gardener, maintenance man, the little old volunteers, healthcare assistants, nurses and doctors, you all have made us feel very welcome and have looked after my dad during his final days. I can’t thank you enough for the time and care you have given to him. You have made his final days and weeks as best as they could be. Thank you so much for everything!”

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, Stockton-on-Tees and East Durham. The Hospice celebrated its 40th anniversary in 2020, having cared for more than 31,000 patients, their families and carers since its inception in 1980.

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 in Palliative Medicine, 2 Staff Grade Doctors, F2 Doctor, Specialist Registrar Trainee, GP Trainee, Clinical Lead, Inpatient Clinical Lead, Education & Standards Clinical Lead, Nurse Practitioner, Registered Nurses, Senior Healthcare Assistants, Healthcare Assistants, Complementary Therapists, Occupational Therapist, Physiotherapist, Bereavement Counsellors, Holistic Wellbeing Therapist and Volunteers.

The Hospice currently offers a comprehensive range of services from our purpose-built Hospice in Wells Avenue, Hartlepool, which responds to local need. The Hospice provides an 18 bedded unit for Inpatient Services offering support to patients for pain and symptom management as well as end of life care. Day Hospice and Therapeutic Support Services are delivered from the Hospice’s Holistic Wellbeing Centre, which is set within the Hospice’s grounds.

The Hospice is registered with the Care Quality Commission to carry out the following regulated activities at Alice House, Wells Avenue, Hartlepool, TS24 9DA for adults aged 18 years and over:

- Diagnostic & Screening Procedures
- Treatment of Disease, Disorder or Injury
- Accommodation for Persons Who Require Nursing or Personal Care

Alice House Hospice is the only such organisation offering specialist palliative care to adults and their families in the Hartlepool and East Durham area. Historically, we have cared for a majority of patients with cancer; however, we are now caring for an increasing number of people with other life limiting illnesses, such as Motor Neurone Disease, Chronic Obstructive Pulmonary Disease, End Stage Heart Disease and other neurological conditions.

2.1.2 Coronavirus Pandemic (COVID-19)

As the Hospice entered the second year of COVID-19, the Government announced their four step roadmap out of lockdown with the Prime Minister, Boris Johnson, informing Parliament:

“And we cannot persist indefinitely with restrictions that debilitate our economy, our physical and mental well-being, and the life chances of our children ... and that is why it is so crucial that this roadmap is cautious but also irreversible. We’re setting out on, what I hope and believe, is a one-way road to freedom.”

The Hospice has continued to adapt quickly and be responsive to the impact of COVID-19, ensuring full compliance with the Government’s guidelines and restrictions, which during the past 12 month reporting period (April 2021 to March 2022) has included:

- COVID-19 Response – Spring 2021, Published 22 February 2021, GOV.UK, <https://www.gov.uk/government/publications/covid-19-response-spring-2021/covid-19-response-spring-2021#roadmap>
- and the subsequent Government Guidance on living with COVID-19:
- COVID-19 Response: Living with COVID-19, Updated 23 February 2022, GOV.UK, <https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19/covid-19-response-living-with-covid-19>

2.1.3 Inpatient Services

“How do we begin to say thank you for your wonderful team work for our dad ... When our dad arrived, he was a very broken man, apart from the cancer, he was emotionally about finished, mentally tormented and exhausted. Within 24 hours he truly was a changed man, the peace and joy you gave him was truly overwhelming. The following nine days were a preparation for heaven and all that was made possible by all of you!!! We shall be ever grateful to each and every one of you!”

The Hospice has 2 separate inpatient units from which the following inpatient services are provided:

- **Inpatient Unit (8 Beds)**
 - 8 single en-suite bedrooms providing short-term specialist palliative care for symptom control and end of life care. Funded by NHS Tees Valley Clinical Commissioning Group (6 beds) and NHS County Durham Clinical Commissioning Group (2 beds).

- **Long Term Care Unit (10 Beds)**
 - 1 single en-suite bedroom providing short break respite care for palliative patients.
 - 9 single en-suite bedrooms providing residential nursing care for palliative patients (generally funded via Continuing Healthcare – CHC).

In response to the COVID-19, during the third national lockdown period (04/01/21 to 12/04/21), the following changes were implemented:

- Following discussion with commissioners, the Hospice gained access to Lateral Flow Testing (LFT) kits for patient care staff, which was implemented on a weekly basis from 5 January 2021. With effect from 01 February 2021, all Hospice staff were required to complete 2 LFTs per week (each Monday and Thursday) with results self-reported to the Government website (<https://www.gov.uk/report-covid19-result>) and notified to the Hospice's HR Department. Polymerase Chain Reaction (PCR) Testing was also introduced from 15 February 2021, with testing being conducted weekly (Monday) by a member of the Clinical Team. Both LFT and PCR testing for staff continued throughout 2021/2022.
- Following discussion with commissioners, the Hospice also gained access to the COVID-19 vaccines for Hospice staff and patients in January 2021. All Hospice staff received their first and second COVID-19 vaccinations by April 2021 and subsequent booster vaccination in September 2021. Vaccinations were carried out by Hart Medical Practice, West View Millennium Centre and Victoria Medical Practice.
- Whilst recognising the importance for patients of maintaining connections with close family and friends, the Hospice implemented the following visiting restrictions during 2021/2022:
 - (a) Inpatient Unit and Long Term Care Unit - maximum of five named visitors on each patient's bubble list, with a maximum of two visitors per day at pre-arranged times (must be different pre-arranged times if not from the same household).
 - (b) Number of visitors allowed to visit a patient who was approaching the end of life decided by the Clinical Lead on an individual basis. Visitors from different households required to visit at separate pre-arranged times.
 - (c) Each visitor to attend the Hospice 30 minutes prior to each pre-arranged visit in order for a supervised LFT to be conducted by a Hospice healthcare professional.
 - (d) Visitors testing negative allowed to visit patients following a temperature check and wearing full PPE. Visitors escorted to patient's room where they must remain for the duration of the visit.
 - (e) Visitors testing positive required to have a PCR test conducted by a Hospice healthcare professional.

During 2021/2022, the Hospice's healthcare professionals provided the following telephone support for both NHS Tees Valley and NHS County Durham CCG inpatients:

Contact Type	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Advice to Patients, Carers & Family Members	1,579	1,804	1,989	1,812	7,184
Advice to Healthcare Professionals	1,494	1,381	1,693	1,522	6,090
Multi-Disciplinary Team (Patients discussed)	274	177	177	180	808
Total	3,347	3,362	3,859	3514	14,082

2.1.4 Day Hospice Services

Alice House Hospice provides a Day Hospice for people living with life limiting illnesses living in the local community.

"Their care, understanding and above all, non-judgmental approach has been just what I needed to help me regain my self-confidence and help me to plan my feet back firmly on the ground."

Due to the Coronavirus Pandemic, Alice House Hospice suspended Day Hospice Services as the clients were within the vulnerable group who were advised by the Government to shield. Services within indoor areas were closed and restricted for the safety of the public and fear of contamination for the client group. Throughout the pandemic, telephone contact was in place for existing Day Hospice patients.

The closure of the service left a gap in supportive palliative care services and to improve the clinical effectiveness within Alice House Hospice, following the introduction of vaccines, the service has been remodelled and has been re-introduced as an outpatient appointment model. The new model has been introduced within the Hospice's main building utilising a bedroom which has been transformed into a treatment room. The service is co-ordinated and managed by the Nurse Practitioner (Band 7) with input when required by the Medical Team. Patients have access to counselling and complimentary therapies through Alice House Hospice and during the holistic assessment patients that require external referrals are discussed and arranged.

The service is designed to provide support to patients who may have issues with their health including:

- Management of symptoms.
- Providing psychological and emotional support.
- Administration of treatments, such as blood transfusions and intravenous fluids.
- Providing an introduction to Hospice services.
- Signposting/referring to other healthcare professionals.
- Supporting individual and carers' wellbeing.
- Providing relaxation and complementary therapies.

During 2021/2022, the Hospice's healthcare professionals provided the following telephone support for both NHS Tees Valley and NHS County Durham CCG Day Hospice and Social Day Care patients:

Contact Type	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Day Hospice (Advice to Patients, Carers & Family)	39	39	39	52	169

2.1.5 Therapeutic Support Services

a) Counselling Support

The Holistic Wellbeing Centre also facilitates Bereavement Counselling to adults who reside in the communities of Hartlepool and East Durham. We provide a safe, confidential and relaxed environment where the clients feel they are able to express themselves and address those important issues that they feel they need additional support with. This service also specialises in providing counselling to those adults that are affected by a palliative care diagnosis to address issues around managing their condition and anticipatory grief work. We also provide anticipatory grief counselling to relatives of the palliative care patients who access our service. Our trained staff offer a place to be listened to and respected, while having the time to explore and make sense of their thoughts and feelings. The Hospice also offers a specialist Children's Bereavement Service to support children who are experiencing grief and loss, including the Sue Stephenson Project for children and young people and their families, where a main adult caregiver in the family has a chronic/debilitating long term physical health condition.

In addition, the Hospice facilitates the Jo & Mya Education Project, which was initially funded for two years by Ian Richardson whose wife Joanne and one his young daughters Mya were tragically killed in a road accident several years ago. The project's initial remit was to deliver free training to all school professionals on how to support a child experiencing grief and loss. Now funded by Alice House Hospice, there is a charge for training which goes towards but does not cover the running costs of the service. The courses we can provide include the original 15 hour course and short bespoke courses to meet the training needs of the service users. For example, bespoke for Foster Carers in supporting Foster Children experiencing grief and loss, or for professionals supporting children with special educational needs experiencing grief and loss.

We have become a regular provider of "Teams" training and support for an agency called Dimensions who are a "supported living provider". Currently the packages that are in demand are around grief/loss, self-care, work/life balance, as well as being asked to be a presence in their team meetings when there have been identified issues within the team.

The Therapeutic Support Team (which includes the Counselling Team) also provide a Staff Wellbeing Service to Hospice staff, which offers a holistic approach to our employee staff wellbeing. Following a referral, we usually provide an initial telephone assessment appointment to ascertain the most appropriate form of support depending on the best way forward for employee needs to be met either by offering short term emotional/psychological support, mindfulness based guidance and relaxation, deep relaxation or other depending on needs. The service is well received and is providing good results for the clients using the service.

For the reporting period (April 2021 to March 2022) the Counselling Team provided, via a combination of face to face, telephone and virtual meetings using Zoom, the following:

Contact Type	Total
Referrals Received Adult	252
Referrals Received Children	104
Adult Assessments	148
Adult Counselling	996
Child Assessments	58
Child Counselling	177
Sue Stephenson Project Assessments	15
Sue Stephenson Project Counselling	10

During 2021/2022 the Counselling Team also provided telephone support calls to bereaved adults as detailed below:

Contact Type	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Telephone Contacts/Support Calls	1,214	1,085	1,062	1,328	4,689

Some feedback from adults receiving Bereavement Counselling included:

“XXXX was a lovely lady, I was in bits when I came to her. She helped me such a lot, anyone else who receives counselling is a lucky person.”

“I felt that I have come out of a black hole.”

“I can think of nothing negative to comment as everything in the counselling had merit.”

“I personally feel enlightened by my experience with a grief therapist who helped me accept and look forward – Thank you 😊 xxx.”

“Being able to feel secure and safe with a person who I felt I could trust was the most helpful thing.”

“All staff were lovely and listened – You do a lovely job!”

“XXXX saved me – Thank you.”

“Marvellous counselling service, sometimes you can’t speak to family and friends so this service is excellent.”

“The support I received was excellent, no pressure, lots of good mental exercises to do at home when I was in a very dark place and someone to listen without judging me.”

“Felt really safe, thank you so much, don’t know where I would be without your help.”

“I was in a dark place over the passing of my darling husband, XXXX was amazing, I couldn’t have got through that year without her.”

Some feedback from parents and carers of children receiving counselling included:

“XXXX has really responded well to her time here, the activities have helped her to work through her difficult memories and emotions. I have noticed her become more ‘herself’ and less melancholy, become more lively and happy, thank you for all you have done!”

“XXXX has really enjoyed coming, it’s really helped her process what’s happened and she can talk more easily without being so upset.”

“XXX has come a long way with her maturity and understanding of bereavement and grief, she is now in a more calmer place.”

b) Holistic Therapies

The early part of 2021 was still being impacted by Government restrictions as different variants of the virus were being discovered. However, we were still able to provide a wide range of therapies safely and in line with guidelines and we are proud to say that none of our service users contracted COVID-19 from the Holistic Wellbeing Centre and none of our practitioners contracted COVID-19 from service users.

Our range of therapies have been steadily increasing as more and more people are seeking ways of developing and enhancing their personal wellbeing.

We have hosted a Holistic Weekend Retreat on behalf of Hartlepool Carer’s at the end of March 2022 and they are requesting another one as the group found it so beneficial.

Our Reiki/Meditation groups for adults are fully booked each week, as are the most recently added Child and Parent Mindful Guided Meditation.

Acupuncture therapy continues to be fully booked each week and all therapies are building.

During 2021/2022, therapeutic support activities including mindfulness and relaxation support to staff and the public have been delivered as detailed below:

Contact Type	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Therapeutic Support Contacts/Activities	581	654	562	726	2,523

Some feedback from staff and public using Holistic Therapies included:

“Again, another fantastic experience, I felt so calm, peaceful and relaxed. Helps the stress at this difficult time xx.”

“Very professional throughout, I felt calm and relaxed and was fully informed of what the treatment consisted of and after care.”

“Thank you for another fantastic guided meditation session. Totally relaxing and the Reiki is amazing. I’m going home so relaxed and feeling wonderful.”

“Was feeling so tense when I walked in, however after my treatment the tension has now released, I now feel very relaxed. The treatment room was so peaceful and the music playing helped me to relax further. I could have fallen asleep.”

2.1.6 **24 Hour Helpline**

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

During 2021/2022 the Hospice’s healthcare professionals provided the following telephone support via the Hospice’s 24 hour Helpline for both NHS Tees Valley and NHS County Durham CCG patients and health professionals:

Contact Type	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Helpline Calls (Patients & Healthcare Professionals)	22	86	121	134	363

2.1.7 **Physiotherapy & Occupational Therapy**

To assist us in the provision of services the Hospice has a number of Service Level Agreements with other health care providers to supply essential medical services such as pharmacy, blood products, infection control, tissue viability, occupational therapy and physiotherapy.

The Hospice is supported through a Service Level Agreement for Physiotherapy and Occupational Therapy with North Tees and Hartlepool NHS Foundation Trust for our inpatients. The Hospice works in partnership with the local NHS Trust to focus on a patient’s ability to carry out the everyday tasks which are important and relevant to their health and wellbeing and to remain as independent as possible. All Hospice patients have access to this service and appointments can be made at the Hospice or out in the community according to need.

2.1.8 **Complementary Therapies**

Our Complementary Therapists works as part of the Clinical Multi-Disciplinary Team involved in patient care and work alongside our Hospice Doctors and Nurses to ensure treatments will be safe for the patient and won’t interfere with any medications.

All the therapists are fully qualified and hold a membership with a professional body. Our therapists have additional training in palliative care and attend Continuous Professional Development training courses as required.

2.1.9 Spiritual Support

Spirituality is the way people find meaning, hope, comfort and inner peace in life. Many people find spirituality through religion whilst some find it through music, art or a connection with nature, others find it in their values and principles. Spirituality can relate to who we are and what life is about.

People with life-limiting illnesses often have many questions, thoughts and fears and our Spiritual Support Staff work alongside the rest of the Multi-Disciplinary Team to support patients and their families and carers. Staff also liaise closely with representatives of other faiths and traditions in order to help ensure that appropriate cultural practices are observed.

2.1.10 Five Year Strategy 2020-2025

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 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.

The Hospice's Five Year Strategy 2020-2025 recognises that while our services need to be varied and transformative, they also need to be responsive and support the overall health economy. The Hospice has therefore identified the following strategic goals:

- We will ensure all of our services are of a high quality and are delivered safely with compassion and dignity.
- We will ensure our organisation is governed and managed in accordance with best practice.
- We will seek out opportunities to support our communities in all of their interactions with us.

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

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

The Quality Accounts will demonstrate the standard of service delivery and innovative practice implemented in partnership with the local Clinical Commissioning Groups (NHS Tees Valley CCG and NHS County Durham CCG) during 2021/22.

The Hospice's Strategy for 2020 to 2025 has been developed to reflect the changing needs of our communities in relation to health and wellbeing. Supporting more people with mental health conditions through our Therapeutic Support Team and new projects is one of our aims which responds to the increasing need and lack of services in the local health economy.

The Strategy remains flexible and adaptable to enable the Hospice to be responsive to environmental changes that affect our business. Specific challenges and influencing factors include but are not exclusive:

- Further reorganisation of the NHS and commissioning bodies.
- BREXIT and business instability.
- Inflationary costs and increased salary responsibilities.
- Competition from other charities and providers.
- The financial impact of the Coronavirus Pandemic.

From a national perspective the Hospice must also take into consideration:

- Ambitions for Palliative and End of Life Care.
- The NHS Plan.
- Sustainability and Transformation Plan.
- Increase in long term conditions.
- Care Quality Commission inspection standards.
- Technological advancements and political unsettlement.

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

2.1.11 Departmental Sub Strategies 2020-2025

The following departmental sub strategies have been developed, with their objectives aligning to the strategic goals of the Hospice's Five Year Strategy 2020-2025:

- Clinical
- Therapeutic Support Services
- Information Governance & Technology
- Human Resources
- Communications
- Fundraising
- Retail
- Finance

2.2 FUTURE IMPROVEMENT ASPIRATIONS 2022/2023

Alice House Hospice has developed the following improvement aspirations in line with the organisational Clinical Strategy 2020 to 2025 with the involvement of patients, their families, staff and external stakeholders. This is demonstrated within the three priority quality domains of: Patient Safety, Clinical Effectiveness and Patient Experience.

2.2.1 Priority 1 – Patient Safety

Implement an Electronic Recording System for Clinical Incidents

2.2.1.1 How the priority was identified

Reducing clinical incidents was the priority for Patient Safety in 2021/2022, in which audits were completed manually to analyse data and where it was found to be a slow process with constant cross checks to ensure accuracy. In December 2021, a process mapping exercise took place to ensure the system in place was working effectively. The process mapping exercise improved the timing for the completion of the Clinical Incident Report Form, however it remains a manual process whereby following completion of Reporting Stage 3 by the Senior Manager Clinical Services, the report and any appendices are manually inputted into spreadsheets for audit analysis on a quarterly basis.

2.2.1.2 How the priority will be achieved

The implementation of an electronic accident and incident recording system as a more efficient and safe way of accident and incident reporting.

2.2.1.3 How the priority will be measured

Phase 1:

- A Clinical Incident Database will be built by the Hospice's Database Manager in full consultation with the relevant clinical staff.
- Data will be inputted into the new database for the first quarter.
- The current manual entry system will also be continued during the testing phase for cross checking.
- Data will be exported to produce audited reports.

Phase 2:

- Further amendments to the database, including an emailing facility to inform when Stage One and Two of the form has been completed.
- Move to completing the Clinical Incident Report Form directly in the electronic system.
- Link the database to reporting software.

Phase 3:

- Staff training to use the new electronic reporting system.
- Roll out of electronic reporting system.

2.2.2 Priority 2 – Clinical Effectiveness

SystemOne Hospital Palliative Care Module

2.2.2.1 How the priority was identified

SystemOne is a computer system used in by GP's and Community Health Services in this area, which contains patient medical information and has a specialist module for palliative care (Hospital Palliative Care Module). SystemOne also records Outcome Assessment and Complexity Collaborative (OACC), which is a suite of measures reflecting the key domains of palliative care including stage of illness, the patient's functioning, symptoms and other concerns, the impact palliative care services are having on the patient and their family's quality of life.

Alice House Hospice gained remote access (facilitated by North Tees & Hartlepool NHS Foundation Trust) to the Hospital Palliative Care Module of SystemOne in 2018 and in 2021 gained access to the Integrated Clinical Environment (ICE) software, which allows the Medical Team to view diagnostic information from specialties such as pathology, radiology, cardiology and endoscopy.

All Hospice referrals and admissions are entered into SystemOne and a limited number of trained clinicians currently view patient information, however due to a number of factors including key trained staff leaving the organisation, the global pandemic and data security governance requirements (which have been successfully met) training for all relevant clinical staff has been delayed. During 2022/2023 it will be a priority to ensure that all relevant clinical staff are trained and able to access the Hospital Palliative Care Module of SystemOne. It is anticipated that it will be a longer term objective of 18-24 months to complete the business mapping/change process which will move all of the Hospice's clinical records over to the Hospital Palliative Care Module of SystemOne.

In a draft report produced by Castle Point and Rochford CCG on a **“Benefits Case Study South Essex SystemOne - Access to Shared Records”** their key finding found the following benefits of using SystemOne including, A&E attendance rate reduction, better and joined up care provision, care quality and efficiencies from greater adherence to care plans, compliance with End of Life Gold Standard Framework, faster clinical decision making and better safeguarding alerts.

Access to SystemOne for all relevant clinical staff is also required to be able to deliver Priority 3 (Rapid Response) – see 2.2.3 below.

2.2.2.2 How the priority will be achieved

- The Information Governance Manager will deliver tailored training sessions during 2022 to small groups of clinical staff (maximum of 6). The training will be scheduled into the Mandatory Training Programme.
- Formation of an internal SystemOne Working Group, comprising of key clinical and information governance staff to facilitate the planning and implementation of the business mapping/change process.

- Funding applications to be submitted for the purchase of additional IT equipment, i.e. Toughbooks. The Hospice currently has 5 working Toughbooks but will require additional stock in order for all patient records to be stored within SystemOne.

2.2.2.3 How the priority will be measured

- Report from the Hospice's electronic HR software system (Staff.Care SMI) on staff who have completed SystemOne Training.
- OACC data reports.
- Minutes from the SystemOne Working Group reporting on the progress of the business mapping/change process, demonstrating the progress of transferring from paper to electronic records.
- Successful funding applications for purchase of additional IT equipment.

2.2.3 Priority 3 – Patient Experience

Rapid Response

2.2.3.1 How the priority was identified

Alice House Hospice currently admit patients Monday to Friday up until 5.00p.m. and excludes bank holidays. The introduction of a 2 hour Rapid Response/24 hour Admission procedure will enable the Hospice to support the following national and system commitments within the NHS England and NHS Improvement ‘Urgent & Emergency Care (UEC) Recovery 10 Point Action Plan - Implementation Guide (Working Together to Ensure Urgent and Emergency Care Recovery)’:

- Point 2 - Supporting primary care and community health services to help manage the demand for UEC services.
 - The national commitment will continue to support systems and providers with the roll out of two-hour crises response (UCR) services at scale, ensuring provision is 7 days a week and a minimum of 8.00a.m. to 8.00p.m., along with enabling the diversifying referral routes into two-hour services from 111, 999 and other services to support admission avoidance and care in the right place.
 - Alice House Hospice will move towards 24 hour access and admission, which will require additional workforce in terms of medical staffing and nursing and to improve data sharing through new systems of work. To begin this process Alice House will extend admission to 8am to 8pm, 7 days a week during 2022/2023.
- Point 6 - Improving in-hospital flow and discharge.
 - The national commitment seeks to reduce the demand of palliative and end of life patients attending A&E and subsequent admission to an Acute bed.
 - Alice House Hospice will move towards accepting 24 hour referrals from relevant sources during 2022/2023.

2.2.3.2 How the priority will be achieved

- Reviewing and consulting on the Medical Team’s working hours to align with the extended service.
- Reviewing and adapting working shift plans and on call rotas.
- Recruiting additional medical and nursing personnel to extend hours of admission.
- Training on SystemOne for clinical staff.
- Embedding SystemOne as an electronic system.
- Reviewing and amending policies and documentation.
- Extending partnership working to plan on bridging the gaps in service.

2.2.3.3 How the priority will be measured

- Reporting from the Hospice’s electronic HR software system (Staff.Care SMI) on staff working rotas.

- Senior Management Team minutes of consultation with the Medical Team.
- Report from the Hospice's electronic HR software system (Staff.Care SMI) on staff who have completed SystemOne Training.
- Clinical Governance and Model of Care meeting minutes for policy and documentation changes.
- Data on admissions within extended hours.

2.3 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.

2.3.1 Review of Services

During the reporting period 2021/2022 Alice House Hospice provided the following services:

- 8 bedded Inpatient Unit for short term symptom management and end of life care.
- 9 bedded Long Term Care Unit for residential nursing care.
- 1 Respite Bed.
- Day Hospice designed around symptom management, health and social care (patients received telephone support during COVID-19 with the service recommencing on an outpatient basis in March 2022).
- Counselling & Therapeutic Support Services.
- 24 Hour Helpline.
- Physiotherapy & Occupational Therapy.
- Complementary Therapies.
- Spiritual Support.

The income generated by the NHS services received in 2020/21 represents 20.8% of the total income generated from the provision of NHS services by Alice House Hospice for 2021/22 (excluding additional Government funding for COVID-19).

This means that the remaining 79.2% of the overall costs of service delivery is fundraised by the Hospice from voluntary charitable donations, legacies, grants, Hospice shops, Hospice lottery, events and community fundraising.

2.3.2 Participation in Clinical Audit/Research

During 2021/2022, the Hospice participated in 3 national clinical audits/research and 1 regional clinical audit/research covering NHS services that Alice House Hospice provides as detailed below:

- Sharing of anonymised patient data relating to the number of deaths in the Hospice per annum for the purposes of providing information for the forward planning of the extension of the medical examiner role in writing death certificates for hospital deaths only to all deaths regardless of location.
- Sharing of anonymised patient data for a research project regarding a cluster randomised trial of clinically-assisted hydration in cancer patients in the last days of life (CHELsea II) for participation in a national project (ethics approval granted centrally).
- Sharing of anonymised data in an online national survey regarding health professionals who have oversight for rehabilitative care, to capture data on current physical activity provision in hospice care across the UK. Survey conducted by the University of Leeds.

- Sharing of anonymised patient data for a research project regarding symptom management and communication with patients and families who have died with or from COVID-19 for participation in a regional project (no ethics approval required for project).

2.3.3 CQUIN Payment Framework

As a result of the Coronavirus Pandemic, the Hospice was not requested to complete any quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework during 2021/22.

The Hospice would normally receive 2.5% of the overall contract value for the completion of any CQUIN indicators.

2.3.4 Statement from Care Quality Commission

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

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

Alice House Hospice is registered with the following conditions:

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

The Care Quality Commission has not taken any enforcement actions against Alice House Hospice during 2021/2022. There have been no special reviews or investigations carried out by the Care Quality Commission during this reporting period.

The Hospice's last inspection by the Care Quality Commission was unannounced and carried out on 23 March 2015. The formal report and rating from the inspection was received on 20 August 2015 and the Hospice received an overall rating of Good, as detailed below:

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

Domain	Rating	CQC Comments
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.
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.

2.3.4.1 Transitional Monitoring Approach

As a result of the Coronavirus Pandemic, the CQC continued to suspend all routine inspections during 2021/2022, with only those providers presenting a clear and significant risk receiving a physical inspection.

As the risks from the Coronavirus Pandemic changed, the CQC evolved their approach to regulating by developing a transitional approach to monitoring services (TMA) focussing on safety, how effectively a service was led and how easily people could access the service. The TMA includes:

- A strengthened approach to monitoring, based on specific existing key lines of enquiry (KLOEs), so the CQC can continually monitor risk in a service.
- Using technology and local relationships to have better direct contact with people who are using services, their families and staff in services.
- Targeting inspection activity where the CQC have concerns.

The Hospice participated in a TMA meeting with the CQC Inspector in February 2021 and was advised that the TMA meeting did not represent an inspection and would not affect the Hospice's current rating. The purpose of the TMA was to assess if the Hospice presented any risks which could result in regulatory action, i.e. an inspection.

During the TMA meeting, the CQC Inspector questioned the Hospice on the KLOEs for Safe, Effective, Caring Responsive and Well-Led following which it was confirmed that no areas of concern were raised.

2.3.4.2 Monitoring Approach

The Hospice received notification from the CQC via email on 10 January 2022 of the following:

'We suspended our routine inspection programme in March 2020 in response to COVID-19 and do not intend to resume it for the immediate future. We have continued to use a mix of onsite and off-site monitoring to ensure the public have assurance as to the safety and quality of the care they receive. As we emerge from the pandemic we are further developing our monitoring approach. In accordance with this approach we carried out a review of the data available to us about Alice House Hospice on 07 January 2022.

We have not found evidence that we need to carry out an inspection or reassess our rating at this stage. This could change at any time if we receive new information. We will continue to monitor data about this service.

Please note, this does not amount to an assessment of the rating for this service under section 46 of the Health and Social Care Act 2008.

We will add this text to our website to inform the public about this outcome.

We carried out a review of the data available to us about Alice House Hospice on 07 January 2022. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage.

This could change at any time if we receive new information. We will continue to monitor data about this service.

If you have concerns about (this will be prepopulated with your location name), you can give feedback on this service.'

2.3.5 Data Quality

Alice House Hospice was not eligible and therefore did not submit records during 2020/2021 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

The Hospice has submitted quarterly Contract, Quality & Performance Reports to the Commissioners during 2021/22. These contain service updates, patient activity datasets (quarter position and trends), key performance indicators (KPI), local quality requirements (LQR) reporting, patient safety, patient/carer experience, clinical effectiveness and assurance (Workforce Assurance, Care Quality Commission, Commissioner Visits and Quality Accounts Progress Update).

2.3.6 NHS Data Security and Protection Toolkit Attainment

The NHS Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly.

The DSP Toolkit is an annual self-assessment for organisations to provide assurance that they are implementing the ten data security standards of the National Data Guardian and meeting their statutory obligations on data protection and data security.

The Hospice completed the 2021/22 NHS Data Security and Protection Toolkit self-assessment prior to the required submission deadline of 30 June 2022 and submitted the results for publication.

2.3.7 Clinical Coding Error Rate

Alice House Hospice was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

PART 3: REVIEW OF QUALITY PERFORMANCE 2021/2022

Alice House Hospice has considered the three domains of Patient Safety, Clinical Effectiveness and Patient Experience within these accounts during the reporting period of 2021/22.

3.1 REVIEW OF PRIORITIES FOR IMPROVEMENT 2021/2022

3.1.1 Priority 1, Patient Safety

Reduction in Clinical Incidents

3.1.1.1 What we have achieved

Alice House Hospice now have in place a Falls Prevention Strategy and also a Pressure Ulcer Prevention Strategy.

Tissue Viability training has been included in a Service Level Agreement with North Tees & Hartlepool NHS Foundation Trust and the Inpatient Lead is a Tissue Viability Champion, along with a named Nurse and Senior Health Care Assistant, who ensure NICE Guidance is updated and staff are aware of any practice changes.

A clinical incident process mapping exercise took place in December 2021 and improvements were made to ensure shared learning from incidents.

3.1.1.2 How we will continue to improve

Clinical incidents will continue to be monitored and audited and training for staff included on the Mandatory Training and Clinical Rolling Programme of Education.

The priority for 2022/2023 for patient safety will introduce an electronic recording system for clinical incidents to continuously improve the system and patient safety.

A new nurse call system will be introduced which also includes pendants and door alarms to alert staff when a patient needs attention.

3.1.2 Priority 2 – Clinical Effectiveness

Re-establishment of Hospice Day Services

3.1.2.1 What we have achieved

A survey with stakeholders was sent to every GP surgery within Hartlepool and many within East Durham, the Palliative Care Teams in Durham and North Tees NHS Hospitals, Single Point of Access and Healthwatch Hartlepool. Before the survey was sent each team was contacted by telephone and asked if they were willing to pass the survey to patients on the Palliative Care Register or any stakeholders, such as professionals who would wish to share their views on a new model of service.

The new outpatient model has been introduced within the main Hospice building for the safety of patients as the Holistic Wellbeing Centre is used by the general public. LFT testing is in place for everyone entering the main Hospice building. Uptake is slow at this time, with only five referrals into the service. A meeting has been arranged and will be held with the Palliative and End of Life Care Lead from the Specialist Palliative Care Team based at North Tees and Hartlepool NHS Foundation Trust, who have a similar model in place.

Staff have been allocated to the service which is ran by the Nurse Practitioner with medical support when required. If the patient needs counselling or would like complimentary therapy an internal referral is made to the relevant practitioner within Alice House Hospice.

Telephone support remains in place for previous Day Hospice patients who registered before the pandemic and have been invited to attend as an outpatient, however remain wary of leaving their home.

As there has been a slow uptake on this service, the service will continue for a further three months in order to improve referrals and gain meaningful feedback on the service.

3.1.2.2 How we will continue to improve

Partnership working will be explored with the Palliative and End of Life Care Lead from the Specialist Palliative Care Team based at North Tees and Hartlepool NHS Foundation Trust and further promotion of the service with stakeholders.

Alice House Hospice are planning to hold a GP open event inviting GPs to the Hospice to educate on the services provided to the community.

3.1.3 Priority 3 – Patient Experience

Staff Development of Knowledge and Skills Around Mental Health

3.1.3.1 What we have achieved

Due to the Coronavirus Pandemic and several outbreaks within the workforce, it has been difficult to arrange face to face training. Additionally, it has also been difficult to get bespoke training for palliative patients with mental health diagnosis. The Senior Manager Clinical Services completed an online workbook and found it would not equip staff with the tools to manage patients but did give information on referrals to support people with mental health diagnosis. Links have been made with professionals within the Tees, Esk and Wear Valleys NHS Foundation Trust to ensure patients who are taking medication for their mental health and need medication to manage their physical palliative symptoms receive a multi-disciplinary approach to care.

As an interim measure staff have received training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) to ensure staff have the skills and knowledge appropriate to their role.

Staff have received regular updates to assist with COVID-19 fatigue and access to support through Alice House Hospice's Counselling & Therapeutic Support Services. This service has been very effective and a successful bid to support staff with this service at North Tees and Hartlepool NHS Foundation Trust has been awarded for 2022/2023.

3.1.3.2 How we will continue to improve

Further training for Mental Health conditions and also Learning Difficulties has been added to Mandatory Training and the Clinical Rolling Programme of Education for 2022/2023.

Alice House Hospice will continue to provide staff with access to Counselling & Therapeutic Support Services to support their mental health.

Alice House Hospice will look to appoint a Mental Health Champion within the Clinical Team and link with external stakeholders to ensure a holistic approach to meeting patients' physical, mental, social and spiritual needs.

Patient and staff experience surveys will continue to monitor ongoing needs of patients and staff.

3.2 REVIEW OF SERVICE QUALITY PERFORMANCE 2021/2022

3.2.1 Patient Incident & Safety Audit

The aims and objectives of the audit were:

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

This audit was conducted on a six monthly basis and evaluated all clinical incidents that were reported from April 2021 to March 2022. It examined the frequency, cause and effect of drug errors, patient falls, pressure/moisture and other incidents that had been reported in the 12-month period. Statistics from this period were compared to those captured during the previous audit period to demonstrate where variation had occurred. It identified if reporting procedures had improved, if incidents had reduced and if the recommendations that were made had been implemented. It identified where practice and procedures had been unsuccessful in meeting compliance and the actions that were required.

The tables that follow are broken down into incidents involving medication, falls, pressure ulcers and other clinical incidents. They cover the reporting periods April to September 2021 and October 2021 to March 2022. It must be highlighted that these incidents took place within all of Alice House Hospice's Inpatient Services (end of life, symptom management, respite, and long term residential nursing care). A summary of audit data for all types of clinical incidents has identified the following:

- There has been a total of 110 incidents during the period April 2020 to March 2021.
- There was a total of 134 incidents during the period April 2021 to March 2022, representing an increase of 21.81%.

3.2.1.1 Drug Incidents

There was a total of 59 drug incidents during the period across all services as opposed to the previous year where there were 24 in total, representing a 145.8% increase from the previous reporting period. These drug incidents include near misses, unintended drug incidents that resulted in potential or actual harm of a patient, dispensing issues from dispensing organisation, prescribing/administration errors and accountable losses accounting for 32 of the medication incidents.

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

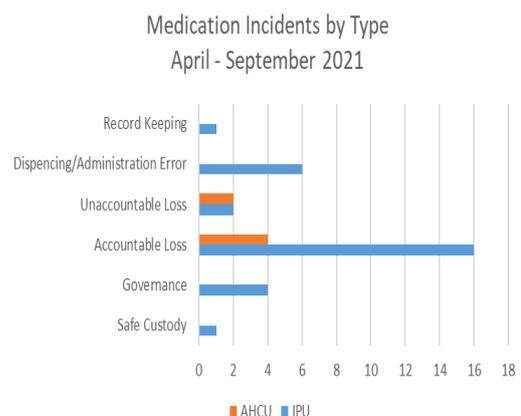
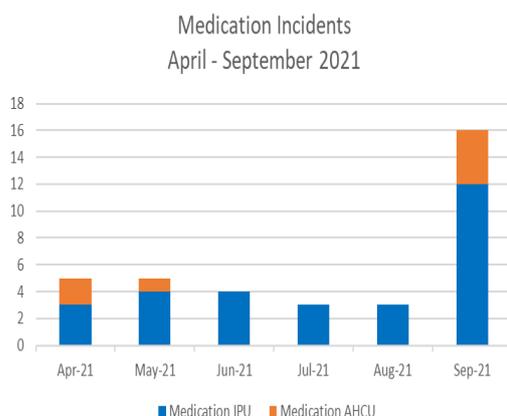
Reporting of incidents is very efficient as staff are aware of the issues that need to be reported and do this as soon as possible. They are aware of who they need to report the issues to and where to place the incident form. This is evidenced by the number of forms completed as staff are very effective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

The Hospice over the last few years has seen an increase in the complexity of patients which are cared for. This means more complex drugs are used and at times complex delivery of the drug is required, which can increase the risk of drug errors. Within this the number of drugs a patient takes has increased, especially when it comes to controlled drugs. The breakdown of drug incidents is on the charts below:

Clinical Incidents Involving Medications April – September 2021

36 Medication errors took place in this reporting period

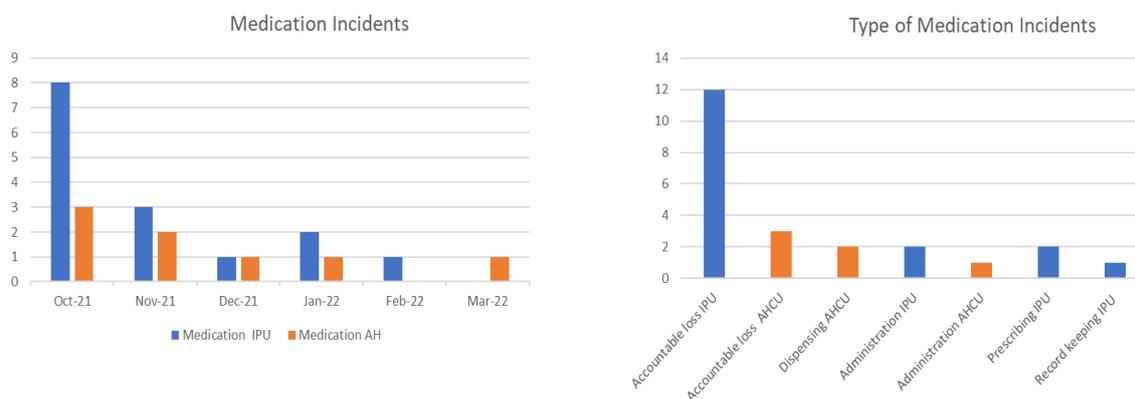
This is an increase of 25% since the last reporting period when 9 were recorded



Clinical Incidents Involving Medications October 2021 – March 2022

23 Medication errors took place in this reporting period

This is a decrease of 36% since the last reporting period when 36 were recorded



Recommendations for improvement include:

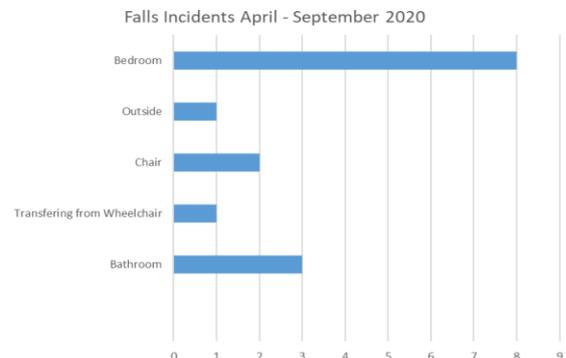
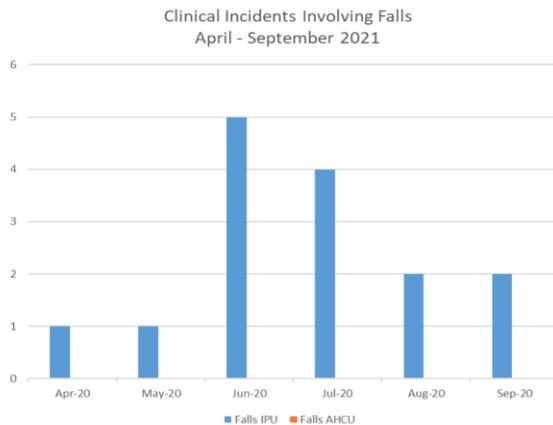
- Registered Nurses to complete Medication Self-Assessment Tool is in place.
- Ongoing engagement with Lloyd's Pharmacist to audit Kardex's and make recommendations on a monthly basis.
- CDLIN invited to review accountable losses and suggested 5% variance for viscose CD liquids.
- Medicine Management Policy updated to include a variance for viscose liquids of 5%.
- All clinical incidents are reported to the Accountable Officer.
- Ongoing sessions provided by the Education & Standards Clinical Lead via micro teaching, observations and supervision.
- New measuring equipment has been purchased for measuring liquids due to breakages.
- Stock checks continue weekly.
- The reintroduction of a check sheet remains in place.
- Temperature checks are completed by the Co-Ordinator or assigned to weekend staff.
- Process mapping exercise for all clinical incidents with improvements made to reporting and feedback to staff.

3.2.1.2 Falls Incidents

There was a total of 29 falls incidents during the period across all services as opposed to the previous year's audit where there were 30 in total, representing a decrease of 3.3%. These incidents include patients who are extremely independent and wish to maintain their dignity and independence. The breakdown is on the chart below:

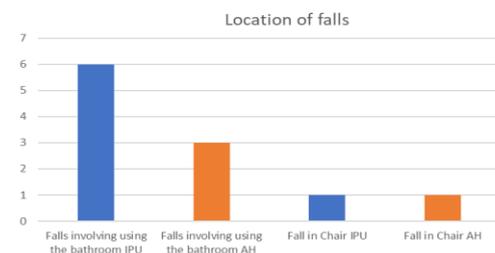
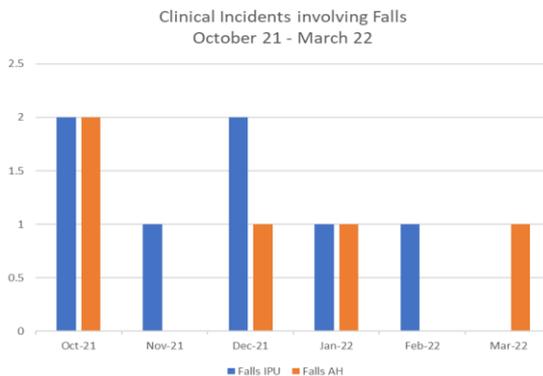
Clinical Incidents involving Falls April –September 2021

18 falls occurred during this reporting period, an increase of 20% from the previous audit of 15 falls.



Clinical Incidents involving Falls October 2021 – March 2022

11 falls involving 10 patients occurred during this reporting period, a decrease of 38.88% from the previous audit of 18 falls.



Recommendations for improvement include:

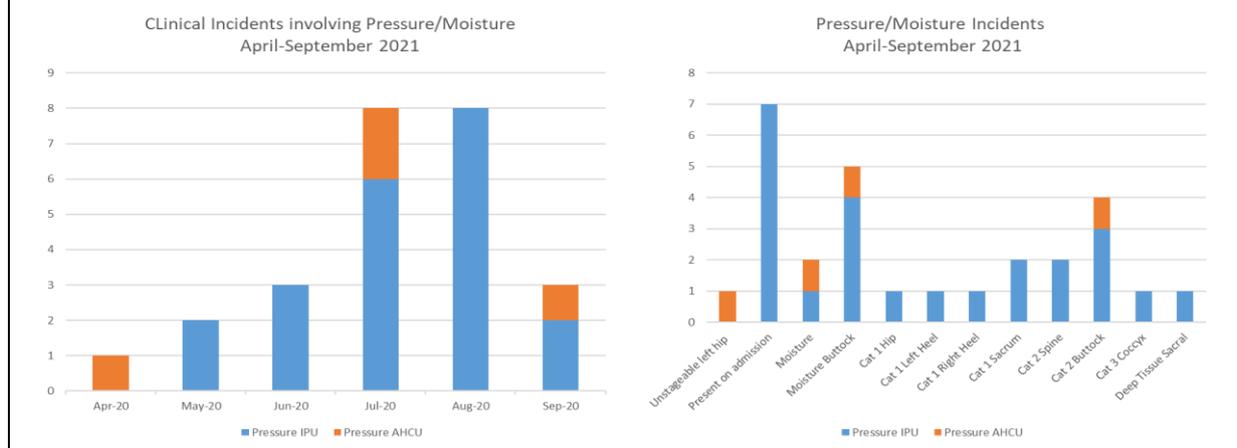
- Alice House Hospice will continue to engage with patients to explore how we can encourage patients to request assistance when mobilising to help reduce the risk of falls.
- A process mapping exercise of all clinical incidents took place in December 2021 and the process was amended with the addition and completion of Part 2 (Outcome and Lessons Learned) by the Senior Manager Clinical Services, which is then emailed to the staff involved in the incident with individual recommendations.
- Falls care plans continue to be implemented.
- Falls Prevention Strategy in place.
- To continue to complete intentional roundings as part of the Hospice's Falls Prevention Strategy and monitor on next year's audit for falls incidence.
- Changes to bathroom doors and lighting have been identified with the facility budget holder and when funding becomes available, changes will be implemented.

3.2.1.3 Pressure Ulcers

There was a total of 36 pressure/moisture related incidents during the period across all services as opposed to the previous year's audit where there were 50, representing a decrease of 28%. However, in 12 of these incidences patients were admitted with pressure/moisture damage, which have been recorded as present upon admission. In total 24 pressure/moisture incidents occurred at Alice House Hospice between April 2021 and March 2022.

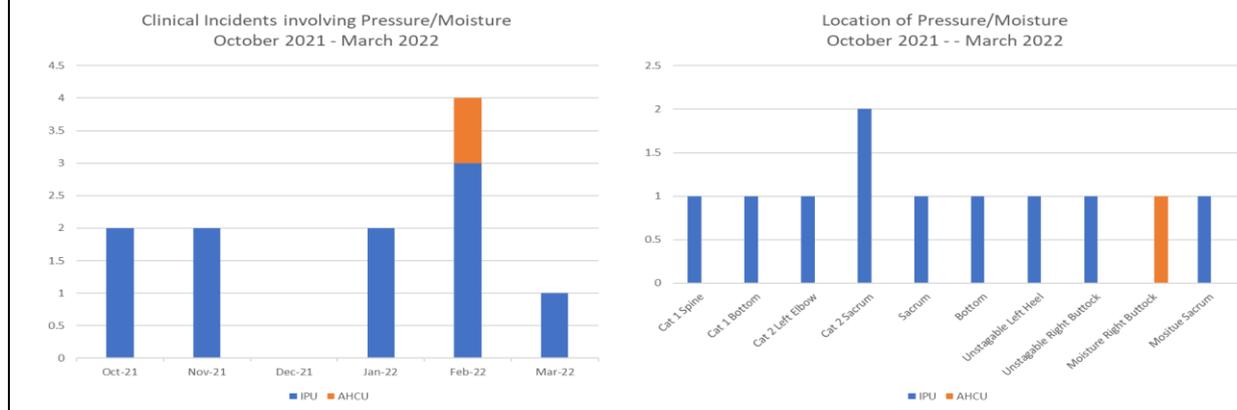
Clinical Incidents involving Pressure Ulcers: April–September 2021

22 pressure/moisture ulcers during this reporting period. 13 occurred at Alice House Hospice with 9 on admission. 12% decrease from last reporting period of 25 pressure/moisture with 18 occurring at Alice House Hospice.



Clinical Incidents involving Pressure Ulcers: October 2021 – March 2022

14 pressure/moisture ulcers during this reporting period. 11 occurred at Alice House Hospice (as shown in charts), 3 present upon admission. 15.38% decrease from last reporting period of 22 pressure/moisture with 13 occurring at Alice House Hospice.



Recommendations for improvement include:

- A process mapping exercise of all clinical incidents took place on December 2021 and the process was amended with the addition and completion of Part 2 (Outcome and Lessons Learned) by the Senior Manager Clinical Services, which is then emailed to the staff involved in the incident with individual recommendations.
- Ensure intentional roundings and care plans are in place and to liaise with Tissue Viability Lead to ensure the correct equipment is in place.
- Pressure Prevention Strategy in place.
- Shine the Light training places secured for staff.

3.2.1.4 Other Incidents

The Hospice collates information for all clinical incidents under the 'other' category. These incidents are those that do not involve drug incidents or falls. During this reporting period there were 7 other incidents across all services as opposed to the previous year's audit where there were 6 in total, representing an increase of 16.6%.

Other Clinical Incidents: April –September 2021

5 incidents occurred which is an increase of 400% since the previous audit when 1 incident occurred

- 1 hot drink spill AHCU in July
- 2 Skin Tears on IPU in July
- 1 emergency call, doctor did not respond
- 1 staff felt unit unsafe due to agitated patient with multiple falls.

Other Clinical Incidents: October 2021 – March 2022

- 1 Skin tear- patient caught leg on brake of the commode.
- 1 Needle left in situ

Recommendations for improvement include:

- Skin tears - brought to the attention of Moving & Handling Trainers to include in training.
- 1 Needle left in situ - individual meeting with Registered Nurse to discuss incident and reminder sent to staff regarding disposal of sharps.
- The call to the Doctor was investigated who had just moved house and the landline telephone had not been installed, with mobile reception patchy. This has been addressed.
- In the incident in which a member of staff felt unsafe due to a confused and agitated patient having multiple falls, the Duty Manager contacted the unit and spoke to the on-call Doctor who was present. Measures had been implemented such as a request for more staffing, staff deployed to sit with the patient as much as possible outside of 15 minute observations, family requested to make longer visits to settle patient who had dementia and was in a new environment.
- Clinical Governance Group to make any additional recommendations.

3.2.2 Hospice Performance

The Hospice has 2 separate inpatient units from which the following inpatient services are provided:

- **Inpatient Unit (8 Beds)**

- 8 single en-suite bedrooms providing short-term specialist palliative care for symptom control and end of life care. Commissioned by NHS Tees Valley CCG (6 beds) and NHS County Durham CCG (2 beds).

- **Long Term Care Unit (10 Beds)**

- 1 single en-suite bedroom providing short break respite care for palliative patients.
- 9 single en-suite bedrooms providing residential nursing care for palliative patients. These beds are generally funded by Continuing Healthcare (CHC).

The table below shows the Hospice's Inpatient Unit (8 commissioned symptom management and end of life care beds).

INPATIENT UNIT	Total 01/04/13 to 31/03/14	Total 01/04/14 to 31/03/15	Total 01/04/15 to 31/03/16	Total 01/04/16 to 31/03/17	Total 01/04/17 to 31/03/18	Total 01/04/18 to 31/03/19	Total 01/04/19 to 31/03/20	Total 01/04/20 to 31/03/21	Total 01/04/21 to 31/03/22
Admissions	242	231	227	217	167	187	194	174	147
First Admission	179	180	185	180	137	157	149	149	129
% Bed Occupancy	76.7%	80.2%	78.1%	68.9%	66.5%	76.3%	74.2%	64.5%	69.5%
Average Length of Stay (Days)	9.2	10.1	10.0	9.3	11.6	12.3	11.2	11.9	13.8
% Died	42.1%	42.2%	33.9%	43.1%	50.3%	37.4%	53.8%	56.6%	53.7%
% Discharges	57.9%	57.8%	66.1%	56.9%	49.7%	62.6%	46.2%	43.3%	46.3%
Cancer %	88.0%	87.0%	84.1%	89.9%	88.0%	77.01%	86.6%	73.9%	86.4%
Non Cancer %	12.0%	13.0%	15.9%	10.1%	12.0%	22.99%	13.4%	26.1%	13.6%

3.2.3 Key Performance Indicators

The Hospice submits quarterly reports on Key Performance Indicators to meet contractual requirements with NHS Tees Valley CCG and NHS County Durham CCG. Please note that it is a reporting requirement that the data is reconciled into the month that patients are discharged/deceased (i.e. a patient admitted in April but discharged in May will be shown in the activity for May). A summary of the performance data for the accounting period can be seen in the tables below.

3.2.3.1 NHS Tees Valley Clinical Commissioning Group

Measure	Threshold	Performance Q1	Performance Q2	Performance Q3	Performance Q4	Comments
Number of Inpatients who have been OFFERED an ACP/Deciding Rights.	90%	100%	100%	100%	100%	
Number of Inpatients RECEIVING an ACP/Deciding Rights.	90%	100%	100%	100%	100%	
Inpatient bed availability.	95%	94.8%	97.5%	95.3%	95.3%	Variance due to deceased patients in bed at midnight/ facility maintenance.
Inpatient bed occupancy.	85%	101.7%	54.6%	83.1%	63.4%	Variance due to patient complexity/ dependency levels.
Proportion of people who state their preferred place of death and achieve it.	85%	100%	100%	100%	100%	
% of Day Hospice/ Outpatients receiving a care plan.	100%	N/A	N/A	N/A	100%	Service provided telephone support during COVID-19 and resumed in March 2022 on an Outpatient basis.
Time from Day Hospice/ Outpatient referral to assessment.	>=90% within 7 days	N/A	N/A	N/A	100%	Service provided telephone support during COVID-19 and resumed in March 2022 on an Outpatient basis.

3.2.3.2 NHS County Durham Clinical Commissioning Group

Measure	Threshold	Performance Q1	Performance Q2	Performance Q3	Performance Q4	Comments
Number of Inpatients who have been OFFERED an ACP/Deciding Rights.	90%	100%	100%	100%	100%	
Number of Inpatients RECEIVING an ACP/Deciding Rights.	90%	100%	100%	100%	100%	
Inpatient bed availability.	95%	98.9%	100%	97.8%	100%	Variance due to deceased patients in bed at midnight/ facility maintenance.
Inpatient bed occupancy.	85%	38.5%	85.3%	44.4%	51.1%	Variance due to patient complexity/ dependency levels.
Proportion of people who state their preferred place of death and achieve it.	85%	100%	100%	100%	100%	
% of Day Hospice/ Outpatients receiving a care plan.	100%	N/A	N/A	N/A	N/A	Service provided telephone support during COVID-19 and resumed in March 2022 on an Outpatient basis.
Time from Day Hospice/ Outpatient referral to assessment.	>=90% within 7 days	N/A	N/A	N/A	N/A	Service provided telephone support during COVID-19 and resumed in March 2022 on an Outpatient basis.

3.2.3.3 Complexity of Inpatients

The Hospice's criteria for grading patient care as complex is detailed below together with complex and non-complex data for the period:

- Complex Symptom Management
- Methadone
- IV Antibiotics
- Blood Transfusion
- Family Dynamics
- Complex Dressings
- High Falls Risk
- Ketamine
- Complex Discharge
- Ascitic Drainage
- Management of Hickman & Central Lines
- Tracheostomy Care
- Extreme Psychological Support
- Complex Long-Term Condition

Please note that whereas the KPI reporting data in 3.2.3.1 and 3.2.3.2 above is reconciled into the month that patients are discharged/deceased (i.e. a patient admitted in April but discharged in May will be shown in the activity for May), the data below reconciles data in real time (i.e. a patient admitted in April but discharged in May will be shown in the activity for both April and May).

The data below includes the complexity of inpatients for both NHS Tees Valley and NHS County Durham CCGs combined.

Complexity Level	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Complex Days	214	139	179	64	596
Non-Complex Days	365	269	206	353	1193
Total	579	408	385	417	1789
Complex %	37.0%	34.1%	46.5%	15.4%	33.3%
Non-Complex %	63.0%	65.9%	53.5%	84.6%	66.7%

3.2.3.4 Referrals Not Admitted to the Inpatient Unit

The data below includes all referrals not admitted to the Inpatient Unit, together for the reasons for not admitting, for both NHS Tees Valley and NHS County Durham CCGs combined.

Reason Not Admitted	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Admitted elsewhere	1	2	2	1	6
No bed available	14	10	10	2	36
No longer required	4	7	5	5	21
Patient changed mind	0	1	2	2	5
Too ill to transfer	3	2	3	2	10
Died before transfer	4	3	4	12	23
Total	26	25	26	24	101

3.2.4 Local Audits

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

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

- Inpatient Respite
- Tissue Viability
- Infection Control
- Controlled Drug Audit of Prescribing
- Prescribing of Medications Documentation
- Patient Incident & Safety Audits (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 24 Hour Helpline
- Bedrails
- FP10 Prescription Pads
- Thromboprophylaxis
- Documentation Audit
- Completion of Referral Forms
- Clinical Environmental Audit
- Medicines Reconciliation
- Safeguarding Incidents

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

“Clinical Governance is a framework through which organisations are accountable for continuously improving the quality of their services and safeguarding standards of care, by creating an environment in which excellence in care will flourish.”

(Scully and Donaldson 1998)

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 represent the multi-disciplinary team providing an integrated approach to the delivery of quality care within an accountable framework. The group represents a strategic approach to ensure safe, high quality care from all involved in the patient pathway with optimum standards of clinical care that are responsive to patient needs and emergent policy and practice.

In order to ensure a fully integrated approach to the delivery of quality care, the following internal groups report into the Clinical Governance Group:

- Medicines Management Group
- Clinical Risk Management Group
- Clinical Education Group
- Model of Care Group
- Health & Safety Committee
- Safeguarding Hub

The Clinical Governance Group reports to the Senior Management Team, Finance & Risk Management Sub Committee and the Board of Trustees and covers all aspects of patient related care.

3.3 PATIENT, CARER, STAFF & VOLUNTEER EXPERIENCE 2021/2022

3.3.1 Workforce Assurance Report

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.

Feedback from staff has included the following comments:

"Working at Alice House has made me a better person; I am surrounded by such passionate and caring individuals who I respect so much."

"The Hospice gives people a chance to live the end of their lives to the best of their ability, surrounded by the people they love the most."

"Coming from abroad, I didn't ever expect to be this comfortable in my place of work despite the big difference in culture and language. The amount of love, help and support you all showed me over the past 4 months is just heart-warming. What sums up my feeling is that I felt at home in Alice House more than the place of my stay in Hartlepool. You made it easier for me to bear this one-year distance between me and my family and friends."

3.3.2 Sickness and Absences

Staff sickness is minimised through effective management and staff are supported to keep healthy and reduce the sickness burden on the organisation. Staff are kept aware of the cost and impact of sickness on the organisation in a non-accusatory way and are encouraged to identify solutions to reduce sickness.

Patient care staff and catering staff have a higher percentage of sickness than other departments, which can be partly due to infection control measures which do not allow them back to work for 48 hours after sickness bugs or to nurse patients if they have a cold or flu virus. We have a large number of clinical bank staff that we utilise for sickness to enable us to continue to deliver a high standard of patient care without interruption to delivery of service. COVID-19 has had a significant impact on our sickness levels, with many clinical staff contracting the virus or having to isolate due to family members testing positive. Alice House Hospice is very proud of the fact that we were able to keep all of our services operational and our patients free from COVID-19, which was due to stringent procedures being put in place and the dedication and passion of our staff who worked additional shifts and cancelled holidays to ensure rotas were fully covered.

Alice House Hospice offer all staff an option to join the Westfield Health Plan, which supports staff with their health and wellbeing. All staff also have access to our Holistic Wellbeing Centre which offers meditation, reflexology, acupuncture, Indian head massages, complementary therapies, etc. This is highly successful for preventing staff going on sick leave for stress/anxiety etc. and also successful for staff returning back to work earlier.

Alice House Hospice is also part of the Better Health at Work Project and after receiving the Bronze Award is currently working towards the Silver Award.

3.3.2.1 Costing for Sickness

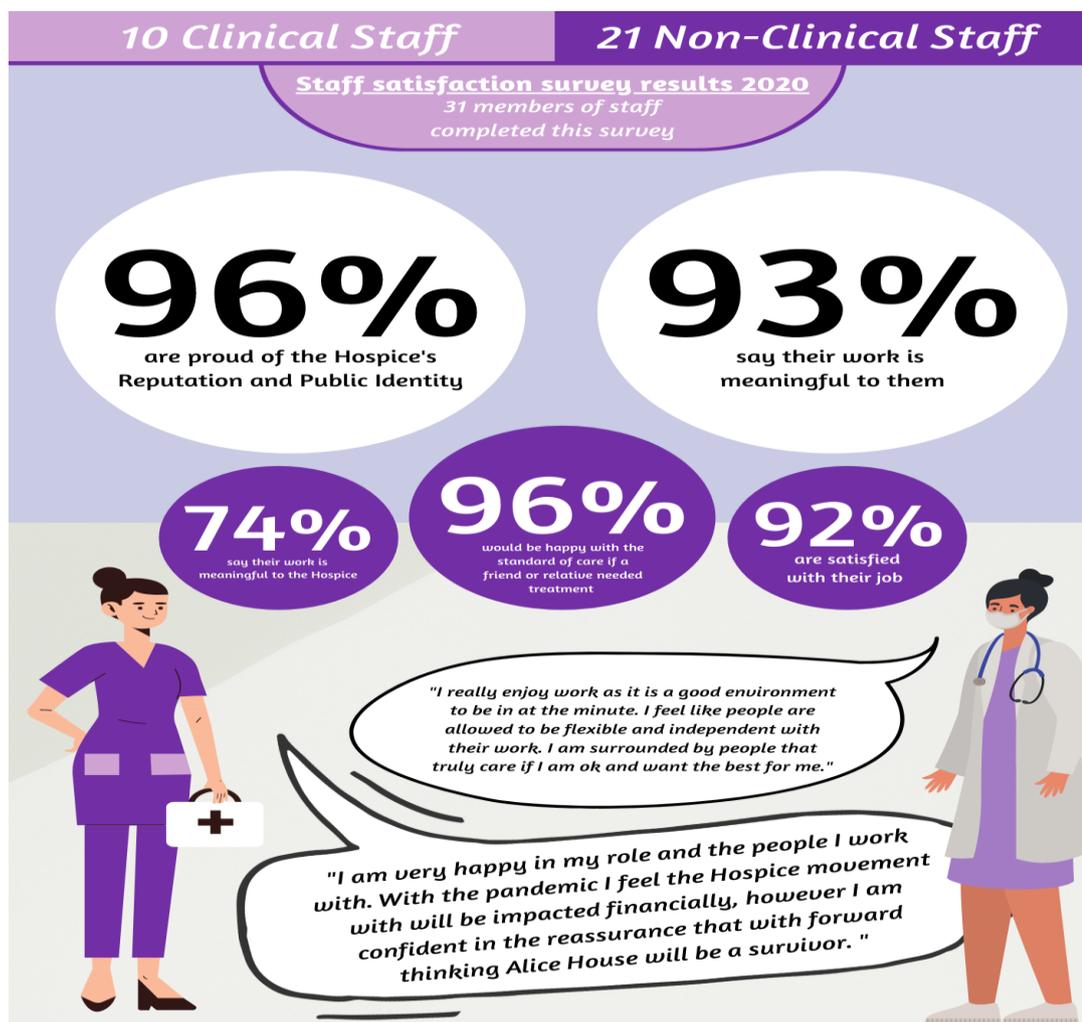
APRIL 2021 – MARCH 2022		
Month	Hours	Cost
April 2021	84.0	£1,252.42
May 2021	52.5	£564.44
June 2021	82.5	£775.37
July 2021	310.0	£4,472.33
August 2021	354.0	£3,057.50
September 2021	510.5	£6,640.00
October 2021	729.5	£6,967.96
November 2021	958.5	£9,074.32
December 2021	717.0	£5,913.14
January 2022	898.5	£9,787.40
February 2022	737.5	£7,536.00
March 2022	933.0	£8,793.35
TOTAL	6367.5	£64,834.23

APRIL 2020 – MARCH 2021		
Month	Hours	Cost
April 2020	388.5	£4,153.73
May 2020	1566.0	£18,437.00
June 2020	695.5	£7,407.90
July 2020	184.0	£2,712.16
August 2020	267.0	£2,097.54
September 2020	78.5	£691.72
October 2020	255.0	£2,926.75
November 2020	772.5	£8,626.88
December 2020	161.5	£2,012.07
January 2021	105.0	£950.18
February 2021	186.0	£1,880.00
March 2021	101.0	£1,199.32
TOTAL	4760.5	£53,095.25

Sickness during 2021/2022 increased by £11,739 on the previous year, mainly attributable to the Coronavirus Pandemic.

3.3.3 Staff Satisfaction

The Hospice completed an annual Staff Satisfaction Survey in October 2021. 30 completed surveys were returned.



3.3.4 Mandatory Training

The Hospice ensures its staff are appropriately trained and educated for their role and each individual will be supported to achieve their greatest potential in line with organisational objectives.

Mandatory training is delivered to all staff on an annual basis with four sessions a year to capture all existing and new staff. As well as mandatory training, the Hospice provides clinical staff with an annual rolling programme of education to keep their skills up to date. All staff are captured by incorporating the clinical rolling programme of education into their off duty.

The Hospice introduced a 12-month training schedule from January 2022 to ensure that training is well planned and not reactive and also to enable the staff rotas to be planned in advance. The training consists of:

Training	Dates
Mental Capacity Act	February 2022
Non-Clinical Mandatory Training	February/March/April 2022
Clinical Manual Handling	March/July 2022
Symptom Management	April 2022
Dementia	April 2022
Oral Hygiene	April/May 2022
SystmOne	April/June/September/November/December 2022
End of Life	May 2022
Clinical Mandatory Training	May/June 2022
Medicines Management	July 2022
Learning Difficulties	August 2022
Care Certificate	August 2022
Tissue Viability	August/September 2022
Compression	September 2022
Clinical Rolling Programme of Education	November 2022

3.3.4.1 Annual Mandatory Training 2021/2022

The following training was delivered from April 2021 to March 2022:

Training
Clinical Moving & Handling Training
Mental Capacity Act
Syringe Driver Training
Mandatory Training: <ul style="list-style-type: none"> • Food Hygiene • Manual Handling • Infection Control • Data Security Awareness • Health & Safety • Fire • Conflict Resolution
Clinical Rolling Programme of Education <ul style="list-style-type: none"> • Blood Transfusion • Lymphoedema • Holistic Pain & Therapies • Infection Control • Tracheostomy • Use of Steroids • Mattress

3.3.4.2 Clinical Rolling Programme of Education

The Clinical Rolling Programme is an ongoing programme of education to aim to capture current issues, relevant clinical skills, gaps/improvements in practice or any learning needs otherwise identified within the organisation. This may incorporate in-house education delivery or external speakers relevant to the subjects required.

3.3.4.3 Additional Training

Higher level Safeguarding training has been introduced for our safeguarding leads, as detailed below:

Course	Audience
Safeguarding Level 4	Safeguarding Lead Senior Manager Clinical Services
Safeguarding Children Designated Officer Level 3	Safeguarding Lead Senior Manager Therapeutic Support Services Senior Manager Clinical Services Bereavement Counselling Lead

On induction, all Registered Nurses are asked to complete a self-assessment Medication Competency Booklet which is checked by the Clinical Lead to ensure all Registered Nurses are confident and competent in all areas; this is followed up by regular drug calculations and drip rate calculations tests and revisited on a yearly basis. Senior Healthcare Assistants also complete Medication Assessment Booklets annually.

8 members of staff have achieved their Award in Education and Training, which will help with the delivery of internal training.

3.3.5 Clinical Supervision

Clinical supervision is a process by which professionals are assisted to improve practice, develop both professionally and personally, and manage complex situations associated with the care and treatment of patients. It is a method of supporting and developing competence by providing practitioners with the opportunity to meet either on a regular or ad hoc basis with an experienced colleague or peer to discuss, reflect and learn from their experiences in clinical practice.

Staff are 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.

We now have 2 senior clinical staff who are trained to provide Clinical Supervision to clinical staff.

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.

3.3.6 Board Development

The Hospice holds a public Annual General Meeting, which normally 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.

Due to the Coronavirus Pandemic, the AGM for 2021 was held virtually on 25 November 2021, with all Members invited to attend.

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

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

The Board of Trustees subscribe to the following charter:

OUR TRUSTEE CHARTER – Our Trustees Will:
Act at all times in the best interests of the Hospice as a whole and its beneficiaries, both current and future.
Ensure that the Charity's affairs are managed prudently and take a long-term as well as a short-term view.
Invest their time in providing independent governance in the running of the Hospice and utilising their professional skills where possible to provide advice and guidance.
Make decisions by a majority, but act as a group. This means that once a decision is made they are bound by it and are deemed to support it.
Not have the power to act independently on behalf of the Board unless they have been given clear instructions to do so.
Represent the Hospice at all times, whether attending Hospice meetings or not.
Be ambassadors for the Hospice and promote and seek new opportunities for the Hospice.

3.3.7 Senior Management Team

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 Senior Management Team comprises of:

- Chief Executive
- Deputy Chief Executive/Director of Information Governance
- Deputy Chief Executive/Senior Manager Corporate Services

- Senior Manager Finance
- Senior Manager Clinical Services
- Senior Manager Therapeutic Support Services
- Senior Manager Retail
- Senior Manager Fundraising
- Senior Manager Communications

3.3.8 Regulatory Compliance

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

- Chief Executive
- Deputy Chief Executive/Director of Information Governance
- Registered Manager (Care Quality Commission)
- Accountable Emergency Officer (Care Quality Commission)
- Nominated Individual (Care Quality Commission)
- Senior Information Risk Owner
- Safeguarding Lead (Adults)
- Safeguarding Lead (Children)
- Child Sexual Abuse & Exploitation Lead
- Mental Capacity & Liberty Protection Standards Lead
- Information Governance Lead
- Caldicott Guardian
- Freedom to Speak Up Guardian
- Data Protection Officer
- Prevent Lead
- Infection Prevention Lead

3.3.9 Volunteers' Experience

Hospice volunteers work throughout the organisation and support the following clinical areas; Inpatient Unit, Long Term Care Unit, Therapeutic Support Services, Catering, Housekeeping, Reception/Administration, Gardening and Maintenance.

All volunteers are required to attend an induction in the area they will be working and are provided with volunteer job descriptions. They are also required to undertake mandatory training, which supports them and ensures that safety is maintained when conducting their role.

As a result of the Coronavirus Pandemic, many volunteers have been absent since March 2020 due to Government restrictions and in order to keep them safe. Following the Government's four step roadmap out of lockdown, which started on 08 March 2021 and moved into step four on 19 July 2021, volunteers have started to return to the Hospice. Volunteers have been welcomed back by staff as they work tirelessly in all areas of the Hospice and are an integral part of the workforce.

"Being a volunteer for Alice House is one of the most rewarding things I have ever done or been involved in."

3.3.10 Education & Training

The Hospice participated in the Education Alliance Project which commenced in January 2017. The project is a collaborative alliance approach to palliative and end of life education across all care homes within Hartlepool & Stockton, involving the Mental Health Teams, the Falls Teams, North Tees & Hartlepool NHS Trust and Alice House Hospice. The aim of the project is to reduce hospital admissions from care homes and help patients achieve their Preferred Place of Care (PPC). Further funding was secured from the Education Alliance Project to deliver training during 2018/19, 2019/20, 2020/21 and 2021/22 on End of Life Care and Advanced Care Planning to local care homes. During 2021/22 the Hospice booked virtual training sessions for 46 care homes across both Stockton-on-Tees and Hartlepool, with 11 cancelled by care homes due to staffing issues relating to COVID-19.

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.

3.3.11 Awards

The Hospice feels that it is vital that staff and volunteers 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 valuable contribution of Volunteers is recognised through the presentation of long service awards.

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.

Unfortunately, due to the Coronavirus Pandemic, the AGM for 2021 was held virtually with volunteer awards being distributed by post and staff awards suspended until the next AGM.

3.3.12 Complaints

"A health service that does not listen to complaints is unlikely to reflect its patients' needs."

Sir Robert Francis QC

Alice House Hospice strives to ensure that all its services are delivered to a consistently high standard. However, there may be occasions when service users' or other stakeholders' expectations are not met. Making a complaint

is one way that people can make their views known when our services fall short of their expectations.

As well as providing resolution for individuals, complaints offer health and social care providers invaluable learning opportunities:

- They provide vital information about whether services are performing for the people they are set up to serve.
- They hold the potential to act as an early warning system that can help prevent further problems.
- They are vital in supporting the improvement of standards and services.
- By law, all health and social care providers must have an efficient policy and procedure for dealing with service user complaints, which details how to make a complaint.

The views of everyone who uses any of the Hospice's services or experiences the services we provide are important (this includes service users, their carers, friends, family, other Hospice visitors and professionals, as well as customers and Hospice donors).

In the event of an individual wishing to comment on an aspect of the Hospice's services, they will be encouraged to make their views known to a member of staff either verbally or by using one of the Hospice's 'Compliments, Comments and Concerns' leaflets or Patient/Carer Satisfaction Questionnaires. These are located at Reception, the Outpatient Departments, Inpatient Unit, Long Term Care Unit and Patient/Carer & Visitors' Information Files. Leaflets are also available in all our commercial premises.

The Hospice maintains a Complaints Register and during 2021/22 there was 0 clinical complaints relating to patient care.

3.3.13 Other Comments from Patients & Carers

A selection of comments received are listed below:

"I never really understood what the Hospice was about, but now I understand it's not all about dying, even though that's what most people think."

"The staff here couldn't be kinder or do enough for me. They are working hard to keep my pain under control and some days are better than others, but they don't give up."

"I attended Children's Bereavement Counselling ... and it has really helped me process everything that was happening."

"Each and every member of staff made us feel like Alice House was our home."

"Thank you for the incredible care and love shown to our Mum XXXX and indeed all of us. You wrapped us all up and carried us through each day, giving us your strength when we had lost ours. Each and every one of you are a credit to the name of Alice House and what it stands for. We will never forget your kindness. With all our love."

“Staff at Alice House went above and beyond ...”

“We both felt a huge sense of ease (at being offered a place at Alice House), we knew it was the right place for him. Now it was time for him to receive the specialist care that only a hospice can provide.”

“We will always be grateful to everyone at Alice House for the wonderful care and attention he received from you all over the months when he was a patient with you.”

“To all IPU staff. Thank you for the wonderful care you all gave my grandad XXXX. After living independently, I know he was uncertain about anyone looking after him. However, the care he received was first class and to see him comfortable and his symptoms so well managed is something I will always be grateful for.”

“To all the staff, thank you for making us all so welcome and caring for XXXX the way you are. It’s such a relief to see him pain free and so comfortable and content with you all. It means the world to me to see him like he is after the time we’ve had. Lots of love and big hugs to you all.”

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

“You took all of his pain away. He passed peacefully and pain free. Thank you again.”

“I would like to thank you from the bottom of my heart for looking after Mam, my family and myself so beautifully. You surpassed any expectation I had of care given to patients and their family, so much so I felt Mam was part of your own family. I will never forget you and I am eternally grateful. You treat all residents as individuals, not just ‘another patient’. To me you are all, ‘Angels guiding Angels to heaven’. All my love.”

“He left us in peace and dignity just how we wanted.”

“To all of the Hospice staff, we can’t thank you enough for the care, love and dignity you provided to our dad. He absolutely loved you all and will be forever grateful that he spent the last 8 weeks of his life surrounded by the world’s kindest and most loving people. We take great comfort from this! In addition to what you have done for dad, the support and love given to us as a family has been amazing. You truly are real life angels and the work you do is so very special.”

“After living independently, I know he was uncertain about anyone looking after him. However, the care he received was first class and to see him comfortable and his symptoms so well managed is something I will always be grateful for.”

“Thanks! Words can’t express how thankful we are for the care and kindness that was shown to XXXX and our family whilst he was in your care. He wasn’t with you for very long but just seeing how calm and relaxed he became within minutes of entering the building and meeting all of the lovely staff gave all of us so much comfort. XXXX had a real fear of going into the Hospice but that soon disappeared once he was there and settled in his room. He actually said it was better than some hotels he had been in. He laughed and joked throughout the day and he even managed a two course lunch which was even more memorable as he hadn’t had an appetite for such a long time. XXXX had one request whilst in the Hospice, it was that he didn’t want to suffer – his wish was that the ‘Hospice Army’ as he called you would help him in his final hours. The ‘Hospice Army’ definitely did that. It takes special people to do what you all do; every member of your staff is amazing. I truly mean that. We are eternally grateful, there are not enough words to express what a wonderful place Hartlepool Hospice is. Thank you so much.”

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 Tees Valley CCG
- NHS County Durham CCG
- Hartlepool Borough Council Health & Wellbeing Board (representing voluntary sector)
- Healthwatch Hartlepool
- Hartlepool Borough Council
- Durham County Council

3.4.1 Supporting Statement from NHS Tees Valley CCG and NHS County Durham CCG



First floor, 14 Trinity Mews
North Ormesby Health Village
Middlesbrough
TS3 6AL

Sandra Britton
Alice House Hospice
Wells Avenue
Hartlepool
TS24 9DA

23 June 2022

Statement from NHS Tees Valley Clinical Commissioning Group and on behalf of NHS County Durham Clinical Commissioning Group for Alice House Hospice

The Commissioners welcome the opportunity to review and comment on the Quality Account for Alice House Hospice for 2021/22.

As Commissioners, we are committed to supporting the provision of high-quality services from Alice House Hospice. Overall, the Commissioners felt that the report was well presented and written in a meaningful way for both stakeholders and users. The report provides an accurate representation of the services provided during 2021/22 within the Hospice.

The Commissioners recognise that 2021/22 has been difficult due to additional pressures on hospices whilst dealing with the Covid-19 pandemic; it is reassuring to see that Alice House has prioritised the provision of palliative care services to meet the needs of the population despite the difficult circumstances. The Commissioners would like to extend their gratitude to all members of the team for their continued hard work and commitment during this time.

The Commissioners acknowledge the significant work that the Hospice has undertaken to drive quality improvements throughout the year including the implementation of a new Falls Strategy and introduction of Tissue Viability training in partnership with the local Trust. These projects have had significant positive effects on patient care and the Commissioners support future aspirations in these areas. The Hospice has remodelled the day care services and the Commissioners welcome the proposed benefits of this within the coming year.

The Hospice recognises the importance of mental health support which is evident within their staff and patient services. The Commissioners support this welcome approach and look forward to receiving further updates around training delivery, and progress and impact for staff, patients, and families.

The Commissioners note the increase in reported medication errors. Currently it is unclear if this is due to a greater attention to the capture and reporting of instances, or an increase in the numbers of errors. We look forward to receiving assurances that the planned work around monitoring and surveillance, together with an improvement action plan addresses these concerns.

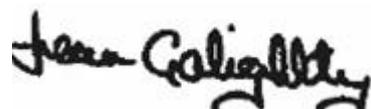
The Commissioners would like to extend their support for the Hospices proposed objectives for 2022/23 that include the implementation of an electronic recording system for clinical incidents. It is noted that the Hospice has clearly outlined the plan to ensure all staff are able to access the system. Commissioners also note the ambition to ensure all staff have access to SystemOne Hospital Palliative Care Module to improve communication within the hospice, and across Primary and Secondary colleagues, which will further support and uphold excellence in patient care.

The Hospice have participated within three National Clinical audits and a number of local audits. The Commissioners also note that the Hospice are working towards Silver 'Better Health at Work Project'. They have also been involved with the Government Kickstart Programme and NEVR labs which have led to employment for a number of young people within the local area.

It is also very satisfying for the Commissioners to read such positive patient and family feedback about how staff members have treated patients in their final moments with dignity, privacy and respect and it is a great reflection on the quality of care provided by Alice House that no formal complaints were received for the 2021/22 period.

The Commissioners look forward to continuing to work in partnership with Alice House to assure the quality of services commissioned in 2022/23.

Yours sincerely,



Jean Golightly
Executive Director of Nursing and Quality
NHS Tees Valley CCG



Anne Greenley
Director of Nursing and Quality
NHS County Durham CCG