

Serving the communities of
Hartlepool & East Durham



Alice House Hospice

Quality Accounts

2019/2020



Dignity, Respect, Support and Care

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

CHIEF EXECUTIVE'S STATEMENT

Alice House Hospice has been the main provider of Specialist Palliative Care in Hartlepool and East Durham for 40 years and this is our anniversary year. We work closely with our partners in the Acute Sector and other Hospices in the North East of England in addition to other Charities in Hartlepool.

This year, through its challenges with COVID-19, the Hospice has strengthened its local partnerships and have supported the NHS Foundation Trust and the CCGs to manage capacity and care for our communities.

Hospice staff have been on the front line of this health crisis and they are our local Heroes who have sat by the bedside of patients throughout this time of Government restrictions. They have ensured our patients were cared for safely and with care and compassion by all grades of staff who each sacrificed something to keep the Hospice open.

Tracy Woodall
Chief Executive
September 2020

CHAIRMAN'S STATEMENT

As Chairman of the Board I would like to thank all of the staff in the Hospice for ensuring that the last 40 years of outstanding care has set the Hospice firmly in the heart of its communities.

The Board are proud of each and every employee and volunteer who dedicate their expertise for the benefit of the community.

The Board would also like to thank every individual, group, local business and supporter, especially over these months when so much is uncertain, for giving to our wonderful Charity.

The Board are confident that the information they receive from the Senior Management Team enables effective governance of the organisation and that high standards are maintained.

Ray Priestman
Chair of Trustees
September 2020

PART 2: FUTURE IMPROVEMENT PRIORITIES 2020/2021 AND MANDATORY STATEMENT OF ASSURANCE FROM THE BOARD

2.1 INTRODUCTION

The Hospice was established in 1980 as a local charity (Hartlepool Hospice Ltd) delivering specialist palliative care to individuals affected by life limiting illnesses within the local communities of Hartlepool (including Stockton-on-Tees) and East Durham. The Hospice 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, Staff Grade Doctors, F2 Doctors, Specialist Registrar Trainees, GP Trainees, 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.

From March 2018 our registered beds with the Care Quality Commission increased to 18 to respond to increasing demand from the local health economy. Alice House Hospice now provides 18 inpatient beds, which consist of 8 specialist complex management, 9 long term nursing and 1 respite. A wider variety of inpatient services allows the Hospice to have an extended referral criteria, thereby supporting more patients in the local communities and providing greater choice around Preferred Place of Care (PPC).

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

"The homely touches - a fleecy blanket around her, a comfy recliner chair for us to rest on. Unlimited cups of tea and hugs from nurses."

"Without you my husband and I would have no time to go places together. We know she is cared for and loved with you; she calls it her inner sanctum and feels happy there."

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

During 2019/20 the Hospice provided 8,441 hours of homecare support to 44 clients which represents a decrease of 4% on the previous year.

*“My dad can’t talk but the carer always says what she is doing.
Great staff, well organised, very caring.”*

Other community services include Day Hospice services, which are delivered from the Hospice’s purpose built Holistic Wellbeing Centre. Day Hospice continues to provide specialist clinical support in an outpatient environment to help control symptoms and provide effective treatment, alongside the provision of psychological and emotional support to improve wellbeing. This service forms part of the commissioning arrangements with both Hartlepool & Stockton CCG and Durham Dales, Easington & Sedgefield CCG. During 2019/20 the Hospice provided 330 Day Hospice sessions which represents an increase of 27% on the previous year.

*“Their care, understanding and above all, non-judgemental approach
have been just what I needed to help me regain my self-confidence
and help me to plant my feet back firmly on the ground.”*

The Hospice continues to provide Day Care services on Tuesday, Thursday and Friday which support the social care needs of the local community, reducing isolation and offering a peer support approach. These services are delivered in a relaxed, friendly environment in our purpose built Holistic Wellbeing Centre and can be funded through Continuing Healthcare, Local Authority, Personal Budgets/Direct Payments or Self-Funded. During 2019/20 the Hospice provided 1,308 Day Care sessions which represents a decrease of 2% on the previous year.

*“Tell all about the great place this is.
Nice staff, good with people, you feel welcome.”*

Complementary Therapies, which are designed to offer relaxation and help to relieve symptoms, complement the specialist medical and nursing care our patients may be receiving. This service is provided wherever the patient requires it, even in their own home environment and is also available to the wider public.

Due to the Coronavirus Pandemic, Social Day Care, Complimentary Therapies, Holistic Therapies, Face to Face Counselling and Day Hospice services delivered by Alice House Hospice were suspended from March 2020 as per Government guidelines. A dramatic decline has also been noted in Homecare Services, which could be for many reasons such as people do not want additional foot fall in their homes, family members are taking over caring duties either due to working from home or being furloughed. Moving forward some strategic decisions will have to be made regarding Homecare Services and Social Day Care Services due to declining funded packages and fundraising activities which have been affected by the pandemic, together with the increase in wages of the Homecare Services staff who are not able to mix and rotate with inpatient services.

The Holistic & Wellbeing Centre also facilitates Bereavement Counselling Support to adults who reside in the communities of Hartlepool and East Durham. We provide a safe 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 is designed to provide holistic bereavement and anticipatory grief counselling to those adults that are affected by a palliative care diagnosis. 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 help children with 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 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.

In January 2020, the Hospice started to deliver Therapeutic Support Services via a holistic range of activities, classes and therapies to adults in our local communities. The aim of these services are to promote good mental health and enhance a sense of wellbeing within the service user. A combination of activities and therapies such as, Mindful Crafts, Mindful Guidance and Support Group, Deep Relaxing Guided Meditation, Reflexology, Reiki, Indian Head Massage, Yoga, and other complementary therapies. Complementary Therapies can benefit service users by aiding relaxation, improving sleep patterns, reduction in stress and tension in the mind and body and uplifting mood by providing a sense of wellbeing.

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.

The 24 Hour Helpline has been promoted during the recent Education Alliance Project which commenced in January 2017 and was extended into 2018/19, 2019/20 and 2020/21. 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). During the period April 2019 to March 2020 the Hospice's Education Lead successfully delivered 33

training and education sessions to care homes across both Stockton on Tees and Hartlepool.

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

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

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

Alice House Hospice is an integral partner in the 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 Hartlepool & Stockton-on-Tees CCG and Durham, Dales, Easington & Sedgefield CCG) during 2019/20.

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.

2.2 FUTURE IMPROVEMENT ASPIRATIONS 2020/2021

Alice House Hospice has developed the following improvement aspirations in line with the organisational Clinical Strategy 2019 to 2022 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

Environmental Infection Control

2.2.1.1 How the priority was identified

Following the Prime Minister's address to the nation on 23 March 2020 regarding the Coronavirus outbreak, the Hospice like many businesses has been required to adapt quickly to new ways of working in order to ensure full compliance with the Government's guidelines and restrictions.

With the spread of Covid-19 Matt Hancock, the Health and Social Care Secretary, told the House of Commons on 16 March 2020 "unnecessary social contact should be avoided". Prime Minister, Boris Johnson, addressed the nation on 23 March 2020 telling people they must stay at home and many businesses closed to reduce the infection rate.

As hospitals are looking at ways to manage people who are affected by Covid-19, Alice House Hospice have been approached by NHS Tees Valley CCG to commission 8 beds for the end of life care of patients who are Covid-19 positive. This will entail detailed strategic and operational changes, including environmental changes to infection control within the Hospice.

2.2.1.2 How the priority will be achieved

- Segregating the Inpatient Unit for COVID-19 patients only and the Long Term Care Unit for short-term symptom control/end of life care and residential nursing care.
- Splitting the clinical staff into 3 separate teams, with 1 team working in shift rotation on the Inpatient Unit, 1 team working in shift rotation on the Long Term Care Unit and 1 small team working exclusively in Homecare Services.
- The Inpatient Unit will be accessed during this period via a separate external rear exit only by those staff on the Clinical Team allocated to the Inpatient Unit. All remaining staff will be required to use the main front entrance.
- Separate showering and changing facilities for clinical staff working on IPU with COVID-19 patients.
- Staff working in bubbles where possible, e.g. Catering Team, Domestic Team, Senior Management Team, Finance Team.
- Dissemination of ongoing updates of government guidelines appropriate to clinical area/ service delivery.
- Staff training on COVID-19 and use of PPE.
- Development of COVID-19 resource file x 3. One for each clinical area.

- Development of new standard operating procedures (SOP) for infection prevention and control, e.g. handling linen.
- Display of donning and doffing posters at appropriate location points.
- Changes to Hospice visiting in response to government and local guidance to include limited visiting, screening visitors, provision of recommended PPE and use of hand washing/gel facilities.
- Provision of alternative forms of contact for patients and families such as video calls, using the downstairs widows and patio areas to facilitate compassionate visiting, minimal contact with staff and no contact with other patients.
- Virtual Multi-Disciplinary Team meetings.
- Audit of infection control.
- Liaise with NHS Trust Infection Prevention and Control Team.
- Introduction of temperature checks for staff and visitors.
- Closure of Bistro to the public.
- Closure of Day Hospice, Social Day Care, Complementary Therapies and Holistic Therapies to reduce risk of infection spreading.
- Change of Counselling Services from face to face to telephone support.

2.2.1.3 How the priority will be measured

- Twice daily completion of NHS Capacity Tracker with data on capacity, patient/family/healthcare contact levels, PPE, COVID-19 patients and workforce,
- Staff workforce rotas.
- Staff training records.
- Additional cleaning rotas.
- Results from infection control audits.
- Lists of patient visitors.
- Monitor levels of staff sickness to ensure business continuity.
- Patient and visitor feedback (verbal, cards and letters).
- Testing patients for COVID-19/record of any new cases.
- Track and Trace.
- Environmental audit.
- Follow up at Clinical Risk and Health & Safety meetings.

2.2.2 Priority 2 – Clinical Effectiveness

Pharmacy Improvement Plan

2.2.2.1 How the priority was identified

The priority was identified during a Service Level Agreement visit by the Hospice's appointed Pharmacy Supplier's Pharmacist. Improvements were identified to ensure that the Hospice's pharmacy protocols were safe, cost effective and time efficient. The increased cost and availability of medications was also identified as a priority due to the impact of COVID-19 upon the pharmacy budget and supply chain.

2.2.2.2 How the priority will be achieved

- Daily checks and monitoring of drug refrigeration temperatures.
- Improvement to processes for ordering stock medications from pharmacy.
- Improvements to ordering patient medications from pharmacy.
- Improvements to storage of medications in drug rooms.

2.2.2.3 How the priority will be measured

- Cost effectiveness resulting from a reduction in the wastage of medication and unnecessary stock levels. This will be measured through an audit of CD destruction and medication ordering processes.
- Audit of documentation – i.e. drug temperature monitoring sheet.
- Audit of medication incidents relating to temperature/drug storage.
- Pharmacy audits on stock and patient medication.

2.2.3 Priority 3 – Patient Experience

Effective Pain Management (Nursing Team)

2.2.3.1 How the priority was identified

Within the Hospice, several staff nurses have been employed from non-specialist areas and have identified that they would benefit from increased knowledge in managing complex pain for palliative patients. This will improve the patient experience as nursing staff will be appropriately trained and skilled in pain management through assessment, monitoring, interpretation, intervention and evaluation of pain.

2.2.3.2 How the priority will be achieved

A skills audit will be undertaken with nursing staff and senior healthcare assistants. This will establish the baseline skills and knowledge of staff.

Training will be provided to nursing and senior healthcare assistants via an in-house non-medical prescriber covering:

Basic pain management principles:

- Opiate analgesia.
- Adjuvant analgesics.
- Other pharmacological treatments.
- Non pharmacological treatments.

2.2.3.3 How the priority will be measured

- Knowledge will be assessed using a questionnaire before training has been delivered.
- Evaluation of feedback from training.
- Knowledge will be re-assessed using a questionnaire when training has been delivered.

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 2019/2020 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.
- Community Domiciliary Care.
- Day Hospice designed around symptom management, health and social care.
- Day Care designed around social care and wellbeing.
- Complementary Therapies.
- Counselling & Therapeutic Support Services.
- 24 hr Helpline.
- Physiotherapy.
- Occupational Therapy.
- Chaplaincy.

The income generated by the NHS services received in 2019/20 represents 20.6% of the total income generated from the provision of NHS services by Alice House Hospice for 2019/20.

This means that the remaining 79.4% of the overall costs of service delivery is fundraised by the Hospice from voluntary charitable donations, legacies, Hospice shops, Hospice lottery, events and community fundraising.

2.3.2 Participation in Clinical Audit

During 2019/2020 0 national clinical audits and 0 national confidential enquiries covered NHS services that Alice House Hospice provides.

During 2019/2020 Alice House Hospice participated in 0% national clinical audits and 0% national confidential enquiries of the national clinical audit and national confidential enquiries as it was not eligible to do so.

2.3.3 Research

The number of patients receiving NHS services provided or sub contracted by Alice House Hospice in 2019/2020 that were recruited during that period to participate in research approved by a research ethics committee was 0.

2.3.4 CQUIN Payment Framework

Alice House Hospice's income for 2019/2020 from Durham Dales, Easington & Sedgefield Clinical Commissioning Group was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

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

Durham Dales, Easington & Sedgefield CCG - Link Nurse Framework:

- Development and implementation of an effective 'lead/link' nurse framework improvement plan, which includes:
 - Achievement of competencies in 'lead' area.
 - Leadership within 'lead' area.
 - Communication and external networking around 'lead' area.
 - Review of evidence in 'lead' area.
 - Development of policy and guidance in 'lead' area, including standardised clinical practice.
 - Audit and service improvement in 'lead' area.
 - Training, enabling individuals and teams to learn and develop their practice.

2.3.5 Statement from Care Quality Commission

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

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

Alice House Hospice is registered with the following conditions:

- To accommodate up to a maximum of 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 2019/2020. 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.
Is the service effective?	GOOD	<ul style="list-style-type: none"> • The provider had invested in providing leadership training to all staff within the organisation. • The registered provider delivered a dynamic training programme for staff which evolved to meet changing priorities. • People described how staff went out of their way to meet their meal preferences. People gave us positive feedback about the meals the Hospice provided. • The provider was empowering people to self-manage their health conditions through running a unique innovative pilot 'breathlessness programme.'
Is the service caring?	OUTSTANDING	<ul style="list-style-type: none"> • People received excellent care from kind, compassionate and caring staff who listened to them. • We viewed numerous compliments praising the registered provider and staff for their kindness and support through difficult times. • Care was planned around what was important to each person. • We observed kindness and respect between the staff and people. People were treated with dignity and respect. • The provider had a strong focus on supporting people with their social and psychological wellbeing. • People could access social and therapeutic support in the bright and modern Holistic Wellbeing Centre.
Is the service responsive?	GOOD	<ul style="list-style-type: none"> • People who used the service were actively in control of the care and treatment they received. • Care plans identified specific interventions based on people's particular priorities. • Staff also discussed with people their plans for the future including their preferred place of care and preferences for their future care needs. • People were encouraged to remain as independent as possible and continue doing their everyday things as much as possible. • People said they were listened to and staff responded to their wishes.

Domain	Rating	CQC Comments
Is the service well-led?	GOOD	<ul style="list-style-type: none"> • All of the managers and staff spoke passionately and enthusiastically about the Hospice. • Patients and family members also spoke positively about the service. • The service was forward thinking, creative and modern and continually looked for opportunities to learn and improve practice. • There were excellent examples of innovative practice. • The audits were effective in identifying areas for improvement and ensuring action was taken to improve the service. • The provider was pro-active about sharing good practice to improve care for people at the end of their lives.

2.3.6 Data Quality

Alice House Hospice was not eligible and therefore did not submit records during 2019/2020 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 2019/20. 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, CQUIN and assurance (Workforce Assurance, Care Quality Commission, Commissioner Visits and Quality Accounts Progress Update).

2.3.7 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 deadline for completion of the 2019/2020 DSP Toolkit has been extended from 31/03/2020 to 30/09/2020 due to the Coronavirus Pandemic and the Hospice is confident of achieving the requirements within the submission deadline.

2.3.8 Clinical Coding Error Rate

Alice House Hospice was not subject to the Payment by Results clinical coding audit during 2019/20 by the Audit Commission.

PART 3: REVIEW OF QUALITY PERFORMANCE 2019/2020

Alice House Hospice has considered the three domains of Patient Safety, Clinical Effectiveness and Patient, Carers, Staff and Volunteer Experience within these accounts during the reporting period of 2019/20.

3.1 REVIEW OF PRIORITIES FOR IMPROVEMENT 2019/2020

3.1.1 Priority 1, Patient Safety

Strengthen Key Lead/Link Roles

3.1.1.1 What we have achieved

As part of the NHS Standard Contract with Durham, Dales, Easington and Sedgfield CCG the development of Key Lead/Link Roles was included as a CQUIN measure for 2019/2020, together with being identified as a short term goal in the Hospice's Clinical Strategy 2019-2022.

The Key Lead/Link Role improves the quality of care delivered to patients through the development and education of staff directly responsible for patient care.

Key Lead/Link Roles were identified with RGN lead and support provided by named Senior Health Care Assistants and Health Care Assistants in the following areas:

- Nutrition/Oral Care
- Stoma Care
- Life Limiting Conditions (MS, MND, Parkinson's MSA)
- COPD/Breathlessness
- Infection Control
- Catheter Care
- Heart Failure
- Pain
- Tracheostomy Care
- Diabetes
- Tissue Viability including Wound Care/Pressure Area Care
- Dementia Care
- Lymphoedema
- Hickman Lines
- Falls

Through the development and implementation of an effective 'Lead/Link' Nurse Framework Improvement Plan, the Hospice achieved the following outcome measures:

- Achievement of competencies in 'Lead' areas.
- Leadership within 'Lead' area.
- Communication and external networking around 'Lead' area.
- Review of evidence in 'Lead' area.

- Development of policy and guidance in 'Lead' area, including standardised clinical practice.
- Audit and service improvement in 'Lead' area.
- Training, enabling individuals and teams to learn and develop their practice.

The Hospice had planned to complete the Key Lead/Link Roles CQUIN with a Link Worker Conference on 25 March 2020, however the Coronavirus Pandemic resulted in this being postponed until further notice.

3.1.1.2 How we will continue to improve

The recommendations from the audits of the Key Lead/Link files and feedback from staff participating in the CQUIN included:

- To reduce the number of Key Lead/Link files from 15 to 5, to enable more time and effort to be devoted to the areas identified.
- To identify the most effective staff to continue in the Key Lead/Link Roles.
- To review the Key Lead/Link files and make them more relevant to palliative care rather than general nursing care.

3.1.2 Priority 2 – Clinical Effectiveness

Increasing Services within the Community

3.1.2.1 What we have achieved

Increasing services within the community was identified as a short term goal in the Hospice's Clinical Strategy 2019-2022.

Due to the loss of funding, Marie Curie removed their overnight support within the community leaving a gap in services. Following a meeting with the Matron of the District Nursing Team it was identified that there was a shortage of local care providers providing peg feeding for patients within the community.

The Government pledged an extra £3.5bn in annual funding for primary and community care by 2023/24, as part of the £20.5bn funding increase for the NHS announced earlier in 2019. Prime Minister Theresa May said the funding would be used to ensure that more patients were cared for at home and in the community, which would reduce 'needless' hospital admissions.

Following the resignation of the Community Services Manager in May 2019, the Hospice changed the post from a non-clinical to a clinical post and in June 2019 appointed a Community Clinical Lead, with responsibility for providing overall leadership and management of the Hospice's community domiciliary care services and day hospice/day care services.

The Hospice achieved the following outcome measures:

- The Hospice will continue to build partnership working with the District Nursing Team within Hartlepool to ensure patients who have expressed a preference to remain within the community have the opportunity where possible to do so.
 - The Community Clinical Lead continues to network and has regular contact with the District Nursing Team regarding Community and Day Hospice/Day Care referrals.
 - Hartlepool Borough Council's Social Work Team assigned a Social Worker who has commenced monthly attendance at Day Hospice to assist with assessing patients for personal budgets and direct payments.

- All Healthcare Assistants will receive training and competencies in PEG feeding.
 - During Quarter 1, all contracted HCAs completed their PEG training, which was conducted by the Hospice's Education & Standards Nurse Specialist and Community Clinical Lead.
 - All newly recruited staff completed their PEG theory training as part of their staff induction training programme within the first 3 weeks of appointment. These staff must complete their competencies in PEG feeding within 6-8 months of appointment.

- Alice House Hospice will be proactive in recruiting the necessary staff to deliver the additional support within additional homecare packages.
 - There is an ongoing recruitment programme in place. The Hospice advertises on its website, the NHS Jobs website and Hartlepool Alerts.
 - The Community Clinical Lead engaged with the Muslim community via the Mosque to promote the service to marginalised members of the community.

3.1.2.2 How we will continue to improve

In order to continue to improve, the Hospice's increased services within the community will be utilising the now established links with partners such as Hartlepool Borough Council, who commissioned a small outreach project to provide mental health support via a crisis drop-in service both in-house and through Council operated venues. This service will be delivered through the Hospice's Holistic Wellbeing Team, delivering mindfulness meditation, complimentary therapies and art therapies.

Due to the Coronavirus Pandemic, Social Day Care, Complimentary Therapies, Holistic Therapies, Face to Face Counselling and Day Hospice services delivered by Alice House Hospice were suspended from March 2020 as per Government guidelines. A dramatic decline has also been noted in Homecare Services, which could be for many reasons such as people do not want additional foot fall in their homes, family members are taking over caring duties either due to working from home or being furloughed. Moving forward some strategic decisions will have to be made regarding Homecare Services and Social Day Care Services due to declining funded packages and fundraising activities which have been affected by the pandemic, together with the increase in wages of the

Homecare Services staff who are not able to mix and rotate with inpatient services.

3.1.3 Priority 3 – Patient Experience

Opening up Hospice Care

3.1.3.1 What we have achieved

Hartlepool Joint Health and Wellbeing Strategy 2018–2025 set the following priorities: Starting, Working, Ageing and Living Well. Following consultation with the general public, Hartlepool added an additional priority of Dying Well.

The Hospice achieved the following outcome measures for the priorities of Ageing, Living and Dying Well:

- Alice House Hospice will have a rigorous information campaign to educate a variety of harder to reach groups such as BAME and LGBT communities. This will be achieved through joint working with the local community sector within Hartlepool.
 - The Senior Manager Clinical Services has researched and identified appropriate stakeholders in the harder to reach groups and contact has been made with the local LGBT community group (Hart Gables-<http://www.hartgables.org.uk/>).
 - The Community Clinical Lead has engaged with the Muslim community via the Mosque to promote the service to marginalised members of the community.
- Alice House Hospice’s website will be developed to include a translation facility to ensure information is available in a variety of languages.
 - The Hospice’s website launched a translation function, enabling information to be provided in a variety of languages. At the end of Quarter 2 analytics to track usage of this feature was investigated but it was decided not to proceed due to the cost to benefit ratio.
- Alice House will hold a quarterly information drop in and promote this through Hartlepool Now so that anyone who has long term conditions can receive information and support.
 - The Community Clinical Lead was assigned the task of developing a quarterly information drop-in and during Quarter 4 attended 8 groups/meetings in an attempt to promote the following services:
 - Community Homecare
 - Social Day Care
 - Respite
 - Volunteering Opportunities
 - Holistic Therapies
 - The groups/meetings attended included:
 - Cleveland Fire Brigade Befriending Service
 - Cancer Support Group, West View
 - Mosque, Brougham Terrace
 - Social Prescribing Networking Event (Tees wide)
 - North Tees Role Champions

3.1.3.2 How we will continue to improve

Some services to improve opening up hospice care will continue such as the translation function on Alice House Hospice's website, however this will not be tracked through analytical data.

Alice House Hospice will continue to use social media platforms to engage with communities.

Due to the Coronavirus Pandemic it is difficult to have a physical presence with external partners and similarly it is not possible to invite stakeholders to the Hospice. Alice House Staff continue to engage using Microsoft Teams to ensure stakeholders are still aware of the support available.

3.2 REVIEW OF SERVICE QUALITY PERFORMANCE 2019/2020

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 2019 to March 2020. It examined the frequency, cause and effect of drug errors, patient falls 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 2019 and October 2019 to March 2020. It must be highlighted that these incidents took place within all of Alice House Hospice's services including Inpatient Services (end of life, symptom management, respite, and long term care), Day Hospice/Day Care and Community Homecare. A summary of audit data for all types of clinical incidents has identified the following:

- There was a total of 154 incidents during the period 1 February 2018 to 31 January 2019, which represents an increase of 10.7% since the previous audit.
- There was a total of 80 incidents during the period April 2019 to March 2020, which represents a decrease of 48.1% since the previous audit.

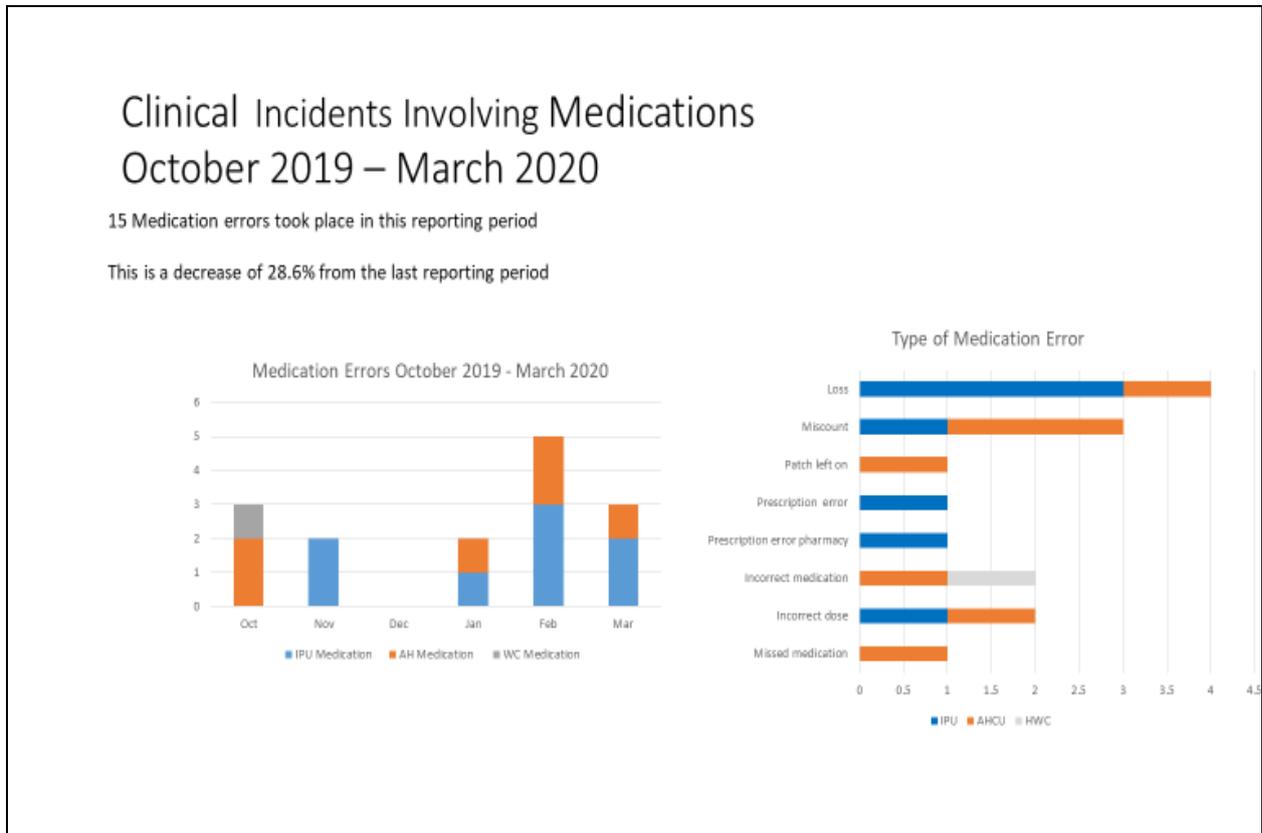
3.2.1.1 Drug Incidents

There was a total of 36 drug incidents during the period across all services as opposed to the previous year where there were 45 in total representing a 20% reduction 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 and administration errors.

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.

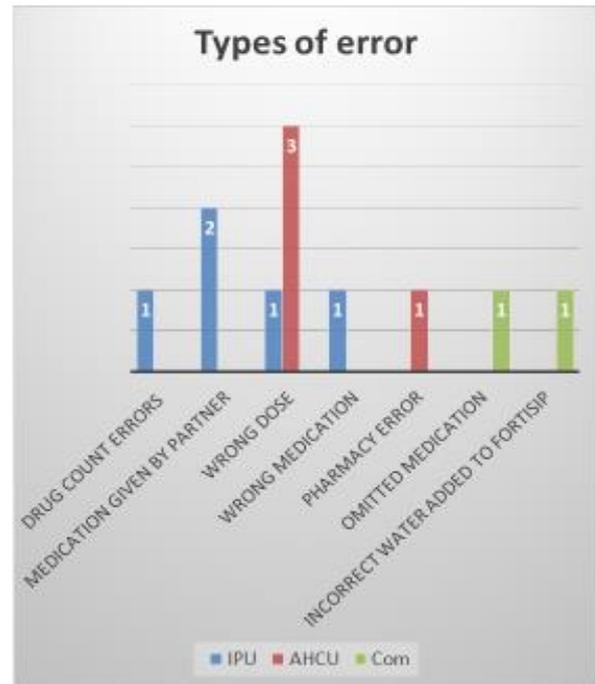
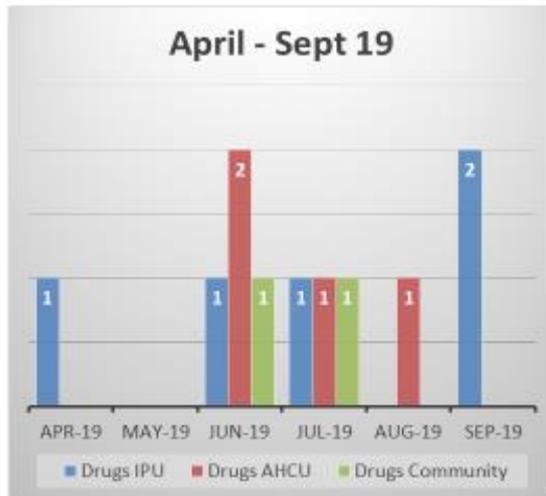
Reporting of incidents is very efficient as staff are aware of the issues that need to be reported and do this as soon as possible. They are aware of who they need to report the issues to and where to place the incident form. This is evidenced by the number of forms completed as staff are very effective 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 Medication April - September 19

21 incidents in total representing an 47.6% reduction from the previous reporting period.

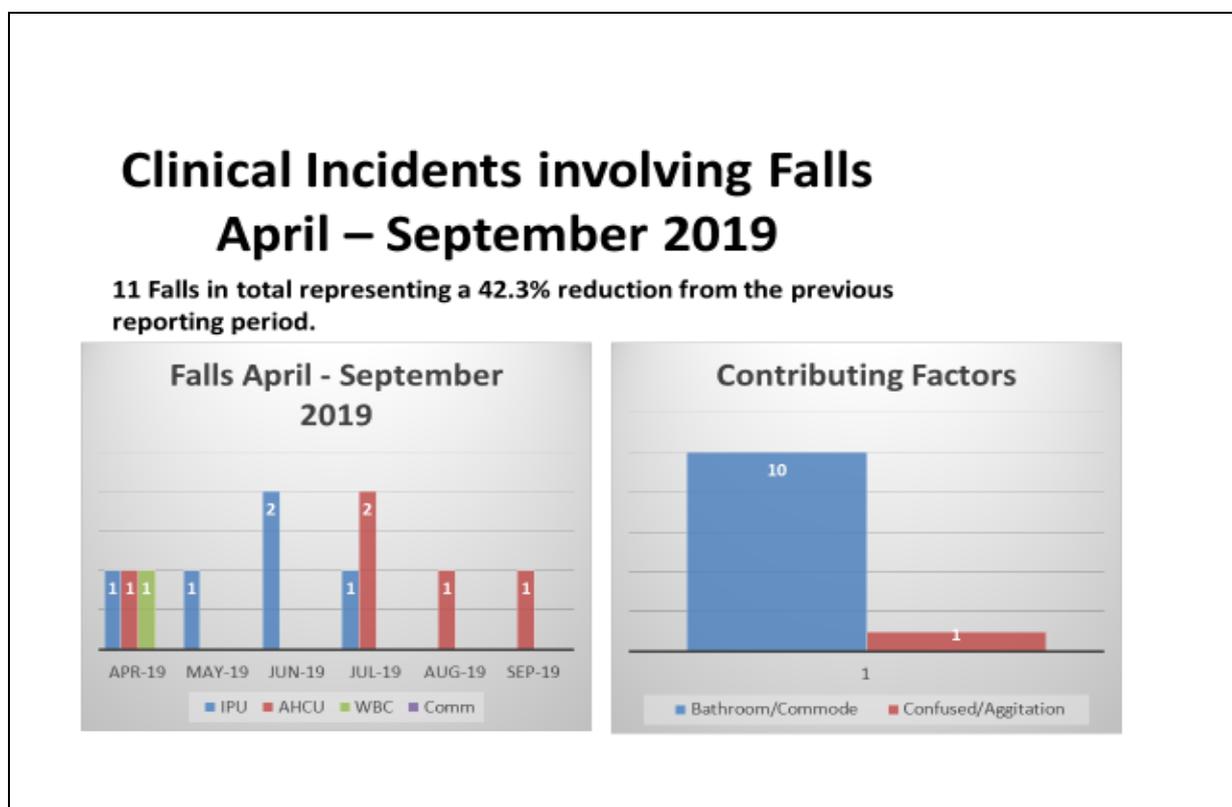
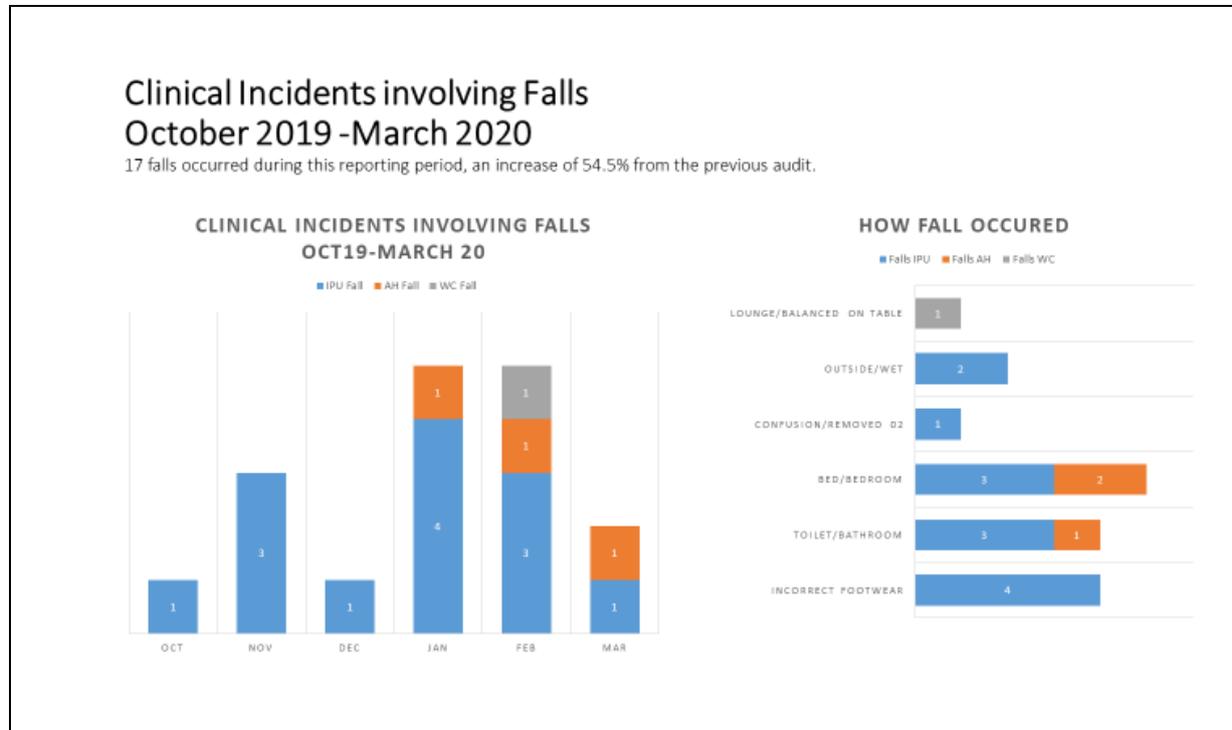


Recommendations for improvement include:

- All Registered Nurses to complete Medication Self-Assessment Tool.
- To engage with Lloyd's Pharmacist to audit Kardex's and make recommendations on a monthly basis.
- Ensure staff have read and signed the updated Medicine Management Policy.
- Continue to report CD discrepancies including natural wastage to accountable Officer.
- To provide education via micro teaching, observations and supervision around 5 'R's.
- Bungs to be used where possible to minimise loss
- New measuring equipment has been purchased for measuring liquids
- Stock checks taken at a higher frequency
- The reintroduction of check sheet if levels of CD incidents increase.
- Temperature checks are completed by Co-Ordinator or assigned to weekend staff.

3.2.1.2 Falls Incidents

There was a total of 28 falls incidents during the period across all services as opposed to the previous year's audit where there were 50 in total representing a reduction of 44.0%. These incidents include patients who are extremely independent and wish to maintain their dignity and independence. The breakdown is on the chart below:



Recommendations for improvement include:

- To continue to explore how we can encourage patients to request assistance when mobilising to help reduce risk of falls by evaluating the current tool and comparing to Hospice UK Falls Toolkit for Prevention and Management.
- To discuss changes to bathroom doors with facility budget holder and if budget allows pilot in some rooms and see if there is a reduction in falls.
- To continue to complete intentional rounding's and monitor on next year's audit for falls incidence.
- Slipper socks are purchased to reduce falls from incorrect footwear
- Doors and lighting re-evaluated in budget and facility meetings

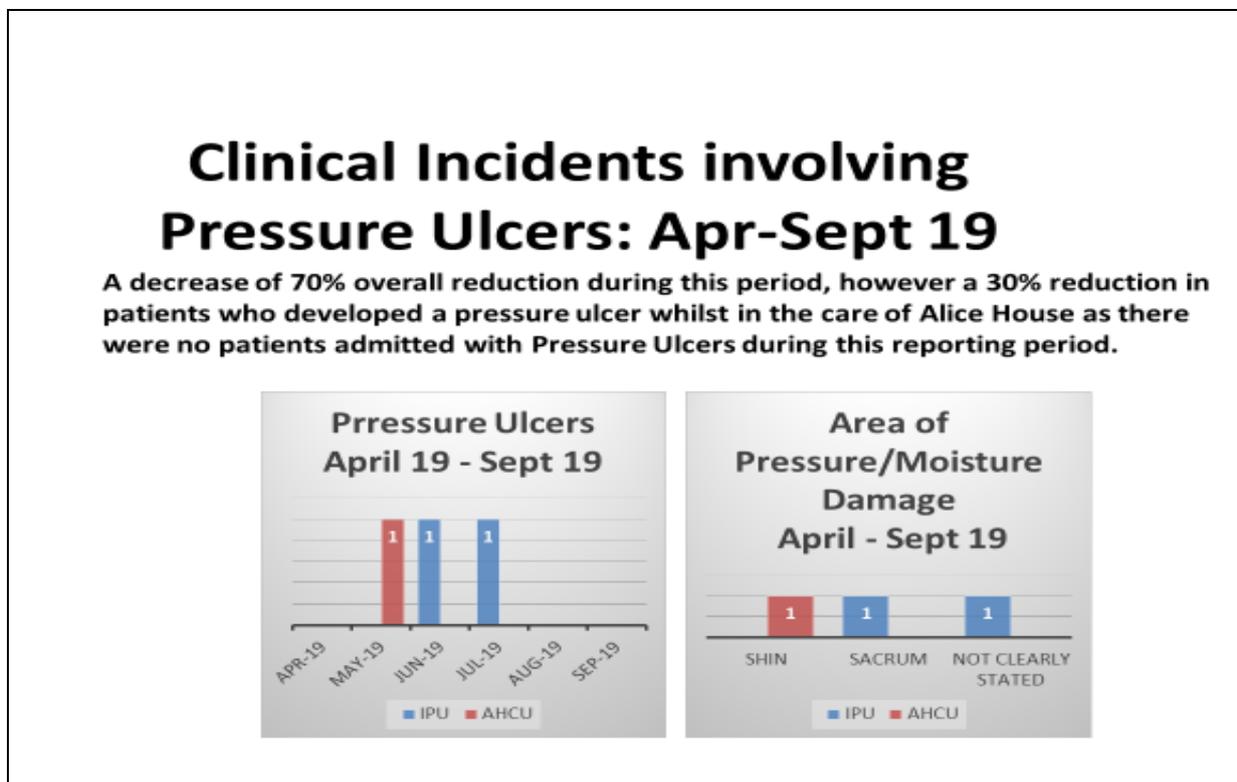
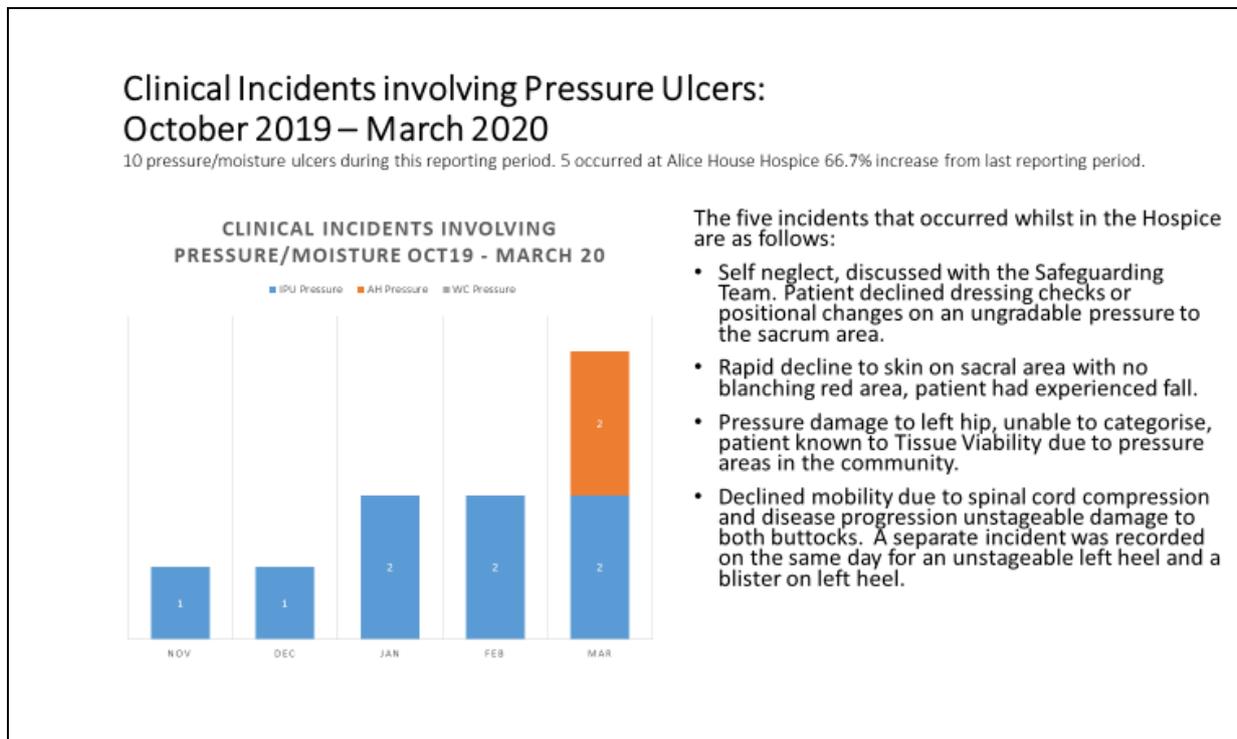
The Hospice acknowledge that many patients wish to remain independent for as long as possible and this is promoted within the service because if a patient's independence is reduced their quality of life is also diminished. During this audit period it was noted that we had multiple patients trying to maintain their independence which resulted in recurrent falls, even with all possible safety mechanisms in place

It is imperative for the Hospice to understand if there were any contributing factors to each fall that occurs or if it was a simple accident. Any way of minimising the chance of further falls happening need to be considered both on an individual basis and organisationally. This needs to be done for each patient who accesses the services provided. The changes implemented need to be documented and individual care plans are required and should be updated with current plans of care and any equipment that may be required such as sensor mats etc.

A falls analysis is completed for each patient that falls within the organisation. The falls analysis determines what changes are required to the care plans and highlights any risk assessments that may be required. It also helps to identify when and if other professionals should be involved such as physiotherapists and occupational therapists.

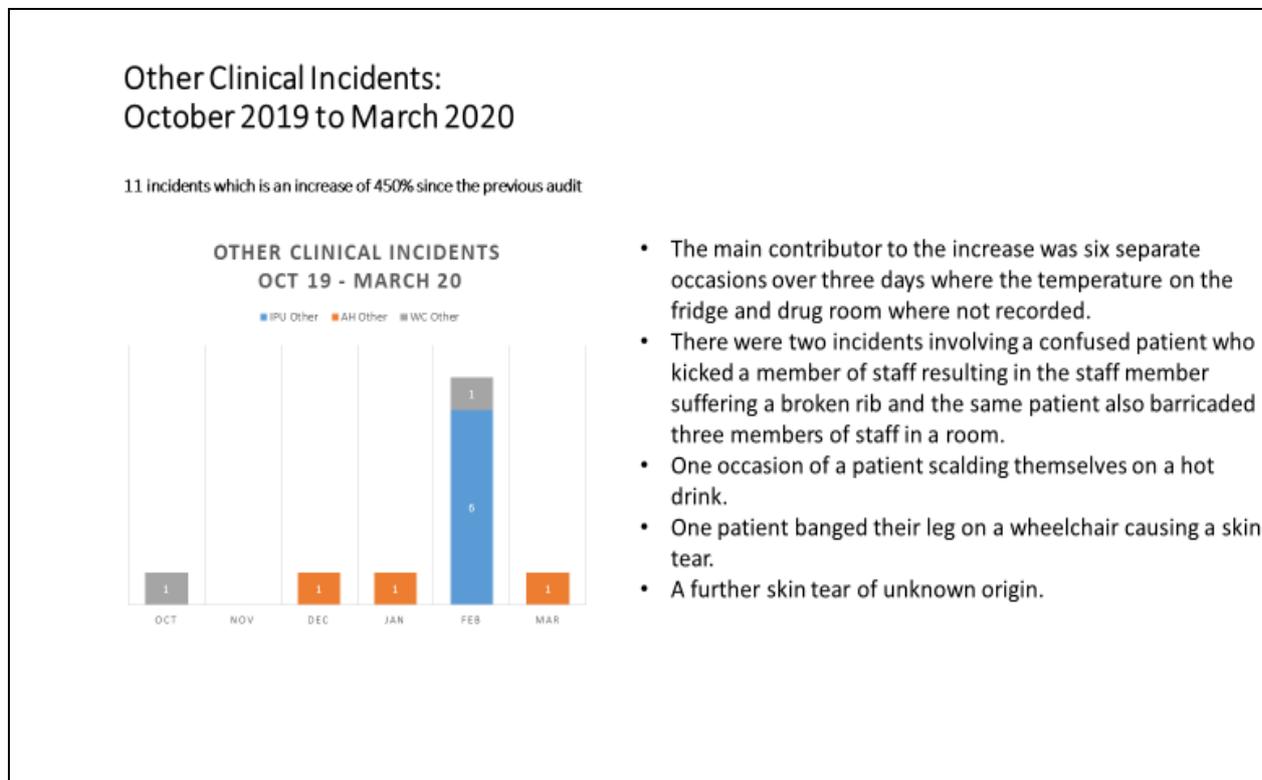
3.2.1.3 Pressure Ulcers

There was a total of 13 pressure/moisture related incidents during the period across all services as opposed to the previous year's audit where there were 28 in total representing a reduction of 53.6%.



3.2.1.4 Other Incidents

The Hospice collates information for all clinical incidents under the 'other' categories. These incidents are those that do not involve drug incidents or falls. During this reporting period there were 12 other incidents across all services as opposed to the previous year's audit where there were 31 in total, representing a reduction of 61.3%.



**Other Clinical Incidents: IPU
April 2019 to September 2019**

A Health Care Assistant allegedly told a patient to shut up	Needle stick injury
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Recommendations for improvement include:

- Continue to complete all incident forms to a high standard with additional information such as care plans and Kardex's etc. attached.
- Clinical Governance Group to make any additional recommendations.

3.2.2 Hospice Performance against National Council for Palliative Care Minimum Dataset

The table below shows the Hospice's Inpatient Unit (8 commissioned beds) performance measured against the NCPD Minimum Dataset.

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	* National Median
Admissions	242	231	227	217	167	187	194	-
First Admission	179	180	185	180	137	157	149	-
% Bed Occupancy	76.7%	80.2%	78.1%	68.9%	66.5%	76.3%	74.2%	78.6%
Average Length of Stay (Days)	9.2	10.1	10.0	9.3	11.6	12.3	11.2	14.1
% Died	42.1%	42.2%	33.9%	43.1%	50.3%	37.4%	53.8%	59.2%
% Discharges	57.9%	57.8%	66.1%	56.9%	49.7%	62.6%	46.2%	40.8%
Cancer %	88.0%	87.0%	84.1%	89.9%	88.0%	77.01%	86.6%	79.6%
Non Cancer %	12.0%	13.0%	15.9%	10.1%	12.0%	22.99%	13.4%	14.7%
Not Known %	0%	0%	0%	0%	0%	0%	0%	5.7%

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

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

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

3.2.3 Key Performance Indicators

The Hospice submits quarterly reports on Key Performance Indicators to meet contractual requirements with NHS Hartlepool & Stockton-on-Tees CCG and Durham Dales, Easington & Sedgefield CCG. 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 below.

3.2.3.1 NHS Hartlepool & Stockton-on-Tees CCG

Measure	Threshold	Performance Q1	Performance Q2	Performance Q3	Performance Q4	Comments
Number of Inpatients who have been OFFERED an ACP/Deciding Rights.	90%	69.6%	42.3%	56.0%	54.1%	Variance due to patients admitted at end of life.
Number of Inpatients RECEIVING an ACP/Deciding Rights.	90%	69.6%	42.3%	56.0%	54.1%	Variance due to patients admitted at end of life.
Inpatient bed availability.	95%	93.6%	96.6%	95.1%	99.3%	Variance due to deceased patients in bed at midnight and facility maintenance.
Inpatient bed occupancy.	85%	57.3%	61.0%	71.0%	84.1%	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%	100%	100%	100%	100%	
Time from Day Hospice/ Outpatient referral to assessment.	>=90% within 7 days	100%	100%	100%	100%	

3.2.3.2 Durham Dales, Easington & Sedgefield CCG

Measure	Threshold	Performance Q1	Performance Q2	Performance Q3	Performance Q4	Comments
Number of Inpatients who have been OFFERED an ACP/Deciding Rights.	90%	87.5%	40.0%	71.4%	66.6%	Variance due to patients admitted at end of life.
Number of Inpatients RECEIVING an ACP/Deciding Rights.	90%	87.5%	40.0%	71.4%	66.6%	Variance due to patients admitted at end of life.
Inpatient bed availability.	95%	95.1%	97.3%	87.0%	100%	Variance due to deceased patients in bed at midnight and facility maintenance.
Inpatient bed occupancy.	85%	122.5%	60.9%	72.3%	34.1%	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%	100%	100%	100%	100%	
Time from Day Hospice/ Outpatient referral to assessment.	>=90% within 7 days	100%	100%	100%	100%	

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).

Complexity Level	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Complex Days	66	171	268	339	844
Non-Complex Days	406	293	188	239	1126
Total	472	464	456	578	1970
Complex %	14.0%	36.9%	58.8%	58.7%	42.8%
Non-Complex %	86.0%	63.1%	41.2%	41.3%	57.2%

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 Helpline
- Bedrails
- FP10 Prescription Pads
- Thromboprophylaxis
- Homecare Patient/Domiciliary Experience Audit
- Documentation Audit
- Completion of Referral Forms
- Clinical Environment
- Medicines Reconciliation

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

3.2.5 **Clinical Governance**

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

3.3 PATIENT, CARER, STAFF & VOLUNTEER EXPERIENCE 2019/2020

3.3.1 Staff Experience

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

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.

Alice House Hospice offer all staff an option for them to join the Westfield Health Plan. All staff absent due to sickness have regular welfare meetings with the HR Department to identify ways of returning staff back to work as quickly as possible.

The Hospice also has 3 trained Mental Health First Aiders, who have been trained to spot the signs of mental illness and can offer a non-judgmental conversation, and effectively guide a person towards the right support.

The Hospice has changed the Sickness Terms & Conditions (see tables below) and openly communicated the impact on the organisation from sickness costs, which has resulted in an annual saving of £35,734 when comparing the sickness costs for 2018/2019 to 2019/2020.

3.3.2.1 Old Sickness Terms & Conditions

Continuous Employment period	Full Pay	Half Pay
0-6 months prior to successful completion of probationary period	SSP	SSP
6 months but less than 18 months' service	4 Weeks	8 Weeks
18 months but less than 2 years' service	8 Weeks	8 Weeks
2 years' service or more	14 Weeks	14 Weeks

3.3.2.2 New Sickness Terms & Conditions

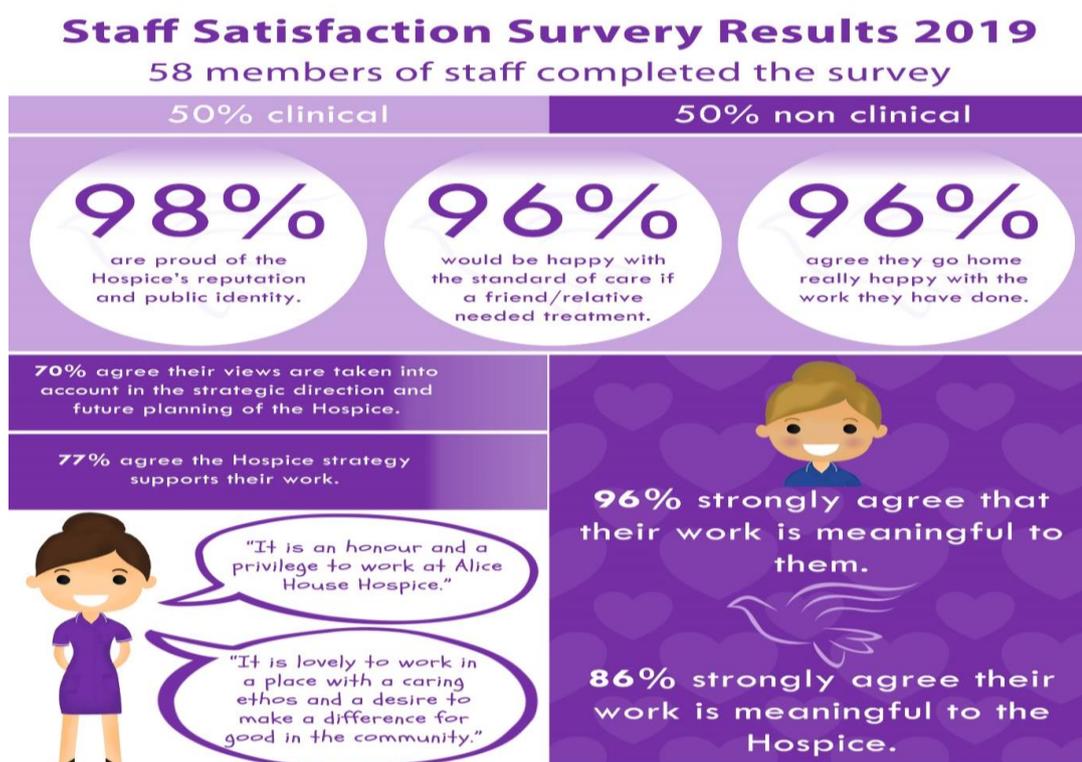
Continuous Employment period	Full Pay	Half Pay
0-6 months prior to successful completion of probationary period	SSP	SSP
7 months to 1 year	2 Weeks	2 Weeks
During 2 nd year service	4 Weeks	4 Weeks
During 3 rd and 4 th year service	6 Weeks	6 Weeks
During 5 th and 6 th year service	8 Weeks	8 Weeks
During 7 th and 8 th year service	10 Weeks	10 Weeks
After 8 years' service	12 Weeks	12 Weeks
After 10 years' service	13 Weeks	13 Weeks
After 12 years' service	14 Weeks	14 Weeks

3.3.2.3 Sickness Rates

STAFF SICKNESS RATES	Hospice % 2019/2020	In comparison to NHS figures
5,000 hours absence from 142,802 contracted hours.	3.5%	4.51%

3.3.3 **Staff Satisfaction**

An Annual Staff Satisfaction Survey is given out to all staff members to complete. This year 58 members of staff completed the survey with the following results:



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 put on to capture all existing staff and new staff. As well as annual mandatory training, the Hospice provides clinical staff with a rolling programme of education every three months to keep their skills up to date. We capture all staff by incorporating the rolling programme of education into their off duty.

3.3.4.1 Annual Mandatory Training

All staff have completed their Annual Mandatory Training and mop-up sessions were put on to capture staff who were on sick leave.

Key Indicator	Completed on Induction	Completed Annually
Fire Training	√	√
Health & Safety	√	√
Infection Control	√	√
Food Hygiene	√	√
Emergency First Aid		√
Equality & Diversity		√
Moving & Handling	√	√
Adult Abuse	√	√
Clinical Manual Handling	√	√
Lone Worker	√	√
Bereavement Training		√
Radicalisation Training		√
Leadership Training		√
Safeguarding Adults	√	√
Mental Capacity Act	√	√
Deprivation of Liberty Safeguards	√	√
Awareness of Child/Adult Sexual Exploitation	√	√
Working with Adults who Self-Neglect	√	√
Safeguarding Children	√	√
Data Security Awareness	√	√

3.3.4.2 Clinical Rolling Programme of Education

- 3 sessions delivered twice a year to all clinical staff.
- Key indicators change constantly.

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.

Key Indicator
Verification of Death training
Dementia
Palliative Emergencies
Palliative Medications
Link Working
Counselling Support
Blood Transfusion Simulation

Planned staff Support/Reflective Practice sessions are put on 4 times a year for staff to access, reactive sessions are also arranged to help staff deal with incidents/events/difficult deaths. We now have 2 senior clinical staff who are trained to provide Clinical Supervision to clinical staff.

3.3.5 Clinical Supervision

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.

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

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

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

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

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

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

3.3.7 **Volunteers' Experience**

There are 220 Volunteers working throughout the organisation 50 of which work within the Clinical areas; namely Inpatient Unit, Long Term Care Unit, Day Hospice, Social Day Care, Therapeutic Support Services, Catering, Housekeeping, Reception/Administration, Gardening and Driving.

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

Feedback from volunteers includes the following comments:

Patient Care Volunteer

"I have been at Alice House Hospice for 11 years and I love it. I get so much out of helping patients and relatives at their most difficult times and I get so much love and affection for myself doing it."

Gardening Volunteer

"It is satisfying knowing that I can help to ensure the Hospice can continue giving the care and comfort that we as a family have personally experienced. It is like another social outlet and I enjoy meeting the other lovely people at the Hospice; patients and staff alike."

Shops Volunteer

"I love volunteering for the Hospice, I feel like one of the team and no different from the employed staff. I get called on to do all sorts of different things, helping out at events, driving the van and manning the phones in the Warehouse. I love meeting people and always feel looked after, I am always included in meetings and social nights. I have a huge amount of pride in the shop, I get very competitive with the other shops."

Management Volunteer

"I get a great deal of self-satisfaction from volunteering and would say to anyone considering it to do it, we all have something we can give back."

Communications Volunteer

"Even though I'm in the high risk group, I have the easy task of sitting at home. If I can put my craft skills and supplies to use to help others whilst I'm here, then I'm more than happy to do so. I hope the hearts bring some comfort to patients and their families during this time."

Fundraising Team & Holistic Wellbeing Centre Volunteer

"I began to raise funds for Alice House Hospice in the mid-1980s. When my late wife tragically died in 2012, I decided to form #TeamSally in her memory, with the ongoing intention of raising money for this outstanding local charity. Since 2014, #TeamSally has raised over £45,000 for Alice House. I remarried in 2017 and the following year my wife retired from work and then had the time and energy to devote to the Hospice. She began volunteering in the Wellbeing Centre and the Fundraising Team, as well as supporting #TeamSally's fundraising efforts."

3.3.8 Education & Training

Alice House Hospice are driving education and training forward and are committed to providing it both internally and externally. In 2014/2015 access to leadership training was introduced for all staff, which has continued throughout 2015/16, 2016/17, 2017/18, 2018/19 and 2019/2020 for new staff. Clinical staff attend two rolling programmes of clinical education on an annual basis. The Hospice has invested in government agenda items such as advanced training in safeguarding for clinical staff.

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 has been secured from the Education Alliance Project to deliver training during 2018/19, 2019/20 and 2020/21 on End of Life Care and Advanced Care Planning to local care homes.

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

- Specialist Palliative Multi-Disciplinary Team, North Tees & Hartlepool NHS Trust
- Health & Wellbeing Board (representing voluntary sector), NHS Hartlepool & Stockton-on-Tees CCG
- Controlled Drug Local Intelligence Network (CDLIN), NHS North of England Commissioning Support

- End of Life & Palliative Care Group, Durham Dales, Easington & Sedgfield CCG
- Palliative Care Transformation & Locality Group, NHS Hartlepool & Stockton-on-Tees CCG
- Independent Registered Managers' Group, North East Cancer Network
- Journal Club
- Outcome Assessment & Complexity Collaborative (OACC) Specialist Palliative Care Task & Finish Group (chaired by North Tees & Hartlepool NHS Foundation Trust).
- Northern Regional Palliative Care Physicians Group.
- Speciality Training Committee.

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

3.3.9 Awards

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

In our last AGM we invited a carer to talk about 'Creutzfeldt-Jakob Disease (CJD) and Hospice Care' from a patient and carer perspective.

The Hospice has again received a 5 Star Food Hygiene rating from the Food Standards Agency of Hartlepool Borough Council. During 2017/18 the Hospice recognised the limitations of the kitchen opening hours and the need to pre-order meals, which did not meet the needs of patients' visitors and their families. Following extensive kitchen refurbishment works, a new Bistro/Café was opened at the beginning of March 2018 with extended opening hours from 7.00 a.m. to 7.00 p.m., seven days a week. The menu was also expanded to include a varied selection of home cooked meals, breakfast options, paninis, jacket potatoes with a wide range of fillings, salads and cakes alongside healthy smoothies, milkshakes and 'bean to cup' speciality coffees. The Bistro/Café is also open to the general public and the menu choices and quality of produce, all of which is locally sourced, has proved extremely successful and popular.

3.3.10 Complaints

The Hospice seeks feedback from service users, staff and stakeholders. This feedback supports the Hospice in shaping its services and implementing changes where they are deemed appropriate. Service users are made aware of how to log a formal complaint through a variety of means such as the Hospice's Complaints Policy & Procedure which is included in all Patient & Visitors' Information Files and the Compliments, Comments & Concerns Leaflet which is displayed in all public areas. The Hospice's complaints literature also advertises external stakeholders such as the local Clinical Commissioning Groups, Care Quality Commission and Local Authorities who can be approached with any concerns relating to the Hospice. The Hospice maintains a Complaints Register and during 2019/20 there were 0 clinical complaints.

3.3.11 Other Comments from Patients & Carers

A selection of comments received are listed below:

"To all of the lovely staff at Alice House. One year ago, today, my mum was admitted to the Hospice. The doctor asked her what did she want from her time in the Hospice. My mum said "I just want to be cared for and to go quietly." Well, one year later her quality of life is amazing. What she lacks physically she more than makes up for mentally! She thinks of you all as one big family and I know she feels safe and comfortable about what the future holds.
As a family, we won't ever be able to thank you all for all that you do!"

"To all of you lovely, kind staff on the Inpatient Unit and Long Term Care Units. I know there are so many of you and I mean every single one of you. Also, the kind staff who brought my mam meals, made us tea and looked out for her. Thank you from the bottom of our hearts, for every moment of compassion and respect you have given to my lovely mam and all of us kids and relatives. It has and remains the most difficult time for us and to know you've all been there means more than I can ever put into words. You're a credit to the legacy of Alice and to each patient in your care. All of our love, XXXX."

"Our family wishes to thank you for your kindness and support. We are humbled by the care and compassion shown to us by all of you at Alice House Hospice. XXXX's passing was one of love and peace. We thank you for making this last memory of her one of dignity and grace."

"To all you wonderful people from your friendly receptionists, lovely cleaning girls, fantastic healthcare staff, brilliant doctors and all you beautiful nurses each and every one of you staff members have a heart of pure love and it shows. No matter what your job title, you all love what you do and that is plain to see. I just want to thank you all for all you have done for me on a daily basis. When I was in pain you quickly gave me my medication to help ease it. When I wandered the corridor, you helped me to my bed and when I was confused you all understood and gave me a hug and held my hand. How can I ever thank you for all of the help and love you have given to me? I love and appreciate all of your time and the patience you have given to me. I have been blessed to have such amazing people taking care of me.
I thank you all from the bottom of my heart."

"To thank you all just isn't enough. You all went above and beyond with your care for XXXX. You showed care and compassion every time you were in his room. You upheld his dignity until his last day with you. You are very special ladies and men from feeding him up, sorting films and music and just having a chat or a hug. You are all amazing and I will never forget what you did not only for my XXXX but myself too."

“A massive thank you to you all. For the loving care you showed to my mam XXXX in her short illness. You all played a special part in granting my mams last wishes of being at home. For that alone I am truly grateful. I can never thank you enough. Love XXXX.”

“To all the Hospice staff. We will never be able to thank you enough for the kind and caring way you looked after our mam and also the care, concern and help given to all of our family. Being in the Hospice felt like a home from home and the exceptional lengths you go to in looking after your patients allowed us as a family to know she was in good hands. Thank you again, XXXX and all our family.”

“Thank you very much for the wonderful care and attention given to our mother in the final weeks of her life. You were all so good with her and the individualised care you all gave was exceptional. We also appreciated the support you gave us during her stay with you and during and immediately after her death. With grateful thanks XXXX.”

“Thank you for looking after our special friend during her final weeks. It brought us comfort knowing she was with such caring, loving, supportive and professional Doctors and Nurses. She couldn't have been in better hands or in a better place and we really appreciate that. Also, a special thank you to the volunteers and staff at the Hospice.”

“To all the staff at Alice House. The love, care and support given to my mam was nothing short of amazing! Each and every one of you deserve a medal for all the work, love, kindness, support and dedication you showed, not only to her but to us, her family. After being told she only had 3 days to live she was moved into your care facility. You all went to work. Caring, supporting, loving and ensuring what time she did have would be happy, safe and loved and thanks to your amazing support, mam managed to go on for nearly 6 weeks. You gave us time with her we never thought we would get and for that we are all eternally grateful. You are all amazing people who do a fantastic job and nothing is a problem for you. I know at times I was quite demanding and fussing over certain things but at no point did any of you have a problem with me. You came each and every time smiling and willing to help in any way you could. Myself, XXXX and XXXX cannot put into words how grateful we are for the love and care given to mam as well as us in the short time we were there. You made us feel like a part of your family and we will be eternally grateful to you all. You are all amazing groups of people who will remain in our thoughts and hearts always. Thank you from the bottom of our hearts, mam died with dignity and grace thanks to the genuine love and support from all of you. All out love XXXX.”

“A heartfelt thank you to all the staff here at Alice House Hospice for looking after a lifelong beloved partner and treasured mother in her final weeks. Also, for the love and sympathy given to us on her passing. You cared for our little songbird as if she was your own mam. You gave her love, kindness and respect and even sang along with her! Your devotion and professionalism is above and beyond the call of duty. We could not have asked for better care. You will forever be in our hearts. Thank you very much and God bless each and every one of you.”

“To every member of staff at Alice House. I can't put into words the thank you you each deserve for not only looking after my mam with so much love and care but for also welcoming us all as a family in the final 8 months of her life. You allowed us to make her time special, smile, laugh and be a family in an environment which was made to feel like an extension of our home. You became friends, not staff, and my mam, we all, truly thought the world of you all. Thank you for allowing her girly nights, little garden party and everything else she wanted to do. I believe without you all we wouldn't have had her for as long as we did. I am eternally grateful to you all.”

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



Statement from Tees Valley Commissioning Care Group for: Alice House Hospice

The Commissioning Care Group welcomes the opportunity to review and comment on the Quality Account for Alice House Hospice for 2019/20 and would like to offer the following commentary:

Tees Valley CCG are committed to supporting the provision of high quality services from Alice House Hospice, and provide funding via a grant.

Overall, the CCG 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 2019/20 within the Hospice.

The CCG recognises the significant work that the Hospice has undertaken to drive quality improvements throughout the year. Furthermore, the CCGs would like to acknowledge the achievements and commitment the Hospice has demonstrated whilst facing significant challenges during the Covid-19 pandemic. Unfortunately, secondary to Covid-19, the Homecare Domiciliary Service have ceased operating however all other Hospice services including the Inpatient Unit remain accessible and open to the local population.

The Hospice recognises the importance of infection control especially within the current climate and has identified within their first priority 'Patient Safety' that the focus will be upon 'Environmental Infection Control'. There are clearly identified objectives within this, including partnership working which the CCG is supportive of.

In comparison to the previous year, the Hospice has improved in terms of reducing staff sickness rates, and remains dedicated to improving the staff, patient, carer and experience. This is reflected in the work that the Hospice has undertaken with a focus upon education and support, which is incorporated into their proposed priority for 2020/21 'Priority Patient Experience', focussing on staff training. The CCG welcomes this and look forward to the results in 2020/21.

It is also pleasing that the Hospice has achieved their previous ambitions including further development of community services and encouraging an extensive use of the Hospice services from the wider population.

The continued theme of education of staff remains evident and was achieved within the 2019/20 priority 'Link Role' which extended to include community teams with a real drive to reduce inappropriate hospital admissions and improve patient quality of life. This was demonstrated within their successful completion of the CQUIN target of the last financial year.

The third priority set out for 2020/21 'Clinical Effectiveness' Pharmacy Improvement Plan focuses on patient safety, quality and working within the constraints of a pandemic whilst ensuring that complex patient needs are met. The commissioners look forward with anticipation of this work and welcome the outcome.

The comprehensive coverage of incident management and the delivery of key performance indicators are welcomed by the CCG and demonstrate a clear understanding of performance by the Hospice.

The CCG looks forward to continuing to work in partnership with the Hospice to assure the quality of services commissioned in 2020/21.



Jean Golightly
Director of Nursing and Quality
NHS Tees Valley Clinical Commissioning Group